Document Control

Title			
Scabies Policy			
Author		**Author's job title** Lead Nurse Infection Prevention & Control	
Directorate Nursing		**Department** Infection Prevention & Control	
Version	**Date Issued**	**Status**	**Comment / Changes / Approval**
1.0	July 1996	Final	Ratified Trust Board
1.1	Sep 07	Revised	Submitted to Infection Prevention & Control Committee 18.9.07.
1.2	Jul 2008	Revised into new corporate format	Submitted to Infection Prevention & Control Committee 22.7.08
1.3	Aug 2008	Revision	Final amends to ensure corporate identity requirements
1.4	Dec 2009	Revision	Review dated extended by 12 months as agreed at Infection Prevention & Control Team meeting on 17 December 2009. Minor amends to document control report, and hyperlinks added for appendices.
1.5	Apr 2012	Revision	One year review date extension approved by Infection Prevention and Control Committee on 3rd April to allow updating.
2.0	Aug 2012	Revised into harmonised policy format	Harmonised policy as a result of the merging of Northern Devon Healthcare NHS Trust and NHS Devon community services. A summary of key issues and differences is on page 3. Approved by Infection Prevention & Control Committee on 4th September.
2.1	Oct 2012	Revision	Minor amendments by Corporate Governance to document control report and formatting for document map navigation and table of contents. Equality Impact Assessment updated.
2.2	Feb 16	Revision	New template. Minor amendments and references updated
2.3	Apr 19	Revision	Minor amendments and updates
3.0	April 19	Final	Approved at IPDG meeting 30th April 2019

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CONTENTS

1 Purpose

1.1 The purpose of this document is to detail Northern Devon Healthcare NHS Trust's system for the control of scabies infection on patients and staff. It provides a robust framework to ensure a consistent approach across the Trust.

1.2 The purpose of this document is to ensure operational compliance with clinical practice as outlined in this policy in the treatment and prevention of this disease

1.3 Implementation of this policy will ensure the correct and prompt treatment of patients and staff with scabies. It will also detail the treatment of identified contacts to minimise the risk of onward transmission.

1.4 The policy applies to all clinical staff

2 Definitions

2.1 Scabies

Scabies is defined as infestation to the skin by the Sarcoptes scabiei mite.

2.2 Crusted Scabies

Crusted Scabies is a more severe form of scabies accompanied by crusted lesions and heavy skin cell shedding. Infestation often appears as a generalised dermatitis. It is sometimes called Norwegian Scabies.

2.3 Rash

A rash is defined as a local skin reaction or outward sign of a disorder affecting the body.

3 Responsibilities

3.1 Role of the Chief Nurse

The Chief Nurse is responsible for:

- Acting as a second point of contact to support
- Ensuring that a replacement main contact is identified should the original author be re-deployed or leave the organisation.

3.2 Ward/ Departmental Managers

Responsibility for implementation of this policy lies with the Senior Nurse (usually Ward Sister) or Departmental Manager in Charge of the areas to which these statements apply unless specifically stated otherwise in the text.

Ward staff must notify the Infection Prevention and Control Team of all cases of suspected or confirmed Scabies.

3.3 Infection Prevention and Control Team

It is the responsibility of the Infection Prevention & Control Team to support managers in the implementation of this policy and provide expert guidance to front line clinical staff on management of cases and outbreaks of Scabies

3.4 The Infection Prevention and Control Committee

Monitoring compliance with the policy

Ensuring that the policy is approved after review and prior to publishing

4. Contacting the Infection Prevention and Control Team

4.1 The Infection Prevention and Control Team can be contacted in hours on 01271 322680 (ext 2680 internal at North Devon District Hospital), via bleep 011 or out of hours by contacting the on-call Medical Microbiologist via North Devon District Hospital switchboard.

5. Scabies

5.1 Definition and Recognition

Sarcoptes scabiei is a human mite which penetrates the outer layers of the skin, causing an infestation, which will be described as “infection” elsewhere in this policy.

The mite is transmitted from one person to another, by fairly prolonged direct skin to skin contact, especially via the hands, or through sexual contact

The body’s immune system reacts to the mite’s droppings and saliva resulting in an immune reaction, which produces an intense itching. However, some elderly patients do not seem to experience this degree of discomfort and this can lead to delayed diagnosis.

