

Recommended Shelter Health and Safety Best Practice Guidelines

Public Health – Seattle & King County

Health Care for the Homeless Network
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Health Care for the Homeless Network, a program of Public Health – Seattle & King County

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All information is general in nature and is not intended to be used as a substitute for appropriate professional advice.

COMMUNICABLE DISEASE CONTROL HAND WASHING

General Information:

- Hand washing is the single most effective and least costly way to reduce the spread of infections, including the common cold, hepatitis A, food borne illnesses, and many other viral and bacterial diseases.
- Alcohol-based hand rub is also effective in limiting the spread of such diseases.
- Shelter and other environments should encourage and support good hand hygiene.

Facility Recommendations & Environmental Modifications:

Ensure that your shelter or facility has:

- Posters encouraging *frequent* hand washing posted in common areas.
- Posters showing proper hand washing *technique* posted by all sinks.
- Sinks and hand washing facilities that are easily accessible to staff and clients.
- Sinks that are kept in good repair, drain properly, and have both hot and cold water.
- Soap dispensers that contain soap and are in good working order. Non-refillable soap dispensers are recommended.
- Disposable towels available.
- Facial tissues such as Kleenex available for staff and clients. Tissues help contain sneezes and coughs and provide a barrier for hands. Trash cans should be available for proper disposal of tissues.
- Alcohol-based hand rub dispensers installed at entry areas.

Staff Recommendations:

Staff should:

- Model and encourage good hand hygiene.
- Wash their hands immediately after using the toilet.
- Wash their hands before serving, preparing or eating food.
- Wash their hands before and after providing any “hands on” assistance to clients (such as assisting with mobility, balance, health or hygiene needs).
- Wash their hands after handling clients’ unwashed clothing or bedding.
- Wear aprons/coveralls and gloves when handling soiled laundry to reduce risk of infection.
- Wear gloves when handling client belongings to reduce risk of infection from bacteria, viruses, lice or mites, and to reduce risk of infection by needle stick.

Procedural Recommendations:

- Encourage staff and clients to wash or sanitize hands upon entering the shelter. This will effectively reduce the number of germs entering the shelter. Alcohol-based hand rub dispensers installed at entry areas encourage this practice.
- Do NOT use cloth towels or re-use paper towels.
- Instruct clients and volunteers who serves or prepare food to wash their hands ahead of time.
- Ensure that your shelter has a policy regarding blood borne pathogens control (“Standard Precautions in the Shelter Setting”).

COMMUNICABLE DISEASE CONTROL FOOD HANDLING

Improper food handling can spread infection to large groups of people at one time. Food borne illnesses nearly always result in vomiting, diarrhea and malaise, all of which are particularly difficult for homeless people to endure. Therefore conscientious adherence to food handling standards is strongly encouraged.

For further information please see the Public Health – Seattle & King County Food Handling Guidelines at <http://www.metrokc.gov/health/foodsfty/>. To arrange for further education about food safety issues at your site contact Environmental Health at (206) 296-4632.

Facility Recommendations & Environmental Modifications:

- The kitchen area is clean. A cleaning schedule is posted and adhered to.
- Kitchen counter tops are intact and are sanitized before food preparation begins.
- Surfaces where people eat are smooth, intact, and easily washable. Sanitize all surfaces before food is served.
- Dish washing is accomplished safely and appropriately:
 - 1) Hand dish washing uses a three compartment sink (wash, rinse, sanitize)
 - 2) Dishwashers have a high temperature sanitizing rinse (170 F) or a chemical sanitizer.
 - 3) Cutting boards are washed, rinsed, and sanitized between each use.
- Thermometers are placed and kept in all refrigerators and read below 41 F.

Procedural Recommendations:

- Staff who handle food have current food handlers' permits.
- Staff, client volunteers, and outside volunteers wash hands before preparing or serving food.
- Staff wash their hands after handling uncooked meat, before handling other food or utensils.
- Ill people are not permitted to prepare or serve food to others.
- Foods are cooked to temperatures as required by code.
- Foods delivered from outside sources are held at 140F or hotter (or 41F or lower for cold foods) and the temperatures are checked when the food arrives. A log is kept of temperature checks on all meals.
- Foods that have been donated should comply with the current WA Food Code guidelines for donated food (see <http://www.doh.wa.gov/ehp/sf/Pubs/FoodRule/food-donations-guidelines-1204.doc> or the code at <http://www.leg.wa.gov/WAC/index.cfm?section=246-215-151&fuseaction=section>)
- Foods to be warmed are reheated to at least 165 F and checked with a long-stem thermometer prior to being served.

To view the Washington State Food Code & the May 2005 Code revisions visit: <http://www.doh.wa.gov/ehp/sf/food/FoodRuleMain.htm> or call Environmental Health for more information (206) 296-4632.

ENVIRONMENTAL SAFETY INJURY PREVENTION

Facility Recommendations & Environmental Modifications:

- Stairs are in good repair, equipped with a handrail, and are not slippery.
- A First Aid Kit is kept in an accessible location, appropriately stocked, and checked monthly.
- A telephone is accessible for calls to 911.
- The shelter has an approved sharps bio-hazard container to collect used needles and syringes and has a policy for the proper disposal of these items.
- Emergency preparedness supplies are fully stocked and are replaced as necessary.
- In facilities serving children, appropriate childproofing measures and modifications have been made including: childproof electrical outlets, locked screens or other barriers to prevent children from falling out of upper floor windows, stairwell gates, doors that open from inside without a key, and precautions to protect children from burns and other injuries.
- All playground equipment, toys, and diapering areas are safe and adhere to safety standards.

Procedural Recommendations:

- No weapons are permitted on the shelter premises.
- The possession and use of illegal substances is prohibited on the shelter premises.
- There is a policy for proper disposal of needles and syringes.
- The shelter has begun preparing for earthquakes and other potential disasters. There is a plan to be prepared by _____ (date), including both supplies and written plans/protocols.

ENVIRONMENTAL SAFETY BURN PREVENTION

Facility Recommendations:

- The shelter adheres to the Uniform Fire Code applicable to transient accommodations.
- Smoke detectors are placed in appropriate areas and are functional. Batteries are changed on a regular schedule.
- Exits are clearly marked. Illuminated exit signs are functional.
- Evacuation routes are posted and visible.
- Staff are trained in evacuation procedures.
- Fire drills are conducted regularly.
- There are ____ (#) fire extinguishers. They are in working order and are checked monthly.
- Staff are trained in the use of fire extinguishers.
- The water heater is set at 120 F to prevent scalding burns.

ENVIRONMENTAL SAFETY – SANITATION AND HYGIENE

Environmental Quality:

- The water is safe to drink and free of contamination.
- The air quality is good:
 - No fumes or noxious odors are present (i.e. paint fumes, cleaning solutions).
 - Smoking is restricted to designated areas.
 - A source of fresh air is available (i.e. there are windows and doors that open).
 - The ventilation system is functional.
 - If there is no automatic H-VAC system, windows and/or doors are left open for 10-15 minutes several times per day to provide air exchange.

Maintenance:

- Indoor and outdoor environments are clean and free of debris.
- Floors are washed daily and carpeted areas vacuumed daily.
- Floors are cleaned immediately after any spills.
- There are enough trashcans available for clients and staff so that trash is easily disposed of and cans are not overflowing. Garbage cans are lined with a plastic bag and have covers.
- Garbage (biodegradable matter such as food) & trash (paper/plastic/refuse) are removed daily.
- Janitorial equipment and supplies are in good repair and have a designated storage space. Cleaning supplies and chemicals are kept out of children's reach and separate from food.
- Pest control is done on a regular basis. The premises are pest-free, to the extent possible.

Kitchens and Bathrooms:

- Plumbing is in working order in the showers, sinks, and toilets.
- Kitchen, bathrooms, and common areas have posted cleaning schedules that are adhered to. Kitchen and bathrooms are cleaned at least twice daily, preferably after high-use periods.
- Sanitary napkins, tampons, disposable diapers are disposed of in specially provided containers that are lined with plastic bags and emptied daily.
- Signs are posted in the bathrooms/showers that discourage clients from sharing personal items. (Signs can be obtained from Public Health Nurse at 296-4656)

Bedding:

- Laundry facilities have adequate capacity. Dryers can attain 165F.
- Bedding is stored in such a way that used bedding does not contact other used bedding or other clean bedding.
- New clients are issued fresh bedding upon arrival at the shelter. Bedding is changed weekly.
- Bedding is laundered weekly if used by the same client for a week.
- Soiled bedding is washed immediately.
- Mats are washable and covers are intact or adequately repaired. Mats are wiped down with a 1:10 bleach solution or other sanitizing solution if not used by the same client.

Client Belongings:

- Client belongings are stored in such a way that one client's possessions are not in contact with another client's possessions. Items hung on hooks have enough space between them so they don't touch. This helps control the spread of scabies and lice.
- Shelters encourage clients to not share personal items such as toothbrushes, combs, brushes, razors, or any tattoo, piercing, self-mutilation ("cutting"), or injection implements in order to reduce the risk of infection or infestation.

CLIENT HEALTH

It is important to have some basic health information about clients in shelter settings in order to:

- a) **Better plan for their care**
- b) **Ease or prevent discomfort and suffering**
- c) **Help prevent the spread of disease from sick to healthy clients**

Procedural Recommendations:

- Ensure that the shelter has a mechanism for referring clients with no health care provider.
- Make sure that any client who appears to be ill or injured is questioned and referred to a health care provider. (see “Communicable Disease Symptom Identification and Referral”)
- Briefly screen clients who seek help or who appear ill or injured for emergent medical and psychiatric needs they may have including detox, emergency care, and referral to a health care provider.
- For shelters where a stay of greater than one week is anticipated or documented, a more detailed health intake should be conducted. Collect basic health information from clients including: current symptoms, medications, allergies, usual health care provider, emergency contact name and phone number, next of kin.
- Register all shelter clients daily. This is important in case of fire or other disaster, or in the event of an out break of TB or other infectious illness to help determine who was exposed.

The following sample policies, protocols, and guidelines are available from Seattle-King County Health Care for the Homeless Network. They have been developed by the HCHN Public Health Nurse and are included in this document as appendices. Call (206) 296-5091 for further information on these topics.

Sample Policy – Topics:

- Basic Health & Safety Standards/Communicable Disease Control
- Standard Precautions in the Shelter Setting
- Blood/Bodily Fluid Exposure
- Blood/Bodily Fluid Clean-up Protocol
- Laundry Hygiene in the Shelter Setting
- Scabies Policies and Procedures
- Lice Policies and Procedures
- Staff Health
- General Cleaning
- Kitchen Hygiene

**CLIENT HEALTH
COMMUNICABLE DISEASE SYMPTOM IDENTIFICATION AND REFERRAL**

Early identification of clients who present with signs or symptoms which may indicate the presence of a communicable disease can help reduce the risk of disease outbreaks.

Symptom	Response
Persistent cough	<p>Screen client for tuberculosis*:</p> <ul style="list-style-type: none"> Has cough lasted three weeks or longer? Has the client lost weight recently or notices clothing fits more loosely? Is the client extremely fatigued? Does the client have a fever? Does the client sweat heavily at night? <p>Clients who respond affirmatively to three weeks of coughing and who also have one or more of the other symptoms listed above will be referred to a health care provider for evaluation as soon as possible.</p> <p>To the best of their ability shelter staff will then:</p> <ul style="list-style-type: none"> • Separate persistently coughing clients from the general population. • Instruct persistently coughing clients to cover their cough with their inner elbow or shirt, jacket, or Kleenex tissue. • Provide masks for clients to assist with covering their cough. • Refer coughing clients to on-site health care providers or nursing staff. <p>These measures may also help limit the spread of colds, flu, pertussis and other airborne illnesses/diseases. In addition they may assist the client in getting help for other chronic respiratory problems such as asthma, emphysema, or allergies which may share similar symptoms (such as persistent coughing).</p>
Diarrhea or Vomiting (> 2-3 days)	<p>Encouraged client to see a health care provider as soon as possible. Instruct client to observe stringent hand washing and/or frequent use of alcohol-based hand rub.</p>
Itchiness, Persistent scratching, Unusual rash	<p>Refer client to a healthcare provider as soon as possible.</p>
Untreated lice or scabies	<p>Allow client to stay the night, but send them to a health care provider for treatment as soon as possible.</p>

* Please see the Seattle-King County TB Control Guidelines for Homeless Service Agencies for more information about procedures related to TB control.

STAFF HEALTH

Procedural Recommendations:

- Shelters should maintain a *daily census* listing all staff, volunteers, and clients who are at the facility. This practice serves both security and infection control purposes. For example, if a person with a case of active TB is found to have stayed at the shelter, a daily census allows health department officials to know who was at the site when and to determine who may have been exposed. In the event of an evacuation or other emergency, roll call can be taken to avoid losing anyone.
- A TB counseling, screening, and prevention program for homeless agency staff—including volunteers who expect to work for cumulative hours of more than 10 hours—should be established to protect both staff and clients. Screening requirements should be included in the agency TB policy, in job descriptions, and in personnel policies. All homeless shelters should have a written and enforced policy that staff will be required to show proof of TB screening.
- Agencies should appoint one person responsible for documenting TB status and skin-test results of all staff and volunteers. The tuberculosis and immune status of staff members is confidential health information and individual privacy needs to be protected by law.
- If a client at the shelter is found to have active tuberculosis, the shelter manager and staff will cooperate with the Health Department's investigation of the case.

Immunizations:

- Staff are strongly encouraged to bring their immunization status up to date including tetanus, measles, and rubella.
- Staff are encouraged to obtain flu vaccines each flu season, and to be vaccinated against Hepatitis B.

TB Screening & Testing*:

- Public Health—Seattle & King County recommends different TB screening practices for homeless agency staff than it does for their clients. These recommendations are based on well-researched models of TB control and efficient use of resources.
- All homeless agency staff should be screened for TB every 6-12 months, depending on the incidence of active TB cases at your facility.
- Staff that have not had documented TB screening with a skin test within the last 12 months will be required to undergo two step baseline TB skin testing (1-3 weeks apart).
- The first TB skin testing should be done prior to or on the first day of employment.
- Homeless agency staff who have positive PPD test results should be identified and evaluated to rule out a diagnosis of active TB.
- Staff who are symptomatic (show signs of disease) or suspected of having active TB should be immediately excluded from the workplace until confirmed non-infectious. They should also be required to have an immediate medical evaluation through the TB Clinic at Harborview Medical Center, a Public Health Clinic site, or their private medical provider. The medical evaluation will include a PPD and/or chest x-ray within 48 hours.
- Immunocompromised staff/volunteers need TB screening by symptom review and chest x-ray since TB skin testing may be falsely negative for these people. They also need informed counseling of potential risk of acquiring TB on the job due to their medical condition.

* Please see the Seattle-King County TB Control Guidelines for Homeless Service Agencies for more information about procedures related to TB control.

