Livewell Southwest

Scabies: management and guidance.

Version No 7.4

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author: **Consultant Nurse**

Asset Number: **37**

Reader Information

Title	Scabies: management and guidance v.7.4
Asset number	37
Rights of access	Public
Type of paper	Policy
Category	Clinical
Document purpose/summary	To ensure staff are aware of the signs and symptoms of scabies and of how to reduce the risk of transmission
Author	Consultant Nurse Infection Prevention & Control with acknowledgement to PHNT IPCT.
Ratification date and group	19th January 2016. Policy Ratification Group
Publication date	27th January 2016
Review date and frequency (one, two or three years based on risk assessment)	Three years after publication, or earlier if minor changes are required.
Disposal date	The PRG will retain an e-signed copy for the archive in accordance with the Retention and Disposal Schedule, all copies must be destroyed when replaced by a new version or withdrawn from circulation.
Job title	Nurse Consultant
Target audience	All staff employed by Livewell Southwest
Circulation List	Electronic: LSW intranet and website (if applicable) Written: Upon request to the PRG Secretary on ☎ 01752 435104. Please contact the author if you require this document in an alternative format.
Consultation process	Infection Prevention and Control Sub Committee, IPCT, Health Protection Agency, Matrons and Managers
Equality analysis checklist completed	Yes
References/sources of information	NHSLA 1.2.8 & 2.2.8 Standards for Better Health C4a The Hygiene Code Vorou R, Remoudaki HD, Maltezou HC. Nosocomial scabies. Journal of Hospital Infection 2007; 65: 9-14. Heukelbach J, Feldmeier H. Scabies. Lancet 2006; 367:1767-74. British National Formulary. Mandell, Douglas & Bennett. Principles and practices of

	Infectious Diseases 6th Edition 2005. NICE Clinical Knowledge Summary Scabies http://cks.nice.org.uk/scabies#!scenario
Associated documentation	N/A
Supersedes document	V.7.
Author contact details	By post: Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon. PL4 7PY. Tel: 0845 155 8085, Fax: 01752 272522 (LCC Reception).

Document review history

Version no.	Type of change	Date	Originator of change	Description of change
6	New document	September 2009	Director of Infection Prevention & Control	New document
6.1	Revised	September 2011	Director of Infection Prevention & Control	Updates.
7	Ratified	Oct 2011.	Policy Ratification group	2 minor amendments.
7.1	Extended	November 2013	Policy Ratification group	Extended no changes
7.2	Extended	June 2014	Policy Ratification group	Extended no changes
7.3	Extended	December 2014	Infection Prevention & Control	Extended no changes
7.4	Reviewed	November 2015	Infection Prevention & Control	Reviewed minor changes

1. Introduction

1.1 Scabies is a parasitic disease of the skin, characterised by tiny burrows, papules or vesicles and intense itching. It is caused by a parasitic mite, **Sarcoptes scabiei** var. **hominis**, an obligate human parasite which is approximately 0.3-0.4 mm in length and burrows under the epidermis of the skin. Burrows maybe visible as a line about 5 mm in length and can occur anywhere on the body. They are most frequently identified on the hands and wrist, particularly within the finger webs. The number of mites in ordinary scabies is approximately 10 -15 per person. Scabies can affect anyone, irrespective of personal hygiene and social class.

1.2 Crusted (Norwegian) scabies is a hyperinfestation with up to two million mites present in exfoliating skin scales, usually as a result of the host's insufficient immune response. It is highly infectious and usually presents as extensive scaling and crusting, usually in debilitated, elderly or immunosuppressed patients. Underlying associated conditions include infection with the human immunodeficiency virus or human T-cell lymophotropic virus 1, or leukaemia, although it can also occur in patients with healthy immune systems.

2. Purpose

The purpose of this policy is to:

1. Ensure that patients or staff infested with scabies receive effective and appropriate care.

2. Minimise the risk of transmission of scabies.

3. Duties

3.1 The Chief Executive is ultimately responsible for contents of policies and their implementation.

3.2 The Directors and Assistant Directors will be responsible for ensuring that all staff follow the standards set within this policy.

