
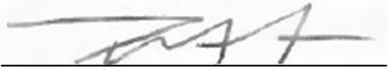


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CHAPTER 18 & 13: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT of CORRECTIONS	
	Approved by Commissioner: 	
EFFECTIVE DATE: August 15, 2003		LATEST REVISION: March 27, 2025
		CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult & Juvenile Facilities

III. POLICY

This policy establishes the procedures for the control of ectoparasites within the adult and juvenile facilities to effectively prevent ectoparasite infestation, treat residents infected with ectoparasites, and ensure environmental disinfection.

IV. DEFINITIONS

1. Crusted scabies – also known as Norwegian Scabies, is a severe form that can occur in people with weakened immune systems. It causes thick, gray skin crusts that contain thousands of mites. Crusted scabies is extremely contagious.
2. Ectoparasite – pediculosis (lice) and scabies parasites that live on the skin.
3. Health care provider – for purposes of this policy, a physician, physician assistant, or nurse practitioner.
4. Lice - a parasitic insect that can be found on the head, eyebrows, and eyelashes of people. Lice feed on human blood several times a day and live close to the human scalp. Lice are not known to spread disease.
5. Medical therapeutic seclusion – a therapeutic seclusion authorized by a health care provider for a medical reason that may be used only when the health of the resident or others cannot be protected by less restrictive means.
6. Scabies – a parasitic infestation caused by tiny mites that burrow into the skin and lay eggs, causing intense itching and/or a rash. Common areas on the body where symptoms occur include between fingers, in the skin folds of the wrist, elbow, knee, or armpit, and on the penis, nipples, waist, buttocks, and shoulder blades.

V. CONTENTS

- Procedure A: General
- Procedure B: Screening and Assessment
- Procedure C: Ectoparasite Notification and Treatment
- Procedure D: Management of Contacts
- Procedure E: Environmental Disinfection

VI. ATTACHMENTS

- Attachment A: [Ectoparasite Checklist](#)

VII. PROCEDURES

Procedure A: General

1. The facility Chief Administrative Officer, or designee, in conjunction with the Health Services Administrator (HSA) as appropriate, shall ensure the following:
 - a. a process for early detection of infested residents;
 - b. treatment of ectoparasite infestation;
 - c. contact management;
 - d. appropriate practices for environmental disinfection; and
 - e. notification to appropriate staff.
2. Per the State of Maine Board of Pesticide Control rules:
 - a. staff shall not use pesticides in any facility or on facility grounds; and
 - b. any use of pesticides shall be conducted by a licensed professional, if needed and approved by the facility Fire Safety Officer (FSO), or designee.
3. Residents and staff shall receive health care education material related to ectoparasite infestation when circumstances indicate the need for this material to be distributed, e.g., when contact is made with someone who has an ectoparasite infestation.
4. The Ectoparasite Checklist (Attachment A) has three sections with responsibility for completion by the following staff:
 - a. Section 1 is to be completed by medical staff;
 - b. Section 2 is to be completed by the Unit Manager (UM) or Juvenile Program Manager (JPM), or their designee, as applicable; and
 - c. Section 3 is to be completed by the Chief Administrative Officer, or designee.
5. Once the above staff have completed their section of the form, they shall forward the form to the HSA, or designee, who shall ensure that the entire checklist has been completed and then forward the three (3) completed sections to the Department's Health Care Services Manager, or designee, who shall maintain the forms according to the Department's records retention schedule.

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Procedure B: Screening and Assessment

1. Residents shall be screened for the presence of ectoparasites as set out in Department Policies (AF) 18.4 and (JF) 13.4, Health Screening and Assessment to include:
 - a. during the intake health screening process;
 - b. upon transfer from one Departmental facility to another, return from jail or another jurisdiction, or return from a hospital, including a psychiatric hospital, or other inpatient care facility in the community;
 - c. when a resident is found to have signs and symptoms of infestation with ectoparasites;
 - d. upon referral of staff who have reason to believe a resident was exposed to or may be infected with ectoparasites; and
 - e. upon a self-referral by a resident who has been exposed to or has reason to believe they are infected with ectoparasites.

Procedure C: Ectoparasite Notification and Treatment

1. If it has been determined by a facility health care provider based on the assessment that a resident has an ectoparasite infestation, medical staff shall:
 - a. report the infestation of ectoparasites case to the resident’s Unit Manager (UM) or Juvenile Program Manager (JPM), as applicable, and the facility Health Services Administrator (HSA), or their designees, to ensure that:
 - 1) the resident and their contact with persons within the facility are appropriately managed; and
 - 2) appropriate steps are taken to mitigate risk of transmission, including medical therapeutic seclusion, if appropriate, and environmental disinfection;
 - b. follow the designated nursing pathway treatment for ectoparasite infestation as set out in Department Policies (AF) 18.5 and (JF), 13.5, Health Care.
2. Prior to initiating treatment, consideration shall be given to the resident’s medical condition if there is an open wound, rash, pregnancy or any other condition that may require alternative treatment.
3. A facility health care provider may place the resident on medical therapeutic seclusion, as appropriate and as set out in Department Policies (AF) 18.5 and (JF) 13.5, Health Care.
4. A note shall be recorded in the Department’s resident and client records management system each day that an infected resident is secluded, indicating the time the resident showered (or bathed) and bedding, towels, and clothing were replaced, if applicable.
5. In addition, care shall include:
 - a. advising the resident that prior to treatment, they should:
 - 1) take a lukewarm or hot shower; and
 - 2) trim fingernails and toenails if needed.

