IC8: 0200 SCABIES

1.0 STANDARD

The following procedures will be followed to investigate, manage, and control scabies in Long-Term Care and Mental Health and Substance Use Facilities in Fraser Health.

2.0 DEFINITIONS:

2.1 Scabies Definition

Scabies is a skin infestation, caused by a tiny mite that burrows under the skin, lays eggs and multiplies. It usually causes tiny, linear, itchy red bumps, although the scabies rash may mimic other skin conditions. Scabies is transmitted from person to person through direct skin-to-skin contact and skin contact with contaminated items, including bedding, towels and clothing. Common sites for a scabies rash include skin folds, the wrist, elbows, axilla, knees, buttocks, fingers and toe webs, the belt line, and creases under the breasts and genital area. The rash rarely affects the head or the face.

Crusted scabies is defined as “heavy” or widespread infestation and showing extensive crusting or scaling and is readily confirmed by skin scraping with numerous mites per slide.

Typical scabies is defined as a papular rash or burrows with no crusting or scaling, involving a small or moderate area of the skin surface. If a scraping is positive, usually only one mite per slide is found.

Suspect scabies is defined as atypical skin lesions on individuals who have had direct contact with crusted or typical cases, their bedding or clothing.

2.2 Case Definition

Confirmed case: A person who has a skin scraping with lab confirmed mites, mite eggs, or mite feces.

Suspect case: is defined as an individual with atypical skin lesion(s) who have had direct contact with crusted or typical cases, their bedding or clothing.

A person who has an alternate explanation for his/her pruritic rash will not be considered a suspect case unless the most responsible physician includes scabies in differential diagnosis.

2.3 Scabies Outbreak

Two or more residents/staff with lab confirmed scabies within 4-6 weeks in the same unit or facility; one case must be a resident.

2.4 Scabies Contact

An individual who has been in direct skin-to-skin contact with a confirmed case or their clothing, towels or bedding.

2.5 Scabies Symptoms

Symptoms include a rash with tiny blisters or sores with severe itching at night. Symptoms are more likely to occur:

- Between the fingers and on the palm side of the wrists.
- On the outside surfaces of the elbows and in the armpits
- Around the waistline and navel
- On the buttocks
- Around the nipples, the bra line, and the sides of the breasts (in women)
- On the genitals (in men)

3.0 PROCEDURE

3.1 Diagnosis Confirmation

When a skin rash is identified by a care provider and scabies is suspected, the unit staff shall:

- Initiate Contact Precautions for the suspected individual
- Contact physician for an urgent visit to assess the resident and to conduct skin scrapings or to refer to a dermatologist as necessary
- Contact the Medical Director if the attending physician does not attend within 24 hours
- If skin scrapings are negative or unavailable and all other symptoms point to a scabies infestation it may be necessary to proceed with control measures based on symptoms rather than a verified diagnosis
- If crusted scabies are suspected, at least one skin scraping should be collected and tested
- Negative scrapings in a person with suspected scabies should lead to a reconsideration of the diagnosis
- Start a line list of residents and staff, (see Appendix I Resident Line List and Appendix II Staff line list)

3.2 Infection Prevention and Control Measures

- Maintain resident on Contact Precautions until 24 hours after last treatment has been completed; ensure a Contact Precautions signage is posted
- Gloves and gowns are required for entry into the resident's room
- In-house laundry to be placed in an impervious laundry bag(s) and labeled as infested
- Dress the affected resident in clothing with long sleeves and long pants until 24 hours after treatment is completed
- Replace all linen and clothing 24 hours following treatment
- Ensure all environmental controls are addressed (see Section 5.0)

3.3 Notification of a single suspect or confirmed case of scabies

The Director of Care or Clinical Coordinator shall notify**:**

- The resident and their family
- The Most Responsible Physician (MRP)
- The Infection Prevention and Control Practitioner

Note: Family members should visit their own physician for advice if they are identified as a contact

3.4 Notification of an outbreak

Final determination and declaration of an outbreak is made by IPC in consultation with the Medical Health officer (MHO)

The Director of Care or the Clinical Care Coordinator will notify the following:

- All residents living in the facility and their families
- Public Health
- The Licensing Officer
- Infection Prevention and Control Practitioners

4.0 OUTBREAK MANAGEMENT OF CLINICAL OR LABORATORY CONFIRMED SCABIES

4.1 Leadership

- The MRP and/or the Medical Director of the facility is responsible to manage the treatment of all affected residents in the facility
- The Clinical Care Coordinator will coordinate and supervise the outbreak control measures
- When an outbreak is considered to be facility-wide, all those affected will receive treatment on the same shift/day in order to prevent ongoing transmission

