State of Iowa Department of Corrections

Policy and Procedures

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Responsibility: Dr. Michael Riley
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Authority:

1. PURPOSE

To outline procedures for treating Ectoparasite infestation.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to diagnose, treat, and prevent Ectoparasite infestation in the correctional setting.

CONTENTS

A. Head Lice

B. Body Lice

C. Scabies

D. Additional Protocol

3. DEFINITIONS - As used in this policy:

Ectoparasite - Parasites, such as pediculosis and scabies that live on or within the skin and are communicable and may lead to secondary infections.

Pediculosis - Pediculosis may be caused by any of three organisms, Pediculus humanus var. capitis (head), Pediculus humanus var. corporis (body) and Phthirus pubis (pubic "crabs"). Diagnosis is based on pruritis, which is localized for head and pubic lice and generalized for body lice. The presence of lice and/or nits (eggs or larvae) confirms a diagnosis. If pubic lice are found, the head should be examined to determine the presence of nits on the scalp, eye lashes, eyebrows or mustache.

Scabies - Infestation of the skin caused by the mite Sarcoptes scabiel var. hominis. A presumptive diagnosis may be made from the burrows which appear as grayish-black lines from one to ten mm. in length, although they are frequently not evident. Although the burrows can be found in any location, there may be a distinct pattern which in adults involves the webbing between the fingers, the flexor aspect of the wrists, gluteal folds and/or feet. Secondary lesions from scratching may disguise the burrows. Itching is a major complaint.

4. PROCEDURE

A. Head Lice: For treatment of head lice, the patient should be instructed to shower and wash their hair with shampoo, rinse it with water, and towel dry the hair before coming to health services. Patients should NOT use cream rinse, combination shampoo/conditioner products, or conditioner during their shower/shampoo. A sufficient volume of pediculicide is applied in health services to saturate the hair and scalp. The product should remain in the hair and on the scalp for the length of time recommended by the manufacturer before rinsing the pediculicide out with water only. Clean clothing and linen should be given to the patient following treatment.

1. For the treatment of head lice, explain the *Lice and Scabies Protocol/Officer Checklist*, **HSF-902**, to the patient and give the form to the patient's living unit officer.

2. The pediculicide (Permethrin 1% Lotion) should remain in the hair and on the scalp for per manufacturer's recommendation.

3. A fine-toothed comb to mechanically remove lice and/or nits (eggs).

4. Patients should not wash their hair using any regular shampoo products for two days after rinsing the pediculicide from the hair. The patient should comb through his/her hair, using the fine-tooth comb, to remove any lice

and/or nits every two to three days after the initial treatment until followed up.

B. Body Lice: For treatment of body lice, the patient is instructed to shower before coming to health services. The pediculicide will be applied to the body from the neck downward and allowed to soak in for the length of time recommended by the manufacturer before putting clothing back on. This is followed by a second shower. Clean clothing and linen should be given to the patient following treatment and again following the second shower.

1. For the treatment of body lice, explain the *Lice and Scabies Protocol/Officer Checklist*, **HSF-902**, to the patient and give the form to the patient's living unit officer.

2. The pediculicide (Permethrin 5% Cream) is left on for eight hours followed by a second shower.

3. If eyebrows and/or eyelashes are affected, white petrolatum gel may be applied to areas twice daily for eight days followed by removal of nits.

C. Scabies: For treatment of scabies, the patient is instructed to shower before coming to health services. The scabicide is applied to the body from the neck downward, including the soles of the feet and allowed to soak in for 10 minutes before putting clothing back on. This is followed by a second shower. Clean clothing and linen should be given to the patient following treatment and again following the second shower. Itching persisting for 1-2 weeks after treatment should not be regarded as a sign of drug failure or re-infestation.

1. For treatment of scabies, explain the *Lice and Scabies Protocol/Officer Checklist*, **HSF-902**, to the patient and give the form to the patient's living unit officer.

2. The scabicide (Permethrin 5% cream) is left on for eight hours followed by a second shower.

D. Additional Protocol:

1. Clothing, bedding, towels and other washable items should be laundered and dried utilizing temperatures of 140º to 160º F. Combs, brushes and similar personal items should be disinfected by washing in similar hot water and left to air dry.

2. Any items which cannot be washed or dried in high temperatures may be placed in plastic bags, sealed, and stored for two weeks, after which time they may be laundered according to normal procedures.

3. Patients should be scheduled for follow-up exam after seven days. If nits or crawling lice are still visible, patient should be re-treated; a different pediculicide may be necessary.

4. Patient exposure to a pediculicide should be kept at a minimum since this substance has a potential for toxicity. Eyes should be flushed with water if they become contaminated with the solution. The completed *Lice and Scabies Protocol/Officer Checklist*, **HSF-902**, should be returned to Health Services and retained for three months.

5. The *Lice and Scabies Protocol/Officer Checklist*, **HSF-902**, should be used as instructions for the patient's living unit officer. The officer should initial and date as each step is completed and then return the completed checklist to Health Services. This form should be retained for three months and then destroyed.