Public – To be published on the Trust external website

# Title: Scabies, Fleas and Lice - Management of Patients

# Ref: IPC-0001-012-v2.2

**Status: Approved**
**Document type: Procedure**

## Contents

# 1 Introduction

This procedure is needed to provide advice and support to clinical teams when managing patients with human infestation from scabies, lice and fleas.

This procedure supports Our Journey to Change (OJTC) as set out in the Infection Prevention and Control Policy.

# 2 Purpose

Following this procedure will help the Trust to:-

- Manage patients with human infestations, from scabies, lice and fleas.

# 3 Who this procedure applies to

- This procedure applies to all staff, service users, in patients and aligns to the Trust values, so that people affected are treated with compassion, respect, responsibility.

# 4 Related documents

The Standard Precautions Policy 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:-

- Hand hygiene
- Laundering and safe handling of linen and clothing
- Decontamination of equipment
- Infectious diseases
- Waste management policy

# 5 What is Scabies (Sarcoptes scabiei)?

- 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.

## 5.1 How does scabies affect people?

### 5.1.1 Symptoms

- Intense itching (especially at night) caused by an allergy to chemicals found in the excrement of the scabies mite
- Eczematous rash
- Itching does not start immediately but usually within 1-8 weeks after infection occurs.

### 5.1.2 Transmission

- Contact through care by nurses and other carers (these staff may not always show classical signs)
- Skin to skin contact e.g., sleeping together, holding hands, sexual contact. The mite does not “jump” from person to person.

### 5.1.3 Identification

- 70% of mites are found on the hands, usually between the fingers, the wrists, but may be found on other areas of the body
- Sometimes in children under two years, they can be found on the soles of the feet.
- 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.

## 5.2 Lesions caused by scabies

Identification of lesions:

### 5.2.1 Primary lesion

- These are caused the female mite which burrows into the outer layer of the epidermis laying eggs and leaves a tract behind which can be seen as the Scabies rash. This 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 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.

### 5.2.2 Secondary lesion

- Can result from repeatedly scratching or secondary infections.
- Crusted scabies
- Can be seen in immunosuppressed clients, learning disability homes and in the elderly population (James WD, 2020).
- 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.
- Thousands of mites can be present, capable of disseminating into the immediate environment. Can live for 1-2 days in warm conditions.
- 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.
- There is a small risk of infection through upholstered furniture, particularly in communal areas, e.g. in nursing and residential homes

## 5.3 Topical preparation for treating scabies

| Name | Description |
|---|---|
| Lyclear Dermal Cream<br>(Permethrin 5%) | Adults - Apply once weekly for 2 doses, apply 5% preparation over whole body including face, neck, scalp and ears then wash off after 8–12 hours. If hands are washed with soap within 8 hours of application, they should be treated again with cream. |
| Derbac – M (Malathion) | Adults - Apply once weekly for 2 doses, apply preparation over whole body, and wash off after 24 hours, if hands are washed with soap within 24 hours, they should be retreated. |
| Benzyl Benzoate | 24 hour treatment. Not recommended for children. It is an irritant and is therefore to be used with care under medical supervision<br>Adults - Apply over the whole body; repeat without bathing on the following day and wash |

| | |
|---|---|
| | off 24 hours later; a third application may be required in some cases. |

## 5.4 Managing and treating scabies

### 5.4.1 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 health care 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.

### 5.4.2 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 (2.4.1).
- 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.

### 5.4.3 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.

### 5.4.4 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.

# 6 Fleas

## 6.1 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.

## 6.2 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.

## 6.3 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.

## 6.4 Housekeeping and control measures – Fleas

- Remove all bedding and seal in a water-soluble bag.
- Send to laundry facility:-
- 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
- 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 your local Hotel Services on 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.

