



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.35

DEPARTMENT: *Infection Control*

SUBJECT: *Shingles*

APPROVAL DATE:

REVISION DATE: Nov. 2018, Nov. 2022

REVIEW DATE: March 2017; Dec 2019; Dec. 2020

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BACKGROUND:

Shingles (herpes zoster) is an outbreak of rash or blisters on the skin that is caused by the same virus that causes chicken pox – the varicella-zoster virus. Shingles is essentially a re-activation of dormant varicella-zoster virus. Thus, anyone who has had chickenpox is at risk for shingles. About half of all cases occur in men and women 60 years of age or older.

The first sign of shingles is often burning or tingling pain, or sometimes numbness in or under the skin. One may also feel ill with fever, chills, headache, or upset stomach for a day or two before the rash is visible. The rash:

- Follows the path of a nerve
- Occurs on only one side of the body
- Is itchy, raised, small fluid-filled blisters, reminiscent of chickenpox, appears on reddened skin
- Continues to appear for several days
- Usually dries up in 7-10 days
- Is most commonly found on the back, chest, face or abdomen

The most common complication of shingles is a condition called post-herpetic neuralgia (PHN). People with PHN have severe pain in the areas where they had the shingles rash even after the rash clears up. Some people can have pain from PHN for many years.

There is minimal risk of contracting chicken pox from a resident with an active case of shingles. One cannot get shingles from exposure to an active case of shingles. You can only get shingles from your own chickenpox virus, in other words, if you've had chickenpox in the past. The fluid from the shingles rash contains the chickenpox virus and may cause chickenpox in a person who has not had chickenpox before. The infected person can't spread the virus before the rash appears and will no longer spread the virus once the rash is dry and crusted over.

A person with a shingles rash should:

- Cover the rash
- Avoid touching and scratching the rash
- Wash their hands frequently

If a staff member has not had the chicken pox virus, or is not sure whether they have had the chicken pox virus, they are encouraged to visit their family physician. They should not have



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direct contact with the fluid in the blisters, the non-immune staff member may in rare cases develop chicken pox, not shingles. The family physician can order a blood test, which will determine immunity to chickenpox. There is a vaccine available for the prevention of chicken pox.

The Zostavax shingles vaccine reduces the risk by 50% and for those that may get shingles, significantly reduces the intensity and duration. PHN is reduced by 67%.

Antiviral medication is used to treat shingles. This medication will help shorten the length and severity of the illness. But, to be effective, the medicine must be started as soon as possible after the rash appears. Pain medication may help relieve the pain caused by shingles. Wet compresses, calamine lotion, and colloidal oatmeal may help relieve some of the itching.

PURPOSE:

To protect susceptible, non-immune to chicken pox, staff and residents from obtaining the shingles virus.

POLICY:

The Elgin County Homes are committed to taking the necessary precautions to protect residents and staff from contracting shingles.

PROCEDURE:

1. Any suspicious rash should be reported to the resident's Doctor or Doctor- on- call immediately. Staff should also inform the Manager of Resident Care/Resident Care Coordinator/Infection Control Nurse.
2. Contact and routine precautions should be implemented at the first sign of the suspicious rash until the rash is dry and crusted over.
3. As long as the vesicles are not exposed (i.e. Face, hands, etc.) the resident is not required to be isolated to room.
4. Any susceptible staff providing direct care on a unit with an active case of shingles will have their assignment re-evaluated.
5. The illness is no longer communicable once the vesicles/lesions are dried.



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Adapted from: <http://www.cdc.gov/shingles/about/index.html>