3.3 Matrons and Managers are responsible for the implementation of this policy.

3.4 All staff caring for end of life patients and families will comply with all procedures in this policy.

4.1 Source of Infection

The source of infection is man. Animal scabies will not reproduce in man, though may cause irritation if there is contact with the skin. Canine mites may cause transient infestation of humans that is terminated by animal treatment.

4.2 Transmission

Transmission is usually by skin-on-skin contact, and transmission through sexual contact is also common. Transmission from fomites, such as clothes or bed linen, is less common. Transmission through household contact may result in family clusters.

The incubation period is usually from 2 – 6 weeks, but may be up to 3 months in previously uninfected people. In those who have had scabies in the last few months, the incubation may be as short as a few days.

4.3 Symptoms

The predominant symptoms are itching and rash, which arise due to an allergic reaction to the mite faeces (scybala). The itching does not occur until 2-4 weeks after the initial infestation and 1-3 days following re-infestation. The rash is typically eczematous in nature and itching is usually worse at night / after bathing. The itch may precede the rash and is often prominent between the fingers, wrists, armpits and around the nipples. In children symptoms often involve the palms, soles, neck and scalp. Symptoms may persist for several weeks following successful treatment.

Scabies may be complicated by bacterial superinfection. This is more common in patients with acquired immunodeficiency syndrome and homeless people.

4.4 Diagnosis

The diagnosis is confirmed by actively searching for the mite or its eggs in burrows. Burrows are tiny lines, most commonly in the finger webs, or around the wrists and elbows. The mite can be scraped out of a burrow with a sterile needle.

Symptomatic patients should have the diagnosis confirmed by the ward medical staff or by a Dermatologist (Appendix A). Symptomatic staff should present to their General Practitioner for diagnosis (Appendix B).

The Infection Prevention and Control Team and the Occupational Health Department should be contacted if scabies is suspected in patients or staff (Appendix C). An outbreak will be defined as more than one patient or member of staff on the same ward developing scabies within a two-week period.

4.5 Infection Control Measures

Strict compliance with the Hand Hygiene Policy should be observed, as this will reduce the risk of transmission.

Patients, particularly those admitted from other healthcare establishments, including care homes (residential) and care homes (nursing), should routinely be examined for signs of skin infestation. The Health Protection Unit should be informed about confirmed cases admitted from residential or nursing homes.

Disposable gloves and aprons should be used for patient contact until 24 hours following patient treatment.

Bedding and clothing should be placed into a hot water soluble bag and then into a RED linen bag clearly marked 'Infested Linen'. The linen skip should be taken to the patient's bedside and linen should not be carried or 'hugged'. Any laundering undertaken locally should be at 50° or above.

Nurse in Standard Isolation until 24 hours following the first cycle of treatment is complete. This is particularly important for crusted scabies.

For cases of crusted scabies, cleaning the immediate environment of the individual is particularly important.

4.6 Work Restrictions

After the first application of treatment and once the lotion has been washed off, staff can return to work. Symptoms may persist for several weeks following successful treatment.

It is important to avoid delays in treatment as this increases the potential for hospital-acquired outbreaks.

The cost of treatment for staff and their family contacts will be met from locality budgets.

4.7 Treatment of Scabies

There are two recommended solutions for the treatment of scabies:

1. **Permethrin 5% (Lyclear Dermal Cream)**

This is the agent of choice for the treatment of scabies and for prophylaxis of contacts. It is not recommended during pregnancy or when breastfeeding. It is licensed for use in children over 2 months of age.

2. **Malathion 0.5% (Derbac-M)**

This is the recommended agent of choice for the treatment of scabies and prophylaxis of contacts during pregnancy or when breastfeeding. It should be avoided in infants less than 6 months of age. It should not be used more often than once a week or for more than three consecutive weeks.