# 7 Lice

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

- Pediculus Humanus - Capitis - (head louse)
- Pediculus Humanus - Corporis - (body/clothing louse)
- Phthirius Pubis - (pubic louse)

## 7.1 Head lice detection:

- Detection combing is the best way to confirm the presence of lice. This is the systematic combing of wet or dry hair using a fine-toothed (0.2–0.3 mm apart) head lice detection comb.
- A diagnosis of active head lice infestation should only be made if a live head louse is found.
- An itching scalp is not sufficient to diagnose active infestation.
- The presence of louse eggs alone, whether hatched (nits) or unhatched, is not proof of active infestation.

## 7.2 What do lice look like?

### 7.2.1 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.

### 7.2.2 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 people.
- 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

### 7.2.3 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.

## 7.3 How do lice affect people?

### 7.3.1 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.

### 7.3.2 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-grey marks on the inner thighs and pubic area.

### 7.3.3 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.

## 7.4 Housekeeping and control measures - lice

### 7.4.1 Head lice

| Affected area | Action required |
|---|---|
| Patient | Hair disinfection / Wet combing |
| Clothing | Routine laundering |
| Bedding | Routine laundering |
| Environment | Routine cleaning |

| Control measure | Description |
|---|---|
| Wet combing | Head Lice and nits can be removed by wet combing.<br>Use a special fine-toothed comb (detection comb) to remove head lice and nits.<br>There may be instructions on the pack, but usually:<br>• wash hair with ordinary shampoo<br>• apply lots of conditioner (any conditioner will do)<br>• comb the whole head of hair, from the roots to the ends<br>It usually takes about 10 minutes to comb short hair, and 20 to 30 minutes for long, frizzy or curly hair.<br>Do wet combing on days 1, 5, 9 and 13 to catch any newly hatched head lice. |
| Head lice treatment | Depending on the preference of the person and/or their parents/carers, their treatment<br>history, the presence of any contraindications, head lice can be treated with one of the |

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|---|---|
| | following:<br><br>• A physical insecticide, such as dimeticone 4% lotion (Hedrin®).<br>• A traditional insecticide, such as malathion 0.5% aqueous liquid (Derbac-M®).<br><br>Wet combing with a fine-toothed head louse comb (such as the Bug Buster® comb). |

### 7.4.2 Pubic lice

| Affected area | Action required |
|---|---|
| Patient | The patient will be advised to follow the manufacturer's instructions if assistance is required clinical staff will be required to help. Apply the appropriate lotion directly to the pubic hair, between the legs and around the anus. |
| Clothing | Routine laundering |
| Bedding | Routine laundering |
| Environment | Routine cleaning |
| Partner | Advise sexual partner to attend GP for advice if appropriate<br>Patient's consent given |

**Pubic lice treatment**

Advise the person to avoid close body contact until they, and their partner(s), have been successfully treated.

Treating the person with an appropriate topical insecticide (such as permethrin or malathion) — eye lash infestations should be treated with an occlusive ophthalmic ointment or a topical insecticide as appropriate. Some insecticides are not licensed for use in pregnant or breastfeeding women / people or children.

Seek advice from pharmacy.

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

### 7.4.3 Body lice

| Affected area | Action required |
|---|---|

| | |
|---|---|
| Patient | No specific treatment except bathing and putting on clean clothes |
| Clothing | See Laundering and safe handling of linen and clothing |
| Bedding | Place into a water soluble bag and secure.<br>Place into a laundry bag and secure.<br>Label "Infected Linen" and ward name.<br>Send to laundry facility. |
| Environment | Routine cleaning |
| Family and close contacts | It may be necessary to advise them to seek advice from their GP. If appropriate patient's consent given |

# 8 Dealing with clothing and linen

## 8.1 Why deal with clothing and linen?

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

## 8.2 How to deal with clothing – for body lice only

| Event | Action required |
|---|---|
| When removing the patient's clothing. | Wash and dry hands, Wear gloves and aprons.(Body lice only). |
| Destroying clothing. | Check clothes as valuables may be sewn into linings. |

