IC8: 0200 SCABIES

1.0 STANDARD

The following procedures will be followed to investigate, manage, and control scabies in Long-Term Care Communities and Mental Health and Substance Use and Hospice 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 and 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.

Suspect case: is defined as an individual with 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

Confirmed scabies cluster: Two or more residents with lab confirmed scabies within 6 weeks in the same neighborhood.

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, Staff shall:

- 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 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)
- Initiate Contact Precautions for the suspected and/or confirmed resident case.
- Maintain resident on Contact Precautions until 24 hours after last treatment has been completed.

- For residents with Crusted Scabies, maintain Contact Precautions for 7 days until after the last 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
- Replace all linen and clothing 24 hours following each treatment
- The resident must shower, wear clean clothing and wait in a suitable area while the room is being terminally cleaned
- Place in-house 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)

3.3 Notification of a single suspect or confirmed case of scabies

The Clinical Leadership/delegate shall notify**:**

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

Note: Family members should visit their personal physician for advice if they are identified as a contact.

3.4 Notification of a cluster

Final determination and declaration of a cluster is made by IPC Practitioner in consultation with IPC Specialist when there are two or more residents:

with lab confirmed scabies 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 and having a clinical diagnosis of scabies by Most Responsible Provider (MRP)

IPC Practitioner will generate a scabies initial communication using the appropriate template. This communication will be sent to the care community specific email distribution list.

IPC Practitioner will provide subsequent communication using the appropriate template including weekly status update of cases, control measures and additional interventions to the care community staff by specific email distribution list.

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

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

4.0 CLUSTER MANAGEMENT OF LABORATORY CONFIRMED SCABIES

4.1 Leadership

- The MRP and/or the Medical Director of the care community is responsible for the management and treatment of all affected residents.
- The Clinical Care Coordinator will coordinate and supervise the cluster control measures
- When a cluster is declared in a neighborhood all cases will receive treatment on the same shift/day if possible, in order to prevent ongoing transmission

4.2 **Treatment of cases** and contacts

- All lab confirmed cases require treatment
- Contacts of confirmed cases will receive information from staff on Scabies and if symptoms develop, they can seek advice for treatment from their MRP
- The MRP and/or the Medical Director of the facility is responsible for managing the treatment of all affected residents in the care community.

Note: Itching and rash may continue for 4 weeks after treatment. Continued itching and residual rash should not be considered treatment failure until one month after last treatment, even if new lesions appear or there are positive skin scrapings.

5.0 ENVIRONMENTAL CONTROLS

- **After** 24 hours post last 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 terminal cleaned and refitted with cleaned privacy curtains

- 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
- Shared equipment: Clean and disinfect equipment that was not dedicated to the affected resident
- 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 treatment

- See Appendix V Considerations Prior to Treatment

6.0 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

Staff

- Exposed Staff must self-monitor for rashes
- If exposed Staff have no symptoms, they can continue to work.
- Staff who develop symptoms of scabies must follow up with a Health Care Provider and request skin scrapings to confirm diagnosis and be provided appropriate treatment and clearance when to return to work.
- 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 and to speak with Incident report team to report the incident.
- Non-Fraser Health Staff (who work in affiliated facilities) with confirmed scabies should notify their Manager/Director of Care for further guidance before returning to work

- **For Crusted (Norwegian) scabies only**- Asymptomatic exposed staff need to receive prophylaxis with a scabicide from their Health Care Provider, following this treatment they can return to work after their first application. For FH staff, needing further information please contact the Provincial Workplace Health Contact Centre.

6.2 Declaring a Cluster Over

Final determination and declaration of a cluster over, is made by an IPC Community Practitioner in consultation with the IPC Specialist if there are no additional cases for 6 weeks from the last case onset.

IPC Practitioner will send the cluster over communication using cluster over communication template including the summary of cases and actions taken to halt the transmission to the care community specific email distribution.

When the Cluster is declared over, The Clinical leadership/delegate will notify the following:

- Residents and their families
- All possible contacts,
- All staff
- The Licensing Officer and MRP

6.3 Admissions and Transfers

- There is no halt to admissions and transfers to the care community during the cluster period
- If affected resident requires transfer to acute care or another facility, ensure they are wearing clean clothing.
- Notify transporting staff, and receiving facility using the CommuniCARE form
- Transporting staff to wear appropriate PPE based on POCRA and clean the equipment used for transfer i.e., wheelchair, stretcher
- Do not place a new admission into a room with a resident who has scabies until 24 hours after the resident has completed treatment and the room is completely cleaned and refitted.

7.0 APPENDICES:

IC8 0210 Appendix I Resident Line

List IC8 0220 Appendix II Staff Line

List IC8 0230 Appendix III Staff Script

IC8 0240 Appendix IV Scabies Check List

IC8 0250 Appendix V Considerations Prior to treatment

IC8 0260 Appendix VI Skin Scrapings IC8

Scabies Cluster Communication Template

8.0 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)

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