



**MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS B-02.8	Subject: ECTOPARASITE CONTROL
Reference: NCCHC Standard P-B-02, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
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I. PURPOSE

To define control procedures used to effectively treat inmates infected with ectoparasites and to disinfect bedding and clothing.

II. DEFINITIONS

Ectoparasite – pediculosis (lice) and scabies parasites that live on the skin.

III. PROCEDURE

A. General

1. Screening for ectoparasites generally occurs during the inmate admissions health screening, and any time an outbreak occurs among inmates in general population.
2. Ectoparasites are communicable and may lead to secondary infections.
3. Incoming inmates will take a full shower using an anti-lousing agent.
4. When a staff member has reason to believe an inmate is infected with lice/scabies they will immediately contact the Infirmary to make arrangements to have the inmate assessed by medical staff.

B. Follow-up and Disinfection

1. If medical staff diagnose an inmate as being infected with an ectoparasite they will immediately contact housing unit staff and brief them on what protocols must be implemented. The following protocols will be implemented:
 - a. the inmate's bed linens and clothing must be isolated until machine washed and dried;
 - b. the inmate's mattress and housing cell must be cleaned with a disinfectant; and
 - c. the inmate's cellmate must be evaluated and treated, if indicated.

C. Treatment

1. The agent of choice in treating lice infestation is piperonyl butoxide 4% (RID) applied once in a shampoo form and then repeated 7 to 10 days later.
2. The agent of choice in treating scabies infestation is permethrin cream 5%. Thoroughly massage the cream into skin from head to the soles of the feet. Generally, one application is curative however; a follow up appointment will be schedule with medical to ensure a successful treatment.

D. Documentation

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1. Health services staff will document the clinical findings and the treatment instructions in the inmate's medical record.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS none