Royal Cornwall Hospitals
NHS Trust

Scabies Policy

V2.0

September 2023

Summary

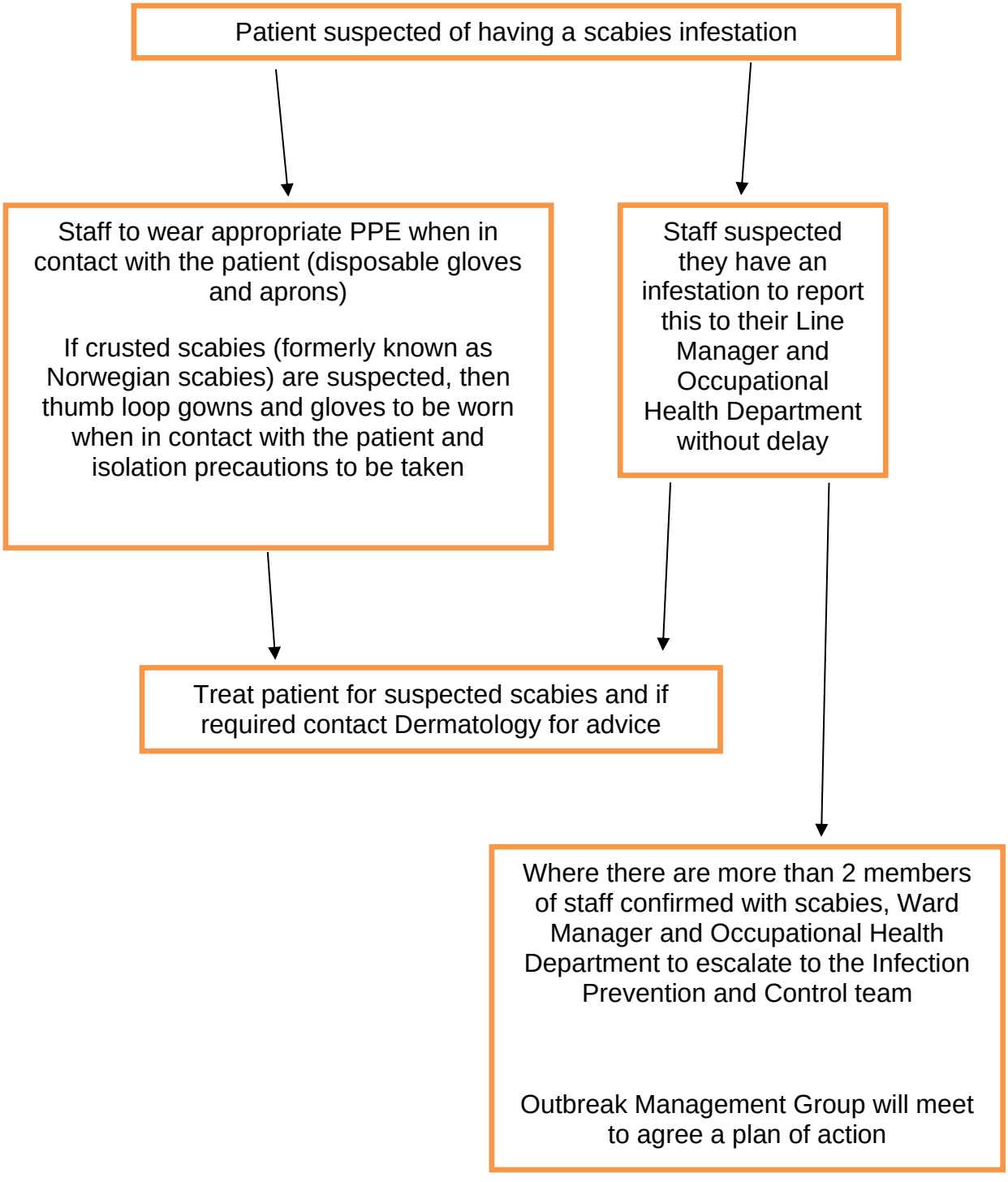
Patient suspected of having a scabies infestation
Staff to wear appropriate PPE when in contact with the patient (disposable gloves and aprons)
If crusted scabies (formerly known as Norwegian scabies) are suspected, then thumb loop gowns and gloves to be worn when in contact with the patient and isolation precautions to be taken
Staff suspected they have an infestation to report this to their Line Manager and Occupational Health Department without delay
Treat patient for suspected scabies and if required contact Dermatology for advice
Where there are more than 2 members of staff confirmed with scabies, Ward Manager and Occupational Health Department to escalate to the Infection Prevention and Control team
Outbreak Management Group will meet to agree a plan of action

