



Scabies - Guidance on Management

This procedural document supersedes: PAT/IC 7 v.5 - Scabies - Guidance n Management



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Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 6	14 January 2015	<ul style="list-style-type: none"> • Updated using the Trust’s format • Updated references 	Carol Scholey
Version 5	January 2012	<ul style="list-style-type: none"> • Title Change to ensure easy location of policy on the intranet • Section added on “Equality Impact Assessment” • Duties, Individual and Group Responsibilities reviewed • CSUs updated • Section 3 & 4 amalgamated • Treatment updated – use of oral medication • References updated 	Carol Scholey, Infection Prevention and Control
Version 4	March 2009	<ul style="list-style-type: none"> • Duties, Individual and Group Responsibilities, Education and Training sections added • Sections numbered for better clarity. 	Infection Prevention and Control Team
Version 3	November 2006	<ul style="list-style-type: none"> • Introduction expanded includes information on Norwegian scabies – page 2 • Background information omitted – page 2 • Application of Treatment updated to reflect national guidance – page 3&4 • Use of scabicides – page 5&6 • Additional References form pharmacological update page 7 	Infection Prevention and Control Team

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1. INTRODUCTION

In order to comply with the Health and Social Care Act 2008, Doncaster & Bassetlaw Hospitals NHS Foundation Trust is required to have in place and operate effective management systems for the prevention and control of healthcare associated infections (HCAIs). Scabies is a contagious infection which if not identified or treated increases the risk of outbreaks in residential care environments including hospitals, care homes and prisons. Early detection and treatment management of service users with this infection will aid to minimise the risk of outbreaks.

2. PURPOSE

The principles of this policy are to:

- Provide information to Doncaster & Bassetlaw Hospital (DBH) staff who may be involved with the care of patients who have been suspected or diagnosed with Scabies.
- Provide information about what scabies is and how to manage and treat skin infestation effectively.

3. DUTIES AND RESPONSIBILITIES

This policy covers infection prevention and control management issues for Trust staff, this includes:

- Employees
- Agency/Locum/Bank Staff/all other contracted workers
- Occupational Health if Staff require treatment

Each individual member of staff, volunteer or contracted worker within the Trust is responsible for complying with the standards set out in the Policy. They need to be aware of their personal responsibilities in preventing the spread of infection. It is the responsibility of Directors and Managers to ensure compliance with this standard.

All staff working on Trust premises, outreach clinics and community settings, including Trust employed staff, agency and locum staff is responsible for adhering to this policy, and for reporting breaches of this policy to the person in charge and to their line manager.

Occupational Health: if an outbreak of Scabies is declared on a ward affecting patients and staff, occupational health to coordinate treatment of staff and close relatives. Patients will be treated by the Hospital and their close relatives advised to contact their GP for treatment.

Care Group Teams: are responsible for ensuring the policy is adhered to and for ensuring action is taken if staff fails to comply with the policy.

Consultant Medical Staff: are responsible for ensuring their team read and understand this policy, and adhere to the principles contained in it at all times.

Matrons: are responsible for ensuring dissemination of policy within their allocated areas of responsibility. Policy implementation assurance will be checked when applied on the ward.

Ward and Department Managers: are responsible for ensuring all staff have read the policy and implement this when required within their area.

Housekeeping responsibility: routinely maintain a clean environment to reduce level of environmental contamination.

On-call Managers: are responsible for providing senior and executive leadership to ensure implementation of this policy, and for ensuring infection risks are fully considered and documented when complex decisions need to be made regarding capacity and patient flow.

The Infection Prevention and Control Team: is responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

Director of Infection Prevention and Control: is responsible for implementing infection and prevention and control strategies throughout the Trust for embedding best practice.

