APPENDIX K

Herpes Zoster (Shingles)

POLICY
It shall be the policy of to utilize accepted infection control methods to prevent and control *Herpes Zoster* (shingles) in all of the organization's facilities.

RESPONSIBILITY:

PURPOSE:
The primary goals of *Herpes Zoster* prevention and control in long-term care facilities are:

1. Preventing the transmission of *Herpes Zoster* to residents, staff, and visitors while preserving the quality of life for residents who have active shingles.
2. Facilitating admission or re-admission of residents with *Herpes Zoster*.

BACKGROUND:

- Shingles, or *Herpes Zoster*, results from the reactivation of the varicella-zoster virus along peripheral nerves and the skin they innervate from virus acquired during chickenpox that has become latent in the dorsal nerve root ganglia
- Shingles results in a red, painful, pruritic (itchy) and blistering rash typically following an area supplied by a nerve (dermatome). The rash is often preceded by pain or other discomfort in the area of the rash. Pain and itching can continue even after the rash has resolved (post-herpetic neuralgia).
- Shingles can be treated with antiviral agents
- Incidence of shingles increases with age and, therefore, it is common in the long-term care setting
- Only reservoir of the virus is humans
- Mode of transmission by direct contact with skin lesions. Only people with no history of chickenpox or varicella vaccination are susceptible to infection when exposed to shingles. Exposure to shingles can cause chickenpox in susceptible people but cannot cause shingles. Exposure to chickenpox does not cause shingles.

PROCEDURE:

<u>Control Measures</u>

A. General Control Measures (Note that only staff known to have immunity to the *Herpes Zoster* virus should take care of residents with shingles)
    1. Standard Precautions
        - Standard Precautions (see Standard Precautions policy for details of the procedures) and hand antisepsis should be followed carefully until all skin lesions are crusted
        - Gloves should be changed between tasks and procedures on the same patient after contact with material that may contain virus. Gloves

should be promptly removed after use and before touching noncontaminated items or surfaces

2. Hand hygiene
   - Strict adherence to hand hygiene protocols must be maintained
   - Alcohol-based hand antiseptic is effective as well; however, when visible hand contamination has occurred, washing with soap and water is required

3. Communication
   - If a resident with shingles requires transfer to another facility, this fact will be noted on the transfer documents.

B. Specific Control Measures

1. Admissions
   - It is the policy of not to deny admission to any individual who is known to have shingles

2. Room Placement
   - Isolation room or private room is not required

3. Activities
   - Resident with shingles should be allowed to ambulate, socialize as usual, and participate in therapeutic and group activities as long as the skin lesions can be covered by bandage or clothing
   - Note that those with no history of chickenpox should not be in direct contact with a resident with shingles

4. Environmental Cleaning. No special procedures are required because exposure requires direct contact with skin lesions.

5. Shared bathrooms, showers, tubs, etc. No special procedures are required.

6. Dishes, glasses, eating utensils, etc.-- No special precautions are needed.

7. Laundry
   - Standard precautions will be used for the handling of laundry from residents with shingles. Standard procedures will be used to deal with soiled laundry including bed linens.
   - Special handling (i.e., double bagging, etc.) is not necessary. Laundry should not be rinsed at point of use.
   - No special laundering procedure is required.

8. Staff Education
   - The facility has mandatory continuing education programs for staff that have direct contact with residents or items in their environment regarding standard infection control techniques as well as additional techniques such as contact precautions.
   - An important aspect of staff education is the understanding that those with no documented history of infection by the varicella-zoster virus are at risk for developing chickenpox if exposed

9. Resident, Family, Visitor Education
    - Residents and their families and visitors will be educated about shingles and the concern about exposure of those with no history of chickenpox. This education will be done using short handouts describing shingles and how it is transmitted and methods to control it.
    - Family and visitors will be required to clean their hands before entering and leaving the room of a resident with shingles.
    - Family/visitors will wear gloves when providing direct care (e.g., bathing). Hands will be washed after glove removal.
    - Staff will provide families, visitors and other residents additional support to alleviate their concerns and to ensure that they understand that residents with shingles need not be avoided.

C. Other considerations: the susceptible individual.
    1. The susceptible individual is one without a reliable history of chickenpox or shingles, documentation of prior vaccination against chickenpox, or serologic proof of immunity.

    2. Susceptible individuals will be identified at the time of employment as part of the initial health assessment (see employee health section for details).