STAFF TRAINING

Adequate staff training is an important line of defense against illness and injury in shelter settings. Therefore shelters should have a training plan that includes the following topics:

- Basic shelter-oriented First Aid
- CPR
- Working with difficult clients
- Communicable disease control – Including tuberculosis and blood-borne pathogens (Hepatitis B, C, and HIV/AIDS)
- Safe Food Handling
- Fire safety
- Disaster preparedness

Resources

General Resources

Health Care for the Homeless Information Resource Center

<http://www.bphc.hrsa.gov/hchirc/>

National Health Care for the Homeless Council & Clinician's Network <http://www.nhchc.org/>

Health Care for the Homeless "Mobilizer": A free email publication to help you can stay current on national policy developments affecting homelessness and health care.

Subscribe or view back issues at <http://www.nhchc.org/mobilizer.html>

Public Health – Seattle & King County: Health Care for the Homeless Network

<http://www.metrokc.gov/health/hchn/index.htm>

Communicable Disease Control: Hand Washing

Center for Disease Control: Hand Washing Information

<http://www.cdc.gov/ncidod/op/handwashing.htm>

Public Health – Seattle & King County: Hand washing & cover your cough posters

<http://www.metrokc.gov/health/stopgerms/>

Communicable Disease Control: Food Handling

Public Health - Seattle & King County Food Protection Program

<http://www.metrokc.gov/health/foodsfty/>

WA Department of Health Food Safety Program

<http://www.doh.wa.gov/ehp/sf/food/food.htm>

<http://www.doh.wa.gov/ehp/sf/food/FoodRuleMain.htm> (Food Code & May 2005 changes)

WA Food Code for donated foods:

<http://www.leg.wa.gov/WAC/index.cfm?section=246-215-151&fuseaction=section> or

<http://www.doh.wa.gov/ehp/sf/Pubs/FoodRule/food-donations-guidelines-1204.doc>

Environmental Safety: Injury Prevention

American Red Cross: Anatomy of a First Aid Kit

<http://www.redcross.org/services/hss/lifeline/fakit.html>

Emergency Preparedness: A Manual for Homeless Service Providers

UMASS John W McCormack Graduate School of Policy Studies - The Center for Social Policy

<http://www.mccormack.umb.edu/csp/publications/EmergencyPreparedness.pdf>

Public Health - Seattle & King County:

AIDS/HIV Program: Safe, Legal, and Free Disposal of Sharps

<http://www.metrokc.gov/health/apu/resources/disposal.htm>

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Disaster Preparedness: Key topics, tips and fact sheets

<http://www.metrokc.gov/health/disaster/>

Smart Kids! Safe Kids! Injury Prevention Program

<http://www.metrokc.gov/health/ems/smartkids.htm>

Violence & Injury Prevention Unit: Fall Prevention for the Elderly

<http://www.metrokc.gov/health/ems/fallprevention.htm>

US Consumer Product Safety Commission: Childproofing Your Home

<http://www.cpsc.gov/cpscpub/pubs/grand/12steps/12steps.html>

Environmental Safety: Burn Prevention

Seattle Fire Department:

Fire Drill Planning FAQ <http://www.seattle.gov/fire/pubEd/business/evacuationFAQ.htm>

Fire Extinguishers Fact Sheet <http://www.seattle.gov/fire/pubEd/brochures/extinguishers.pdf>

Fire Fact Sheets <http://www.seattle.gov/fire/pubEd/brochures/brochures.htm>

Seattle Fire Code <http://www.seattle.gov/fire/FMO/firecode/firecode.htm>

Smoke Alarms <http://www.seattle.gov/fire/pubEd/smokealarms/smokeAlarms.htm>

Environmental Safety: Sanitation and Hygiene

Public Health - Seattle & King County:

Drinking Water Program <http://www.metrokc.gov/health/water/index.htm>

Public Health Webpage Directory – Pest control links

<http://www.metrokc.gov/HEALTH/portal/pests.htm>

Toxic Hazards – Indoor air quality <http://www.metrokc.gov/health/hazard/indoorair.htm>

WA Department of Health Division of Environmental Health - Office of Drinking Water

<http://www.doh.wa.gov/ehp/dw/>

Client Health: Communicable Disease Symptom Identification and Referral

Boston Health Care for the Homeless Program & National Health Care for the Homeless Council: O’Connell, J. (Ed). The Health Care of Homeless Persons: A Manual of Communicable Diseases & Common Problems in Shelters & on the Streets. June 2004. Available for \$15 at

<http://www.nhchc.org/publications.html>

Health Care for the Homeless Clinicians Network - Healing Hands February 2005 Issue “Bugs that Bite: Helping Homeless Patients and Shelter Staff Cope”. Deals with lice, scabies, bedbugs, and more. <http://www.nhchc.org/Network/HealingHands/2005/Feb2005HealingHands.pdf>

National Tuberculosis Center: Shelters and TB: What Staff Need to Know (18-minute training video about how to prevent the spread of TB in homeless shelters). Order or view online at:

http://www.nationaltbcenter.edu/products/product_details.cfm?productID=EDP-11

Public Health - Seattle & King County:

Alcohol and Other Drug Prevention (AODP) – Inpatient and outpatient treatment and communities <http://www.metrokc.gov/HEALTH/atodp/treatment.htm>

Health Care for the Homeless Network – About homelessness and health <http://www.metrokc.gov/HEALTH/hchn/homelessness.htm>

Health Care for the Homeless Network – Health care resources for people experiencing homelessness <http://www.metrokc.gov/HEALTH/hchn/healthcare.htm>

Health Care for the Homeless Network - Training & technical assistance for homeless programs <http://www.metrokc.gov/HEALTH/hchn/training.htm>

Tuberculosis Prevention and Control Guidelines for Homeless Service Agencies in Seattle-King County, Washington <http://www.metrokc.gov/health/tb/tbguidelines.pdf>

Staff Health

Public Health - Seattle & King County:

Communicable Diseases and Epidemiology – Hepatitis B Fact Sheet <http://www.metrokc.gov/HEALTH/prevcont/hepbfactsheet.htm>

Communicable Diseases and Epidemiology - Measles (Rubeola) in adults <http://www.metrokc.gov/HEALTH/prevcont/measlesadults.htm>

Communicable Diseases and Epidemiology – Tetanus fact sheet <http://www.metrokc.gov/HEALTH/prevcont/tetanus.htm>

Immunization Program – Fact sheets and where to get immunizations <http://www.metrokc.gov/HEALTH/immunization/>

Immunization Program – Flu Season <http://www.metrokc.gov/HEALTH/immunization/fluseason.htm>

Immunization Program – Occupational immunizations <http://www.metrokc.gov/HEALTH/immunization/occupation.htm>

Staff Training

American Red Cross – King & Kitsap Counties:

Class Calendar <http://www.seattlredcross.org/health/classes/calendar.asp>

Class Descriptions <http://www.seattlredcross.org/health/GetTrained/descriptions.htm>

National Health Care for the Homeless Council: Training and Education

<http://www.nhchc.org/training.html>

Public Health - Seattle & King County:

Food Protection Program: How to get your Food Worker Permit <http://www.metrokc.gov/health/foodsfty/foodhandlerscard.htm>

Health Care for the Homeless Network: Training & technical assistance for homeless programs <http://www.metrokc.gov/health/hchn/training.htm>

Seattle Fire Department:

Medic II Program: Free CPR Classes

<http://www.cityofseattle.net/fire/medics/medicTwo.htm>

Workplace Fire Safety Training Videos Fact Sheet

<http://www.ci.seattle.wa.us/fire/pubEd/brochures/training%20videos.pdf>

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Sample Policy: Standard Precautions in the Shelter Setting

TITLE: Standard Precautions as it Relates to Infection Control

SCOPE: Homeless shelter staff and volunteers who may possibly face contact with bodily fluids or other potentially infectious materials as a result of performing their job duties.

