

# Apotex 3GS Scabies Outbreak

## Final Control Measures

### CASE DEFINITION

Any client or staff presenting with a new rash that is consistent with the distribution pattern of scabies, which may or may not be accompanied by itching or other symptoms (e.g. skin irritation, burrows).

### SURVEILLANCE

1. Provide head-to-toe assessment for new clients presenting with a new rash, with or without itching;
2. Initiate active surveillance for clients (IPAC) and staff (OHS) across all units of the nursing home;

### SIGNAGE, ADDITIONAL PRECAUTIONS, & TREATMENT

3. Place suspected/confirmed cases on Contact Precautions with signage on the doors;
4. Contact Precautions can be discontinued 24 hours after application of treatment/prophylaxis;
5. Post outbreak signage on unit entrance doors & keep them shut for the duration of the outbreak;
6. Post a printed copy of the Control Measures at the nursing station;
7. Provide simultaneous treatment to suspected/confirmed cases;
8. Provide prophylaxis to exposed contacts (all 3GS residents and staff);

### ACCOMMODATION, COHORTING & ROOM RESTRICTIONS

9. Restrict suspected/confirmed cases to their rooms for the duration of Contact Precautions;
10. Use dedicated mobile equipment in the rooms of confirmed/suspected cases, when possible;
11. Disinfect mobile equipment that cannot be dedicated, using disinfectant wipes;

### APPOINTMENTS, LEAVES OF ABSENCE & GROUP ACTIVITIES

12. Determine whether clients' medical appointments should be kept, at the discretion of MRPs;
13. Schedule appointments end of day, if possible. Notify transport personnel and the receiving facility;
14. Organize recreational group activities for 4-5 well clients at a time only in the TV lounge and/or dining room;
15. Schedule recreational group activities at end of day and after activities for non-outbreak units;
16. Restrict clients from the outbreak unit from participating in any communal recreational group activities taking place outside the unit;

**STAFF, PRIVATE & ESSENTIAL CAREGIVERS, STUDENTS, VOLUNTEERS, AND VISITORS**

17. Restrict symptomatic staff from working on the unit, staff to report to OHS for assessment and treatment;
18. Household members of symptomatic staff should be assessed by their family physician;
19. Restrict private caregivers, students, and volunteers from working on the affected unit until proof of scabicide prophylaxis/treatment is provided;
20. Permit visitors on the unit, gowns and gloves to be worn if visiting suspected/confirmed cases;
21. Visitors with exposure to suspected/confirmed cases should be notified and assessed by their family physician and treated, if applicable;

**ENVIRONMENTAL CONTROL**

22. Rooms of suspected/confirmed cases to be cleaned/disinfected daily while on precautions;
23. Use gloves and gowns when cleaning the rooms of affected clients;
24. Bag, label, and launder personal items (bedding, clothing, towels) used in the past 72 hours on hot cycle;
25. Bag personal items that cannot be laundered for 1 week;
26. High touch surfaces and fabric items that cannot be laundered or bagged should be treated with steam instead;
27. Provide clean bedding immediately after topical scabicide application and the following day after the wash-off;
28. Staff and private caregivers will receive detailed instructions on how to manage the environmental aspects of scabies prevention and control in their households.