4.8. Application

- Ensure the skin is clean, dry and cool, but do not take a warm bath or shower before application.
- Apply the cream or lotion, as instructed by the manufacturer, to all parts of

the body. Certain groups like the elderly and immunocompromised may need application to the head. It may be helpful to have another person help with the application to ensure that all parts of the body are covered.

- Take particular care to cover thoroughly the fingers and finger webs, palms of the hands, wrists, elbows, armpits, breasts, naval, genitals, knees, ankles, toes and toe webs and soles of the feet. Cover all areas excluding the feet and allow them to dry. When these areas are dry, apply the cream or lotion to the feet. Make sure the lotion on the feet is dry before standing again.
- If the cream or lotion is washed off from any area before the prescribed time reapply and allow to dry.
- Medication should be applied to the nails and nail beds using a cotton wool bud.
- Applying the cream or lotion at night before going to bed is usually the best time as it can be left on overnight.

After 12 hours (Lyclear) or 24 hours (Derbac-M) the lotions should be removed by bathing. At the same time, change all clothes, towels and bedclothes for clean ones and launder as normal.

For treatment regimens for children under the age of 6 months, expert medical advice should be sought.

The cream or lotion should be applied twice, one week apart. Amounts needed per treatment are up to 50g of Lyclear dermal cream or up to 100ml of Derbac-M lotion. Patients with crusted scabies may need more frequent applications and this should be performed under the guidance of a Consultant Dermatologist.

Scabies is spread by close contact with persons who are infested with the mite. In order to eradicate these, all people living together must be treated at the same time even if they are asymptomatic. It is important that all members of staff and their families, including children, are treated synchronously. This will be organised by the Occupational Health and Wellbeing Department in collaboration with the individual's GP. Regular visitors to affected in-patients should contact their own doctor to check whether they need treatment. Where simultaneous treatment is not possible there should be no physical contact between individuals until completion of the first round of treatment.

Itching may persist for 3-4 weeks, despite successful treatment, and this may be relieved by simple moisturisers, such as aqueous cream.

4.9 Community Settings

In single confirmed cases within care homes treatment should be applied following the above regime. If an outbreak is suspected and confirmed by the GP in care homes then Public Health England should be contacted on 030038162 for their advice and management of clients and staff with scabies.

5 Reoccurrence

Re-infection can occur if the treatment is not carried out thoroughly, or by contact with someone else who is infected and has not been treated at the same time. There is no protective immunity to scabies, so multiple re-infections can occur.

6 Monitoring Compliance

All Infection Prevention & Control policies are reviewed and ratified through the Infection Control Committee and signed off by the Director of Infection Prevention & Control.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

