

Scabies Policy and Procedure

Purpose:

To prevent the transmission and spread of Scabies.

General Considerations:

Scabies are defined as infestation with the mite, *Sarcoptes scabiei var. hominis*. The risk for residents becoming infested with scabies is minimized in the facility by:

- Pre-admission assessment
- Early detection
- Isolation, and
- Precautions

Clinical signs of scabies may include tiny vesicles where the mite has penetrated the skin, and tiny linear burrows that contain the mites and their eggs.

Lesions are usually seen between the fingers, on anterior surfaces of the wrists and elbows, axilla, belt line, abdomen, and thighs. Lesions may spread over all body areas if the resident is confined to bed much of the time. Itching may be intense, especially at night; it may not start until 2-6 weeks after infestation.

Transmission:

Mites are usually transmitted by direct skin-to-skin contact, although they can be transmitted by bed linens and clothing. Personal care activities, such as bathing and turning the resident, provide opportunities for transmission to employees.

Procedure:

1. Ensure that pre-admission assessment includes any history or clinical findings consistent with scabies, and a thorough visual assessment of the entire skin surface.
2. Ensure early detection by evaluating any resident's skin lesion(s) immediately, and instituting special precautions until a diagnosis is made.

Intervention:

1. Confine the resident to his/her room during the treatment period.
2. Use appropriate personal protective equipment when in contact with the resident, their clothing, or bed linens.
 - a. Wear long-sleeved gowns.
 - b. Wear gloves pulled up over the wrist area of the gown's sleeve.
 - c. Masks are not necessary.
3. Discontinue the above procedures 24 hours after effective treatment since the risk of transmission between treatments is considered negligible.
4. Bag and wash (or dry clean) clothing and linens that were used before treatment and within 48 hours of treatment in hot water and dry them in a hot dryer.

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5. Seal the residents' personal articles, such as shoes and books, in a plastic bag for 10 days.
6. Thoroughly vacuum the resident's room; dispose of the vacuum bag.
7. Thoroughly clean mattresses, chairs, and floors.
8. If the resident is infested with crusted scabies, decontaminate the resident's room with an appropriate acaricide. This is usually done by pest control.

Treatment

1. Treat all residents with scabies at the same time, if possible, and in accordance with published guidelines and physician orders. Treatment of residents must be carefully coordinated and administered appropriately to be effective.
 - a. Evaluate resident contacts, to include:
 - All residents on the involved wing,
 - All nursing employees, and
 - All other employees with close resident contact.
 - b. Under the direction of the facility's medical team, provide treatment to facility-based at-risk individuals preferably within the same 24-hour time span.
2. Refer family members with resident contact to their physician or local public health agency.
3. Reevaluate infected residents for evidence of new lesions. If mites are found, then treat according to physician orders.

Laundry:

1. Clean and disinfect the laundry area that will be used to store the residents' clothing.
2. Wash four (4) changes of clothing for each affected resident. Place in plastic bag. Label with resident's name and store in clean laundry area until Elimate treatment has ended (12 hours).
3. Upon completion of 12-hour Elimate treatment, return clothing to resident's room.
4. Repeat Step #2 for the remaining clothing or store resident's remaining clothing for 14 days. Upon completion of 14-day storage, wash and return clothing to resident's room.
5. Wear gloves and gowns when handling contaminated laundry.
6. Wash hands after removal of protective clothing.
7. Disinfect washer between and after each load.
8. Disinfect laundry carts after each load.
9. Wash cubicle curtains after Day 1, 7, and 8.
10. Report any rashes to the infection preventionist.

Environmental Cleaning:

1. Coordinate cleaning activities with CNAs so that rooms can be cleaned while residents are bathing and receiving treatment.
2. Clean lobbies, lounges, etc., before resident bathing and treatment times so that treated residents do not use unclean areas.

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3. Clean and disinfect shower rooms after all residents have received their treatment.
4. Follow normal housekeeping procedures when cleaning rooms.
5. Cleaning protocols for Day 1, 7, and 8:
 - a. Put on gloves.
 - b. Remove privacy curtain.
 - c. Remove all linen except pillow.
 - d. Disinfect the mattress.
 - e. Remove pillow (if plastic, disinfect, if cloth, place in dryer on “hot cycle” and tumble dry).
 - f. Wash and disinfect the bed, bedside table, nightstand and (inside and out), closet, windowsills, and bathroom.
 - g. Wash and disinfect any other furniture in the room.
 - h. Remove gloves.
 - i. Wash hands.
 - j. Repeat procedure for entire unit.

Administrator Signature: Date: _____

Medical Director Signature: Date: _____

Date of Review and/or Revision: _____

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