

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PREVENTION, TREATMENT AND CONTROL OF
BED BUGS, LICE AND SCABIES

POLICY NO. 480A

PURPOSE:

To provide guidelines for response following the identification of bedbugs, lice or scabies in patient care areas.

POLICY:

Bedbugs, lice, and scabies shall be mitigated and controlled upon identification. Upon identification, workforce member will implement established processes as indicated below.

PROCEDURE:

A. Upon identification of bedbugs, lice or scabies:

- Notify area Manager/Supervisor:
 - For Bedbugs: also notify Environmental Services (EVS), Environmental Safety and Infection Prevention and Control.
 - Any specimens (suspected bedbugs) should be collected in a sealed specimen container and presented to Pest Control for positive identification. The specimen container should include the patient’s name and medical record number, if applicable.
 - EVS manager will contact Pest Control for an inspection. If extermination is needed, the EVS Director will obtain Administration’s approval for services.
 - For Lice or Scabies:
 - Notify patient’s primary MD.
 - Notify Infection Prevention and Control if suspected outbreak of lice or scabies (including any single or multiple cases of crusted (or Norwegian) scabies).

B. Management of Inpatients:

- Patients should only bring necessary personal items into the hospital. Clothes, blankets, luggage, bags and other possessions that are not essential during a patient’s stay need to be left at home. Items should be placed in a plastic bag and given to family to take home.
- Place patients with suspected or known lice or scabies (but not bed bugs) in **Contact Precautions**.

EFFECTIVE DATE: 5/12

SUPERSEDES:

REVISED: 7/15, 3/16, 1/18

REVIEWED: 7/15, 3/16, 1/18

REVIEW COMMITTEE:

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Patricia Soltero Sanchez, RN, BSN, MAOM
Chief Nursing Officer

Signature(s) on File.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PREVENTION, TREATMENT AND CONTROL OF BED BUGS, LICE AND SCABIES **POLICY NO. 480A**

- See the CDC "*Organism and Condition-Specific Isolation*" link on the Department of Infection Prevention and Control intranet site for more information.
- Educate the patient that s/he has been exposed to bedbugs, lice or scabies. Advise patient to notify other household (family) members, if any, that they may also have been exposed. Educate the patient on the likelihood that the parasites may have been acquired from the home environment so appropriate actions (described below) can be taken, if needed.
- Place patient's purse and/or wallet in plastic bag and securely tie bag. Other personal belongings such as clothing, blanket, etc. must be placed in another plastic bag (double plastic bag), securely tied and sent home with family. Instruct family to launder belongings in hot water and machine dried; dry clean; or discard clothing (secured in a sealed plastic bag). If the patient has no family, inform patient that you have separated out his/her wallet and purse from his other items and obtain patient's permission to discard/incinerate the other bag since the items may be infested. Nursing staff may contact Social Services Department or Volunteer Services for replacement clothing prior to discharge.
- Patient is to wear hospital attire only while in the facility.
- All belongings will remain in tied double plastic bags until the patient is discharged. Patient should be strongly discouraged from entering the bag with personal items while in the healthcare facility unless there is no other alternative (e.g. need items from wallet).
- Start treatment of infested individual as soon as diagnosed – in the Emergency Department, if possible.
 - Bedbugs:
 - Shower/bathe patient to remove any bedbugs that may be on the patient.
 - Immediately transfer patient to another room to allow for cleaning of the potentially infested room. No further precautions are necessary.
 - Medical equipment (wheelchairs, IV stands, etc.) and beds should not be moved to the new room unless they can be verified as not containing any bed bugs.
 - Lice:
 - Shower/bathe patient to remove any lice that may be on the patient.
 - Apply pediculicide (with repeat treatments as needed) as instructed by physician.
 - For head lice: do not use a combination shampoo/conditioner or conditioner immediately prior to treatment. Do not rewash the hair for 1-2 days after lice medicine is removed.
 - Removal of nits with fine-tooth comb is not necessary after successful treatment with a pediculicide, but may be done for aesthetic reasons, or to reduce diagnostic confusion and the chance of unnecessary retreatment.
 - Scabies:
 - Apply treatment as instructed by physician.
 - Crusted (**Norwegian**) scabies is highly transmissible. Contact Precautions in a single-bed room is required, including gown, gloves and shoe covers. Consider assigning a dedicated cohort of caretakers to care only for patients with crusted scabies. Visitors should be limited, and use the same Contact Precautions as staff. The patient's room should be cleaned and thoroughly disinfected, and bedding and clothing either disposed of, or laundered using hot water and dryer cycles. All staff,

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PREVENTION, TREATMENT AND CONTROL OF BED BUGS, LICE AND SCABIES **POLICY NO. 480A**

volunteers and visitors who may have been exposed to a patient with crusted scabies or to clothing, bedding or furniture used by such a patient, should be identified and evaluated for treatment on the recommendation of a physician.

