

The Management of patients with Scabies policy

The purpose of this policy is to inform all healthcare staff within Leicestershire Partnership trust (LPT) who are involved in the care of patients that develop or suffer from symptoms or infection of scabies, the process and management of the infection. When individuals are in close contact with each other, infectious disease can spread rapidly spread both within a healthcare setting and in the community.

This document provides information on the processes required when treating, managing, or giving advice regarding scabies. It supports the prevention of cross infestation amongst the wider population.

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## 1.0 Quick Look Summary

The purpose of this policy is to inform all healthcare staff within Leicestershire Partnership trust (LPT) who are involved in the care of patients that develop or suffer from symptoms or infection of scabies, the process and management of the infection. When individuals are in close contact with each other, infectious disease can spread rapidly spread both within a healthcare setting and in the community.

This document provides information on the processes required when treating, managing, or giving advice regarding scabies. It supports the prevention of cross infestation amongst the wider population.

This policy has been produced in accordance with published evidence and national best practice guidelines. As a duty of care LPT must ensure that staff are given guidance as to the appropriate steps they need to undertake to ensure that they can protect the patients within their care.

The provision of healthcare carries with it inherent risks to healthcare workers, the purpose of the policy is to ensure that all staff are aware of their responsibilities for the safe practice in relation to the management of scabies and take the appropriate precautionary measures to protect themselves, their co-workers, and their patients.

### 1.1 Version Control and Summary of Changes

Version number	Date	Comments
1	June 2010	Review of current interim guidelines, circulated for comments to all members of the LCCHS infection control subcommittee and infection control link staff Adults and children's community health services.
2	July 2010	Amendments following consultation process, Revision to incorporate requirements of NHSLA standards.
3	July 2010	Re-circulated for comments, amendments following consultation process, forwarded to LCCHS clinical governance committee for approval.
4	August 2011	Harmonised in line with LCRCHS, LPT, LCCHS (historical organisations)
5	June 2015	Review and updated in line with organisation policy requirements.
6	May 2018	Review and updated in line with organisation policy requirements.
7	October 2021	Review and updated in line with organisation policy a requirement.
7.1	October 2023	Occupational health contact number updated
8	November 2023	Policy reviewed and updated in line with current guidance. Policy moved across to new policy template

### 1.2 Key individuals involved in developing and consulting on the document.

Name	Designation
Accountable Director	Dr Anne Scott
Author(s)	Claire King Infection prevention and control nurse
Implementation Lead	Amanda Hemsley Head of infection prevention and control
Core policy reviewer group	Infection prevention and control assurance group
Wider consultation	Infection prevention and control assurance group members.

### 1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Infection prevention and control assurance group	Quality and safety committee

### 1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This

document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity. If you require this document in another version please contact the Corporate Governance Team.

## 1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

## 1.6 Duties within the Organisation

Duties regarding this policy can be located in the LPT infection prevention and control assurance policy.

### **Consent**

- *Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.*
- *In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:*
  - *Understand information about the decision.*
  - *Remember that information.*
  - *Use the information to make the decision.*
  - *Communicate the decision.*

## 1.7 Definitions that apply to this Policy.

<b>Allergy</b>	A condition of increased sensitivity to a substance (An allergen) considered harmless to most people
<b>Consultant in public health</b>	A consultant who is knowledgeable in infectious diseases
<b>Contact tracing</b>	The identification and diagnosis of persons who may have come into contact with an infected person
<b>Hyperkeratosis</b>	Is a thickening of the outer layer of the skin, which contains a tough protein called keratina. This thickening is often part of the skin's normal protection against rubbing, pressure and other
<b>Infection</b>	An organism presents at site and causes an inflammatory response or where an organism is present in a normally sterile site.
<b>Infestation</b>	Infestation refers to the invasion of insects and worms that cause a disease to the host. These insects can be mites, ticks, fleas, of lice. Infestation are caused by the invasion of complex organisms such as insects and worms.
<b>Isolation</b>	When a patient is cared for in a separate area or room due to them having an infection that may be detrimental to other individuals' health. Or when the patient may be vulnerable to infection.
<b>Outbreak</b>	The occurrence of two or more cases of the same infection linked in time and place or, the situation when the observed number of cases exceeds the number expected.
<b>Personal protective equipment</b>	Specialised clothing or equipment worn by employees for protection against health and safety hazards. Gloves, aprons, gowns, masks and eye protection.
<b>Symptomatic</b>	Physical or mental sign of the disease
<b>Treatment</b>	Care provided to improve a situation (especially medical procedures or applications that are intended to relieve illness or injury)

