

Leamington Mennonite Home
Long Term Care

**INFECTION CONTROL
POLICY AND PROCEDURE**

CATEGORY: Disease-Specific Precautions	SUBJECT: Scabies Identification & Management	SECTION: H POLICY: 12
DATE: July 12, 2022	Administrator's Signature: _____ <i>J. M.</i>	
REVISION DATES: December 2023	IPAC Lead's Signature: _____ <i>L. Coppola, R.N.</i>	

SCABIES IDENTIFICATION & MANAGEMENT

POLICY:

Residents identified with scabies shall be managed according to housekeeping, maintenance, and infection control protocols to prevent exposure to other residents, staff, and visitors, and infestation of the Home.

To confirm diagnosis, the resident must have both:

A maculopapular and/or itching rash AND at least one of the following:

- physician diagnosis
- laboratory confirmation (scraping or biopsy)
- epidemiologic linkage to a case of scabies with laboratory confirmation

Scabies is very itchy and can be transmitted from close contact. Scabies causes threadlike waves on the body, which are brown in colour.

PROCEDURE:

If scabies is suspected, the Nurse will:

- 1) Contact the physician.
- 2) Complete skin assessment. Scabies is characterized by the following:
 - intensely pruritic skin rash
 - rash characterized by papules, vesicles, and cutaneous tracks (burrows) in the skin that may appear as small, threadlike, wavy, slightly elevated, and greyish white
 - most common sites are finger webs, hands, anterior surfaces of wrists and elbows, also anterior axillary folds, belt line, thighs, stomach, external genitalia, buttocks, and female nipple
 - excoriation and secondary bacterial infection
 - immunocompromised people may develop generalized dermatitis with extensive scaling, vesiculation, and crusting ("Norwegian" scabies); this form of the disease is highly contagious

Note: Care must be taken to rule out rashes due to skin irritation, allergic reactions, eczema, and other non-infectious skin conditions.

- 3) Resident with suspected scabies is to be placed in isolation under Contact Precautions.
 - In a semi-private room:
 - Maintain physical separation and draw privacy curtain between residents to promote separation of items
 - A covered garbage pail is to be placed inside the resident's room
 - An isolation laundry is to be placed inside the resident's room. Laundry bags are to be hand delivered to the laundry room, not thrown down the chute
 - Proper signage is to be placed on the door to educate staff and visitors
 - Provide a personal protective equipment supply cart outside the room (gowns, gloves, sanitizer)

The IPAC Lead will:

- 1) Confirm diagnosis with the Medical Director. If confirmed diagnosis, the Medical Director will order lotion treatment which is to be applied to the entire body.
- 2) Notify each department of the scabies infection and ensure all precautions are in place. Place out *Just the Facts Worksheet: Scabies* for PSW staff and email the fact sheet to the department leaders to relay to their staff.
- 3) Follow-up after treatment to ensure rash has not re-occurred and remove precautions when Medical Director advises it is okay.

Note: The resident may need to be relocated to another room while their room is being cleaned and the crevices sealed.

Housekeeping Staff will:

- 1) Clean and disinfect the entire room following routine cleaning procedures twice a day to remove contaminating skin crusts and scales that can contain many mites.
 - 2) All linens and exposed clothes are to be brought to laundry in an isolation bag, including curtains. Laundry can wash all articles in hot water and dried on high heat setting. This will kill the mites.
- After 12 hours, the resident can be bathed and clean clothes and linens will be given to them. The tub is to be purged after use. All clothes and laundry is to be isolated and sent to laundry.
 - A person with crusted scabies generally requires treatment at least twice, a week apart.
 - The rash may remain after treatment and the resident may continue to be itchy but should subside in 24 hours