Note: Household members, sexual contacts and roommates of affected employees should visit their physician for advice if they are identified as a contact

4.2 Treatment of cases

- All lab confirmed cases require treatment
- Suspect cases and contacts of confirmed cases should seek advice from their physician
- The MRP and/or the Medical Director of the facility is responsible for managing the treatment of all affected residents in the facility

Note: Itching and rash may continue for 14 weeks after treatment. Continued itching and residual rash should not be considered treatment failure until one month after last treatment, even if new lesions appear or there are positive skin scrapings.

5.0 ENVIRONMENTAL CONTROLS

- The affected resident should remain on contact precautions until 24 hours after last treatment is completed

- The resident must shower, don clean clothing and wait in a suitable area while the room is being terminally cleaned
- **After** 24 hours post-treatment, the room and all items in the room must be cleaned or quarantined for 7 days prior to reuse:
  - Healthcare, housekeeping and laundry personnel should wear gloves and gowns when cleaning or handling any items in the room
  - The affected room(s) must be discharge cleaned and refitted with cleaned curtains
  - Bed linens, towels, clothes and other washable items (e.g., transfer sling, walking/transfer belts) from the affected resident(s) should be placed in an impervious bag when transported to the facility's laundry
  - Mattresses, upholstered furniture and carpeting should be vacuumed. There is no need for special cleaning treatment for these items
  - Low-level disinfect all equipment that was not dedicated to the affected resident
  - The resident's laundry must be washed separately from other residents' items in hot water (minimum 60°C) and dried in the hot cycle of the dryer for a minimum of 20 minutes
  - Non-washable blankets and articles (shoes) may be placed in a plastic bag for 7 days, dry-cleaned or placed in a hot dryer for a minimum of 20 minutes
  - Discard any jars of creams, lotions or ointments used prior to treatment
- See Appendix V Considerations Prior to Treatment

6.0 MONITORING

- Scabies lesions should begin to disappear within 48 hours after treatment, turning from pink flesh tone to brown
- Itchiness may persist for 1—4 weeks, and may require use of emollients or steroid creams
- Affected residents and contacts must have their skin condition monitored daily for a minimum of one month
- Residents with a persistent pruritic rash that does not respond to treatment must be reassessed by the MRP and/or dermatologist
- See Appendix I: Resident Line List

6.1 Employees

- Employees must self-monitor for rashes
- Staff who have symptoms of scabies are to contact Occupational Health and the Manager/Director of Care for contracted facilities
- Employees with confirmed scabies or identified as a contact must notify the Manager/Director of Care before returning to work
- Treated employees with new lesions must be re-assessed by their physician
- Employees with generalized rash suggestive of allergic reaction should be assessed by their physician

6.2 Declaring the Outbreak Over

The Director of Care or the Clinical Care Coordinator will

- Consult IPC Community Practitioner to declare the outbreak over if there are no additional cases for 6 weeks from the last case onset. Final determination and declaration over of an outbreak is made by IPC in consultation with the Medical Health officer (MHO)

- Notify Public Health and the Facility Licensing Officer
- Notify facility staff, the resident(s) and family members that the outbreak is over

6.3 Admissions and Transfers

- There is no halt to admissions and transfers to the facility during an outbreak
- If affected resident requires transfer to acute care or another facility, notify receiving facility using the CommuniCARE form
- Do not place a new admission into a room with a resident who has scabies until 24 hours after the resident has completed treatment and the room is completely cleaned and refitted

7.0 APPENDICES:

IC8 0210 Appendix I Resident Line

List IC8 0220 Appendix II Staff Line

List IC8 0230 Appendix III Staff Script

IC8 0240 Appendix IV Scabies Check List

IC8 0250 Appendix V Considerations Prior to treatment

IC8 0260 Appendix VI Skin Scrapings

IC8 0270 Appendix VII Scabies Fact Sheet

8.0 REFERENCES:

BCCDC (n.d) Scabies overview

http://www.bccdc.ca/health-info/diseases-conditions/scabies

HealthlinkBC (2018) Scabies health file

https://www.healthlinkbc.ca/health-topics/hw171811

BCCDC (2005).

http://www.bccdc.ca/resource-gallery/Documents/Guidelines and Forms/Guidelines and Manuals/Epid/CD Manual/Chapter 3 - IC/InfectionControl_GF_Scabies_Feb_2005.pdf