**Management of Scabies Policy**

**Effective From:** 29/02/2012

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<tr>
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<tr>
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This policy supersedes all previous issues.
## Version Control

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Management of Scabies

1 Introduction

The aim of this policy is to treat and contain episodes of scabies infestation in a timely manner, for the benefit of patients and Trust employees. This policy should be read in conjunction with the following policies in order to maintain a high standard of care and protection for Trust users and staff:

- IC 2 Personal Protective Equipment in Clinical Practice
- IC 3 Standard Precautions for the Control of Infection
- IC 4 Hand Hygiene
- IC 24 Outbreak Management

2 Policy scope

This policy applies to all healthcare professionals within Gateshead Health NHS Foundation Trust.

- Scabies is caused by an allergic reaction to a tiny parasitic mite which burrows into the epidermis of the skin. It is a condition which can be difficult to diagnose.
- Patients present with itching which is often severe and usually worse at night. The mite which causes scabies is called *Sarcoptes scabiei*.
- It is the female mite which burrows into the epidermis, usually just above the dermal/epidermal boundary. The female mite lays 3 eggs a day which hatch into larvae after 3 days. The normal life cycle of the mite is 9 days.
- As with some other types of allergy the appearance of symptoms is delayed, usually appearing 4-6 weeks after infection. There is, therefore, plenty of time for an asymptomatic infected individual to transmit the mite to close contacts.
- The sites of the allergic reaction do not necessarily correspond with the sites where the mites are found. (This is an important point to remember when applying treatment).
- While infestation with the scabies mite is not life threatening, the discomfort and severe itching can be debilitating and lead to depression in those infected. Sleep is usually affected and secondary infection may also occur.
- Diagnosis of an unexplained rash should be discussed with senior medical staff at the earliest opportunity in order to enable a prompt response and minimise the number of people that need to be treated. A Dermatology opinion may need to be sought in an atypical case.

3 Aim of policy

The aim of this policy is to reduce the transmission of scabies to patients and staff by early identification of suspected and known cases of scabies. It outlines the arrangements for identification, treatment and follow up for all people with suspected scabies and their contacts.
4 **Duties (Roles and responsibilities)**

The Chief Executive has responsibility for ensuring the Trust has robust and effective Infection and Prevention Control Policies.

The Directors of Infection Prevention and Control have executive responsibility for Infection Prevention Control and oversee Infection and Prevention Control activity via the Infection and Prevention Control Committee.

Head of Risk Management is responsible for reporting serious untoward incidents related to healthcare associated infection to the Strategic Health Authority.

Head of Infection Prevention and Control - will give advice against this policy. Ensure this policy is updated every two years or in line with current national guidance.

The Infection and Prevention Control Team/Consultant Microbiologist – will give advice and support on management and policy interpretation. (See 9 Monitoring and compliance)

The Infection Prevention and Control Committee is responsible for the ratification of Trust wide infection prevention and control policies, procedures, and guidance, providing advice and support on the implementation of policies and monitoring the progress of the annual infection control programme.

Managers will ensure that all staff are aware of and follow this policy and are aware of their own roles and responsibilities to ensure safe practice.

Healthcare professionals will ensure that this policy is followed to ensure safe practice. Suspected cross infection investigations will be coordinated by the relevant Trust manager.

The Communicable Disease Control Doctor (CCDC) takes the lead in establishing the collaborative arrangements necessary for the prevention of the spread of infections.

In the event of an outbreak/suspected outbreak an Outbreak Control Team (OCT) should be formed to manage the outbreak. This will be led by the Trust. The CCDC or deputy will be part of the OCT.

All incidents should be reviewed by the Trust Infection Prevention and Control Committee (IPCC) and included in the Annual Report.

Trust Communications Officer is responsible for producing media related messages related to any Trust incident. They will be given essential background information via the relevant manager and IPCT to assist in a collaborative statement which will be approved by the Chief executive officer or their deputy.

Trust Clinical Staff are responsible for adherence to IC policy with particular attention to IC 2 Personal Protective Equipment in Clinical Practice and IC 6 Isolation Policy.
5 Definitions

5.1 Classical Scabies

- This is the form of the disease found in people with a normal immune system.
- In this form there are usually less than 20 mites present at any one time, mostly found on the hands and wrists.
- Scabies is characterised by a widespread, itchy, symmetrical rash, caused by the allergic reaction to the mite which burrows into the skin.
- Classic sites of infestation are between the fingers, wrists, axillary areas, breasts, peri-umbilical area, penis, scrotum and buttocks. In infants areas of the body affected also include the face, scalp, palms and soles.
- When the patient becomes sensitised the major symptom is a papular, scaly rash which is extremely itchy, especially at night.
- Standard protective precautions should be adopted with apron and gloves worn for all physical care. See Standard Precautions for Control of Infection Policy No: 3.

