
 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p><b>Operational Guideline</b></p>	<b>Long Term Care Infection Prevention and Control Program</b>	
	<b>Management of Scabies in Long Term Care Facilities</b>	
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	<p><b>Approval Signature:</b></p> 	<p>Supersedes: Scabies in Long Term Care Facilities , Management of October 29, 2015</p>
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1.0 **PURPOSE:**

- 1.1 To prevent infestations and outbreaks of Scabies within Long Term Care Facilities in the Winnipeg Health Region.
- 1.2 To effectively detect, diagnose, treat and prevent transmission of scabies within Long Term Care Facilities in the Winnipeg Health Region.

2.0 **DEFINITIONS:**

- 2.1 Crusted Scabies: (also known as Norwegian or Keratotic Scabies). An uncommon clinical syndrome characterized by crusted lesions caused by many infesting Scabies mites on any part of the body. Undiagnosed Crusted Scabies is often the source of institutional outbreaks.
- 2.2 Exposure to Typical Scabies: Direct skin-to-skin contact with the person infested with Scabies during the period of communicability (4-6 weeks before symptoms develop until 24 hours after initiation of treatment). Indirect, by contact with personal articles (e.g., clothes, bedding) of a person infested with Scabies.
- 2.3 Exposure to Crusted Scabies: Minimal direct or indirect contact with the person infested with Scabies during the period of communicability (4-6 weeks before symptoms develop until 24 hours after initiation of treatment). Only minimal contact is required with Crusted Scabies because of the large number of mites present on the source person. Indirect exposure to Crusted Scabies can include exposure to the heavily infested individual's clothing, bedding, other personal fabric articles and/or furniture.

- 2.4 **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, 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.
- 2.5 **Scabicide**: A medication used to treat Scabies.
- 2.6 **Scabies**: A skin infestation caused by a mite; *Sarcoptes scabiei* subspecies *hominis*.
- 2.7 **Scabies Outbreak**: Consider the possibility of an outbreak if a health care worker or a resident in the personal care home meets the criteria for diagnosis of Scabies.
- *Typical Scabies* - Consider the possibility of an outbreak if more than one person in the site meets the criteria for diagnosis of Scabies.
  - *Crusted Scabies* - Consider the likelihood of an outbreak when only one case of Crusted Scabies is identified.
- 2.8 **Terminal Cleaning**: Refers to the process for cleaning and disinfection of resident accommodation undertaken upon discharge of any resident or on discontinuation of precautions. The resident room, cubicle, or bed space, bed, bedside equipment and environmental surfaces and sink and bathroom should be thoroughly cleaned before another resident is allowed to occupy the space. The bed linens should be removed before cleaning begins.
- 2.9 **Typical Scabies**: An infestation of Scabies producing the classic presentation of: intense pruritus (itching), widespread papules (bumps), and winding burrows a millimeter or two in length in the spaces between the fingers or on the forearm. Pruritus (itching) is caused by irritation from the eggs, feces, and saliva of the mite, which reproduces in the spaces between the fingers, toes, and genital regions of residents infested with Scabies. The usual response is to scratch, killing the mite and therefore keeping the numbers of infesting organisms low. If left untreated, typical Scabies may progress to Crusted Scabies.

### 3.0 **TRANSMISSION:**

- 3.1 Transmission of the mite is by direct skin-to-skin contact. A person infested with Scabies can spread Scabies even if they have no symptoms. Indirect contact can occur from undergarments, or bedclothes contaminated by a person with untreated Scabies to an uninfected person. Scabies can be easily passed by an infected person to their household members, bed partners and sexual partners. Transmission can occur as long as the person infested with Scabies remains

untreated and until 24 hours after treatment. The mites do not live for more than 3 to 4 days without contact with skin.

- 3.2 The incubation period is 2-6 weeks; however re-infestation can provoke symptoms in 1-4 days.
- 3.3 Crusted Scabies is highly infectious because of the large number of mites in the exfoliating skin scales. Minimal, unprotected contact is all that is required for transmission.

#### 4.0 **PREVENTION:**

4.1 Early detection, treatment, and implementation of appropriate precautions and infection control practices are essential in preventing Scabies Outbreaks. An aggressive approach to preventing and controlling Scabies in institutions, particularly when Crusted Scabies is confirmed or suspected, is recommended in the literature.

4.1.1 All facilities should maintain a high index of suspicion that undiagnosed skin rashes and conditions or skin conditions that are not responding to treatment may be Scabies even if characteristic signs and/or symptoms of Scabies are absent (e.g., no itching).

4.1.2 On admission/move in, all residents should be assessed for:

- Any history or clinical findings consistent with Scabies
- Skin lesions and rashes
- Epidemiological linkage to a confirmed case of Scabies - direct skin to skin contact with an individual diagnosed with Scabies (e.g., co-patient, co-resident, visitor, family, friend, other). Indirect, by contact with personal articles (clothes, bedding) of a person infested with Scabies.

#### 5.0 **Control and Management**

5.1 Assessment and Diagnosis

5.1.1 For Typical Scabies:

Immediately upon suspicion of Typical Scabies, implement Contact Precautions (e.g., gowns, gloves) for direct contact only. Maintain precautions until 24 hours after the start of effective treatment.

