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Cumberland Council

Community Infection Prevention and Control Policy for Care Home settings

Scabies

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SCABIES

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SCABIES

1. Introduction

Scabies is a skin condition caused by an immune reaction to the mite *Sarcoptes scabiei* and their saliva, eggs and faeces. The typical clinical presentation of infection is intense itching associated with burrows, nodules and redness, often worse at night. However, asymptomatic infection has been demonstrated in older adults in care homes. Symptoms may last for weeks or months, can be hard to recognise and are often mistakenly attributed to other skin conditions, leading to avoidable transmission.

Scabies occurs when the mite burrows into skin and lay eggs that hatch into larva. The eggs hatch in 3 to 4 days and develop into adult mites in 1 to 2 weeks. Within the skin, the adult female lays eggs and deposits waste products. Their presence in the skin usually causes itching, while the hatching of the eggs produces new larvae which can migrate to the surface of the skin and infect new hosts. In a first episode, symptoms are usually experienced within 3 to 6 weeks. People who have been re-exposed to scabies after successful treatment may develop symptoms more quickly, in around 1 to 4 days.

There are two forms of scabies both caused by the same mite. The most common form of 'classical scabies', has fewer than 20 mites all over the body. The rarer type of 'crusted scabies' (formerly known as Norwegian), which may be seen in immunosuppressed individuals, can have thousands or millions of mites causing a more severe reaction in the skin. It develops due to an insufficient immune response in the host.

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 exacerbate other pre-existing skin conditions, such as eczema and psoriasis.

Always use 'Standard infection control precautions' (SICPs) and, where required, 'Transmission based precautions' (TBPs). Refer to the 'SICPs and TBPs Policy for Care Home settings'.

2. Transmission

Transmission can occur from direct skin-to-skin contact without appropriate personal protective equipment (PPE) with a person who is infected with scabies (approximately 10 minutes uninterrupted skin-to-skin contact, e.g. holding hands). The mite cannot jump from person-to-person. Transmission through brief contact, such as a hand shake, hugging or kissing, is unlikely. Transmission from cases with crusted scabies may be greater due to the large number of mites present on the skin.

The role of clothing, bed and towels, in scabies transmission is unclear. Some evidence suggests that mites can live away from a host for up to 4 days. However, the likelihood of successful infestation of a new host is not known. Transmission via clothing, etc., is

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considered much more likely from cases with crusted scabies.

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.

Misdiagnosis is common because of its similarity to other itching skin disorders, such as contact dermatitis, insect bites, and psoriasis.

Diagnosis should be confirmed by a GP or Dermatologist, but seeking specialist advice should not significantly delay the commencement of treatment.

Crusted scabies is uncommon and may be seen in residents with a low immunity. 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. Thousands or millions of mites can be present and are capable of disseminating into the immediate environment due to the shedding of skin from the crusted lesions, possibly surviving for up to 4 days.

Management and treatment of crusted scabies must be undertaken in association with your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team and Dermatologist.

4. Topical preparations for treatment

The first line treatment is permethrin 5% (Lyclear Dermal cream). This is available on prescription or from a pharmacy and is an 8 hour treatment. In some cases, a tablet, e.g. ivermectin, may be prescribed.

Adults (cases and contacts) usually need 4-6 x 30 gm tubes for the 2 treatment applications. Insufficient cream is a contributory factor to treatment failure.

5. Management and treatment

Your local Community IPC or UKHSA Team must be contacted for advice regarding management and treatment of scabies. It is essential that the advice provided is followed explicitly to ensure treatment is effective.

- Residents with scabies do not normally need to be isolated, as they do not usually have skin-to-skin contact with other residents, even if confused. Use of PPE to avoid skin-to-skin contact should be sufficient to prevent transmission to staff.
- Residents with scabies should be treated promptly to alleviate symptoms and reduce the risk of complications. Treatment should never be delayed by waiting for contacts

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to be treated.

- Treatment 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 application.
- Clean hands and wear disposable apron and gloves when there is close contact, e.g. when performing personal hygiene, and gloves, for example, when assisting a resident when walking to the toilet if skin-to-skin contact is likely until the second treatment has been completed.
- For activities where skin-to-skin contact could occur, single use long sleeved gowns or over-sleeves may be beneficial to reduce the risk of transmission.
- Mites can harbour themselves under the nails, therefore, the affected person's nails should be kept short.
- After applying the first treatment, residents must wear clean clothing and get into clean bedding.
- Clothing, bedlinen and towels, see Section 7.
- Other residents, staff members, relatives or close contacts may also require treatment. Advice should be obtained from your local Community IPC or UKHSA Team.
- Clean hands after removing and disposing of PPE.
- Following treatment, itching often persists for several weeks because it takes time for the burrowed dead mites to be absorbed into the body. Persistent itching is not, therefore, an indication that treatment has been unsuccessful. Antipruritic (anti-itch) treatment may be beneficial.