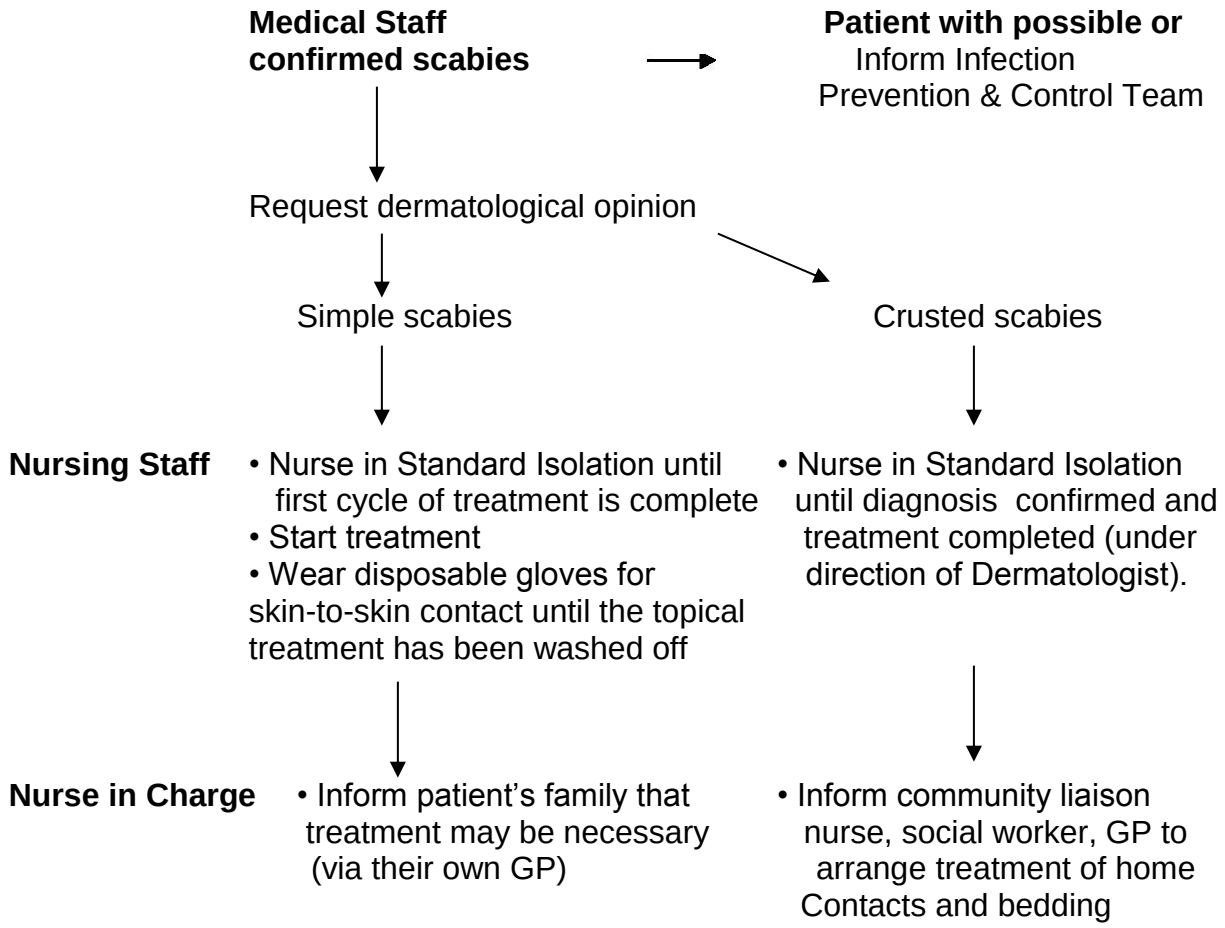
The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Lead Nurse, Director of Infection, Prevention and Control

