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1 Purpose

This procedure describes what to do when managing patients with human infestation, from scabies, lice and fleas.

Please refer any patients with Scabies, fleas or lice to infection prevention control.

2 Related documents

This procedure describes what you need to do to implement the Fleas, Lice and Scabies section of the Infection Prevention and Control Policy

The Standard (Universal) Precautions for Infection Prevention and Control defines the universal standards for IPC which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

✓ Laundering and safe handling of linen and clothing
✓ Protective clothing and equipment
✓ Disposal of clinical Waste Policy
✓ Hand Hygiene
3 Scabies (sarcoptes scabiei)

3.1 What are scabies?

- The "itch" mite responsible for scabies is 0.3 - 0.4mm and only just visible as a white spot with a chestnut-coloured head.
- The female mite tunnels into the skin and deposits eggs. The tunnels may occur anywhere but most commonly affect arms, wrists, hands, particularly in the finger webs, underarms, nipples and genitals.
- The mite does not fly or jump and it is blind. It will not survive for long away from the host.
- Scabies is a common public health problem with an estimated global prevalence of 300 million. The incidence of Scabies varies over time.
- Epidemics occur at approximately 30 year intervals and persist for about 15 years.

3.2 How do scabies affect people?

<table>
<thead>
<tr>
<th>Symptoms</th>
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<tbody>
<tr>
<td>• Intense itching (especially at night) caused by an allergy to chemicals found in the excrement of the scabies mite;</td>
<td></td>
</tr>
<tr>
<td>• Eczematous rash;</td>
<td></td>
</tr>
<tr>
<td>• Itching does not start immediately but usually within 1-8 weeks after infection occurs.</td>
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</table>

<table>
<thead>
<tr>
<th>Transmission</th>
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<tbody>
<tr>
<td>• Contact through care by nurses and other carers (these staff may not always show classical signs);</td>
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<tr>
<td>• Skin to skin contact e.g., sleeping together, holding hands, sexual contact. The mite does not &quot;jump&quot; from person to person.</td>
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</table>

<table>
<thead>
<tr>
<th>Identification</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• 70% of mites are found on the hands, usually between the fingers, the wrists, but may be found on other areas of the body;</td>
<td></td>
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<tr>
<td>• Sometimes in children under two years, they can be found on the soles of the feet;</td>
<td></td>
</tr>
<tr>
<td>• If there is difficulty in diagnosis, skin scrapings can help confirm the presence of mites. This should only be carried out by a trained, experienced dermatologist or public health staff.</td>
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3.2.1 Lesions caused by scabies

<table>
<thead>
<tr>
<th>Type of lesion</th>
<th>Identification</th>
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</thead>
<tbody>
<tr>
<td>Primary lesion</td>
<td>These are the burrows followed by the Scabies rash which is a follicular, papular rash on body areas such as upper arms, middle trunk, inner upper thigh and anterior aspect of the wrist. May also</td>
</tr>
</tbody>
</table>
be found in other less-common areas.
- The rash can be very dense around the axilla, abdomen and on penile areas blister like spots can form.
- Intense itching may occur particularly at night when warm in bed. This is due to the mite sensitising the skin of the person.
- Diagnosis is confirmed by finding the mites or their eggs at the end of their threadlike tunnel or burrow.

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<thead>
<tr>
<th>Secondary lesion</th>
<th>Can take the form of excoriation, eczematous areas and secondary infections.</th>
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</thead>
<tbody>
<tr>
<td>Crusted scabies</td>
<td>Can be seen in immunosuppressed clients, learning disability homes and in the elderly population.</td>
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<tr>
<td></td>
<td>Usually presents in the form of “crusted lesions” found mainly around the wrist areas but can also affect other parts of the body. An erythematous rash is usually found covering the body.</td>
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<tr>
<td></td>
<td>Thousands of mites can be present, capable of disseminating into the immediate environment. Can live for 1-2 days in warm conditions.</td>
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<tr>
<td></td>
<td>A confirmed diagnosis from a Dermatologist is essential to ensure that clients are not being treated for other skin conditions, as this can lead to much distress for the client and the carer. For example, steroid treatment may make scabies unrecognisable and does not improve the eczematous response.</td>
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<tr>
<td></td>
<td>There is a small risk of infection through upholstered furniture, particularly in communal areas, e.g. in nursing and residential homes.</td>
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### 3.3 Topical preparation for treating scabies

