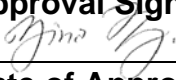
 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé	Personal Care Home/Long Term Care Facility Infection Prevention and Control Program	
	Scabies, Management of	
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	Operational Directive	Approval Signature: 
	Date of Approval: June 24, 2010	
	Review Date: June 2013	

1.0 **PURPOSE:**

- 1.1 To promptly identify, communicate and manage possible or real outbreaks of scabies and prevent further transmission within the Winnipeg Regional Health Authority Personal Care Home/Long Term Care Facilities.

2.0 **DEFINITIONS:**

- 2.1 Scabies: A highly contagious skin condition caused by a mite; *Sarcoptes scabiei* subspecies *hominis* (See Appendix A).
- 2.2 Exposure to typical scabies: Direct skin-to-skin contact with an infested resident before treatment and until 24 hours after start of effective treatment.
- 2.3 Norwegian scabies: (also known as crusted or keratotic scabies) is an uncommon form of infestation and is characterized by massive infestation of mites and wide spread crusted hyperkeratotic lesions (See Appendix B).
- 2.4 Exposure to Norwegian scabies: Minimal direct or indirect contact with an infested person during the period of communicability (2-6 weeks before onset of symptoms) and until 24 hours after start of effective treatment. Only minimal contact is required because of the large number of mites present on the source.

2.5 **Outbreak:** The occurrence in a facility/unit of cases of an illness with a frequency clearly in excess of normal expectancy. The number of cases indicating an outbreak will vary according to the infectious agent, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. Therefore, the status of an outbreak is relative to the usual frequency of the disease in the same facility/unit, among the same population, at the same season of the year.

2.6 **Scabies Outbreak:** *Typical scabies-* consider the possibility of an outbreak if more than one resident in the personal care home meets the criteria for diagnosis of scabies. Consider the likelihood of an outbreak when only one case of Norwegian scabies is identified. Consider the possibility of an outbreak if a health care worker and a resident in the personal care home meets the criteria for diagnosis of scabies.

3.0 **OPERATIONAL DIRECTIVE:**

3.1 In the event there is scabies within the personal care home, the personal care home shall implement the procedure for management of scabies.

4.0 **PROCEDURE:**

4.1 Admission assessments should include:

- Any history or clinical findings consistent with scabies
- A visual assessment of the skin surface.

4.2 Immediately evaluate and document any skin lesions or rashes the resident may have.

4.3 Confirmation of scabies diagnosis may require consultation to a Dermatologist or Infectious Diseases specialist.

4.4 Skin scrapings (Appendix C) may be done by the dermatologist or trained professional to confirm the presence of scabies mites.

4.5 Management of Symptomatic Residents

- 4.5.1 As soon as scabies is suspected, implement Contact Precautions (gowns, gloves) for direct resident contact only; otherwise, use Routine Practices. Emphasize good hand hygiene.

- 4.5.2 Restrict resident(s) to their room(s) until 24 hours after the start of effective treatment.
- For Norwegian scabies Contact Precautions will be prolonged due to treatment requirements. Precautions must remain in place until the resident's rash resolves.
- 4.5.3 Treat all residents with scabies and their contacts at the same time. Offer prophylactic treatment to residents as required.
- Symptomatic case(s) should be treated twice, 1 week apart, and asymptomatic contacts once.
 - When treating Norwegian scabies, more than one product may need to be tried and more than one or two treatments may need to be given
 - .Advise family contacts of over the counter treatment options. Refer pregnant women and children to their physician
- 4.5.4 Apply the scabicide according to instructions. Permethrin 5% lotion in one or two applications is recommended.
- Lindane (PMS Lindane) is also effective.
 - Ivermectin (oral antiparasitic) is recommended as an adjuvant to permethrin in Norwegian scabies. (Note: For the release of Ivermectin from Health Canada an Infectious Disease consult is required.)
- 4.6 Identification of Contacts of Symptomatic Cases
- 4.6.1 As soon as a possible case of scabies is identified the infection control practitioner/designate shall develop a contact identification list to include every resident who may have had direct skin contact with the symptomatic case within the previous 6 weeks using the Scabies/Lice Outbreak Investigation Form (Appendix D).
- Include room mates transferred to other nursing units or to another facility within the previous 6 weeks.
 - Determine if these contacts are symptomatic or asymptomatic.
 - If the case was transferred to another health care facility for treatment i.e.: dialysis, within the past 6 weeks; notify the other facilities' infection control practitioner.
 - Determine if there are symptomatic residents on other nursing units.

