



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PEDICULOSIS/PTHIRUS/SCABIES/BED BUGS

Effective Date: June 19, 2020

Policy: IC-18

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- I. PURPOSE:** To promptly diagnose and treat a patient who presents with pediculosis, pthirus, scabies, or bed bugs.
- II. POLICY:** To prevent, evaluate, and treat pediculosis/pthirus (lice), scabies, or bed bug infestations of patients and employees. Treatment can only be administered after an evaluation by nursing/medical staff.
- III. DEFINITIONS:**
 - A. Pediculosis:** Infestation with blood-sucking lice. *Pediculosis capitis* is infestation of the scalp with lice. *Pediculosis corporis* is infestation of the skin of the body with lice. *Pediculosis palpebrarum* is infestation of the eyelids and eyelashes with lice. Pthirus pubis (formerly called *pediculosis pubis*) is infestation of the pubic hair region with lice.
 1. *Pediculosis Capitis/Head Lice:* Head Lice are not known to transmit any disease and therefore are not considered a health hazard; however, secondary bacterial infection of the skin resulting from scratching can occur with any lice infestation.
 2. *Pediculosis corporis/Body Lice:* Intense itching (pruritus) and rash caused by an allergic reaction to louse bites are common symptoms of body lice infestation. As with other lice infestations, intense itching leads to scratching which can cause sores and secondary bacterial infection of the skin.

When body lice infestation is long lasting, heavily bitten areas of the skin can become thickened and darkened, particularly in the mid-section of the body. This condition is called “vagabond’s disease.”

Body lice are known to transmit disease (epidemic typhus, trench fever, and epidemic relapsing fever).
 3. *Pthirus pubis/Crab Lice Pubic:* **Pthirus pubis are not known to transmit any disease.** Itching (“pruritus”) in the pubic and groin area is the most common symptom of pubic lice infestation. As with other lice infestations, intense itching leads to scratching which can cause sores and secondary bacterial infection of the skin.

Visible lice eggs (“nits”) or lice crawling or attached to pubic hair, or less commonly other hairy areas of the body (eyelashes, eyebrows, beard, mustache, armpits, chest, back) are other signs of pubic lice infestation.

Persons infested with pubic lice should be evaluated for other sexually transmitted diseases (STDs).

- B. **Scabies:** Human scabies is caused by an infestation of the skin by the human itch mite (*Sarcoptes scabiei* var. *hominis*). The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs. The most common symptoms of scabies are intense itching and a pimple-like skin rash. The lesions are commonly located in between fingers, around wrists and elbows, axillary regions, and waistlines. The scabies mite usually is spread by direct, prolonged; skin-to-skin contact with a person who has scabies. Scabies can be complicated by secondary bacterial skin infections due to itching/scratching.
- C. **Bed Bugs:** Bed bugs are small, flat parasites which feed on the blood of hosts during sleep. They are experts at hiding and are commonly found in the folds of mattresses, sheets, luggage, folded clothes, and furniture. Bed bug bites look similar to flea or mosquito bites, and may either be in a straight line or in random areas. It may be hard to tell if bites are truly from bed bugs unless signs of an infestation are found, which include the exoskeleton of bed bugs, bugs found in the folds of mattresses and sheets, rust-colored blood spots on furniture or other surroundings, and a sweet musty odor. Bed bug bites do not typically pose a serious medical threat and affect people differently with some people presenting with mild symptoms whereas others may develop allergic reactions.

IV. RESPONSIBILITIES:

- A. **Medical Clinic Licensed Independent Practitioners:** Approving routine orders for pediculosis, pthirus, bed bugs and scabies.
- B. **Licensed Independent Practitioner:** Confirming the diagnosis and ordering appropriate treatment for pediculosis, pthirus, bed bugs and scabies.
- C. **Licensed Nursing Staff:** Assessing patients for pediculosis, Pthirus, bed bugs and scabies and completing treatment as ordered.

- V. **PROCEDURE:** If a patient is suspected to be infested with any form of pediculosis/pthirus/scabies/bed bugs, examination of the patient, personal belongings, and environment will be conducted without delay by the medical/nursing staff. The medical/nursing staff must verify the infestation before treatment can be initiated.

If a patient is positively identified as infected with pediculosis/pthirus/scabies/bedbugs, the following steps must be instituted:

- A. The Licensed Independent Practitioner confirms the diagnosis and orders the appropriate treatment or instructs the nurse to use the routine treatment.
- B. The patient will be isolated for contact precautions in a private room.
- C. The patient will be given clear instructions on proper use of the medication. There should be nursing supervision of the treatment procedure to ensure it is completed correctly, with assistance as needed. Specific monitoring for lice is as follows:
 - 1. Re-evaluate treatment effectiveness in 8-12 hours. If a few lice are still found but are moving more slowly than before, do not retreat. The medicine may take longer to kill all the lice. Comb dead and any remaining live lice out of the hair using a fine-toothed nit comb.
 - 2. If, after 8-12 hours of treatment, no dead lice are found and the lice seem as active as before, the medicine may not be working. Do not retreat, contact the Medical Clinic Licensed Independent Practitioner.
 - 3. After each treatment, checking the hair and combing with a nit comb to remove nits and lice every 2-3 days may decrease the chance of self-re-infestation. Continue to check for 2-3 weeks to be sure all lice and nits are gone.
- D. If nursing staff assists the patient, they must wear personal protective equipment, including but not limited to gown, gloves, and head coverings. The used personal protective equipment should be removed before leaving the patient areas, placed in a red bag, sealed and disposed of in the biohazard waste.
- E. Environmental cleanup and application of the medication should be combined with the cleaning of recently worn clothing, bedding, furniture, combs, and headgear. The patient should be involved in the environmental cleanup as much as physically possible, as long as it does not interfere with the patient's treatment program.
- F. Contaminated laundry and personal items must be sent to the laundry per MSH policy IC-07, Infection Control-Care of Contaminated Articles.
- G. The bathroom where the application of the medication occurred is immediately cleaned following treatment. Cleaning includes washing down the room with hospital strength disinfectant and rinsing with hot water.
- H. The floors, chairs, couches, and any other vacuumable surfaces contacted by the infested patient are thoroughly vacuumed by housekeeping/nursing staff or washed with hospital strength disinfectant and hot water.
- I. The nursing staff will explain to the patient that after effective treatment, the patient may experience persistent pruritus (itching), and this is not a sign of treatment failure.

- J. The nursing staff will document on the patient's chart all procedures completed with the patient concerning the identification and treatment of the pediculosis/ptirus/scabies/bed bugs, along with documentation on the Medication Administration Record (MAR) of the medication used for treatment.

VI. REFERENCES:

- A. Centers for Disease Control (2020). *Parasites*. <https://www.cdc.gov/parasites/>
B. Heymann, D.L. (2008). *Control of Communicable Diseases Manual* (19th ed.). American Public Health Association.
C. MSH policies: IC-03, *Exposure Control Plan*; IC-11, *Guidelines for Isolation Precautions Policy*; IC-07, *Infection Control – Care of Contaminated Articles of Clothing and Linen*.

VII. COLLABORATED WITH: Director of Nursing, Medical Clinic, Medical Director.

VIII. RESCISSIONS: 9-25-14 IC-18, *Pediculosis/Scabies* dated September 5, 2014; IC-18, *Pediculosis/Scabies* dated February 19, 2010.

IX. DISTRIBUTION: All hospital policy manuals and exposure control plan manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Infection Control Nurse.

XII. ATTACHMENTS: None.

Signatures:

Kyle Fouts
Hospital Administrator

Thomas Gray, MD
Medical Director