

Scabies Checklist

Initiation of Contact Precautions	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> Place all residents with a suspicious rash in Contact Precautions. Confirmatory diagnosis is not required to initiate Additional Precautions. 	
<ul style="list-style-type: none"> All residents with suspected or confirmed scabies should remain on Contact Precautions until the treatment protocol is completed. 	
Treatment	
<ul style="list-style-type: none"> Treatment should be provided based on physician diagnosis or assessment: A medicated lotion is available over the counter. <ul style="list-style-type: none"> Scabies is contagious until the mites and eggs are destroyed, usually after 1 or 2 courses of treatment (typically one week apart). Follow the directions on the product label for timing of application, how long the product should stay on the skin and how often to apply the product. Following treatment, itching may persist for several weeks even though the mites are dead. This is not an indication of treatment failure, but rather a reaction to the dead mites. It is not an indication to retreat unless new burrows are identified. 	
<ul style="list-style-type: none"> Treat symptomatic residents at the same time, if possible. 	
<ul style="list-style-type: none"> Keep resident nails short to prevent secondary skin infections caused by scratching. 	
<ul style="list-style-type: none"> Following treatment, have housekeeping staff remove and replace linens and complete a terminal clean of the resident's room. 	
<ul style="list-style-type: none"> Further treatment may be indicated if: <ul style="list-style-type: none"> Itching continues for more than 4 weeks following adequate treatment New burrows or rash occur 2-4 weeks after the first treatment 	
Surveillance	
<ul style="list-style-type: none"> If one case of scabies is identified, <u>assess all residents for a skin rash</u> even if they do not have symptoms. <ul style="list-style-type: none"> The rash can appear as small red bumps and often form a line. The bumps can look like hives, tiny bites, knots under the skin or pimples. Some people develop scaly patches that looks like eczema. 	
<ul style="list-style-type: none"> Assess all close contacts daily for 6 weeks. Staff and visitors should also complete a self-assessment. 	
Accommodation and Signage	
<ul style="list-style-type: none"> Single room preferred (consult with IPAC Lead if not possible) 	
<ul style="list-style-type: none"> Dedicated personal care items. Discard any shared lotions or creams. 	
<ul style="list-style-type: none"> Display visible signage indicating resident is on Contact Precautions and post PPE donning and doffing signage. 	
Laundry, Upholstery and Other Items	
<ul style="list-style-type: none"> Wash all linens (sheets, towels) and clothing used by the resident within the 4 days prior to diagnosis in hot water and dry on hot cycle. 	
<ul style="list-style-type: none"> Fabric furniture, mattresses and rugs should be thoroughly vacuumed and steam cleaned paying special attention to creases and crevices. Discard the vacuum bag after use. 	

<ul style="list-style-type: none"> Items that cannot be laundered must be stored in an airtight bag for 7-days to kill mites. 	
Personal Protective Equipment (PPE) and Hand Hygiene	
<ul style="list-style-type: none"> Have a supply of PPE available at point of care (i.e., gloves, gowns). 	
<ul style="list-style-type: none"> Gloves and gown must be worn when providing personal care and when in contact with the resident's environment. 	
<ul style="list-style-type: none"> Gloves and gown are removed and discarded into a no-touch waste receptacle and hand hygiene performed upon exiting room. 	
<ul style="list-style-type: none"> Hand hygiene (soap and water or alcohol-based hand rub) is available at point of care. Educate residents, visitors, and staff on the importance of hand hygiene and facility hand hygiene policy and procedure. 	
Environmental Cleaning and Disinfection	
<ul style="list-style-type: none"> Resident rooms, high touch surfaces and bathrooms are cleaned and disinfected at least once daily and when visibly dirty. 	
<ul style="list-style-type: none"> Dedicate medical equipment whenever feasible or clean and disinfect after each use (i.e., wheelchair, walker, lift). 	
<ul style="list-style-type: none"> Terminal cleaning of room completed upon discontinuation of Additional Precautions, resident discharge, or transfer. 	
Resident Transfer	
<ul style="list-style-type: none"> Notify transportation services, the receiving facility, and their IPAC Lead of scabies infestation. 	
<ul style="list-style-type: none"> If a resident with scabies infestation was transferred from another healthcare facility in the previous 4-6 weeks, contact that facility to inform them of the infestation so they can assess for potential close contacts. 	
Visitors	
<ul style="list-style-type: none"> Provide education to visitors on hand hygiene and putting on/taking off PPE. 	
<ul style="list-style-type: none"> Visitors should not use resident's bathroom, eat or drink in the resident's room, or go into other resident rooms following the visit. 	
Staff	
<ul style="list-style-type: none"> Complete a staff huddle daily to review the following: <ul style="list-style-type: none"> Cases (new and existing) When to don and doff PPE Duration of Contact Precautions and signage Residents may leave their room after treatment; ideally the rash is covered Discuss workflow for showering, laundry and housekeeping 	
<ul style="list-style-type: none"> Consider operational requirements and staff capacity to complete the increase needs in laundry, housekeeping, showering and PSW/nursing support. 	
Discontinuation of Additional Precautions	
<ul style="list-style-type: none"> Additional Precautions are kept in place until 24 hours after completion of scabies treatment protocol. 	
<ul style="list-style-type: none"> Terminally clean and disinfect the resident's room/bedspace 	
<ul style="list-style-type: none"> Wash all linens (sheets, towels, privacy curtains) and clothing in hot water and dry on a hot cycle. 	

This checklist outlines the basic steps to be followed when managing a resident with scabies as per [PIDAC Routine Practices and Additional Precautions](#)

Testing

- Explain the procedure to the resident and perform hand hygiene
- Lay out supplies on a clean surface
- Don gloves
- Collect the skin scraping(s) and place it in a sterile container. Do not use bags or an envelope.
- Use the flat edge of a scalpel or tongue depressor to scrape the skin at the track margins. Refer to the [Public Health Ontario Laboratory document](#) for more information
- Clean up supplies
- Doff gloves and perform hand hygiene
- Clean and disinfect the work surface
- Perform hand hygiene
- When submitting the sample, use the [PHOL General Test Requisition](#). Indicate that scabies is suspected.
- Label the specimen container(s) with the resident's first and last name, date of collection, and one other unique identifier such as date of birth or health card number. The sample will be rejected without this information.
- A negative result does not always imply that mites are not present

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