Lincolnshire Partnership
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Lincolnshire Partnership NHS Foundation Trust (LPFT)

Title of Policy

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The principles of this policy are to provide information to staff who may be involved in the care of Service Users who have been suspected or diagnosed with Scabies, provide information about what Scabies is and how to manage and treat skin infestation effectively

LINCOLNSHIRE PARTNERSHIP NHS TRUST

SCABIES MANAGEMENT

ISSUE 2

CONTENTS

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1.0 INTRODUCTION

1.1 In order to comply with the Health and Social Care Act 2008 Code of Practice for health and social care on the prevention and control of infections and related guidance (2015), Lincolnshire Partnership NHS Foundation Trust (LPFT) is required to have in place and operate effective management systems for the prevention and control of healthcare associated infections (HCAIs).

1.2 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 individual service users will minimise the risk of outbreaks.

2.0 POLICY PRINCIPLES

The principle of this policy is to:

- Provide information to LPFT staff who may be involved in the identification and care of service users who are suspected of having or diagnosed with Scabies.

- Provide information about what scabies is and how to manage and treat skin infestation effectively.

3.0 RESPONSIBILITIES

Responsibilities are as set out in the overarching IPC policy 7a.

4.0 SCABIES.

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

3.2 The Adult Scabies mite is approximately 0.4 cms long and burrows under the top layer of skin. They can affect any part of the body including between the fingers (finger webs),wrists, elbows, arm pits, thighs genitalia, nipples, `breasts and lower buttocks (Health Protection Agency (HPA) 2010) In infants, young children and those who are chronically ill the mites can be found on the face, ears and scalp.

5.0 TYPES OF SCABIES.

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

5.1 Classical Scabies

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

5.2 Hyperkeratotic Scabies

- Also Known as crusted, Norwegian and atypical Scabies. An unusual form of the infestation that is highly contagious and occurs in immunodeficient individuals e.g. the frail elderly or immunocompromised patients.
- Infestation 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.

6.0 INCUBATION PERIOD.

The incubation period can be up to 8 weeks in people without previous exposure (HPA 2012), this makes the spread of the disease difficult to identify and contain in residential care settings. As a result of the extended incubation period it is possible for asymptomatic carriers to re-infect others after treatment has been carried out.

7.0 INFECTIOUS PERIOD

Scabies requires 2 applications of treatment 7 days apart. An infested person remains infectious until 24 hours after the first treatment has been applied

Norwegian/crusted scabies requires multiple treatments. The infested individual is considered to continue to be infectious for up to 10 days after treatment commences and should be isolated until after that time.

8.0 TRANSMISSION

- Scabies mites cannot jump or fly. They crawl from one person to another.
- Transmission is by direct skin to skin contact with an infested person over a prolonged period of time, typical of partners or families inhabiting the same space. Sleeping together, holding hands and sexual contact is the kind of prolonged contact where transmission can occur
- Provision of close personal care could lead to transmission. Brief contact such as shaking hands would not. Prolonged periods of restraint with an infested person could increase the risk of transmission form patient to staff or vice versa.
- Good personal hygiene does not reduce the risk of transmission of the mite.
- Glove use with known or suspected affected patients can reduce the risk of transmission

Norwegian/ Crusted Scabies

- This type of infestation is highly infectious. There may be many thousands of mites on the patient's skin, clothing and bedding. Mites are dispersed into the air during personal care, bed making, etc., contaminating the environment through airborne spread. All contact with the patient and their environment can lead to transmission. Standard IPC precautions must be applied during this period.

9.0 SIGNS AND SYMPTOMS OF SCABIES.

9.1 Symptoms of infestation are caused through an allergic response to the presence of the faeces of the mite. If a person has previously been infested with scabies mites, the immune response is rapid and itching develops within hours.

9.2 The main symptoms are:

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

10.0 DIAGNOSIS.

10.1 Scabies is difficult to diagnose. Early management and treatment is essential in order to avoid patient to patient and staff transmission. If a patient is suspected of having scabies standard IPC precautions must be put in place until diagnosis is made and/or treatment is completed.

10.2 All staff working within an NHS environment should inform their line manager and contact Occupational Health if they suspect that they or a member of their household have scabies. Occupational Health will advise and inform the IPC Nurse Specialist.

