



## SCABIES OUTBREAK!

CAUTION: PRESENTATION MAY CAUSE RANDOM SCRATCHING

# OUTLINE

## Reviewing:

- Scabies overview (typical vs. crusted scabies)
- Outbreak (details, response & facts)
- Unit Response
- Successful Interventions
- Personal Observations
- Lessons Learned



# TYPICAL SCABIES

10- 20 mites

- Scabies presents as a pimple-like (papular) itchy rash **affecting much of the body or is limited to common sites** such as the flexor surfaces of the wrists, finger webs, sides of digits, elbows, axillae, male genitalia, nipple areola, and periumbicular area. The rash may also be on the head, neck, palms, and soles in infants. Characteristically, the burrows appear as tiny and crooked
- The itching is often worse at night or after bathing. The intense itching of scabies leads to scratching that can cause skin sores.

**Symptoms in 2-6 weeks. Re-infestation provokes symptoms within 1-4 days**

# CRUSTED SCABIES - SAME MITE DIFFERENT PROBLEM

- Severe form of scabies
- Severe inflammation
- Vesicles and thick crusts over the skin, which contains large numbers of mites and eggs
- **May not report itching or rash**
- Is commonly **misdiagnosed** as psoriasis or eczema



Bart Currie, Menzies School of Health Research.



Crusted Scabies Sandre et al

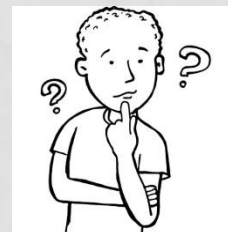
## ACUTE CARE SCABIES OUTBREAK

# CALLING AN OUTBREAK

**Case definition: 2 patients linked with scabies; physician diagnosis or diagnostic**

- Staff that are clinically diagnosed with Scabies; can prompted the investigation
- Rash review on the unit
- Rash review **again** on the unit – *second look at what we know*

**12 weeks with no transmission until it is over!**



**Definition: Did not factor in staff cases**

# ACUTE CARE SCABIES OUTBREAK DETAILS

- **Patients:**

- How stable is the population?
- Where do they go if discharged?
  - Home - letters
  - LTC facility - notification
  - Home care – rash checks

- **Staff:**

- prophylaxis vs treatment
- Occupational Health & Safety (OESH)



# UNIT RESPONSE

## Patients

- Entire unit on contact precautions for the duration of the unit treatment
- **Can we do everyone all at once? Or do we split the unit?**
  - **Resource review:**
    - Hot water?
    - Showers?
    - Slings?
    - PPE?
    - Staff?

## Staff

- All staff assessed by OESH
- If staff were not assessed by OESH MUST wear PPE for all patient interactions until they are assessed

Big question:

- **Return to work for staff with a rash?**
  - **Does it affect hand hygiene?**

# UNIT RESPONSE - TREATMENT

- Environmental:
  - Fresh night clothes and bedding the night of treatment
    - Scabicide: **under finger nails? more than one tube?**
    - Follow product monograph
  - All items cleaned. If unable to be cleaned bagged for 7 days, clearly labelled
    - Wheelchairs – **cleaning process? When?**
    - Slings – **we need two?**
    - braces
  - Shower upon waking – **Clean between patients? Logistics of getting 13-14 patients showered!**



## ACUTE CARE SCABIES OUTBREAK

# UNIT RESPONSE - ENVIRONMENT

- Cleaning of room (bed, curtains, bathroom, etc.)

### when? How? What?

- Clean and disinfect multiple use equipment (i.e.: blood pressure cuffs), with facility approved disinfectant (WRHA, acute care policy, 2016)

**Terminal cleaning of the room completed in the morning,  
while the patient went to shower**

- Restricted activities on the unit (no group activities, volunteers)

#### VISITS ARE LIMITED TO IMMEDIATE FAMILY ONLY.

- There is a visitor limit of 2 visitors per patient at any time.
- Children may visit if they are immediate family. Children must be supervised by an adult at all times.