5.2 Crusted (Norwegian) Scabies

- This is also known as Norwegian Scabies. It is a rare form of the disease which usually affects people with impaired immune systems or the elderly.
- There may be hundreds or even thousands of mites present. The presence of large numbers of mites causes the skin to become lichenified, thickened, crusted and it often looks unsightly. It may resemble psoriasis.
- The crusted areas may be found anywhere on the body. As there is a reduced allergic response, the itchy rash may not appear; consequently the disease may not be uncomfortable. The characteristics of this condition allow it to be more easily transmitted.
- With this form of scabies the patient would always be isolated and barrier nursed in a single room.
- A long sleeved gown and gloves should be worn by all healthcare staff providing physical care. Discard after each episode of care.

5.3 Atypical Scabies

- This is a form of the disease which is difficult to recognise. It usually affects patients with an immature or impaired immune response e.g. children up to 4 years of age, the elderly, alcoholics, patients taking immuno-suppressive drugs.
- Many of these cases can be found in residential care homes for the elderly, hospitals etc.
- The number of mites present are intermediate between the classical and crusted forms and they may be found anywhere on the body.
- Scaling and crusting may be present, but is usually slight and itching may be mild or absent. These two factors often delay the diagnosis in an atypical case, which may then result in a classical outbreak amongst contacts.
6 Transmission and Management of Cases

6.1 Transmission

- The Scabies mite can only be transferred from an infected person to another by prolonged skin to skin contact (10-20 minutes). Experiments have shown that it is the fertile female mite that needs to be transmitted to cause infection in the recipient.
- Mites are true parasites and are incapable of an independent existence. They cannot climb, fly or jump. Clothing and bed linen, therefore, do not play a role in transmission. (Exception–see Crusted/Norwegian Scabies).
- Normal hygiene and washing of laundry is all that is required – unless Norwegian Scabies is diagnosed, when linen must be handled as infected linen. Further advice can be obtained from the Infection Prevention and Control Team (IPCT).
- The important issues are early diagnosis and treatment of the infected person and treatment of all contacts in a co-ordinated manner.

6.2 New Admissions

- When a patient on admission presents with an itchy rash which is diagnosed as scabies, only that patient is treated. Individual treatment is available in the emergency drug cupboard.
- Should the patient be admitted from a nursing or residential care home or other institution, the IPCT and Communicable Disease Control Nurse (CDCNs)/Consultant for Communicable Disease Control (CCDC) (Tel:0844 225 3550) must be notified in order that other residents/staff in the home are treated.

6.3 Management of Scabies in Hospitalised Index Case/Outbreak

- All staff should attend mandatory training in Infection Prevention and Control and it is the responsibility of service managers to ensure that non attendees are followed up.
- When patients or staff present with any unexplained rash or itching, scabies must be considered in the differential diagnosis.
- Initial case(s) where the diagnosis is in doubt should be referred as soon as possible by the medical staff to a Consultant Dermatologist for a definitive diagnosis.
- When a diagnosis of scabies has been confirmed, the action to be taken is as follows:
• The nurse in charge of the ward must:
  a) Inform the IPCT.
  b) Generate a list of patients and one for staff (giving full names) and fill in the appropriate proforma (See Appendix IV) – for Staff Only). A complete list of patients and staff undergoing treatment must be held by the ward and copies sent to the IPCT. Occupational Health and Safety and Pharmacy must be sent staff names. Monday to Thursday 09.00 - 17.00 and Friday 09.00 – 16.30 please send documentation to Occupational Health and Safety. Outwith these hours please contact emergency duty Pharmacist.
  c) Treat all patients according to treatment protocol (appendix 1).
  d) The movement of patients to/from the infected area/areas must be restricted until all patients have been treated.
  e) Inform the relatives of symptomatic patients of the situation and advise them to contact their GP regarding treatment.

• The Ward Manager is responsible for co-ordinating the following necessary action:
  a) Liaise with other disciplines of staff, Physiotherapy, Hairdressing, Portering, Domestics etc. as applicable.
  b) Only ward staff with close personal contact of at least 10-20 minutes skin to skin contact with the index case need to be treated. Staff presenting with SYMPTOMS must be advised that CLOSE FAMILY CONTACTS require treatment via their General Practitioner. Any pregnant/breast feeding members of staff should be seen by Occupational Health and Safety. Nursing staff in the Occupational Health and Safety department can prescribe staff treatments via a Patient Group Directive (PGD) and the Pharmacy department to supply staff treatment.
  c) Any bank nursing staff affected must be informed and treated prior to returning to duty. Infected staff should not return to work until 24 hours after treatment.
  d) The movement of staff to/from the infected area/areas should be restricted if possible until treatment has been given.
  e) A list of staff to be treated with Permethrin (Lyclear) must be sent to the Occupational Health and Safety and Pharmacy departments.

