

# Scabies and Occupational Health for Managers

Occupational and Environmental Safety & Health

## What is scabies?

Scabies (the 'itch') is a rash that happens when very tiny bugs, called mites, burrow under the skin and cause itching and sometimes infection. Scabies is very contagious. Individuals who have regular scabies may have only 10 -15 mites as opposed to the 1000's that individuals with crusted (Norwegian) scabies have. For that reason they are much less infectious. One has to have prolonged skin to skin contact to transmit regular scabies. The mites do not live for more than 3 to 4 days without contact with skin.

## Where does scabies appear?

Scabies most commonly appears as a rash or small sores around finger webs; back of wrists, elbows, in skin folds, under armpits, lower portion of buttocks, and around the waist. Scabies can appear anywhere. In individuals who have not had scabies before, symptoms may not show for 4-6 weeks. If someone has had scabies before, symptoms may appear within 1-4 days. *Note: Scabies do not live in hair and cannot be transferred to animals/pets.*

**Symptoms:** At first burrows appear as tiny and crooked grayish-white or skin-colored lines on the skin surface. Reaction to the mites causes the itchy rash. Scabies looks like a pimple-like itchy rash. The itching is often worse at night or after bathing. The intense itching of scabies leads to scratching that can cause skin sores. These sores can become infected.

## What do I do if I think a patient/client/resident has scabies?.

Consult the Infection Prevention & Control (IP&C) manual found here

<http://www.wrha.mb.ca/extranet/ipc/manuals.php>. Contact the IP&C Practitioner for your site who will implement contact precautions while awaiting confirmed diagnosis. Contact Occupational Health who will manage staff exposures. A staff exposure is skin to skin contact with the patient/client/resident or their personal belongings.

## Occupational Health and Scabies

Occupational Health becomes involved when notified of a potential exposure by a staff member, manager, Infection Prevention and Control, etc. Based on investigation the Occupational Health Nurse will determine which staff members were exposed.

The Occupational Health Nurse individually assesses staff exposure and risk and follows-up with IP&C regarding patient diagnosis. Treatment of staff may be required with appropriate scabicide treatment, Nix dermal cream (Permethrin 5%), for worker(s) with occupational exposures, as per Occupational Health Physician orders. In most cases this is ordered from the site Pharmacy by OESH although in some cases arrangements are made with an external pharmacy for staff pick-up with billing to OESH. Consultation with the Occupational Health Physician is required for staff who are pregnant or breastfeeding. In addition, Corticosteroid treatments of eczematous-like reactions should be withheld prior to treatment with Nix dermal cream. **Self treatment is strongly discouraged and the costs related to self-treatment will not be reimbursed.** Please note that there are side effects to the use of this cream.

### *Symptomatic Staff:*

If there is a confirmed diagnosis of regular scabies and staff are symptomatic they will receive a box of treatment cream or directions on how to access it for themselves and their bed partner at no cost.

### *Staff who have been exposed and DO NOT have symptoms*

The decision to provide treatment cream will be based on duties performed, length of and type of skin contact. In most cases this is not necessary.

### *Exposure to Crusted/Norwegian Scabies*

If there is a confirmed diagnosis of Crusted/Norwegian scabies, all staff (whether symptomatic or not) who have had direct skin contact will receive a box of treatment cream or directions on how to access it for themselves and their bed partner at no cost.

### **Treatment**

In the majority of persons, scabies infestation is cleared with a single application. If necessary, a second application may be given seven to 10 days after the first. For this reason, a follow-up appointment with OESH will be booked. The decision regarding the necessity of a second application will be made by the Occupational Health Nurse in conjunction with the Occupational Health Physician and may be based on a diagnostic test.

Staff are given a handout explaining treatment.

### **Staff with symptoms who have been given the treatment cream:**

Once staff with symptoms receive the treatment cream they are to leave work immediately, go home and apply the cream as directed. Symptomatic staff must leave the cream on their skin for **12** hours and cannot be at work during this time. They should be paid regular hours for time missed on this day similar to day of injury for WCB.

Staff can return to work for the next scheduled shift but are required to wear gloves/gown for every patient contact for the time period between completion of treatment and their re-assessment by OESH. As symptomatic staff are being immediately sent home to apply cream and leave it on their skin for 12 hours there should be no impact on their next scheduled shift. If a second treatment is required, staff once again cannot be at work during the time that the cream is on their skin. Staff can again return to work for the next scheduled shift but are required to wear gloves/gown for every patient contact for the time period between completion of treatment and their re-assessment by OESH.

### **Staff with NO symptoms who have been given the treatment cream:**

Staff with no symptoms can remain at work on the day that they are assessed and apply the treatment after completion of their shift. Asymptomatic staff must leave the cream on their skin for at least **8** hours and cannot be at work during this time.

Staff must remain off work during the time that the cream is on the skin. Staff can return to work for the next scheduled shift. No precautions such as gowns/gloves are required.

### **Scabies Exposure and WCB**

Unless staff have been diagnosed by a Physician through a skin scraping any missed time from work will come out of their sick bank. If they chose to put in a claim to WCB without a confirmed diagnosis through skin scraping, the claim will be denied.