

**Infection Prevention and Control Guidance and Action Checklist for a Single Case of Scabies**

**Please notify the Infection Prevention and Control Service if there is a suspected outbreak of scabies on 0116 305 0705 or** [**infection@leics.gov.uk**](mailto:infection@leics.gov.uk)

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| **Commencement of Incident** | | | |
| **Resident’s name:** |  | **Date of Birth:** |  |
| **Bedroom:** |  | **Date symptoms started:** |  |
| **Symptoms:** | Itching  Rash with tiny red spots in skin creases/folds such as:   * finger webs, * soles of feet/between toes, * groins, * under arms, * elbow creases | **Number of staff currently affected / total number of staff:** *(if applicable)* |  |
| **Number of residents currently affected / total number of residents:** |  |
| **Name and position of person completing initial checklist:** |  | **Current status of home:** | Closed  Partially closed  Open |
| **Date:** |  | **Actions required:** | Yes/No |
| **Checklist completed:** | Yes/No | **Actions completed:** | Yes/No |

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| **Check and review as necessary the following sections. Only one column should be ticked i.e. Yes/No and each entry should be dated.** | | | | | |
| 1. **Notifications** | **Date** | **Yes**  **✓** | **No**  **✓** | **N/A**  **✓** | **Comments**  **Actions to be taken to ensure compliance** |
| Relevant GP Practice informed. |  |  |  |  |  |
| All staff including agency staff informed. |  |  |  |  |  |
| Resident’s family and any other visitors informed (*where applicable).* |  |  |  |  |  |
| Visiting health and social care professionals and other service providers informed. This would include; dentists, optometrists, chiropodists, social workers, hair dressers, complimentary therapists etc. A joint assessment has been made as to the necessity of any visits. Symptomatic residents if seen are visited after asymptomatic residents. |  |  |  |  |  |
| NHS Community Nursing/Therapy Services informed if currently visiting.Tel. 0300 300 1000 option 1. Contactable 24/7.A joint assessment has been made as to the necessity of any visits. A symptomatic resident if seen is visited after asymptomatic residents |  |  |  |  |  |
| Any receiving organisation has been informed if involved in the transfer/discharge of a resident from the care home. Use the intercare transfer form as detailed in the DH Guidance *Prevention and control of infection in care homes – an information resource* |  |  |  |  |  |
| East Midlands Ambulance Service informed if transportation of a resident is requested. |  |  |  |  |  |
| Out of Hours Service informed at the time of requesting a visit. |  |  |  |  |  |
| If a resident requires admission to hospital or attendance at an out-patient appointment, staff have notified the receiving organisation in advance to allow sufficient arrangements to be put into place to reduce the risk of cross infection. |  |  |  |  |  |
| If a resident is to be transferred to another establishment, then the receiving establishment are aware of the stage of treatment. |  |  |  |  |  |
| 1. **Treatment Guidance** | **Date** | **Yes**  **✓** | **No**  **✓** | **N/A**  **✓** | **Comments**  **Actions to be taken to ensure compliance** |
| All staff, affected resident(s) and visitors have been given an explanation of the transmission route of scabies i.e. prolonged skin to skin contact with an infected person |  |  |  |  |  |
| Staff are aware that the treatment should be applied as directed by the GP, Prescriber or Medicine Data Sheet. It needs to be applied to all parts of the body, paying particular attention to the ears, between fingers/toes and in skin creases. |  |  |  |  |  |
| Staff are aware that the treatment should be left on for the length of time directed by the GP, Prescriber or Medicine Data Sheet. |  |  |  |  |  |
| Staff are aware that before the treatment is applied the skin should be cool and dry. The cream should not be applied following a hot bath or shower. |  |  |  |  |  |
| Staff are aware that the resident’s fingers/toe nails require trimming and cleaning prior to the treatment being applied. Attention should be paid to applying the treatment to the area around the nails. |  |  |  |  |  |
| Staff are aware that if the treatment has been washed off from an area of the body earlier than the prescribed time, it needs to be reapplied to that area. This may occur if a resident is incontinent or washes their hands. |  |  |  |  |  |
| The treatment has been removed by showering/bathing including washing the resident(s) hair. |  |  |  |  |  |
| Whilst the treatment is washed off, all bedding has been removed and placed into a red soluble bag along with any clothes worn before or during the treatment period. All linen has been double bagged prior to laundering. |  |  |  |  |  |
| If a second treatment has been prescribed, this has not been commenced until at least one week after the first treatment has been applied. |  |  |  |  |  |
