ACIPC
Australasian College
for Infection Prevention and Control

Management of Scabies in Residential Care Guideline

1. Purpose

To provide a consistent, risk-based approach to the identification, management and control of scabies in residential aged care, including single cases and outbreaks.

The guideline aims to minimise transmission while supporting person-centred care, resident dignity, continuity of care and appropriate treatment of residents, healthcare workers (HCWs) and other identified contacts.

2. Scope

This guideline applies to approved providers, residents, HCWs, contractors, frequent visitors and others involved in the provision of care within residential care services where scabies is suspected or confirmed.

It addresses the management of a single case and an outbreak, including care and isolation, contact precautions, treatment, environmental cleaning, laundry and waste management.

3. Background

Scabies is an infestation caused by the human scabies mite, *Sarcoptes scabiei* var. *hominis*. Transmission occurs primarily through prolonged direct skin-to-skin contact and, less commonly, through contaminated clothing or linen. The risk of transmission is substantially greater with crusted scabies because of the high mite burden and shedding of skin scales. (1-3)

Scabies can be difficult to recognise in older people, who may present atypically. Crusted scabies may occur without significant itch. Residents who are bed-bound, have limited mobility or communication, cognitive impairment or other factors that may delay recognition require particular attention during skin assessment. (1,4,8)

Diagnosis is primarily based on clinical presentation and contact history. Dermoscopy or skin scrapings may assist diagnosis when mites, eggs or faecal material can be identified. A positive skin scraping supports confirmation; however, negative results do not exclude infestation. Clinical assessment is particularly important when symptoms are atypical or crusted scabies is suspected. (1,4,5)

A suspected case should prompt clinical assessment, identification of relevant contacts and review for additional cases. Scabies notification requirements and outbreak reporting arrangements vary by jurisdiction; the relevant public health unit (PHU) should be consulted when an outbreak is suspected or confirmed. (1,5)

4. Definitions

Term	Definition
Scabies	An infestation of the skin by the human scabies mite, *Sarcoptes scabiei* var. *hominis*.
Crusted scabies	A severe form of scabies characterised by hyperkeratotic plaques and scaling containing very large numbers of mites and eggs. It is highly transmissible.
Case	A resident, healthcare worker (HCW) or other person assessed as having suspected or confirmed scabies.
Contact	A person who has had relevant prolonged direct skin-to-skin contact with a case or significant exposure to heavily contaminated clothing or linen.
Single case	One suspected or confirmed case without evidence of linked additional cases or crusted scabies.
Outbreak	Two or more linked cases of scabies in the same residential aged care service within an 8-week period, or a single case of crusted scabies. (1)
Contact precautions	Transmission-based precautions used in addition to standard precautions where transmission by direct or indirect contact is possible.
Day 1 treatment	The first prescribed scabies treatment administered to the case and identified contacts.
Day 7 treatment	The repeat treatment administered approximately seven days after the first treatment, as prescribed, to treat mites that may have hatched after the initial treatment. (1)
Enhanced environmental cleaning	Additional cleaning undertaken during an outbreak to remove skin scales and dust from affected environments, in conjunction with treatment and other outbreak control measures.
Outbreak management team (OMT)	A multidisciplinary team responsible for coordinating assessment, treatment, IPC measures, communication and surveillance.

5. Guiding Principles

1. Scabies management is primarily achieved through prompt identification and appropriate treatment of cases and contacts. (1,2)
2. Cases and identified contacts should be treated concurrently wherever practicable to reduce ongoing transmission and reinfestation. (1,5)
3. Management should be risk-based and person-centred, balancing infection prevention requirements with resident dignity, preferences, wellbeing and the need for ongoing care and social interaction. (2,8)
4. Contact precautions should be used for direct care and anticipated contact with the resident, clothing, linen or potentially contaminated items, according to the assessed risk. (2,3)
5. Routine cleaning and vacuuming help physically remove scabies mites and contaminated skin scales from environmental surfaces. Standard disinfectants should not be assumed to kill scabies mites or eggs unless specific efficacy has been demonstrated. (1,6,9)
6. A single case does not automatically require facility-wide restrictions. Control measures should reflect exposure risk and whether additional cases are identified. Particular

consideration should be given to dementia and memory-support settings to minimise unnecessary distress and restrictions.

7. Crusted scabies requires urgent escalation because of the substantially increased risk of transmission and may require specialist assessment and more intensive control measures. (1,5)
8. Itching may persist for several weeks following successful treatment and does not, on its own, indicate treatment failure. New lesions, worsening symptoms or additional cases require clinical reassessment. (4,6)
9. Communication to residents, HCW, families/representatives and frequent visitors must be maintained throughout an outbreak.