5.1.2 For Crusted Scabies:

Immediately upon suspicion of Crusted Scabies implement Contact Precautions. Maintain precautions until the resident's rash resolves ideally in conjunction with negative skin scrapings.

- 5.1.3 Document any skin lesions or rashes the resident(s) has as well as symptoms such as itching in the Integrated Progress Notes (IPN). Contact the resident's attending physician/nurse practitioner and the site infection control professional (ICP)/designate if Scabies is suspected. [Appendix A](#) can be used within sites to promote timely diagnosis.
  - 5.1.3.1 Scabies mites are more active after baths and at night. Interview the resident and record their responses in the IPN as increased itching at these times increases the index of suspicion for Scabies. Also consider the possibility of increased responsive behaviours surrounding bathing and bedtime as potential symptoms of increased Scabies activity in individuals who suffer from cognitive impairment and/or aphasia who are unable to communicate their experience of increasing pruritus.
- 5.1.4 Confirm the diagnosis of Scabies.
  - 5.1.4.1 A physician/nurse practitioner assessment should be made as soon as possible, ideally within 24 hours.
  - 5.1.4.2 Confirming the diagnosis often requires consultation to a dermatologist or infectious diseases specialist as Scabies infestations are difficult to diagnose. Other resources include: the facility's Medical Director, WRHA Long Term Care Program Medical Director, or WRHA Long Term Care Coordinator of Infection Prevention and Control.
  - 5.1.4.3 Skin scrapings (see [Appendix B](#) for procedure) may be done by the attending physician/nurse practitioner, dermatologist, infectious diseases specialist, or trained professional in this skill to confirm the presence of the Scabies mites, ova, or inflammation caused by same. Send the skin scraping sample to Cadham Provincial Laboratory (see [Appendix C](#) for a sample requisition).
  - 5.1.4.4 In the absence of access to someone who can conduct a skin scraping, use the Burrow ink test (see [Appendix D](#)).
- 5.2 Contact Identification
  - 5.2.1 As soon as a possible infestation of Scabies is identified in an individual, the ICP/designate is responsible for developing a contact identification list. This should include every resident who may have had direct skin contact with the symptomatic resident within the previous 6 weeks using the WRHA LTC IP&C Outbreak Investigation Form ([Appendix E](#)).
    - 5.2.1.1 Include roommates transferred to other nursing units or to another facility within the previous 6 weeks.
    - 5.2.1.2 Determine if these contacts have symptoms of Scabies or are asymptomatic.

- 5.2.1.3 If the symptomatic resident was transferred to another health care facility or an appointment (e.g. dialysis), within the past 6 weeks, notify the other facilities' ICP/ designate.
  - 5.2.1.4 Determine if there are symptomatic residents on other nursing units.
- 5.2.2 Occupational Environmental Safety & Health (OESH) or site designate is responsible to identify health care workers and volunteers who have had direct physical contact with the symptomatic resident within the past 6 weeks.
- 5.2.2.1 Facilities supported by WRHA OESH should contact them to make arrangements for their staff to be assessed and receive treatment, if applicable.
  - 5.2.2.2 Determine if these contacts have symptoms of Scabies or are asymptomatic.
  - 5.2.2.3 Determine if there are symptomatic health care workers or volunteers on other nursing units.
  - 5.2.2.4 Ensure a proactive employee health service approach to Scabies including providing information to all staff.
  - 5.2.2.5 Staff who are symptomatic, have had direct skin to skin contact with a symptomatic resident, have had contact with personal articles (clothes, bedding) of a symptomatic resident or are diagnosed with Scabies require Scabicide treatment.
    - 5.2.2.5.1 Facilities can choose to provide Scabicide treatment for their staff if exposure occurred at the facility. Treatment can be ordered from the pharmacy who will invoice the facility directly for these treatments. Alternatively, facilities can refer staff to discuss treatment with their community pharmacist or physician.
  - 5.2.2.6 Staff can return to the facility after treatment. If within 24 hours of the application of the treatment, they must wear personal protective equipment (PPE) (e.g. gloves, gown) for direct resident contact (skin to skin) until the 24 hours is over. This PPE must be changed between tasks and between residents.
  - 5.2.2.7 Staff refusing treatment will be required to wear PPE for direct resident contact (skin to skin) for a minimum of 6 weeks. This PPE must be changed between tasks and between residents.
  - 5.2.2.8 Advise staff that household members and intimate contacts (e.g., sexual partners, bed partners, children and household members who have shared clothing or towels) should seek

medical evaluation from a community health center or physician regarding evaluation of risk, diagnosis and/or treatment.