PURPOSE: To provide guidelines to agency management, staff, and volunteers regarding the use of Standard Precautions to minimize the risk of employees and volunteers coming in contact with bodily fluids which may contain blood-borne pathogens as well as other infectious agents.

RESPONSIBILITIES

Agencies shall:

1. Provide opportunity for the staff to be trained in the control of infectious diseases (including blood borne pathogens) as it pertains to the shelter setting. Agencies may contact Health Care for the Homeless at (206) 296-5091 to arrange training free of charge.
2. Make every attempt to achieve levels of practice as outlined in the Basic Shelter Health and Safety Standards, Staff Health Policy, and other applicable Health and Safety Policies recommended by Public Health - Seattle & King County.
3. Provide all equipment needed to achieve appropriate hand washing (*hot and cold running water, soap, paper towels*). This equipment should be accessible to employees at all times.
4. Provide employees with reasonable access to *personal protective apparel* such as *latex gloves (nitrile gloves must be made available in all situations for employees with sensitivity to latex), goggles, protective gowns, and CPR shields*.
5. Have a plan in place for post-exposure to potentially infectious materials and employees will be trained in its use.
6. Outline basic procedures for all employee duties that may involve contact with bodily fluids or other potentially infectious materials. Such duties include but are not limited to: providing assistance with personal hygiene, handling soiled laundry, providing assistance to a sick client, providing first aid, providing CPR, and cleaning up after spillage of bodily fluids. In all such cases the agency will mandate a Standard Precautions approach, which is simply an infection control approach that treats all body fluids as potentially infectious. The agency may consult with a Health Care for the Homeless Public Health Nurse for assistance with outlining these duties (206) 296-5091.

Employees Shall:

1. Agree to follow the procedures regarding duties which may involve contact with bodily fluids and other potentially infectious materials.
2. Immediately report any significant exposure incident to the supervisor. Contact of the employee's non-intact skin (chapped, cracked, scratched or otherwise open), eye, or mucous membrane with blood or other potentially infectious material is a significant exposure.

Duties Which May Expose Employees in the Shelter Setting to Potentially Infectious Materials

First Aid and CPR:

Employees who are trained in First Aid and CPR may elect to assist clients needing these interventions. The agency should provide equipment to reduce the risk of infection while rendering such aid. Equipment that should be available and accessible to the employees includes:

- *Latex gloves*
- *CPR masks*
- *disposable or cotton gowns that tie in the back*
- *safety goggles*
- *clean-up materials**

Assessment of wounds, skin conditions, scalp or hair problems:

Clients may ask staff to examine wounds, cuts, burns, injuries, skin conditions, or to check for the presence of lice or scabies. Staff should don *latex gloves* when asked to do any type of examination beyond visual. The agency should make *latex gloves* available for such occasions.

Assisting with personal hygiene or toileting:

Clients may request assistance by staff with hygiene (dental care, care of dentures or oral prostheses, assistance with bathing or cleaning up after a bowel movement or urination, changing diapers, cleaning up spill of menstrual fluid, assistance with removal of head lice or lice eggs, etc.) The agency should supply *latex gloves* for such purposes, and staff should be able to use *gowns* if they feel they need greater protection. *Diaper changing areas* should be equipped with *a lined trash can, spray bottle of bleach solution, protective covering (such as old computer paper), paper towels, and gloves.*

Assisting a sick client:

Clients who are vomiting, drooling, sweating profusely, or being incontinent of stool or urine may request assistance with cleaning up or changing clothes. The agency should provide *latex gloves, reusable or disposable gowns* and appropriate *supplies for cleaning the environment* as needed (mop, bleach, bucket, paper towels, etc.)

Assisting Clients Who Have Soiled Bedding or Laundry:

Refer to the sample policy on “Laundry” for details. As much as possible, have the client handle their own clothing and bedding. Wear *gloves* and a *gown* when handling soiled laundry. Encourage the client to discard any heavily soiled laundry. Heavily soiled linens should also be discarded or laundered separately and bleached.

** For information on supplies for cleaning the environment after contamination with bodily fluids (including vomit, excrement, urine, blood, saliva, mucous) please refer to the sample policy on “Blood/Bodily Fluids Clean-up Protocol”*

Sample Policy: Blood/Bodily Fluid Exposure

The following information should be provided to the employee's health care provider or the Emergency Room MD immediately after any incidence of significant body fluid exposure by needle stick or contact with mucous membrane or non-intact skin.

Date and time of exposure:

What job duty was the employee performing at the time of exposure?

What sort of bodily fluid was the employee exposed to?

How much of the fluid did the employee come in contact with?

What part of the employee's body was exposed to the fluid?

How long did the employee remain in contact with the bodily fluid?

Did the employee have any breaks in the portion of their skin that contacted the bodily fluid?

In the case of a needle stick or other sharp object injury, how deeply did the needle or object penetrate, and was fluid injected into the employee?

Was the source material known to contain HIV or hepatitis B or C? (the source can be asked to voluntarily provide this information, and to volunteer to be tested for these conditions)

Sample Policy: Blood/Bodily Fluids Clean-Up Protocol

When you provide First Aid or when you clean an area or handle any items soiled with blood or bodily fluids (urine, vomit, blood, feces, semen) please take precautions to protect yourself and others from infection. Always follow these simple steps when you clean up after blood/body fluids spills:

Equipment:

- Paper towels
- Plastic garbage bags
- Kitty litter (for big spills)
- Disinfectant (bleach 1:10 dilution)
- Mop & mop bucket
- Spray bottle

Protective apparel:

- Latex gloves
- Eye/face protection (plastic goggles)
- Protective gowns or aprons

Policy/Procedures:

Spill clean-up materials are located _____ along with a copy of this document.

- 1) Put on **protective gear**. If it is possible that blood or bodily fluids may spray or splatter, wear **protective eye covering (plastic goggles)**. Put on **latex gloves**. If there is a possibility that your clothing may become soiled, put on a **protective gown** (as when handling laundry or soiled clothing). Keep the scene clear of people.
- 2) Get a **bucket or spray bottle, bleach, and paper towels or a mop** to clean the floor and other areas. If the area is large, put ¼ cup **bleach** in a gallon of **cool water** (hot water destroys the bleach). Spray the area with this solution. If the area to be cleaned is small, you can make a solution of bleach and cool water in a **quart spray bottle**. Use 1 teaspoon of bleach per quart. This bleach solution must be discarded after 24 hours. It is recommended that a fresh solution be mixed up every time it is needed.
- 3) Blot up as much of the spill and the bleach solution as possible with **paper towels**. If there is a large volume spills or vomit, use **kitty litter** to absorb. Dispose of these materials in a **plastic garbage bag**.
- 4) If you used a **mop**, rinse the mop in **bleach solution** and allow to dry. Dump the leftover solution down the drain or toilet. **DO NOT** use a sink that is normally used for food preparation.
- 5) Pick up any soiled debris (clothing, bedding, towels, or bandages) and place in a **garbage bag**. If you are finished cleaning, remove your protective gear and gloves and put them in the garbage bag. Tie off the garbage bag and place it in the regular trash. Only very large spills need to be placed in special biohazard bags and disposed of by an approved facility.
- 6) Wash your hands thoroughly. Re-stock the **clean-up kit**. If you have had significant exposure to bodily fluid (needle stick or contact with mucous membrane or non-intact skin) contact a supervisor **immediately** and follow the sample policy for "**blood/bodily fluid exposure**".

