

## Bed Bugs Protocol

**Practice Group Name: Diversity Midwives**

<b>Protocol Type:</b> Antepartum/intrapartum/Postpartum	<b>Date Approved:</b> October 13, 2020
<b>Sub-Category:</b>	<b>Date of Most Recent Revision:</b> October 13, 2020
	<b>Next Review Date:</b> October 2025

### 1. PURPOSE/BACKGROUND

The purpose of this protocol is to be used as a reference tool for midwives practicing in a variety of settings including in the clinic, in the hospital and in client homes due to the risk of exposure to bed bugs in the course of providing care. Midwives should be able to take precautions to prevent exposure and to prevent unwitting transport of bed bugs.

The adult insect measures 4-5 mm long and 1-2 mm thick, is a reddish-brown colour or bright red immediately after feeding. They can be seen by the naked eye and are similar in size and colour to an apple seed. Bed bugs feed primarily on human blood, and will bite all over the body but especially around the face, neck, upper torso, arms and hands. These bites can cause an allergic reaction in some people. Scratching of the bites can cause infection. These are nocturnal insects that rarely emerge in daylight or in well-lit areas. As bed bugs mostly feed at night on sleeping humans, they are most commonly found around cracks and seams in mattresses and bed frames, sofas or chairs

Although they are not known to transmit infection causing pathogens to humans, bed bugs can have negative physical, social and mental health impacts for those who experience infestations

### MIDWIFERY ASSESSMENT

#### 2.1 Risk factors:

- Crowded living conditions
- Residence in a building with a known infestation
- Recent travel to an area with higher incidence of bed bug infestation

#### 2.2 Identifying bed bug infestation:

The bedbug bite appears as a 2 to 5 mm erythematous papule or wheal with a central puncture. They are often itchy may appear in a linear series of bites. Bed bug bites may become infected secondary to scratching and produced cellulitis. Extreme infestations may be associated with anemia. Infestation can only be confirmed by identification of actual bed bugs.

Diagnosis is supported by following:

- Potential exposure
- Pruritic skin reaction characterized by erythematous papules or wheals
- Skin reactions in a linear configuration
- Cohabitants with similar conditions

## 2.3 Confirmation:

Suspected bed bugs can be submitted to Toronto Public Health for confirmation. Put insect(s) in a clear watertight container (e.g. baby food jar) with 70% rubbing alcohol to kill and preserve the insect. Call 416-338-7600 to book an appointment.

## 2.4 Differential Diagnosis

Bed bug bites may resemble a wide variety of disorders including:

- Other arthropod bites, including fleas, and parasitic mites, and scabies. These bites can also cause intensely pruritic papules.
- Primary skin disorders and diseases may include pruritic, papular eruptions, such as prurigo nodularis and urticaria.

## 3.0 PROCEDURES

### 3.1 Office visits

Once bed bugs have been introduced to an office environment they can continue to exist, moving between furniture, files, computer, and personal belongings. Over time bedbugs will change their behavioural patterns so that they feed during daylight hours.

Once established in an office setting bed bugs can be very difficult to eradicate due to the plentiful hiding spaces.

- On Intake clients may be asked if they have any known infestations or have had recent treatment for any pests including bed bugs
- For clients with a known bed bug infestation, it may be appropriate to have client come straight into the clinic room without waiting in the office area, and to remain seated on the examination table for the duration of the visit as it will be easier to identify bed bugs on this surface, is easier to clean and minimizes the possible opportunities to infest the office area.
- Upon departure of client, examination table should be examined and all surfaces wiped down with Cavi wipes

### 3.2 Home visiting

All midwives who visit clients in their home are encouraged to utilize preventive measures to minimize or prevent the spread of bed bugs either to the homes of other clients or to their own home.