- 5.2.2.9 Individual facilities are responsible to track staff contacts that accept or refuse treatment and maintain a written record of same. Facilities can utilize the WRHA LTC IP&C Outbreak investigation form ([Appendix E](#)).
  - 5.2.3 The facility is responsible to notify visitors (e.g., spouses, family members, and friends) who may have visited the symptomatic resident within the past 6 weeks. Use the [Scabies Fact Sheet “What you need to know about Scabies”](#) as a resource to provide information to visitors.
    - 5.2.3.1 Visitor contacts should discuss treatment with their community pharmacist or physician.
  - 5.2.4 The facility communicates the Scabies status when transferring a resident to another facility.
- 5.3 Treatment
- 5.3.1 One of the keys to successful control of an outbreak is the simultaneous treatment of individuals infested with Scabies, all exposed contacts and cleaning or sealing of infested articles to prevent re-exposure and ongoing transmission.
  - 5.3.2 Obtain a prescriber order to treat the resident(s) infested with Typical Scabies and resident(s) meeting the definition for Exposure to Typical Scabies simultaneously.
  - 5.3.3 Crusted Scabies is difficult to treat, and has a significant treatment failure rate. Several products may need to be tried, and multiple treatments may need to be given. Consider ‘prophylactically’ treating the entire unit(s)/affected area(s) when even a single case of Crusted Scabies is identified as the likelihood of transmission and progression to an outbreak is high.
  - 5.3.4 Permethrin 5% (e.g., Nix<sup>®</sup> Dermal Cream)
    - 5.3.4.1 More effective than all other Scabicides; reduced systemic absorption. Preferred treatment for adults with Scabies.
    - 5.3.4.2 Massage the permethrin cream thoroughly into the skin over the entire body from the base of the hairline downwards to the toes/soles of the feet paying special attention to skin folds, creases, and interdigital spaces. Place the resident in clean clothing and bedding.
    - 5.3.4.3 Wash the permethrin cream off after 12 hours and change the bedding again.
      - 5.3.4.3.1 Providing a shower/bath is preferred to ensure all cream is removed. For residents who are unable to be bathed or showered, consult with the site ICP to discuss other options.

- 5.3.4.4 Symptomatic residents should be treated twice, one week apart, and asymptomatic resident contacts once.
- 5.3.4.5 Ensure there is enough cream available to effectively cover the resident's body as insufficient coverage could result in an ongoing infestation. A 30 gram tube of permethrin cream is typically enough to cover the body of an average sized resident. For larger residents, more than 1 tube may be required.
- 5.3.4.6 Permethrin 1% cream rinse is not effective for Scabies treatment.
- 5.3.5 Crotamiton 10% (e.g., Eurax<sup>®</sup> cream)
  - 5.3.5.1 Low toxicity even when applied to excoriated skin and has a beneficial antipruritic effect. Less effective than permethrin and resistance has been reported.
  - 5.3.5.2 Massage the crotamiton cream thoroughly into the skin over the entire body from the base of the hairline downwards to the toes/soles of the feet paying special attention to skin folds, creases, and interdigital spaces. Place the resident in clean clothing and bedding.
  - 5.3.5.3 Repeat the application again in 24 hours. Wash the crotamiton cream off 48 hours after the last application and change the bedding again.
  - 5.3.5.4 Repeat the treatment in symptomatic residents after 7-10 days. Asymptomatic resident contacts only need to be treated once.
- 5.3.6 Precipitated sulfur 10% in petrolatum ointment (compounded)
  - 5.3.6.1 Massage the precipitated sulfur cream thoroughly into the skin over the entire body from the base of the hairline downwards to the toes/soles of the feet paying special attention to skin folds, creases, and interdigital spaces. Place the resident in clean clothing and bedding.
  - 5.3.6.2 Wash the precipitated sulfur cream off after 12 hours. Repeat on 3 consecutive days to provide the best balance of efficacy and adverse effects (e.g., sulfur dermatitis) and change bedding each consecutive time.
- 5.3.7 Lindane 1% has been discontinued in all forms in Canada due to potential neurotoxicity.
- 5.3.8 Ivermectin (Stromectol<sup>®</sup>) - oral antiscabietic
  - 5.3.8.1 Treatment for resistant Typical Scabies or as an adjuvant to permethrin in Crusted Scabies. Requires consultation with WRHA LTC Program Pharmacy Manager.
  - 5.3.8.2 Dosing for Typical Scabies:
    - Ivermectin is available as 3 mg tablets.
    - Ivermectin 200 mcg/kg orally; repeat the dose in 2 weeks.

5.3.8.3 Dosing for Crusted Scabies:

- Ivermectin 200 mcg/kg orally on days 1, 2, 8, 9, and 15; for severe infestations, additional treatment on days 22 and 29 may be required.
- Combine with daily application of 5% permethrin cream applied over the entire body as described in 4.3.4.2 for 7 days then twice weekly until cured.

5.3.8.4 Give Ivermectin with food to increase bioavailability, thus increasing penetration of the drug into the epidermis.

5.3.9 Pruritus may take a few weeks to resolve. If pruritus is bothersome to the resident, the following treatments are suggested:

- Topical corticosteroids (note: this may further mask signs and symptoms of infestation and should be avoided while the infestation is active)
- Antipruritic topical lotions
- Antihistamines
- Keep fingernails closely trimmed to reduce injury from excessive scratching

5.4 Laundry

5.4.1 Change bed linens before the resident goes to bed with the topical Scabicide treatment applied and again before the resident returns to the room after the treatment has been washed off.

5.4.2 Remove resident's clothing, personal bedspreads, blankets, afghans, pillows, towels and fabric items such as stuffed animals and decorative pillows that may have come in contact with the resident in the last 7 days.

5.4.3 Launder in 50 degree Celsius water OR seal in a plastic bag for 7 days.

5.4.4 Where infrastructure and/or resources do not permit the quantities of laundry required (e.g., in a large outbreak where an entire unit is being treated), personal clothing and bedding items (e.g., afghans) can also be sealed in a plastic bag for 7 days. Place a tag on the bag with the date that it can be unsealed. Sites may also choose to have the resident infested with Crusted Scabies wear a 'hospital' gown and robe and segregate the resident's personal clothing in their closet for 7 days instead of laundering those items. Avoid taking items out of the closet during this time.