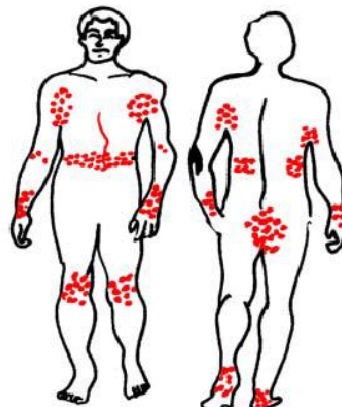
Board of Directors: is responsible for ensuring the implementation of a Board to Ward culture and to support a Zero Tolerance approach to Health Care Associated Infections.

4. SCABIES

4.1 Scabies Information

Scabies is a common contagious skin infestation caused by the parasitic mite *Sarcoptes Scabiei*. It is a worldwide disease more common in where overcrowded conditions prevail. It is transmitted by skin to skin contact which typically appears within families, between sexual partners and between patients and care givers.

The Adult Scabies mite is approximately 0.4 cms long and burrows under the top layer of skin. They can occur anywhere on the body including between the fingers (finger webs), wrists, elbows, arm pits, thighs genitalia, nipples, `breasts and lower buttocks as depicted below. In infants, young children and those who are chronically ill the mites can be found on the face, ears and scalp.



Types of Scabies

There are two types of Scabies; both are caused by the same mite:

Classical Scabies

- Found in people with normal immune systems
- Mites may be few in numbers
- Itch can start between 2-4 weeks following initial acquisition of the infection
- Sites may not correspond to the sites of the mite.

Hyperkeratotic Scabies

Also known as crusted, Norwegian and atypical Scabies. An unusual form of the infection that is highly contagious occurs in immunodeficient individuals e.g. the frail elderly. Infection often appears as a generalised dermatitis more widely distributed than the burrows and the usual severe itching may be reduced or absent. Skin becomes thickened, scaled, crusted and unsightly due to the number of mites present.

4.2 Incubation Period

The incubation period is up to 8 weeks in people without previous exposure, this makes the spread of the disease difficult to identify and contain in residential care. As a result of the extended incubation period there may be asymptomatic carriers who can re-infect others after treatment has been performed.

4.3 Transmission

- Scabies is usually spread through prolonged periods of skin-to-skin contact with an infected person, or through sexual contact. The mite does not “jump” or “fly” from person to person it walks, which can be up to 2.5cm per minute on warm skin.
- It's also possible – but rare – for scabies to be passed on by sharing clothing, towels and bedding with someone who's infected.

4.4 Symptoms

The main symptoms of the infection are caused through an allergic response to the presence of the mite. If a person has had a previous infection with the scabies mite, the immune response is rapid and itching develops within hours.

The main symptoms are:

- Severe itching particularly at night
- Allergic rash
- Erythematous papules, vesicles or itchy nodules, rash can be symmetrical.

4.5 Diagnosis

An early diagnosis is essential in order to avoid patient to patient and staff transmission. All staff working within an NHS environment should contact Occupational Health if they suspect that they have Scabies.

- Diagnosis is usually made in the presence of intense itching with a follicular papular rash.
- The diagnosis can be confirmed by seeing mites under a microscope but this is usually done by an experienced practitioner.
- If misdiagnosis has occurred and there has been treatment failure then an expert clinical diagnosis would be necessary by a Dermatologist.

5. TREATMENT (SEE APPENDIX 1 FOR TABLE)

Permethrin (Lyclear)

- Permethrin Cream (Lyclear 5%) is currently the agent of choice for the treatment of scabies and also for prophylactic treatment for contacts.
- Can be used in pregnancy.
- Permethrin is licensed for use in children over 2 months of age. It is recommended that medical supervision should be sought before applying to children's skin under 2 years of age. Permethrin is a cream, which should be applied and left for 8-12 hours.
- The treatment requires 2 applications 1 week apart (British National Formulary 2013). In crusted scabies more than 2 applications on consecutive days may be required. Advice must be obtained from medical staff/Dermatology contacts.
- Avoid eyes due to irritation
- One tube of Permethrin is usually adequate for an average sized person however in obese patients more tubes will be required.
- This is a vanishing cream and so disappears on application. It should be continuously applied until it remains detectable on the skin surface.