10.3 Scabies should be suspected if the patient has the presence of intense itching with a follicular papular rash and management measures put in place urgently even in the absence of a confirmed diagnosis by a Dermatologist or General Practitioner

11.0 MANAGEMENT OF SUSPECTED OR CONFIRMED SCABIES.

- If practicable, while affected patients are undergoing treatment, all efforts should be made to separate them from other patients.
- It may not be practicable to treat everyone else in the inpatient setting but if there are several simultaneous cases and the situation appears to be difficult to control, then it may be necessary to treat all patients and staff and their families simultaneously on an agreed treatment date. This would be an unusual step with the decision being made between Infection Prevention and Control (IPC), Occupational Health (OH) and Ward Manager.
- All close contacts need to be informed if scabies is suspected and recommended to seek diagnosis and treatment from their GP.
- Staff can return to work 24 hours after the first treatment has been completed.
- If the case is a member of staff, simultaneous treatment for their close household contacts is recommended
- Transfer of the patient should be avoided until 24 hours after application of the first treatment
- It is essential that staff in the receiving care environment are informed of the patients scabies infestation prior to transfer to enable effective management of transmission risk.

12.0 TREATMENT

12.1 Permethrin (Lyclear)

- Permethrin Cream (Lyclear 5%) is currently the agent of choice for the treatment of scabies and also for prophylactic treatment for contacts.
- It is easier to use because it only needs to be left on for 8-12 hours and increases concordance with treatment.

- There is no current evidence to suggest that Permethrin cannot be used during pregnancy or while breastfeeding.
- 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 7 days apart (British National Formulary 2016).
- 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 service users 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.

12.2 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

12.3 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 a Dermatologist in resistant or overwhelming infestation.
- 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 2017).
- Oral invermectin (as a single dose of 200µg/kg or two doses 1 week apart) has been shown to be effective in difficult cases and those with HIV infection.

13.0 WHO TO TREAT

- Individuals with Scabies living in their own home should be advised to consult their GP for diagnosis and treatment as soon as possible.

- All close household contacts i.e. bed partners and children will need simultaneous treatment as well as the affected individual, through their GP.

- Risk assessment should be carried out for Community Staff visiting a patient at home if they have been diagnosed with scabies and there is doubt whether they have effectively completed treatment. The likelihood of close, personal, skin to skin contact during the visit should be taken into account. The IPC Nurse Specialist will support teams to plan visits to minimise transmission risk.

Residents/patients diagnosed with Scabies on a ward or residential rehabilitation unit.

- If an isolated case, then only the individual resident/patient needs to be treated along with their recent close family contacts, and/or carers i.e. those who have had frequent, prolonged skin-to-skin contact with the affected individuals.

- All patients within a ward or nursing/residential home where there is more than one case of an itchy rash.

- Consultation between ward managers, IPC and OH will take place before a decision will be made as to whether to treat all the staff, and their family members and patients and their family members.

- In other health care environments, e.g. prisons, schools/nurseries, homeless hostels, all close skin-to-skin contacts should be treated at the same time. Co-ordination in some of these areas will be more difficult and therefore must not be rushed and should be organised after collaboration with the IPC Team.

- An outbreaks of scabies in any residential care environment must be reported to Public Health England (PHE) on 0344 2254525.

- Visitors need not necessarily be excluded unless they are suspected of being the index case and have not sought treatment. This would potentially make them a transmission risk to other patients and staff. The IPC Nurse Specialist will support Ward Managers or the Nurse in Charge to make the decision to exclude visitors and/or measures to take to minimise the risk of transmission. This may include the use of Personal Protective Equipment.

14.0 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 2017)
- 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 all over the body including the scalp, genitals, behind the ears, under the breasts and other skin folds.
- Pay particular attention to the web of toes and fingers and under fingernails, as mites may be present following scratching.
- 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.
- Occasionally an application to the head may be recommended.
- Read the guidance for the medication to ensure the correct exposure time. Permethrin Cream should be left on for 8-12 hours. Applying the cream at night before going to bed is a good option because it can be left on overnight.
- If the cream has to be washed off within the 8-12 hour period, it should be reapplied to that area on each occasion.
- If patients are self-caring, nursing staff must supervise them with application of the treatment and not leave as a self-administered medication as a second person is necessary to ensure all of the body is covered.

- For patients in their own home, a second person would also be recommended to ensure effective application over the entire body.
- If the whole body is not covered, treatment failure is much more likely
- Following the recommended exposure time, remove medication by thorough washing of all areas of the skin to which it has been applied.
- 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 service users with Crusted /Norwegian Scabies arm protection would be advisable.
- After treatment, bedding and clothing should be washed at 60° C. If washing at this temperature is not possible, the items should be placed in an alginate bag and left for 3 days before being laundered at a lower temperature to allow the mites to die.
- In all inpatient areas, bedding and clothing should be treated as infected linen and red alginate bags should be used.

15.0 POST TREATMENT CARE.

- The itch and rash may persist for some weeks after infestation has been eliminated. Patients should be advised that itching will persist for a few weeks after treatment.

- Simple moisturisers such as aqueous cream may be applied to residual itchy areas.

- Use of emollients for washing the skin, rather than soap or bubble bath products can also provide some relief for dry itchy skin.

