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Community Infection Prevention and Control Policy for Domiciliary Care staff

Scabies

SCABIES

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SCABIES

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This Policy has been adopted by:

Organisation: ..... …

Signed: .....

Job Title: .....

Adoption Date: .....

Review Date: .....

Any variation to this Policy should be risk assessed, evidence-based, authorised 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.

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

SCABIES

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1. Introduction

Scabies is the name of a skin condition caused by an immune reaction to the mite *Sarcoptes scabiei* and their saliva, eggs and faeces. The typical presentation is an intensely itchy rash often worse at night. The rash is associated with visible burrows, nodules and redness, mainly between fingers and in skin folds/creases. Symptoms may last for weeks or months, can be hard to recognise and are often mistaken to be other skin conditions.

Scabies is the result of the mite burrowing into the skin and laying eggs that then hatch. The eggs hatch in 3 to 4 days and grow into adult mites in 1 to 2 weeks. Within the skin, as well as laying eggs, the adult female deposits waste products. The presence of waste products in the skin usually causes itching, while the hatching of the eggs produces new mites which can travel to the surface of the skin and then infect other people. In a first episode, symptoms don't usually occur until 3 to 6 weeks after infection. People who have had scabies previously may develop symptoms more quickly, in around 1 to 4 days.

There are two forms of scabies both caused by the same mite. 'Classical scabies' which has fewer than 20 mites all over the body and is the most common form. 'Crusted scabies' which may be seen in individuals with lowered immunity, can have thousands or millions of mites causing a more severe reaction in the skin and is the rarer form of scabies.

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 aggravate other preexisting skin conditions, e.g. eczema, psoriasis.

Always use 'Standard infection control precautions' (SICPs) and, when required, 'Transmission based precautions' (TBPs). Refer to the 'SICPs and TBPs Policy'.

2. Transmission

The mite that causes scabies can be spread from an infected person before they have any symptoms.

The mite cannot jump from person-to-person, but can crawl from one individual to another:

- By direct skin-to-skin contact with a person who is infected with scabies (approximately 10 minutes uninterrupted skin-to-skin contact), e.g. holding hands. Transmission through brief contact, such as a handshake, 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 person for up to 4 days. However, the likelihood of spread to another person from clothing, bedding and towels is not known.

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.

Diagnosis should be confirmed by a GP or appropriate healthcare professional.

Crusted scabies is uncommon. 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.

Management and treatment of scabies must be undertaken in association with the service user's GP. When the service user is in a supported living or sheltered housing complex, 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

To prevent the spread of scabies, it is essential to treat the affected individual and also identify and treat their contacts at the same time on two occasions, one week apart.

Contacts are defined as anyone who has close physical contact with the infected person without appropriate personal protective equipment (PPE), for example, providing personal care with skin-to-skin contact, sharing a room, or other similar household setting, and sexual partners, within the 8 weeks prior to diagnosis.

If staff contacts are off duty at the time of treatment, they should complete the first treatment dose before returning to work followed by the second treatment one week later.

5. Treatment cream

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

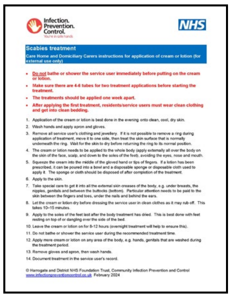
Adults with scabies and adult contacts usually need 4-6 x 30 gm tubes for the 2 treatment applications. An insufficient supply of cream can contribute to treatment failure.

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 to ensure treatment is effective.

- Treatment usually 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 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 be present under nails, therefore, the affected person's nails should be kept short.
- There needs to be fresh linen and clothes available after each treatment.
- Following treatment, itching often persists for several weeks and is not an indication that treatment has been unsuccessful. Anti-itch treatment may be beneficial.



'Scabies treatment: Care Home and Domiciliary Carers instructions for application of cream or lotion', is available to download at www.infectionpreventioncontrol.co.uk/resources/scabies-treatment-care-home-and-domiciliary-carers-instructions-for-application-of-cream-or-lotion/.

7. Scabies outbreak

If an outbreak (two or more cases, e.g. a service user and a member of staff) is suspected, contact your local Community IPC or UKHSA Team. They will give advice on coordinating treatments.

8. General information

- Wear disposable apron and gloves for skin-to-skin contact until the treatment regime has been completed. When caring for a service user with 'crusted' scabies, a disposable apron and gloves are also required for contact with

their care equipment and environment.