5.4.5 Once the 7 days have elapsed, the plastic bag can be unsealed. There are no special precautions for handling contaminated laundry. Follow Routine Practices when handling any contaminated laundry/linens.



## 5.5 Equipment

- 5.5.1 Follow Routine Practices, all equipment must be cleaned and disinfected between residents.
- 5.5.2 For Crusted Scabies, clean and disinfect, with facility approved disinfectant OR seal in a plastic bag for 7 days, multiple use equipment that has had direct skin to skin contact with a symptomatic resident and/or a contact of a symptomatic resident (e.g., hair brushes, walking belts, slings, wheelchairs, walkers, canes, blood pressure cuffs) or their potentially contaminated environment.

## 5.6 Housekeeping

- 5.6.1 Follow Routine Practices.
- 5.6.2 Although carpeting and soft surface seating is generally not recommended for use in LTC settings, installed carpet may be present at some sites and/or some sites have permitted families to bring in fabric recliners for resident use.  
Soft surface seating should be sealed in a plastic bag for 7 days or vacuumed. If sealed in a bag, it should be kept sealed and tagged with a date the seal may be broken. Vacuuming is sufficient for carpeted areas. Hard surfaces should be cleaned and disinfected with facility approved disinfectant.
- 5.6.3 Use of insecticide sprays and fumigants is not recommended.
- 5.6.4 Terminal Cleaning shall be done after Scabicide treatment has been washed off, upon discharge/transfer and when precautions are discontinued.

## 5.7 Documentation

- 5.7.1 Document the results of daily assessments of signs/symptoms of Scabies infestation in the Integrated Progress Notes, until resolution.
- 5.7.2 Document when Contact Precautions are implemented in response to suspected infestation(s) and when the precautions are discontinued in consultation with the site ICP/designate.
- 5.7.3 Document when the Scabicide treatment is administered and the resident's response to the treatment.
- 5.7.4 Complete the [LTC Infection Surveillance Form](#) for each resident with Scabies.

## 5.8 Outbreak Management

- 5.8.1 Ongoing monitoring is essential to plan further control and prevention measures if required.
- 5.8.2 Nurses and Health Care Aides are responsible for:
  - 5.8.2.1 Monitoring all residents for signs and symptoms of Scabies for 6 weeks following the last infestation. Then the Scabies outbreak can be declared over in collaboration with

- ICP/designate and WRHA Long Term Care Program Coordinator of Infection Prevention and Control.
- 5.8.2.2 Reporting all new and suspected cases of Scabies to the ICP/designate and completing the [LTC Infection Surveillance Report Form](#).
- 5.8.2.3 Nurse is also responsible for documenting ongoing signs/symptoms and/or resolution of signs/symptoms in the resident's health record.
- 5.8.3 The Physician/Nurse Practitioner is responsible for:
- 5.8.3.1 Assessing the resident in follow-up to staff suspicion of Scabies due to undiagnosed skin rashes and conditions or skin conditions that are not responding to treatment.
- 5.8.3.2 Confirming the diagnosis of Scabies as outlined in 5.1.4.
- 5.8.3.3 Ordering Scabies treatment for suspected and/or confirmed infestations.
- 5.8.4 The ICP/designate is responsible for:
- 5.8.4.1 Declaring a Scabies Outbreak upon meeting the definition.
- 5.8.4.2 Notifying the unit staff, Medical Director, and attending physician/nurse practitioner within the facility of the outbreak.
- 5.8.4.3 Notifying Population & Public Health Communicable Disease Coordinator to report an outbreak.
- 5.8.4.4 Completing the Manitoba Health Initial Outbreak Summary Report ([Appendix F](#)) [http://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu\\_6278.pdf](http://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6278.pdf). Scabies outbreaks are not reportable using the Canadian Network for Public Health Intelligence (CNPHI) at this time.
- Fax a copy to:
- Manitoba Health CDC Unit fax # (204) 948-3044
  - Population & Public Health Communicable Disease Coordinator fax # (204) 940-2690
  - Scan and email a copy to the WRHA Long Term Care Coordinator of Infection Prevention and Control.
- 5.8.4.5 Notifying and keeping informed throughout the duration of the outbreak (minimally weekly or if there are any changes), the WRHA Long Term Care Coordinator of Infection Prevention and Control.
- 5.8.4.6 Delegating the communication and education for the staff, volunteers, and visitors.

- 5.8.4.7 Communicating the action plan to the various department (e.g. housekeeping, laundry, dietary) and/or developing an outbreak management team that meets regularly to share pertinent information in a timely and effective manner.
- 5.8.4.8 At the end of the outbreak, complete the Manitoba Health Final Outbreak Summary Report ([Appendix G](#)) [http://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu\\_6278.pdf](http://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6278.pdf) . Fax a copy to:
  - Manitoba Health CDC Unit fax # (204) 948-3044
  - Population & Public Health Communicable Disease Coordinator fax # (204) 940-2690
  - Scan and email the WRHA Long Term Care Coordinator of Infection Prevention and Control.
- 5.8.5 Unit staff are responsible for:
  - 5.8.5.1 Notifying the ICP/designate of any new Scabies cases and suspected Scabies cases promptly upon recognition/suspicion.
  - 5.8.5.2 Communicating the Scabies status when transferring a resident to another facility. Inform the facility of outbreak status of the unit as well as the status of the resident being transferred. This should include if they are a known or suspected case as well as if they are a contact case and should include what treatments they have received and if there are any treatments outstanding.

