CH 24

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NHS

Community Infection Prevention and Control Policy for Care Home settings

Scabies

SCABIES

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This Policy has been adopted by:

Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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SCABIES

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1. Introduction

Scabies is a skin infection caused by mites known as Sarcoptes Scabie. Females burrow into the skin, laying about 25 eggs and then die. The new mites hatch from the eggs in 10-15 days, tunnel up to the skin surface and grow into adults. The main symptoms of scabies are due to the body's allergic reaction to the mites and their waste. Symptoms include an itchy, widespread rash (often worse at night) which occurs mainly between the fingers, on the waist, armpits, wrists, navel and elbows. It usually affects both sides of the body alike. The rash does not correspond to where the mites are located on the body.

There are two forms of scabies both caused by the same mite. The most common form of 'classical scabies', has fewer than 20 mites all over the body. The rarer type of 'crusted (Norwegian) scabies', which may be seen in immunosuppressed individuals, can have thousands or millions of mites causing a more severe reaction in the skin. It develops due to an insufficient immune response in the host.

Scabies is contagious before symptoms occur which is on average 3-6 weeks following infestation, however, if a person has had scabies in the past, symptoms will develop in 1-3 days.

Untreated scabies is often associated with secondary bacterial infection which may lead to cellulitis (infection of the deeper layers of the skin), folliculitis (inflammation of a hair follicle), boils or impetigo. Scabies may also exacerbate other pre-existing skin conditions, such as eczema and psoriasis.

2. Transmission

From an infested person:

- Direct skin to skin contact with a person who is infected with scabies (approximately 10 minutes uninterrupted skin-to-skin contact)
- The mite cannot jump from person to person, but can crawl from one individual to another when there is skin to skin contact for a short period of time, e.g. holding hands

Classical scabies

On average, the mites can survive in the environment for 24-36 hours, therefore, can be transmitted from clothing or bedding,

Crusted (Norwegian) scabies (highly contagious due to the large number of mites)
The mites can survive in the environment for 7 days, therefore, can easily be transmitted from clothing, bedding, upholstery.

3. Diagnosis

Diagnosis of scabies is usually made from the history and examination of the affected person, in addition to the history of their close contacts.

Misdiagnosis is common because of its similarity to other itching skin disorders, such as contact dermatitis, insect bites, and psoriasis.

Classical scabies

Diagnosis should be confirmed by a GP or Dermatologist.

Crusted (Norwegian) scabies

A diagnosis by a Dermatologist is essential.

Highly contagious, it usually presents itself in the form of 'crusted lesions' which are found mainly around the wrist areas, but can also affect other parts of the body. A rash is usually found covering the body which appears crusted, but may not be itchy.

Thousands or millions of mites can be present and are capable of disseminating into the immediate environment due to the shedding of skin from the crusted lesions, surviving for a day or two in warm conditions.

Management and treatment of this form of scabies must be undertaken in association with your local Community Infection Prevention and Control (IPC) or Public Health England (PHE) Team and Dermatologist.

4. Topical preparations for treatment

Treatment is in the form of a lotion or cream that is available on prescription or from a pharmacy:

Lyclear Dermal Cream (permethrin 5%):	Low toxicity. 8 hour treatment
Derbac – M (malathion):	24 hour treatment

Adults usually need 2-3 x 30 g tubes for 1 treatment application (treating those without symptoms) and 4-6 tubes for 2 treatment applications (treating those with symptoms). Insufficient lotion is a contributory factor to treatment failure.

5. Management and treatment

Your local Community IPC or PHE Team must be contacted for advice regarding management and treatment of scabies. It is essential that the advice provided is followed explicitly to ensure treatment is effective.

- Residents with crusted (Norwegian) scabies should be isolated until treatment is completed – refer to the 'Isolation Policy for Care Home settings'.
- Residents with classical scabies do not normally need to be isolated, as they do not usually have skin to skin contact with other residents, even if confused.
- Treatment consists of the application of two treatments, one week apart.
- Clean hands and wear disposable apron and gloves when there is close contact, e.g. when performing personal hygiene, and gloves, for example, when assisting a resident when walking to the toilet if skin to skin contact is likely until the second treatment has been completed.
- Mites can harbour themselves under the nails, therefore, the affected person's nails should be kept short.
- Clothing, nightwear and bed linen of all those treated should be washed as normal, see Section 7 for laundering advice.
- Other residents, staff members, relatives or close contacts may also require treatment. Advice should be obtained from your local Community IPC or PHE Team.
- Clean hands after removing and disposing of each item of PPE, e.g. pair of gloves, apron.
- Following treatment, itching often persists for several weeks and is not an indication that treatment has been unsuccessful. Antipruritic (anti-itch) treatment may be beneficial.