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

| Event | Action Required |
|---|---|
| If the patient/resident refuses permission to destroy the clothes | Seal the clothes in a plastic bag and return to relatives<br>Remove PPE and wash and dry hands<br>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.<br>Or turn dry clothes inside out and tumble dry for at least 45 minutes on a hot setting, then wash as normal.<br>Or turn clothes inside out and dry clean. |
| When sending clothing to the laundry | Notify the laundry and plan for delivery:<br>Place into a water-soluble bag and secure.<br>Place into a laundry bag and secure.<br>Label "Infected clothes" and ward name.<br>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

### 8.3 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 with universal disinfectant wipe and fully air dry.

## 9 Hair disinfection

### 9.1 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

### 9.2 Hair disinfection – equipment checklist

- Apron and gloves to be worn by healthcare staff / nurse
- Towels
- Prescribed lotion
- Lice detection comb

## 9.3 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 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).

# 10 Terms and definitions

| Term | Definition |
|---|---|
| Ectoparasites | • A parasite that lives on or in the skin but not within the body. Fleas and lice are ectoparasites |
| Ectoparasitosis | • Infestation with an ectoparasite |
| Pediculus Humanus - Capitis | • Head louse |
| Pediculus Humanus - Corporis | • Body/clothing louse |
| Phthirius Pubis - (pubic louse) | • Pubic louse |
| IPCN | • Infection prevention and control nurse |
| OHD | • Occupational health department |

# 11 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.
- Each team/ward manager will ensure that staff training needs are met in accordance with the Trust's training needs analysis
- Each healthcare professional is responsible for his or her own professional development and an individual's needs should be addressed through appraisal and training needs analysis

## 11.1 Training needs analysis

Although there is no specific training required to implement this specific Guideline, staff are expected to undertake appropriate training and education pertinent to their role. This training is identified as follows:

| Staff/Professional Group | Type of Training | Duration | Frequency of Training |
|---|---|---|---|
| Registered MH/LD Nursing Staff (Inpatients): AMH, SIS, MHSOP, LD | Physical Health Core Skills Training Day (Registered Nurse: Inpatients)<br>Face to Face | 1 day | Once Only (but can be accessed as required) |
| Registered MH/LD Nursing Staff (Community): All Adult Services, MHSOP, LD | Physical Health Core Skills Training Day (Registered Nurse: Community)<br>Face to Face | 1 day | Once Only (but can be accessed as required) |
| Nursing Support Staff inc Nursing Associates (Inpatients): AMH, SIS, MHSOP, LD | Physical Health Core Skills Training Day (Non-Registered Nurse: Inpatients)<br>Face to Face | 1 day | Once Only (but can be accessed as required) |
| Nursing Support Staff inc Nursing Associates (Community): All Adult Services, MHSOP, LD | Physical Health Core Skills Training Day (Non-Registered Nurse: Community)<br>Face to Face | 1 day | Once Only (but can be accessed as required) |

| | | | |
|---|---|---|---|
| All clinical staff who undertake, document, report and respond to any interventions outlined as part of NEWS | NEWS2 Training<br>Via ESR | 1hr | Once Only (but can be accessed as required) |
| Mandatory for nominated staff who do not have access to an Emergency Response Bag and equipment | Cardiopulmonary Resuscitation (CPR) & AED<br>Face to Face | 2 hours | Annual |
| Mandatory for nominated clinical staff who have access to the Emergency Response Bag and would be expected to participate in its use | Basic Life Support (BLS) Face to Face | 3.5 hours | Annual |
| Mandatory for all designated medical staff, ECT nursing staff and Physical Healthcare Practitioners | Immediate Life Support (ILS)<br>Face to Face | 5 hours | Annual |

| Staff/Professional Group | Type of Training | Duration | Frequency of Training |
|---|---|---|---|
| All staff | Online IPC training | 1hr | Yearly |