## **2.0. Purpose of the policy**

The purpose of this policy is to inform all healthcare staff within Leicestershire Partnership Trust (LPT) who are involved in the care of patients that develop or suffer from symptoms or infestation of scabies, the process and management of the infestation. When individuals are in close and frequent contact with each other, infectious diseases can spread rapidly both within a healthcare setting and in the community.

Staff working within LPT provide a number of health services to the wider community and this document provides information on the processes required when treating, managing, or giving advice regarding scabies. It supports the prevention of cross infestation amongst the wider population. This policy has been produced in accordance with published evidence and national best practice guidelines. As a duty of care LPT must ensure that staff are given guidance as to the appropriate steps they need to undertake to ensure that they can protect the patients within their care.

The provision of healthcare carries with it inherent risks to healthcare workers, the purpose of this policy is to ensure that all staff are aware of their responsibilities for safe practice in relation to the management of scabies and take the appropriate precautionary measures to protect themselves, their co-workers, and their patients.

This policy has been developed to provide organisational wide guidance for the management and treatment of cases of scabies. It defines scabies and discusses presentation, transmission, and diagnosis. Infection prevention and control precautions are then highlighted with particular reference to the management and treatment of scabies with the overall aim being to reduce the risk of transmission.

Appendices with the contact details for advice and a flow chart for the management of an increased incidence/outbreak of scabies has been included for reference.

## **2.1 Introduction**

Scabies is an infestation that is caused by a mite known as *Sarcoptes scabiei*, which burrows into the skin and lays its eggs. An allergy to mite eggs and the faecal droppings produced is responsible for symptoms of intense itching and a characteristic rash.

Scabies is known to cause sporadic cases and outbreaks in hospitals, nursing/residential homes, schools, and any other communal care environments where people have direct prolonged skin contact. Effective control is dependent on early diagnosis, adequate treatment of cases and contacts and the prevention of further spread.

The Scabies mite is:



- Oval in shape and measures 0.2 – 0.4 mm in length
- The body is covered with fine lines and long hairs.
- Is blind.
- Has 8 legs when an adult
- Usually lives for 30 – 60 days.
- Cannot jump.
- Females burrow into the skin to lay eggs.
- Males live on the surface of the skin.
- Life cycle of 4 – 6 weeks
- Not related to hygiene standards

Scabies is most common in:

- In females
- In people aged 10-19 years of age
- In areas with high levels of social deprivation
- During winter period

The appearance and severity of symptoms are strongly influenced by the immune status of the affected person.

Scabies may present as the following:

- Classical scabies
- Atypical scabies



- Crusted scabies (Norwegian scabies)

## 2.1 Types of scabies

### Classical scabies

This is a form of scabies generally found in healthy people with a normal immune



system:

- The number of mites present in classical scabies is small (15-20) and spread is usually by direct physical contact.
- Burrows caused by the mites appear as irregular, raised discoloured lines 0.5 to 1.5cm long in the skin, which are not always visible to the naked eye.
- Often a bilateral symmetrical rash can be seen in areas such as the midriff, inner thighs, and axillae.
- extreme itching is often experienced, especially at night.
- The sites of the rash and burrows do not necessarily correspond.

### Atypical scabies

Atypical scabies occurs in any person with immature or impaired immune response, many mites may be present in atypical scabies and symptoms may be variable. Scaling or crusting of the skin may be present but is usually slight, itching may also be very slight or even absent.