For instructions on the application, see 'Scabies Treatment: Instructions for application of cream or lotion' available to download at www.infectionpreventioncontrol.co.uk.

6. Treatment in an outbreak situation

If an outbreak (two or more cases) is suspected, contact your local Community IPC or PHE Team who will confirm diagnosis. They will give advice and help coordinate arrangements for treatment of identified individuals to take place at a specified time and date.

A flow chart is available 'Action plan for the management of scabies in health

and social care establishments' to download at www.infectionpreventioncontrol.co.uk.

Each resident and staff member should be assessed to determine if they are high, medium or low risk of infection.

High:	Staff members who undertake intimate care of residents and who move between residents, rooms or units. This will include both day and night staff; symptomatic residents and staff members
Medium:	Staff and other personnel who have intermittent direct personal contact with residents, asymptomatic residents who have their care provided by staff members categorised as 'high risk'
Low:	Staff members who have no direct or intimate contact with affected residents, including asymptomatic residents whose carers are not considered to be 'high risk'

Residents and staff with symptoms should have two treatments, one week apart. If there are two or more residents/staff with symptoms, assess al residents and staff for symptoms. Those identified with symptoms should have two treatments, one week apart. Those without symptoms should have one treatment.

Treatment should start on the same day for all residents, staff and close relatives, who have been advised treatment.

7. General information

- Linen and clothing should be washed at 60^{o}C or as recommended by the manufacturer and tumble dried. It a waterproof covered duvet is used, it is adequate to wash the cover only.
- Any clothing difficult to wash can be pressed with a hot iron if the fabric is suitable for ironing at a high temperature. Items that cannot be washed should be placed into plastic bags and sealed to contain the mites for 72 hours to allow the mites to die.
- Visitors should avoid prolonged skin to skin contact, e.g. holding hands, until treatment is completed. Brief contact such as kissing and hugging is acceptable.

8. Environmental cleaning

Scabie mites live on and under the skin. They can only survive off the body for 24-36 hours.

- Routine cleaning of hard surfaces in the environment with warm water and pH neutral detergent is sufficient.
- Soft furnishings with non-wipeable covers should be removed from use following treatment and placed into plastic bags and sealed for 72 hours, to allow any mites on the fabric to die. The items should then be vacuumed.

9. Suspected treatment failure

Evidence shows that unsuccessful eradication is usually due to failure to adhere to the correct outbreak procedures and treatment instructions. Treatment failure is likely if:

- The itch still persists for longer than 2-4 weeks after the first application of treatment (particularly if it persists at the same intensity or is increasing in intensity)
- Treatment was uncoordinated or not applied correctly, e.g. scalp and face not treated, not reapplied after washing hands, etc., during the treatment time
- New burrows appear (these are not always easily seen) after the second application of the treatment

10. Management of treatment failure

- Consider alternative diagnosis.
- Re-examine the person to confirm that the diagnosis is correct and look for new burrows.
- If all relevant residents, staff members, relatives or close contacts were treated simultaneously and treatment was applied correctly, a course of a different treatment should be used:
  - If permethrin 5% dermal cream was used initially, then use malathion 0.5% aqueous solution; or
  - If malathion 0.5% aqueous solution was used initially, then use permethrin 5% dermal cream
- If contacts were not treated simultaneously or treatment was incorrectly applied, either re-treat with the same treatment, or use a different treatment.
- All relevant residents, staff members, relatives or close contacts should be re-treated at the same time.

11. Referral or transfer to another health or social care provider

- Prior to a resident's transfer to and/or from another health and social care facility, an assessment for infection risk must be undertaken. This ensures appropriate placement of the resident.
- Documentation, e.g. an Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 1) or patient passport, must be completed for all transfers, internal or external and whether the resident presents an infection risk or not. Refer to the 'Patient placement and assessment risk Policy for Care Home settings'.
- The ambulance/transport service and receiving area must be notified of the resident's infectious status in advance.

12. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

13. References

Burgess I (2006) *Medical Entomology Centre Insect* R&D Ltd Cambridge

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

National Institute for Health and Care Excellence Clinical Knowledge Summaries (2017) *Management of Scabies* cks.nice.org.uk/scabies

Public Health England (2018) *Infection Prevention and Control: An Outbreak Information Pack for Care Homes – "The Care Home Pack"*

Public Health Laboratory Service (2000) *Lice & Scabies. A health professional's guide to epidemiology and treatment*