Date: 20th January 2016

Appendix A. Quick Reference Treatment Chart – Patients in Hospital

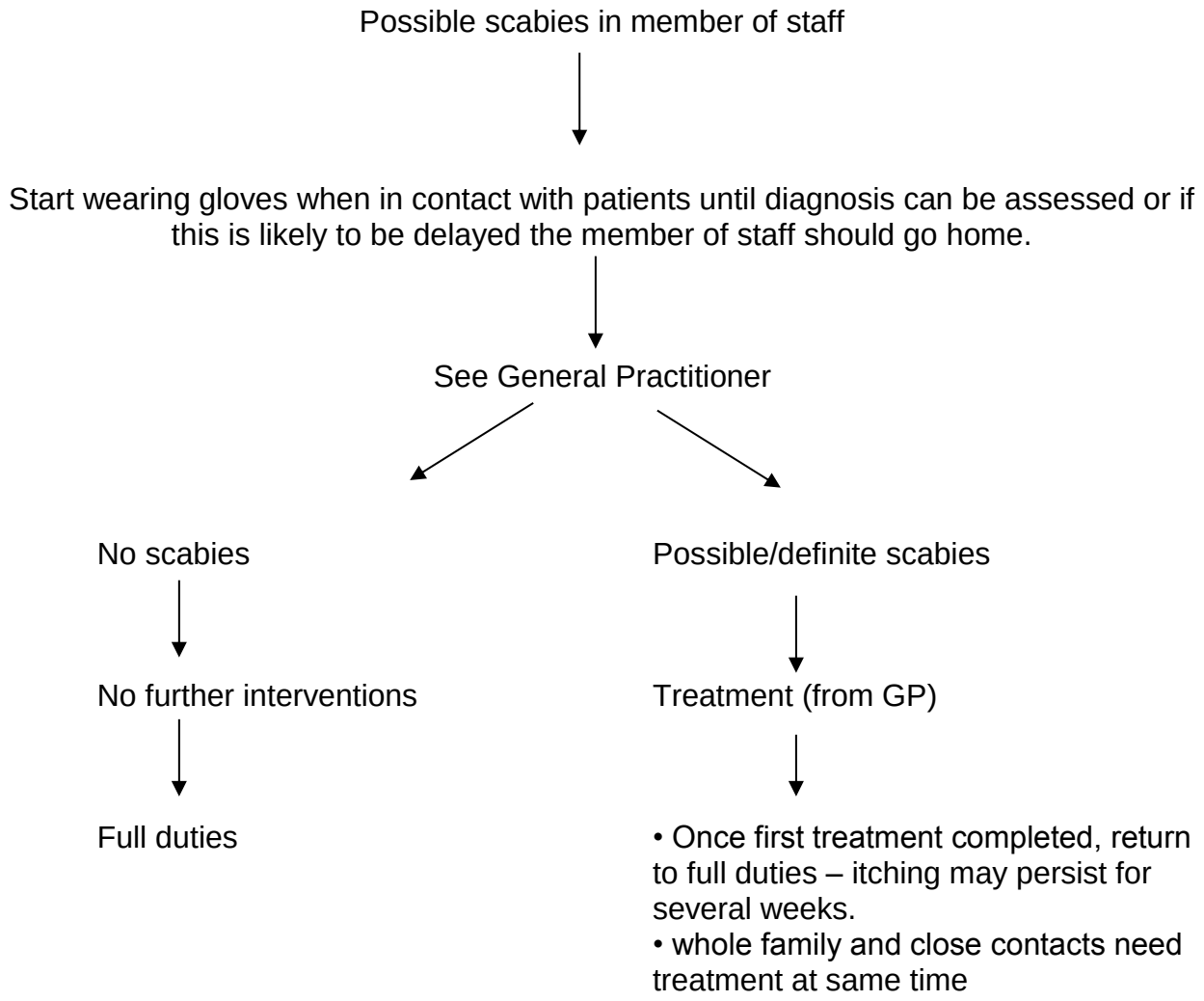


In the case of a ward having multiple cases of scabies involving staff and patients, control measures will be decided by the Infection Prevention and Control Team, Consultant Dermatologist, Occupational Health and Health Protection Unit.

If the patient has been referred from a nursing home or other healthcare establishment, the ward manager should inform the relevant senior nurse at the institution.

Liaison with the General Practitioner is the responsibility of the ward medical staff.

Appendix B. Quick Reference Treatment Chart – Staff



Staff can contact Occupational Health (Ext. 37222) between hours of 08:30 – 17:00 for advice.

In the case of a ward having multiple cases of scabies involving staff and patients, control measures will be decided by the Infection Prevention and Control Team, Consultant Dermatologist, Occupational Health and Public Health.

Appendix C. Outbreaks on ward/department

In institutional outbreaks where there may be multiple cases of scabies, it may be necessary to treat all patients and staff who have had significant contact with confirmed cases.

Suspected outbreaks must be reported to the Infection Prevention and Control team. Decisions to treat staff will be made in conjunction with Occupational Health and Wellbeing.

The management of related cases, and any in-hospital contact(s), will be dealt with on a case-by-case basis by the Infection Prevention and Control Team, Consultant Dermatologist, Occupational Health and Public Health.

As scabies is highly infectious to close contacts, the family members of infected staff should normally undergo treatment under the supervision of their GP

In order to obtain appropriate advice regarding diagnosis and management of difficult cases or an outbreak, a Consultant Dermatologist will be consulted.

All affected pregnant staff should inform Occupational Health via their manager for treatment advice.