

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Scabies – Management of
TYPE OF DOCUMENT	Procedure
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director of Clinical Governance and Medical Services
AUTHOR	Infection Control Manual Working Party SESLHD Infection ControlIDL@health.nsw.gov.au
POSITION RESPONSIBLE FOR THE DOCUMENT	SESLHD Manual Working Party
KEY TERMS	Scabies, Reservoir, incubation period, Norwegian Scabies, outbreaks
SUMMARY	The procedure outlines the management of scabies infestation to prevent further occurrences or outbreak.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

To correctly diagnosis and treat a scabies infestation.
To reduce the transmission risk and reinfestation.

2. BACKGROUND

To assist clinicians in appropriate management of Scabies.

3. DEFINITIONS

Contact: one who has been recently exposed to a contagious disease.

Scabies: is a parasitic disease of the skin caused by a mite (*Sarcoptes Scabiei*) visible as papules, vesicles or tiny linear burrows containing mites and their eggs. It is intensively itchy. A patient with ordinary scabies may have an average of 12 mites; however, those with crusted scabies (Norwegian Scabies) may have thousands of mites.

Reservoir: Human: It does not reproduce on animals or in bedding, carpets etc. The mite will not survive more than two days without a human host.

Incubation period: a person without previous exposure, it is usually two to six weeks. Persons with previous exposure develop symptoms from one to four days after exposure and may have milder symptoms.

Transmission: Scabies is highly contagious, and is transmitted by intimate personal contact (skin to skin contact). Casual contact including that of nursing may be adequate for transmission. Scabies can be transmitted from an infected person prior to symptoms developing until person has been successfully treated.

Norwegian scabies (Crusted Scabies): is a more severe form of scabies and can occur on persons that are immunocompromised. It is highly transmissible because of the large number of mites in the exfoliating scales. This may be due to the impaired immune response, the lack of pruritus, or the patient's physical inability to scratch.

Clinically, the eruption is suspected when there is marked thickening and crusting of the skin particularly on the hands, although the entire body, including the face and scalp, is often involved. The person should be isolated until after treatment. The surrounding environment requires thorough and careful cleaning due to the potential for formite transmission, dust and skin flakes in bed linen have been shown to contain large number of mites.

4. RESPONSIBILITIES**4.1 Employees will:**

- Adhere to the management and treatment principles contained in the procedure.

4.2 Line Managers will:

- Inform all staff working in the area of infestation
- Inform Infection Control department
- Identifying staff that have had a possible exposure and might require treatment.

4.3 District Managers/ Service Managers will:

- Organise treatment and/or a medical review for staff with possible contact
- Inform any outpatient clinics or community care services that the person has attended in the last three months.

4.4 Medical staff will:

- Diagnose the infestation and order treatment for patient/s
- Advise all close contacts of implication and the need to be treated
- Provide approval to clear patient from isolation and remove contact precautions.

5. PROCEDURE**5.1 Diagnosis**

Scabies may mimic several other skin disorders such as eczema, contact dermatitis or impetigo. The initial infestation may remain undetected for a month or more, before an immunological response is triggered in the host.

Definite Diagnosis: is made by taking skin scrapings from burrows and identifying the mites, their eggs or faeces by microscopy.

Presumptive Diagnosis: It is often difficult to find burrows and obtain suitable specimens; therefore, presumptive diagnosis relies on history and clinical appearance.

5.2 Signs and Symptoms

It is important to note that the first time a person gets scabies they usually have no symptoms. Symptoms can typically take four to eight weeks to develop after they are infested; however, they can still spread scabies during this time.

A rash develops as an allergic reaction to the mite, its waste products and its eggs.

- May be difficult to see, exacerbated by scratching
- May resemble little red bumps, hives. tiny bites or pimples
- May be small zigzagging trails of blister
- Pruritus is the hallmark of scabies regardless of age of the person
- Itching is more intense during the night.

Classical sites of scabies rash:

- between fingers
- wrists
- auxiliary areas
- female breast notably the nipple area

- the umbilical area
- penis and scrotum
- buttocks
- inside of legs
- ankles
- abdomen.

5.3 Treatment

Successful treatment of scabies requires:

- Correct diagnosis
- Elimination of the mites by means of scabicides (applied correctly).

5.3.1 Treatment of symptoms

- Treatment of secondary infection if present
- Treat all persons that have had prolonged direct skin-to-skin contact with person presenting with symptoms simultaneously
- All preparation should be used as instructed and any contraindication noted.

A variety of effective topical treatments are available to treat scabies, including permethrin, benzyl benzoate, Malathion, lindane.

- Permethrin five percent is the preferred treatment.