Table of Contents

Summary **2**
1. Introduction **5**
2. Purpose of this Policy/Procedure **5**
3. Scope **5**
4. Definitions / Glossary **5**
5. Ownership and Responsibilities **5**
5.1. Role of the Chief Executive **5**
5.2. Role of the Infection Prevention and Control Committee **6**
5.3. Role of the Occupational Health Department **6**
5.4. Role of the Infection Prevention and Control (IPC) team **6**
5.5. Role of Consultant Medical Staff **6**
5.6. Role of Ward Leaders, Matrons and Heads of Nursing **6**
5.7. Role of the Individual Staff Member **6**
6. Standards and Practice **7**
6.1. Signs and symptoms **7**
6.2. Transmission **7**
6.3. Identification **7**
6.4. Infection Prevention and Control Measures **8**
6.5. Treatment **8**
6.6. Treatment products **9**
6.7. Treatment regime **10**
6.8. Control of an outbreak of scabies **11**
7. Dissemination and Implementation **12**
8. Monitoring compliance and effectiveness **12**
9. Updating and review **12**
10. Equality and diversity **12**
Appendix 1. Governance Information **13**
Appendix 2. Equality Impact Assessment **16**

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. Scabies is a common contagious skin infestation caused by the parasitic mite *Sarcoptes scabiei.* It is transmitted by skin-to-skin contact that typically occurs within families, sexual partners and between patients and care givers.

1.2. The prevalence of scabies is estimated to be more than 200 million cases worldwide varying by locality. The incidence of scabies rises and falls cyclically, peaking every 15-25 years. Scabies is currently endemic in many developing countries (Heymann, 2015).

1.3. In developed countries there is a high incidence within nursing and residential care homes where there are highly dependent residents, as well as schools and nurseries.

1.4. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. The purpose of this policy is to describe the infection prevention and control practice to identify a patient with scabies, precautions when caring for and managing patients with scabies and how to reduce the risk of transmission.

2.2. All staff working clinically must be aware of the contents of the policy.

2.3. This policy aims to give guidance to:

- To minimise the risk of transmission of scabies.
- Outline the roles and responsibilities of staff involved in the care of patients requiring infection control special precautions.

3. Scope

This policy applies to all staff working for or on behalf of the Royal Cornwall Hospitals NHS Trust including volunteer, temporary, locum, bank, agency, and contracted staff.

4. Definitions / Glossary

4.1. IPC – Infection Prevention and Control.

4.2. OH – Occupational Health.

5. Ownership and Responsibilities

5.1. Role of the Chief Executive

The Chief Executive Officer (CEO) is responsible for ensuring that there are effective arrangements for infection control within the Trust. This includes determining the mechanisms by which the Trust Board ensures that there are adequate resources available to secure effective prevention and control of healthcare associated infections.

5.2. Role of the Infection Prevention and Control Committee

The Infection Prevention and Control Committee is responsible for approving and monitoring the implementation of this policy.

5.3. Role of the Occupational Health Department

The decision about who to treat and the organisation of treatment will be coordinated by OH. The OH department are responsible for:

- Providing verbal and written advice and treatment information to staff caring for patients with scabies.
- Liaising with the hospitals' pharmacy to ensure that staff receive treatment as required.

5.4. Role of the Infection Prevention and Control (IPC) team

The IPC team are responsible for:

- Providing infection prevention and control advice and information to staff caring for patients with scabies.
- Providing advice and information to patients and their relatives as required.
- In the event of an outbreak of scabies providing advice on the planned coordinated management of the situation.

5.5. Role of Consultant Medical Staff

Consultant Medical Staff are responsible for:

- Referring patients with suspected scabies for a dermatology review.
- Ensuring their junior staff read and understand this policy and adhere to the principles contained in it at all times.

5.6. Role of Ward Leaders, Matrons and Heads of Nursing

Ward Leaders, Matrons and Heads of Nursing are responsible for ensuring implementation within their area, and for ensuring all staff who work within an area are aware and have access to the policy.

5.7. Role of the Individual Staff Member

- All staff members providing care for a patient with scabies have a responsibility to ensure that they adhere to the appropriate infection prevention and control precautions and the best practice set out within this policy.
- Report suspected workplace acquired case of scabies to the occupational health and IPC team.

6. Standards and Practice

6.1. Signs and symptoms

6.1.1. The scabies mite is approximately 0.3-0.4mm in length and burrows under the top layer of the skin.

6.1.2. Burrows may be visible as a line about 5mm in length. They can occur anywhere on the body but are often more easily identified on the hands and feet, typically located in the webs of the fingers and toes.