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<th>Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>Lyclear Dermal Cream (permethrin 5%)</td>
<td>Low toxicity. 8 hour treatment. Babies and children under 2 years to be treated under medical supervision. From 2 months to 2 years only use 1/8th of a tube. Repeat treatment after 7 days.</td>
</tr>
<tr>
<td>Derbac – M (Malathion)</td>
<td>24 hour treatment. Children under 2 years to be treated under medical supervision. Repeat treatment after 7 days.</td>
</tr>
<tr>
<td>Benzyl Benzoate</td>
<td>24 hour treatment. Not recommended for children. It is an irritant and is therefore to be used with care under medical supervision.</td>
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</table>

Itching can persist for some time after treatment. An anti-pruritic cream is helpful on intense areas of itching (e.g. Eurax).
3.4 Managing and treating scabies

3.4.1 Individual treatment

✓ After diagnosis and prescribing of treatment, cream or lotion is best applied in the evening before retiring to bed.

✓ If assisting the patient to apply lotion treatment wash and dry hands and wear gloves and apron.

✓ Cream or lotion must be applied to cool dry skin to be most effective.

✓ All body areas from the neck down, including the palms of the hands and soles of the feet must have the cream/lotion applied.

✓ Cream/lotion must be re-applied to any parts of the body which have been washed off (e.g. hands).

✓ Clients under 2 years or over 65 years need the scalp and behind the ear lobes treated.

✓ Mites can harbour themselves under the nails. Ensure nails are cut and clean.

✓ After treatment (8 or 24 hours - check manufacturer's guidance) shower or bath as normal. After washing off treatment provide clean clothes and clean bed linen.

✓ Clothes can be washed as normal.

✓ All close family contacts of scabies to be treated whether a rash is present or not. In healthcare situations it is important to perform an assessment before others are given treatment.

× A hot shower or bath before application is not recommended.

× Do not put the same clothes back on.

3.4.2 Group treatment

It is important that an outbreak is managed by treating all clients, staff and close relatives at the same time.

When an outbreak is confirmed (2 or more cases) arrangements must be made for treatment to take place at a specified time and date. It is reasonable and advisable to delay treatment until plans have been properly made. Symptomatic relief can be given to clients, if required.

✓ Treat individuals as previously described (7.4.1).

✓ Remove slippers from clients and wash if appropriate. Where this is not possible, place the slippers in a tied bag for 24 hours. They can then be used as normal.

✓ Remove any pots of cream from the client’s room which are used on a day-to-day basis and destroy (e.g. creams for dry skin).

✓ Treat all close contacts of infected clients. This would normally include family, staff, visitors and agency staff. This will be determined by IPCNs and OHD staff.

✓ After treatment, follow as per individual cases. A second treatment may be required in some cases but this requires assessment.
3.4.3 Treating crusted scabies

- **Three treatments** are required 24 hours apart for all cases of crusted scabies. This also includes scalp treatment.

- Clean the client’s room daily, paying particular attention to all upholstered areas such as chairs, bed heads and curtains.

- Communal areas such as the sitting room and dining areas must also be cleaned daily.

- All bed linen must be treated as infected. If linen is not laundered on site, it should be placed in a red dissolvable bag, into an outer linen bag and despatched to the laundry.

- Follow up is essential after one week to ensure that no further treatment is required.

3.4.4 Additional information

- Apart from crusted scabies laundry can be washed in the normal way.

- Identical mites can be found on domestic and stray animals.

- It is vital to advise on general health associated with diet, and to ensure adequate intake of minerals and vitamins (particularly vitamin A).

- Education is an important element for clients, staff and their relatives and friends.

- Keep fingernails smooth, rounded and short to prevent traumatising the skin when scratching.

4 Fleas

4.1 What do fleas look like?

- Adult fleas are between 1-3mm long, brownish-red in colour and are wingless.

- Their bodies are compressed from side to side, helping them move easily through fur and hair.

- They have well-developed hind legs for running and jumping.

- Flea eggs are pearl white in colour, oval shaped and approximately 0.5mm long.

4.2 How do fleas affect people?

- UK fleas do not usually transmit disease.

- Flea bites are identified as a small dark red spot surrounded by a reddened area.

