



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Infection Prevention and Control Department		
Document:	Multidisciplinary Policy and Procedure (MPP)		
Title:	Pediculosis / Scabies Management		
Applies To:	All Patient Care Areas		
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1. PURPOSE:

- 1.1 To provide guidelines on the management of patients admitted with pediculosis or scabies.
- 1.2 To promptly diagnose and treat a patient who presents with pediculosis and scabies.
- 1.3 To provide guidelines for the management or diagnosis healthcare workers (HCWs) exposed to scabies and pediculosis (lice).

2. DEFINITONS:

- 2.1 Pediculosis is defined as any type of louse infestation. There are three types:
 - 2.1.1 Pediculosis capitis - head lice
 - 2.1.1.1 Head lice infestation of the hair, eyebrows and eyelashes is caused by *Pediculus humanus capitis*.
 - 2.1.1.2 Transmission is facilitated by direct contact with an infected person and/or objects used by them. Also, may be spread by indirect contact with the personal belongings of infested persons, especially shared clothing and headgear.
 - 2.1.2 Pediculosis pubis - crab lice
 - 2.1.2.1 Infestation is usually of the pubic area but in heavy cases may also be present in facial hair and eyelashes. Infestation of any type may result in severe itching, fever and excoriation of the scalp or body.
 - 2.1.3 Pediculosis corporis - body lice
 - 2.1.3.1 Infestation by body lice, *Pediculus humanus corporis*, is rarely found on the body, rather on the clothing of an infected person, especially along seams of the clothing's inner surfaces
 - 2.1.3.2 Transmission is facilitated by direct contact with an infected person and/or objects used by them. Also, may be spread by indirect contact with the personal belongings of infested persons, especially shared clothing and headgear.
- 2.2 Scabies is a parasitic disease described as an infestation of the skin by the mite *Sarcoptes scabiei*.
 - 2.2.1 Clinical manifestations of the disease include visible papules, vesicles, or tiny linear burrows that contain the mites and their eggs.
 - 2.2.2 Wrists and elbows, anterior axillary folds, thighs, external genitalia (men), nipples and abdomen (women). Affected areas also include the head, neck, palms and soles.
 - 2.2.3 Transmission is primarily through direct, prolonged, skin-to-skin contact with an infected person, and it can occur even in the presence of high levels of personal hygiene.

3. POLICY:

- 3.1 To prevent, evaluate, and treat pediculosis (lice) or scabies infestations of patients and employees. Treatment can only be administered after an evaluation by nursing/medical staff.

- 3.2 The Employee Health Clinic (EHC) will assess HCWs who were exposed for prophylaxis, treatment and work exclusion and will notify Infection Control of any actions taken. When the EHC is closed, HCWs should seek medical attention in the Emergency Room

4. PROCEDURE:

- 4.1 If a patient is suspected to be infested with any form of Pediculosis/scabies, examination of the patient will be conducted without delay by medical/nursing staff. The medical staff must verify the infestation before treatment can be initiated.
- 4.2 Nursing:
- 4.2.1 Isolate the patient in a single room with Contact Isolation precautions when suspicion or confirmation of scabies or lice infestation.
- 4.2.2 Obtain physician's confirmation and prescription for appropriate treatment
- 4.2.3 Notify Infection control practitioner of patient's diagnosis.
- 4.2.4 Give patient clear instructions on proper use of the medication. Patient should be supervised to ensure correct application.
- 4.2.5 If assisting patient with treatment:
- 4.2.5.1 Put on the necessary (gown, gloves, and cap) protective personal equipment (PPE).
- 4.2.5.2 Prepare the patient for treatment.
- 4.2.5.3 Apply scabicide/pedulocide as per instructions (treatment details vary based upon the drug used).
- 4.2.5.4 Encourage the patient to leave the medication on for the time required for the specific product used.
- 4.2.5.5 Give the patient (or encourage patient to take) a cleansing bath or shower to ensure proper rinsing of the scabicide.
- 4.2.6 Clothing and linen used by the infected patient from 3 days prior and 24 hours after treatment must be placed in a hot water soluble bag or double bagged, tied securely, labeled and sent to laundry.
- 4.2.7 All clothing and linen must be changed after the room has been thoroughly cleaned. See housekeeping instructions below.
- 4.2.8 All PPEs must be discarded in yellow bag and tied securely, immediately after use. Continue isolation for 24 hours after effective treatment.
- 4.5 Physician
- 4.5.1 A physician should assess the patient to determine the effectiveness of the treatment.
- 4.5.2 A single, proper application of treatment is curative in most cases and eliminates the risk of transmission.
- 4.6 Housekeeping;
- 4.6.1 Concurrent and terminal disinfection with hospital-approved disinfectant is recommended.
- 4.7 Laundry;
- 4.7.1 Isolate the laundry bag for special handling by the laundry facility.
- 4.7.1.1 Linen and clothing should be placed in yellow plastic, labeled and transported to the laundry department.
- 4.7.1.2 Linen and clothing should be washed at a temperature of 160^o F (71 ^oC) for at least 5 to 10 minutes.
- 4.8 Household contact
- 4.8.1 Consult with the Public Health Nurse Coordinator in Infection Prevention and Control department for follow-up.

