SCABIES PROTOCOL IN WRHA COMMUNITY HEALTH SERVICES
CLIENTS AND STAFF

Preamble:
This algorithm and guideline were developed to assist Community Health Services personnel in managing scabies in the community. A single case of scabies can be managed with the assistance of these resources and this algorithm contains a suggested strategy in determining the process and individuals involved in case management. While a single case of scabies does not have to be reported to Public Health, an outbreak of scabies is reportable under the Public Health Act. Public Health is available for consultation in both instances.

The following is an algorithm to follow for case management of scabies as well as a guideline for individual points in the algorithm.

Definitions:

Case Coordination in community  
Professional that provides coordination of care, i.e. Home Care Case Coordinator, Community Mental Health Coordinator

Client  
The individual receiving care in a community setting

Health Care Worker (HCW)  
An individual who may have the potential to acquire or transmit an infectious agent during the course of his or her work in the health care workplace, i.e. nurses, residents, physicians, researchers, volunteers and emergency responders

INM  
Injury Near Miss form

Non occupational exposure  
Scabies acquired from own personal contact, e.g. child

Norwegian Scabies  
Also known as crusted or keratotic scabies. An uncommon form of infestation of mites and widespread crusted hyperkeratotic lesions. It usually occurs in debilitated, developmentally disabled or immunologically compromised persons and is highly contagious.

Occupational exposure  
Scabies acquired from duties of work. Determination of this contact shall be done in consultation with OESH.

OESH  
Occupational and Environmental Safety & Health

Scabies outbreak  
Two case of scabies with evidence of transmission to other individuals

Scabies  
Highly contagious skin condition caused by a mite; Sarcoptes scabiei subspecies hominis
WRHA Community Health Services SCABIES ALGORITHM – CLIENT
(For detailed information/direction see – Facts About Scabies & Definitions)

REPORT OF SUSPECTED SCABIES - CLIENT

1. Notification to Team Manager or designate** by HCW/Supervisor
   - Consult Public Health for educational resources if required

   Confirm Diagnosis by Physician*
   - Treatment of client
     - HCW to follow Contact Precautions

   Skin to skin contact with other client(s) during period of communicability (6 weeks) as assessed by Case Coordinator (CC)? *(use Scabies Investigation Form)*
   - NO
     - No further follow-up
   - YES
     - CC to arrange for assessment and prophylactic treatment of exposed client
       - Consultation with & intervention by Public Health as required
       - Rash in HCW
         - Follow: WRHA Community Health Services Scabies Algorithm – Health Care Worker

   Notify OESH of Client Dx:
   - OESH will provide follow-up for workers:
     1. Offer HCW education
     2. Assess HCW contact during period of communicability (6 weeks)
     3. Determine fitness to work of exposed HCW
     4. Provide prophylactic treatment as required

   Considered as Outbreak if evidence of transmission in ≥ 2 cases. Consult with Public Health for outbreak management as required.

*If diagnosis is confirmed as Norwegian scabies, Public Health must be consulted for case management.
**Team Manager or designate may wish to contact WRHA Community Infection Prevention & Control Professional for resource on management of a case in a client and the Occupational & Environmental Safety & Health (OESH) for resource on management of a case in a health care worker.
WRHA Community Health Services SCABIES ALGORITHM – HEALTH CARE WORKER

1. REPORT OF SUSPECTED SCABIES - HEALTH CARE WORKER (HCW)

   Consult Public Health for educational resources if required

   Notification to Supervisor or designate** by HCW; Exclude HCW from work until diagnosis/effective treatment completed

   Supervisor / HCW to notify OESH of Suspected Scabies

   OESH will provide treatment to HCW. HCW to be excluded from work until effective treatment completed. OESH to assess fitness to return to work.

   OESH will provide assessment/follow-up to other health care workers who have had skin to skin contact during period of communicability (6 weeks)

   Scabies Diagnosed in HCW Contact(s)

   Supervisors to notify TM & CC

   CC to identify skin to skin client contact during period of communicability (6 weeks) and arrange for follow-up of community cases as required

   Considered as Outbreak. Consult with Public Health for outbreak management.

   Scabies Diagnosed in Client Contact(s)

   Follow: WRHA Community Health Services Scabies Algorithm – Client

*If diagnosis is confirmed as Norwegian scabies, Public Health must be consulted for case management.

**Team Manager or designate may wish to contact WRHA Community Infection Prevention & Control Professional for resource on management of a case in a client and the Occupational & Environmental Safety & Health (OESH) for resource on management of a case in a health care worker.
Facts about Scabies:

**DIAGNOSIS:**
- Confirm diagnosis with physician, this may require consultation with a dermatologist, infectious disease or occupational health physician.
- May be difficult in the elderly because of confusion and/or prevalence of dry, frequently itchy skin.
- Good, ongoing visual assessment by caregivers during personal care is important.
- Identification of mites and eggs may be confirmed by skin scrapings of the affected areas.

**SIGNS & SYMPTOMS:**
- Very itchy rash, which may resemble psoriasis or eczema.
- Lesions are usually seen on fingers, elbows, armpits, abdomen and genitals; but may be spread over all body areas if the client is confined to bed much of the time.  In adults rash rarely seen on the head.
- Itching may be intense, especially at night or after bathing, however those with Norwegian scabies may not be itchy.
- Norwegian scabies is considered highly contagious because of the large number of mites that inhabit the sloughed skin scales.  Occasionally, itching is completely absent.