Sample Policy: Laundry Hygiene in the Shelter Setting

TITLE: Laundry Procedures as it Relates to Infection Control.

SCOPE: Shelter staff, volunteers, and clients.

PURPOSE: To provide guidelines to staff, volunteers and residents who handle linens and laundry in a safe and effective manner to reduce the risk of spread of infectious diseases.

BACKGROUND INFORMATION:

For the purpose of this policy, all linens and personal laundry of clients should be considered contaminated and should be treated carefully to avoid spread of infectious disease. Scabies, lice, and other bacterial pathogens (staphylococcal and streptococcal bacteria) are difficult or impossible to see. Laundry should be handled as little as possible. If possible, clients should handle their own laundry.

POLICY/PROCEDURE:

I. General Practices

- Staff should wear *gloves* when in contact with any used or worn laundry items, whether obvious contamination is visible or not.
- *Gowns or aprons* should be worn whenever it is likely that a staff person's clothing could come in contact with laundry.

II. Laundry Washed by Shelter Staff on Premises

- Use a hot wash cycle (at least 105-110 F for 10 minutes) followed by thorough drying in a hot dryer (160 F). This process is sufficient to decontaminate laundry. No other additives such as bleach are necessary to sanitize laundry, unless stain removal is desired.
- Any kitchen laundry or other items used by staff (towels, aprons, etc) should be washed and dried in the above manner.
- Staff/agency laundry should be washed in batches separate from client bedding and clothing.
- If linens are heavily soiled with feces, large amounts of solid material should be disposed of in a toilet. Handling of feces should be avoided whenever possible. If rinsing is required, staff should take care to minimize handling and avoid splashing.
- If possible clients should be asked to rinse their own linens when they are soiled.
- Wet linens should be stored in a *plastic bag* while awaiting final wash to avoid any leaking and reduce odor.
- Dispose of linens if soiling is severe.

III. Laundry Supplied by a Laundry Service

- Linen awaiting pick up by a laundry service should be stored in a ***contained bin or bag*** so that laundry cannot come in contact with clients, staff, the floor, or other clean items.
- Wet bedding should be placed in a ***plastic bag*** inside the bin so that leaking cannot occur.
- Only large amounts of feces that can be easily removed should be disposed of in the toilet. No further rinsing or handling should be done by shelter staff.

IV. Bedding Stored for Returning Clients

- Used linen may not be transferred to a different client.
- Used bedding should be stored such that the bedding of different clients is not touching it. This will prevent cross contamination.

V. Supplies and Equipment

- Shelters should maintain ***washers and dryers*** in good working order or should contract with a Laundry Service for routine delivery and pick-up.
- If laundry is done on site, the water temperatures should be at least 105-110 F.
- Shelters should supply ***gloves, gowns or aprons, laundry detergent, plastic bags, and plastic laundry baskets or laundry bins.***

Sample Policy: Scabies Policies & Procedures

TITLE:

Prevention and Management of Scabies Infestation at Homeless Shelters and Drop-in Centers.

SCOPE: Shelter and center staff, volunteers, and clients.

PURPOSE: To provide guidance to shelter and center staff in the prevention, identification, and management of scabies infestations in shelter clients, staff, and/or volunteers.

BACKGROUND INFORMATION:

Scabies is a skin infestation caused by a tiny insect called the “itch mite.” The scabies mites are about the size of the period at the end of this sentence. They live most of their life cycle burrowed under the skin of human beings.

The most common signs and symptoms of scabies include **severe itching and a rash**. The rash may look like red and/or crusted sores, and there may be a lot of scratch marks from itching. On some people, scaly linear “burrows” are visible where the scabies mite has actually burrowed under the skin. Symptoms usually take 2-4 weeks to develop after a contact with an infected person. Itching begins gradually over the course of several days and is often worse at night.

The rash in adults usually appears in the following places:

- between the fingers and toes
- around the belt line or naval
- in skin folds such as under the breasts, armpits, buttocks or in the groin area
- backs of knees, inner elbows, ankles, and wrists

In young children and persons with certain chronic illnesses, the rash may appear on the face or scalp and on the palms of the hands and soles of the feet.

There is a severe form of infestation known as Crusted or Norwegian scabies. It is rare, but is occasionally seen in persons with suppressed immune systems, such as persons with AIDS or other chronic illnesses. Crusted scabies appears as a scaly or flaky rash which is often white to yellowish in appearance. In many cases the client does not feel itchy despite a severe infestation. Crusted scabies is extremely contagious and difficult to treat.

The two most commonly used medications for scabies are Kwell (lindane) and Elimite. Both medications are supplied as a lotion which is applied to the entire body from the neck down. Kwell is a neuro-toxic drug which can cause neurologic problems such as seizures if used improperly. It should be used with extreme caution in people who are pregnant, nursing, or under two years of age. It is a prescription drug and should only be used by the person for whom it was

prescribed. A drug called Eurax (Crotamiton) may be prescribed for people who cannot use Kwell or Elimate. Severe cases may be treated with an oral medication in addition to the topical lotions.

Prompt and thorough treatment is essential for cure of the infestation and control of spread. In addition to treatment of a person with scabies, clothing and bedding should also be carefully laundered or isolated to prevent the re-infection or spread of the infestation.

Scabies is contagious. However, it is spread only through close or direct contact with an infected person or that person's clothing or bedding. You cannot get scabies by talking to someone with scabies, or simply by being in the same room with that person. Scabies is usually spread between family members or sexual contacts. It is most common in crowded environments including homeless shelters. Scabies can be spread among homeless persons by sleeping close to each other or by sharing clothing. Contact with infested laundry is the most likely route of transmission for shelter staff. Scabies is easily killed by carefully following the instructions outlined in this policy.

POLICY:

- All shelter staff, volunteers, and clients should utilize infection control practices, as outlined in the Health and Safety Best Practice Guidelines for Shelters (available from Health Care for the Homeless Network, 206-296-4656) so that scabies infestations will be prevented whenever possible.
- Actual or suspected cases should be identified and controlled in a timely, effective, and humane manner as is possible.
- The spread of scabies between clients, staff and volunteers should be minimized.
- Shelter and center managers are encouraged to call the Public Health Nurse Consultant at 206-296-4656 for advice and support regarding scabies or any health and safety concern.

PROCEDURE:

1. Intake Screening

Staff should observe clients for symptoms of scabies such as severe itching (which may worsen at night) and/or a red or crusted rash or evidence of scratch marks due to severe scratching.

If a client has such a rash, they should be referred for medical evaluation as soon as possible:

- A client with known or suspected scabies may stay the night at the shelter. In order to stay additional nights at the shelter, the client must demonstrate that he/she has been seen by a health care provider and that treatment, if prescribed, has been completed. Drop-in centers should encourage clients to seek care immediately.
- Treatment may be performed at the shelter so that staff can assist the client and assure adequate and safe treatment.
- If a client is known or strongly suspected to have Norwegian or Crusted scabies, that client should be referred immediately for medical evaluation. Shelter staff should advocate that the client be treated in a hospital facility where adequate isolation practices can be used, and that they not return to the shelter until treatment has been completed.

II. Treatment

If a client has been instructed by his/her medical provider to treat for scabies, shelter staff are encouraged to assist the client in completing the treatment. The following guidelines should be used along with any instructions on the medication label to assisting the client and assuring adequate treatment.