## 12 How the implementation of this procedure will be monitored

| Number | Auditable Standard/Key Performance Indicators | Frequency/Method/Person Responsible | Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). |
|---|---|---|---|
| 1 | IPC quarterly report | IPCT | IPCC |

## 13 References

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## 14 Document control (external)

To be recorded on the policy register by Policy Coordinator

| | |
|---|---|
| Date of approval | 20 October 2022 |
| Next review date | 20 October 2025 |
| This document replaces | Scabies, Fleas and Lice – Management of patients REF IPC-0001-012 V2.1 |
| This document was approved by | IPCC |

| | |
|---|---|
| This document was approved | 20 October 2022 |
| This document was ratified by | N/A |
| This document was ratified | n/a |
| An equality analysis was completed on this policy on | 24/08/2022 |
| Document type | Public |
| FOI Clause (Private documents only) | N/A |

**Change record**

| Version | Date | Amendment details | Status |
|---|---|---|---|
| v2.2 | 20 Oct 2022 | Updated procedure format<br>Updated links<br>Updated treatment advice<br>(note - formatting amended prior to publication to meet accessibility legislation requirements) | Published |

## Appendix 1 - Equality Analysis Screening Form

**Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet**

| Section 1 | Scope |
|---|---|
| Name of service area/directorate/department | Nursing and Governance / IPC and Physical healthcare |
| Title | Scabies, Fleas and lice – management of patients |
| Type | Procedure |
| Geographical area covered | Trust wide |
| Aims and objectives | To set standards in practice to ensure the delivery of patient care is carried out safely and effectively by Trust staff. To comply with the HCAI Code of practice of the health and Social Care Act 2008. |
| Start date of Equality Analysis Screening | 19th August 2022 |
| End date of Equality Analysis Screening | 19th August 2022 |

| Section 2 | Impacts |
|---|---|
| Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit? | All patients, staff and visitors |
| Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? | • **Race** (including Gypsy and Traveller) **NO**<br>• **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO**<br>• **Sex** (Men, women and gender neutral etc.) **NO**<br>• **Gender reassignment** (Transgender and gender identity) **NO**<br>• **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and |

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|---|---|
| | Asexual etc.) **NO**<br>• **Age** (includes, young people, older people – people of all ages) **NO**<br>• **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO**<br>• **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO**<br>• **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO**<br>• **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** |
| Describe any negative impacts | |
| Describe any positive impacts | |

| **Section 3** | **Research and involvement** |
|---|---|
| What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.) | HCAI code of Practice<br>Best practice<br>NICE guidelines |
| Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups? | No |
| If you answered Yes above, describe the engagement and involvement that has taken place | N/A |
| If you answered No above, describe future plans that you may have to engage and involve people from different groups | N/A |

| Section 4 | Training needs |
|---|---|
| As part of this equality analysis have any training needs/service needs been identified? | No |
| Describe any training needs for Trust staff | N/A |
| Describe any training needs for patients | N/A |
| Describe any training needs for contractors or other outside agencies | N/A |