**TRANSMISSION:**
- Transmission is by direct skin to skin contact with the infested individual.
- Occasionally scabies can be transmitted through contact with clothing/bedding of an infested individual but not usually with items such as furniture.
- Personal care activities such as bathing and turning the client provide opportunities for transmission to the health care worker.
- Norwegian scabies is highly contagious with casual contact.

**INCUBATION PERIOD:**
- In persons without previous exposure it may take 4 to 6 weeks for symptoms to develop.
- If a client/worker has previously had scabies, rash may develop in 1-4 days.

**COMMUNICABILITY PERIOD:**
- Transmission can occur as long as the infested person remains untreated and until 24 hours after the initiation of the appropriate treatment.

**Treatment of Scabies:**
- Apply the scabicide according to instructions.  Permethrin 5% lotion in one or two applications, one week apart is recommended.  Symptomatic cases may be treated twice and contacts once.
- Ivermectin (oral antiparasitic) is recommended as an adjuvant to permethrin in Norwegian scabies.  (Note: For the release of Ivermectin from Health Canada a consult to an infectious disease physician is required).
• The mite of Norwegian scabies is still sensitive to the same treatment as typical scabies, however the huge number of mites and the usual accompanying rash make repeat treatment mandatory.
• Treatment should focus on areas where mites can be sequestered, such as under the fingernails, (these may be brushed before treatment) and in the skin folds, including the umbilicus.
• A person may still be itchy for a few weeks after the treatment has gotten rid of the mites. This is a reaction to the dead mites, not a treatment failure.
• More than 2 applications of scabicide is not recommended unless a physician is consulted.

Scabies Contact Criteria:
• Exposure to typical scabies should be defined as direct skin-to-skin contact with an infested client/HCW before treatment and until 24 hours after effective treatment.
• Exposure to Norwegian scabies should be defined as minimal direct contact with an infested client/HCW before treatment and until 24 hours after effective treatment. Only minimal contact is required because of the large number of mites present on the source.
• If there is evidence of transmission of scabies from client to staff or staff to client this may indicate a scabies outbreak where Public Health would be notified. Please refer to outbreak in definition.

Infection Prevention and Control Practices:
• Emphasize good hand hygiene.
• As soon as scabies is suspected, implement Contact Precautions.
  o Gown and gloves for direct client contact.
• Maintain Contact Precautions until 24 hours after initiation of treatment. For Norwegian scabies Contact Precautions may be prolonged. Contact Precautions may be maintained until the client’s rash has resolved.
• Coordinate the cleaning of the environment and linen with the timing of treatment.
• Wash clothing and linens used before treatment in hot water. Segregate or seal in plastic bag and store for 3 days those items that cannot be washed. Wear gloves and gowns when handling contaminated linens (those worn or used before treatment).
• Vacuuming is sufficient to clean the client’s home.

Management of Exposure to Client:
• Clients who have had skin to skin contact should be assessed for exposure during the communicable period (usually 6 weeks).
• WRHA Program Director, Infection Prevention & Control Program may be contacted for resource management of a case in a client.
• Asymptomatic contact who has had skin to skin contact with a case will receive prophylactic treatment with a scabicide.
• Family members of client who have had skin-to-skin contact should see physician and receive prophylactic treatment.
• See Scabies Algorithm – Client for more information
Management of Exposure to Staff:
- Staff who have had skin to skin contact should be assessed for exposure during the communicable period (6 weeks) by OESH.
- OESH should be contacted for management of a case in a health care worker.
- HCWs with occupational exposure shall be provided with a scabicide in accordance with the WRHA OESH site physician standing orders with instructions for use and education about scabies.
- Asymptomatic contacts with Norwegian scabies will receive prophylactic treatment with a scabicide. The scabicide can be taken home and applied after a shift and the HCW may return to work after completing required treatments.
- Staff who are diagnosed as having scabies by physician require treatment with scabicide and may return to work after completion of treatment and assessment by OESH.
- The household contacts of family members of HCWs who have scabies should all be treated at the same time following manufacturer’s recommendation.
- Family members will be responsible for provision of their own treatment.
- See Scabies Algorithm – Health Care Worker for more information

Communication:
- Communication with and education of clients, family, caregivers is essential to reduce anxiety and stop the spread of scabies.

EDUCATION RESOURCE MATERIALS:
3. Gates, N. Scabies. [Slide presentation]
6. Winnipeg Regional Health Authority, Facts about Scabies.
7. Winnipeg Regional Health Authority. Personal Care Home Program. Guidelines for Management of Scabies Outbreak.
## Scabies Investigation Form

<table>
<thead>
<tr>
<th>Case #</th>
<th>Name</th>
<th>Address of Client</th>
<th>Type of Contact, e.g. bathing, skin-to-skin</th>
<th>Date of Onset</th>
<th>Duration of rash</th>
<th>Symptoms Describe rash, location on body</th>
<th>Diagnosis - Method and Date By Whom - Physician, Dermatologist, etc. include name</th>
<th>Treatment product used/date</th>
<th>Re-Treatment product used/date</th>
<th>Comments</th>
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