- 4.6.2 Occupational Environmental Safety & Health (OESH)/designate shall identify health care workers and volunteers who have had direct physical contact with the case within the past six weeks.
- Determine if these contacts are symptomatic or asymptomatic.
 - Determine if there are symptomatic health care workers or volunteers on other nursing units.
- 4.6.3 The unit shall notify visitors (spouses, family members, friends) who may have visited the case within the past 6 weeks.
- 4.7 Coordinate the cleaning of the environment and linen with the timing of treatment.
- 4.7.1 Laundry
- Remove all bed linens, including blankets and spreads, towels, wash cloths and clothes worn by the resident after the scabicide is washed off.
 - Bag linen at point of care and send to laundry.
 - Laundry personnel shall follow Routine Practices when handling contaminated laundry/linens.
 - Wash clothing in hot water (50 degrees centigrade; 122 degrees Fahrenheit) and tumble dry in hot dryer for 20 minutes.
 - Segregate or seal in plastic bag and store for 3 days those items that cannot be washed.
- 4.7.2 Equipment
- Clean and disinfect, with facility approved disinfectant, multiple use equipment i.e.: walking belts, slings, blood pressure cuffs.
 - Clean & disinfect, with facility approved disinfectant, mattress, pillow covers and bed side equipment after scabicide has been washed off.
- 4.7.3 Housekeeping
- Terminally clean the resident's room. Vacuuming is sufficient for carpeted areas.
- 4.8 Continue to monitor all residents for signs and symptoms of scabies for 6 weeks following last case.
- 4.9 Report new cases to the PCH Infection Control Practitioner/designate or Administrator /Director of Care.

4.10 Management of Exposed staff

- 4.10.1 Staff who are symptomatic, have had direct skin to skin contact with infested person(s), or diagnosed with scabies require treatment with scabicide and may return to work after treatment.
- 4.10.2 Staff who refuse treatment will be required to wear personal protective equipment (gloves, gown) for direct resident contact (skin to skin) for 6 weeks.
- 4.10.3 Advise staff that exposed household members and intimate contacts should seek medical evaluation from a community health centre or physician regarding evaluation of risk, prophylaxis, diagnosis and/or treatment.

4.11 Communication:

The Infection Control Practitioner/designate will:

- 4.11.1 Notify Unit Staff, Medical Director, and Attending Physician/Nurse Practitioner within the facility.
- 4.11.2 Notify Population & Public Health Communicable Disease Coordinator to report an outbreak and to assist with the plan of action.
- 4.11.3 Communicate with and educate the staff, volunteers and families/significant others.
- 4.11.4 Communicate the action plan to the various departments (i.e.: housekeeping, laundry, dietary).
- 4.11.5 Notify and keep informed throughout the duration of the outbreak, the WRHA Manager, PCH Infection Prevention and Control phone # (204) 831-2964.
- 4.11.6 When transferring a resident to another facility, inform the facility of any known or suspected scabies in the resident or in the transferring facility. Communicate with the receiving facility to determine their ability to take the resident.

4.12 Documentation:

- 4.12.1 If an outbreak is suspected, complete the Outbreak Report Manitoba Health Form Initial Assessment (Appendix E) and fax to the CDC Unit fax # (204) 948-3044, Population & Public Health Communicable Disease Coordinator fax # (204) 940-2690, and WRHA Manager, PCH Program, Infection Prevention & Control fax # (204) 831-2915.

- 4.12.2 Complete the Report of a Suspected Scabies Outbreak Form (Appendix F) and the Scabies/Head Lice Outbreak Investigation Form (Appendix D). Fax the completed forms to Population & Public Health Communicable Disease Coordinator fax # (204) 940- 2690 and to WRHA Manager, Infection Prevention & Control fax # (204) 831-2915.
- 4.12.3 At the end of the outbreak, complete the Outbreak Report Manitoba Health Form, Final Report (Appendix G) and fax a copy to Manitoba Health CDC Unit fax # (204) 948-3044, Population & Public Health Communicable Disease Coordinator fax # (204) 940-2690 and to WRHA Manager Infection Prevention & Control fax # (204) 831-2915.

5.0 **REFERENCES:**

- 5.1 APIC Text of Infection Control and Epidemiology (2005)
- 5.2 Burkhart, C.G., Burkhart, C.N, & Burkhart, K.M. (2000) *An epidemiologic and therapeutic reassessment of scabies*, **65**, pp 233-236, 239, 240.
- 5.3 Canada Communicable Disease Report (CCDR) 2002, Infection Control Guidelines, Prevention and Control of Occupational Infections in Health Care, Vol. 2851.
- 5.4 Chan, LY, Tang, WYM, Ho, HHF, & Lo, KK. (2000) *Crusted (Norwegian) scabies in two old-age home residents*; Hong Kong Medical Journal, (**6**) , pp 428-430.
- 5.5 Heymann, D. (2008) Control of Communicable Diseases Manual, 19th edn. American Public Health Association.
- 5.6 Manitoba Health (2001) Communicable Disease Management Protocol for Scabies.
- 5.7 Obasanjo, O.O., Wu, P., Conlon, M., Karanfil, L.V., Pryor, P., Moler, G., Anhalt, G., Chasson, R.E., & Perl,T.M. (2001) *An outbreak of scabies in a teaching hospital: lessons learned*, Infection Control and Hospital Epidemiology (**22**) pp13-18.

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