A. Application of Treatment

- Staff should explain the entire procedure to the client including the skin treatment and the need to launder or isolate clothing and bedding.
- The client should shower or bathe and then allow the skin to thoroughly cool for at least 30 minutes prior to applying the lotion.
- The client should gently massage the medication into the skin according to package or provider instructions. The most commonly prescribed medications are Lindane or Elimite lotion. The lotion should be applied from the neck down and behind the ears unless otherwise stated on the directions. Open sores should be avoided. A small amount can cover a sizable area. For most people 1 ounce of lotion is enough. Do not over apply.
- Staff should remind the client to thoroughly apply the lotion, especially to web spaces between fingers and toes and in between all skin folds. Extra attention should be given to any area where a rash is present.
- Scabies mites can hide under the fingernails. Clients should be instructed to clip their fingernails short to prevent re-infection. Lotion can be applied under the nails with a blunt toothpick or brushed on with a nail brush.
- If any skin areas are washed during the treatment, the lotion should be reapplied.
- Staff may assist if clients need physical assistance applying the lotion in hard to reach areas.
- **Gloves** should always be worn by staff when contacting client's skin and/or scabies lotions.
- Staff should not assist clients who are mentally confused and cannot understand or participate in the prescribed treatment. Such clients should be assisted by an RN or medical provider.

B. Completion of Treatment and Follow-up

- If possible, the client should shower/bathe 8-12 hours after applying the treatment to remove all lotion from the skin. (If necessary, this step can be skipped without risk to the client).
- After showering, the client should put on **freshly laundered clothing** or clothes that have not been worn for 72 hours. This includes shoes, outer coats, hats, and gloves.
- After showering, the client should be issued **fresh bedding** and their mat should be wiped down with a **standard disinfection bleach solution** (1 tsp bleach per quart of cool water).
- Generally one treatment as described above is sufficient to cure scabies. However, a medical provider may occasionally prescribe a second treatment to be completed 7-10 days after the initial treatment. Clients may need assistance and/or a reminder for the second treatment.
- Continued itching does not mean the treatment failed. It can take as long as two weeks for scabies symptoms to completely go away after treatment, however itching should decrease at least partially after 2 days. If a client continues to have severe itching several days after treatment, or if the rash appears to worsen after treatment, the client should be referred back for follow-up medical evaluation. It is possible that a client may be having a reaction to the medication. The medical provider may prescribe medication to help alleviate the itching.

C. Treatment of Bedding and Linens

- Clients should be issued *clean bedding* to use the night following the application of the treatment. The mat should be wiped down with a *standard bleach disinfection solution*.
- A *second fresh set of bedding* should be issued after the treatment is washed off.
- Bedding used by a client with scabies should be laundered according to the laundry procedures described below.

D. Treatment of Clients Clothing

Clothing worn by the infected client within the last 72 hours should be considered contaminated. This includes shoes, overcoats, hats, gloves. The newly treated client should not wear contaminated clothing until it has been treated in the following manner.

- Clothing can be laundered using a hot wash cycle followed by thorough drying in hot dryer (20 minutes on 160 F, the “high” or “cotton” setting)
- If laundering is not possible, contaminated clothing must be isolated for 72 hours before the treated client may wear the clothing again. Clothing can be isolated simply by placing the items in a sealed *plastic bag* for 3 days.
- Shelter staff should assist the client in finding *replacement clothing* as necessary.

III. Prevention of an Outbreak Situation

An outbreak is defined as the simultaneous infection of multiple clients and or staff with an infectious disease. If questions arise beyond the scope of this policy related to an outbreak situation, the On-Site RN or Shelter Manager should call the Public Health Nurse Consultant at the Health Care for the Homeless Network for specific guidance (206-296-4656).

A. Contacts

Any client who is known to have scabies should be asked to notify any sexual partners, close family members, or persons with whom the client may have slept or shared clothing. These persons should be told of the risk for scabies and referred for medical evaluation if any are having symptoms. Explain to the client that they can easily be re-infested if they continue to have direct contact with untreated family members or sexual contacts. Immunity to scabies does not develop after infection.

B. General Guidelines for Prevention of the Spread of Scabies

Scabies mites cannot live away from the human body for very long, however scabies is occasionally spread through contact with recently used/worn clothing or bedding. It is generally recommended that staff and clients take a Standard Precautions approach as outlined in the Health and Safety Best Practice Guidelines for Shelters (available from the Public Health Nurse Consultant at 296-5091). The maintenance of a clean environment and the practice of infection control standards will prevent or minimize the spread of infectious diseases such as scabies.

Any client could potentially be infested and not yet be symptomatic. For this reason the following cleaning and laundry practices should be followed *at all times* regardless of whether or not there are known cases of scabies in the shelter:

- If possible, all chairs and couches should be *plastic or vinyl covered* so that they can be wiped down daily with a *standard disinfectant*.

- Carpeted floors should be vacuumed thoroughly and daily. Seal used *vacuum bags* in a *plastic bag* and disposed of immediately. Linoleum/vinyl/wood floors are preferable.
- All laundry done at the shelter should be considered potentially contaminated and should be laundered in a hot wash cycle (105-120 F) with normal *detergent* and then thoroughly dried in a hot dryer (at least 30 minutes at 160 F). Do not overload washers or driers.
- All staff should wear a *disposable gown/apron and gloves* when in contact with dirty laundry.
- Bedding awaiting laundering should be stored in a separate container (*plastic bag, bin, or laundry cart*) so that it cannot come in contact with clean bedding, clothing or people.
- Bedding that is being held for use by any returning client will be stored in a separate plastic bag or container so that each client's bedding is always isolated.
- Laundry additives such as bleach are not necessary to kill scabies.
- Mattresses should be covered with a *washable cover* and should be wiped thoroughly with a *disinfectant cleaner* before use by any other clients.
- Clients should not sleep so close together that they can touch each other while sleeping. Intake procedure should include gathering information about symptoms (i.e. "Do you have a rash or area that is itchy?") Clients who are scratching themselves frequently should be taken aside and asked about symptoms and referred for evaluation.

C. Dress Code

- All persons (clients and staff) should wear shoes at all times.
- All persons should wear clothes that cover the thighs (no short shorts or mini skirts) so that there will be a clothing barrier when sitting in a chair.

IV. Symptomatic Staff

Staff who experience itching, should first of all, relax. The idea of scabies makes most of us start to itch, but a true infestation will present the usual symptoms. It is helpful to remember that:

- Symptoms usually take 2-4 weeks to develop
- Itching begins gradually. It is severe and worsens at night
- Scabies rash is usually found in typical places (see background section)
- Staff who experience significant symptoms of scabies should consult the on-site RN or their primary care provider and notify the provider that they may have had a contact with scabies.
- Staff who do not have health insurance can file an L&I claim to cover the cost of the visit.
- Staff are discouraged from self-treating without advice from a health care provider and are prohibited from sharing scabies lotions with any client.

V. Education

- Shelter staff should be trained in the above described procedures at the time of hire and should receive refresher training on a regular basis.
- Clients should receive verbal and written information regarding the prevention and identification of scabies including the following recommendations:
 - Avoid sharing clothing and bedding.
 - Avoid sleeping so close to another person that you are touching that person.
 - Avoid direct contact with persons that itch.
 - If you have an itchy rash or burrows on the skin, seek medical treatment and notify shelter staff immediately.

Sample Policy: Lice Policies & Procedures

TITLE: Prevention and Management of Lice Infestation in settings that serve homeless clients.

SCOPE: Shelter and center staff, volunteers, and clients.

PURPOSE: To provide guidance to shelter staff in the prevention, identification and management of lice infestations in shelter clients and/or staff and volunteers.

