POLICY STATEMENT
Any suspicion of a bed bug activity will be grounds for immediate action and notification of the appropriate team members. Vigorous action, treatment and reinspection will continue until there is no further evidence or indication of bedbug activity or potential for infestation. The Director of Facilities will be the person from which to receive the official word that no activity is found and patient care space can be utilized. This policy will provide requirements for establishing and maintaining protocol to promote safe, efficient, and environmentally-preferred strategies designed to prevent or control bedbug activity that may adversely affect health, impede operations, and/or damage property.

AFFECTED STAKEHOLDERS
Indicate all entities and persons within the Enterprise that are affected by this policy:
☒ Administrative Services
☒ Hired Staff
☒ Housestaff/Residents & Clinical Fellows
☒ Leased staff
☒ Medical Staff (includes Physicians, PAs, APNs)
☒ Patient Care Services (Nursing, PCT’s, Unit Clerks)
☒ Professional Services (Laboratory, Radiology, Respiratory, Pharmacy; etc.)
☒ Vendors/Contractors
☐ Other:

DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Bed Bug</td>
<td>Cimex Lectularius and hemipterus; small, flat parasitic insects that feed solely on the blood of people and animals while they sleep. They are reddish-brown in color, wingless, range from 1 to 7 mm, and can live several months without a blood meal.</td>
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<td>Infestation</td>
<td>To inhabit or overrun in numbers or quantities large enough to be harmful, threatening, or obnoxious.</td>
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<td>Personal</td>
<td>Sheets, pillows, blankets, sleeping bags, etc. that are not provided</td>
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PROCESS & PROCEDURES

- Visitors are discouraged from bringing personal linen into hospital waiting areas. Should visitors require linen, they will be provided by the hospital.
- Hospital Administration and Hospital Epidemiology reserve the right to require that no outside linens or bedding be brought into the hospital.
- Facilities Support Services provides a proactive preventive pest control program which performs risk assessments and routine monitoring of high risk areas, while also promoting the treatment and extermination of pest within the GRMC.
- GRMC provides staff training assist staff at GRMC in diagnosing patients presenting with indications of bed bug bites, recognizing bed bugs, and preventing and mitigating bed bug infestations at GRMC facilities.

Procedure upon suspicion of bed bugs

1. Upon suspicion that a patient, or room, may have indications of bed bugs, staff should contact Facilities Support Services at 706-721-9675 (1-WORK). Facilities will dispatch a Maintenance Technician to the location. If possible, staffing should collect a specimen of the insect, and label the container with the room number and date (NO PATIENT INFORMATION IS NECESSARY). If an insect has been collected, Facilities will examine the specimen to determine the true species of the specimen. If Facilities cannot determine the true species, an outside pest control vendor will be contacted for assistance.

2. Facilities Support Services will meet with Department Manager/Nursing (House) Supervisor/Charge Nurse to discuss what conditions may exist. Facilities will then inspect the room and room contents to confirm or deny activity.
   - Inspection of the bed: Thorough inspection by examining upper and lower surfaces. All cracks and crevices of the bed frame are to be examined.
   - Look for indications of insects and/or light-brown molted skins of nymphs and eggs.
   - Dark spots of dried bed bug excrement are often present along mattress seams or wherever the bugs have resided.

3. If the room has been inspected and/or insect(s) has been determined not to be a bed bug, Facilities will:
   - Notify the Department Manager/Nursing (House) Supervisor/Charge Nurse
   - Coordinate access to the room if occupied, for routine pest control treatment
Director of Facilities will email Director of EVS, Vice President of Facilities, Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer, Vice President of Patient Care Services, and The Director of Epidemiology a summary of events.

Procedure upon confirmation of bed bugs
1. Director of Facilities Support Services will notify, Director of EVS, Vice President of Facilities, Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer, Vice President of Patient Care Services, Director of Epidemiology, Pest Control Consultant and Quality Management of the confirmation.