C. Management of the Environment:

- Never remove any items from an infested room before inspection and/or treatment. This will help prevent relocating insects to other areas of the unit.
 - Bedbugs:
 - If bedbugs are suspected EVS will call the hospital's approved licensed pest control vendor.
 - Upon confirmation of bedbugs the patient(s) will be transferred out of the room, and the room is to be shut down.
 - Pest Control will treat the suspected infested area with appropriate pesticide agents.
 - Any infested furniture must be plastic wrapped and discarded by Facilities Management after it has been thoroughly treated by Pest Control.
 - After treatment by the pest control vendor, standard EVS terminal cleaning and disinfection should be performed (see below).
 - Rooms that have been serviced for bed bugs should be rescheduled for follow-up inspection, re-serviced as needed, and kept off line until the bed bugs have been successfully controlled.
 - Affected rooms and adjacent rooms should be inspected for 2-3 months to ensure that no isolated pockets of bed bugs remain.
 - Lice:
 - Lice do not survive long in the environment; standard EVS terminal cleaning and disinfection may be performed at the discretion of the nursing staff depending on the extent of the infestation; it is not required.
 - Scabies:
 - Standard EVS terminal cleaning and disinfection procedures may be performed at the discretion of the nursing staff depending on the extent of the infestation; it is not required. **Note: if crusted scabies was present terminal cleaning should be performed as noted above.**
 - Clean the room of patients with crusted scabies regularly to remove contaminating skin crusts and scales that can contain many mites.
- Upon completion of inspection and/or treatment, EVS will terminally clean the room as per Hospital Policy #478 - *Cleaning 7-Step Cleaning Procedures*.
- EVS will follow Contact Precautions while providing terminal cleaning of the room.
- Once terminal cleaning is completed, EVS will notify nursing unit manager/designee to let them know the room is available for regular use.

D. Management of Ambulatory Care / Outpatient Clinics:

- Upon suspicion of bedbugs, lice or scabies, notify area manager.
 - If bedbugs are suspected, notify EVS and Infection Prevention and Control. Any specimens should be collected in a sealed specimen container, labeled with patient name and medical

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PREVENTION, TREATMENT AND CONTROL OF BED BUGS, LICE AND SCABIES **POLICY NO. 480A**

record number. The EVS manager will contact licensed approved pest control vendor, and provide them the sealed container.

- After treatment by the pest control vendor, standard EVS terminal cleaning and disinfection should be performed.
 - Rooms that have been serviced for bed bugs should be rescheduled for follow-up inspection, re-serviced as needed, and kept offline until the bed bugs have been successfully controlled.
 - Affected rooms and adjacent rooms should be inspected for 2-3 months to ensure that no isolated pockets of bed bugs remain.
- Patient should be given a yellow isolation gown to wear over clothing and instructed to wear the gown as long as they are in the clinic.
 - Any personal belongings such as purses, fanny packs and backpacks should be placed in a tied double plastic bag until the patient leaves the building.
 - Patient will remain in only one clinic exam room until they are discharged from the clinic. EVS will perform terminal cleaning after the patient leaves the room.
 - If bedbugs, the clinic exam room will be treated by Pest Control prior to terminal cleaning.

References:

- 1) CDC - Bed Bugs - Frequently Asked Questions (FAQs) www.cdc.gov/parasites/bedbugs2) CDC - Lice – Resources for Health Professionals <http://www.cdc.gov/parasites/lice>
- 3) CDC - Scabies – Resources for Health Professionals http://www.cdc.gov/parasites/scabies/health_professionals/institutions.html
- 4) National Pest Management Association Guidelines: “Response to Bed Bugs in Medical Facilities”