CH 25

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NHS

Community Infection Prevention and Control Policy for Care Home settings

Scabies

SCABIES

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CH 25

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 condition caused by an immune reaction to the mite *Sarcoptes scabiei* and their saliva, eggs and faeces. The typical clinical presentation of infection is intense itching associated with burrows, nodules and redness. However, asymptomatic infection has been demonstrated in the elderly. Symptoms may last for weeks or months, can be hard to recognise and are often mistakenly attributed to other skin conditions, leading to avoidable transmission.

Scabies occurs when the mite burrows into skin and lay eggs that hatch into larva. The eggs hatch in 3 to 4 days and develop into adult mites in 1 to 2 weeks. Within the skin the adult female lays eggs and deposits waste products. Their presence in the skin usually causes itching, while the hatching of the eggs produces new larvae which can migrate to the surface of the skin and infect new hosts. In a first episode, symptoms are usually experienced within 3 to 6 weeks. People who have been reexposed to scabies after successful treatment may develop symptoms more quickly, in around 1 to 4 days.

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 scabies' (formerly known as Norwegian), 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.

Untreated scabies is often associated with secondary bacterial skin infection, e.g. 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.

Always use 'Standard infection control precautions' (SICPs) and, where required, 'Transmission based precautions' (TBPs). Refer to the 'SICPs and TBPs Policy for Care Home settings'.

2. Transmission

From an infested person:

- Direct skin to skin contact without appropriate personal protective equipment (PPE) 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 period of time,

e.g. holding hands. Transmission through casual contact, such as a hand shake, hugging or kissing, is unlikely

The role of clothing, bed and towels, in scabies transmission is unclear. Some evidence suggests that mites can live away from a host for up to 4 days. However, the likelihood of successful infestation of a new host is not known.

3. Diagnosis

Symptoms take 3-6 weeks to develop after infestation if a person has never had scabies. In a person who has had scabies before, the symptoms usually appear much earlier, 1-4 days.

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.

Diagnosis should be confirmed by a GP or Dermatologist, but seeking specialist advice should not significantly delay the commencement of treatment.

Crusted scabies is uncommon and may be seen in residents with a low immunity. It is highly contagious and 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, possibly surviving for up to 4 days.

Management and treatment of crusted scabies must be undertaken in association with your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team and Dermatologist.

4. Topical preparations for treatment

The first line treatment is Lyclear Dermal Cream (permethrin 5%). This is available on prescription or from a pharmacy and is an 8 hour treatment.

Adults (cases and contacts) usually need 4-6 x 30 gm tubes for the 2 treatment applications. Insufficient lotion is a contributory factor to treatment failure.

5. Management and treatment

Your local Community IPC or UKHSA 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 scabies should be isolated until the first 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.
- Application of the cream is best done in the evening.
- The cream must be applied to cool dry skin to be most effective. It is not recommended to have a hot shower or bath prior to application.
- 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.
- For activities where skin-to-skin contact could occur, single patient use long sleeved gowns or over-sleeves may be beneficial to reduce the risk of transmission.
- Mites can harbour themselves under the nails, therefore, the affected person's nails should be kept short.
- After the recommended duration of treatment, clean clothing should be worn and bed linen changed.
- 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 UKHSA Team.
- Clean hands after removing and disposing of PPE.
- 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: Care Home and Domiciliary Carers 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 linked cases within an 8 week period) is suspected, contact your local Community IPC or UKHSA Team. They will give advice and help coordinate arrangements for treatment of identified cases and contacts to take place at a specified time and date.

All staff and residents within the care home should be assessed for symptoms of scabies infection.

A flow chart is available 'Action plan for the management of scabies in health or social care settings' to download at www.infectionpreventioncontrol.co.uk.

Cases and contacts should have two treatments at the same time, one week apart.

Staff should be vigilant for signs and symptoms of cases for at least 8 weeks.

7. Linen

- Linen, clothing and washable footwear, including slippers, should be washed at a minimum of 50^{o}C or as recommended by the manufacturer, and tumble dried. If a waterproof covered duvet is used, it is adequate to wash the cover only.
- Thermal disinfection at 71^{o}C for 3 minutes or 65^{o}C for 10 minutes is advised.
- Any clothing difficult to wash can be dry cleaned or tumble dried and ironed 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 4 full days to allow the mites to die.

8. Environmental cleaning

Scabies mites live on and under the skin. They can possibly survive off the body for up to 4 days, but whether this is linked to transmission is not known.

- Routine cleaning of hard surfaces in the environment with warm water and general purpose 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 4 full days, to allow any mites on the fabric to die. The items should then be vacuumed.
- For crusted scabies, increase the frequency of vacuuming and deep clean after completion of treatment.

