

Infection Control Manual – Residential Care
PART 3 –STANDARDS
IC8: Appendix I Resident Line List Scabies

Resident line list SCABIES OUTBREAK

Place of Outbreak: _____ **Unit Manager:** _____ **Date:** _____

Resident Name	Floor/ Room	Date of Onset of Rash	Date of Confirmation	Method of Confirmation	Date of Treatment	Date Isolation Discontinued	Other