- Persistent symptoms may suggest that scabies eradication may not have been successful and will require further assessment by Medical Staff/Dermatologist.

- Application of Crotamiton (Eurax) can be used to control itching after treatment. A topical corticosteroid may help to reduce the itching and inflammation after scabies has been treated successfully (BNF 2017).

16.0 SERVICE USER INVOLVEMENT.

Scabies can be a distressing condition and the privacy dignity of the patient should be maintained throughout. Compliance is important with dealing with this condition and the patient/carer should be given as much information as sensitively as possible.

Up to date information can be obtained or downloaded from Public Health England and the NHS choices website

17.0 TARGET AUDIENCE.

All Trust staff involved in clinical activities

18.0 TRAINING

- The IPC Nurse Specialist can offer additional training on request which will include information contained in his policy.
- All members of staff have an individual responsibility to ensure that they access IPC mandatory training.

19.0 CHAMPION AND EXPERT WRITER.

19.1 The Champion for this policy is the Director of Nursing and Quality
19.2 The Expert Writer is the Infection Prevention and Control Nurse Specialist

20.0 CONSULTATION

Consultation for version 1 occurred through:

- Infection Prevention and Control Committee
- Nursing Executive members
- Public Health England

Additional Consultation for the revised version:

- Head of Physical Healthcare, IPC, Medical Devices and Smoking Cessation.
- Acting Service Manager Older Adults Division.
- IPC link practitioners
- Matrons
- Physical Healthcare Practitioners

21.0 LEGISLATION, GUIDANCE AND REFERENCES.

- *British National Formulary* (2017).BMJ Group. London.
- The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (Revised 2015) (Department of Health) London.
- Health Protection Agency (2011*) Scabies Information Leaflet.* HPA North West.
- Health Protection Agency (2012) *The Management of Scabies infection in the Community.* HPA .North West.
- Health Protection Agency (2010) *Factsheet on Scabies*. Health Protection Agency. Essex.
- Ross, S., Furrows, S. *Rapid Infection Control Nursing* (2014.) Wiley Blackwell. Chichester
- Hawker, J., Begg, N., Blair, I.,Reintjes, R. Weinberg, J., Ekdahl, K. *Communicable Disease Control and Health Protection Handbook (*2012). Wiley Blackwell. Chichester
- https://www.gov.uk/government/organisations/public-health-england

22.0 MONITORING COMPLIANCE.

In the event of an outbreak of Scabies the Root Cause Analysis process should include evidence that staff have adhered to the contents of this policy.

23.0 ASSOCIATED TRUST POLICES.

7a. Infection Prevention and Control
7b. Hand Hygiene
7c.Outbreak of Infection
7f. Isolation
7n.Correct Use of Personal Protective Equipment in the Healthcare Environment
Waste Management
Occupational Health.

24.0 REVIEW DATE.

This policy/procedure will be reviewed in 3 years or in light of organisational or legislative changes.

Record of changes

Date	Author	Policy/Procedure	Details of change(s).
July 2017	J. Lord	7 l	• Widespread grammatical changes • Changes of job title where necessary • Responsibilities standardised with some additions specific to this policy • Format changed for consistency • Revised references added/updated • Record of changes added

Appendix 1 Equality Analysis Form

Name of Policy/ project/ service	**Infection Prevention and Control** **Scabies Management**		
Aims of policy/ project/ service	**The principles of this policy are to provide information to staff who may be involve in the care of Service Users who have been suspected or diagnosed with Scabies, provide information about what Scabies is and how to manage and treat skin infestation effectively**		
Is this new or existing?	Existing		
Person(s) responsible	Jane Lord		
Key people involved	Jane Lord		
Who does it affect?	Service users □√	Staff □√	Wider Community □√

Is the policy/ project/ service likely to have an effect on any of the protected characteristic groups? (please tick)

	Positive	Negative	None	Is action possible to mitigate any negative impact?	Details of action planned (including dates or why action is not possible)
Age	√				
Disability	√				
Sex	√				
Gender Reassignment	√				
Sexual Orientation	√				
Race	√				
Religion and Belief	√				
Marriage and Civil Partnership	√				

Pregnancy and Maternity	√				
Carers	√				

Any other information that is relevant to the equality impact of the policy/ project/ service?

Detail any positive outcomes for any of the protected groups listed above

The policy will ensure best practice to prevent transmission of a parasitic insect

Result of Equality Analysis

Based on the information above- what is the outcome of the Equality analysis?

a) No change √ □	b) Adjust the activity □	c) Stop/remove the activity □
Detail any adjustments that are to be made and how these will be monitored		

Person who carried out this assessment	Jane Lord
Date assessment completed	19/07/2017
Name of responsible Director/General Manager	Anne-Maria Olphert
Date assessment was signed	
Date of next review	19/07/2020