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

- Contact your local Community IPC or UKHSA Team when treatment failure is suspected.
- Consider alternative diagnosis.
- Re-examine the person to confirm that the diagnosis is correct and look for new burrows.
- If contacts were not treated simultaneously or treatment was incorrectly applied, retreat with the same treatment.
- All relevant residents, staff members, relatives or close contacts should be retreated at the same time.

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

- Non-urgent outpatient hospital attendances or planned hospital admissions should be postponed until the first treatment dose has been completed, refer to the 'Patient placement and assessment risk Policy for Care Home settings'
- If the resident's condition requires urgent hospital attendance or admission, or referral or transfer to another health or social care provider they should be informed of the resident's infectious status prior to the transfer. This will enable a risk 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 must be notified of the resident's infectious status in advance.

12. Infection Prevention and Control resources, education and training

See Appendix 2 for the 'Scabies: Quick reference Guide'.

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 resources* and CQC registration requirements.

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

- 30 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 IPC educational training events in North Yorkshire.

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 and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*

NHS National Services Scotland (2019) *National Infection Prevention and Control Manual; A-Z Pathogens: Scabies* National Infection Prevention and Control Manual: A-Z Pathogens (scot.nhs.uk)

National Institute for Health and Care Excellence Clinical Knowledge Summaries (2022) *Management of Scabies* cks.nice.org.uk/scabies

Public Health England (2018, updated October 2019) *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*

UK Health Security Agency (Updated January 2023) *Guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings*

14. Appendices

Appendix 1: Inter-health and social care infection control transfer form

Appendix 2: Scabies: Quick reference guide

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Inter-health and social care infection control transfer form

The *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* (Department of Health and Social Care, updated December 2022), states that "The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the service user and, where possible, a copy filed in their notes.

Service user name:.....	GP name and contact details:
Address:	
NHS number:	
Date of birth:	
Service user's current location:.....	

Receiving facility, e.g. hospital ward, hospice: .....

If transferred by ambulance, the service has been notified: Yes ☐ N/A ☐

Is the service user an infection risk:
Please tick most appropriate box and give details of the confirmed or suspected organism

☐ Confirmed risk Organisms: .....

☐ Suspected risk Organisms: .....

☐ No known risk

Service user exposed to others with infection, e.g. diarrhoea and/or vomiting, influenza: Yes ☐ No ☐ Unaware ☐

If yes, please state: .....

If the service user has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol stool form scale):

.....

Is diarrhoea thought to be of an infectious nature? Yes ☐ No ☐ Unknown ☐

Relevant specimen results if available

Specimen:				
Date:				
Result:				

Treatment information:

Is the service user aware of their diagnosis/risk of infection? Yes ☐ No ☐

Does the service user require isolation? Yes ☐ No ☐

If the service user requires isolation, phone the receiving facility in advance: Actioned ☐ N/A ☐

Additional information:

Name of staff member completing form: .....

Print name: .....

Contact No: ..... Date .....

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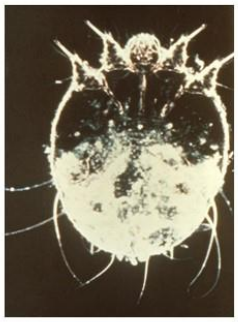
Scabies
Quick reference guide



What is scabies?

- A skin infestation of mites that cause an allergic rash and itching.
- Rash often worse at night and occurs mainly between fingers and in skin folds/creases.
- Two forms: 'Classical' and 'Crusted'.

Description	Classical scabies	Crusted scabies
Number of mites present?	<20	1,000's or 1.000,000
Who is vulnerable?	Anyone with direct uninterrupted skin to skin contact (10 minutes) with someone infected with scabies	Anyone who is immunosuppressed
Survival of mites in the environment/clothing	Possibly up to 4 days	Possibly up to 4 days
Treatment	2 x full body applications of Lyclear Dermal cream for 8 hours, 1 week apart. Change clothing and bedding after each treatment	2 x full body applications of Lyclear Dermal cream for 8 hours, 1 week apart. Change clothing and bedding after each treatment
Isolation	SICP's. Avoid close physical contact until first treatment completed	Isolate in single room until first treatment completed
PPE	Disposable apron and gloves for skin -to-skin contact	Disposable apron and gloves for skin to skin contact and contact with resident's environment and equipment
Treatment of contacts	Seek advice from local Community IPC or UKHSA Team	Seek advice from local Community IPC or UKHSA Team
Environmental cleaning	Normal cleaning regime	Increase frequency of vacuuming and deep clean after treatment cycles

For further information, please refer to the full Policy which can be found at
www.infectionpreventioncontrol.co.uk/care-homes/policies/

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