Diagnosis is based on clinical presentation and a persistent, unexplained, irritating rash would be suggestive of infestation. If diagnosis is not clear a dermatological opinion should be sought. Diagnosis can be supported by obtaining skin scrapings to detect the mites, their eggs or faecal pellets.

The incubation period is 2 to 12 weeks after contact with an affected person - People who have been previously infested will develop symptoms 1 to 4 days after exposure. Skin penetration is visible as papules, vesicles or tiny linear burrows containing the mites and their eggs. Burrows are not easily seen but may appear as tiny white lines.

Mites can be found predominantly on the hands and wrists where the skin is thin.

The lesions occur mainly on the hands, finger webs, wrists and inside of arms, abdomen/ waist, groin and under buttocks. In infants and immunocompromised patients, the head, neck, palms and soles may be involved. These areas are often spared in older individuals.

The intense itching is aggravated by warmth and moistness. Itching occurs especially at night or after a hot bath or shower.

Lesions caused by scratching can develop a secondary infection.

Crusted (Norwegian) scabies can occur in immunocompromised individuals, the very old and very young including children with Downs Syndrome. In this situation the mite multiplies rapidly, causing spread all over the body, including the head. Crusted lesions often occur, which are highly infectious because of the numbers of mites involved and the resultant exfoliation of skin scales.

People who have crusted (Norwegian) scabies can spread their infection via skin to skin contact and also through items such as clothing and bedding being contaminated.

An individual who has direct skin to skin contact with a person with crusted Scabies is thus more likely to contract Scabies, but this will not manifest as Crusted (Norwegian) Scabies unless the newly infected individual is immunocompromised.

Scabies should be considered in cases of rashes of unknown aetiology.

Ward staff must notify the Infection Prevention & Control Team of all cases of suspected or confirmed scabies.

5.2 Management of Scabies Cases

Other relevant policies in the Infection Prevention & Control Manual must be adhered to (unless specific advice in this policy contradicts them), in particular:

- Laundry Policy
- List of Infection Control products/PPE plus ordering details on Bob
- Outbreak of Infection Policy
- Patient Isolation and Staff Exclusion Policy
- Standard Infection Control Precautions Policy
- Waste Management Policy

5.3 Control - Patients

For hospital inpatients isolation in a side-room is required until the first treatment has been completed, which is normally a minimum of 8 hours of topical cream/lotion application and a maximum of 24 hours depending on the treatment prescribed.

Early recognition and prompt treatment is the most effective method of control.

Ensure that all people who have close social contact with the index case (such as direct family/ partners) are treated simultaneously.

Gloves and long sleeved gowns must be worn by all staff having direct skin to skin contact with the patient.

5.4 Control - Staff

For community staff visiting a patient with suspected Scabies in their own home, gloves and long sleeved apron must be worn for all direct skin to skin contact until first treatment has been completed.

Members of staff who suspect they have scabies should visit their GP or the Occupational Health Department at the earliest opportunity.

Ensure that all people who have close social contact with the index case (such as direct family/ partners) are treated simultaneously.

Staff with scabies should not work until they have completed their first treatment (i.e applied the topical therapy for the minimum duration for effective application). This requirement may be modified when a whole ward/area is being treated during an outbreak.

5.5 Treatment

Treatments of choice are:

Permethrin 5% Dermal Cream (pyrethroid) which:

- Should be applied to the whole body and washed off after 8 – 12 hours contact time.
- Must be applied to the face (excluding the peri-orbital and mouth areas), neck, scalp and ears and needs to be re-applied to hands following hand washing within the 8 – 12 hour contact time. The most convenient application period is during sleeping hours.
- Requires medical supervision for children aged 2 months to 2 years.
- Must **NOT** be applied to broken or secondarily infected skin.

Malathion 0.5% Liquid (organo-phosphate) which:

- Should be applied to the whole body and washed off after 24 hours contact time.
- Needs to be re-applied to hands each time following hand washing within the 24 hour contact time.
- Must be used under medical supervision for children under 6 months old.

Aqueous creams and liquids are preferable to alcoholic preparations for use as they are easier to apply and less irritating to sensitive skin areas.

