Preventing Uninvited Visitors to Radiology: Bedbugs

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ABSTRACT: Radiology nurses provide patient care in many different settings. It is becoming much more common for patients to bring bedbugs with them into a health care facility. Because radiology nurses see such a high number of patients every day, it is important to understand how to handle bedbug issues when they arise. Through education, nurses can make sure that bedbugs do not take over a health care facility and cause undue stress for patients or nurses. (J Radiol Nurs 2011;30:67-69.)

KEYWORDS: Bedbugs; Education; Parasites.

Radiology nurses provide patient care in many different settings. It is becoming much more common for patients in health care settings to bring uninvited visitors. The visitors that are being referred to are bedbugs. No radiology practice settings are immune to the possibility of bedbug infestations. Wherever there are people, there is a possibility for the spread of bedbugs. This problem is increasing at alarming rates. Ninety-five percent of exterminators in the United States have reported that they have been called to eliminate bedbug problems since the year 2000 (Park, 2010). Before the year 2000, only 25% of exterminators responded to bedbug complaints (Park). Because radiology nurses see such a high number of patients every day, it is important to understand the problem and how to handle bedbug issues when they arise. Prevention through education is the key to making sure that bedbugs do not take over a health care facility and cause undue stress for patients or nurses. Do not let these unwanted visitors become permanent residents in your facility.

CASE STUDY
A 76-year-old female diagnosed with colon cancer arrives at the radiology department for placement of a portacath. She checks in at the front desk and waits to be called. After a 5-min wait, she is escorted to the preparation area by the radiology nurse. The patient changes into a gown and the nurse begins the preprocedure assessment. The nurse notices that the patient has bedbug bite marks on her chest and arms. There is some inflammation around some bites. What does the nurse do? Does she tell the patient to leave immediately or does she continue her assessment and ignore the bites?

Although the above case study is fictional, similar situations are occurring at health care facilities all over the country. Patients who are affected by bedbugs are arriving to receive care and nurses who have never faced this situation before have to figure out what to do. Having an understanding about bedbugs can help nurses know what to do and how to prevent bedbugs from becoming a major problem. Before looking at the best way to handle this issue, it is important to have some background knowledge about bedbugs.

FACTS ABOUT BEDBUGS
Bedbugs are external parasites that feast on human blood. Typically, these bugs bite people as they are sleeping at night and they hide during the day (National Center, 2010). Bedbugs can hide in very small places such as cracks and crevices (Kells & Hahn, 2010). They are known to hide under the bed, in mattress seams, headboards, or in curtains and bedding. However, as the prevalence of bedbugs is increasing, it is not uncommon to see bedbugs in health care facilities. It is possible for bedbugs to be in a laboratory or examination room because they can hide in baseboards, in the cracks of a chair or table, behind
wallpaper, and even inside of equipment. They can be brought into the facility by traveling on a person’s clothing, handbag, or coat. Bedbugs do not travel on a person’s skin such as lice do (Kells & Hahn, 2010). Bedbugs have an anesthetic effect when they bite, so people usually do not even know that they have been bit. It may take a week or two for red bite marks on the skin to even show up (see Figures 1 and 2). It is for this reason that a person could have bedbugs at home and not even know it. Bedbugs are very small but they can be seen. They are usually between 1 and 7 mm in size (see Figures 3 and 4). They are reddish brown or clear in color. Bedbugs shed and they leave behind a carcass, which can also be seen. Small bits of fecal matter might also be present. Bedbugs do not spread any infectious diseases (National Center, 2010).

NURSING CARE

The case study presented in this article could pose a dilemma for a nurse who has never encountered this problem. However, for a nurse who has been in this situation before and was educated about the policy for handling bedbugs, it would be less stressful. Because it is known that bedbugs do not travel on the skin, the nurse should not assume that bedbugs were brought to the radiology center by a patient even if it is determined that the patient has been bitten by bedbugs. If there are no visible bugs on the patient, then there is not necessarily a need to decontaminate the room (EDs trying, 2010). Each health care facility’s policies vary, however, so the procedure for suspected cases may be different for your facility. A pest control company could conduct regular inspections as a precaution. The patient should receive her treatment.

