NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES POLICY AND PROCEDURE

SUBJECT:	TREATMENT AND MANAGEMENT OF SCABIES INFESTATION	PEDICULOSIS (LICE) AND
NUMBER:	NN-IC-10	Page 1 of 6
ORIGINAL	DATE: 01/09/90	
	EVISE DATE: 12/09/92, 06/15/95, 07/10/97, 07/22/09, 5/17/12	04/23/98, 06/24/99, 08/07/03,
APPROVAL	_:Cody L. Phinney, MPH	, Agency Director
I. PURP	OSE	
scabie	To establish a procedure and protocol to identify, treat, and control pediculosis and scabies infestations as may occur at Northern Nevada Adult Mental Health Services (NNAMHS).	

II. POLICY

NNAMHS will provide prompt treatment for consumers with pediculosis and scabies infestations.

III. REFERENCES

- 1. Drug Information for the Health Care Professionals, 2005.
- 2. Center for Disease Control in Atlanta, Georgia

IV. DEFINITIONS

- 1. Pediculus humanus Head lice or body lice.
- 2. Pediculus pubis Pubic lice or crab louse.
- 3. Sarcoptes scabiei Scabies mite.

V. PROCEDURE

1. Examination

- a. Each consumer will be examined by the nursing staff for the presence of infestation upon admission.
- b. Infestation can be identified by:
- i. Lice set up housekeeping in clothing, and live among body hairs, especially in the scalp and genital area. Scabies are caused by mites that tunnel under the skin. Both lice and mites cause intense itching and are spread primarily by skin-to-skin contact. They can also spread by their presence or the presence of their eggs on articles of clothing, towels, pillows, bed linens, and other intimate articles used by a person afflicted with an infestation.
- ii. Look for signs of lice, scabies (small red dots), or mites (tiny white or grayish lumps) on hairs or dark burrow marks often between the fingers or on the arms, legs, or chest areas.
- iii. Adult head and body lice appear as dirty white or grayish specks; nits as dandruff-like particles on hair.
- iv. Pubic lice may cause bluish maculae on the thighs or trunk.

2. Treatment

- a. It is important to treat the consumer immediately to prevent contamination of our consumer areas and to prevent spread to other consumers and staff.
 Make entries on the consumer's problem list and the treatment plan.
- b. There are several products currently available for treatment in our pharmacy. These are listed in the NNAMHS Formulary, Therapeutic Classifications,

- section 84:04.12, "Scabicides, and Pediculicides". The admitting physician will select and order the product preferred for treatment in each case.
- c. Each of these products has special considerations to keep in mind and special actions to be taken in its direct application on the body of any consumer. It is therefore important to refer directly to the product package insert and follow those instructions.
- d. Special circumstances need particular attention and consideration. Some consumers are known to be allergic to these medications. Some of these medications are contraindicated in the presence of a seizure disorder. Some of these medications must be used with caution in the presence of pregnancy. Therefore a proper history must be obtained, recorded, and referenced for appropriate selection and administration of medication.
- e. Staff must supervise each step of the treatment process and consumers must never be left alone to use these medication products on their own.
- f. Sexual partners have a high risk for infestation. Sharing clothing, bed linens, towels, combs, and brushes risks exposure to infestation. Consumers, family members, significant others and staff need to be advised, counseled, monitored and educated to reduce the risks of infestation and referred for treatment when appropriate.
- g. Bed linens, towels, pillows, and clothing need to be bagged in the "Solu bags" and then placed in a heavy-duty bag with a label identifying the probable pest. Notify the Housekeeping supervisor for an emergency laundry pick-up. Bedclothes, towels, clothes, and pillows must all be treated prior to reuse by a treated consumer to prevent re-exposure.
- h. Combing the hair with a special very fine toothed comb is a component of the initial treatment process. The spaces between the teeth of these combs are narrow enough to entrap and remove the lice and eggs. Use of these combs alone is never sufficient; they are to be used in addition to medications. The combs are available in the NNAMHS Warehouse. Use them to comb a small

- section at a time. Use repeated strokes to remove all eggs. Once used, they are contaminated and are not to be reused; discard as biohazard waste.
- 3. In outpatient services, if an infestation is discovered, the consumer will be educated with a handout, which is the appendix to this policy. Housekeeping will be notified to decontaminate the area prior to another consumer's use.

