

APPENDIX B

SCABIES OUTBREAK MANAGEMENT CHECKLIST

Outbreak Interventions				
Communication	N/A	Completed	Date	Signature
Notification of facility administration				
Notification of infection prevention and control team				
Outbreak reported to the local health officer – LAC Morbidity Unit				
Outbreak reported to LAC Health Facilities Inspection Division <u>or</u> CDPH Licensing & Certification local office				
Notification of patients/residents and family/visitors				
Health facility closed to new admissions				
Health facility reopened to new admissions				
Investigation and Monitoring	N/A	Completed	Date	Signature
Symptomatic healthcare workers (HCW) removed from work and referred to Employee Health and/or evaluated by a clinician				
Patients/residents evaluated for scabies and placed on contact precautions				
Patient/resident line list completed				
HCW line list completed				
Confirm scabies diagnosis by skin scraping in symptomatic patients/residents/HCW				
Daily skin assessments documented on all exposed patients/residents				
Treatment	N/A	Completed	Date	Signature
Symptomatic patients/residents/HCW treated with scabicide				
Prophylactic treatment offered to staff				
Prophylactic treatment offered to family/visitors				
Environmental Cleaning	N/A	Completed	Date	Signature
Enhanced environmental cleaning conducted throughout the outbreak period				
Education	N/A	Completed	Date	Signature
Scabies training provided to all staff				