Scabies Procedure

(IPC Manual)
### CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>2. PROCEDURE</td>
<td>3</td>
</tr>
<tr>
<td>2.1 Incubation Period</td>
<td>3</td>
</tr>
<tr>
<td>2.2 Transmission</td>
<td>3</td>
</tr>
<tr>
<td>2.3 Symptoms</td>
<td>3</td>
</tr>
<tr>
<td>2.4 Diagnosis</td>
<td>4</td>
</tr>
<tr>
<td>2.5 Complications of Scabies</td>
<td>4</td>
</tr>
<tr>
<td>2.6 Treatment of Scabies</td>
<td>4</td>
</tr>
<tr>
<td>2.7 Scabies Within a Group of Patients</td>
<td>6</td>
</tr>
<tr>
<td>3. DEFINITIONS/EXPLANATION OF TERMS USED</td>
<td>6</td>
</tr>
<tr>
<td>4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES</td>
<td>7</td>
</tr>
<tr>
<td>4.1 Refer to the home page, section 4, of the Infection Prevention and Control Policy</td>
<td>7</td>
</tr>
<tr>
<td>5. LINKS TO ASSOCIATED POLICIES/DOCUMENTS</td>
<td>7</td>
</tr>
<tr>
<td>6. REFERENCES/FURTHER READING</td>
<td>7</td>
</tr>
</tbody>
</table>
1. INTRODUCTION

Scabies is a parasitic disease caused by the mite, Sarcoptes scabei. There are two types of scabies: Classical Scabies, which is found in people with normal immune systems and Hyperkeratotic Scabies (also known as Norwegian Scabies), which is often found in the elderly population or those with suppressed immune systems.

Skin to skin contact (direct contact) is the mode of transmission. Norwegian scabies is a more infectious variant, which can also be transmitted via inanimate objects such as clothing and bedding. In Norwegian Scabies the skin becomes thickened, scaled and crusted due to the large number of mites present and is highly contagious due to the number of mites present in the exfoliating skin scales.

The scabies mite is extremely small, with the female measuring 0.4 mm in length and the male 0.2 mm. A scabies infestation starts when a mite burrows under the top layer of the skin. They may occur anywhere on the body and the burrows are usually about 5 mm long.

2. PROCEDURE

2.1 Incubation Period

The incubation period is up to 8 weeks. This extended length of incubation time can make the identification and control of scabies difficult, especially in residential social and nursing care settings.

2.2 Transmission

Scabies mites are not able to jump or fly. The usual method of transmission for both types is through direct and prolonged periods of contact (10-20 minutes) or intimate skin contact. It's unlikely that scabies will be transmitted through brief physical contact such as shaking hands or hugging.

Classical scabies mites can survive outside the human body for 24 to 36 hours, making infestation by coming into contact with contaminated clothes, towels or bed linen a rare possibility, unless they have been contaminated by the infested individual immediately beforehand.

Hyperkeratotic Scabies mites can survive outside the human body for 2-3 days as they are able to feed on skin scales in bedding, towels or clothing. They are easily transmissible via clothing, towels or bedding due to the large number of mites present in the exfoliating skin scales.

2.3 Symptoms

The main symptoms of scabies infection are caused through an allergic
response to the presence of the mite. This is thought to be caused by the immune system reacting to the mites and their saliva, eggs and faeces.

Severe itching develops, especially at night. It may take four to six weeks before the itching starts, however, if the person has had a previous scabies infection, the immune response is rapid and itching develops within hours to days.

A rash may develop consisting of tiny red spots and scratching the rash may cause crusty sores to develop.

2.4 Diagnosis

Scabies is usually diagnosed through the presence of intense itching with a follicular papular rash and the burrow marks of the mite.

Suspect scabies if the following are present:

- Itching particularly at night
- Linear burrows which are whitish-grey wavy lines most commonly found on the fingers, wrist and penis
- A rash that usually starts around the fingers which then spreads and turns into tiny red spots

However, as scabies is spread very easily, it's often possible to make a confident diagnosis if more than one family member has the same symptoms.