- 4.9 MANAGING SCABIES EXPOSURE
 - 4.9.1 Incubation period: During 4-6 weeks if no previous infestation; 1-3 days in cases of reinfestation.
 - 4.9.2 Exposure criteria: Direct skin-to-skin contact; minimal direct contact with crusted scabies can result in transmission
 - 4.9.3 Period of communicability: Transmission can occur before the onset of symptoms, A person remains infectious until treated.
 - 4.9.4 Employee health: Prescribe scabicide for all exposed HCWs
 - 4.9.5 Work restrictions
 - 4.9.5.1 Exposed: No restriction after one application of scabicide
 - 4.9.5.2 Infested: Immediate restriction for 24 hours following treatment
- 4.10 MANAGING PEDICULOSIS (LICE) EXPOSURE
 - 4.10.1 Incubation period: 7-10 days
 - 4.10.2 Exposure criteria
 - 4.10.2.1 Head lice: hair-to-hair contact with an infested person. Sharing of personal items such as hats, helmets, brushes, combs and headsets, or earphones.
 - 4.10.2.2 Body lice: contact with the bedding or clothes of an infected person
 - 4.10.2.3 Pubic lice: sexual contact.
 - 4.10.3 Period of communicability
 - As long as lice or eggs remain alive on an infested person, clothing, or personal items.
 - Head lice die within 24 to 48 hours after leaving a host.
 - Body lice may survive for up to 30 days in a patient's clothing or linen.
 - Survival time for lice away from the host ranges between 2 days and 1 month.
 - 4.10.4 Employee health: Treat HCWs only if infested.
 - 4.10.5 Work restrictions: Exposed: No restrictions, Infested: Immediate restriction until 24 hours after treatment

5. MATERIALS AND EQUIPMENT:

- 5.1 N/A

6. RESPONSIBILITIES:

- 6.1 Health Care Workers








7. APPENDICES:

- 7.1 Scabies Exposure
- 7.2 Pediculosis (Lice) Exposure

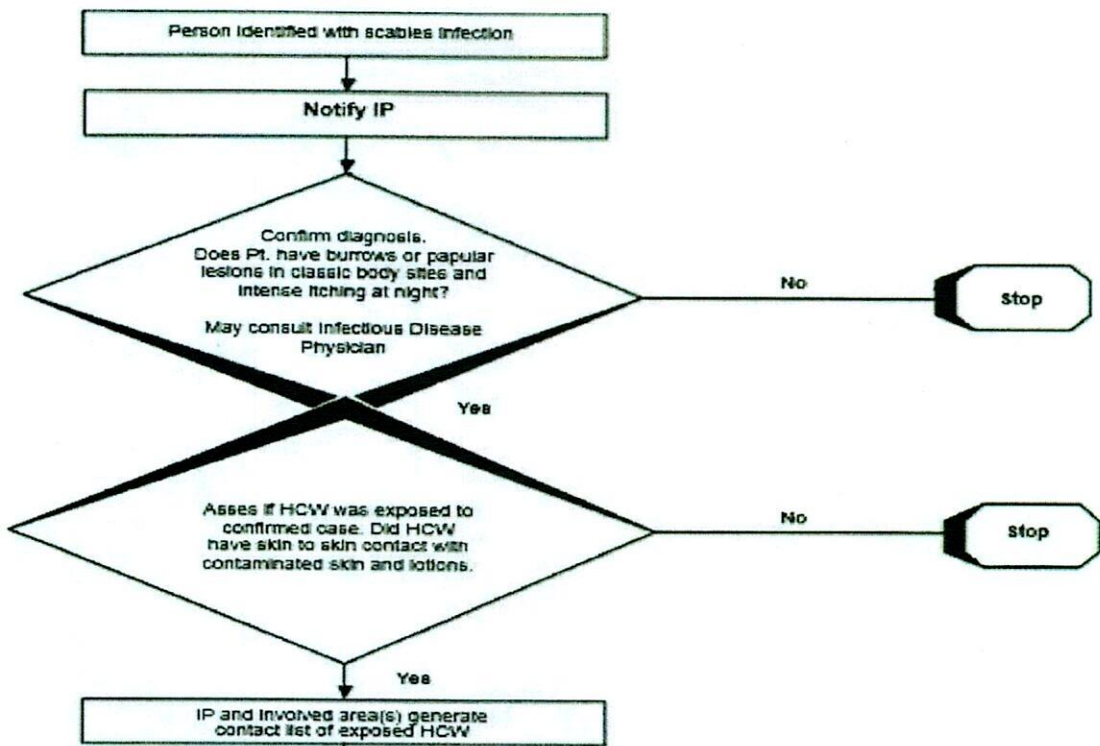
8. REFERENCES:

- 8.1 GCC. Infection Control Manual. 3RD Edition 2018.
- 8.2 Association for Professionals in Infection Control (APIC) and Epidemiology, Inc. (2014). Chapter 29: Isolation precautions. In APIC Text of infection control and epidemiology (4th ed.).
- 8.3 Association for Professionals in Infection Control (APIC) and Epidemiology, Inc. (2014). Chapter 99: Parasites. In APIC Text of infection control and epidemiology (4th ed.).

9. APPROVALS:

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APPENDIX: 7.1 Scabies Exposure



APPENDIX: 7.2 Pediculosis (Lice) Exposure