| The second treatment has been applied and removed in the same way as the first treatment (as above). |  |  |  |  |  |
| Any bedding or clothing used has been dealt with following the same process used with the removal of the first treatment (as above). |  |  |  |  |  |
| Staff are aware that itching may continue for 2 - 4 weeks after the treatment has been completed. |  |  |  |  |  |
| Staff are aware of the need to inform the GP if there is still itching 4 weeks after the treatment. |  |  |  |  |  |
| Staff are aware that Scabies can exacerbate conditions such as eczema or psoriasis. |  |  |  |  |  |
| Staff are aware that it can take up to 8 weeks for a rash to appear after an infection of scabies. |  |  |  |  |  |
| For more severe cases such as Norwegian (Crusted) Scabies, please contact LACIPCS or Public Health England for the latest advice. |  |  |  |  |  |
| 1. **Standard Precautions and Source Isolation** | **Date** | **Yes**  **✓** | **No**  **✓** | **N/A**  **✓** | **Comments**  **Include any actions to be taken to ensure compliance** |
| Source isolation precautions have been commenced on the symptomatic resident(s) suspected of having an infection. |  |  |  |  |  |
| There is a system for informing all staff as to which resident(s) requires source isolation precautions. |  |  |  |  |  |
| Staff are aware that source isolation precautions must be continued until the first treatment has been removed and the resident’s room has received a terminal clean. |  |  |  |  |  |
| If there is no en-suite toilet then either a commode has been designated for the resident’s sole use and kept in their bedroom, or a toilet has been designated for the use of the resident. |  |  |  |  |  |
| Commodes/designated toilets are cleaned and disinfected after each use. |  |  |  |  |  |
| Hand hygiene facilities within each bedroom include; hand wash basin, liquid soap and disposable paper towels in a dispenser (if these are not available then staff should be informed of the procedure for hand hygiene). |  |  |  |  |  |
| Staff are aware of the correct hand hygiene procedure which includes the need to wash hands with liquid soap and water BEFORE and AFTER contact with the resident and their environment. |  |  |  |  |  |
| Resident is given the opportunity to wash their hands prior to eating and drinking and after using the toilet or being assisted with toileting. |  |  |  |  |  |
| PPE (disposable gloves and disposable plastic aprons) are available outside the bedroom of symptomatic resident(s). |  |  |  |  |  |
| PPE is removed inside the bedroom, disposed of into a clinical waste bag and hands are washed prior to leaving the bedroom. |  |  |  |  |  |
| Used laundry is placed into a red soluble laundry bag or an alternative safe system for the handling of laundry is in place. |  |  |  |  |  |
| Used laundry is double bagged with a disposable plastic bag or washable linen sack which has not been inside the bedroom. |  |  |  |  |  |
| Disposable gloves and disposable plastic aprons are worn at all stages of the laundry process. |  |  |  |  |  |
| Linen is not stockpiled inside the bedroom. |  |  |  |  |  |
| Waste is double bagged as clinical waste and the outer bag has not been inside the bedroom. |  |  |  |  |  |
| Crockery and cutlery is transported from the bedroom to the kitchen in a manner to prevent cross infection e.g. plastic meal tray bags, lidded washable container. |  |  |  |  |  |
| Crockery and cutlery is cleaned in a dishwasher or a suitable alternative system is in place. |  |  |  |  |  |
| Staff clean and disinfect affected bedroom and communal areas each morning and afternoon paying particular attention to; toilets, commodes, hand wash basins, horizontal surfaces, shared equipment and frequent touch points (e.g. door handles). |  |  |  |  |  |
| Staff clean and disinfect any communal areas the resident enters whilst symptomatic as soon as practically possible |  |  |  |  |  |
| Cleaning is undertaken using hot water and detergent followed by rinsing with clean water and drying. Disinfection is undertaken using a chlorine based product: 1,000 parts per million of available chlorine. 1,000 = 0.1%. Alternatively a combined detergent and chlorine 0.1% disinfectant product is used. |  |  |  |  |  |
| Staff are aware that the domestic trolley remains outside the bedroom at all times. |  |  |  |  |  |
| Staff are aware that the medicine trolley remains outside the bedroom always. |  |  |  |  |  |
| Staff are aware that vacuuming in a bedroom where source isolation precautions are in place should be avoided until a terminal clean is undertaken whenever possible. |  |  |  |  |  |
| If used, all removable/accessible parts of the vacuum cleaner are cleaned and disinfected after being used in a source isolation bedroom and prior to being taken to another room, to avoid cross infection. |  |  |  |  |  |
| 1. **Reducing Exposure** | **Date** | **Yes**  **✓** | **No**  **✓** | **N/A**  **✓** | **Comments**  **Include any actions to be taken to ensure compliance** |