### Crusted scabies (Norwegian scabies)



This form of scabies is extremely infectious and occurs in those whose immune systems are severely impaired.

- Hyperkeratotic skin lesions appear as hardened crusts containing thousands or millions of mites.
- Itching may be slight or absent.
- Skin becomes crusted especially on palms, soles, nail beds, wrists, buttocks, and penis. The whole body can be affected including the head and scalp.

### **3.0 Transmission of scabies**

Scabies is mainly spread from person to person by direct prolonged skin contact with an infected person, such as prolonged holding of hands.

Scabies mites rapidly die once away from the human body and therefore clothing and linen etc is not the main route for transmission, However, mites shed in skin scales and can live in the environment longer and therefore the risk of spread through contact with soft furnishings/carpets, clothing and linen is increased with heavy skin shedders. Pets do not spread scabies.

The length of time between contact with an affected person and developing signs of scabies (i.e., itching and a rash) is between four and six weeks, if this is the first infection. For re-infection of scabies symptoms appear within 48 hours.

### **3.1 Diagnosis of scabies**

Diagnosis is by identification of the mite, eggs or faecal matter from skin scrapings, a clinical diagnosis may be made by a combination of severe itching especially at night and a typical or atypical distribution of a rash in persons who have had skin to skin contact with suspected or diagnosed cases.

Another hallmark of scabies is the appearance of track-like burrows in the skin, these raised lines are usually greyish-white or skin coloured. They are created when female mites tunnel just under the surface of the skin, after creating a burrow each female lays 10-25 eggs inside.



If clinical diagnosis is difficult, obtaining skin scrapings for the scabies mites or their faecal pellets may be helpful. Skin scales may be sent by the clinician caring for the patient in a closed, sealed container (e.g., universal container) to the microbiology

laboratory University Hospitals Of Leicester (UHL) NHS trust for microscopy for Scabies.

Once diagnosis is confirmed a dermatology opinion may be necessary

### **3.2 Infection prevention and control precautions for inpatient areas**

All patients in communal health care environments who are suspected of having or have been diagnosed as having scabies should be cared for in source isolation until treatment has been administered and washed off, or an alternative diagnosis has been made. The infection prevention and control team must be informed of the patient as soon as possible. Two courses of treatment are required and must be administered a week apart.

**Precautions must continue until the two courses of treatment are required and must be administered and washed off or an alternative diagnosis made.**

Disposable nitrile gloves and plastic aprons must be worn when in contact with the patient, bed linen and patient clothing, The use of personal protective equipment (PPE) must be used until the second course of treatment has been administered and washed off.

Hand washing with liquid soap and water must be carried out after contact with the patient and their environment, hands must then be dried thoroughly with single use disposable paper towels.

**Linen should be treated as infected until the patient has had the second course of treatment, clean clothing and bed linen should be available after treatment has been washed off.**

### **3.3 Environmental cleaning**

The environment and equipment must be cleaned with chlor-clean as per the cleaning and decontamination policy.

Good environmental cleaning is an integral and important component preventing healthcare-associated infections within inpatient areas, other healthcare settings and non-health care buildings where healthcare is delivered. The environment must be visibly clean, free from dust and soil with the overall appearance being acceptable to patients, visitors, and staff. A clean environment reflects the quality of care, structure, and efficient function of Leicestershire Partnership (LPT) NHS trust.

The environment is known to play an important role in cross infection which can lead to increased incidents or outbreaks of infection. Door handles, flush handles, taps, toilet roll holders etc have all been implicated at some point in this potential risk. Therefore, accumulation of dust, dirt and liquid residues may increase the risks and must be reduced to the minimum. This can be achieved by regular cleaning and by

good design features in buildings, fittings, and fixtures. A program for monitoring the standard of cleaning is in place across all clinical settings via the environmental audits and cleaning audit program.

#### **4.0 Specific treatment for scabies infection**

Individual treatment should be given if scabies has been diagnosed.

