

HACKETTSTOWN REGIONAL MEDICAL CENTER

MANAGEMENT OF THE PATIENT /STAFF WITH SCABIES AND OR PEDICULOSIS (LICE)

Effective Date: 12/2001

Cross Referenced: WAH 7046

Reviewed Date: February 2012

Revised Date: 8/2012

Policy No: IC 010

Origin: Infection Prevention and Control

Authority: Infection Control Committee

Page: 1 of 3

PURPOSE:

To identify the patient with scabies and/or lice; outline control measures to prevent the spread of scabies/lice to patients and staff.

DEFINITIONS:

Scabies: Parasitic infestation of the skin caused by the human itch mite. Scabies is characterized by an intensely pruritic, erythematous, papular eruption caused by burrowing of the female adult. Itching is most intense at night. Most common sites affected are the hands, wrists, elbows, folds of armpits, female breasts and male genitalia. Incubation period is 4-6 weeks from exposure to symptoms

Norwegian scabies: Uncommon clinical syndrome characterized by a large number of mites and widespread crusted hyperkeratotic lesions. Usually occurs in debilitated or immunologically compromised people or in healthy people after long term use of topical corticosteroid therapy.

Pediculosis: Lice are a parasitic infestation of the head, body or pubic area. Itching is the most common symptom. For this document, infection control management of lice is similar to scabies.

POLICY:

1. On admission, all undiagnosed skin rashes, pruritus and skin lesions and reports of intense itching at night should be considered potential scabies and placed on Contact Isolation. Infection Prevention should be notified and a Infectious Disease Specialist or Dermatology consult considered.
2. Diagnosis of scabies/lice should be made by physician knowledgeable in the treatment of rashes and documented in the patients chart.
3. Infection Prevention shall oversee the management of exposure to patients and assist Employee Health with exposed healthcare workers.

PROCEDURE:

PATIENTS:

1. Upon diagnosis or suspicion of scabies/lice the patient should be placed on contact isolation in a single room and remain on isolation precautions until 24 hours after the start of effective therapy. Isolation precautions are not necessary for prophylactic treatments, follow-up treatments or treatments of asymptomatic contacts.

Attempt to confirm the diagnosis of scabies by microscopic identification of the mite, its eggs, or fecal pellets. If patient is a suspected case of **crusted scabies**, obtain dermatology consult for assistance with diagnosis and management.

- Scabies Skin Scraping Kit is available in the Emergency Department.
 - Kit includes instructions and equipment for use.
 - After scraping complete, kit needs to be wiped down with hospital approved germicidal wipe, restocked and returned to charge nurse in Emergency Department.
2. All patient clothing, including clothing worn on admission, should be bagged in plastic and laundered at

HACKETTSTOWN REGIONAL MEDICAL CENTER

MANAGEMENT OF THE PATIENT /STAFF WITH SCABIES AND OR PEDICULOSIS (LICE)

=====

Effective Date: 12/2001

Cross Referenced: WAH 7046

Reviewed Date: February 2012

Revised Date: 8/2012

Policy No: IC 010

Origin: Infection Prevention and Control

Authority: Infection Control Committee

Page: 2 of 3

home in the hot cycle. Linen from home should be laundered while the patient is being treated. It should be exposed to 140 degree F. water for 10 minutes to kill mites and eggs. Clothing that cannot be laundered or dry cleaned should be placed in a plastic bag for 5-7 days.

3. If patient was transferred from LTC or other facility, Infection Prevention Department will notify the facility.
4. Infection Prevention Department can provide educational information.

STAFF:

1. Staff having close contact with patient should wear gloves and cover gowns until patient has been treated. Gloves and cover gowns should be removed and disposed of in the room.
2. Staff should wash hands before/after gloved contact with the patient or contaminated items (i.e.: linen/clothing)
3. Staff who had unprotected skin to skin contact with patient should notify Infection Prevention for exposure assessment. Any staff with a prolonged undiagnosed rash should report to employee health Department and be evaluated.
4. Prior to dispensing any medication to an employee for treatment or prophylaxis the following must take place:
 - An incident report is to be filled out by the employee/ or supervisor.
 - Employee will be assessed either through Employee Health Department (Monday through Friday 7a-3p) or the Emergency Department during all other shifts and weekends.
 - Medication for employees will be obtained in Employee Health with standing order.
 - Employee Health will be responsible for management and treatment of employee exposures. In most cases, the healthcare worker may return to work following a single application of permethrin.

HACKETTSTOWN REGIONAL MEDICAL CENTER

MANAGEMENT OF THE PATIENT /STAFF WITH SCABIES AND OR PEDICULOSIS (LICE)

Effective Date: 12/2001

Cross Referenced: WAH 7046

Reviewed Date: February 2012

Revised Date: 8/2012

Policy No: IC 010

Origin: Infection Prevention and Control

Authority: Infection Control Committee

Page: 3 of 3

RESOURCES:

Prevention and Control of Scabies in California Long Term Care Facilities, February 1999.

The Pediatric REDBOOK, Report of the Committee on Infectious Disease, 2006.

SKIN SCRAPING KIT CONTENTS: KIT IN EMERGENCY DEPARTMENT.

SCABIES SKIN SCRAPING DIRECTIONS

Skin scraping should be done by persons trained in the process. The scrapings should be made at the burrows, especially on the hands between the fingers and the fold of the wrist. The mites burrow into the skin, but never below the outer layer of the epidermis, the stratum corneum. Look for burrows, which will appear as serpentine, redline marking tunnels in the skin up to several centimeters long and unexcortiated papules (unscratched bumps) that suggest site of active mites

Equipment:

1. Sterile container (available on all nursing units)
2. Safety scalpel (ED OR CENTRAL)
3. Mineral oil- (available in ED pyxis and pharmacy)
4. Slides
5. Specimen bag
6. Requisition slip

Collect skin scrapings as follows:

1. Collect all needed equipment.
2. Place a drop of mineral oil on a sterile scalpel blade.
3. Allow some of the oil to flow onto the papule. Scrape vigorously six or seven times to remove the top of the papule. (Tiny flecks of blood should be seen in the oil.)
4. Transfer the oil and scrapings onto a sterile container by tapping scalpel gently. Secure container top tightly. **OR** smear scrape onto slide. Cover with second slide.
5. Cleanse the patients testing site.
6. Place specimen in specimen bag with proper requisitions and transport to pathology.