1. Evaluate patients/residents on affected units and immediately place patients/residents with suspected scabies in contact precautions.

2. Immediately remove from work any healthcare worker with signs and symptoms of scabies and refer to employee health or other healthcare consultant or clinician experienced in the diagnosis of scabies.

3. Meet with key staff to coordinate control measures and give adequate resources to accomplish the objective in a timely manner.

4. Search for a possible source case. If two or more employees working in the same unit/area are diagnosed with scabies, it is likely that the source case was a patient/resident with atypical scabies infestation.

5. Confirm the presence of scabies by microscopic identification of the mite or its products (skin scraping) in one or more symptomatic patients/residents or employees. The absence of mites does not rule out scabies infestation.


7. Prepare a line listing of symptomatic patients/residents and healthcare workers with a separate line list of their contacts. Evaluate contacts for scabies.

8. Treat symptomatic patients/residents and healthcare workers with an approved scabicide, provide prophylactic scabicide to all contacts of symptomatic cases, and perform environmental cleaning of affected units.

9. Provide training to all staff on scabies signs and symptoms. Stress that people can be infested and contagious for up to 6 weeks before any symptoms start.

10. Perform environmental cleaning of affected units.

11. Arrange for follow-up evaluation and prophylactic treatment of discharged patients/residents who were contacts to scabies.

12. Communicate with the affected patient’s/resident’s family members and provide scabies education.