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SOP Objective

To provide Health Care Workers (HCWs) with details of the care required to prevent cross-infection in patients with Scabies.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.


KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- Updated wording in Section 1. Responsibilities
- Updated wording in Section 3. Transmission Based Precautions

Document Control Summary


Approved by and date	Board Infection Control Committee 3 rd June 2019
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Developed by	Infection Control Policy Sub-Group
Related Documents	National IPC Manual NHSGGC Hand Hygiene SOP NHSGGC SOP Terminal Clean of Isolation Rooms NHSGGC SOP Twice Daily Clean of Isolation Rooms NHSGGC Decontamination SOP NHSGGC Staff Screening SOP
Distribution / Availability	Available from NHSGGC Website: www.nhsggc.org.uk/your-health/infection-prevention-and-control
Implications of Race Equality and other diversity duties for this document	This SOP must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.
Lead Manager	Board Infection Control Manager
Responsible Director	Board Infection Control Manager

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1. Responsibilities

Healthcare Workers (HCWs) must:

- Follow this SOP.
- Inform a member of the Infection Prevention & Control Team (IPCT) if this SOP cannot be followed.

Senior Charge Nurses (SCNs) / Managers must:


- Ensure that staff are aware of the contents of this SOP.
- Support HCWs and IPCTs in following this SOP.

Infection Prevention & Control Teams (IPCTs) must:

- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.
- Advise and support HCWs to undertake a Risk Assessment if unable to follow this SOP.

Occupational Health Service (OHS) must


- Support staff management during an outbreak / investigation.

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2. General Information on Scabies

Communicable Disease / Alert Organism /	<i>Sarcoptes scabiei</i> var hominis
Clinical Condition	Parasitic disease of the skin.
Mode of Spread	Prolonged (5-10 minutes) direct skin-to-skin contact with a person who has scabies. Minimal skin-to-skin contact or contact with bedding or clothing for crusted (Norwegian) scabies.
Incubation period	2-6 weeks before onset of itching in people without previous exposure. People who have previously been infectious develop symptoms 1-4 days after re-exposure. NB itching may persist for several weeks after completion of treatment and is not an indication of continuing infection.
Notifiable disease	No.
Period of communicability	Until mites and eggs have been destroyed by treatment, usually 24 hours after treatment commences.
High-risk environment	Susceptibility is universal. Crusted (Norwegian) scabies is a severe form of scabies that can affect the elderly, debilitated or immunocompromised. With Norwegian scabies the usual severe itching may be reduced or absent.


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3. Transmission Based Precautions for Scabies


Accommodation (Patient Placement)	Where possible isolate the patient in a single room with ensuite/commode for 24 hours after treatment has commenced.
Care plan available	No.
Clinical / Healthcare Waste	<p>For those patients who require isolation, waste should be treated as infectious until 24hrs after completion of first treatment. For patients with crusted (Norwegian) scabies waste should be considered infectious until all treatment is completed.</p> <p>All non-sharps waste should be designated as Healthcare/Clinical Waste (HCW) and placed in an orange clinical waste bag within the room. See NHSGGC Waste Management Policy</p>
Contacts	All patients and HCWs who have been in direct contact with a case should remain vigilant for up to 8 weeks, for signs of a rash/ itch. Patients should be referred to medical staff for further examination if signs or symptoms are present. HCWs with signs or symptoms should be referred to the OHS. All patient contacts who have been exposed to a patient with crusted (Norwegian) scabies or to clothing, bedding or furniture used by this patient should be identified and treated. Household/sexual contacts should also be advised to seek treatment.
Decolonisation / treatment application	<p>Treatment must be prescribed in accordance with the current NHSGGC Antimicrobial Guidance</p> <p>Disposable gloves and apron should be worn when applying treatments. Liquid or cream should be applied to the whole body including scalp, neck, face and ears, paying particular attention to between fingers/ toes, soles of feet and under finger nails (this may contradict manufacturer's guidance on application). The treatment should remain on the skin as per manufacturer's instructions. Any areas washed within the treatment period, e.g. hands or following incontinence should have treatment re-applied. A second treatment should be applied 7 days after initial treatment.</p>
Domestic Advice	No special requirements unless the patient is isolated. See NHSGGC SOP Twice Daily Clean of Isolation Room
Equipment/Patient Environment	No special requirements unless patient is in isolation. See NHSGGC SOP Cleaning of Near Patient Equipment Information Hub
Exposures	Avoid direct skin-to-skin contact by wearing disposable gloves and

