

IC8: 0200 SCABIES

1.0 STANDARD

The following procedures will be followed to assess and manage scabies in Long-Term Care communities, Hospice and Mental Health and Substance Use (MHSU) 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.

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.

Crusted scabies also known as Norwegian is defined as “heavy” or widespread infestation showing extensive crusting or scaling and is readily confirmed by skin scraping with numerous mites per slide. It is a highly contagious form of scabies.

2.2 Case Definition

Confirmed case: A person who has a skin scraping with lab confirmed mites, mite eggs, or mite feces or mites visible under visual imaging technique such as dermoscopy.

Suspect case: A person with typical or 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 Contact

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

2.4 Scabies Cluster Definition

Confirmed scabies cluster:

Two or more residents with confirmed scabies within 6 weeks in the same neighborhood. Confirmed by visual imaging techniques such as dermoscopy or microscopy of skin scraping. Or

Combination of one confirmed case of scabies and one or more suspect case(s) of scabies.

Suspected scabies cluster:

Two or more residents in the same neighborhood exhibiting signs and symptoms consistent with scabies within 6 weeks and having a clinical diagnosis of scabies by Most Responsible Provider (MRP).

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 staff and scabies is suspected:

- Contact Most Responsible Provider (MRP) to assess the resident and to conduct skin scrapings/use other methods of diagnosis or to refer to a dermatologist as necessary.
- If skin scrapings and other methods of diagnostic results are negative or unavailable, contact MRP for follow-up and guidance.
- If crusted scabies are suspected, at least one skin scraping should be collected for testing prior to treatment.

3.2 Infection Prevention and Control Measures

- Start a line list of residents, for suspected and/or confirmed resident case(s) (see Appendix I Resident Line List).
- Send updated password protected line list to site IPC when new confirmed or suspect cases are identified.
- Initiate Contact Precautions for the suspected and/or confirmed resident case.
- Provide tray service to the resident for the duration of precautions.
- Maintain resident on Contact Precautions until 24 hours after last topical or oral treatment has been completed.
- For residents with Crusted Scabies, maintain Contact Precautions for an additional 7 days after the last topical or oral treatment.

- Dress the affected resident in clothing with long sleeves and long pants until 24 hours after treatment is completed. Follow the same process if repeat treatments are required.
- Clip nails and clean any subungual debris
- Replace all linen and resident clothing 24 hours following each topical or oral treatment.
- The resident must shower, wear clean clothing following each treatment
- and wait in a suitable area while the room is being terminally cleaned 24 hours following final topical or oral treatment
- Place laundry in an impervious laundry bag(s) and label as infested. Chutes should not be used for linen known or suspected to be infested with scabies.
- Ensure all environmental controls are addressed (see Section 5.0).
- When a scabies cluster is declared, ensure all additional control measures are implemented (Section 6.0).

3.3 Notification of a Single Suspect or Confirmed case of scabies

The Clinical Leadership or their delegate shall notify:

- The affected resident and their family
- All identified contacts, including family members, of the affected resident
- The Most Responsible Provider (MRP)
- The Infection Prevention and Control (IPC) Practitioner

Note: Family members who are identified as contacts should consult their personal physician for medical advice.

3.4 Notification of a cluster

Final determination and declaration of a scabies cluster is made by IPC Practitioner in consultation with the IPC regional team, when either a confirmed or suspect scabies cluster definition is met.

This includes:

Two or more residents with laboratory-confirmed scabies within a 6-week period in the same neighborhood

or

One lab-confirmed case of scabies and **one or more suspect cases** within a 6-week period in the same neighborhood

or

Two or more residents in the same neighborhood exhibiting signs and symptoms consistent with scabies within 6 weeks with a clinical diagnosis of scabies made by the Most Responsible Provider (MRP)

Upon declaration of a cluster, the IPC Practitioner will:

- Generate an initial communication using the appropriate template.
- Send this communication to the care community's specific email distribution list.
- Provide ongoing updates using the appropriate template, including weekly status update on cases, control measures and any additional interventions

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

- Affected residents and their families
- All potential contacts, including family members of affected residents
- All staff
- The Licensing Officer

4.0 MANAGEMENT OF CONFIRMED and SUSPECTED SCABIES CLUSTER

4.1 Leadership

- The Clinical Care Coordinator will coordinate and supervise the cluster control measures.

4.2 Treatment of cases

- All confirmed cases must receive appropriate treatment.
- The MRP and/or the Medical Director of the facility is responsible for managing the treatment of all affected residents within the care community.
- When a cluster is declared within a neighborhood, efforts should be made to treat all cases during the same shift or day, if possible, to help prevent further transmission.

4.3 Management of Contacts:

- Residents who have been in contact with confirmed cases will receive information from staff on [Scabies](#).
- Staff to consult the MRP regarding prophylaxis for roommates of confirmed cases.
- If a cluster is declared, roommates of confirmed cases and other unit contacts will require prophylaxis.
- The MRP and/or the Medical Director of the facility is responsible for prescribing prophylaxis.
- The MRP and/or Medical Director of the facility may consult IPC Executive Medical Director for guidance on treatment and prophylaxis.