6. Recommendations

6.1 Single suspected or confirmed case

Immediate actions

- Arrange prompt clinical and diagnostic assessment, involving the resident's GP/nurse practitioner (NP) as appropriate.
- Assess for crusted scabies, particularly where there are extensive crusts or scaling, atypical presentation, limited mobility or communication, or minimal itch.
- Identify people who have had relevant prolonged direct contact with the case, including residents, HCWs, frequent visitors and other persons.
- Record the case, identified contacts, treatment dates and relevant exposure information.
- Inform the IPC lead/person responsible for IPC and relevant HCWs.
- Educate staff about scabies, transmission and required precautions. (1-3,5)

Care, isolation and contact precautions

- Continue essential personal and clinical care.
- Where practicable, provide a single room and maintain precautions until at least 24 hours after the first treatment has been completed. Precautions for crusted scabies will be longer and subject to clinical assessment. (3,6)
- Use contact precautions, including gloves and a long-sleeved gown, when providing direct care or when contact with the resident, clothing, linen or potentially contaminated items is anticipated. (3,6)
- Use dedicated equipment where practicable. Clean shared equipment between resident uses and daily.
- A HCW with suspected or confirmed scabies should receive clinical assessment and appropriate treatment. Work restrictions and return to direct care should follow national/jurisdictional guidance; generally, staff may return after the first treatment has been completed for at least 24 hours. (3,6) Restrictions for crusted scabies will be longer and subject to clinical assessment. (3,6)

6.2 Treatment

Day 1

- Treatment must be prescribed or directed by a qualified health practitioner.
- Obtain treatment consent from residents/representatives undergoing therapeutic or precautionary treatment.
- Administer the prescribed topical and/or oral treatment according to the product and clinical instructions.
- Ensure topical treatment is applied thoroughly to all areas of the body, from the head to the soles of feet.
- Treat identified case and contacts concurrently wherever practicable. (1,5,8)
- Record the treatment date and time for each person treated, including residents, HCWs and frequent visitors where applicable.

Day 7-10

- Repeat residents' topical treatment seven days after the first treatment, as prescribed. (1,5,8). Continue administration of the prescribed oral treatment (as appropriate) according to the product and clinical instructions.
- Ensure identified contacts (HCWs, frequent visitors, others) have received the second treatment.
- Review possible ongoing exposure where new lesions or cases occur.
- Persistent itching alone should not be interpreted as treatment failure; seek clinical reassessment where symptoms are worsening, new lesions develop or additional cases occur. (1,5,8)

Review

- Facility/area wide skin assessment for any new cases. Self-skin assessments for HCW, frequent visitors.
- Treatment failure may occur due to incomplete application, failure to treat close contacts simultaneously (resulting in reinfestation), or difficulty eradicating mites in frail or highly dependent residents. (1,5,8)
- All suspected treatment failures should be reviewed and managed appropriately.

6.3 Outbreak management

An outbreak is defined as two or more linked cases in the same residential care service within 8 weeks, or one case of crusted scabies. (1)

When an outbreak is identified:

- Activate the service's outbreak management process and establish an Outbreak Management Team (OMT).
- Contact pharmacy for treatment supplies (residents, staff, and identified contacts), ensure adequate PPE, cleaning, laundering, waste management and linen supplies.

- Assess and plan for additional staffing requirements to support treatment, surveillance, resident care, and outbreak control activities. (1,5)
- Provide clear communication to residents, families, visitors and HCWs while maintaining privacy and dignity.
- Prepare and obtain consent from residents/representatives for potential treatment in exposed areas.
- Provide facility-wide education on mite, transmission and precautions.
- Identify affected and potentially exposed areas of the service.
- Assess resident and HCW movements and identify relevant exposure networks.
- Establish a line list of cases and contacts, including residents, HCWs and frequent visitors.
- Isolate/cohort as possible, suspected/confirmed cases until at least 24 hours after treatment has commenced. (3,5)
- Implement contact precautions (gloves and a long-sleeved gown) for cases, until at least 24 hours after treatment has commenced. (3,5)
- Consider dedicated HCWs for affected residents/areas. (1,2)
- Implement active surveillance for new cases, including monitoring residents' skin during personal care.
- Treat all identified cases and contacts concurrently on day 1 and 7 (residents, HCWs, frequent visitors who have direct contact with residents during an outbreak). (1,5,8)
- Coordinate any transfers into and out of the service and provide/receive hand over with the receiving service.
- Continue appropriate resident activities and movement wherever possible, with restrictions proportionate to transmission risk and reviewed regularly. (2,6,7)
- Undertake environmental cleaning and reusable equipment management in accordance with Section 6.4 Environmental cleaning and reusable equipment.
- Undertake laundry and linen management in accordance with Section 6.5 Laundry and linen.
- Maintain surveillance for new cases and update the line list throughout the outbreak.

