

# MEASURES

## FOR SCABIES PREVENTION

Scabies prevention policies, procedures, and protocols should be developed and utilized by health care agencies to address measures that can be taken to prevent scabies infestations within a facility. Scabies prevention plans should include the following approaches:

### **Skin Assessment**

#### **At Admission**

Thorough head-to-toe skin examination for signs of pruritic rash, especially involving the webs of fingers, hands, wrists, and elbows should occur within 24 hours of admission for all patients.

#### **Periodic**

Thorough skin examination, as described above, should be accomplished and documented weekly of all residents.

All suspicious rashes should be reported immediately to the nursing supervisor, infection control professional, and/or the attending physician.

Standard precautions should be used with any patient with a suspicious rash until the cause of rash is determined. Standard precautions include use of personal protective equipment (PPE) for all contact with patient skin, body fluids, and/or clothing.

### **Standard (Universal) Precautions**

Personal protective equipment such as gloves should be used by all facility personnel who have direct contact with non-intact skin (including rashes) of patients. Good hand hygiene techniques should be used before and after gloves are worn and between all patient contacts. Alcohol-based hand rubs may be used in place of soap and water if visible soiling is not present. Dispose of gloves immediately after use.

### **Routine Patient Care**

Routine bathing intervals for patients should be at least weekly and more frequently as necessary. Clothing should be changed after bathing or showering. A skin assessment should be completed during the bathing process.

It is recommended that patient fingernails and toenails be kept short and clean.

**Cleaning Considerations**

Routine environmental cleaning schedules should be developed, implemented, and maintained.

Linen changes should occur at least weekly and more frequently as necessary.

Patient care equipment, such as transfer belts and blood pressure cuffs, should be laundered or disinfected regularly.

**Staff Education**

All employees should periodically (minimally at hire and annually) receive information about scabies. At a minimum, the in-service training should include biology, incubation period, transmission, signs and symptoms, treatment, prevention, and how to document and report a case of scabies.

Following a single case or outbreak of scabies, provide employees with an ‘after action review’ and action plan (performance improvement activity) to reduce risk of repeat occurrences.

**Additional Considerations**

Health care workers should be instructed to report exposure to scabies in the home or the community promptly to their supervisor.

When scabies is suspected, an immediate search for additional cases should be initiated. Reference the “Outbreak Investigation” section for more information.

Rotation of employees between units should be limited to reduce the risk of disease transmission.

Enforceable policies should be developed to include the wearing of fresh uniforms for each shift. Employees should be encouraged to shower or bathe and change into clean clothes as soon as possible following each work shift. Wearing of jewelry should be kept to a minimum while on duty.

It is recommended that fingernails of employees be kept short to prevent possible disease transmission.