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**Guideline Contact: WRHA Long Term Care Coordinator of Infection Prevention and Control**

Appendix A

Does your resident have a skin condition that is not responding to treatment?

Does your resident have a rash or rashes in/on the;

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Wrists            | <input checked="" type="checkbox"/> Webs of the fingers |
| <input checked="" type="checkbox"/> Anticubital fossa | <input checked="" type="checkbox"/> Axilla              |
| <input checked="" type="checkbox"/> Areolas           | <input checked="" type="checkbox"/> Buttocks            |
| <input checked="" type="checkbox"/> Beltline          | <input checked="" type="checkbox"/> Groin/Genitals      |



**Typical Scabies**

<http://medicalpictures.net/wp-content/uploads/2011/12/scabies-rash-pictures-3.jpg>



**Typical Scabies**

<http://www.webmd.com/skin-problems-and-treatments/ss/slideshow-scabies-overview>

# Think Scabies



**Crusted Scabies**

<http://www.webmd.com/skin-problems-and-treatments/ss/slideshow-scabies-overview>



**Crusted Scabies** Sandre et al

## Appendix B

### Skin scraping

Skin scrapings are done to achieve laboratory confirmation of a Scabies infestation. They may be done by a dermatologist or a trained professional in this skill. A 'negative' result does not always imply that mites are not present; as with any communicable disease, lab results must be collaborated with clinical presentation.

#### **Equipment:**

1. Gloves
2. Magnifying glass
3. Light source
4. Alcohol swabs
5. #15 scalpel
6. Gauze and tape or small adhesive bandage
7. Glass slide and cover slip
8. Specimen container or slide holder
9. Cadham lab requisition
10. Specimen bag
11. Sharps container

#### **Procedure:**

1. Complete the Cadham lab requisition as shown below. Be sure to include all necessary information and label the slide with two client identifiers using the labels provided at the bottom of the requisition.
2. Collect all the necessary equipment.
3. When Contact Precautions are in place, ensure the appropriate PPE is put on before entering the room.
4. Perform hand hygiene prior to entering the resident's room or bed space.
5. Select a site to conduct the scraping. Use magnifying glass to identify recent burrows or papules. A bright light and magnifying glass will assist in visualizing the mite (tiny dark speck) at the end of the burrow. Shoulders, back and abdomen are choice areas in the elderly and are less likely to cause responsive behaviors. Other sites: hands, wrists, elbows, feet, ankles, buttocks, axillae, knees, thighs and breasts.
6. Explain the procedure to the resident.
7. Using an alcohol swab scrub the area to be scraped for 30 seconds and allow to air dry.
8. Apply a single drop of sterile mineral oil over unexcoriated burrow. If using non-sterile mineral oil, apply the single drop of oil to the glass slide.
9. Perform hand hygiene.
10. Don gloves.
11. Hold the skin in the area to be scraped taught with your non-dominant hand.
12. Hold the scalpel with the dominant hand at a 90 degree angle to the skin. Scrape non excoriated, non-inflamed areas (burrows) 6-7 times with a #15 scalpel blade until tiny specks of blood appear. The mineral oil will emulsify the scrapings.
13. Using the blade put the scrapings on a slide; cover the slide with a cover slip.
14. Discard the scalpel in the sharps container.
15. Place gauze over tiny specks of blood and secure with tape or use an adhesive bandage. Ensure the resident is comfortable.
16. Remove gloves and perform hand hygiene.
17. Send covered slide in a specimen container or slide holder with a completed requisition to the Cadham laboratory for diagnostic purposes.
18. Document the skin scraping and the resident's response in the Integrated Progress Notes.

Appendix C

**Cadham Provincial Laboratory** **Manitoba** Health  
**General Requisition**

**ONLY ONE SPECIMEN TYPE PER REQUISITION**  
 All areas of the requisition must be completed (please print clearly)  
 See back for requisition/specimen instructions

Cadham Provincial Laboratory  
 P.O. Box 8450  
 750 William Avenue  
 Winnipeg, MB R3C 3Y1  
 Tel: (204) 945-6123  
 Fax: (204) 789-4770  
 E-mail: cadham@gov.mb.ca  
 Website: www.gov.mb.ca/health/publichealth/cpl



