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Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g. Dental Practice, Podiatry)

Scabies

SCABIES

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SCABIES

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This document has been adopted as a Policy by:

Organisation: ..... …

Signature: ..... Name: .....

Job title: .....

Adoption date: .....

Review date: .....

Any variation to this Policy should be risk assessed, evidence-based, authorised through local governance channels and documented below. The Community Infection Prevention and Control (IPC) Team, Harrogate and District NHS Foundation Trust, cannot endorse or be held responsible for any variations.

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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 preexisting 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 General Practice'.

2. Transmission

From an infested person:

- Direct skin to skin contact, including sexual 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 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, bedding 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 itchy 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 patients with 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 the patient's GP following advice from the Dermatologist. When the patient is in a long-term care or other closed facility, such as a Care Home, advice should also be sought from your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

4. Managing and preventing the spread of scabies

Contacts are defined as anyone who has close physical contact with the case within the 8 weeks prior to diagnosis. This includes sexual partners, all members of their household and any other close personal contacts (even if asymptomatic). In health and social care settings, contacts are those providing personal care without appropriate personal protective equipment (PPE).

Where scabies has been acquired from a sexual partner, a referral for a sexually transmitted infection (STI) screen should be advised.

Contacts should all be treated at the same time as the index case, on two occasions, one week apart.

Outbreaks

If there is a suspected outbreak of scabies in a communal setting, refer to the 'Action plan for the management of scabies in health and social care settings', available to download from www.infectionpreventioncontrol.co.uk.

5. 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.

6. Management and treatment

Advice can also be obtained from your local Community IPC or UKHSA Team.

It is essential that treatment instructions/advice are provided and followed explicitly to ensure treatment is effective.

- Treatment consists of the application of two treatments, one week apart.
- Application of the cream/lotion 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 any application.
- If a lotion is used rather than cream, it can be poured into a bowl and a sponge or disposable cloth used to apply it.
- Mites can harbour themselves under the nails, therefore, the affected person's nails should be kept short.
- After the recommended duration of the treatment, clean clothing should be worn and bed linen changed.
- 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, 'Scabies treatment: Patient instructions for application of cream or lotion', (see Appendix 1). This is also available to download at www.infectionpreventioncontrol.co.uk.

7. General information

- Linen and clothing should be washed at a minimum of 50°C or as recommended by the manufacturer and tumble dried if possible. If a 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 4 full days to allow the mites to die.
- Other members of the household and 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.
- Affected individuals can return to work, school or nursery after completion of the first treatment dose.

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 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.

9. Suspected treatment failure

Evidence shows that unsuccessful eradication is usually due to failure to adhere to the correct 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 during the treatment time
- New burrows appear (these are not always easily seen) after the second application of the treatment

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

- Transfer to another health or social care provider should, where possible, be deferred until the first treatment has been completed.
- Non-urgent hospital outpatient attendances or planned admissions should be postponed, refer to the 'Patient placement and assessment for infection risk Policy for General Practice'.
- If the condition of a patient requires urgent hospital attendance or admission, or referral or transfer to another health or social care provider, e.g. hospital, ambulance service, they should be informed of the patient's scabies status prior to the transfer. This will enable a risk assessment to be undertaken to determine the appropriate IPC measures to be taken, e.g. transported without other patients, isolated on admission.
- Staff preparing to transfer a patient to another health and social care provider should complete the Inter-health and social care infection control transfer form (see Appendix 2, available to download at www.infectionpreventioncontrol.co.uk). This should accompany the patient. Refer to the 'Patient placement and assessment for infection risk Policy for General Practice'.
- SICPs and TBPs should be followed whenever transferring a patient, whether they have a confirmed infection or not.
- The completed transfer documentation should be supplied to the receiving health or social care provider and a copy filed in the patient's notes.
- Ensure that care equipment used to transfer the patient, e.g. wheelchair, is decontaminated in accordance with the 'Safe management of care equipment Policy for General Practice'.

11. Infection Prevention and Control resources, education and training

The Community IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection 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:

- 27 IPC Policy documents for General Practice
- Preventing Infection Workbook: Guidance for General Practice

- IPC CQC inspection preparation Pack for General Practice
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for General Practice Staff

In addition, we hold educational study events in North Yorkshire.

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

12. References

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 2023) *National infection prevention and control manual (NIPCM) for England*

National Institute for Health and Care Excellence (July 2023) Clinical Knowledge Summaries *Scabies* cks.nice.org.uk/scabies

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*

13. Appendices

Appendix 1: Scabies treatment: Patient instructions for application of cream or lotion

Appendix 2: Inter-health and social care infection control transfer Form

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Scabies treatment

Patient instructions for application of cream or lotion (for external use only)

- **Do not bathe or shower *immediately* before putting on the cream or lotion.**
- **Make sure there are 4-6 tubes for two treatment applications before starting the treatment.**
- **The treatments should be applied one week apart.**
- **Use clean bed linen on day of treatment.**

1. Application of the cream or lotion is best done in the evening onto clean, cool, dry skin.
2. Wash hands.
3. Remove all clothing and jewellery. If it is not possible to remove a ring during application of treatment, move it to one side, then treat the skin surface that is normally underneath the ring. Wait for the skin to dry before returning the ring to its normal position.
4. The cream or lotion needs to be applied to the whole body (apply externally all over the body on the skin of the face, scalp, and down to the soles of the feet), avoiding the eyes, nose and mouth.
5. Squeeze the cream into the middle of the hand or tips of fingers. If a lotion has been prescribed, it can be poured into a bowl and a disposable sponge or disposable cloth used to apply it. The sponge or cloth should be disposed of after completion of the treatment.
6. Apply to the skin.
7. Take special care to get it into all the external skin creases of the body, e.g. under breasts, the nipples (scabies treatment should be washed off nipples before breast feeding, then re-applied after breast feeding), genitals and between the buttocks (bottom). Particular attention needs to be paid to the skin between the fingers and toes, under the nails and behind the ears. You will need someone to apply the cream or lotion to your back. This person should wear disposable gloves and wash their hands after removal of the gloves.
8. Let the cream or lotion dry before getting dressed or it may rub off. This takes 10-15 minutes. Mittens may be used to prevent infants putting treated hands into their mouths.
9. Apply to the soles of the feet last after the body treatment has dried.
10. Leave the cream or lotion on for 8-12 hours (overnight treatment will help to ensure this).
11. Do not bathe or shower during the recommended treatment time.
12. Apply more cream or lotion on any area of the body, e.g. hands, genitals, that are washed during the treatment period.

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
www.infectionpreventioncontrol.co.uk April 2023

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

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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