BACKGROUND INFORMATION

Types of lice:

- There are 3 types of lice found on humans: **Head lice** (known as pediculosis) are about 3mm long, **body lice** are about 2 mm long, **pubic lice** (also known as “crabs”) are about 2mm long and rounder in shape.
- Lice are wingless insects that live by sucking human blood. Adult lice can only live 2-3 days independent of humans. There are some claims that un-hatched nits can survive away from the host and hatch under certain conditions, however this is unlikely. Hatched nits (nymphs) must find a blood meal as soon as possible or they die before becoming full-fledged lice.
- The female louse lays eggs called **nits**. She can lay about 100 in her brief 30 day lifespan. Nits are about 1mm long ovals visible with the naked eye. Empty (hatched) nits are white or translucent. Un-hatched nits are brownish and hard to see. **Head lice nits** cement firmly to the hair shaft ¼ inch from the scalp or closer. **Body lice nits** are generally found along seam lines in clothing. **Pubic lice nits** can be found in pubic and body hair.

Symptoms of lice infestation:

- Intense itching in the infested area and irritability. Itchiness may not present as a symptom until infestation is established, about 2 weeks after lice first “move in”. Itchiness is believed to be caused by an allergic reaction to the louse’s saliva.
- Redness from scratching may be visible. Scratching can lead to secondary infections, such as staph infection.

Transmission of Lice

- Lice do not jump or fly, they can only be spread through direct physical contact with an infested person or through sharing of personal items such as hats, combs, clothing, pillows, towels, blankets, or bedding.
- **Head lice** are common in child care settings and schools. Head lice are not associated with poor hygiene as head lice like clean hair. Since children play close to one another lice can travel from child to child directly or via shared clothing, hats, combs, or brushes. Children may also bring lice home to other family members.
- **Body lice** are usually seen in adults who have limited access to hygiene facilities, and can be common in places such as shelters where conditions are crowded and clients might share personal items. Body lice travel from person to person via by direct contact or via shared clothing, bedding, and towels.
- **Crab lice** are spread sexually or via bedding and towels

POLICY:

Infection control practices should be utilized by staff, volunteers and clients of the Shelter so that lice infestations will be prevented whenever possible. Actual or suspected cases should be identified and controlled in as timely, effective, and humane a manner as possible. The spread of lice between clients, staff, and volunteers should be minimized.

PROCEDURE:

1. Intake Screening

- Upon entering the shelter, staff should discretely ask each client if they have symptoms of lice, such as itching in the head, trunk, or groin area. Assure the client that they will not be excluded from shelter or services by answering affirmatively.
- If a client complains of or is observed to have such symptoms, or if they report having had recent contact with a person diagnosed with lice, they should be referred for medical evaluation as soon as possible.
- A staff person trained to assist clients with head lice may examine the client for the presence of nits or head lice on hair follicles. Staff should wear *latex gloves* when examining a client.
- A client with known or suspected lice may stay one night at the shelter. In order to stay additional nights, the client must show a note from a medical provider indicating that they have been evaluated, and that treatment, if prescribed, has been initiated (see sample form).
- A client known or strongly suspected to have a lice infestation should be isolated as best as possible. The laundry/bedding of that client should be handled with *gloves* and not allowed to come in contact with staff hair or clothes.
- If the shelter has facilities for bathing and laundry and if the staff is trained, treatment may be performed at the shelter so that staff can assist the client and assure adequate safe treatment.
- See treatment guidelines for the 3 types of lice infestations below.

II. Diagnosis

The presence of live adult lice or viable nits is diagnostic of lice infestation:

- **Head lice** nits are typically found behind the ears and along the back of the head, however the entire scalp should be examined. Un-hatched nits are found on the hair shaft close to the scalp. Some nits resemble dandruff, but unlike dandruff they are very difficult to remove.
- **Body lice** rarely are found on the skin. Rather, they typically live on clothing, particularly in the seams. These lice appear as bugs the size of sesame seeds, with a gray-white color.
- **Pubic or crab lice** are found as nits on pubic hair, eyebrows, eyelashes, or underarm hair. Crab lice often leave a bluish stain under the skin around the chest, thighs, or abdomen.
- The skin in the affected areas of all 3 types of lice often appears reddened or scratched.

III. Treatment of Head Lice

If a client has been instructed by their medical provider to treat for lice, shelter staff who have received training in lice treatment may assist the client in completing their treatment. The following guidelines pertain to the use of Nix™ for the treatment of *head lice* and *should be used along with any instructions on the medication label to assure client safety*. If any other medication has been prescribed, staff should follow label instructions for procedure.

[Note: For the treatment of *body lice* and *pubic lice*, refer to those sections below AND TO SPECIFIC INSTRUCTIONS FROM THE PROVIDER]

A. Treatment of the Client with Head Lice

- Staff should explain the entire procedure to the client. This includes the skin treatment and the need to launder or isolate clothing, bedding, and other personal items (brushes, combs...)
- There should be a clearly communicated expectation that the client will cooperate and will follow these instructions explicitly.
- Lice are best removed by using a combination of manual combing and lice treatments.
- Both insecticidal and non-chemical treatments are available over the counter.
- The most important step of treatment is thorough and frequent combing of the hair for at least 14 days to remove lice and nits.

B. Step-by-Step Treatment Procedure for treatment and removal of head lice

- Allow yourself enough time to do a good job. It may take as long as an hour if the hair is long and thick. Work in good light.
- Apply one of the *lice treatments* as described below.
- Be sure to use an effective *nit-removal comb* such as *Licemeister*® or *LiceOut*®.
- Place a *towel* between the hair and shoulders of the person who has head lice.
- Part the hair into four sections and pin the hair with clips to prepare it for combing.
- Starting with one section. Select a small area of the section that is about 1 inch square. Start at the scalp and pull the comb all the way through to the end of the strands of hair.
- If nits remain attached to the hair shaft, comb through the hair strands again.
- After each comb-through, dip the lice comb in *hot water* and wipe it with a *paper towel*.
- Continue combing until all sections are done.
- Wash the towel and clothes that the person wore during the combing as described below.
- Wash the comb in *extra-hot (128° F) soapy water* for at least 10 minutes.
- Wash hands completely when done.

C. What chemical-free treatments are recommended?

Chemical-free treatments can be used as often as needed. They do not kill lice or nits. Rather, they slow down the lice and make them easier to comb out. These treatments include coating the hair with *HairClean 1-2-3*® or with a water-based product such as *LiceOut*® (follow instructions on the box):

1. Apply thickly to hair.
2. Cover hair with *disposable shower cap* and leave in place for at least 30 minutes.
3. Follow instructions for lice and nit removal using an *effective lice comb*.
4. Do not use these treatments at the same time the chemical treatment is used.

D. About chemical treatment: Nix®

Although Nix® is the most effective of the chemical treatments, it will not kill lice that have become resistant. Nix® can be purchased without a prescription.

1. Wash the hair with a mild shampoo (such as baby shampoo) that contains *no conditioner*.
2. Apply Nix® following the instructions on the box.
3. Comb the hair with a *clean lice comb* to remove the nits. Dry hair as usual.
4. Repeat Nix® treatment in 7 days.