• Treatment should be carried out according to the attached treatment regime. (See appendix 1)
• Remember itching can continue for 4-6 weeks after treatment, topical preparations could be prescribed for this e.g. Hydrocortisone 1%
• No special precautions are required for the handling of used linen or patients’ clothing unless Crusted (Norwegian) Scabies has been diagnosed. In this case linen must be handled as “infected” linen. Please refer to the Laundry Policy No: 10 linen should be disposed of at the point of care into a red alginate plastic bag.
• Infected patients with Classical or Atypical Scabies must remain in isolation until 24 hours after treatment. Patients with Crusted (Norwegian) Scabies require combination treatment with 5 – 7 doses of oral Ivermectin, at 200 micrograms/kg on days 1,2,8,9 and 15. Topical Permethrin (Lyclear) and keratolytic treatment also needs to be given. The IPCT will advise when these patients may come out of isolation.

• There should be repeat applications of Permethrin – please see Appendix 1
FLOW CHART FOR MANAGEMENT OF SCABIES

Scabies Management

Diagnosed hospitalised patient/ staff member

→

Only patients and staff with close personal contact with the index case to be treated (at least 10-20 minutes skin contact)

- Patient treatment must be prescribed by doctor. Staff treatment is given via Occupational Health and Safety or Pharmacy departments (in case of contra-indications). Everyone must be given treatment within the same 24 hour period.

→

Notify – Senior Nurse/ Matron who will notify:

The Infection Prevention and Control Team and Occupational Health and Safety department.

Ward sent prescription

→

See treatment regime attached

Patient diagnosed on admission

→

Treat only that patient

→

See treatment regime attached

N.B.
Following treatment the rash and itching is likely to get worse.
7  **Training**

All trust staff attend a corporate and local induction programme. Staff must be familiar with the policy outlined within this document as it is their responsibility to adhere to Trust policy. Staff managers must ensure that personal protective equipment is available for all staff and fit for purpose. See Infection Prevention and Control Policy No.2 – Personal Protective Equipment Policy. Annual infection prevention and control updates are mandatory for all staff.

8  **Equality and Diversity**

The Trust is committed to ensuring that, as far as reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. The policy has been appropriately assessed.

9  **Monitoring Compliance**

Performance indicators for this policy include measures of adherence to the Infection Prevention and Control Policies No.2 – Personal Protective Equipment and No.6 - Isolation Policy.

Weekly ward Quality Measure audits which are submitted centrally via the trust Safecare dashboard will monitor compliance against the Personal Protective Equipment Policy No. 2.

Point prevalence weekly isolation audit performed by IPCT reported at weekly IPC meetings will monitor compliance against the Isolation Policy No. 6.

Compliance with this policy will be monitored by Infection Prevention and Control on a case to case basis and will address any issues not currently complied with and monitor until patients discharge.

Exceptions to practice such as inappropriate PPE and inability to isolate will be discussed and minuted at the Infection Prevention & Control weekly surveillance meetings and taken forward to the Infection Prevention & Control Committee.
**Audit and Surveillance**

The following will be included in audit of this policy and will be part of the Infection Prevention and Control Annual Report.

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<td>IPC member who leads outbreak debriefing meeting with matron from affected area and Occupational Health and Safety representative if staff treatment is required.</td>
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10 **Consultation and Review**

Trust IPCC membership, Primary Care Team and Health Protection Agency.

11 **Implementation of Policy (including raising awareness)**

Implementation of this policy should be minuted at the Divisional Safecare Meeting and cascade responsibility to the IPCC representatives via the Trust IPCC.

12 **References**


13 **Associated Documentation**

- IC 2 Personal Protective Equipment in Clinical Practice
- IC 3 Standard Precautions for the Control of Infection
- IC 4 Hand Hygiene
- IC 6 Isolation Policy
- IC 24 Outbreak Management
Appendix 1

PERMETHRIN (LYCLEAR) TREATMENT FOR SCABIES

1. Do not bath/shower immediately prior to application of the cream.

2. 5% Permethrin dermal cream should be applied carefully to the entire body excluding head and face. (Do not use on broken or secondarily infected skin). Staff should use gloves and apron when applying cream to patients and a long sleeve gown and gloves for crusted/Norwegian scabies.

3. Particular attention should be paid to the soles of the feet, between the toes and fingers, under finger and toe nails, all skin folds, including behind the ears.

(NB: Care should be taken to avoid the eyes and mouth)

4. The cream should have skin contact for 8 – 12 hours, preferably overnight before washing off.

5. Lyclear cream should be re-applied to skin surfaces that have been washed during the 8 – 12 hour period e.g. hands.

6. There should be a repeat application after 7 days.

Important Notes

- Asymptomatic persons may get a rash and itching after the treatment.