- Flea bites last 2-3 days and can be intensely itchy.

- Some people can become immune to flea bites.
• Others can become hypersensitive to flea bites.

Fleas are normally host specific e.g. a dog flea will only reproduce on a dog, but they will feed on an alternative host.

4.3 Fleas of particular importance

There are many species of fleas but in the UK it is cat and dog fleas that cause the most problems

• Ctenocephalides Canis - dog flea.
• Ctenocephalides Felis - cat flea.

4.4 Housekeeping and control measures – fleas

✓ Remove all bedding and seal in a water soluble bag.

✓ Send to laundry facility:
  o Place into a water soluble bag and secure
  o Place into a laundry bag and secure
  o Label "Infected clothes" and ward name
  o Send to laundry facility

✓ For clothing, see Laundering and safe handling of linen and clothing.

✓ There is not specific treatment for the patient other than bathing and clean clothes.

✓ Contact Hotel Services on 01642 529773, mobile 0777 1831074 to arrange for a Pest Control contractor to advise or carry out an eradication programme if environmental contamination is suspected.

✓ Vacuum floors, carpets, upholstery etc. and treat with a residual insecticide if necessary.

✓ The Pest Control Contractor will arrange to treat inaccessible areas, i.e. ducting, under fixtures etc. with residual insecticide if necessary.

✓ Members of the family or close contacts of the home environment should seek advice from their General Practitioner.

5 Lice

Lice are parasitic insects that feed on human blood. Humans can host 3 different types of louse:-

• Pediculus Humanus - Capitis - (head louse)
• Pediculus Humanus - Corporis - (body/clothing louse)
5.1 What do lice look like?

5.1.1 Head lice
- 2-3mm long, grey white in colour, wingless, elongated body.
- Mainly found near the scalp but may occur in armpits, beards, eyelashes and eyebrows.
- Eggs (nits) are pinhead size, oval in shape and take 5-10 days to hatch.
- Transmitted by head-to-head contact.

5.1.2 Pubic lice
- Crablike in appearance.
- White to brownish in colour and oval shaped.
- Found in the pubic hair and may be detected by the presence of black powder in under clothes and severe skin irritation.
- May infect body hair e.g. beards, eyebrows and sparse hair on the head of elderly men.
- Transmitted by close direct contact usually sexual contact.
- Pubic lice can only survive for a short period of time away from host as they are temperature dependant.

5.1.3 Body lice
- Larger than head and pubic lice.
- Can be found anywhere on the body, especially around the waist and under the armpits.
- Lay eggs in clothing.
- Transmitted by person-to-person contact.

5.2 How do lice affect people?

5.2.1 Head lice
- Head lice feel like a tickling sensation along the scalp, with the feeling that something is moving around in the hair.
- As the head louse bites the scalp, there is itching. This is an allergic reaction to the saliva.
- Sores can develop from constantly scratching the head. Bacteria can spread from fingers to scalp causing an infection.

5.2.2 Pubic lice
- Some people can have pubic lice without any symptoms.
- Most people complain of intense itching that becomes worse at night.
- The bites of pubic lice can cause blue-gray marks on the inner thighs and pubic area.

### 5.2.3 Body lice

**Symptoms include:-**
- constant and intense itching
- a rash that looks like small welts.

- Itching is most intense around the waist, groin, and thighs.
- If a patient has had body lice for a long time, infection can darken and thicken the skin.
### 5.3 Housekeeping and control measures - lice

#### 5.3.1 Head lice

<table>
<thead>
<tr>
<th>Affected area</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Hair disinfection (<a href="#">see section 6</a>).</td>
</tr>
<tr>
<td>Clothing</td>
<td>Routine laundering</td>
</tr>
<tr>
<td>Bedding</td>
<td>Routine laundering</td>
</tr>
<tr>
<td>Environment</td>
<td>Routine cleaning</td>
</tr>
</tbody>
</table>

#### 5.3.2 Pubic lice

<table>
<thead>
<tr>
<th>Affected area</th>
<th>Action required</th>
</tr>
</thead>
</table>
| Patient       | • Hair disinfection ([see section 6](#)).  
|               | • Apply the appropriate lotion directly to the pubic hair, between the legs and around the anus, according to the manufacturer’s recommendations. |
| Clothing      | Routine laundering |
| Bedding       | Routine laundering |
| Environment   | Routine cleaning |
| Partner       | Advise sexual partner to attend GP for advice if appropriate  
|               | Patient’s consent given |