6.1.3. Within 2-6 weeks the host becomes sensitised to the mite and its waste products, and a widespread eczematous rash may result. A variety of itching sensations follow giving way to severe irritation, which is often worse at night.

6.1.4. The following points must be remembered:

- Itching generally occurs 2-6 weeks after the initial infestation.
- Itching is usually worse at night and may persist for several weeks, even after successful treatment.

6.2. Transmission

6.2.1. Transmission is by prolonged direct contact with the skin of a person with an infestation (however those with an infestation may not always show clinical signs).

6.2.2. The mite does not ‘jump’ from person to person. It travels at about 2mm per day on the skin of the person with an infestation.

6.2.3. Standards of personal hygiene are not a determining factor in transmission. However, staff paying strict attention to hand hygiene after prolonged contact with an individual may reduce the risk of transmission via hands.

6.3. Identification

6.3.1. An early diagnosis is essential to avoid patient to staff transmission.

6.3.2. High risk groups include care home or nursing home residents and staff, carers, other healthcare workers, prison inmates and young children.

6.3.3. Diagnosis is not always straightforward. A history of scabies or itchy rash in a close contact is highly suggestive. Pruritus tends to be severe. Typical sites of involvement in adults include in-between finger and toe webs, nipples, and genitalia. Rubbery nodules on the penile shaft in men are pathognomonic of scabies infection. In young children the soles may be affected. Scalp involvement usually only occurs in young children or debilitated adults. Burrows are regarded as pathognomonic but are not always apparent. The rash is usually papular, though vesicles or nodules may occur. There may be secondary eczematisation, and this can be

widespread. Excoriation may be prominent and there may be superadded bacterial infection (causing weeping and golden crusting).

6.3.4. Referral to the dermatology service should be made to confirm the diagnosis, as scabies can be easily misdiagnosed.

6.3.5. Crusted scabies, formerly known as Norwegian scabies, is a particularly severe form of the infestation where a much higher density of mites are present. It is predominantly seen in immunosuppressed individuals. It is caused by the same scabies mite, but the skin presents as thickened crusts which may be mistakenly attributed to other skin conditions (such as psoriasis).

6.4. **Infection Prevention and Control Measures**

6.4.1. Patients who are being transferred between health care environments should routinely have their skin examined for signs of rashes.

6.4.2. If a diagnosis is suspected but not medically confirmed, disposable aprons and gloves must be worn for patient contact. On occasions where staff may need to have skin to skin contact, thumb looped gowns may be worn.

6.4.3. Bedding and clothing can be treated in the normal manner.

6.4.4. Wound and skin precautions should be implemented until treatment has been completed according to manufacturer instructions.

6.4.5. In the case of crusted scabies cleaning the immediate environment of the individual is necessary on a daily basis. For this type of scabies, the patient should be isolated due to the high infectivity of the patient.

6.5. **Treatment**

6.5.1. The patient should be treated immediately according to the treatment regime. It is worth checking that the preparation prescribed is the one especially designed for scabies as there are several formulations which are useful only for head lice. The doctor may suggest different preparations for women who are pregnant or breast-feeding, or for babies.

6.5.2. Family contacts of infected patients should consult their GP for treatment, even if asymptomatic.

6.5.3. If the patient has been transferred from a nursing home or other institution, nursing staff should inform the Ward Sister/Charge Nurse and IPC Team.

6.5.4. If the diagnosis of scabies is delayed and the patient has had contact with many staff, consideration must be given to treating staff that have had close contact with the patient. The decision about who to treat will be made by the Microbiologist or OH. The organisation of treatment for staff who have had close contact with the index patient will be coordinated by OH, who will liaise with pharmacy to provide treatment.

The IPC team will advise regarding treatment for inpatients who were nursed in the same bay as the index case.

6.5.5. The families of staff members may also need to be treated. Advice should be sought from their GP.

6.5.6. A decision as to whether some, or all patient and staff contacts should be treated will be made depending upon the clinical area and circumstances. This will involve consultation between ward staff, OH and the IPC team.

6.5.7. In the vast majority of cases, it is not anticipated that an employee receiving scabies treatment needs to be excluded from work as universal precautions adapted to the situation will prevent transmission. Although the diagnosis and management of scabies is highly unlikely to be an urgent or emergency matter, in an out of hours situation the employee would need to contact their GP or out of hours service, with the above caveat. It is expected that if a GP consultation is required around scabies diagnosis and management it is done so in office hours.

6.5.8. Patients who have uncomplicated scabies and also are infected with HIV should receive the same treatment regimens as those who are HIV negative. HIV-infected patients and others who are immunosuppressed are at increased risk of crusted scabies, for which ivermectin has been reported to be effective (British Association for Sexual Health and HIV, 2016).

