

Long-Term Care Survey Alert

Infection Control: Resident Got a Rash? Stay a Step Ahead of This Contagious Condition

Know the telltale signs and incubation period.

A scabies outbreak can be difficult to get under control, which is why you need to keep this potential problem on your infection control watch list.

First step: Be on the lookout for symptoms. The most commonly seen ones are "intense itching and a pimple-like skin rash," notes the Centers for Disease Control & Prevention's online information about scabies (www.cdc.gov/parasites/scabies/disease.html).

Patients may experience severe pruritis at night, says dermatologist **Robert Norman, MD**, in Tampa, Fla.

You can sometimes see tiny burrows on the skin due to the "female scabies mite tunneling just" under the skin's surface," the CDC notes. "These burrows appear as tiny raised and crooked (serpiginous) grayish-white or skin-colored lines on the skin surface."

In some cases, adds **James Marx, RN, MS, CIC**, "it's very clear that you're looking at scabies as you can see the track formation. But that's not the case the majority of the time."

Norwegian or crusting scabies tends to resemble eczema, says Marx, principal of BroadStreet Solutions in San Diego, Calif. People with this form of scabies have "such a huge proliferation of mites that crusts form."

Not only that: Norwegian scabies, which occurs in the elderly and immunocompromised people -- or those who don't know they itch or can't scratch themselves -- is very contagious, the CDC document cautions.

Don't Let the Incubation Period Fool You

People who have had scabies previously will develop symptoms one to four days after being exposed to the mite, according to the CDC publication. But you may not see symptoms for two to six weeks in people who have not had scabies before. Yet, even though the person is asymptomatic, he can still transmit the mites, the CDC notes.

Key clue: "Scabies doesn't discriminate between residents and staff, so if only residents have rashes, it's not likely to be scabies," Marx counsels.

Ensure Proper Dx and Rx

To diagnose scabies, a dermatologist does a scraping and performs a microscopic exam to identify mites or fecal material from the mites, says Marx.

When used correctly, topical treatment can get rid of the mites and eggs. To treat adults and older children, apply "scabicide cream or lotion to all areas of the body from the neck down to the feet and toes," the CDC online information instructs. Follow the product's directions for how long to leave the medication on the person's body before washing it off.

Resource: For a review of the treatment options, go to www.cdc.gov/parasites/scabies/health_professionals/meds.html.

Use Appropriate Infection Control

Handwashing can help prevent spread of scabies, says Norman. In addition, keep infected patients away from non-

infected patients and staff, and use contact isolation, advises nursing home medical director **Daniel Haimowitz, MD, CMD**, in Levittown, Pa. Wash clothes, towels, and linens in very hot water or put them in a closed bag for seven to 10 days, he adds.

2 tips: Haimowitz has found that asking an infection control nurse or consultant, if available, for input about scabies can reassure the nursing staff and the facility's administration. Also educate staff and residents' families about scabies, advises Haimowitz. Norman notes that visitors can be the source of scabies in some cases.