<b>RELEVANT CLINICAL INFORMATION</b> Outbreak Code: <u>Insert code if applicable</u> <input checked="" type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient Travel/Treatment History: <u>TREATMENT FAILED &amp; MULTIPLE TOPICAL ONTMENTS &amp; ORAL ANTIHISTAMINES</u> <input type="checkbox"/> Autopsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Borne Illness <input type="checkbox"/> Cancer/Chemotherapy <input type="checkbox"/> Dialysis <b>Signs and Symptoms:</b> <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Fever <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Pneumonia <input type="checkbox"/> Chest Pain <input type="checkbox"/> Headache <input checked="" type="checkbox"/> Rash <input type="checkbox"/> Diarrhea <input type="checkbox"/> Influenza-Like Illness <input type="checkbox"/> Sore Throat <input type="checkbox"/> Encephalitis <input type="checkbox"/> Jaundice Other: <u>PRURITIS @ NIGHT &amp; AFTER BATHS</u>		<b>PATIENT INFORMATION</b> PHIN: <u>100 100 100</u> MB Health Reg. # <u>55555</u> Alternate ID: <input type="checkbox"/> RCMP # <input type="checkbox"/> Other Provinces/Territories <input type="checkbox"/> Military # <input type="checkbox"/> Other Uninsured: <input type="checkbox"/> Cheque/Money Order enclosed <input type="checkbox"/> Payment to follow Date of Birth: <u>1976/08/20</u> Sex: <u>M</u> <input checked="" type="checkbox"/> <u>F</u> <input type="checkbox"/> <u>U</u> <input type="checkbox"/> <u>A</u> Chart/Clinic/Lab # Patient Legal Last Name: <u>ITCHEE</u> First Name: <u>IMA</u> Street or Other (e.g., General Delivery): <u>PCH STREET</u> Phone # <u>204 555 5555</u> City/Municipality/First Nations Reserve: <u>WINNIPEG</u> Postal Code: <u>R0R 0R0</u>	
<b>REASON FOR TEST:</b> <input type="checkbox"/> Immigration <input type="checkbox"/> Occupational <input checked="" type="checkbox"/> Other: <u>RIO INFESTATION</u> <input type="checkbox"/> Needlestick <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Pregnant <input type="checkbox"/> Immune Status		<b>RETURN REPORT TO:</b> Ordering Practitioner: Last <u>SCRATCH</u> First <u>IVAN</u> Initial(s) <u>A</u> Facility: <u>PCH NAME HERE</u> Facility Address: <u>123 PCH STREET</u> City/Town: <u>WINNIPEG</u> Postal Code: <u>R0R 0R0</u> Phone #: <u>204 555 5555</u> Secure Fax #: <u>204 666 6666</u>	
<b>SPECIMEN INFORMATION</b> Specimen Type: <u>SKIN SCRAPING</u> Specimen Source: <u>Left Hand</u> Collected At: <u>WINNIPEG PCH</u> Date/Time: <u>2018/03/08 09:30</u>		<b>COPY REPORT TO:</b> Other Practitioner: Last Name <u>NAME OF COMMUNICABLE DISEASE COORDINATOR</u> First Name Facility: <u>WRHA POPULATION &amp; PUBLIC HEALTH</u> Secure Fax #: <u>204-940-2690</u>	

<b>SEROLOGY</b> Serology Test Panels (see #1 over) <input type="checkbox"/> STI Panel <input type="checkbox"/> Prenatal Panel <input type="checkbox"/> Post Exposure: Source Panel (1, 3) <input type="checkbox"/> Prenatal HIV OPT OUT (2) <input type="checkbox"/> Post Exposure: Exposed Panel (1) <input type="checkbox"/> Blood-borne Pathogen HIV (4) <input type="checkbox"/> HIV 1/2Ab <input type="checkbox"/> Syphilis Screen <b>Hepatitis</b> <input type="checkbox"/> HAV IgG (Immunity) <input type="checkbox"/> HBsAb (Immunity) <input type="checkbox"/> HAV IgM (acute HAV) <input type="checkbox"/> HBsAg <input type="checkbox"/> HBCAb (Total) <input type="checkbox"/> HCV Ab <b>Nucleic Acid (Plasma Only) (5)</b> <input type="checkbox"/> HBV PCR/Quant <input type="checkbox"/> HCV PCR/Quant <input type="checkbox"/> WNV PCR <input type="checkbox"/> HCV PCR/Qual <input type="checkbox"/> HCV Genotyping <b>Miscellaneous Serology</b> <table border="0"> <tr> <td></td> <td><b>Acute</b></td> <td><b>Immune Status</b></td> <td></td> <td><b>Acute</b></td> <td><b>Immune Status</b></td> </tr> <tr> <td>CMV</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>Parvo B19</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>EBV</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>Rubella</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>HSV</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>Toxoplasma</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>Measles</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>Varicella</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>Mumps</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>WNV</td> <td><input type="checkbox"/> IgM</td> <td></td> </tr> </table> <input type="checkbox"/> Lyme Ab <input type="checkbox"/> H. pylori Ab <input type="checkbox"/> Mycoplasma pneumoniae IgM			<b>Acute</b>	<b>Immune Status</b>		<b>Acute</b>	<b>Immune Status</b>	CMV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Parvo B19	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	EBV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Rubella	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	HSV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Toxoplasma	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Measles	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Varicella	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Mumps	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	WNV	<input type="checkbox"/> IgM		<b>PARASITOLOGY</b> <input type="checkbox"/> Ova & Parasites <input type="checkbox"/> Blood Examination <input type="checkbox"/> Blood Smears <input checked="" type="checkbox"/> Skin Scrapings <input type="checkbox"/> Identification <b>MICROBIOLOGY/BACTERIOLOGY:</b> <input type="checkbox"/> C&S <input type="checkbox"/> Chlamydia and Gonorrhea (NAAT) <input type="checkbox"/> MRSA Screen <input type="checkbox"/> Chlamydia DFA (Microtrak) <input type="checkbox"/> VRE Screen <input type="checkbox"/> GC Culture <input type="checkbox"/> Clostridium difficile Toxin <input type="checkbox"/> GBS Prenatal Screen <input type="checkbox"/> Verotoxin Testing <input type="checkbox"/> Spore/Sterilizer Testing Referral Isolate: <input type="checkbox"/> Identification <input type="checkbox"/> Susceptibility Testing <input type="checkbox"/> Subtyping Isolate Information: <b>VIRUS DETECTION</b> <input type="checkbox"/> CMV PCR (NAAT) <input type="checkbox"/> Viral Detection <input type="checkbox"/> HSV PCR (NAAT) <b>OTHER TESTS OR REQUESTS</b>	
	<b>Acute</b>	<b>Immune Status</b>		<b>Acute</b>	<b>Immune Status</b>																																		
CMV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Parvo B19	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG																																		
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Mumps	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	WNV	<input type="checkbox"/> IgM																																			