Malathion Aqueous 0.5% Liquid (Derbac M)

- This medication is a lotion and should be left on the body for 24 hours.
- It should not be used more often than once a week for a maximum of three consecutive weeks.
- Avoid in children less than 6 months of age, seek medical advice.
- Can be used in pregnancy.
- Aqueous preparations are preferable to alcoholic lotions, as they are less of an irritant to the skin and respiratory tract.

Applying Treatment

- Ensure the skin is clean, dry and cool before application. A hot bath should be avoided as evidence suggests this could reduce its efficacy (BNF 2014). All those being treated should have the treatment at the same time, to ensure that individuals do not re-infect one another.

- Apply the cream or lotion to the scalp, jaw line and all over the body including the genital area. Pay particular attention to the web of toes and fingers. Occasionally an application to the head may be recommended. Applying the cream at night before going to bed is usually the best time because it can be left on overnight.
- Healthcare staff applying the cream or lotion should wear gloves and an apron (protective clothing) with each individual they are treating.
- In the case of treatment application/care of patients with Crusted /Norwegian Scabies arm protection would be advisable.
- A second person is necessary when treating oneself, to ensure all the body is covered.
- Nails should be trimmed and medication applied with cotton wool buds underneath the nails and around the nail bed area. If hands are subsequently washed, then further treatment needs to be applied.
- If any part of the body requires washing /cleaning during the treatment time schedule the cream/lotion will need to be reapplied after each wash e/g changing continence products.
- The treatment should be left on for the recommended time period please check with the instruction leaflet how long treatment needs to remain on the skin.
- Remove medication by thorough washing of all areas of the skin to which it has been applied.
- Once the treatment has been applied and washed off, wash all bedding and clothing immediately on a hot wash cycle.
- In all inpatient areas bedding and clothing should be treated as infected linen and red alginate bags should be used.

Ivermectin

- This is an oral medication that is only given on a named patient basis within the UK. The decision to prescribe should only be undertaken after consultation with the Dermatology Departments.
- Topical treatments may also be applied in conjunction with the oral medication being given particularly in Crusted /Norwegian Scabies that does not respond to oral topical treatment alone (BNF 2013).

5.1 Additional Information for the Treatment of Children

- Children under the age of two may also have burrows on the face, neck, scalp, ears and soles of the feet. It is important to pay particular attention to the head, neck, flexor areas and the soles of the feet.
- Special care must be taken in the selection of scabicide.

6. TRAINING/ SUPPORT

Staff will receive instructions and direction regarding infection prevention and control practice and information from a number of sources:-

- Trust Induction
- Trust Policies and Procedures available on the intranet

- Ward/departmental/line managers
- As part of the mandatory infection prevention and control education update sessions which can be delivered by a number of formats e.g. face to face and e learning
- Infection Prevention and Control Educational displays/ posters
- Trust Infection Prevention and Control Team
- Infection Prevention and Control Link Practitioners will be provided with education sessions about the policy at their meetings which will facilitate local training and supervision to take place.
- Advice is also available from the Doncaster & Bassetlaw Hospitals intranet sites.

Infection prevention and control must be included in individual Annual Professional Development Appraisal and any training needs for infection prevention and control addressed.

It will be an expectation for all clinical staff to attend IPC training as per local Training Needs Analysis, which will be captured by the Training and Education Department via OLM system.

7. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Compliance with treatment application, first and second applications	Ward staff caring for individual patients. IP&C/Occupational health will coordinate if outbreak occurs.	Treatment seven days apart. As required when policy implemented	IP&CP will complete the alert review on patients as required. Incident report will be completed for non-compliance.

