

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
 SCABIES POLICY**

Procedure number: DHS-PB-2018-007

SUBJECT: Guidelines For Shelter Staff: Incidence Of Scabies Among Shelter Clients	APPLICABLE TO: All DHS facilities serving homeless individuals and families	ISSUED: July 3, 2018
---	--	------------------------------------

ADMINISTERED BY: Office of the Medical Director	APPROVED BY: Joslyn Carter Administrator, Department of Social Services/ Department of Homeless Services
---	---

PURPOSE OF THE PROCEDURE

To provide guidelines to shelter and other Department of Homeless Services (DHS) site when a DHS client presents with scabies.

BACKGROUND

Scabies is an itchy skin condition caused by mites that dig tunnels under the surface of the skin. Mites are common in dormitories and crowded places where people are in close skin contact with a person with scabies. It may also be transmitted through infested clothing or bedding, especially if used by a person who has crusted scabies (severe form of scabies among people having weak immune systems).

A fact sheet on scabies containing signs and symptoms, modes of transmission, and preventive strategies is given in Appendix 1 (**DHS-11b**). Shelter staff must provide this fact sheet to clients diagnosed with scabies and must review it with them.

DEFINITIONS

- i. **Client:** A homeless person receiving services in DHS facility.
- ii. **Facility (DHS facility):** DHS operated or staffed facility or program or DHS contracted shelters, which provides services to clients. These include congregate shelters, drop-in and reception centers, Safe Haven, Tier IIs, commercial hotels, cluster sites, and street solution sites.
- iii. **Patient:** A person with a confirmed diagnosis of scabies.

PROCEDURE

- i. Shelter staff must refer any client with an itchy skin condition for medical examination on-site or to a community center or an urgent care center. Scabies is not a medical emergency.
- ii. Shelter staff must notify the shelter director within one hour about any potential scabies case. The shelter director must notify the DHS program administrator within 2 to 4 hours of learning about the potential case of scabies.
- iii. If a treating physician confirms the diagnosis of scabies, shelter staff/ shelter director must inform the DHS program administrator within 5 to 6 hours.
- iv. Shelter staff must provide a fact sheet (Appendix 1 [**DHS-11b**]) to the client diagnosed with scabies, and inform them that scabies can be treated. However, such clients must be informed that scabies can also be transmitted from one person to another through skin-to-skin contact, or by sharing clothes, towels and bedding. Therefore, clients should avoid sharing bedding, towels and clothes with other clients.
- v. Shelter staff must wash or decontaminate all items or surfaces used by the affected client anytime in the 3 days before treatment began as follows:¹
 - Shelter staff must wear gloves and long-sleeved gowns with wrist area covered and shoe covers while cleaning. Wash hands after removing gloves and gowns.
 - Avoid any direct contact with the bedding and clothes used by the patient.
 - Collect and transport all items used by the client in a plastic bag and empty directly into the washing machine.
 - Decontaminate bedding and towels used by patient via machine-washing in hot water with soap followed by drying using the hot cycle or by dry-cleaning.
 - Discard and replace any mattress used by the patient.
 - For items that cannot be washed or dry-cleaned, decontamination can be done by removing them from skin contact of the patient and sealing them in a plastic bag for at least 72 hours.
 - Thoroughly vacuum and clean rooms used by the patient with common household disinfectant.
- vi. Shelter staff shall assist clients, especially clients with disability in washing their clothes, as needed.
- vii. When in contact with the patient, shelter staff must wear long sleeved gowns and gloves until completion of the patient's treatment or until scabies is ruled out. Wash hands after assisting a client.

¹Center for Disease Control and Prevention. Parasites-Scabies. CDC 2010.
<https://www.cdc.gov/parasites/scabies/index.html>

- viii. Shelter staff must educate the patient about taking following precautions:
- Follow instructions for medication as provided by a medical provider. Apply scabicide lotion or cream on the body from neck to toe.
 - Avoid sharing clothes, bedding, towels or other personal items with others.
 - Avoid re-infection, side by side treatment is recommended for partners or family member or other clients who have had a skin contact with the patient.
 - Wear clean clothing after the treatment.
 - Inform the medical provider if itching continues for more than 2 to 4 weeks after treatment, as there might be a need for retreatment.

