

The Elusive Bed Bug : Nursing Home, Assisted Living, and Medical Facility

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My Story

- The good Samaritan
- Bites



- Exterminators
- Medical providers unaware
- "Dr. Google" was not the answer
- Evidenced Based Research

(Google Image)



The Problem

- Healthcare workers and medical providers unaware
- Many exterminators lack up-to- date knowledge of effective treatments
- The media is not providing the public with adequate information and education to combat bed bugs
- Public overall is uninformed
- Impact is far reaching: social, financial, psychological

Aftermath

- Heightened awareness
 - Unexplained rashes
 - Bug bites
 - Live bugs
- Initiated my own protocol
 - Isolate immediate physical environment
 - Ask the “Four W’s”
 - Who?
 - What?
 - When?
 - Where?
 - Educate staff and patients

The Four W's

- Who?
 - Household members
 - Visitors/Guests
- What?
 - Social activities, i.e. movies, gym, library
- Where?
 - Employment
 - Hotels/motels/guest houses
 - Car sharing
- When?
 - Track first signs of rash/bugs in relation to above activities/places



Advocacy and Change

- Provided education to staff and patients
 - All Staff meeting and routine staff education
 - Routine education to patients
 - Information pamphlet
- Established protocols to inspect for and protect against bedbugs within the Clinic

Protocol: First Phase

- If patient presents with unexplained rash he/she is provided education on our efforts to protect staff/patients and the following protocol steps are explained and initiated
 - Escort patient to triage room
 - Set up chair and two white sheets
 - Ask the 4 W's





Protocol, cont...

- If presence or evidence of bedbugs is unconfirmed, patient proceeds as usual
- If rash has persisted at time of next appointment, this protocol will be repeated
- Provide patient with informational pamphlet



Protocol: Second Phase

- If bedbug activity or presence of live bug is confirmed the following steps are taken:
 - Assisting staff robes in disposable gown
 - Patient escorted to isolated room to shower and change into scrubs provided by Clinic
 - Staff collects and seals patient's belongings in large plastic bags
 - Patient can proceed to appointment(s)
 - After appointment, patient to change back into street clothes, belongings returned, and he/she is escorted out of the Clinic





Precautions

- Designated room in facility supplied with plastic bags, scrubs/slippers (various sizes if possible), sheets, towels, DE powder
 - Designated room should be tiled and coved
 - Designated room should contain or be near shower facility



Clean Up

- Staff disposes of soiled sheets/scrubs and personal gown
- Room is sprayed and powdered

Rogue Bug!

- Kill it!
- Secure dead bug in a sealed container for ID purposes
- Inform janitorial services and any other relevant staff of presence of live bed bugs
- Call the exterminator





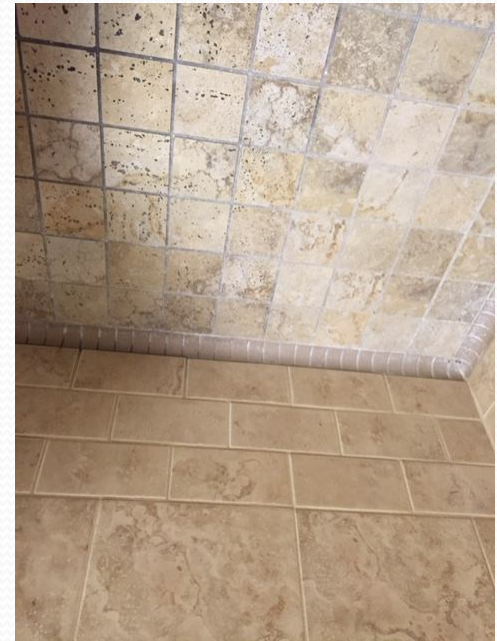
Staff Exposure

- Staff can change into scrubs and bag exposed clothes in sealed bag
- If available, put in dryer on high heat for at least 20 minutes or into specialized bag bug oven.
- If no drying mechanism on site, staff should take home items in sealed bag and dry at home.
- Remember to inspect other belongings, i.e. purses, books, briefcase



Designing/Updating an Office or Facility

- Avoid upholstered furniture, use hard wood or plastic
- Avoid carpeting, use vinyl, hard wood or ceramic with coving
- Avoid curtains and drapes
- Install wall hooks for purses, coats, bags
- Bed bug oven and/or dryer
- Shower and changing area



Nursing Homes and Assisted Living Facilities

- Home assessment prior to admission
 - Live bugs
 - Evidence, i.e. scat, sweet smell, rash
- Upon admission:
 - Patient should be asked if he/she has rash or bite marks
 - Patient should be checked for rash/bites during initial physical assessment
 - All belongings should be isolated and checked thoroughly
- Staff education and policies/protocols
- Be mindful of recommended design/updates for facility