6.6. **Treatment products**

- Scabies is usually associated with a good prognosis provided compliance with treatment is satisfactory.
- Topical treatment options are Permethrin 5% or Malathion 0.5%.
- It is recommended that topical treatments are given twice, seven days apart.
- Please consult the packet instructions prior to application.

6.6.1. **Permethrin 5% (first line treatment)**

- Permethrin 5% is safe during pregnancy and breastfeeding (unlicensed use).
- Follow the procedure for application detailed in section 6.6.4 (treatment regime).
- Licensed for use in children over 2 months of age.
- Treatment should be washed off after 12 hours.
- If hands are washed within 8 hours of application, they should be treated again.

- Do not apply to broken or secondary infected skin.

6.6.2. **Malathion 0.5%**

This is currently the alternative product of choice for the treatment of individuals with scabies who are pregnant or breast feeding.

- Follow the procedure for application detailed in section 6.6.4 (treatment regime).
- If breast feeding, wash breast prior to feeding and reapply after feeding.
- In infants less than 6 months old, only use under medical supervision.
- Treatment should be washed off after 24 hours.
- If hands are washed with soap within 24 hours, treatment should be reapplied.
- Do not apply to broken or secondary infected skin.

6.6.3. **Ivermectin (oral treatment)**

- This can only be given on a named patient basis within the United Kingdom.
- The decision to prescribe should only be undertaken after consultation a dermatologist in resistant or overwhelming infection (e.g., crusted scabies).
- A dose of 200 mcg per kg body weight has a role in mass treatment i.e., in a nursing home where topical treatment of residents may be difficult.

6.7. Treatment regime

6.7.1. For staff assisting patients with treatment, disposable gloves and apron are to be worn when applying the product followed by hand hygiene with soap and water.

6.7.2. Ensure the patients skin is clean, dry, and cool before application. Individuals do not need to have a hot bath before treatment. All those being treated should have the treatment at the same time to ensure that individuals do not reinfect one another.

6.7.3. For adults and children over 2 years old, apply treatment to cover the whole body from the neck down. Pay particular attention to webs of fingers and toes, and the genital area. Applying the treatment at night before going to bed is usually the best time.

6.7.4. For children under 2 years old and the elderly, treatment should additionally be applied to the face and scalp, taking care to avoid the

vicinity of the mouth where it could be licked off, and the areas close to the eyes.

6.7.5. Nails should be trimmed, and treatment applied with cotton wool buds beneath the nails. If hands are subsequently washed, re-apply treatment to hands.

6.7.6. Bedding, towels, and clothing should be changed directly after treatment and laundered as normal.

6.7.7. Re-treat in the exact same way one week later.

6.7.8. Patients should be advised that itching may persist for several weeks after the infestation has been eliminated. Treatment for pruritus and eczema may be required. New burrows or worsening symptoms after treatment may suggest that eradication of scabies has not been successful, and further expert assessment should be considered.

6.8. Control of an outbreak of scabies

6.8.1. If 2 or more cases of scabies are detected in the same clinical area closely linked in time (2 weeks or less apart) then OH and the IPC team must be notified.

6.8.2. Once an outbreak of scabies has been identified, planned coordinated treatment is essential, and individuals should be treated simultaneously to prevent the likelihood of reinfection. Occupational Health will decide who needs treatment and what regime should be carried out, taking into account the following information:

- The number of symptomatic patients in the affected area.
- The number of symptomatic staff.
- The severity of symptoms of each affected individual.
- The total number of patients and staff in the unit with or without symptoms.

6.8.3. Where staff require treatment, OH will coordinate the management.

6.8.4. From this information the outbreak team will decide whether to treat symptomatic individuals only or individuals based on the clinical area.

6.8.5. Where the decision is made to treat non-symptomatic staff, unless otherwise advised, the treatment will be limited to one application.

6.9. Movement of symptomatic patients

Symptomatic patients from an affected clinical area should preferably not be transferred or discharged to other healthcare establishments until coordinated treatment has been given. In circumstances where this is unavoidable because of clinical need, communication is essential between the two areas so that appropriate management of care can be planned and agreed.

7. Dissemination and Implementation

This policy will be implemented via the following routes:

- The policy will be included in the Trust's Document Library.
- The policy will be circulated to all Ward Sisters/Charge Nurses/ Departmental Managers and Matrons.

Each division is responsible for the full implementation of this policy and will ensure it is accessible to all staff.