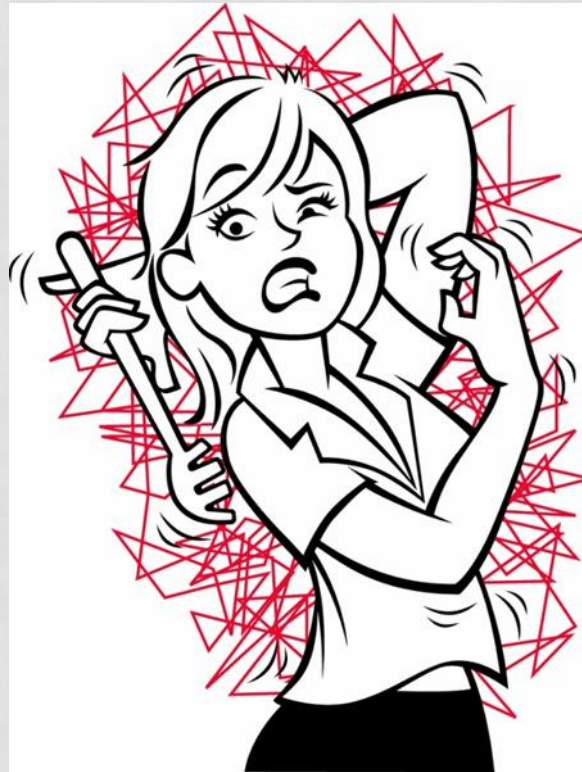
For any visitors who may present with a scabies-like rash, it is suggested they seek medical treatment and ask that they do not visit the hospital until the rash is assessed and treated if appropriate.

#### ALL VISITORS ENTERING THE UNIT MUST:

- Use the hand sanitizer or wash their hands at a sink when entering and leaving the unit.
- Follow the special signs/precautions listed on the door to the patient's/resident's room.
- Ask a staff member if you are unsure about the precautions or are visiting for the first time.

# WATCH AND WAIT: LET PEOPLE KNOW THEY MAY STILL HAVE SOME ITCHING EVEN AFTER TREATMENT

Avoid over  
treating – can  
cause skin  
concerns which  
in turn make you  
more itchy!



Work on  
diagnostics!

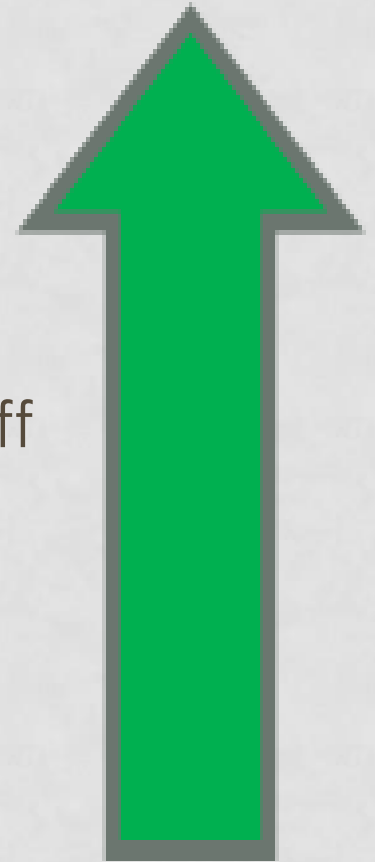
Watch for new  
rash developing!

**Some sources say up to 4 weeks!**

## ACUTE CARE SCABIES OUTBREAK

# UNIT RESPONSE - IMPACT REVIEW

- Dirty Linen, clean linen
- supplies (PPE, cleaning equipment)
- Staffing (HR involvement)
- cost (sick time, OT, supplies)
- communication to patients, families, staff  
different programs
- anxiety



# SUCCESSFUL INTERVENTIONS

- OESH coverage on the weekends
- Relying on a personal risk assessment to determine PPE choices after mass unit treatment
  - Each staff had a different level of comfort working on the unit after the mass treatment
  - Messaging:
    - Use PPE according to the signage posted on patient room doors
    - Use PPE according to your personal risk assessment BUT change that PPE for each use
      - CAN NOT wear the same PPE for all patients




# LESSONS LEARNED

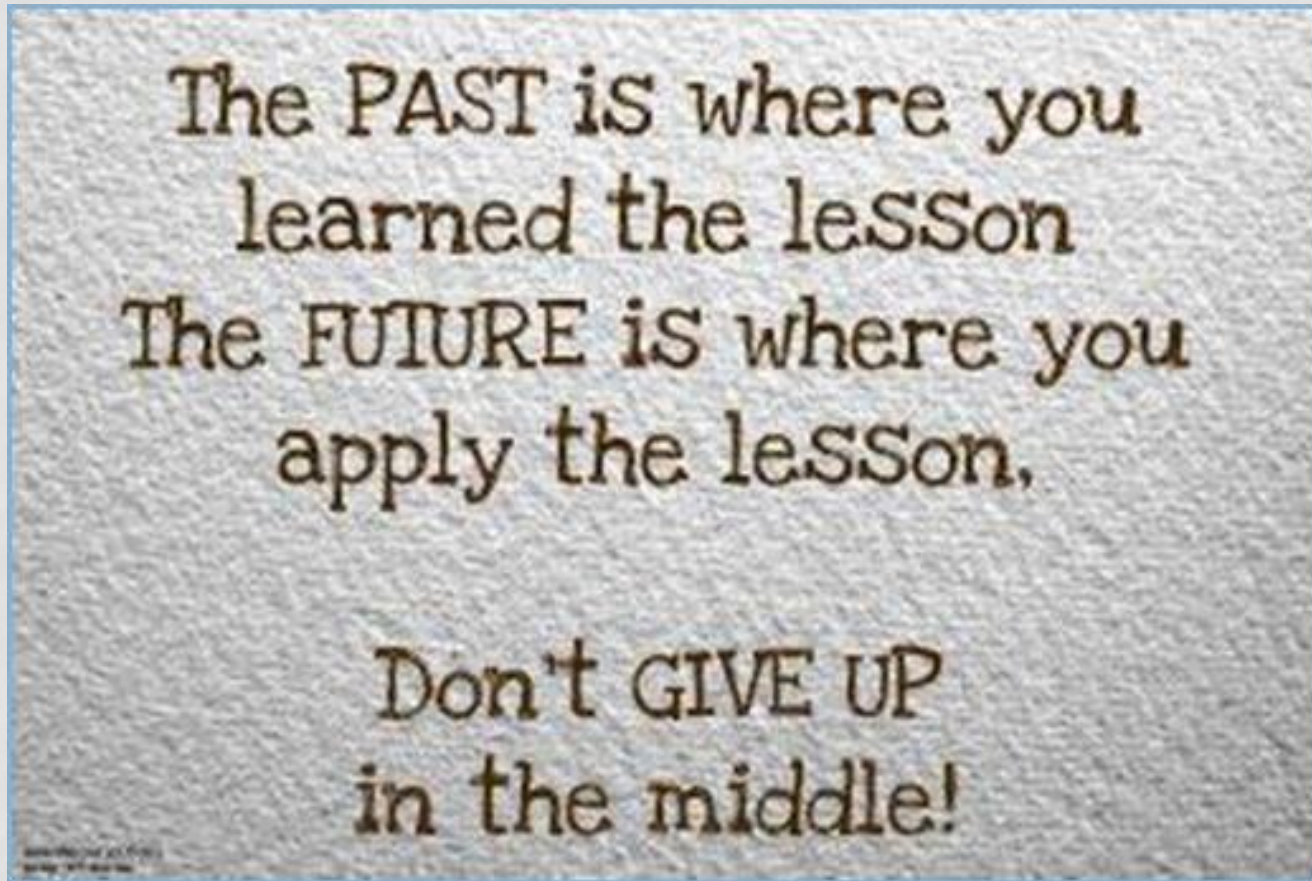
- Communicate prophylaxis plan early!
- Linen handling practices - review required
- Dedicating slings for patients in Acute Care
  - In progress from a recent equipment review
    - Dedicated for Additional Precautions consistently
- Diagnosis difficulties
  - Capacity for skin scrapings severely limited on site
    - **How sensitive is the test?**
  - Lack of a Fact sheet and pictures
    - **Aids to clinically diagnose?**
  - Familiarity/knowledge amongst staff lacking



# PERSONAL OBSERVATIONS

- Shower room – staff wearing rubber boots to shower patients = rash on feet and lower legs
- Didn't see many rashes on staff hands – **hand hygiene?** 
- Staff developed the rash first, then the patients started to get rashes
- Rashes are hard to diagnose!
- Many people have a rash of some sort if you go looking for it!!!! And they all needed a second look!
- Itchy skin after treatment causes a great deal of concern

# QUESTIONS



*Acknowledgment: Chantelle Riddle-Yarycky, WRHA Community IPC for sharing her Scabies presentation information*