A ***PRINTED*** copy of this resource may not be the most recent version.

Scabies and Lice

Purpose

To prevent transmission of scabies and lice to patients and staff.

Definition

Scabies

- Scabies is a contagious parasitic infestation caused by a mite, *Sarcoptes scabiei*.
- Scabies infestations are identified by the following characteristics:
    - Skin penetration is visible as papules or vesicles.
    - Linear burrows formed by the mite under the skin.
    - Severe pruritus.

These lesions commonly appear in interdigital spaces, anterior surfaces of wrists and ankles, axillae, skin folds, genitalia, belt-line and abdomen. Itching may be intense, especially at night and lesions may become secondarily infected due to scratching.

Crusted (Norwegian) scabies presents as a crusty, scaly dermatitis usually on hands and feet, including dystrophic nails. Some affected individuals may have a generalized erythematous eruption.Norwegian scabies is highly infectious owing to the large numbers of mites present.

Definitive diagnosis of scabies infestation is by microscopic examination of mites extracted by a needle or scalpel (skin scraping).

Lice

Lice (pediculosis) are called ectoparasites because they live outside the host's body. There are three types of human lice which are usually, but not always, confined to a certain part of the body. They are named according to the region of the body that they infest or their general appearance: head louse, body louse, and pubic or crab louse. These creatures cannot fly or jump, but head and body lice move quickly, passing rapidly from host to host.

Head Lice

Head lice generally prefer the fine hairs of the head especially around the ears and the nape of the neck or eyebrows and eyelashes. Adult larvae and nits are visible to the naked eye:

- Adult lice are reddish-brown.
- Unhatched eggs are pearly white.
- Hatched eggs are translucent.

Interior Health
INFECTION PREVENTION & CONTROL

Overview

Infectious Period

- Scabies and lice can be transmitted up until the time they are eradicated by treatment with 5%permethrin cream.
- The incubation period for primary infestation occurs as early as 10 days, but it is typically 4 – 6weeks.

Mode of transmission

- Scabies and lice are transmitted through direct or indirect contact.
- Although blood and body fluids are not affected by these infestations, the patient's clothing, bed linen, and mattress are contaminated by direct contact with the infected patient.
- Head lice are transmitted through contact with infested hair or with articles such as brushes,combs, headgear, or clothing of the infested person.
- Transmission of pubic lice is usually by sexual contact.

Best Practices

Additional Precautions

- In addition to Routine Practice, Contact Precautions are required for all suspected, or confirmed scabies or lice.
- The appropriate Contact Precautions signage is to be posted outside of the patient's door or designated bed space.
- Have patient change into facility approved clothing (example: gown or scrubs)
- Patients with scabies or lice are placed on Contact Precautions until 24 hours following treatment.
- In persons with crusted scabies, the length of additional precautions may be longer. Staff to wear a gown and gloves for all patient contact until the treatment has been completed and Contact Precautions discontinued.

Treatment

- Ordered by the attending physician.
- 5% permethrin cream applied as directed. Milder doses may be required for children, and pregnant or lactating women.
- Itching may persist for days to weeks following treatment. This is not to be mistaken for treatment failure.
- Carefully examine the patient for new burrows in seven days. If there is evidence of continued infestation, treatment may be repeated if considered necessary - ordered by the attending physician.

Management of Exposed Health Care Provider

- IH health care providers (HCP) who believe they have acquired scabies or lice from an exposure while at work should contact Provincial Workplace Health Call Centre at 1-866-922-9464 for an assessment or email OHN@WHcallcentre.ca.
- Health care providers (HCP) requiring further information for how to manage bed scabies or lice in other settings to consult Workplace Health & Safety.

Waste, Laundry, Dishes and Cutlery

- Place patients personal clothing in a plastic bag and securely close the bag. Send this laundry home with the family to be laundered.
- Routine Practices are used for handling all laundry items – place soiled linen in appropriate plastic laundry bag and send to Laundry for cleaning.

Cleaning and Disinfection of Patient Environment

- Perform routine cleaning.

Management of Scabies Outbreaks

See B.C. Centre for Disease Control (BCCDC) Scabies manual: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%203%20-%20IC/InfectionControl_GF_Scabies_Feb_2005.pdf

References

1. VCH Quick Reference for Management of Lice, Scabies and Bed Bugs http://ipac.vch.ca/Documents/Additional%20Precautions/Online/Bed%20Bugs,%20Lice%20Scabies%20Quick%20Reference.pdf

2. BCCDC Communicable Disease Manual http://www.bccdc.ca/NR/rdonlyres/41348278-088C-4E58-856D- 93EA6FDA6EA3/0/InfectionControl_GF_Scabies_Feb_2005.pdf.

Effective Date	September 2006		
Last Reviewed	September 2010		
Partners Reviewed			
Approved By	IPAC		
Owner	Infection Prevention and Control		
Revision History	Date	Section	Revision