| Visiting healthcare staff have been informed of the need for source isolation precautions. If a visit is still necessary, the resident is seen after other residents. |  |  |  |  |  |
| Non-healthcare visitors have been informed that source isolation precautions are in place and what measures they need to take. |  |  |  |  |  |
| The resident is discouraged from attending external activities until the first treatment has been completed (unless it is essential e.g. to attend a funeral of a family member or a close friend). |  |  |  |  |  |
| All appointments other than clinically urgent appointments have been cancelled until the first treatment has been completed. |  |  |  |  |  |
| The laundry facility continues to maintain the segregation of clean and dirty linen throughout the laundry process. |  |  |  |  |  |
| All staff responsible for the laundering of soiled linen have easy access to PPE for all stages of the laundry process. |  |  |  |  |  |
| Portable fans are not used whilst the resident is in source isolation or if the resident is known or suspected of having an infectious agent (*Estates and Facilities alert Ref: EFA/2019/001*) |  |  |  |  |  |
| Prospective residents have been informed if there is an outbreak of scabies within the home |  |  |  |  |  |
| 1. **Monitoring and Documentation** | **Date** | **Yes**  **✓** | **No ✓** | **N/A**  **✓** | **Comments**  **Include any actions to be taken to ensure compliance** |
| Infection prevention and control care plans have been commenced. |  |  |  |  |  |
| There are appropriate infection prevention and control policies available for staff to refer to on the management of a scabies incident |  |  |  |  |  |
| 1. **Staff** | **Date** | **Yes**  **✓** | **No ✓** | **N/A**  **✓** | **Comments**  **Include any actions to be taken to ensure compliance** |
| Staff with symptoms have been excluded from work and are aware that they must remain off work until 24 hours after the first treatment |  |  |  |  |  |
| The number of staff in contact with the symptomatic resident is limited as much as is practicably possible. |  |  |  |  |  |
| Potentially exposed agency and temporary staff in contact with a resident with symptoms, within the last one months, have been advised of the potential exposure and to contact their GP. |  |  |  |  |  |
| 1. **Closure of Incident.** | **Date** | **Yes**  **✓** | **No ✓** | **N/A**  **✓** | **Comments**  **Include any actions to be taken to ensure compliance** |
| Source isolation precautions have been continued on a resident until the first treatment has been washed off. |  |  |  |  |  |
| Source isolation precautions have been continued on the resident until a terminal clean of the resident’s bedroom has been undertaken. Cleaning is undertaken using hot water and detergent followed by rinsing with clean water and drying. Disinfection is undertaken using a chlorine based product: 1,000 parts per million of available chlorine. 1,000 = 0.1%. Alternatively, a combined detergent and chlorine 0.1% disinfectant can be used. |  |  |  |  |  |
| Prior to commencing the terminal clean the curtains have been taken down and sent for laundering. |  |  |  |  |  |
| Prior to commencing the terminal clean the mattress has been checked. If not covered, steam clean. If covered, unzip and check. |  |  |  |  |  |
| All bed linen and worn clothing has been removed from the bedroom whilst the treatment is being washed off. |  |  |  |  |  |
| A terminal clean of the resident’s bedroom has been undertaken as described above. |  |  |  |  |  |
| The carpet has been vacuumed and all removable/accessible parts of the vacuum cleaner have been cleaned and disinfected after being used in the source isolation bedroom. |  |  |  |  |  |
| The floor (if not carpeted) has been mopped and the mop head has been sent for laundering (or disposed of if single use). The mop handle and mop bucket have been cleaned and disinfected after use. |  |  |  |  |  |
| The carpet and/or soft furnishings have been steam cleaned where possible. All removable/accessible parts of the steam cleaner have been cleaned and disinfected after being used in each source isolation bedroom. |  |  |  |  |  |
| All communal areas have undergone a deep clean. |  |  |  |  |  |

For infection prevention and control advice please call the Local Authority Community Infection Prevention and Control Service on: 0116 305 0705 Monday to Friday excluding Bank Holidays.

Evenings, weekends and Bank Holidays please call Public Health England on 0344 2254524 Option 1.

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| **Summary of Incident** | | | | | | | | |
| **Start date** | **End date** | **Symptoms** | **No. residents affected** | **No. staff affected** | **No of beds** | **No of residents in hospital** | **Causative Organism identified** | **Comments**  ***E.g. escalation to PH.*** |
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**Additional Information**

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| **Date/Time** | **Comments** | **Signature/Position** |
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