2. Nursing personnel or clinical staff will immediately do the following:
   - Place the patient on contact precautions.
   - Identify another patient room for future transfer that will provide the same level of patient care.
   - Counsel patient/family members on the following:
     - The right to know about bed bug detection, prevention and control
     - Laundering of home items with hot water and detergent along with drying on a heated cycle (minimum of 120°) for 20 minutes
     - Potential need for home treatment.

3. Once the new room has been identified and ready for occupancy, nursing personnel or clinical staff will assist/provide the following services;
   - Assist the patient/family member with clothing removal
   - Assist the patient to shower, or give the patient a full bed bath. This allows for inspection of the skin and identification and removal of any bed bugs.
   - Provide patient gowns or scrubs from linen services
   - Double bag all personal belongings, sealing tightly and treat accordingly
   - Transfer the patient to new room and place the patient on Contact Precautions until discharge.

4. Facilities Support Services will notify nursing or the clinical manager to close the room. Closed rooms/areas are returned to service when the pest control company has inspected and treated the areas, and there is no further evidence of insects. The area/room where the bed bugs were found plus adjoining rooms are inspected and/or treated.
   - Inspection and treatment of all surfaces and furniture in the room that are known to potentially harbor bed bugs will be completed by the pest control agent; note that some furnishings may need to be either discarded or replaced if they are unable to be treated effectively.
EVS will assist with the following:

- Discard any Medical Center items (including bedding, linen, upholstery, and drapery) with evidence of bed bugs that cannot be treated by double bagging, tying securely, and taking them directly to the compactor for disposal.
- Vacuum to help remove residual bugs prior to treatment with insecticides. Afterward, dispose of the vacuumed contents in a sealed trash bag. Bed bugs and eggs are difficult to dislodge and the vacuum will need to be bagged, tied securely and taken out of service. Consult with pest control for treatment, cleaning, and storage of such equipment.

Patient Care Services and Environmental Services are responsible for routine monitoring of bed bugs and the implementation of control measures as outlined in this policy. Facilities Support Services are responsible for collaborating with Patient Care Services, Environmental Services, Pest Control, and Epidemiology to prevent such a spread. It is the responsibility of Hospital Epidemiology, Infections Committee, and Facilities Support Services to ensure routine review and revision of this policy.
REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS

The two species of bed bugs (Insecta: Hemiptera: Cimicidae) usually implicated in human infestations are *Cimex lectularius* and *C. hemipterus*. Although rare, humans may become incidental hosts of *Cimex* species of bats and birds.

Adults and all nymphal stages of *Cimex* spp. need to take blood meals from warm-blooded hosts, which are typically humans for *C. lectularius* and *C. hemipterus*, although other mammals and birds can be utilized in the absence of a human host.
Female bed bugs lay about five eggs (1) daily throughout their adult lives in a sheltered location (mattress seams, crevices in box springs, spaces under baseboards, etc.). Eggs hatch in about 4-12 days into first instar nymphs (2) which must take a blood meal before molting to the next stage. The bugs will undergo five nymphal stages (2, 3, 4, 5, 6), each one requiring a blood meal before molting to the next stage, with the fifth stage molting into an adult (7). Nymphs, although lacking wing buds, resemble smaller versions of the adults. Nymphs and adults take about 5-10 minutes to obtain a full blood meal. The adults may take several blood meals over several weeks, assuming a warm-blooded host is available. Mating occurs off the host and involves a unique form of copulation called ‘traumatic insemination’ whereby the male penetrates the female’s abdominal wall with his external genitalia and inseminates into her body cavity. Adults live 6-12 months and may survive for long periods of time without feeding.

*Cimex lectularius* is cosmopolitan in distribution; *C. hemipterus* is distributed in the tropics and sub-tropics.

**RELATED POLICIES**
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**APPROVED BY**

Chief Executive Officer, AU Medical Center

*Date:* 06/06/2016