

**Infection Prevention and Control Manual – Long-term Care  
PART 3 –STANDARDS  
IC8: Appendix I Resident Line List Scabies**

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**Resident line list SCABIES Cluster**

**Name of Site:** \_\_\_\_\_

**Unit Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Resident PHN	Room & bed number	Symptom Onset Date	Date Specimen sent	Result Date	Date of First Treatment	Date of Second Treatment	Date Precautions Discontinued	Comments