In addition to the above the Infection Prevention and Control Team will review this policy in the following circumstances:-

- When new national or international guidance are received.
- When newly published evidence demonstrates need for change to current practice.
- Every three years routinely.

8. DEFINITIONS

BNF: British National Formulary.

9. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 2.

10. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Hand Hygiene (PAT/IC 5)
- Isolation Policy (PAT/IC 16)
- Standard Precautions (PAT/IC 19)
- Mental Capacity Act 2005 Policy and Procedure - PAT/PA 19
- Privacy and Dignity Policy - PAT/PA 28]

11. REFERENCES

British National Formulary (2014). BMJ Group. London.

Public Health England

Wilson J. (2006). **Infection Control in Clinical Practice**. 3rd edition. Baillere Tindall. London

- <http://www.nhs.uk/conditions/scabies/Pages/Introduction.aspx>

APPENDIX 1 - TREATMENT

First Choice Treatment: Permethrin (Lyclear Dermal Cream)

Drug	Age	Dose	Quantity	Notes, Cautions/Contra-indications
Permethrin 5% dermal cream	2 months to 2 year	Apply to the whole body, including the scalp, face, neck and ears. Leave on for 8-12 hours or overnight. Wash off. Single application is sufficient.	30g	<ul style="list-style-type: none"> • Avoid contact with eyes • Do not use on broken or secondarily infected skin • For children under 2 years medical supervision is required
	2 to 11 years	Apply to the whole body, including the scalp, face, neck and ears. Leave on for 8-12 hours or overnight. Wash off. Repeat after 7 days.	30g	
	12 years onwards	Apply to the whole body, including the scalp, face, neck and ears. Leave on for 8-12 hours or overnight. Wash off. Repeat after 7 days.	60g	

Second Choice Treatment: Malathion (Derbac M)

Drug	Age	Dose	Quantity	Notes, Cautions/Contra-indications
Malathion 0.5% aqueous liquid	6 months to 1 year	Apply to the whole body, including the scalp, face, neck and ears. Leave on for 24 hours. Wash off	100ml	<ul style="list-style-type: none"> • Avoid contact with eyes • Do not use on broken or secondarily infected skin • Do not use more than once a week for three weeks at a time • For children under six months, medical supervision is required
	>1 year	Apply to the whole body, including the scalp, face, neck and ears. Leave on for 24 hours. Wash off. Repeat after 7 days.(unlicensed use see notes in BNF)	200ml	

Pregnancy and Breast Feeding: Malathion (Derbac M)

Drug	Age	Dose	Quantity	Notes, Cautions/Contra-indications
Malathion 0.5% aqueous liquid	12 years onwards	Apply to the whole body, including the scalp, face, neck and ears. Leave on for 24 hours. Wash off	200ml	<ul style="list-style-type: none"> • Avoid contact with eyes • Do not use on broken or secondarily infected skin • Do not use more than once a week for three weeks at a time

APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Scabies PAT/IC 7 v6	Corporate Nursing. IPC	Carol Scholey, IPC	Existing Policy	20/11/14
1) Who is responsible for this policy? Name of Care Group/Directorate: Corporate Nursing, IPC				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? This policy has been updated using the latest national guidance for the treatment of scabies. It informs Trust staff on the treatment options of patients with scabies, and frequency of treatment to aid elimination of the scabies mite .				
3) Are there any associated objectives? Legislation, targets national expectation, standards Who is it intended to benefit?. None				
4) What factors contribute or detract from achieving intended outcomes? Nil				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Nil				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] N/A				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	None	Neutral		
b) Disability	None	Neutral		
c) Gender	None	Neutral		
d) Gender Reassignment	None	Neutral		
e) Marriage/Civil Partnership	None	Neutral		
f) Maternity/Pregnancy	None	Neutral		
g) Race	None	Neutral		
h) Religion/Belief	None	Neutral		
i) Sexual Orientation	None	Neutral		
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: December 2017				
Checked by: Carol Scholey			Date: 04/12/14	