NHS Borders

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# SCABIES POLICY

**Standards** Aim: Ensure that persons with scabies are identified and treated appropriately

- diagnosis must be made by appropriately trained medical or nursing staff
- further advice can be obtained by contacting a member of the IPCT
- with atypical cases, referral to a dermatologist is strongly recommended.

**General Information**
The tiny mite, which causes scabies, can only live for a short time away from the human host. It requires warmth and moisture for survival. Scabies is usually acquired by close, prolonged, skin to skin contact with an infected person. All suspected cases should be reported to the Infection Control Nurse.

**What to Look For**
Raised burrows in the epidermis of the wrists, backs of hands, between fingers, occasionally elbows, axillae, waist, groins, genitalia, buttocks, ankles and behind the knees.

Infection does not generally occur in the skin of the face or scalp.

The most common symptom is a widespread itchy rash, which is particularly severe at night time or when the body is warm, e.g. after exercise or a warm bath.

To aide diagnosis, skin scrapings can be taken from affected areas in order to look for evidence of mite infestation.

**Classic scabies:** Widespread, bilateral rash, which can affect almost any part of the body but not centre of chest, centre of back or head.

**Atypical scabies:** The presentation may vary from classical scabies in certain patient groups, e.g. previously treated or immunocompromised patients.
Often goes unrecognised until large numbers of people are affected.

**Crusted/Norwegian scabies:** May occur in immuno-compromised individuals. Skin becomes scaly and crusted because of the presence of thousands of mites. There is no associated rash or itch. These patients are highly infectious and require isolation.

| **1. MANAGEMENT** [the following guidance is *specific* to scabies and some only applicable to the hospital inpatient; other precautions may have to be taken following assessment of patient) | |
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| **Spread** | Direct skin-to-skin contact, but can be transmitted via skin scales on bedding, clothing and soft furnishings. |
| **Single room** | Not always required; risk assessment must be performed based on likelihood of transmission in the care environment. |
| **PPE** | **Plastic Apron:** must be worn by all members of staff having contact with patient/ linen and immediate patient environment.<br><br>**Gloves:** must be worn by all members of staff having contact with patient/ linen and immediate patient environment.<br><br>**Facial Protection:** unnecessary for scabies. |
| **Hand Hygiene** | After contact with patient, contaminated articles or patients immediate environment. Gloves should be removed and hands washed and dried thoroughly. Instruct patient in hand washing technique as condition allows. |
| **Linen** | Treat linen as infected linen. (See Linen Policy) |
| **Crockery, cutlery and medicine cups** | Medicine cups are single-use disposable.<br>Routine domestic hot wash for other reusable items. |
| **Clinical Waste** | Routine disposal, unless otherwise indicated. |
| **Cleaning of room** | Routine cleaning, unless otherwise indicated. |
| **Baths/ showers** | Routine cleaning, unless otherwise indicated. |
| **Charts** | Not applicable unless patient requires isolation. (See Isolation policy) |
| **Laboratory specimens** | Laboratory samples not usually indicated for scabies diagnosis. |
| **Transporting patients** | Receiving units must be informed of patient's status and any precautions required. |
| **Visitors** | Instruct visitors on correct precautions to take. |
| **Terminal cleaning** | Not required unless otherwise indicated; routine discharge cleaning sufficient. |

| **2. TREATMENT** | |
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| Anyone diagnosed with scabies must be treated: apply scabicide (Contact Pharmacy for current product and follow manufacturer's recommendations). Scabies remains infectious until treated. | |
| **Classic scabies** | Don disposable apron and gloves.<br><br>Apply treatment to clean dry skin (no bath necessary if skin is visibly clean).<br><br>NB: If bath has been taken, dry the skin thoroughly and allow temperature to return to normal before applying scabicide.<br><br>Apply systematically from neck to feet paying particular attention to folds of skin, high risk, and visibly affected areas. Leave on skin for duration recommended by manufacturer, usually overnight<br><br>Re-apply product to skin surfaces that are washed during the treatment period, dependant on manufacturer's instructions.<br><br>Dispose of PPE into yellow clinical waste bag and wash hands.<br><br>Manage linen as infected for a further 48 hours after completion of treatment. |
| **Atypical scabies** | Follow as for classical scabies but treatment should include the head, paying particular attention to ears and taking care to avoid the immediate vicinity around the eyes and mouth.<br><br>A second treatment is advisable to kill newly hatched mites. Follow recommended time interval for the product. |
| **Crusted/Norwegian scabies** | Treat as for atypical scabies. Additional staff protection may be required. Contact IPCT for advice. |
| If symptoms persist after initial treatment contact IPCT for advice. | |
| **Staff** | If concerned, contact Occupational Health Service for advice.<br>See also Scabies - Staff Guidelines. |
| **Visitors** | Visitors who have had close contact with the infected patient within the last 2 months should also be considered for treatment. |