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|  <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p> | <b>DAI Policy #:</b> 500.60.14                                  | <b>Page</b> 1 of 5                     |
|  | <b>Original Effective Date:</b><br>10/28/11                     | <b>New Effective Date:</b><br>08/31/20 |
|  | <b>Supersedes:</b> 500.60.14                                    | <b>Dated:</b> 04/08/19                 |
|  | <b>Administrator's Approval:</b> Makda Fessahaye, Administrator |  |
| <b>Required Posting or Restricted:</b>   |   |  |
| <input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>  |   |  |
| <b>Chapter:</b> 500 Health Services  |   |  |
| <b>Subject:</b> Ectoparasite Control   |   |  |

**POLICY**

All Division of Adult Institution facilities shall promptly identify and treat suspected Ectoparasite (e.g., lice and scabies) cases to prevent infestations from spreading within the correctional setting.

**REFERENCES**

Standards for Health Services in Prisons, National Commission on Correctional Health Care 2018, P-B-02– Infectious Disease Prevention and Control  
Centers for Disease Control – [www.cdc.gov/parasites/lice](http://www.cdc.gov/parasites/lice)  
Centers for Disease Control – [www.cdc.gov/parasites/scabies](http://www.cdc.gov/parasites/scabies)

**DEFINITIONS, ACRONYMS AND FORMS**

Advanced Care Provider (ACP) – Provider with prescriptive authority.

BHS – Bureau of Health Services

CDC – Centers for Disease Control

DOC – Department of Corrections

DOC-3220 – Refusal of Recommended Health Care

DOC-3504 – Infection Control: Patient and Employee Precautions

HSU – Health Services Unit

POC-0040B – Infection Control – Housekeeping/Laundry

**PROCEDURES****I. General Guidelines**

- A. All patients shall be assessed during intake health screening by health care personnel for evidence of ectoparasite infection.
- B. Routine delousing for all individuals on intake or transfer is not recommended.
- C. Any patient who identifies themselves, or are identified by correctional staff, as infested shall be referred to HSU.

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1. HSU shall assess patient as soon as possible.
2. An ACP shall assess, diagnose (including skin scrapings for confirmation) and treat based on findings.
3. Nursing staff shall educate patients regarding treatment and self-care measures for eradication of ectoparasites.
4. Roommates and close contacts shall be evaluated for signs and symptoms of infestations.

D. A follow-up is necessary with HSU until patient is cleared.

## II. Scabies

- A. Patient does not require segregation from general population.
- B. Patient shall shower before applying the topical medication to their cool, dry skin from the neck down paying special attention to creases in the skin, hands, feet, between fingers and toes, under fingernails, underarms, behind the ears and groin.
- C. Cream shall be left in place for 8-14 hours.
- D. Patient shall reapply cream to hands after going to the bathroom and to feet when he goes to bed.
- E. A set of clean clothes and linens shall be issued after the cream is applied.
- F. All DOC clothing and linens in the patient's possession shall be placed in a yellow linen bag and sent to the institution laundry to be laundered in hot water and dried in a hot dryer.
- G. All Personal clothing shall be placed in a yellow linen bag that has been labeled with patient's name, DOC number, housing unit and sent to the institution laundry to be laundered in hot water and dried in a hot dryer.
- H. Items, such as boots, shower shoes, etc. that cannot be laundered shall be placed in a plastic bag.
  1. Label bag with patient's name, DOC number and the housing unit.
  2. Label shall also include date items were placed in the bag and date when items can be returned to patient for use.
  3. Items shall be secured in a locked room for two weeks.
  4. Patient shall not be allowed to retrieve anything from the secured bag before the two weeks is up.
- I. Patient rooms shall be washed down with disinfectant cleaner during treatment.

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- J. Patient shall shower after 8-14 hours, and change bed linens and put on another set of clean clothes.
- K. Itching may continue for 2-3 weeks and does not mean the patient is still infested.
- L. A second treatment may be repeated in one week per ACP order.
- M. Initiate DOC-3504 and POC-0040B and review with staff.
- N. Notify Warden/Superintendent, Nursing Supervisor/designee and facility infection control nurse for all confirmed or suspected cases.
- O. Notify BHS if there is an outbreak (two or more cases).

### **III. Lice**

- A. Patient does not require segregation from general population.
- B. Patient shall apply lice shampoo to infested area until it is thoroughly wet.
  - 1. Massage shampoo in and leave on for 10 minutes.
  - 2. Wash hair with soap and water to remove lice shampoo.
  - 3. A second treatment may be repeated in one week per ACP order.
- C. Patient shall use a fine tooth comb to remove nits.
- D. A set of clean clothes and linens shall be issued after lice treatment is complete.
- E. All DOC clothing and linens in the patient's possession shall be placed in a yellow linen bag and sent to laundry to be laundered in hot water and dried in a hot dryer.
- F. Personal clothing shall be placed in a yellow linen bag that has been labeled with patient's name, DOC number and the housing unit and sent to the institution laundry to be laundered in hot water and dried in a hot dryer.
- G. Items which cannot be laundered (e.g., boots, shower shoes) shall be placed in a plastic bag.
  - 1. Label bag with patient's name, DOC number and the housing unit.
  - 2. Label shall also include date items were placed in the bag and date when items can be returned to patient for use.
  - 3. Items shall be secured in a locked room for two weeks.
  - 4. Patient shall not be allowed to retrieve anything from the secured bag before the two weeks is up.
- H. Spray bed with lice spray (available through Central Pharmacy).

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- I. Initiate DOC-3504 and POC-0040B and review with the patient and staff.
- J. Notify Warden/Superintendent, Nursing Supervisor/designee and facility infection control nurse for all confirmed or suspected cases.
- K. Notify BHS if there is an outbreak (two or more cases).
- L. Evaluate the patient's condition one week after treatment to determine if additional treatment is indicated.

**IV. Non-Adherence**

- A. If the patient refuses to adhere to the treatment and preventative measures:
  - 1. Reason for non-adherence shall be investigated.
  - 2. Patient counseling and education shall be provided.
  - 3. Refusal shall be documented on DOC-3220.
- B. Housing considerations to be reviewed by the HSU.

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Michael Rivers, Director of Administration

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Paul Bekx, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Makda Fessahaye, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| <b>Facility:</b> Name  |                                     |                    |
| <b>Original Effective Date:</b>  | <b>DAI Policy Number:</b> 500.60.14 | <b>Page</b> 5 of 5 |
| <b>New Effective Date:</b> 00/00/00  | <b>Supersedes Number:</b>           | <b>Dated:</b>      |
| <b>Chapter:</b> 500 Health Services  |                                     |                    |
| <b>Subject:</b> Ectoparasite Control   |                                     |                    |
| <b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation |                                     |                    |
| <b>Warden's/Center Superintendent's Approval:</b>  |                                     |                    |

**REFERENCES****DEFINITIONS, ACRONYMS AND FORMS****FACILITY PROCEDURE**

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. Inmate

III. Other