A single case of crusted scabies should be managed as an outbreak and escalated promptly because of the high transmission risk. (1,5)

6.4 Environmental cleaning and reusable equipment

- Environmental cleaning is undertaken in conjunction with treatment. (1,5)
- The primary purpose of cleaning is to remove skin scales and dust from the environment. (1,5,6,7)
- Clean the affected resident's room and bathroom daily, with particular attention to high-touch points and potentially contaminated surfaces.
- During an outbreak, undertake enhanced cleaning of affected areas twice daily, with particular attention to frequently touched surfaces and areas where skin scales may accumulate.
- Carefully vacuum (inclusive of vacuum HEPA filter) relevant upholstered furniture, soft furnishings, carpets and flooring where appropriate daily and according to the facility's cleaning procedures. (The vacuum cleaner bag and HEPA filter should be disposed of after use or cleaned in outdoor area.)
- Steam cleaning of carpets and upholstery/soft furnishings can further be considered at conclusion of outbreak.

- Clean reusable equipment between uses and daily, and in accordance with the equipment manufacturer's instructions.
- There is no requirement for insecticides or fumigation unless directed by the Public Health Unit. (1,5,6)
- Standard disinfectants should not be assumed to kill scabies mites or eggs unless efficacy has been demonstrated. (9)

6.5 Laundry and linen

- Prioritise laundering of bed linen, towels and personal clothing used by the case during the 3 days before treatment and the day of treatment (day 1). (1,5,6,7) Repeat laundering of clothing and linen the day after treatments (day 2 and day 7-8).
- Handle used linen as little as possible and do not shake linen.
- Use contact precautions (gloves and long-sleeved gown) when handling linen – within care environment and laundry.
- Place linen directly into a soluble bag and colour-coded linen bag for inhouse laundering or as requirement for contracted external laundry services, at the point of care or in accordance with facility laundering procedure.
- Do not use linen chutes, as their use could result in unnecessary handling and environmental contamination.
- Transport bagged linen to the laundry or storage area for contracted services promptly and according to facility procedures.
- Validated hot water machine washing followed by hot-cycle drying should be used where suitable for the textile. (1,5,6,7)
- Items that cannot be washed or dry-cleaned (includes footwear) must be placed in a sealed plastic bag for at least 72 hrs, as scabies mites cannot survive away from human skin for extended periods. (1,5,6,7)
- Coordinate linen supply, collection, laundering and bed-making during an outbreak to ensure treated residents can be provided with clean linen promptly.
- Clean linen must be handled, stored and transported (covered) in a manner that prevents contamination.
- Laundry processes should comply with the facility's laundry procedures and AS 4146:2024, where applicable.

6.6 Waste management

- Manage waste using the facility's existing waste segregation and disposal procedures.
- Waste should be managed as per jurisdiction guidelines.
- Place waste generated by the resident or during personal care directly into the general waste receptacle.
- Visibly contaminated PPE should be disposed as clinical waste in accordance with jurisdiction and facility procedure.
- Manage heavily contaminated/soiled disposable materials according to the jurisdiction and facility's waste procedures.
- Ensure adequate waste receptacles are available in affected areas during the outbreak. (1,2)

6.8 Outbreak closure and follow-up

- Manage waste using the facility's existing waste segregation and disposal procedures.
- Waste should be managed as per jurisdiction guidelines.
- Place waste generated by the resident or during personal care directly into the general waste receptacle.
- Visibly contaminated PPE should be disposed as clinical waste in accordance with jurisdiction and facility procedure.
- Manage heavily contaminated/soiled disposable materials according to the jurisdiction and facility's waste procedures.
- Ensure adequate waste receptacles are available in affected areas during the outbreak. (1,2)

6.7 Outbreak closure and follow-up

The outbreak can generally be declared over when no new cases have been identified for 12 weeks after the last case. (1)

Following closure:

- Continue heightened awareness for at least 8 weeks.
- Continue monitoring residents' skin during personal care.
- Maintain a documented skin surveillance plan.
- Review the outbreak response, including identification, treatment, contact management, PPE use, laundry, cleaning, communication and opportunities for improvement. (1,5,6)

7. Acknowledgements

ACIPC Aged Care Working Group

8. Related Documents

Scabies outbreak management checklist

8. References

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9. Endorsement / Approval

Version	Date	Addition/Amendments	Author	Review By
1.0	October 2026	New guideline	Carrie spinks, ACIPC Aged Care Working Group	Advancing Practice and Standards committee

10. Contact Information

ACIPC office: office@acipc.org.au