Affix one of these stickers to the back of the glass slide and the other to the specimen bag

Name: ITCHEE, IMA  
 PHIN: 100 100 100

Specimen label stickers. Where necessary, please fill one in and affix to the accompanying specimen container.

## Appendix D

### **Burrow Ink Test (BIT)**

The BIT can be used as an alternative to skin scrapings to assist with the diagnosis of scabies. It is less invasive and does not require professional training to perform. The ink test does not always identify the presence of scabies mites (which occasionally appear as a tiny dark dot at the end of a track), but it can help illuminate the tracking caused by the mite as it burrows. As with any diagnostic test, results must be collaborated with clinical presentation.

#### **Equipment:**

1. Gloves
2. Alcohol swabs
3. Dark colored washable wide-tipped marker

#### **Procedure:**

1. Explain the procedure to the resident and perform hand hygiene
2. Use a the marker to 'color' over areas of suspected burrows
3. Wipe off ink with alcohol swabs or alcohol based hand rub and disposable towel

The alcohol will remove the most surface ink but will not remove the ink taken up by the burrow, thus leaving a dark irregular (often zig-zag) line illuminating the burrow track(s). If the resident has straight lines that take up ink these may be due to scratching and not the presence of burrowing mites.





**INITIAL OUTBREAK SUMMARY REPORT**

**(All OUTBREAKS EXCEPT: ENTERIC, RESPIRATORY or VACCINE PREVENTABLE DISEASE (VPD) OUTBREAKS)**

**Instructions:** Upon suspicion of a communicable disease outbreak that is NOT an enteric, respiratory or vaccine preventable disease outbreak, please complete the **Outbreak Identification** sections on both of these pages and the **Initial Assessment**. Please refer to "Enteric Outbreak Report" and "Respiratory/VPD Outbreak Report" (<http://www.gov.mb.ca/health/pubihealth/surveillance/forms.html>) for reporting enteric, respiratory or VPD outbreaks.

OUTBREAK IDENTIFICATION:	
Month outbreak recognized (MM/YYYY): ____ / ____ CPL "outbreak" code: _____ OR <input type="checkbox"/> not assigned	
Choose <b>one</b> syndrome: <input type="checkbox"/> Fever/Rash <input type="checkbox"/> STI/UTI <input type="checkbox"/> Fever/Headache <input type="checkbox"/> Other Specify: _____	
Please choose a unique name to be used for this outbreak only: _____ <span style="font-size: small;">(max 20 letters, no numbers or special characters)</span>	

INITIAL ASSESSMENT:		
Contact person: _____ Phone/fax: _____ / _____		
RHA(s) involved: _____ Today's date (YYYY/MM/DD): _____ / _____ / _____		
<b>Site/Location (check all that apply)</b>	<i>Name(s)</i>	
<input type="checkbox"/> Food handling establishment: _____	<input type="checkbox"/> Hospital: _____	
<input type="checkbox"/> Geriatric extended care facility: _____	<input type="checkbox"/> School: _____	
<input type="checkbox"/> Other extended care facility: _____	<input type="checkbox"/> Daycare: _____	
<input type="checkbox"/> Correctional facility: _____	<input type="checkbox"/> Other facility: _____	
<input type="checkbox"/> General community on reserve – <i>specify Reserve(s):</i> _____		
<input type="checkbox"/> General community – <i>specify area, city, town(s), etc. involved:</i> _____		
<b>Total # cases:</b> _____		
<b>Working case definition (check all that apply):</b>		
<input type="checkbox"/> Local working case definition included cases identified using clinical signs and symptoms		
<input type="checkbox"/> Local working case definition used laboratory confirmed results		
Onset of first symptoms of first case (YYYY/MM/DD): _____ / _____ / _____		
Infectious agent: <input type="checkbox"/> Unknown <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed (organism: _____)		
<b>Current/proposed interventions (check all that apply and provide details below)</b>		
<input type="checkbox"/> Handwashing/Hygiene enhancement	<input type="checkbox"/> Active case finding	<input type="checkbox"/> Environmental disinfection
<input type="checkbox"/> Barrier procedures (e.g. gloving, etc.)	<input type="checkbox"/> Exclusion	<input type="checkbox"/> Water boil order
<input type="checkbox"/> Isolation/Restriction of movement	<input type="checkbox"/> Vaccination	<input type="checkbox"/> Product recall
<input type="checkbox"/> Closure (e.g. institution, ward, restaurant)	<input type="checkbox"/> Prophylaxis	<input type="checkbox"/> Training/Education
Details: _____		
<b>People notified (check all that apply):</b>		
<input type="checkbox"/> Facility infection control nurse	<input type="checkbox"/> Cadham Lab Outbreak Liaison	<input type="checkbox"/> Environmental Testing Lab
<input type="checkbox"/> Regional MOH(s)	<input type="checkbox"/> Cadham Lab Infection Control	<input type="checkbox"/> Local Government
<input type="checkbox"/> Environmental Health (PHI/EHO)	<input type="checkbox"/> City of Winnipeg	<input type="checkbox"/> Local Health Professionals
<input type="checkbox"/> Office of the Chief MOH	<input type="checkbox"/> MSB	<input type="checkbox"/> Media
<input type="checkbox"/> Office of Drinking Water	<input type="checkbox"/> Other: _____	
Other details/comments: _____		
Epidemiology and Surveillance, Public Health Branch, Manitoba Health		
Version dated: March 12, 2013		