##### **4.1 Recommended treatments include:**

Permethrin 5% (Lyclear dermal cream) 30g (Low toxicity, non-irritant) Leave on for 8-12 hours.

Malathion 0.5 % (Derbac-M) Leave for 24 hours.

Malathion 0.5% is the treatment of choice in pregnancy, during breastfeeding and for infants under 2 months of age.

Permethrin 5% is the treatment choice in children over the age of 2 months and under the age of 6 months.

For each treatment the following amounts will be required:

- 200ml of lotion or 30g of cream for the average sized person
- More than 200ml of lotion or more than 30g of cream may be required for a larger person or for a patient where there is a need for frequent washing.

##### **4.2 Application of the treatment**

The lotion or cream should be applied to all skin surfaces starting at the jawline and around behind the ears, extending to the soles of the feet.

It should be applied to cool dry skin and never after a hot bath, the lotion or cream should be reapplied to skin whenever it has been washed during the treatment time (as these areas will not undergo the recommended time for treatment and may promote infection). The lotion or cream used should then be allowed to dry before the person dresses.

The head and scalp may be affected and should be carefully examined for any signs of scabies and be treated if present after seeking medical advice.

Following the recommended treatment time, depending on the type of medication being used the lotion or cream should be washed off thoroughly with plenty of water. This should be done preferably by a shower (or a bath if a shower is not an option).

Two courses of treatment are required and must be administered at least one week apart.

Itching may persist and the rash may be present for up to 6 weeks after treatment, the use of calamine lotion, crotamiton (Eurax) or antihistamines may be helpful in the management of itching.

For inpatient facilities, clothes, underwear, and bedding used in the **48 hours prior to and during treatment.** Should be placed in a **red soluble bag** and securely tied before being placed into a **white outer plastic bag** (Please refer to the infection prevention and control policy for the management of linen and laundry).

Within community facilities and/or primary care clothes, underwear and bedding used within the 48 hours prior to and during treatment should be laundered in a hot wash (Over 50c). If this is not possible the laundry should be stored in a sealed plastic bag for 72 hours prior to being washed, then it can be washed following the washing instructions on the garment. The laundry must not come into contact or be stored with clean clothing or linen.

Floors and upholstery should be vacuumed after the removal of contaminated linen, clean clothing and bedding should be used after the lotion has been washed off.

If hyperkeratotic lesions are present, then specialised advice on appropriate management will be needed from a dermatologist.

Please inform the infection prevention and control team of all suspected and diagnosed cases of scabies.

Telephone: 01169252320

Email- [LPT.IPCTeam@nhs.net](mailto:LPT.IPCTeam@nhs.net)

### **4.3 Treatment of a patient in their own home**

An initial assessment should be made by the clinician caring for the patient as to whether the client is suitable for treatments in their own home.

The patient should be mobile/flexible enough to be able to have the treatment applied to the whole of their body and be able to have the treatment washed off preferably in a shower or a bath. However, where a bath or shower is not available or possible then lotion or cream should be thoroughly washed and rinsed off with care. For further advice on the management of individual patients then please contact the infection prevention and control team.

Where patients already attend social service run day centres for bathing, the treatment should be applied by the appropriate health care staff prior to them attending the care home.

Arrangements may be made in advance with the care home staff for the treatment to be washed off. **Patients should not attend day centres until the treatment has been completed.**

In the case of children attending school or nursery the child must be kept away from the school or nursery until treatment has been completed.

For patients who are difficult to treat at home advice should be sought from the infection prevention and control team.

## **5.0 Contact tracing of an individual case**

Following consultation with the medical practitioner, consultant in public health or infection prevention and control team the treatment of close contacts should be arranged by the individual who has been diagnosed with scabies. A risk assessment will be made to ascertain the patient's current status and the level of contact others have with the patient.

In the case of children contacts should have one treatment at the same time as the second treatment of the affected case takes place. Treatments should include the entire household and close contacts.

