

Infection Control Manual – Residential Care
PART 3 –STANDARDS
IC8: appendix II Staff Line List Scabies

Staff line list SCABIES OUTBREAK

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

Staff Name	Unit	Date of Onset of Rash	Date of Confirmation	Method of Confirmation	Date of Treatment	Date of Return to Work	Other

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