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6. The following contact precautions shall be implemented:
 - a. staff shall wear disposable gowns and gloves when entering the resident's cell/room;
 - b. staff shall wear gloves when in contact with the resident;
 - c. used gloves and gown shall be disposed of in regular trash before leaving a cell/room and hands shall be washed after gloves and gown are removed; and
 - d. soiled bedding, towels, and clothing shall be kept away from the body, handling it carefully, and bagging it as infectious laundry.

7. Designated medical staff shall provide to the infected resident:
 - a. education about the treatment plan, to include that it is normal for the existing rash and itching to persist for up to four (4) weeks after treatment and that the treatment will be repeated in 7-10 days;
 - b. notification that their clothing will be laundered and returned to them after laundering;
 - c. notification that their other property items, including footwear and hygiene items, will be bagged and returned to them after seven (7) days for scabies and fourteen (14) days for lice;
 - d. a recommendation that the resident inform any visitors they have had contact with during the last six (6) weeks so they can be checked and treated if necessary;
 - e. if scabies, the current [CDC Patient Fact Sheet on Scabies](#); and
 - f. if lice, the current Maine Center for Disease Control and Prevention [Lice \(Pediculosis\) Fact Sheet](#).

8. The Unit Manager (UM) or Juvenile Program Manager (JPM), or their designee, as applicable, shall notify the Chief Administrative Officer, or designee, the Fire Safety Officer, or designee, and unit staff.

Procedure D: Management of Contacts

1. The Chief Administrative Officer, or designee, shall ensure:
 - a. a contact evaluation is completed as soon as possible;
 - b. resident(s) with ectoparasites are asked to identify other current Department residents with whom they have had contact in the previous six (6) weeks by:
 - 1) shared skin-to-skin contact of any kind (including handshakes, etc.);
 - 2) having spent time together in sports or recreation that involved physical contact;
 - 3) shared headphones, hats, gloves, scarves, footwear, or other items, e.g., sheets or towels; or
 - 4) shared work clothing, e.g., aprons, coats and/or hats in Food Service;
 - c. all of the resident's cell/roommates and identified contacts shall be referred to medical staff for screening.

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2. Residents who are contacts with an infected resident shall be recommended to inform any visitors they have had contact with during the last six (6) weeks so they can be checked and treated if necessary.
3. Staff with whom the resident has had physical or other close contact shall be referred by the Chief Administrative Officer, or designee, for evaluation and possible treatment at a community health care facility and to the facility Human Resources Manager, or designee, for any Workers' Compensation considerations.

Procedure E: Environmental Disinfection

1. As applicable, the Unit Manager (UM) or Juvenile Program Manager (JPM), or their designee, shall notify the Shift Commander or Juvenile Facility Operations Supervisor (JFOS), and the facility Fire Safety Officer (FSO), or their designee, when ectoparasite control measures are needed in a specific housing unit.
2. The FSO, or designee, shall ensure the following for environmental disinfection:
 - a. providing the resident with clean bedding, towels, and clothing and disposable shoes;
 - b. contaminated bedding, towels, and clothing are:
 - 1) bagged in a vinegar bag, which is then tied off and placed in a yellow biohazard bag, tied off again, marked as "Contaminated," and labeled with the presumed ectoparasite, date/time, and the resident's name, MDOC #, and housing location; and
 - 2) machine washed after removal from the biohazard bag (leaving the items in the vinegar bag, which will dissolve in the wash) and dried, using the hot water and hot dryer cycles;
 - c. other property items, including hygiene items and footwear, belonging to the resident and their cell/roommate(s), if any, are bagged in a plastic bag, which is then tied off, and placed in a yellow biohazard bag, tied off again, marked as "Contaminated," and labeled with the presumed ectoparasite, date/time, and the resident's name, MDOC #, and housing location, and stored for:
 - 1) seven (7) days for scabies; or
 - 2) fourteen (14) days for lice.
 - d. the cell/room is isolated (due to the nature of scabies and lice, cleaning is not effective); and
 - e. the mattress shall be bagged and stored for the required number of days, or if the mattress is damaged, punctured, or ripped, it shall be discarded.

VIII. PROFESSIONAL STANDARDS

None

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