








Bed Bugs/Head Lice/Scabies Highlights

Contact	<ul style="list-style-type: none"> Housekeeping (HSKG) and Facility Management (pest/environmental control) as appropriate IP&C (patient management) and OESH (staff exposures) 		
GENERAL INFORMATION			
	<u>BED BUGS Protocol</u>	<u>Head LICE Protocol</u>	<u>SCABIES Protocol</u>
Photos	 Bites 	 Nits (eggs) 	 Normal Scabies  Norwegian 
'Bug' Appearance	<ul style="list-style-type: none"> Size of apple seed; flat oval body Brown; after feeding swell and can be bright or dark red 	<ul style="list-style-type: none"> Size of a rice grain Grayish brown in colour Nits can be mistaken for dandruff 	<ul style="list-style-type: none"> 1/3 mm long Bites can be mistaken for Psoriasis or other skin condition
Facts	<ul style="list-style-type: none"> Visit host to feed, not live Most active at night Do not transmit disease Live up to 550 days without food 	<ul style="list-style-type: none"> Nits adhere to hair Do not transmit disease Die if off host for 2 days 	<ul style="list-style-type: none"> Diagnosed by skin scraping Eggs are laid under the skin Do not transmit disease Die if off host for 3-4 days
Location	<ul style="list-style-type: none"> Bites on exposed skin Bugs or dark spots/stains on bed frame, mattress & bedding, headboard, baseboards, clothes, items with close body contact 	<ul style="list-style-type: none"> Nits and lice around ears, forehead, nape of neck, near the scalp Body lice on clothes Crab lice on groins 	<ul style="list-style-type: none"> Pimple-like rash or tiny lines in finger webs, wrists, elbows, arm pits, waist, penis, and buttocks Thick crust with Norwegian scabies
Communicability	<ul style="list-style-type: none"> Until removed from environment, patient and clothes 	<ul style="list-style-type: none"> Until effective treatment Usually after 1, occasionally 2 treatments 	
Transmission	<ul style="list-style-type: none"> DIRECT contact with bugs on clothes, bedding, bed frames, headboards, baseboards, walls, walker, w/chair or environment Cannot jump 	<ul style="list-style-type: none"> DIRECT contact with louse Direct/indirect contact with comb, clothes, bedding, towel, belongings Head to head contact Cannot jump or fly 	<ul style="list-style-type: none"> DIRECT contact with mite, infested skin, laundry Crusted/Norwegian Scabies more highly contagious due to large number of mites
Signs & Symptoms	<ul style="list-style-type: none"> Red bump or flat welt similar to a mosquito bite Linear or cluster bite pattern Bugs visible on clothing or belongings 	<ul style="list-style-type: none"> Itching Sores from scratching Visible nits or lice 	<ul style="list-style-type: none"> Intense itching, worse at night, & after bathing Pimply rash, tiny crooked lines on skin folds or skin eruptions Dermatitis, scaling Norwegian: thick crust over skin; may look like psoriasis or eczema
INFECTION PREVENTION & CONTROL MEASURES			
For Patients with Signs/Symptoms	<ul style="list-style-type: none"> Look for bites & visible bugs, including mobility devices Bag and seal clothing. Send home to launder or store until discharge Inform other departments patient has visited Provide clean clothes, linens 	<ul style="list-style-type: none"> Apply treatment; follow product instructions for use Manually remove nits daily If live lice found 1 week after treatment, repeat treatment Bag patient items Provide clean clothes, linens 	<ul style="list-style-type: none"> Apply treatment; follow product instructions for use After waiting, wash off treatment following the product instructions for use, change all linens Bag patient items Provide clean clothes, linens
Additional Precautions & PPE	<ul style="list-style-type: none"> Contact Precautions if > 1 bug seen Post sign on door/curtain Provide PPE as per signage 	<ul style="list-style-type: none"> Routine Practices plus gloves for direct patient contact until 24 hours after effective treatment 	<ul style="list-style-type: none"> Contact Precautions until <ul style="list-style-type: none"> 24 hours after effective treatment (normal) Lesions resolved (Norwegian)
Patient Accommodation	<ul style="list-style-type: none"> Single room preferred if available, or 2m b/w patients Door can remain open Double sided tape at door, around patient bedspace 	<ul style="list-style-type: none"> Single room preferred if available, or 2metres between patients Door can remain open 	
Patient Transport	<ul style="list-style-type: none"> For medically essential purposes only Notify Patient Transport Services & receiving department in advance of transport/procedure Hand hygiene by transport staff and patient when leaving room Outside room, transport staff reapply clean gloves and clean gown as required 		
Discontinuation of Additional Precautions	<ul style="list-style-type: none"> Once patient bathed, clothing/personal effects sealed in bag or taken home, and area disinfected by HSKG Terminal clean after discharge or precautions discontinued 	<ul style="list-style-type: none"> Once 24 hours has passed since treatment application, clothing and personal effects sealed in bag or taken home, and linen changed 	<ul style="list-style-type: none"> Once prescribed time has passed after treatment initiation, clothing/personal effects sealed in bag or taken home, treatment washed off, linen changed, & area disinfected by HSKG Norwegian: until lesions resolve Terminal clean after discharge or precautions discontinued
Visitor Management	<ul style="list-style-type: none"> Educate visitors regarding Routine Practices & hand hygiene; and Contact Precautions & correct PPE use Advise symptomatic visitors to stay home; exception may be considered in extenuating situations; contact IP&C Avoid visiting more than one patient or, if necessary, change PPE and perform HH between patients 		