

## Scabies Infection, Prevention and Control Checklist

| Infection prevention and control measures              | Action  | Person responsible | Date completed | Comments |
|--|---|--------------------|----------------|----------|
| <b>Early detection and early diagnosis – all cases</b> | Diagnosis to be made/confirmed by GP or dermatologist – ideally face to face appointment  |                    |                |          |
|  | Establish a relationship with hospital dermatologist and pharmacist for prescribing guidance and stock availability                         |                    |                |          |
|  | Ensure the service users/staff has a prescription for treatment (Permethrin, Ivermectin or both)  |                    |                |          |
|  | Ensure two doses are prescribed for the topical treatment   |                    |                |          |
|  | Ensure that enough topical cream has been prescribed for the size of the person (2-4 tubes to cover both treatments) and enough applicators |                    |                |          |
|  | Ensure enough Permethrin spray is available to decontaminate the mattresses   |                    |                |          |
| <b>For outbreak only</b>                               | If 2 or more linked cases within an 8-week period, assess all residents and staff for scabies infection. Full body to be checked            |                    |                |          |
|  | Identify contacts using the red, amber, green (RAG) risk assessment   |                    |                |          |
|  | Keep a line listing of confirmed, suspected, exposed, and treated cases   |                    |                |          |
|  | Gather information on symptomatic individuals with itching, rash, or crusted scales to confirm an outbreak                                  |                    |                |          |



|                              |   |  |  |  |
|------------------------------|---|--|--|--|
|                              | Ensure all service users/staff/contacts have a prescription for treatment (Permethrin, Ivermectin or both).   |  |  |  |
|                              | Nominate specific staff to observe the accurate application of the treatment (this may mean ensuring extra staff are rota' d on)  |  |  |  |
|                              | Treat all persons (staff/residents) within 24 hours of the staff/resident's first treatment.  |  |  |  |
|                              | Synchronize treatment with changing all bed linen and towels, environmental disinfection, including laundry disinfection (extra domestic/laundry staff may need to be rota' d on) |  |  |  |
| <b>Infection Control</b>     | Implement contact precautions and strict use of personal protective equipment (PPE) for caregivers in contact with symptomatic patients until 24 hours after treatment            |  |  |  |
|                              | Limit visitors or require they use PPE until 24 hours post treatment  |  |  |  |
|                              | Evaluate effectiveness of control measures  |  |  |  |
|                              | Furlough symptomatic staff from work until 24 hours after treatment   |  |  |  |
| <b>Environmental Control</b> | Wash fabrics on a 'hot wash' (at least 50°C (122°F)) and then dry immediately in a tumble dryer   |  |  |  |
|                              | Items that cannot be washed/tolerate a hot wash should be secured in a plastic bag for at least 4 days  |  |  |  |
|                              | Require use of PPE for housekeepers or laundry handlers   |  |  |  |



|                                    |  |  |  |  |
|------------------------------------|--|--|--|--|
| <b>Education and Communication</b> | Provide education and methods of communication for staff, residents, and visitors on symptoms, control |  |  |  |
|                                    | Assign a person to notify contacts, visitors, health department, and regulatory agency                 |  |  |  |
|                                    | Notify receiving facilities or units before transferring patients (see transfer document)              |  |  |  |