Close contacts may include partners, parents, siblings, young dependent children, carers, and staff caring for the affected patient.

### **5.1 Further courses of treatment**

- Further courses of treatment may be necessary depending on the extent and severity of the scabies infection.
- In the management of severely infected patients at least 3 treatments will be necessary,
- If multiple treatments are prescribed for an individual, they should be at least 7 days apart.
- Where treatment has failed advice should be sought from an infection prevention and control team.
- Persons are classed as non-infectious when their treatment regime has completed, and the medication has been washed off.

## **6.0 Control of increased incidences and outbreaks (Please refer also to appendix 2 increased incident/outbreak flowchart)**

If two or more cases of scabies are detected in the same inpatient facility and are linked in time and place (2 weeks or less apart) then the infection prevention and control team must be notified (see appendix 2).

If two or more cases of scabies are detected in the same nursing/residential home closely linked in time (less than 2 weeks apart) then the infection prevention and control team for the local authority and UK Health Security Agency (UKHSA) East Midlands protection team must be notified.

If two or more cases of scabies are detected in the same school/nursery that are closely linked in time (2 weeks or less apart) then the infection prevention and control team and UKHSA East Midlands protection team must be notified.

If an increased incidence or outbreak is suspected, referral to a dermatologist is required to urgently confirm diagnosis of scabies. The referral for patients should be made by their clinician i.e., medical practitioner, Advanced Nurse Practitioner (ANP). A referral for staff should be made by the occupational health doctor (Please refer to contacts for advice appendix 1).

Once an increased incident/outbreak has been identified the increased incident/outbreak pack policy will be implemented.

Planned coordination of treatment is essential and where possible individuals should be treated at the same time to prevent the likelihood of re-infection.

Where staff require treatment, this will be managed by the occupational health department.

In conjunction with the dermatologist, the consultant in public health (UKHSA) will decide who needs treatment and the type of treatment regime to be carried out taking into account the following information:

- The number of symptomatic patients in the affected unit
- The number of symptomatic staff working in the unit
- The total number of patients and staff within the unit with or without symptoms
- The severity of symptoms of each affected individual

From this information the consultant in public health will then decide on whether to treat symptomatic individuals only or all patients and all staff based in the unit.

Close contacts must be treated at the same time as the last treatment of the symptomatic individual.

### **7.0 Movement of symptomatic patients from an infected unit.**

Symptomatic patients from an infected unit should ideally not be transferred or discharged to other communal health care environments including other hospital units, residential or nursing homes until coordinated treatment has been given and washed off.

### **8.0 Health care personnel**



It is the responsibility of the occupational health department to manage the treatment of staff when there is a case of occupationally acquired scabies. A referral to a dermatologist may be necessary to confirm the diagnosis of scabies in staff, in this case the occupational health department managing the healthcare personnel should contact the dermatology department for urgent assistance in confirming diagnosis.

The occupational health department will prescribe treatment for staff and close contacts of staff as necessary. LPT will meet the cost of the necessary treatment that has been prescribed by the occupational health department.

## 9.0 References and Bibliography

The supporting infection prevention and control policies can be located at <http://www.leicspart.nhs.uk/supportservices>

The management of linen and laundry in community health services inpatient services and primary care (2023)

The management of a patient requiring source isolation in community health services, inpatient facilities, and primary care (2022)

Personal protective equipment for use in healthcare policy (2023)

Hand hygiene policy including bare below the elbows. (2022)

British national formulary 2020

National institute for health care and excellence (NICE) clinical skills summaries scabies <https://cks.nice.org.uk/scabies~topicsummary>

Scabies NHS.UK <http://www.nhs.uk/conditions/scabies>

Public health England [www.phe.gov.uk](http://www.phe.gov.uk) Listed under S for scabies.