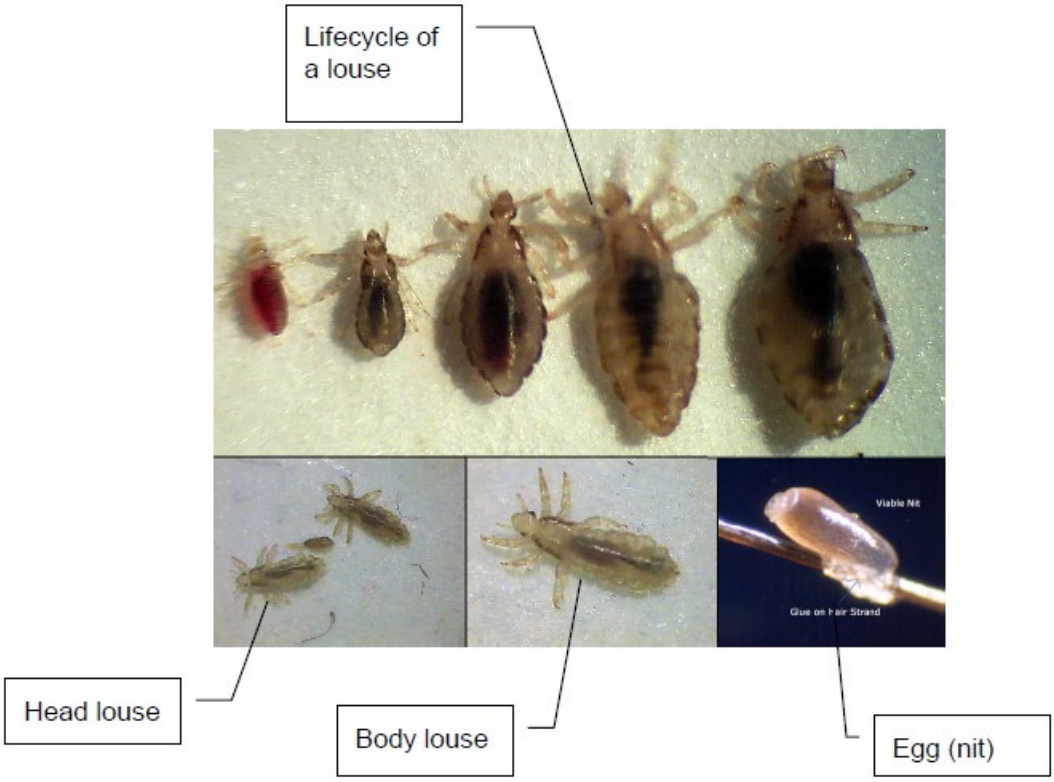
## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

| | Title of document being reviewed: | Yes / No / Not applicable | Comments |
|---|---|---|---|
| **1.** | **Title** | | |
| | Is the title clear and unambiguous? | Yes | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | Yes | |
| **2.** | **Rationale** | | |
| | Are reasons for development of the document stated? | Yes | |
| **3.** | **Development Process** | | |
| | Are people involved in the development identified? | Yes | |
| | Has relevant expertise has been sought/used? | Yes | |
| | Is there evidence of consultation with stakeholders and users? | N/A | |
| | Have any related documents or documents that are impacted by this change been identified and updated? | N/A | |
| **4.** | **Content** | | |
| | Is the objective of the document clear? | Yes | |
| | Is the target population clear and unambiguous? | Yes | |
| | Are the intended outcomes described? | Yes | |
| | Are the statements clear and unambiguous? | Yes | |
| **5.** | **Evidence Base** | | |
| | Is the type of evidence to support the document identified explicitly? | Yes | |
| | Are key references cited? | Yes | |
| | Are supporting documents referenced? | Yes | |
| **6.** | **Training** | | |
| | Have training needs been considered? | Yes | |
| | Are training needs included in the document? | Yes | |

| | Title of document being reviewed: | Yes / No / Not applicable | Comments |
|---|---|---|---|
| **7.** | **Implementation and monitoring** | | |
| | Does the document identify how it will be implemented and monitored? | Yes | |
| **8.** | **Equality analysis** | | |
| | Has an equality analysis been completed for the document? | Yes | |
| | Have Equality and Diversity reviewed and approved the equality analysis? | Yes | |
| **9.** | **Approval** | | |
| | Does the document identify which committee/group will approve it? | Yes | |
| **10.** | **Publication** | | |
| | Has the policy been reviewed for harm? | N/A | |
| | Does the document identify whether it is private or public? | Yes | |
| | If private, does the document identify which clause of the Freedom of Information Act 2000 applies? | N/A | |

## Appendix 3 Examples of Fleas and Lice





Flea


Scabie Mite


Pubic louse