**Aqueous solutions are recommended as other types may be painful.**

#### 5.3.3 Body lice

<table>
<thead>
<tr>
<th>Affected area</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>No specific treatment except bathing and putting on clean clothes</td>
</tr>
<tr>
<td>Clothing</td>
<td><a href="#">See Laundering and safe handling of linen and clothing</a></td>
</tr>
</tbody>
</table>
| Bedding               | ✓ Place into a water soluble bag and secure.  
|                       | ✓ Place into a laundry bag and secure.  
|                       | ✓ Label "Infected Linen" and ward name.  
|                       | ✓ Send to laundry facility. |
| Environment           | No specific action needed |
| Family and close contacts | It may be necessary to advise them to seek advice from their GP. If appropriate patient’s consent given |
6 Dealing with clothing and linen

6.1 Why deal with clothing and linen?

- To prevent the spread of ectoparasites to other patients and health care workers.

6.2 How to deal with clothing – for body lice only

<table>
<thead>
<tr>
<th>Event</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>When removing the patient’s clothing.</td>
<td>Wash and dry hands, Wear gloves and aprons. (Body lice only).</td>
</tr>
<tr>
<td>Destroying clothing.</td>
<td>Check clothes as valuables may be sewn into linings.</td>
</tr>
</tbody>
</table>

⚠️ It is rarely necessary to destroy patient’s clothing. If destruction is advised, obtain the patient's or relative's written permission.

If the patient/resident refuses permission to destroy the clothes

- Seal the clothes in a plastic bag and return to relatives
- Remove PPE and wash and dry hands
- Advise them how to clean the clothes to effectively kill lice and eggs:
  - Wash at a temperature of 60°C for longer than 15 minutes.
  - Or turn dry clothes inside out and tumble dry for at least 45 minutes on a hot setting, then wash as normal.
  - Or turn clothes inside out and dry clean.

When sending clothing to the laundry

- Notify the laundry and make arrangements for delivery:
  - Place into a water soluble bag and secure;
  - Place into a laundry bag and secure;
  - Label "Infected clothes" and ward name;
  - Send to laundry facility.

⚠️ Heat labile clothes may be damaged during the heat process in the laundry. Make patients aware of this and obtain written permission to cover the event of clothes being damaged.

For pubic lice and head lice normal washing and tumble drying of patients’ clothing separate from other patients clothing is sufficient.
6.3 How to deal with bed linen

- Wash and dry hands, apply gloves and apron;
- Place bedding into a water soluble bag and secure;
- Place into a laundry bag and secure;
- Label "Infected Linen" and ward name;
- Send to laundry facility;
- Wash mattress, pillows and duvets if applicable with detergent and water and fully dry.

7 Hair disinfection

7.1 Why carry out hair disinfection?

- To remove lice and nits from the scalp and hair
- To prevent secondary infections from scratching and skin conditions such as impetigo etc.
- To prevent infection to other patients and health care workers.

7.2 Hair disinfection – equipment checklist

- Apron and gloves (for nurse)
- Towels
- Prescribed lotion
- Lice detection comb

7.3 How to carry out hair disinfection

- Tactfully explain to the patient the procedure and the reason for it.
- Ensure the patient is comfortable and privacy provided (the bathroom is preferable).
- Ensure the area is well ventilated.
- Apply lotion and leave on the hair as per the manufacturer’s instructions (do not dry with a hair dryer and keep away from heat)
- After the recommended time comb the hair to remove dead lice, then shampoo.
- The patient may feel more comfortable having clean night clothes and bedding.
- Treatment must be repeated after 7 days using the same preparation.
For children under 6 months of age, or children with allergic conditions, asthma etc. contact Pharmacy for advice.

- The Pharmacist will recommend the current treatment as outlined within Clinical Knowledge Summaries – headlice and scabies.
- The same preparations may be used for pubic lice.
- Ensure contact tracing is completed thoroughly to identify any close contacts that may require treatment (this is usually over a 4-8 week period).