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	plastic apron until 24 hours after first application of treatment is completed.
Hand hygiene	Hands must be decontaminated before and after each direct patient contact, and after contact with the environment regardless of whether PPE is worn. Alcohol hand rub / gel is acceptable if hands are visibly clean however if hands are soiled, soap and water must be used. See NHSGGC Hand Hygiene Policy
Last Offices	No special requirements.
Linen	Linen should be considered infectious and should therefore be placed into a water soluble alginate bag, then a clear plastic bag (brown polythene bag used in Mental Health areas) and then a laundry bag before being sent to the laundry, until 24hours after application of first treatment. The patient’s bedding should be changed on completion of the first treatment. For patients with Norwegian Scabies linen should be considered to be infected until all treatment is completed.
Moving between wards, hospitals and departments (including theatres)	Unless detrimental to patient care, transfer to any other area should be restricted until completion of the first treatment. Any movement prior to completion of the first treatment should be discussed with a member of the IPCT, and the receiving ward or department informed prior to transfer.
Notice for Door	Not required unless in isolation.
Outbreak	Contact the IPCT if an outbreak is suspected. The IPCT will inform the OHS, who will advise appropriate treatment for staff. Treatments will be given at the same time.
Patient Clothing	Clothing (including undergarments) should be removed and fresh clothing worn on completion of first treatment. Clothing worn at anytime in the three days before treatment should be considered infectious and placed into a patient water soluble alginate bag, and then into a patient clothing bag prior to being sent home for laundering.. A “NHSGGC Washing Clothes at Home – Advice for Carers” information leaflet should be given and this documented in the nursing notes. NHSGGC Washing Clothes at Home Leaflet - Advice for Carers As the scabies mite does not survive for more than 2 – 3 days once away from human skin, clothing that cannot be washed and dried should be removed from human contact and placed in a plastic bag for 72hrs.

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<i>Patient information</i>	Provide verbal information on scabies to the patient / parent / guardian / next-of-kin as appropriate.
<i>Personal Protective Equipment (PPE)</i>	Disposable gloves and plastic aprons should be worn when applying treatment and when direct skin-to-skin contact is anticipated. Hands should be decontaminated on the removal of PPE.
<i>Precautions Required Until</i>	If isolated, precautions are required until 24 hours after completion of first treatment application. If the patient is diagnosed with crusted Norwegian Scabies they should only be removed from isolation on the advice of the IPCT and dermatologist.
<i>Risk assessment required</i>	Yes, in conjunction with the IPCT.
<i>Screening on Admission / Re-admission</i>	As per admission assessment.
<i>Specimens required</i>	Identification of scabies is almost entirely dependant on a clinical diagnosis. In the case of Norwegian Scabies skin scrapings from a suspected burrow a referral should be made to Dermatology if skin scrapings are required to diagnose suspected Norwegian Scabies.
<i>Terminal Cleaning of Room</i>	Not required unless in isolation. See NHSGGC SOP Terminal Clean of Isolation Rooms
<i>Visitors</i>	Visitors should be advised of the risks associated with skin-to-skin contact with the patient until effective treatment is completed. Visitors should be advised to see their own GP/ pharmacist if a rash/ itch is present or develops.

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4. Evidence Base

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NHSGGC Prescribing Guidelines
<http://www.staffnet.ggc.scot.nhs.uk/Clinical%20Info/Pages/default.aspx>

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