
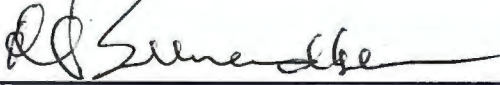




SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

**Programmatic
Policy and Procedure**

Section	Psychiatric Health Facility (PHF)	Effective:	5/01/2007
Sub-section	Infection Control		
Policy	Scabies and Lice Management	Last Revised:	3/28/2018
Policy #			
Director's Approval	 _____ Alice Gleghorn, PhD	Date	<u>4/4/18</u>
PHF Medical Director's Approval	 _____ Ole Behrendtsen, MD	Date	<u>4-4-18</u>
Supersedes:	#6.521 - Scabies and Lice Management	Audit Date:	3/28/2019

1. PURPOSE/SCOPE

- 1.1. To prevent the spread of lice or scabies in the patient population at the Santa Barbara County Psychiatric Health Facility (hereafter "PHF").

2. DEFINITIONS

- 2.1. **Scabies** – a contagious skin infection caused by microscopic mites. Scabies is transmitted by prolonged skin-to-skin contact with an infected individual, or by prolonged contact with contaminated linen, clothing, or the environment. The typical incubation period for scabies is between 2-6 weeks. The most common symptoms include itching and a pimple-like rash.
- 2.2. **Lice** – tiny insects that live on humans. About the size of a sesame seed, lice can be found on an individual's head, eyebrows, and body, including the pubic area. Infestations are spread most commonly through close person-to-person contact. Lice move by crawling; they cannot hop or fly. Nits (i.e., lice eggs) can be mistaken for dandruff, but unlike dandruff, they can't be easily brushed out of the hair. The most common symptoms include intense itching, a tickling feeling from movement of hair, and small, red bumps on the scalp, neck and shoulders.

3. POLICY

- 3.1. It is the policy of the PHF to aggressively treat all cases of lice and scabies.

4. DIAGNOSIS AND TREATMENT PROCEDURE

- 4.1. Initial patient diagnosis and treatment will be performed as follows:
1. Nursing staff will conduct a head to toe assessment of all patients upon admission to the PHF and when indicated.
 2. If lice or scabies are suspected, nursing staff will immediately place the patient in contact isolation.¹
 3. Nursing staff must notify the physician as soon as possible. The physician will order a scabicide agent (for scabies) or a pediculicide (for lice).
 4. Nursing staff must notify the Nursing Supervisor and the Infection Preventionist as soon as possible.
 5. Nursing staff must communicate to the treatment team, including MD, RN, LPT, LVN, RA, Social worker, Activity Therapist, Pharmacist, and Dietician.
 6. Nursing staff is to open an individual treatment plan specific to scabies or lice.
 7. Staff must teach the patient about the condition and attempt to obtain cooperation for treatment. The patient should be told that itching may continue for a week or two, and that this does not mean that the treatment has failed. Refer patient to the internist if itching continues.
 8. Serve all meals in the patient's room with disposable plastic ware until treatment is completed and the patient is cleared by the internist.
 9. If restraints are required, the devices used must be cleaned with bleach after usage.
- 4.2. Any staff treating a patient for Scabies or Lice, or cleaning the room or belongings of a patient being treated for Scabies or Lice, should don a gown and gloves to protect him/herself from infestation ([see Attachment A](#)).
- 4.3. Medication should be applied per package insert instructions.
- 4.4. A second treatment of scabicide or pediculicide is only needed for clear treatment failure and never before 7 days from initial treatment. Physician must reevaluate patient after first treatment, and if repeat application is required, must document treatment failure.
- 4.5. Prophylactic treatment of others should be made based upon specific evaluation of circumstances by the Infection Preventionist and internist. The affected patient's length of stay, close proximity to others, and movement through the facility should be taken into consideration.

5. CARE OF LINENS, FURNITURE, CLOTHING, AND PERSONAL ITEMS

- 5.1. The patient's clothes and washable personal items should be washed on the hottest setting, and dried in a hot dryer for at least ½ hour. Seal any unwashable personal items (suitcases, unwashable slippers, etc.) into plastic bags for the life cycle of the infestation (scabies – 7 days; lice – 30 days).

¹ For further information, please refer to the "Isolation Precaution Guidelines" policy.

- 5.2. Combs and brushes should be discarded or may be cleaned thoroughly with a germicidal solution and then soaked in rubbing alcohol for 15 minutes.
- 5.3. Bag linen in yellow bag and store in the Biohazard Container in the linen room.²
- 5.4. Advise housekeeping of patient diagnosis. All upholstered furniture that the patient has come into contact with must be thoroughly vacuumed, including carpet, especially in the patient’s room and around the patient’s bed. Vacuum around mattress seams.
- 5.5. The patient’s bed and any vinyl furniture the patient has come into contact with must be wiped down with hospital disinfectant.

REFERENCE

Centers for Disease Control and Prevention

Lice - <https://www.cdc.gov/parasites/lice/> Scabies - <https://www.cdc.gov/parasites/scabies/>

California Code of Regulations - Licensing and Certification of Health Facilities

Title 22, Chapter 1, Section 70739

ATTACHMENTS

[Attachment A – CDC Guide to Personal Protective Equipment](#)

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
3/28/2018	1.1	<ul style="list-style-type: none"> • Added “Attachment A – CDC Guide to Personal Protective Equipment” • Refined language throughout to be more specific in reference to scabies & lice • Refined language to more specifically describe duties of decision-making personnel

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be

² For further information, please refer to the “Linen/Laundry” policy.

provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).