



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.14

DEPARTMENT: *Infection Control*

SUBJECT: *Management of Scabies*

APPROVAL DATE:

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

Page 1 of 5

Background

Scabies is a parasitic infestation of the skin caused by a mite, *Sarcoptes scabiei*. The infestation appears as papules, vesicles or tiny linear burrows containing the mites and their eggs. The lesions are most prominent around web spaces between fingers, anterior surfaces of wrists and elbows, axillary folds and belt line.

In the elderly, infestation often appears as a generalized dermatitis more widely distributed than the burrows, with extensive scaling, and sometimes vesiculation and crusting. The usual severe itching may be reduced or absent.

Recovering the mite from the burrow and examining it under a microscope can make the diagnosis of scabies.

Humans are the only reservoir for the mite. It is transmitted between people by direct contact with infested skin. Transfer from undergarments and bed clothes occurs only if these have been contaminated by infested people immediately before the contact. Mites can burrow under the skin surface in 2.5 minutes. In people who have never had scabies, it can take two to six weeks before the onset of itching. People who have previously been infested will develop symptoms one to four days after an exposure. People remain infectious until all the mites have been killed by treatment.

The atypical presentation of scabies in the elderly may cause delays in diagnosis and treatment. This has been the source of many outbreaks in long-term care facilities. In residents of long-term care facilities, scabies may present as a mixture of typical scabies and atypical heavy infestation of scabies' mites. Skin lesions often occur on buttocks or back as well as the more typical locations. Large numbers of mites may reside under the fingernails of a heavily infested resident due to scratching. Outbreaks of crusted or "Norwegian" scabies have been documented in LTCHs.

The best management of scabies is prevention. Each LTCH should maintain a high degree of suspicion, and scabies should be considered whenever residents present with rashes. Skin integrity of new residents should be assessed and any rashes investigated. Routine practices must be followed and health care providers should wear gloves for any contact with non-intact skin and undiagnosed rashes.



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.14

DEPARTMENT: *Infection Control*

SUBJECT: *Management of Scabies*

APPROVAL DATE:

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

Page 2 of 5

When a resident is diagnosed with scabies, the ICP should search for unrecognized cases in other residents and health care providers. It is highly unusual to have a single case of scabies. Any rash, regardless of site, should be investigated and scabies ruled out. Symptoms of itching may not be present and cannot be relied on as an indicator of infestation. All cases should be treated simultaneously and individuals who have had skin-to-skin contact should be treated prophylactically. Contact precautions should be used for all case residents until after the treatment has been completed. Skin creams and ointments that have been used by infested residents should be discarded as part of the treatment process.

The treatment of choice for scabies is a topical cream (usually 5% permethrin). The directions in the product monograph should be followed exactly. Treatment failures may result if instructions are not followed precisely. In most cases, treatment involves the application of the cream to the entire body surface from the neck down. It is left on for a period of several hours and then washed off. Once the resident has been bathed, their clothing and bed linen should also be changed. Washing and drying of clothes and linen in the hot cycle is sufficient to kill the mite. No extra disinfection is required. Itching, if present, may persist for several weeks. Re-treatment should not be done unless the physician evaluates the resident.

PURPOSE:

To eradicate the symptoms and to prevent the spread of scabies.

POLICY:

To take all measures possible to eradicate and to prevent the spread of scabies if it should occur

PROCEDURE:

1. Inform the Registered Staff and/or MRC if scabies is suspected.
2. Once scabies has been diagnosed by a physician, treatment of Kwellada lotion will be considered for all residents and staff on that particular unit. Treatment involves applying Kwellada on the skin below the neckline to the sole of the feet, and leaving it on for 12 hours. Staff should pay particular attention to the areas between the fingers and toes, under the fingernails and toenails, wrists, armpits, genital area and buttocks. Contracture



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.14

DEPARTMENT: *Infection Control*

SUBJECT: *Management of Scabies*

APPROVAL DATE:

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

Page 3 of 5

hands must be opened and Kwellada applied. Kwellada should then be rinsed off. Do not take a hot bath prior to applying Kwellada. Do not apply to the head or face.

3. To be bathed the next morning, at least 12 hours after application of Kwellada. Use tub room, normal care.
4. Reapply Kwellada for incontinent residents.
5. Check roommates and other residents in the same geographic region. Staff should examine themselves also for rash and report to the Infection Control Nurse/MRC.
6. Residents should remain on their units until treatment has been completed. Residents should not be attending programs on other units and should not be going to the Dining Room. Regular activities can resume once treatment has been completed.
7. Any resident with scabies will be treated again in 7-10 days if there are new lesions or live scabies mites or as directed by the physician.
8. Staff should reapply Kwellada after each hand washing.
9. Ensure bed linen is removed (see under laundry below) and mattress disinfected with appropriate disinfecting agent, which can be obtained by housekeeping staff. Any item that the resident has touched should be disinfected i.e., Wheelchairs, geri-chairs, dining room chair, toilet seats, combs etc.
10. Anything that cannot be washed can be placed in a plastic bag for 4 days as mites cannot live past 4 days without a host.
11. All families of affected resident(s) to be notified.

Gloves

Required if touching infested area.

Gowns

Required for direct care and/or contact with infested area



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.14

DEPARTMENT: *Infection Control*

SUBJECT: *Management of Scabies*

APPROVAL DATE:

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

Page 4 of 5

Masks

Not required.

Laundry

- Wash all bed linen, towels, and clothes in hot water and dry in clothes dryer at the hottest setting (greater than 50°C). Place clothing in a clear plastic bag followed by a red bag and forward items to the laundry.
- All clothing that the resident has worn within the previous 4 days should also be washed.
- Room cleaning with an appropriate disinfectant.

RESIDENTS:

All residents to have Kwellada application x 2 as directed by physician. Each application to be 7-10 days apart as directed by physician.

**The following precautions are to be taken with all affected residents.

1. All residents to remain in own areas.
2. All group activities cancelled.
3. Hairdresser and barber cancelled x 1 week.
4. All appointments cancelled x 1 week.
5. Whirlpool baths cancelled.
6. All residents to eat in own areas. Main diningroom is closed.
7. All residents to remain in gowns and housecoats x 1 week. (Until morning after second treatment)
8. Closets to be kept locked and access as directed by registered staff.



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.14

DEPARTMENT: *Infection Control*

SUBJECT: *Management of Scabies*

APPROVAL DATE:

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

Page 5 of 5

9. Bed linen -sheets, blankets, mattress covers, bedspreads and clothes resident is wearing at time of application of Kwellada to be sent for laundering. All other clothes in drawers, etc. (clean) can be placed in garbage bag and locked in resident's closet.
10. All resident's wheelchairs, geri-chairs, etc., to be washed with a damp cloth soaked in Kwellada shampoo. All pads and covers sent to Laundry.

References:

Chin J editor. *Control of Communicable Diseases Manual*. American Public Health Association. 17th edition. 2000

Wilson MM, Philpott CD, Breer WA. *Atypical presentation of scabies among nursing home residents*. The Journals of Gerontology 2001 Jul;56A(7):M424-7.

Degelau J. *Scabies in Long-Term Care Facilities* ICHE 1992 Jul;13(7):421-5