Prevention, Identification and Treatment of Scabies Mite

**Prevention**
A person who has moved into our community that arrived from home or a homeless situation will have a full body audit done by the LN using the “Body Audit” tool within 2 hours of move in. If resident believed to be infected, all bedding, laundry and possibly infected items will be bagged and laundered by community staff, following infection control guidelines for possible contaminated laundry, in the community laundry room. No personal possibly infected clothing, bedding, linens or furniture will be allowed in the resident apartment unless treated for precaution.

**Identification**
The LN will document using the “Body Audit” tool any skin issues. If a scabies like rash presents the resident’s physician will be contacted and a scabies skin test requested. Alert documentation will be initiated for new move in per policy. If a scabies like rash is present Alert guidelines will include observable elements for scabies.

**Notification**
1. Immediately notify the resident’s physician when scabies is suspected (any skin rash of unknown origin), and follow the direction provided.
2. Notifications must be made to the resident POA and family.
3. Notifications must be made to the staff via the service plan.
4. Notifications must be made to the VP of Operations and the Corporate RN.
5. If 2 or more cases are discovered appropriate notifications must take place to the department of Health.

**General Procedures**
1. Immediately implement infection control procedures for all suspected cases to prevent spread of infection.
2. Keep each resident’s personal clothing/bedding/towels separate from other resident’s items.
3. Limit the infected person’s exposure to community furniture if possible.
4. Wash infected resident’s personal clothing/bedding/towels separately from other items at temperatures above 122°.
5. Store any unwashable fabric items in a sealed plastic bag for two weeks.
6. Soak combs, brushes, etc. for 1 hour in rubbing alcohol or Lysol, or wash with soap and hot water (122°) after each use.
7. Assign specific staff member when possible to provide all personal care to resident suspected to have scabies to limit transmission. Assigned staff to wear appropriate PPE for all skin to skin contact (gloves for provision of care/ general contact, gown for full body contact and gait-belt transfers). Gait belts and Hoyer slings must be sprayed with a fabric scabies treatment after use.
8. Encourage infected resident to reduce contact with other residents by increasing time in room. When infected resident is in common areas encourage use of incontinent pads or personal blankets to reduce risk of transmission to common area furniture. After use incontinent pads or blankets are to be washed separately from other resident’s items (see “4” above).
9. Complete body audit all other residents in general contact (roommates) of infected resident weekly. Audits to continue minimum of 3 weeks following last diagnosed case of scabies.
10. Any resident with possible scabies (any skin rash of unknown origin) will have PCP notified immediately and implement all steps of Scabies Protocol unless identified as other rash.
11. Any staff member with possible scabies (any skin rash of unknown origin) will be removed from the schedule and may not return to work unless cleared from having scabies by a PCP.

12. Clean common areas (couches, chairs, carpets, other possible vectors) every 3 days with approved scabies treatments until all skin audits completed (minimum of 3 weeks following last diagnosed case of scabies) using extractor with water temperature above 122º. Vacuum all carpeted areas daily.

13. Educate all staff regarding scabies, infection control procedures and residents with possible scabies. Ensure staff aware that any skin rash of unknown origin on staff members, residents or family members should immediately be reported to the nurse prior to start of their shift.

14. Maintain universal precautions. DO NOT share clothing, hats, scarves, hair accessories, combs, brushes, bedding, towels or any other item used in the provision of personal care or having come into skin to skin contact with resident.

15. Map cases of scabies if an outbreak occurs including documentation of staff contact using the surveillance log.

16. When multiple cases are identified within resident population, communicate with PCP and CDC regarding treatment of entire facility. Offer treatment to all staff members at time of treatment of entire facility.

**Treatment**

- Procedure for all infected residents with confirmed scabies diagnosis:
  - Instruct and/or assist the resident to remove all clothing and shower the entire body before applying the prescribed medication.
  - Apply the medication to the body according to physician or label instruction provided, which usually involves leaving the medicine on the body for a minimum of 8 hours, overnight or according to written instructions. Reapply to any areas that were washed during the treatment period (medication is not applied to the face) such as (hands, buttocks, peri-area, etc.).
  - After medication treatment is complete, instruct or assist the resident to shower and put on clean clothing.
  - Apply medication a second time if ordered.
  - LN to complete assessment to determine if treatment has been effective.
  - Notify the physician of the resident’s condition after the treatment period.
  - Any itching that continues (for 2-3 weeks) does not necessarily mean infestation remains, but notify the physician immediately if new rashes or burrows are noted after the medication treatment.
  - Implement the personal treatment procedure outlined above.