Wilson, J (2006) Infection control in clinical practice. London, Bailliere Tindal



## **10.0 Monitoring Compliance and Effectiveness**

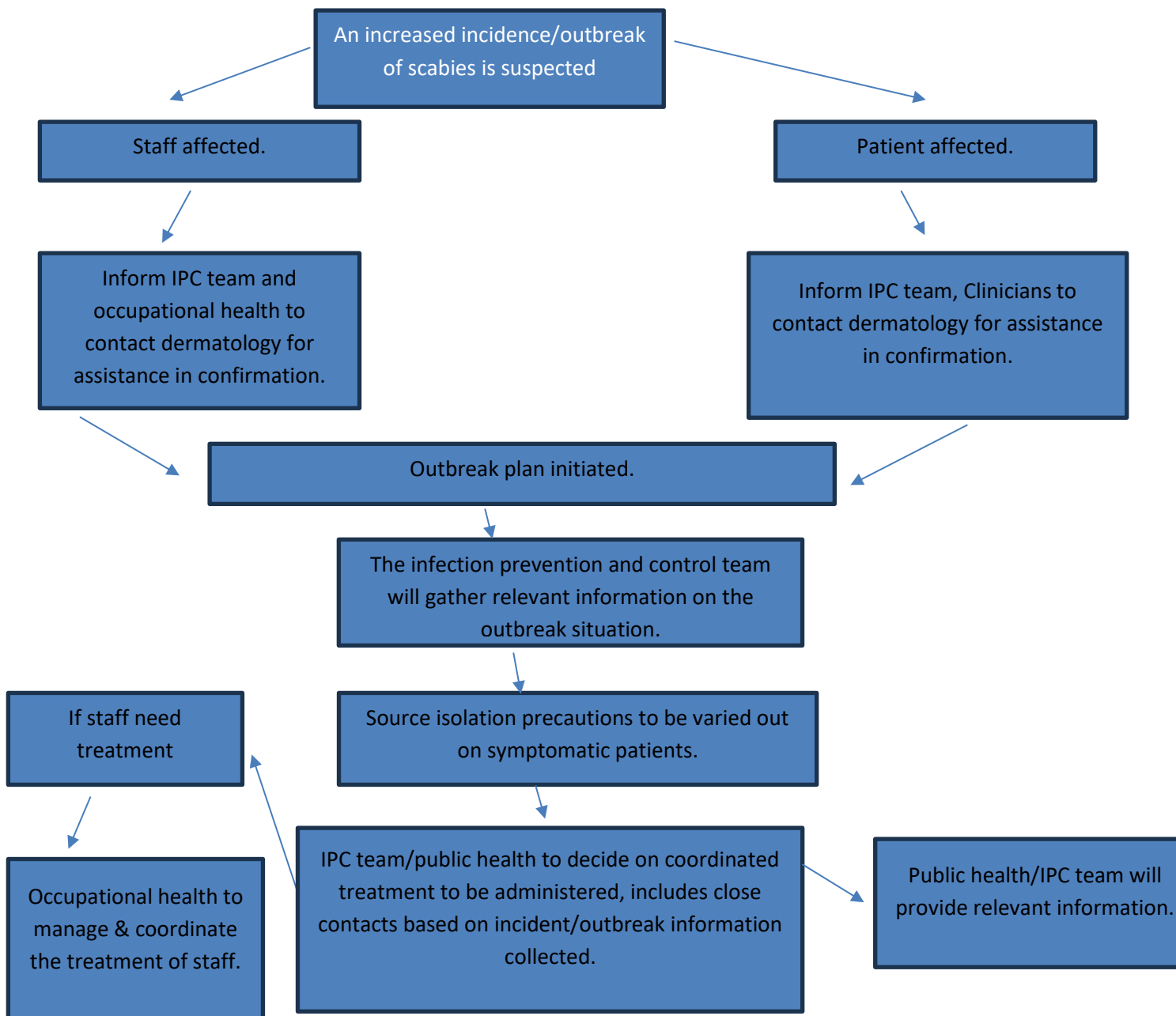
Compliance with this policy is outlined in the LPT infection prevention and control Assurance policy.

