

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. If you have not had scabies before, symptoms may not show for 4-6 weeks. If you have had scabies before, symptoms may appear within 1-4 days.

Note: Scabies mites 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?

Immediately notify your supervisor of your concerns. Your supervisor will consult the IP&C manual found here <http://www.wrha.mb.ca/extranet/ipc/manuals.php>. Your supervisor will contact the IP&C Practitioner for your site who will implement contact precautions while waiting confirmed diagnosis.

If you have had skin to skin contact with the patient/client/resident or their personal belongings contact Occupational Health immediately.

Occupational Health and Scabies

Occupational Health becomes involved when notified of a potential exposure or notification 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 will individually assess your exposure risk and follow-up with IP&C regarding patient diagnosis. Treatment 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.

If you have been exposed and have symptoms

If there is a confirmed diagnosis of regular scabies and you are symptomatic meaning that you have signs of burrows or a rash, you will receive a box of treatment cream or directions on how to access it for yourself and your bed partner.

If you have been exposed and DO NOT have symptoms

If you are not symptomatic 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.

If you have been exposed 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 yourself and your bed partner.

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.

If you have any concerns during the treatment please contact OESH immediately. Note that a flare in the level of itchiness following treatment is normal and not an indication of treatment failure. The rash and itch may persist for up to three weeks after treatment even though the mites are dead and it is not an indication to re-treat unless live mites are identified. Staff may wish to purchase over the counter treatment such as skin calming bath, cream, etc. to alleviate the itchiness related to the rash.

If you have symptoms and have been given the treatment cream:

Once staff with symptoms receives the treatment cream they are to leave work immediately, go home and apply the cream as follows:

- Thoroughly massage the dermal cream or lotion into the skin from the neck to soles of the feet, paying particular attention to the areas between the fingers and toes, wrists, axillae, external genitalia and buttocks. Eyes and mouth should be avoided. The cream must stay on your skin for at least 8 hours to be effective. Reapply if it has been washed off within this time period. It is not necessary to apply a thick visible layer of cream to the skin. Remove the dermal cream after **12** hours by washing (shower or bath).

Staff must remain off work during the time that cream is on the skin. 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. Again staff is required to wear gloves and gowns for patient contacts until re-assessment by OESH.

If you have NO symptoms and 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.

- Thoroughly massage the dermal cream or lotion into the skin from the neck to soles of the feet, paying particular attention to the areas between the fingers and toes, wrists, axillae, external genitalia and buttocks. Eyes and mouth should be avoided. The cream must stay on your skin for at least 8 hours to be effective. Reapply if it has been washed off within this time period. It is not necessary to apply a thick visible layer of cream to the skin. Remove the dermal cream after **8 -12** hours by washing (shower or bath).

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. They do not need to wear gloves/gown for patient contact post treatment.

How do you clean things at home?

Wash clothing, bed sheets, and blankets in very hot water and dry in the drier. Store items that cannot be washed in a closed plastic bag for 1 week. Also do regular household cleaning with extra care to vacuum mattresses, pillows, upholstered furniture and car seats.