Note: Itching and rash may persist for up to 4 weeks following treatment. Continued itching and residual rash should not be considered treatment failure within one month of the last treatment, even if new lesions appear or skin scrapings test positive.

5.0 ENVIRONMENTAL CONTROLS

- After 24 hours post final treatment and 24 hours after each treatment, the room and all items in the room must be cleaned and disinfected using hospital grade disinfectant with DIN.
- Any items that cannot be cleaned and disinfected or laundered (ie stuffed animals, fabric furniture) must be quarantined for 7 days prior to reuse
- Staff must wear gloves and gowns when cleaning or handling any items in the room.
- The affected room(s) must be terminally cleaned and refitted with cleaned privacy curtains post final treatment.
- 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 care community laundry.
- Mattresses, upholstered furniture, and carpeting should be vacuumed. There is no need for special cleaning treatment for these items.
- Dedicate equipment whenever possible. Dedicated equipment, such as walkers, must be cleaned and disinfected after each use.
- Shared equipment must be thoroughly cleaned and disinfected between each resident use.
- Wheelchairs:
 - The exterior frame must be wiped down after each use.
 - Cushions should be covered with wipeable material.
 - If the cushions are not wipeable, consider quarantining them for 7 days before reuse.
- The resident's laundry must be washed in hot water (minimum 60°C) and dried in the hot cycle of the dryer for a minimum of 20 minutes.
- Place non-washable blankets and articles in a plastic bag for 7 days, dry-clean if applicable or place in a hot dryer for a minimum of 20 minutes.
- Discard any jars of creams, lotions or ointments used prior to first treatment.

6.0 Additional Control Measures

Additional control measures for scabies cluster are in addition to control measures for each individual case:

- Start Enhanced Cleaning of the entire neighborhood including a second daily clean of high touch surfaces and bathrooms, 6 to 8 hours after the first clean and disinfection, for the duration of the cluster.

- Quarantine fabric furnishings in common areas in consultation with IPC. If quarantine is not feasible, cover the furnishings with non fabric material. The duration of quarantine to be determined in consultation with IPC.
- Restrict or suspend communal group activities. Duration of restrictions to be determined in consultation with IPC.
- Complete hand hygiene, [PPE](#) and [EVS audits](#) as per [IPC audit frequency table](#).

7.0 MONITORING

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

7.1 Staff

- Fraser Health Staff with confirmed scabies should notify their manager and contact the Provincial Workplace Health Contact Centre to speak with a Communicable disease exposure management nurse.
- Non-Fraser Health Staff (who work in affiliated facilities) with confirmed scabies should notify their Manager/Director of Care for further guidance.

8.0 Declaring a Cluster Over

The final determination to declare a scabies cluster over is made by the IPC Community Practitioner, in consultation with the IPC Regional Team when no new cases have occurred for 6 weeks following the onset of the last case.

The IPC Practitioner will declare the cluster over using the cluster discontinuation communication template. This communication will include a summary of cases and actions taken to halt transmission and will be sent to the care community specific email distribution.

Once the Cluster is declared over, the Clinical Leadership or their delegate will notify the following:

- Residents and their families
- All identified contacts
- All staff
- The Licensing Officer and the MRP

9.0 Admissions and Transfers

- Admission and transfers to the care community are not halted during the cluster period.
- If an affected resident requires transfer to acute care or another facility, the following steps must be completed prior to the transfer, with assistance from a healthcare provider (HCP) if needed:
 - Perform hand hygiene.
 - Change into clean clothing or a hospital gown. *Residents should NOT wear yellow isolation gowns and gloves.*
 - Cover any open or draining wounds and visible rashes with a dry dressing if applicable.
 - Change and secure incontinence products if applicable.

Communication:

- Inform transporting staff and the receiving facility using the CommuniCARE form.

Transport protocols:

- Transporting staff must wear appropriate PPE based on POCRA.
- Clean the equipment used for transfer (i.e., wheelchair, stretcher with a Health Canada-approved hospital grade disinfectant) before beginning transport of the resident.
- Report resident's precautions status on arrival to the receiving site.
- Transport equipment must be disinfected immediately after use.

Room Placement:

- Do not place a new admission in a room with a resident who has scabies until 24 hours after the resident has completed their last treatment and the room has **been terminally cleaned**.

10.0 APPENDICES:

[IC8 0210 Appendix I Resident Line](#)

[IC8 0220 Appendix II Staff Line](#)

[IC8 0230 Appendix III Staff Script](#)

[IC8 0240 Appendix IV Scabies Check List](#)

[IC8 0260 Appendix VI Skin Scrapings](#)

11.0 REFERENCES:

BCCDC (n.d) Scabies overview

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

HealthLinkBC. (2023) Scabies health file

<https://www.healthlinkbc.ca/health-topics/scabies>

BCCDC (2005).

[Control of Scabies \(bccdc.ca\)](http://www.bccdc.ca/control-of-scabies)

[PICNet \(2014\)](#)

[Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community](#)

[CDC \(n.d\)](#)

[Public Health Strategies for Crusted Scabies Outbreaks in Institutional Settings | Scabies | CDC](#)