Management of Scabies in Health and Social Care Settings

This information applies to long term care facilities, residential homes and day care centres.

Many outbreaks of scabies in long-stay facilities can be traced to one or more undiagnosed cases of crusted scabies therefore awareness of symptoms and early detection are key factors to limiting the impact of scabies infection in health and social care settings.

The extent of treatment depends on a risk assessment, which includes consideration of the following:

- Number of cases, confirmed and suspected.
- Type of facility – all single rooms, or multiple occupancy rooms
- Dependency level of residents
- Living arrangements with in the facility, including contact between residents
- Staff mobility within the facility – do staff work across all areas of the facility or are they designated to a unit or ward?

Who to treat?

It is important to identify the original source of infection so that all contacts are identified and treated, otherwise scabies can continue to spread.

Contacts can be defined as all those who have had intimate skin contact for a prolonged period i.e. greater then 5-10mins with a person diagnosed with scabies.

In a residential setting this will include those who provide direct care to residents and may include other residents and family members.

Single Case of Scabies

Where an individual resident has a clinical diagnosis of scabies infection they should be treated as soon as possible. They will require 2 full body treatment 7 days apart.

Check for further cases, if two or more cases are diagnosed, the appropriate Infection Control Nurse or Senior Medical Officer should be informed and they will provide advice and guidance otherwise

- All staff who provide direct care which involves skin to skin contact with the affected resident for 5-10min should be treated once.

- All residents who have had skin to skin contact with the affected resident for 5-10min should be treated once.

- Family members of the affected resident may also require treatment specifically those who provide direct care to the resident.

- All treatment should be carried out simultaneously (within a 24 hour period). Coordination of treatment is vital to limit the spread of scabies to others.

Cluster or Outbreaks situations:

The control of an outbreak depends on early detection, investigation, and appropriate control measures. Time must be given to identifying cases and contacts prior to initiating treatment. The purpose of identifying cases and contacts is to limit the spread of scabies to others and prevent unnecessary use of scabicide treatment. The appropriate Infection Prevention Control Nurse or Senior Medical Officer should be contacted for advice and guidance.

Definition of an outbreak

- Two or more residents and /or staff **diagnosed with scabies** by a clinician
- Two or more residents and /or staff with an unexplained rash, **diagnosed by a clinician as probable scabies**

Who to treat?

All staff and residents identified as contacts will require at least one treatment, even in the absence of symptoms. In many long term care facilities this will involve all residents and staff that provide resident care being treated simultaneously in a coordinated way. In an outbreak this will include those at high and medium risk of acquiring scabies as outlined in Box 1.
See appendix 1 for an overview for suggested approach to treatment.
See appendices 2- 5 for treatment record sheets.

Box 1

The following can be used to assess the level of risk of scabies infection to other residents and staff and decide who needs to be treated, however this is not definitive and local knowledge of the facility should be considered.

High Risk are:

- all symptomatic residents and staff .
- staff members who undertake intimate care of symptomatic residents including both day and night staff.

Medium Risk are:

- asymptomatic residents who have their care provided by staff members categorised as high risk
- staff and other personnel who have intermittent direct personal contact with residents (greater then 5-10 mins direct skin to skin contact)

Low Risk are:

- Asymptomatic residents whose carers are not considered high risk i.e. their direct personal care is provided by staff members who have not undertaken care of symptomatic residents or who have not worked in the affected area of the facility.
- Staff who have no direct or intimate contact with affected resident's e.g catering staff, laundry staff, maintenance, administration.

Family members of symptomatic residents may also require treatment specifically those who provide direct care to residents.

When a management regime is agreed this should be explained to all staff and residents involved. It may also be appropriate for the facility to inform relatives.

The treatment day will need to be planned in advance and extra staff deployed to facilitate

- Proper application of the cream/lotion as previously outlined
- Shower/bath to remove cream/lotion after the recommended contact time
- Changing of all residents clothes and bed linen after washing

Treatment will need to be coordinated and appendices 2-5 will assist in monitoring and recording.

All residents/clients and staff should be treated at the same time (within the same 24hr period) with the same insecticide.

Written instructions on how to apply the treatment needs to be provided. (see Patient leaflet within this document and refer to product instructions)

The facility needs to be monitored for 6 to 8 weeks for signs of renewed problems

In an extensive or prolonged outbreak it may be necessary to check for undiagnosed scabies in family members of staff and patients.

If symptoms persist after treatment consult with the Infection Control Nurse or Senior Medical Officer before considering a second cycle of treatment. It may be necessary to consult a dermatologist in difficult cases, e.g. where the diagnosis is uncertain or the problem persists

Infection Prevention and Control
Isolation of residents with scabies is not always necessary as once treated scabies is no longer infectious.
Contact precautions and single room placement are recommended in the following cases

- Crusted Scabies
- Classical Scabies when diagnosed or suspected on admission to a residential setting

Classical Scabies
The resident is no longer considered infectious when the first treatment has been applied therefore Standard Precautions are all that is required. However in the healthcare setting it is recommended that gloves are worn for lengthy procedures (greater then 5mins) involving contact with the skin until the resident has completed the 1st and 2nd treatment.
For classical scabies, no special precautions are required for bedding or clothing other then regular laundry of used linen. Good standards of environmental cleaning are all that is required.

Crusted Scabies
Contact Precautions and single room placement should be in place until the 1st and 2nd treatment has been completed. Long sleeved gowns and gloves will be required when providing care which involves skin contact.

Cases of crusted scabies may produce flakes of skin containing viable mites. For these cases it is advisable to wash all clothing and bedding in a hot wash and to vacuum floors and chairs.

Please refer to the following sections of the Guideline on Infection Prevention and Control for Community Services for further information specifically

Section 3 Standard Precautions
Section 6 Transmission Based Precautions

Bibliography

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