- Symptomatic persons may experience a more severe rash and intense itching after the treatment.

- The rash/itching may persist for several weeks after treatment. Topical preparations can be prescribed to relieve the symptoms e.g. Hydrocortisone 1%.

- Persons suffering from Crusted/Norwegian Scabies require a 2\textsuperscript{nd} and 3\textsuperscript{rd} application of treatment at 3 day intervals as advised.

- If patients/staff are pregnant, breast feeding or there is a worry about any underlying medical condition, these issues must be discussed with the patient’s physician, or the Occupational Health and Safety or Pharmacy departments if a member of staff.
WHAT YOU NEED TO KNOW ABOUT SCABIES

• What is scabies?

Scabies is caused by a tiny mite which burrows under the skin. This causes severe itching, which is often worse in bed or after a hot bath.

There can be a rash anywhere on the body, especially on the wrists, around the finger and toe webs, between the thighs and on the trunk. Other areas frequently affected are the groin area in men and the breasts in women. CORRECT DIAGNOSIS IS ESSENTIAL.

• How do you catch it?

Scabies is spread from person to person by direct skin contact. The scabies mite cannot jump from person to person. A person with scabies can continue to spread the infection by prolonged skin contact, until they have been treated.

Under normal conditions the scabies mite cannot live away from the body for prolonged periods of time. At temperatures of less than 20°C they cannot move or penetrate the skin.

• How do you know if you have scabies?

If you have an itchy rash on the body which does not clear up quickly, see your doctor. Scabies often causes small burrows under the skin, especially between the fingers. This can help doctors tell if someone has scabies, but not everyone with scabies has burrows.

• Does scabies mean that you have poor hygiene standards?

NO. The scabies mite is happy to infect people even if they are very clean.

• Is there any treatment?

YES. There is a treatment which will kill the mites, but itching can continue for up to a month after the treatment has been applied. Persistent irritation may benefit from additional treatment to relieve the symptoms.

Although lotions can be bought from the chemist, it is preferable to see your doctor. There are many causes of rashes. Anyone who has eczema, is pregnant or breastfeeding MUST see their doctor before starting treatment.
• **Who should be treated?**

All those living in the same house as the person with scabies should be treated, even if only one person has the obvious rash. Everyone should be treated at the same time to ensure they do not reinfect each other. Others who may have had regular skin contact eg childminders, grandparents should also be treated – seek advice from the Communicable Disease Control Nurse (CDCN).

• **How is scabies treated?**

Several skin treatments are available. Your doctor will advise which treatment to use and who should be treated. Treatment is applied from the neck down. It is important not to forget the hands, including under the nails, and the soles of the feet. You should reapply treatment to the hands if you wash them during the treatment period.

There is no need for a bath before applying the cream or lotion. Indeed, a hot bath may cause the lotion to produce an unpleasant reaction. Bedding and clothing should be laundered as normal the day after applying the cream.

• **Where can I get further advice?**

For further advice, either contact your own General Practitioner, Community Infection Prevention and Control Nurse (CIPCN) Telephone No: 0191 283 1144 or Health Protection Nurse (HPN) Telephone No: 0844 225 3550
Appendix 3

**SCABIES**

- Inform medical staff if patients have unexplained rashes.
- NEVER treat patients unless instructed to do so by medical staff.

- Contact the Occupational Health and Safety department if you have an unexplained rash
- NEVER treat yourself until a diagnosis has been made.

- Until a diagnosis has been made/confirmed, staff should wear gloves and aprons when caring for “suspect” patients. If crusted scabies is suspected wear a long sleeved gown and gloves.
- Self treatment can make diagnosis difficult.

- Follow treatment regime as outlined and document in patients’ notes/careplans.
- NEVER repeatedly treat patients or yourself with Lyclear unless advised to do so by medical staff/Occupational Health and Safety department.
Patient Group Direction: Supply of Medication Record Sheet

**Drug Name: Permethrin (Lyclear) 5% Cream**

Staff members named on this proforma must have been consulted to ensure that they do not meet any of the following exclusion criteria for treatment:

- Pregnancy
- Breast Feeding
- Broken/secondarily infected skin
- Known hypersensitivity to the product (contains coconut oil/lanolin)
- Staff member refuses treatment

Any staff meeting the exclusion criteria described above must contact Occupational Health & Safety Department directly.

**N.B:** Topical corticosteroids for eczematous-like reactions should be withheld prior to treatment with Permethrin as there is a risk of exacerbating the scabies infestation by reducing the immune response to the mite. The risk of potential adverse effects or reduced efficacy, however, is small.

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