

Infection Prevention and Control

Quick Reference for Management of Lice, Scabies and Bed Bugs

LICE



SCABIES



BED BUGS



Facts:

- Can be seen without a microscope, visual diagnosis
- Nits (lice eggs) must be laid by live lice
- Head lice and body lice are different
- Head lice nits adhere to strands of hair
- Body lice nits are found on or near seams of clothing

Facts:

- Microscopic, diagnosed by performing a skin scraping
- Mites die if not in contact with skin for 3 days or more
- · Female mites lay eggs under the skin
- · Mites do not transmit disease

Facts:

- Can be seen without microscope, visual detection
- · Do not live on hosts but visit to feed
- Most active at night
- Mites do not transmit disease

Signs & Symptoms:

- Itching
- Sores on scalp or body caused by scratching

Signs & Symptoms:

- · Intense itching, especially at night
- Tunnel-like line of skin eruptions or bumps in skin folds
- Dermatitis, scaling

Signs & Symptoms:

- Bed bugs can cause an allergic reaction similar to a mosquito bite (red bump or flat welt)
- Bites may be in a linear or clustered pattern

Appearance:

- · Size of a rice grain
- 1-2mm long and grayish brown in colour
- Tiny, wingless insects that move quickly
- Nits (eggs) can be mistaken for dandruff

Appearance:

- 1/3mm long, microscopic
- The bites can be mistakenly diagnosed as Psoriasis or other skin condition

Appearance:

- · Size of an apple seed
- Flat oval bodies
- White before feeding. After feeding it is bloated and reddish-brown

Location:

- Look for nits, nymphs (immature lice), lice (mature insect)
- Commonly found around ears, forehead, nape of neck
- They lie close to the scalp
- Body lice found on clothing and bedding, usually come to skin only to feed

Location:

 Look for papules, vesicles, or tiny linear burrows around finger webs, anterior surfaces of wrists, elbows, anterior axillary folds, belt line, thighs, and external genitalia (men); nipples, abdomen, and the lower portion of the buttocks (women)

Location:

- Look for bites on exposed skin: face, neck, arms, hands
- Dark spotting and staining on sheets, pillow, clothing or other items in close contact with the body (feces and blood from crushed mites)

Mode of Transmission:

- <u>DIRECT</u> contact with louse, cannot jump or fly person to person
- Head to head or direct body contact
- Sharing infested hats, scarves, combs, pillows, wigs, clothing, bedding, towels

Mode of Transmission:

- <u>DIRECT</u> contact with mite via infested skin or transfer from bed linens, clothing
- Norwegian Scabies is a more highly contagious form of scabies due to the large number of mites

Mode of Transmission:

- <u>DIRECT</u> contact with mite, cannot jump but can enter your home on clothing, bags
- Patient with a bed bug infestation may arrive in hospital with a bed bug attached to clothing or any belongings (e.g. walker, wheelchair)

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Isolation:

- Contact Precautions for 24 hours after effective treatment
- Bag patient's clothing /belongings
- Provide patient with clean clothes and linens

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Isolation:

- Routine Practices use Point of Care Risk Assessment to determine if PPE is required during care until patient belongings are bagged and inspection complete
- Inspect patient and belongings
- Inspect for bites
- Provide clean clothes and linens
- Contact Environmental Services if bed bugs identified

Treatment:

- Apply treatment as per physician's order
- Follow product instructions for use
- Manually remove nits
- If live lice found after treatment, repeat

Treatment:

- Apply treatment as per physician's order
- Follow product instructions for use
- Next day, do a cleansing bath and change all bed linens
- Norwegian scabies require two treatments 7 days apart

Treatment:

- · No medical treatment required
- Creams with corticosteroids and oral antihistamines may be advised in more severe cases

Nits (eggs)



Linear burrowing



Bed bug bites

