

## Scabies Outbreak Management Pathway

**Both eradication treatments MUST be co-ordinated and all staff and residents and other identified contacts treated simultaneously – if not, treatment will fail**

Care Manager \_\_\_\_\_

Client Group \_\_\_\_\_

Care Home \_\_\_\_\_

Total Number of Residents \_\_\_\_\_

Address \_\_\_\_\_

Total Number of Staff \_\_\_\_\_

Total Number with symptoms \_\_\_\_\_

Scabies confirmed by \_\_\_\_\_

Method of confirmation \_\_\_\_\_

On identification of a scabies outbreak the care manager in-charge should:-	Date	Signature
Notify Public Health England – 0113 3860300		
Contact the Infection Prevention & Control Team – 01422 266163		
Record the names of all residents and all staff, identifying those with symptoms of /confirmed scabies/crusted scabies		
Contact each resident's GP to arrange an adequate supply of Permethrin 5% dermal cream (Malathion if contraindicated) for the size of resident and for 2 applications.		
Inform IPC team of crusted scabies cases to allow treatment options to be discussed with the GP prior to the first treatment day		
Advise all staff they will require treatment and arrange adequate supplies of treatment for asymptomatic staff (home to provide). If staff members have symptoms of scabies they are advised to arrange treatment via their GP for themselves and their household contacts.		
To ensure a successful eradication the care manager in-charge should:-:-		
Identify 2 dates a week apart for the treatments to be done Preferably no staff should be away from work.		
Plan off-duty in advance – enough staff on-duty (late or night shift) for each identified date to apply cream to all residents the same evening <b>plus</b> enough staff the next morning to bath all the residents.		
Arrange for staff who will be away (e.g. sick/on holiday) to be treated at the same time as the home or prior to return to work if this is not possible		
Arrange for residents currently away from the home (e.g. in hospital) to be treated prior to return if this is to be after the start of the treatments		
Obtain enough treatment for all residents, staff and their close contacts		
For residents with crusted skin, treat with emollients to lift the crusts prior to the first treatment day – this may take some time		
Provide <b>All</b> staff with a leaflet (from the ICN) describing what will occur on ERADICATION DAY and how to apply the lotion to themselves and residents in order to succeed in eradicating scabies.		
Complete and maintain the data sheets provided to allow effective follow-up.		
Following ERADICATION DAY's 1 & 2 the care manager will:-		
Monitor the situation, reporting any concerns to the IPC team		
Following 1 month, when all itching/rashes should have abated the treatment can be deemed as being a success or a failure.		

## Eradication Day – 1

Date\_\_\_\_\_

ERADICATION DAY part A - the late/night shift ( <b>dirty team</b> ) must apply treatment to all residents:-		
Do not bath or shower residents before application of treatment. The lotion/cream should be applied to a cool skin.		
Ensure <b>complete</b> coverage of all body areas including the palms of the hands, soles of the feet, <b>under</b> trimmed clean fingernails and toenails, the neck, face, ears and scalp if the hair is thinning. The manufacturer may not advise application above the neck except for certain groups, however expert opinion is that this area must be treated in all cases/contacts.		
The product must be re-applied if removed (e.g. during hand washing, toileting)		
The cream/lotion should be removed following treatment as directed by the manufacturer.		
MEANWHILE - <b>all</b> other staff not on duty as the 'dirty team' must apply treatment to themselves and their identified close contacts at this time.		
Application overnight is most effective, as treatment will not be removed during day-to-day activities.		
ERADICATION DAY part B - the early shift who themselves are treated must remove the treatment from all residents:-		
The cream/lotion should be removed following treatment as directed by the manufacturer.		
MEANWHILE the 'dirty team' must go off duty and apply treatment to themselves and their identified close contacts.		
Do not bath or shower before applying the treatment. The lotion/cream should be applied to a cool skin.		
Ensure <b>complete</b> coverage of all body areas including the palms of the hands, soles of the feet, <b>under</b> trimmed clean fingernails and toenails, the neck, face, ears and scalp if the hair is thinning. The manufacturer may not advise application above the neck except for certain groups, however expert opinion is that this area must be treated in all cases/contacts.		
The product must be re-applied if removed (e.g. during hand washing, toileting)		
The product should be removed following treatment as directed by the manufacturer.		

**1 week later the whole process must be repeated for all residents, staff and contacts**

NOTES:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**The treatment is now complete. Itching and rashes may persist for up to one month in those who had symptoms, this does not mean the treatment has failed. Anti-itching medication/cream may be appropriate for these cases.**

[illegible]