For more information on scabies, call 311 or visit NYC Department of Health website <https://www1.nyc.gov/site/doh/health/health-topics/scabies.page>. Other resources Center for Disease Control and Prevention <https://www.cdc.gov/parasites/scabies/index.html>

Appendix 1: Fact sheet: Scabies (for shelter staff and clients)

DHS-11b (E) 05/29/2018 (page 1 of 2) LLF

Scabies Fact Sheet**Scabies**

- Scabies is an itchy, contagious skin disease caused by an infestation by the mite *Sarcoptes scabiei*.
- It is more prevalent in the homeless than in the general population.
- Crusted (Norwegian) scabies is a severe form of scabies that can occur in persons who have a weak immune system, and the elderly, or a person with mobility disabilities, for example a person who cannot complete their Activities of Daily Living (ADLs).

Mode of Transmission

- Scabies can be passed from one person to another through direct, prolonged skin-to-skin contact.
- It may also be transmitted through infested clothing or bedding, especially if used by a person who has crusted scabies.
- Scabies is not transmitted by shaking hands, hugging, hanging your clothing next to someone who has it, or sharing bedclothes that had mites in them the night before.

Signs and Symptoms

- A severe and relentless itch that is typically worse at night or after a hot shower, and leads to frequent scratching.
- Tiny red burrows on the skin, and a skin rash composed of small red bumps and blisters.
- No severe symptoms.

Onset of scabies symptoms

- If a person has never had scabies before, symptoms may take as long as 4-6 weeks to begin. An infected person can spread scabies during this time, even if he/she does not have symptoms yet.
- In a person who has had scabies before, symptoms usually appear much sooner (1-4 days) after exposure.

Diagnosis

- Easily diagnosed by the characteristic rash and the burrows.

(Turn Page)

Treatment

- Available only with a doctor's prescription. No "over-the-counter" (non-prescription) products have been tested and approved to treat scabies.
- Scabicides (used to kill scabies mites):
 - Permethrin cream 5% (Elimite)
 - Crotamiton lotion 10% and Crotamiton cream 10% (Eurax; Crotan)

Adults: scabicide lotion or cream should be applied to all areas of the body from the neck down to the feet and toes. The lotion or cream should be applied to a clean body and left on for the recommended time before washing it off.

Infant and young children: scabicide lotion or cream also should be applied to their entire head and neck because scabies can affect their face, scalp, and neck, as well as the rest of their body. The lotion or cream should be applied to a clean body and left on for the recommended time before washing it off.

- Antihistamines for itching.
- Antibiotics (if there is any secondary infection).
- Steroid creams to reduce swelling and itching.

Prevention

- Avoid direct skin-to-skin contact with a person known to have scabies.
- Avoid using/wearing unwashed clothing or bedding that has been used by a person infested with scabies.
- Universal precautions, including the use of gloves and barrier clothing, should be worn by shelter staff handling clothing or bedding.

Guidance for shelter staff

- Refer clients with symptoms for a medical evaluation.
- Wash and decontaminate items used for the client.
- Wear gloves and long-sleeved gowns with wrist area covered and shoe covers while assisting and cleaning the bedding of the patient. Wash hands after removing gloves and gowns.
- Assist clients who need help with washing their own clothes.
- Provide clean clothes as needed.
- Educate client with scabies and provide fact sheet as needed.

(Turn Page)

Tips for clients with scabies

- Follow doctor's instructions, follow the directions on the prescription carefully. Adults should apply scabicide lotion or cream to all areas of the body from the neck down to the feet and toes. The lotion or cream should be applied to a clean body and left on for the recommended time before washing it off.
- For infants and young children, scabicide lotion or cream also should be applied to their entire head and neck, as well as the rest of their body. The lotion or cream should be applied to a clean body and left on for the recommended time before washing it off.
- All individuals who have had close skin-to-skin contact with the infected person within the last month should be examined by a clinical provider and treated for scabies even if they have no symptoms.
- Patients and contacts should be treated at the same time to avoid re-infection.
- Avoid sharing clothing, bedding, towels or other personal items such as shoes, headphone foam covers, hats, etc. with anyone.
- All bedding, clothing, and towels used during the three days before treatment should be decontaminated by washing in hot water and soap and drying in a hot dryer or put in a plastic bag for 72 hours, as scabies mites generally do not survive more than 2-3 days away from human skin.
- If the person still has itching 2 to 4 weeks after treatment or notices new burrows or pimple-like rash lesions after treatment, he/she should contact their physician.

Source:

Centers for Disease Control and Prevention. <https://www.cdc.gov/parasites/scabies>.