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	STANDARD OPERATING PROCEDURE (SOP) SCABIES SOP TRANSMISSION BASED PRECAUTIONS	Review date	June 2023
		Version	7
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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

- **Updates to wording Section 3. Transmission Based Precautions**

Document Control Summary

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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 characterised by intense itching and a pimple like rash.
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 a minimum of 24 hours after the first treatment has been applied following manufacturer's instructions. If Norwegian scabies patient should remain isolated until reviewed by clinical staff.
Care plan available	No.
Clinical / Healthcare Waste	For those patients who require isolation, waste should be treated as infectious for a minimum of 24 hours after application of the first treatment as per manufacturer's instructions. For patients with crusted (Norwegian) scabies waste should be considered infectious until all treatment is completed. 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
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.
Domestic Advice	No special requirements unless the patient is isolated. See NHSGGC Twice Daily Clean of Isolation Room SOP
Equipment/Patient Environment	No special requirements unless patient is in isolation. See NHSGGC SOP Cleaning of Near Patient Equipment
Exposures	Avoid direct skin-to-skin contact by wearing disposable gloves and plastic apron for a minimum of 24 hours after application of the first treatment commenced.
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 SOP

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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 for a minimum of 24hrs following application of first treatment following manufacturer's instructions. 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. 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.
Patient information	Provide verbal information on scabies to the patient / parent / guardian / next-of-kin as appropriate.
Personal Protective Equipment (PPE)	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.
Precautions Required	If isolated, precautions are required until 24 hours after application

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Until	of first treatment. If the patient is diagnosed with crusted Norwegian Scabies they should only be removed from isolation after review by clinical team and/or a dermatologist.
Risk assessment required	Yes, in conjunction with the IPCT.
Screening on Admission / Re-admission	As per admission assessment.
Specimens required	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.
Terminal Cleaning of Room	Not required unless in isolation. See NHSGGC Terminal Clean of Isolation Rooms SOP
Treatment application	Treatment must be prescribed in accordance with the current NHSGGC Antimicrobial Guidance 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.
Visitors	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

Bellisimo-Rodrigues, Fernando, et al., (2008). "Alcohol-Based Hand Rub and Nosocomial Scabies". Infection Control and Hospital Epidemiology. 29(8), pp782-783.

BNF. "Permethrin". Parasitocidal preparations.
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CDC. "Scabies". Parasites and Health. (11/2010)
[CDC - Scabies](#)

HEYMANN, D.L., (2008). Control of Communicable Diseases Manual. 19th Ed. Washington: American Public Health Association.

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

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