REMEMBER: Since lice may be resistant to Nix[®] and other pesticides, *you must perform daily nit combing for 14 days after using these products to assure complete removal of lice and nits.*

E. Cautions when using Nix[®]

- **Do not use** Nix[®] when open sores are present.
- **Do not use** Nix[®] on children who are less than 2 months of age.
- Pregnant/breastfeeding women should consult their health care provider before using Nix[®].
- **Never** mix Nix[®] with other lice treatments.
- **Do not use** any other creme rinse, shampoo containing creme rinse, hair spray, mousse, gel, mayonnaise, or vinegar on the hair for at least 1 week *after* using Nix[®], because they may weaken the action of Nix[®].
- Chlorine in pool water may also deactivate Nix[®] leading to some treatment failures.
- **Never** use Nix[®] on eyebrows or eyelashes. Instead, apply petrolatum jelly for a few days and pluck off nits with fingers.
- **Never** use Nix[®] more often than recommended. It is an insecticide and can be poisonous if used improperly.

F. Additional Lice Treatment Procedures

In addition to the steps listed above, the following actions may help control the spread or re-infestation of head lice in a household:

- Check other household members for lice. Those who have lice should be treated. Do not treat someone if you do not see lice or nits in their hair.
- Guardians should notify their child's school and child care program if their child has lice.
- Wash all combs/brushes the person used in extra-hot (128.3F) soapy water for at least 10 min
- Wash all clothing (including coats, hats, scarves...) and bedding used by the infested person in the last 2 days prior to treatment.

To wash these items, do **ONE** of the following:

- Wash in **extra-hot water** or heat dry the item at temperatures >128.3 F for at least 5 minutes.
- Dry clean the item.
- Pack non-washable items in a **sealed plastic bag** for 2 days to eliminate the risk from lice that may have been dislodged onto those items.
- Upholstered furniture, carpets, bicycle helmets, sports helmets, and upholstered car seats may be vacuumed. Change the **vacuum cleaner bag** after use, place it in a sealed plastic bag, and put the bag in the outside garbage.
- **Do not** use lice sprays! They may cause toxic or allergic reactions.

G. What to do if lice come back or the treatment fails to work

- If lice come back, it is usually because nits or newly hatched lice were not removed with the first treatments.
- Follow the combing instructions as described.
- **You may** use the **chemical-free treatments** as often as needed.
- **You may** use **Nix[®]** again after 7 days have passed since the last Nix[®] application.
- Regardless of which treatment you use, the most important step is to **comb** out the lice and nits completely.

H. Additional information

- National Pediculosis Association <http://www.headlice.org/>
- Centers for Disease Control <http://www.cdc.gov/ncidod/dpd/parasites/lice/>

IV. Treatment of Body Lice

A. Person

- Often the person with body lice should simply be encouraged to take a shower with soap and warm water to dislodge any lice that may be on their body.
- Sometimes providers may prescribe treatment with *Nix*[®] or other *chemical treatments* (follow provider or package directions).

B. Clothing

- Body lice live in the seams of the clothing. It is vital to thoroughly wash and dry all clothing that has been worn by the client within the last 7 days.
- Wash clothes in *hot soapy water* on the regular wash cycle.
- Dry clothing in a *dryer* for 30 minutes on the hottest setting. Do not overload the dryer.
- It may be prudent to wash *all* of the client's clothing if possible.
- Clothing that can't be washed can be dry cleaned or placed in sealed plastic bags for 1 week.

C. Bedding:

- Wash all bedding and linens in *hot soapy water* (105-120 F) and dry them thoroughly in a *hot dryer* (at least 30min at 160 F). Make sure the dryer is not over-loaded.
- Special laundry additives/disinfectants are not necessary to kill lice or nits.
- All staff that work with laundry should wear a protective *disposable gown/apron and gloves* to prevent direct contact with dirty linens. Staff should treat *all* linens and bedding as though they could potentially be infested, not just the linen used by someone with a known diagnosis (see Laundry Sample Policy).
- Dirty bedding that is awaiting laundering should be stored in a separate container (such as a *plastic bag or bin*) so that it cannot come in contact with clean bedding.
- Bedding that is being held for use by any returning client will be stored in a separate plastic bag or container so that client's bedding is always isolated.
- Mattresses should be covered with a *washable cover*. Mattresses or mats should be cleaned with a *disinfectant cleaner* before use by any other clients.
- Clients should be spaced so they don't come in contact with each other while sleeping.
- Clients who have backpacks and bed rolls may need assistance in determining what needs to be laundered and in accessing laundry facilities.

V. Treatment of Pubic or Crab Lice

- A health care provider should prescribe treatment.
- Assist the client in following the directions given.
- Assist with laundering clothes and bedding used by the client in the last 3 days.

VI. Notification and Treatment of Contacts

- Any client known to have body or crab lice should be asked to notify any sexual partners, close family members, or persons with whom they may have slept or shared clothing or other personal items. These persons should be told of the risk for lice transmission and referred for evaluation and treatment.
- Explain to the client that they can easily be re-infested if they continue to have direct contact with untreated family members or sexual contacts.

- Be on the look-out for other clients complaining of itching or seen scratching excessively. Inquire discretely about symptoms and refer for evaluation.

VII. Preventive Treatment of the Environment

It is generally recommended that staff and clients take a Standard Precautions approach to the maintenance of a clean environment. Consistent practice of infection control standards, as outlined in the Health and Safety Standards for Shelters, will help prevent or minimize the spread of infectious diseases and pest infestations such as lice. Any client could potentially be infested with lice and not yet be symptomatic. For this reason the following cleaning and laundry practices should be followed *at all times* regardless of whether there are known cases of lice in the shelter.

- All chairs and couches that are plastic or vinyl covered should be wiped down daily with a standard disinfectant.
- Cloth upholstered furniture should be vacuumed daily.
- Carpeted floors should be vacuumed thoroughly on a daily basis.
- All laundry done at the shelter should be considered potentially contaminated and should be laundered in a hot wash cycle (105-120 F) with normal detergent and then thoroughly dried in a hot dryer (at least 30 minutes at 160 F). Drying is the most important part of this process. ***Do not overload the dryer!***
- All staff should wear a ***disposable gown/apron*** and ***gloves*** when contacting dirty laundry.
- All staff should wear clothes that cover the thighs at all times (no short shorts or mini skirts) so that there will be a clothing barrier when sitting in a chair.
- All people in shelter should wear shoes in public areas.

VIII. Symptomatic Staff

- Staff experiencing itching should relax and not panic. The *idea* of lice makes most of us start to itch, but *a true infestation is only transmitted through direct contact with an infested person or that person's clothing.*
- Staff who experience significant symptoms of lice or who have found nits on their person should consult their primary care provider and notify the provider that they may have had exposure to lice.
- Staff who have actual lice infestations should be asked to notify their intimate contacts so that they may also be treated if necessary. This will discourage re-infestation.

IX. Education

- Shelter staff should be trained in control of communicable diseases including lice infestation.
- In the event of a lice infestation at your agency, clients should receive verbal and written information regarding the prevention and identification of lice, including the following:
 - a. ***Avoid*** sharing clothing, hats, pillows, blankets, combs, and hairbrushes.
 - b. ***Avoid*** sleeping close enough to another person that you are touching that person.
 - c. ***Avoid*** direct contact with persons that itch.
 - d. If you or someone you know has an itchy rash, or has nits, seek medical treatment immediately and follow through with the prescribed treatment.

X. Additional Handouts Available From Public Health

- **Lice Aren't Nice**
Patient information about lice and lice treatment.
- **Parent Checklist for Lice Infestation**
Checklist designed to assist parents with the management of lice treatment.
- **Staff Checklist for Lice Infestation**
Checklist designed to assist staff with the management of lice outbreaks.
- **Sample Letter**
Letter to schools and child care providers regarding lice diagnosed at shelter.
- **Sample Note**
Note to health care provider regarding shelter client suspected of having lice.
- **Shelter Health and Safety Standards**
General guidelines regarding the control of communicable diseases in shelter settings.

REFERENCES

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