- Avoid placing bags or equipment on upholstered furniture or bedding (this is the most common way to transfer bed bugs between locations)
- Wear protective booties, alternately wear a separate pair of shoes which are stored in a sealed plastic bag when not in use
- Do not sit on cloth-covered furniture or bedding

- If possible, bring a folding stool/chair for visits, alternately sit on a non-upholstered chair
- Bring garbage bags to place around equipment bags during the visit to minimize contact with surfaces
- Upon completion of the visit,
  - Perform self inspection immediately after leaving, prior to entering another facility or your vehicle
  - Pay attention to inside and outside of shoes, lace holes, socks, leg area and around hands and arms
  - If you find a bed bug or other insect, use wet wipes to contain or crush the insect
  - Remove used disposable booties right away and place in a sealed bag for disposal
- If at risk of transferring bed bugs from an infested home, upon arrival at your own home you should remove your clothing, in an attached garage or just inside the entry door. Immediately place clothes in a plastic bag that can be tightly closed via a knot or twist tie. Wash contaminated clothing in hot, soapy water and dry in a dryer using the highest heat setting that the fabric can safely withstand. Any clothing that cannot be washed or dry cleaned should be placed in a dryer on medium-high for at least 30 minutes
- Bedbugs can also be killed by exposure to -18C temperatures for a minimum period of 4 days

### 3.3 Out of hospital birth

#### 3.3.1 Home birth

Planned home birth with known infestation of bed bugs will be discussed on a case-by-case basis, as control of spread and infestation of bed bugs through personal contact and birthing equipment may be more difficult when birth takes place in the home. Alternatives such as the Toronto Birth Centre may be discussed as it may make control/prevention more feasible as client belongings could be contained.

- Midwives may choose to wear scrubs which could be removed immediately prior to exiting the home and placed in a sealed bag until they can be returned to the hospital for cleaning.
- Birth equipment bags should be placed inside large plastic garbage bags while in the home and any equipment that is set up for the birth should be inspected as it is put away
- Precautions such as those listed for home visiting should be applied in a home birth situation

#### 3.3.2 Toronto Birth Centre

If a client with a known bed bug infestation is planning a TBC birth, it is necessary to inform the BCA on shift prior to arrival at the TBC.

#### 4.0 COMMUNICATION PLAN/STRATEGY

When a client with a known infestation is in care, it is necessary to inform the rest of the practice in order to allow other midwives and administrative staff to take precautions as necessary.

#### 5.0 CLINICAL MANAGEMENT

##### 5.1 Treatment of bites

Bedbug bites spontaneously resolve, and treatment of the bites is not mandatory. However, significant pruritus is common and may be improved with a low- or medium-potency topical corticosteroid, an oral antihistamine, or both. Good hygiene and avoiding scratching will prevent secondary infection. Should secondary infection occur, it should be treated with appropriate antibiotics

##### 5.2 Psychologic support

Victims of bedbug infestations may experience varying degrees of stress, anxiety, and depression. should inquire about such symptoms and provide counseling, referral, or treatment, if indicated.

#### 6.0 REFERENCES

Elston D, Kells S.

[https://www.uptodate.com/contents/bedbugs?search=bed%20bugs&sectionRank=1&usage\\_type=defa<br/>ult&anchor=H449692777&source=machineLearning&selectedTitle=1~19&display\\_rank=1#H44969277](https://www.uptodate.com/contents/bedbugs?search=bed%20bugs&sectionRank=1&usage_type=defa<br/>ult&anchor=H449692777&source=machineLearning&selectedTitle=1~19&display_rank=1#H44969277)

Shindelar A, Kells S. Bed Bug Guidelines for Social Service Providers Who Conduct Home Visits. University of Minnesota.

[https://www.bedbugs.umn.edu/sites/bedbugs.umn.edu/files/y2013m09d18\\_social\\_service\\_homevisit<br/>\\_guidelines.pdf](https://www.bedbugs.umn.edu/sites/bedbugs.umn.edu/files/y2013m09d18_social_service_homevisit_guidelines.pdf)

Toronto Public Health. Submit a Bed Bug Sample. <https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/bed-bugs/submit-a-bed-bug-sample/>