2.5 Complications of Scabies

Repeatedly scratching itchy skin may break the skin's surface which may lead to the development of a secondary skin infection. In this situation clinical review and antibiotic therapy may be required.

Scabies has been known to make some pre-existing skin conditions, such as eczema, worse. However, other skin conditions should settle down after the scabies infection has been successfully treated.

2.6 Treatment of Scabies

Please refer to the local formularies below for current treatment regimes and refer to manufacturers instructions for application/administration of treatments:


Scunthorpe: Northern Lincolnshire Formulary
2.6.1 Management and Additional Treatment Information

As the incubation period can be up to 8 weeks it is important to consider any person who has had prolonged skin to skin contact within the last 8 weeks, as requiring 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. All members of the affected household should be treated at the same time to ensure that individuals do not re-infected one another. Treatment may be prescribed by their GP or purchased from a local pharmacy.

Apply the cream or lotion to the scalp, jaw line and all over the body including the genital area. Pay particular attention to the webs of toes and fingers. Occasionally an application to the head may be recommended. Applying the cream at night before going to bed is usually the best time because it can be left on overnight.

Healthcare staff applying the cream or lotion should wear disposable gloves and a disposable apron with each individual they are treating.

In the case of treatment application/care of patients with Norwegian Scabies arm protection would be advisable.

A second person is necessary when treating oneself, to ensure all the body is covered.

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.

If any part of the body requires washing/cleaning during the treatment time schedule the cream/lotion will need to be reapplied after each wash e.g. after changing continence products.

The treatment should be left on for the manufacturer's recommended time period.

Remove the medication by thorough washing of all areas of the skin to which it has been applied.

Once the treatment has been applied and washed off, wash all bedding and clothing immediately on a hot wash cycle.

In healthcare settings bedding and clothing should be treated as infected linen and red alginate bags should be used. (Refer to the Laundry Policy).

Itching and a rash may persist or even become slightly worse for a few days.
following treatment due to the continuing presence of dead mites and the dead mites faeces in the skin. Antihistamine medication may be useful in this situation.

Exclude from school/workplace until 24 hours after treatment has been started.

Prolonged skin to skin contact should be avoided wherever possible until 24 hours after treatment.

The ward / home should notify Public Health England when there is an outbreak of scabies. An outbreak of infection is defined as the occurrence of two or more related cases of the same infection, or where the number of infections is more than would normally be expected (Wilson, 2001).

Seek additional advice from the IPC team if required.

2.6.2 Additional Information for the Treatment of Children

Children under the age of two may also have mites on the face, neck, scalp, ears and the soles of their feet. It is therefore important to pay particular attention to the head, neck, flexor areas and the soles of the feet.

Special care must be taken in the selection of the scabicide.

2.7 Scabies Within a Group of Patients

If there is a single case of scabies within a healthcare setting the patient does not require isolation (except with Hyperkeratotic Scabies due to exfoliating skin scales) and can be left in the usual area whilst being treated. Staff should however be extremely vigilant for signs and symptoms of scabies in other patients during the following weeks.

If there appears to be more than one case of scabies, diagnosis should be confirmed by a Dermatologist before commencing treatment of patients. Treatment will be carried out in consultation with the Infection Prevention and Control Team (IPCT). Where there is more than one case of scabies then anyone who has been in contact with the affected patients must be treated, including fellow patients, staff members and any family members who have been in contact with the affected individuals. All should be treated at the same time with those who are symptomatic of scabies repeating the treatment 7 days after the initial treatment. The Occupational Health Department should be informed of the situation though staff are to contact their own General Practitioner for advice/treatment.

3. DEFINITIONS

None.
4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Refer to the home page, section 4, of the Infection Prevention and Control Policy.

5. LINKS TO ASSOCIATED POLICIES/DOCUMENTS

Infection Prevention and Control Manual | RDaSH NHS Foundation Trust

https://www.rdash.nhs.uk/23733/laundry-policy/

6. REFERENCES/FURTHER READING


NHS Conditions: https://www.nhs.uk/conditions/Scabies/

NICE: https://www.nice.org.uk/Guidance/CG139

NICE: https://cks.nice.org.uk/scabies accessed 05.10.18