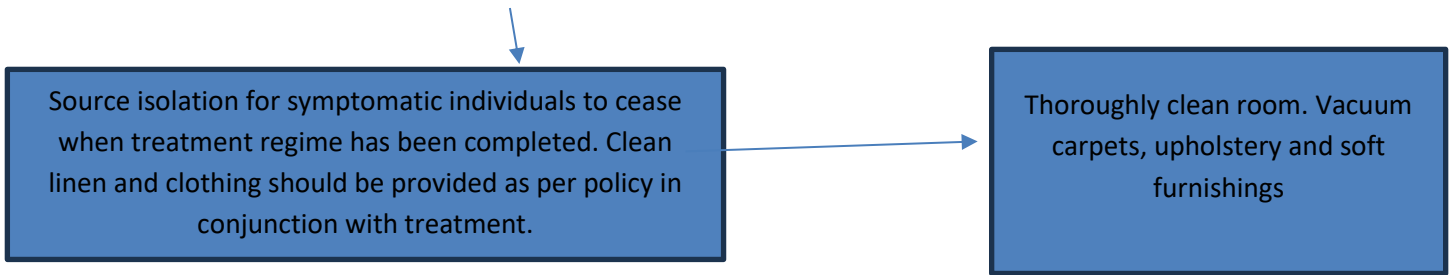
## Appendix 1

Contact details		
Name	Address	Telephone number
UKHSA		☎0344 225 4524 (option 1)  Fax: 0116 263 0453
Occupational Health Department		☎0116 2585307
Infection Prevention and Control Team  Leicestershire Partnership Trust	Infection Prevention and Control Office Loughborough Hospital Epinal Way Loughborough LE11 5JY	☎0116 2952320

## Appendix 2

### Management of an increased incident/outbreak of scabies





Appendix 3 Training Requirements

Training Needs Analysis

<b>Training topic:</b>	No training requirements identified
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Directorate to which the training is applicable:	<input type="checkbox"/> Mental Health <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children / Learning Disability Services <input type="checkbox"/> Hosted Services
Staff groups who require the training:	
Regularity of Update requirement:	
Who is responsible for delivery of this training?	
Have resources been identified?	
Has a training plan been agreed?	
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	

#### Appendix 4 The NHS Constitution

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- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families, and their carers	x
Respond to different needs of different sectors of the population	x
Work continuously to improve quality services and to minimise errors	x
Support and value its staff	x
Work together with others to ensure a seamless service for patients	x
Help keep people healthy and work to reduce health inequalities	x
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	x

## Appendix 5 Due Regard Screening Template

Section 1			
Name of activity/proposal		The management of patients with scabies	
Date Screening commenced		05-12-2023	
Directorate / Service carrying out the assessment		Enabling, Infection prevention and control team	
Name and role of person undertaking this Due Regard (Equality Analysis)		Claire King infection prevention and control nurse	
Give an overview of the aims, objectives, and purpose of the proposal:			
AIMS: The aim of this policy is to inform all healthcare staff within Leicestershire Partnership trust (LPT) who are involved in the care of patients that develop or suffer from symptoms or infection of scabies, the process and management of the infection.			
OBJECTIVES:			
This policy provides staff with clear information on the processes required when treating, managing, or giving advice regarding scabies. It supports the prevention of cross infestation amongst the wider population			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details		
Age	No Impact identified		
Disability	No Impact identified		
Gender reassignment	No Impact identified		
Marriage & Civil Partnership	No Impact identified		
Pregnancy & Maternity	No Impact identified		
Race	No Impact identified		
Religion and Belief	No Impact identified		
Sex	No Impact identified		
Sexual Orientation	No Impact identified		
Other equality groups?	No Impact identified		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor	Claire King infection prevention and control nurse	Date	05-12-2023
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	

## Appendix 6 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
<b>Name of Document:</b>	The management of patients with scabies policy	
<b>Completed by:</b>	Claire King	
<b>Job title</b>	Infection prevention and control nurse	Date: 05-12-2023
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b>  <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>		
<b>Date of approval</b>		