

Apotex 6GS 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 6GS 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.