- Linen and clothing should be washed at a minimum of 50ºC or at the highest temperature on the washing instruction label and tumble dried if possible. If a duvet is used, it is adequate to wash the cover only.
- Thermal disinfection at 71ºC for 3 minutes or 65ºC for 10 minutes is advised.
- 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 with advice to avoid close physical contact with others until 24 hours after the first treatment. Service users not able to adhere to this should be excluded, on advice from the local IPC or UKHSA Team, until 24 hours after the first treatment.
- If the affected individual is treated before the contacts, the individual should then be retreated at the same time as the contacts to prevent reinfection.

9. Environmental cleaning

- Routine cleaning of hard surfaces in the environment with warm water and a general purpose neutral detergent, e.g. washing up liquid, 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.

10. Suspected treatment failure

Evidence shows that unsuccessful treatment is usually due to failure to follow the correct procedures and treatment instructions.

Treatment failure is likely if:

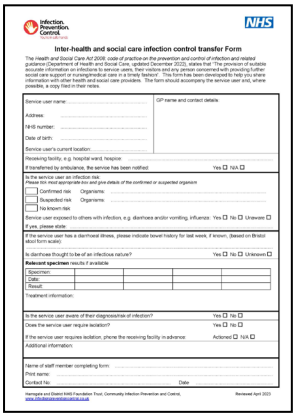
- The itch still persists for longer than 2-4 weeks after the first application of treatment (particularly if it persists at the same intensity or is increasing in intensity)
- Treatment was uncoordinated or not applied correctly, e.g. scalp and face not treated, not reapplied after washing hands, etc.,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

application of the treatment

If treatment failure is suspected, the service user's GP should be notified.

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

- Transfer to another Domiciliary Care provider or a Care Home should, where possible, be deferred until the service user is no longer infectious.
- Non-urgent hospital outpatient attendances or planned admissions should be postponed if at all possible.
- If the condition of service user requires urgent hospital attendance or admission, to reduce the risks of spreading infection, the unit at the hospital they are attending and the transport service taking them must be made aware the service user has scabies prior to them being transferred. Due attention should be paid to service user confidentiality. Staff with responsibility for arranging the service user's transfer should complete relevant documentation, e.g. patient passport or the Inter-health and social care infection control transfer Form (available to download at www.infectionpreventioncontrol.co.uk/resources/inter-health-and-social-care-infection-control-transfer-form/ and can be completed electronically). This ensures appropriate placement of the service user, refer to the 'Patient placement and assessment for infection risk Policy'.



Inter-health and social care infection control transfer Form

12. Infection Prevention and Control resources, education and training

See Appendix 1 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 Domiciliary Care 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:

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff

- IPC audit tools, posters, packs, leaflets and factsheets
- IPC Bulletin for Domiciliary Care 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.

13. 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 (Updated 2024) *National infection prevention and control manual (NIPCM) for England*

National Institute for Health and Care Excellence (March 2024) Clinical Knowledge Summaries *Management of 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*

14. Appendices

Appendix 1: Scabies: Quick reference guide

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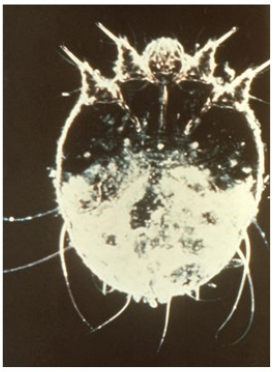
Scabies:
Quick reference guide for Domiciliary Care



What is scabies?

- Scabies is the name of a skin condition caused by an allergic response to the mite *Sarcoptes scabiei* and their saliva, eggs and faeces.
- Usually presents as an intensely itchy 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?	Fewer than 20	1,000's or 1.000,000's
Who is vulnerable?	Anyone with direct uninterrupted skin-to-skin contact (10 minutes) with someone infected with scabies	Individuals with lowered immunity
Survival of mites in the environment/clothing	Possibly up to 4 days	Possibly up to 4 days
Usual treatment	2 x full body applications of Lyclear Dermal cream for 8 hours, 1 week apart. Change clothing and bedding after each treatment application	2 x full body applications of Lyclear Dermal cream for 8 hours, 1 week apart. Change clothing and bedding after each treatment application
Isolation	SICP's. Avoid close physical contact until first treatment completed	SICP's. Avoid close physical contact 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 service user's care equipment and environment
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

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