

Leamington Mennonite Home
Long Term Care

**INFECTION CONTROL
POLICY AND PROCEDURE**

CATEGORY: Disease-Specific Precautions	SUBJECT: Shingles Management	SECTION: H POLICY: 6
DATE: January 10, 2024	Administrator's Signature: _____ <i>J. M.</i>	
REVISION DATES:	IPAC Lead's Signature: _____ <i>L. Coppola, RN.</i>	

SHINGLES MANAGEMENT

POLICY:

To ensure the proper detection and management of Shingles virus to prevent spread of the infection in the Home. Shingles is caused by the Herpes Zoster virus. The virus advances to the skin by way of the peripheral nerves. At the skin surface the virus multiplies and forms an erythematous rash of small vesicles along a spinal nerve pathway. The eruption of vesicles is preceded by pain.

PROCEDURE:

- 1) Report any rash to the Nurse.
- 2) The Nurse will make their assessment and notify the DNPC and Medical Director. Any orders and directives given will be followed through by the Nurse.
- 3) If Shingles is highly suspected or confirmed, the Nurse will update the IPAC Lead and the resident's POA/SDM.
- 4) The resident will be placed on Contact Precautions. Gloves and gown are to be worn when providing direct care to resident in their room. Appropriate signage to be posted on resident's door.
- 1) The Nurse is to place out *Just the Facts Worksheet: Shingles* for PSW staff and email the fact sheet to department leaders to relay to their staff.
- 5) Isolation cart will be placed outside resident's room, as well as garbage and isolation laundry hamper placed inside resident's room near the exit. Isolation laundry is to be taken down to the laundry room by the PSW at the end of the day. Do not put the bag down the laundry chute. Normal wash cycle with hot water will kill the virus.
- 6) A commode will be provided if the resident is not in a private room. The commode or toilet is to be disinfected after each use with Oxivir Plus disinfectant or Virox wipes.

- 7) Make sure the resident's nails are cut to prevent scratching. If the rash is draining, the Nurse will provide a clean dressing to prevent spreading the virus.
- 8) If the rash can be covered, the resident is able to come to the dining room for meals. If it can not be covered or there are other concerns regarding the spread of the infection, the resident is to receive tray service until the rash has dried up.
- 9) Staff are to assist the resident with washing his/her hands before leaving their room for meals and again with alcohol-based hand rub at the table. No special precautions are needed, regular dish washing will kill the virus.
- 10) Housekeeping will disinfect the resident's room daily as per regular routine. No increased cleaning required.
- 11) The resident should be showered or use bath table. They are not to have a tub bath until the rash is gone. The shower chair and bath table are to be properly disinfected when finished per routine cleaning routine.
- 12) When the rash has dried up, change the entire bed and disinfect the mattress and bedframe.