**EMAIL COMPLETED REPORT TO: [OUTBREAK@GOV.MB.CA](mailto:OUTBREAK@GOV.MB.CA) OR FAX TO: (204) 948-3044**

## Appendix G

### FINAL OUTBREAK SUMMARY REPORT

**(All OUTBREAKS EXCEPT: ENTERIC, RESPIRATORY or VACCINE PREVENTABLE DISEASE (VPD) OUTBREAKS)**

**Instructions:** Upon suspicion of a communicable disease outbreak that is NOT an enteric, respiratory or vaccine preventable disease outbreak, please complete the **Outbreak Identification** sections on both of these pages and the **Final Report**. Please refer to "Enteric Outbreak Report" and "Respiratory/VPD Outbreak Report" (<http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>) for reporting enteric, respiratory or VPD outbreaks.

OUTBREAK IDENTIFICATION:	
Month outbreak recognized (MM/YYYY): _____ / _____	CPL "outbreak" code: _____ OR <input type="checkbox"/> not assigned
Choose <b>one</b> syndrome:	<input type="checkbox"/> Fever/Rash <input type="checkbox"/> STI/UTI <input type="checkbox"/> Fever/Headache <input type="checkbox"/> Other Specify: _____
Please choose a unique name to be used for this outbreak only: _____ <i>(max 20 letters, no numbers or special characters)</i>	

FINAL REPORT:				
Today's date (YYYY/MM/DD): _____ / _____ / _____				
<b>RHA(s) involved (check all that apply)</b>		<b>Jurisdiction (check one):</b>		
<input type="checkbox"/> Winnipeg <input type="checkbox"/> Southern <input type="checkbox"/> Interlake-Eastern <input type="checkbox"/> Northern <input type="checkbox"/> Prairie Mountain		<input type="checkbox"/> Federal <input type="checkbox"/> Provincial <input type="checkbox"/> Band		
<b>Working case definition (check all that apply):</b>				
<input type="checkbox"/> Local working case definition included cases identified using clinical signs and symptoms <input type="checkbox"/> Local working case definition used laboratory confirmed results				
Infectious agent: <input type="checkbox"/> Unknown <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed (organism: _____)				
Please list symptoms necessary to case definition: _____				
<b>Case details:</b>	Case Numbers:	#	# Tested	# Deaths due to outbreak
Onset of first symptoms (YYYY/MM/DD):				Total population
First case: _____ / _____ / _____	Total cases			
Last case: _____ / _____ / _____	Symptomatic but NOT lab confirmed			
Outbreak finished: _____ / _____ / _____	Lab confirmed			
	Staff cases			
	Client cases			
<b>Transmission mode and source with highest index of suspicion (check one in each column):</b>				
Transmission: <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <i>(check one in each column)</i>		Source: <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <i>(check one in each column)</i>		
<input type="checkbox"/> Indirect (e.g. contact with inanimate object, insect/animal vector, airborne) <input type="checkbox"/> Transfusion/transplant/surgery <input type="checkbox"/> Direct animal to person <input type="checkbox"/> Sexually transmitted from person to person <input type="checkbox"/> Fecal/oral transmitted person to person <input type="checkbox"/> Droplet spread person to person <input type="checkbox"/> Other: _____		<input type="checkbox"/> Point/Common: { <input type="checkbox"/> Water <input type="checkbox"/> Food/food handler <input type="checkbox"/> Animal <input type="checkbox"/> Environment (e.g. soil, air conditioner) <input type="checkbox"/> Biologic (e.g. blood, HGH, vaccine) <input type="checkbox"/> Propagated: { <input type="checkbox"/> Break in control of endemic illness <input type="checkbox"/> Other: _____		
<b>Major interventions (check all that apply and provide details below):</b>				
<input type="checkbox"/> Closure <input type="checkbox"/> Exclusion <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Water boil order <input type="checkbox"/> Product recall <input type="checkbox"/> Training/education Details: _____				
Recommendations for policy/practice change(s): _____				
Completed by: _____ Organization: _____				

Epidemiology and Surveillance, Public Health Branch, Manitoba Health

Version dated: March 12, 2013

EMAIL COMPLETED REPORT TO: [OUTBREAK@GOV.MB.CA](mailto:OUTBREAK@GOV.MB.CA) OR FAX TO: (204) 948-3044