If a bedbug is spotted on a patient’s clothes then the nurse should put the bug in a specimen cup, if possible, so that the bug could be identified by a pest control company (EDs trying, 2010). In this instance, the pest control company would need to be called right away. All nurses who took care of that patient would be considered to have been exposed. Precautions such as changing into clean clothes should be taken. The clothes that the nurses were wearing should be washed in hot soapy water and dried on the hottest setting. All areas where the patient had been should be decontaminated after the patient leaves. Patients should receive
care if they are already in the room. The room and all patient areas need to be decontaminated anyway.

**FOLLOW-UP**

If patients have bedbugs in their home they will need help and support in dealing with the problem at home. Patients should be educated by the nurse that although unpleasant, bedbugs do not spread infectious diseases and they should be reassured that it is not their fault. They should be told that they will need to get help to deal with this problem. Although pest control services are very expensive, patients should not try to handle the problem on their own. The radiology nurse should give patients a list of phone numbers for some local pest control companies in the area specializing in bedbug treatment. These numbers can be found in the phone book. Patients should be told that their carpets need to be cleaned and any clutter needs to be removed.

The nurse could also ask the doctor if a referral could be made for home care services. Radiology patients may have serious health conditions and now they may have added anxiety related to the bedbugs. Patients may need additional help to deal with their own health and with the infestation. The home care agency will conduct an assessment of the patient and a home assessment. The home care agency may decide to send a social worker to assist a patient with plans to handle the problem. Another possible resource for patients is a Faith Community Nurse (FCN) or a Parish Nurse. Ask patients if they belong to a faith community or if they would want help from an FCN. If a patient does not belong to a religious institution and would like to have a FCN, find out if there is an FCN in the area that would be willing to help patients. An FCN could give patients spiritual and emotional support and to provide referrals to community resources that could help them to handle their problems.

**PREVENTION**

Nurses need to know what bedbugs look like and understand the policy and procedures of their facility. If nurses are not aware of what to look for, a bedbug problem could get out of control. Sheets, towels, and blankets should never be used by more than one patient without being washed in between. The changing rooms for the radiology department should be cleaned regularly. Tiled floors are preferable but if there is a rug present it should be steam cleaned often. If there are curtains, they should be washed in hot soapy water or dry-cleaned on a regular basis. Metal or plastic chairs are better than wood or upholstered chairs. Routine bedbug inspections by the nurses and the pest control company should be conducted as a precaution. One hospital in the midwest has had so many incidents of bedbug cases that they have a designated decontamination room with a separate hospital entrance. The patients who are known to have bedbugs are washed in the decontamination room and kept out of the main area of the hospital (EDs trying, 2010). Not all facilities have a separate decontamination room available however, so each facility needs to look at their own situation and determine what works in their own setting based on the number of bedbug cases at their facility.

**BE PREPARED**

Radiology nurses need to be prepared before the arrival of bedbugs. Education about bedbugs should take place for all the staff members. The policy and procedures for handling bedbugs should be easily accessible to all staff. A relationship with a pest control company or companies should be established. There should be a phone number posted in an obvious spot so that the nurse can call the pest control company right away if needed. The appropriate cleaning supplies need to be available for the cleaning staff ahead of time. A midwest hospital that has frequent problems with bedbugs routinely uses Rid 60 by Prochem (Chandler, AZ) or Misty Dualcide P3 by Amrep (Marietta, GA) (EDs trying, 2010). Decide what products your facility should stock so that you have the right supplies on hand. Find out who can help patients in your community. Compile a list and create a hand out to be given to patients when this situation occurs. Quality patient care is always a priority and patient care will be less affected when nurses are aware. Being knowledgeable about bedbugs is the key to preventing them from taking up residence in your facility.

**References**