- Do not apply onto broken or secondarily infected skin

Ivermectin which:

- Is a systemic treatment and may be used simultaneously with topical therapy in cases of Norwegian/crusted Scabies
- Used with guidance from Dermatology Dept and/or Consultant Microbiologist.

It is recommended that two topical treatments are given, seven days apart for staff or patients with symptomatic disease.

The treatment should be given as follows:

- Medication must be used only as prescribed.
- Manufacturer's instructions must be followed. Hot baths should be avoided immediately before treatment is applied.
- Re-application of treatment to hands must be ensured following hand washing during treatment period, as this is a common cause of treatment failure.
- All people who have close social contact, such as direct family/ partners with index case must be treated simultaneously. Asymptomatic contacts only require a single treatment.
- Clothing and bedding should be changed and laundered in the usual manner following completion of the treatment. There is no infection control reason to launder bed linen and clothing, as mites do not survive off the body. The only exception to this is Norwegian/crusted scabies when excessive skin shedding may contribute to temporary survival in the environment and thus contribute to transmission.

Medical/ infection control advice should be sought prior to treatment of pregnant women, breast-feeding mothers and children.

For Crusted (Norwegian) Scabies, or where children are affected, treatment should include the head and neck. In severe cases systemic treatment may be prescribed under supervision of a dermatologist.

It is possible for the itching to continue for several weeks after successful treatment as it takes time for the allergic reaction to subside, even though the mites have been destroyed. Re-treatment should be considered if itching persists for longer than 2 weeks. Piriton may be required.

If the itching in the 2 weeks immediately post treatment is severe, the doctor in charge of your care in hospital or GP following discharge, should be consulted about treatment to relieve the symptoms experienced.

The Infection Prevention & Control Team will review this policy within one year of authorship. If new guidance is received or circumstances change, this policy will be reviewed accordingly.

6. Monitoring Compliance with and the Effectiveness of the Policy

Standards/ Key Performance Indicators

6.1 Key performance indicators comprise:

- Absence of hospital acquired cases of Scabies in patients and staff.
- Prompt, effective management and treatment of affected cases, in order to minimise the risk of onward transmission and prevent an outbreak situation.

Process for Implementation and Monitoring Compliance and Effectiveness

6.2 After final approval, the author will arrange for a copy of the policy to be placed on the Trust's intranet. The policy will be referenced on the home page as a latest news release.

Information will also be included in the Chief Executive's Bulletin which is circulated electronically to all staff.

Line managers are responsible for ensuring this policy is implemented across their area of work.

Monitoring compliance with this policy will be the responsibility of the Infection Prevention and Control Team. Any policy non-compliance identified by the IP&C team will be reported through the Trust incident reporting system and subsequently reviewed at IPCC. Outbreaks of scabies will be reported on to IPCC.

Where non-compliance is identified, support and advice will be provided to improve practice.

7. Equality Impact Assessment

The author must include the Equality Impact Assessment Table and identify whether the policy has a positive or negative impact on any of the groups listed. The Author must make comment on how the policy makes this impact.

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			X	
Disability			X	
Gender			X	
Gender Reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			X	
Pregnancy			X	
Maternity and Breastfeeding			X	
Race (ethnic origin)			X	
Religion (or belief)			X	
Sexual Orientation			X	

8. References

- **British National Formulary** accessed via www.medicinescomplete.com/mc/index.htm
- **Control of Communicable Diseases Manual** 21st Edition (2014); Heymann D. (Editor); American Public Health Administration; Washington APHA press
- Department of Health (2005) **Promoting Equality and Human Rights in the NHS - A Guide for Non-Executive Directors of NHS Boards**
- **Disability Discrimination Act 1995 amended 2005**. London: The Stationery Office
- **Parasites – Scabies** accessed via www.cdc.gov/parasites/scabies/gen_info/faqs.html
- **Scabies – NHS Choices** accessed via www.nhs.uk/conditions/Scabies/pages/Introduction.aspx

9. Associated Documentation

- Incident Reporting, Analysing, Investigating and Learning Policy and Procedures.

- Laundry Policy
- Outbreak of Infection Policy
- Patient Isolation and Staff Exclusion Policy
- Standard Infection Control Precautions Policy
- Waste Management Policy