

	POLICIES & PROCEDURES Number: 40-130 Title: Scabies (<i>Sarcoptes scabiei</i>)
Authorization: [X] SHR Regional Infection Prevention & Control Committee	Source: Infection Prevention & Control Date Initiated: June 5, 2001 Date Reaffirmed: June 2003 Date Revised: May 2007, August 2010 Scope: SHR Agencies & Affiliates

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Introduction

Scabies (*Sarcoptes scabiei*) is a **highly contagious** skin infestation caused by a small mite, no larger than the head of a pin. The female mite burrows under the skin in a thin red line and then lays eggs. The burrows appear as wavy lines approximately 2.5 cm in length and can be seen by the experienced eye. The female can burrow under the skin in less than 3 minutes and generally lays around 20 eggs in each burrow. The eggs usually hatch within 4-6 days. The main sign of Scabies is intense itching, especially at night or after a hot bath or shower. This intense itching is caused by the presence of the eggs as well as the feces excreted by the mites.

Policy

1. Scabies infestation shall be treated in a timely fashion (when symptoms first appear).

Purpose

1. To prevent the transmission of Scabies.

Procedure

1. Follow the directions as outlined in "**Dealing with Scabies**". Refer to the Scabies Fact Sheet available from SHR Printing Services (#102813) which is also found in the Infection Prevention and Control Manual.
2. Search for additional cases of scabies by examining/questioning close contact, roommates and staff with itchy red spots and rashes.

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Dealing with Scabies:

Identification

1. Symptoms are due to an allergic reaction to the mites. There is usually an itchy skin irritation and tiny reddened dots with surrounding redness or streaks of redness. Itching is usually worse at night or after a hot shower or bath.
2. Rash is usually first noticed in the webs between the fingers or toes, around the wrist or the navel. It can also be found on the back of elbows and knees, the folds of the armpits, the beltline and abdomen, under the breasts or buttock, in the creases of the groin or on the genital organs. Small children, especially babies, may have involvement of the face, scalp, palms of the hands, or soles of the feet.
3. Symptoms appear 4 to 6 weeks after direct contact with the initial case. If re-infestation occurs (person has had scabies previously), symptoms can reappear in 1 to 4 days.

Treatment

1. Obtain physician's order for scabicide or obtain scabicide from a pharmacy.
2. Have a bath or shower before applying the scabicide. Allow the skin to cool prior to application (heat increases absorption and thus side effects from the scabicide).
3. If staff or family member assists in the application of the treatment, they need to put on single use gloves and wear a long sleeved gown/shirt. Once the scabicide has been applied, dispose of gloves into the garbage, tie closed and remove to outside garbage container. Gown/shirt is to be laundered and dried in a hot dryer.
4. Apply scabicide over the entire body from neck to toes especially folds of skin, remove rings and trim fingernails and toenails short. Apply treatment under the finger nails and toe nails. In infants, include the scalp. Ensure hard to reach areas are covered. Do not wash hands after application. It is best to apply the scabicide before bed. If person uses the washroom during the night and washes their hands, reapply scabicide to the hands. Leave the scabicide on for 8 to 14 hours as per product directions.
5. Remove the bedding, clean and disinfect bed if it has a cleanable surface. Alternatively, clean and vacuum the mattress and leave bed vacant for 72 hours before reuse. Sleep in an alternate bed for the next 3 nights.
6. Shower in AM; wash residual lotion off with soap. Put on clean clothes. Put used night wear (pajamas) in the wash to be laundered and dried in a hot dryer.
7. Change bed linen again and launder in hot soapy water and dry in a hot dryer.
8. Clean and disinfect the bed if it has a cleanable surface or clean and vacuum the mattress once again. Put the vacuum bag into a garbage bag, tie closed and remove to the outside garbage.
9. Can discontinue contact precautions after 24 hours after treatment with a scabicide.

Post-treatment

1. Examine patient/resident/client/staff member for signs of live mites or any new lesions 7-10 days post-treatment. Check for new burrow lines or expansion of the rash. This would indicate treatment failure.
2. If signs are present, obtain physician's order for second application and repeat scabicide treatment.
3. Consult your family physician or a dermatologist if new lesions are present 7-10 days after 2nd treatment. May need 2 or more treatments if Norwegian scabies (crusted scabies) have been diagnosed.