8 Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Ectoparasites</td>
<td>A parasite that lives on or in the skin but not within the body. Fleas and lice are ectoparasites.</td>
</tr>
<tr>
<td>Ectoparasitosis</td>
<td>Infestation with an ectoparasite</td>
</tr>
</tbody>
</table>
9 References and further reading


MAUNDER, J. Headlice - Recognising The Signs. Reprinted from the Chemist and Druggist (Personal copy).


NHS Library – CKS 2008 Treatment Guidelines Headlice


## 10 Equality Analysis Screening Form

*Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page*

| Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc. | Nursing and Governance/IPC and Physical Healthcare |
| Name of responsible person and job title | Elizabeth Moody, Director of Nursing and Governance |
| Name of working party, to include any other individuals, agencies or groups involved in this analysis | Elizabeth Moody, Dr R Bellamy, IPC Team and the Infection Prevention and Control Committee |

| Policy (document/service) name | Is the area being assessed a; |  |
| | Policy/Strategy | Service/Business plan | Project |
| | Procedure/Guidance | ✓ | Code of practice | ✓ |
| | Other – Please state | | |

| Geographical area | Trustwide |

| Aims and objectives | To set standards in practice to ensure the delivery of patient care is carried out safely and effectively by the trust staff. To comply with the HCAI Code of Practice of the Health and Social Care Act 2008. |

| Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.) | 19<sup>th</sup> December 2018 |
| End date of Equality Analysis Screening (This is when you have completed the analysis and it is ready to go to EMT to be approved) | 18<sup>th</sup> January 2019 |
You must contact the EDHR team as soon as possible where you identify a negative impact. Please ring Sarah Jay or Tracey Marston on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

| Trust staff and patients |

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

<table>
<thead>
<tr>
<th>Race (including Gypsy and Traveller)</th>
<th>Disability (includes physical, learning, mental health, sensory and medical disabilities)</th>
<th>Gender (Men, women and gender neutral etc.)</th>
<th>Age (includes, young people, older people – people of all ages)</th>
<th>Religion or Belief (includes faith groups, atheism and philosophical belief’s)</th>
<th>Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)</th>
<th>Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)</th>
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Yes – Please describe anticipated negative impact/s
No – Please describe positive impacts/s

No barriers to access or implementing this procedure
### 3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.?

**If ‘No’, why not?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**Sources of Information may include:**

- Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.
- Investigation findings
- Trust Strategic Direction
- Data collection/analysis
- National Guidance/Reports

- Staff grievances
- Media
- Community Consultation/Consultation Groups
- Internal Consultation
- Research
- Other (Please state below)

### 4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

**Yes** – Please describe the engagement and involvement that has taken place

**No** – Please describe future plans that you may have to engage and involve people from different groups

**Not relevant to this procedure**
5. As part of this equality analysis have any training needs/service needs been identified?

<table>
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<th>Yes/No</th>
<th>Please describe the identified training needs/service needs below</th>
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<td>No</td>
<td>Not relevant to this procedure</td>
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A training need has been identified for;

<table>
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<tr>
<th>Trust staff</th>
<th>Yes/No</th>
<th>Service users</th>
<th>Yes/No</th>
<th>Contractors or other outside agencies</th>
<th>Yes/No</th>
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<td>No</td>
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<td>No</td>
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Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so

The completed EA has been signed off by:

- You the Policy owner/manager: Type name: Elizabeth Moody Date: 18/1/19
- Your reporting (line) manager: Type name: Angela Ridley Date: 18/1/19

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/6542 or email: traceymarston@nhs.net
## 11 Document control

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<th>19 January 2022</th>
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<tr>
<td>This document replaces:</td>
<td>IPC-0001-012 v2 Fleas lice and scabies – management of patients</td>
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### Lead:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Angela Ridley</td>
<td>Head of IPC and Physical Health and Back Care (Nursing)</td>
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### Members of working party:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<td>Angela Ridley</td>
<td>Senior Nurse IPC and Physical Health and Back Care</td>
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### This document has been agreed and accepted by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<td>Elizabeth Moody</td>
<td>Director of Nursing and Governance</td>
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### This document was approved by:

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>18 Jan 2019</td>
<td>Infection Prevention and Control Committee</td>
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### An equality analysis was completed on this document on:

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### Change record

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<td></td>
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<td>2</td>
<td>26 July 2016</td>
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12 Examples of fleas and lice

- Head louse
- Body louse
- Egg (nit)
- Flea
- Scabie Mite
- Pubic louse

Lifecycle of a louse