Treatment of Lice and Mites

The following products and regimens have been approved by the Infection Control Committee for treatment of Pediculosis and Scabies.

RECOMMENDED REGIMEN FOR PEDICULOSIS (LICE): Permethrin 1% lotion available as Nix Crème Rinse.

- 1. For the treatment of pediculosis capitis (head lice) or pediculosis pubis (crab lice) infestations, about 30 to 60ml of permethrin 1% lotion (crème rinse) is applied to a washed and towel-dried hair and allowed to remain for 10 minutes, then rinsed with water. Alternatively for pediculosis pubis, the 1% lotion may be allowed to remain overnight before rinsing.
- 2. For pediculosis capitis, a sufficient amount of the drug should be applied to thoroughly saturate the hair and the scalp, including the areas behind the ears and the nape of the neck. Although one treatment with permethrin usually is successful, treatment may be repeated with permethrin after 7 to 10 days if lice or nits are detected at the hair-skin junction; another alternative would be to give a second treatment routinely after 7 days to achieve maximum results.
- 3. For pediculosis pubis, a sufficient amount of permethrin 1% lotion (crème rinse) should be applied to thoroughly saturate the pubic and other affected areas.

Routine retreatment after 7 to 10 days is acceptable. For infestation of the eyelashes with pubic lice the CDC recommends treatment with an occlusive ophthalmic ointment (e.g. petrolatum).

4. A fine-toothed comb often is recommended to remove any remaining nits or nit shells.

RECOMMENDED REGIMEN FOR SCABIES

- 1. Bathing or showering before applying permethrin 5% cream is not recommended.
- 2. For the treatment of scabies, a thin layer of permethrin 5% cream should be applied uniformly and massaged gently and thoroughly into all skin surfaces (entire trunk and extremities) form the neck to the toes (including the soles of the feet). Scabies rarely infest the scalp of adults, but the hairline, neck, temples, and forehead may be infested in geriatric consumers, and therefore permethrin should be applied to the entire head and neck including the scalp, temples, and forehead of such consumers. Apply the cream to all skin folds (e.g., between the toes and fingers, the cleft of the buttocks, in the folds of the waist or wrist). The cream should be brushed under the fingernails and toenails; a toothpick also may be used to apply the cream in these areas. If the cream is removed before the end of the treatment period (e.g., hand washing), additional cream should be applied to the area. The cream should be washed off (by showering or bathing) after 8 to 14 hours. Usually 30gm of cream is sufficient to treat an average adult.
- 3. One application of permethrin 5% creams is usually successful in eradicating scabies. The consumer should be reexamined at 2 and 4 weeks following treatment. If the consumer is not clear of new lesions at either examination, it should be considered a treatment failure; such treatment failures may be secondary to failure to treat all exposed individuals or failure to apply the drug properly. If the consumer is clear of new lesions when examined at 2 weeks, but has new lesions at 4 weeks, it should be considered a re-infestation rather than a treatment failure.

- 4. Permethrin has been recommended as a scabicide of choice in institutional outbreaks of scabies.
- 5. Consumers with Norwegian scabies often require multiple treatments.

ADVERSE EFFECTS

- 1. Mild and transient burning and stinging are the most common adverse effects.
- 2. Pruritus also is a frequently reported adverse effect. Oral antihistamines and/or topical corticosteroids may be used to help relieve itching.
- 3. Skin redness, numbness, tingling, and rash have been reported in 1 to 2% of consumers
- 4. Permethrin has not been associated with phototoxic or photosensitization reactions.

PRECAUTIONS AND CONTRAINDICATIONS

- 1. Contact with the eyes should be avoided during the application of permethrin since ocular irritation may occur. If accidental contact with the eyes occurs, the affected eye(s) should be flushed thoroughly with water.
- 2. Avoid contact of the 1% lotion with mucous membranes such as inside the nose, mouth, or vagina.
- 3. Contraindicated in patients with a history of hypersensitivity to the drug or any components in the respective formulation.

PREGNANCY, FERTILITY AND LACTATION

- Permethrin 5% cream is the scabicide of choice in pregnant and lactating women for the treatment of scabies. Permethrin is also recommended for the treatment of pediculosis in such women.
- 2. It is not known whether permethrin is distributed in human milk. A decision should be made whether to discontinue nursing temporarily or withholding the drug while the mother is nursing, taking into account the importance of the drug to the woman.