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Prevention and Disinfection

1. All clothing, pajamas, bed linens, housecoats, sleeping bags, stuffed animals and towels used within 3 days prior to treatment should be machine-washed in hot water and dried on dryer cycle for at least 20 minutes, or dry cleaned following treatment.
2. Clothing and footwear that can not be laundered should be bagged for 7 days, or placed in a freezer for 72 hours. Treat all members of the household at the same time to prevent re-infestation.

Precautions

1. Initiate Contact Precautions when scabies is identified and continue until 24 hours after treatment; 4 days after treatment for crusted scabies.
2. Staff members whose symptoms do not resolve (i.e. develop new burrows and rash expands) are to be assessed by Occupational Health and Safety as they may need a second treatment and be cleared prior to returning to work.
3. Application of scabicide can exacerbate itchiness and must not be interpreted as a treatment failure. Itching can continue for weeks until the residual scabetic antigens are shed with the skin. If rash has extended and/or new burrows are noticed, treatment failure has occurred and another treatment will be needed or a dermatologist may need to be consulted.

References:

1. Andersen E. That Little Itch Responding to Scabies in the Workplace. *AAOHN Journal*. June 2004. Vol. 52, No. 6.
2. BC Center for Disease Control. *Scabies Control Guidelines*. February 2005.
3. Buehlmann M, Beltraminelli H, Strub C, Bircher A, Jordan X, Battegay M, Itin P, Widmer A. Scabies Outbreak in an Intensive Care Unit with 1,659 Exposed Individuals – Key Factors for Controlling the Outbreak. *Infection Control and Hospital Epidemiology*. April 2009, Vol. 30 No. 4.
4. Centre for Disease Control and Prevention. Prevention and Control and Treatment for Scabies. Sited on line and retrieved June 16, 2010
<http://www.cdc.gov/gov/scabies/treatment>.
5. Chan C, Lin S, Chan Y, Lio Y. Infestation by Norwegian Scabies. *CMAJ* September 2009 181(5).
6. Maltezou H. Nosocomial Scabies. *Department for Intervention in Health Care Facilities*. 2010.
7. Michigan Department of Community Health. *Scabies Prevention and Control Manual*. May 2005.

Appendix A – Scabies Client Treatment Listing

Date: _____

Unit/Facility: _____

Clinical features of scabies infestation:

- Skin penetration visible as papules or vesicles.
- Burrows formed by mites under the skin are visible as linear tracts.
- Lesions are seen most frequently in inter-digital spaces, anterior surfaces of wrists and ankles, axillae, folds of skin, breasts, genitalia, belt-line and abdomen. Infants may have lesions of the head, neck, palms, and soles.
- Itching does not always occur with a primary infestation, but when it does, it is most intense at night or after a hot bath or shower.

Outbreak: Two or more patients/residents/clients in one unit/facility/home diagnosed with scabies within a 4 to 6 week period (1 incubation period) **OR**

One patient/resident/client on one unit/facility/home plus one or more staff members providing caring for that patient/resident/client are diagnosed with scabies within a 4 to 6 week period (1 incubation period).

If no client sticker, please include:	<i>Client Sticker</i>	<i>Client Sticker</i>	<i>Client Sticker</i>	<i>Client Sticker</i>
Full Name				
HSN				
DOB				
Sex				
Physician				
Room #				
Bed #				
PREPARATION	Y/N	Y/N	Y/N	Y/N
Linen (two changes of bed linen, towels, pyjamas)				
Gowns and gloves (contact precautions)				
Laundry bags				
Finger/toe nail clippers (single use)				
Scabicide				
TREATMENT CHECKLIST	Y/N	Y/N	Y/N	Y/N
Clean dry skin (client bath or shower)				
No jewellery (e.g., rings)				
Nails trimmed by authorized staff (e.g., podiatrist, footcare nurse, site policy). Fingernails are the priority.				
Clean bed linens				
Clean nightwear				
Apply scabicide (entire body from neck to toes, genital area, under nails)				
Leave scabicide on as indicated in product monograph (e.g., 8-14 hours)				
Reapply scabicide if client up during night (e.g., use of washroom, wash hands, reapply scabicide to hands)				
Bath or shower client after scabicide contact time (e.g., in the morning if applied prior to bed)				
Provide clean clothing for client				
Change bed linens				
Launder nightwear and bed linen in hot, soapy water and dry in hot dryer				
Have family members take home personal clothes and belongings in a bag.				