

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-B-01.4

SUBJECT: ECTOPARASITE CONTROL

POLICY: Ectoparasite infestations are to be treated by health care staff on an individual basis promptly and thoroughly to prevent the infestation from spreading within the correctional setting.

REFERENCE: NCCHC Standard P-B-01
ODOC Nursing Protocol: Parasitic Infestations

PROCEDURE:

- A. As part of the receiving screening process, inmates may be examined for evidence of ectoparasite infection.
- B. Routine delousing for all individuals admitted to DOC custody is not indicated.
- C. Inmates who identify themselves or who are identified by correctional staff as infested are referred to the Health Services Program at the facility. Health services staff will evaluate the condition and determine if treatment is necessary.
- D. Inmates with infestation will be treated according to the nursing protocol for the condition (refer to Parasitic Infestations). When providing treatment for ectoparasite control, the nurse is to review the contraindications listed within the nursing protocol.
- E. The correctional officer responsible for the unit the inmate is housed in will be instructed to have the inmate's bedding and clothing disinfected.
- F. An ectoparasite infection report (attachment 1) will be completed and sent to the Medical Services Manager (as chairman of the Infection Control Committee) for review during the quarterly infection control meeting. Any ectoparasite infestation trends identified prior to or during the infection control meetings will be forwarded to the institution safety officer.

Effective Date: _____

Review date: August 2014

Supersedes P&P dated: April 2014

Ectoparasite Infestation Report

Date: _____

Name of Infected Person: _____

SID #: _____ Cell #: _____

Infestation Suspected. Itching of unknown cause not responding to other treatment.
Yes _____

Infestation Verified: Yes _____ No _____

Contradictions listed within Nursing Protocol Reviewed? Yes _____ No _____

If yes, explain: _____

Cellmate's name: _____ (Label)

SID #: _____ Cell #: _____

Treatment offered to cellmate? Yes _____ No _____ Accepted _____

If not, explain: _____

Security/housing staff notified of necessary housekeeping chores to be completed?
Yes _____ No _____

This is to serve as notification that an Ectoparasite infestation has been identified. The appropriate treatment and instructions for self-care have been provided to the individual/s.

Person completing report: _____

cc: Medical Services Manager
Infection Control Nurse

Name: _____
SID #: _____
DOB: _____