

	NHS Greater Glasgow & Clyde BOARD INFECTION CONTROL COMMITTEE	Effective From	December 2025
	SCABIES AIDE MEMOIRE	Review Date	December 2027
		Version	1
<p>The most up-to-date version of this document can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</p>			

Scabies Aide Memoire

Isolation is not normally required for an individual with a clinical diagnosis of scabies or their contacts (although there may be situations where this is recommended).

****Isolation is always required if patient is diagnosed with crusted scabies (historically known as Norwegian scabies).**

NB When a person is infested with scabies mites for the first time, symptoms of itching can take up to 8 weeks to develop.

If a person has previously had scabies, itching can develop much sooner after exposure (1-3 days). Itching may persist for up to six weeks after completion of treatment and is not an indication of continuing infection.

**First
treatment
application**

Patient is considered infectious until 24 hours after first application of treatment and then any precautions being followed can be stopped. Terminal clean of the patient's room should be undertaken.

If patient has crusted scabies then precautions should be followed until at least seven days after the completion of second treatment.

[Scabies Treatment protocol](#)

Second treatment should be applied 7 days after initial treatment.

NIPCM 

Guidelines for patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol hand rub

PPE: A yellow apron and gloves are required for routine care where skin to skin contact and should be used until 24 hours after the first treatment dose. Eye protection should be worn if risk of blood and body fluid splashing. Hands should be decontaminated on the removal of PPE. If direct contact is prolonged then consideration should be given to arm sleeves.

Patient Environment: No special requirements unless patient is in isolation**.

Patient Equipment: No special requirements unless patient is in isolation.

Laundry: Treat as infected until 24 hours following application of first treatment.

Waste: Dispose of as Clinical / Healthcare waste until 24 hours following application of first treatment.

If patient has crusted scabies then precautions should be followed until at least seven days after the completion of second treatment.

Incubation Period: Symptoms can appear 3 to 6 weeks after the initial infection. However, these can occur earlier (1 to 3 days) in a reinfested person.

Period of Communicability: During incubation and infestation. 24 hours after application of first treatment, individuals are no longer infectious.

Transmission route: Direct and Fomite

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Additional Information

<i>Clinical Condition</i>	Scabies is a contagious skin condition caused by the mite <i>Sarcoptes scabiei</i> var <i>hominis</i> . Infestations normally affect skin folds such as between fingers, on the wrist, elbows, knees, and around the buttock or breast creases. The main symptom of scabies infestation is intense itching of affected areas, particularly at night. There can also be a pimple-like skin rash or tiny raised lines caused by the mite burrowing into the skin to lay eggs.
<i>Mode of Spread</i>	Direct contact and fomite transmission Transmission normally only occurs with prolonged direct (skin to skin) contact with an affected person, though can be spread indirectly via the sharing of clothing, towels or bedding. Outbreaks are most common in the winter and tend to occur in populations in close, prolonged contact, such as children in school/nursery (and their parents) and nursing home residents.
<i>Specimens Required</i>	On advice of clinicians. Identification of scabies is almost entirely dependent on a clinical diagnosis or following review by Dermatology. If crusted scabies is suspected patient must be referred to Dermatology.
<i>Precautions Required</i>	Precautions are required until 24 hours after application of first treatment. If the patient is diagnosed with crusted scabies precautions should be followed until at least seven days after the completion of second treatment and following review by clinical team and/or a dermatologist. Linen should be considered infectious until 24 hours after application of first treatment and should therefore be placed into a water soluble bag, then a clear plastic bag (brown bag used in Mental Health areas) and then a red laundry bag before being sent to the laundry. The patient's bedding should be changed on completion of the first treatment. For patients with scabies linen should be considered to be infected until all treatment is completed. Clothing (including undergarments) should be removed and fresh clothing worn on completion of first treatment. Clothing worn at any time in the three days before treatment should be considered infectious and placed into a domestic water soluble bag, and then into a patient clothing bag prior to being sent home for laundering. A National Washing clothes at home leaflet should be given and this documented in the nursing notes. 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.
<i>Contacts: Staff/ Patients/Visitors</i>	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 and referred to OHS if symptoms develop. Patients should be referred to medical staff for further examination if signs or symptoms are present. All patient contacts who have been exposed to a patient with crusted scabies or to clothing, bedding or furniture used by this patient should be identified and treated.
<i>Patient Transfers</i>	Unless detrimental to patient care, transfer to any other area should be restricted for a minimum of 24hours following application of first treatment. 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. It is vital the receiving area are aware of any ongoing treatment requirements.