Please refer to MIMS for further information relating to topical treatments.

5.3.2 Application of cream/lotion

- The persons applying treatment should wear gloves and protective gowns
- Skin should be clean, dry and cool prior to treatment
- The preparation to be correctly applied to whole body excluding face and eye area, ensuring product is applied to all folds and creases in the body. Not forgetting the sole of the feet (if one burrow is spared then an infestation will occur).
- Clean clothing should be worn after treatment
- The product is to remain on for eight to 12 hours before washing (often best time to apply is prior to bed /sleep and wash off in am)
- Reapply to hands if washed
- Reapply to areas washed, if a patient is incontinent
- Retreat persons with symptomatic scabies in seven days to reduce the chance of reinfestation, maintaining isolation and contact precautions
- Clearance of patients from isolation and contact precautions must be carried out by a medical officer
- The itching commonly persists for up to three to four weeks following successful treatment, consider the use of an antipruritic to reduce itching and discomfort.

5.3.3 Management of contacts

- Patients that are affected with the rash may share the same bed-space area, but must not share bed space areas with unaffected patients

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- All individuals that have had significant contact with the primary patient should also be treated
- All relatives and visitors of infected residents must be informed of correct procedures i.e:
 - a) hand washing and use of PPE
 - b) seek medical advice if symptoms develop.

5.3.4 Follow-up

- re-examine post treatment to confirm diagnosis and that treatment was successful.

5.3.5 Linen and Clothing

- Ensure that bed linen is changed after patient showered and clean clothes are worn
- Launder all clothing worn, bed linen and towels used by the infested persons in the 72 hours prior to treatment using a hot cycle for both washer and dryer to kill eggs and mites
- Items of linen and clothing that are unable to be washed in the normal manner must be placed into a sealed plastic bag and left for four to seven days to ensure eradication of the scabies mite before laundering (scabies mites generally do not survive more than two to three days away from human skin).

5.4 Outbreaks

- It is important that all household members and close contacts are treated correctly at the same time to prevent to an outbreak
- If the patient is from a low or high care facility, inform them of the outbreak (so other residents whom they came in contact with can be treated, prior to the return of patient).

6. DOCUMENTATION

Record all treatments and outcome in the patient clinical notes.

7. AUDIT

Not required.

8. REFERENCES

- NSW Ministry of Health Policy Directive [PD2017_013 Infection Prevention and Control Policy 2017](#)
- Australian Guidelines for the Prevention and control in health care (2010)
- Centre for Disease Control and Prevention. Web site: www.cdc.gov
- Heymann D L. Control of Communicable Diseases Manual, 19th edition
- American Public Health Association. 2008
- Buffet, M.; Dupin, N. * Current treatments for scabies. *Fundamental and Clinical Pharmacology*. 17(2):217-225, April 2003
- Hadfield-Law, Lisa RGN Dealing with scabies. *Nursing Standard*. 15(31):37-42,44-45, April 18, 2001

- Johnston, Graham consultant dermatologist; Sladden, Mike specialist registrar in dermatology Scabies: diagnosis and treatment. *BMJ*. 331(7517):619-622, September 17, 2005
- Sunderkotter, Cord; Mayser, Peter; Folster-Holst, Regina; Maier, Walter A.; Kampen, Helge; Hamm, Henning Scabies. *Journal der Deutschen Dermatologischen Gesellschaft*. 5(5):424-430, May 2007
- Department of Entomology <http://medent.usyd.edu.au/fact/scabies.html>
- American Academy of Pediatrics. Scabies. In In Kimberlain DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2015 Report of the Committee on Infectious Diseases. 30th ed. Elk grove Village, IL: American Academy of Pediatrics; 2015 p702-704.

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
May 2003	0	Infection Control Coordinators – Illawarra Health Authorised by Clinical Quality Council
June 2006	1	Former Illawarra Health policy reviewed and merged for SESIAHS in consultation with SESIAHS Infection Control Manual Working Party
September 2010	1	SESLHD Infection Control Manual Working Party m. cook CNS2 Contact: M. Cook Garrawarra Centre
April 2011	2	Amended to reflect change to Local Health Network
January 2012	3	Change made to review date from April 2011 to April 2014 - Michelle Bonner Acting Policy Officer on advice of Kate Clezy
August 2014	4	Former reference SESLHNP/128. Minor amendment - National Standards included. Approved by Executive Sponsor, Director Clinical Governance
February 2019	5	SESLHD Infection Control Manual Working party
April 2019	5	Minor review approved by Executive Sponsor. Review included update to references list and formatting.
April 2019	5	Processed by Executive Services prior to publishing.