

## **STAFF SCABIES LINE LIST**



Name of Setting	Post Code	Completed by	Date
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Staff ide	Staff identifiers		Diagnosis		Treatment		Household contacts *(of symptomatic staff)	Post scabies symptoms	
Initials	Floor/unit worked	Symptomatic (Y/N)	Scabies diagnosed? (Y/N)	Treatment provided by employer?	Treatment type (Permethrin and/or Ivermectin)	Date of 1st treatment	Date of 2nd treatment	Contacts identified and treated? (Y/N)	Symptoms still present at 8 weeks post treatment? (Y/N)
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