Instructions on the application, see 'Scabies treatment: Care Home and Domiciliary Carers instructions for application of cream' and a 'Scabies Factsheet' are available to download at www.infectionpreventioncontrol.co.uk.

6. Treatment in an outbreak situation

If an outbreak (two or more linked cases within an 8 week period) is suspected, contact your local Community IPC or UKHSA Team. They will give advice and help coordinate arrangements for treatment of identified cases and contacts to take place at a specified time and date.

All staff and residents within the care home should be assessed for symptoms of scabies infection.

A flow chart 'Action plan for the management of scabies in health or social care settings' is available to download at www.infectionpreventioncontrol.co.uk/resources/action-plan-for-the-management-of-scabies-in-health-and-social-care/.

Cases and contacts should have two treatments at the same time, one week apart. Cases may need to have an additional treatment dose at the same time their contacts are

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treated.

Staff should be vigilant for signs and symptoms of cases for at least 8 weeks.

7. Linen

Clothing, bedlinen and towels, which have been worn or handled by individuals being treated as cases or contacts in the week before, or at any time up to 24 hours from starting first treatment dose, need to be cleaned in accordance with the advice below.

Any items which cannot be laundered in a hot wash may be placed in a sealed plastic bag for at least 4 days prior to laundering, this should be sufficient to kill any mites present.

When laundering items:

- Laundry should be done the morning after treatment
- Do not mix with items belonging to unaffected individuals
- Clothing, bedlinen and towels, should be handled using appropriate PPE to avoid skin contact
- Place laundry into a dissolvable alginate bag (soluble laundry bag) if available, and place the bag without opening it into a washing machine
- Wash the laundry on the hottest cycle. Refer to the 'Safe management of linen, including uniforms and workwear Policy for Care Home settings'
- Clothing should be tumble dried on a hot cycle for at least 10 minutes immediately following the wash if a hot wash has not been carried out

8. Environmental cleaning

Scabies mites live on and under the skin. They can possibly survive off the body for up to 4 days, but whether this is linked to transmission is not known.

- Routine cleaning of hard surfaces in the environment with warm water and general purpose neutral detergent is sufficient. Daily vacuuming is recommended until 3 days after the first treatment for cases with classical scabies. This should be extended to 7 days for cases with crusted scabies.
- 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.

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9. Suspected treatment failure

Evidence shows that unsuccessful eradication is usually due to failure to adhere to the correct outbreak procedures and treatment instructions.
Treatment failure is likely if:

- The itch still persists for longer than 2 to 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

10. Management of treatment failure

- Contact your local Community IPC or UKHSA Team when treatment failure is suspected.
- Consider alternative diagnosis.
- Re-examine the person to confirm that the diagnosis is correct and look for new burrows.
- If contacts were not treated simultaneously or treatment was incorrectly applied, retreat with the same treatment.
- All relevant residents, staff members, relatives or close contacts should be retreated at the same time.

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

- Non-urgent outpatient hospital attendances or planned hospital admissions should be postponed until the first treatment dose has been completed, refer to the 'Patient placement and assessment risk Policy for Care Home settings'
- If the resident's condition requires urgent hospital attendance or admission, or referral or transfer to another health or social care provider they should be informed of the resident's infectious status prior to the transfer. This will enable a risk assessment for infection risk must be undertaken. This ensures appropriate placement of the resident.
- Documentation, e.g. a patient passport or an 'Inter-health and social care infection control transfer Form' (available to download at www.infectionpreventioncontrol.co.uk), must be completed for all transfers, internal or external and whether the resident presents an infection risk or not. Refer to the 'Patient placement and assessment risk Policy for Care Home settings'.
- The ambulance/transport service must be notified of the resident's infectious status in advance.

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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 your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training 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 2025) *National infection prevention and control manual (NIPCM) for England*

National Institute for Health and Care Excellence (Updated May 2024) *Clinical Knowledge Summaries: Scabies*

UK Health Security Agency (Updated April 2025) *UKHSA guidelines for the management scabies cases and outbreaks in communal residential settings*

14. Appendices

Appendix 1: Scabies: Quick reference guide

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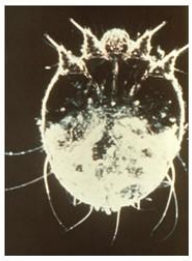
NHS

Scabies
Quick reference guide



What is scabies?

- A skin infestation of mites that cause an allergic rash and itching.
- The typical presentation is intense itching, associated with burrows, nodules, and redness, often worse at night.
- Two forms: 'classical' and 'crusted'.

Description	Classical scabies	Crusted scabies
Number of mites present?	<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	Anyone who is immunosuppressed
Survival of mites in the environment/clothing	Possibly up to 4 days	Possibly up to 4 days
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 deemed non-infectious
PPE	Disposable apron and gloves for skin-to-skin contact	Disposable apron and gloves for skin-to-skin contact and contact with resident's environment and equipment
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. Daily vacuuming until 3 days after first treatment	Daily vacuuming until 7 days after treatment and deep clean after treatment cycles

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

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