8. Monitoring compliance and effectiveness

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with standards and practice.
Lead	Infection Prevention and Control team.
Tool	Use of PPE, isolation if necessary and patient treatment. Monitored as part of the ongoing audit process within the department on a Word or Excel template specific to the topic.
Frequency	As each case occurs.
Reporting arrangements	Outbreak Management Group if convened will report to the Infection Prevention and Control Steering Group and Infection Prevention and Control Committee.
Acting on recommendations and lead(s)	A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned at the time of the outbreak.

9. Updating and review

This policy will be reviewed at least every 3 years by the Infection Prevention and Control department, or more frequently if considered necessary.

10. Equality and diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2..

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Scabies Policy V2.0
This document replaces (exact title of previous version):	Scabies Policy V1.0
Date Issued / Approved:	21 August 2023.
Date Valid From:	September 2023.
Date Valid To:	September 2026.
Author / Owner:	Infection Prevention and Control.
Contact details:	01872 254969.
Brief summary of contents:	This policy provides the information required to manage a patient with scabies and a scabies outbreak.
Suggested Keywords:	Scabies.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Nursing Officer.
Approval route for consultation and ratification:	Infection Prevention and Control Committee.
Manager confirming approval processes:	Joanne Taylor, Deputy DIPC.
Name of Governance Lead confirming consultation and ratification:	Joanne Taylor, Deputy DIPC.
Links to key external standards:	None required.

Information Category	Detailed Information
Related Documents:	British Association for Sexual Health and HIV. (2021) scabies-2016.pdf (bashhguidelines.org) (Accessed: 15/08/2023). British Association of Dermatologists. (2020) Scabies-Update-September-2020-lay-reviewed-July-20202.pdf (bad.org.uk) (Accessed: 15/08/2023) British National formulary for children. (2013-2014) British National formulary. (Section 13.10.4) BMJ Publishing Group LTD. London. British National Formulary. (March 2014- 2015). British National Formulary. (Section 13.10.4). BMJ Publishing Group Ltd. London. Heath Protection Agency Northwest. Heymann. (2015) Control of communicable diseases manual. 20th edition. American public health association. Washington. Johnston G., Sladden M. (2005). Scabies: Diagnosis and Treatment. British Medical Journal. 331, 619-622. National Institute for Health and Care Excellence. (2022) https://cks.nice.org.uk/topics/scabies/ (Accessed: 7th June 2023) NHS Choices (2013) Scabies Public Health England - GOV.UK (www.gov.uk) The Management of Scabies infection in the Community. Torok E, Moran E, Cooke F. (2009) Oxford handbook of Infectious Diseases and microbiology. Oxford university press. Oxford. UK Health Security Agency. (2023) UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings - GOV.UK (www.gov.uk) (Accessed: 04/06/2023). www.nhs.uk (Accessed 25/02/2015 16.38hrs).
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Infection Prevention and Control.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
07/08/17	V1.0	Initial Issue – RCHT only Policy.	Jean James, CNS, IPC
February 2021	V1.0	Full review, reformatted and made a joint Policy with CFT.	Jean James, Infection Protection and Control Lead Nurse
June 2023	V2.0	Full review. Converted back to RCHT only Policy. Added comments from Occupational Health and Dermatology.	Lauren Duncanson, Senior IPAC Specialist Practitioner

All or part of this document can be released under the Freedom of Information Act 2000

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled document

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their line manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Scabies Policy V2.0.
Department and Service Area:	Infection Prevention and Control.
Is this a new or existing document?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Lauren Duncanson, Senior IPAC Specialist Practitioner.
Contact details:	01872 254969.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide staff with the necessary information and knowledge to effectively treat scabies infestations, reduce the risk of outbreaks to the Trust, and to put in place systems to control and contain cases of scabies infestations as and when they occur.
2. Policy Objectives	To give guidance on how to manage scabies infestations.
3. Policy Intended Outcomes	To manage scabies infestations and reduce the risk of outbreaks.
4. How will you measure each outcome?	Local data capture.
5. Who is intended to benefit from the policy?	All staff and patients at risk.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: Yes • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Occupational Health Department. Dermatologists. Infection Prevention and Control Steering Group. Infection Prevention and Control Committee.
6c. What was the outcome of the consultation?	Policy approval.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	Infections may affect any age.
Sex (male or female)	No	Infections may affect any sex.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	Infections may affect any gender.
Race	No	Infections may affect any groups.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Infections may affect all regardless of disability.
Religion or belief	No	Infections may affect any religion.

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	Infections may affect all people – married or otherwise.
Pregnancy and maternity	No	Infections may affect any pregnant woman. Pregnant members of staff may need to take additional precautions depending on the organism involved.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	Infections may affect all regardless of sexual orientation.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Lauren Duncanson.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis