



# Skin Health Assessment for Child Health Procedure

## 1. Guiding Principles

This document guides Population Health staff in the assessment of skin health for children 0-8 years of age, and for prevention and management of skin infections. Refer to Appendix 1 for an overview (flow chart) of the procedure.

Skin, the largest organ of the body, provides protection for internal organs and the blood stream. Healthy skin is the body's first line of defence against pathogens. Skin conditions and infections are itchy, painful, unsightly and contribute to general poor health. For children, skin conditions and infections can significantly affect sleep, wellbeing and educational outcomes. Recurrent infections can affect growth, ability to concentrate at school and lead to poor, long-term health outcomes.<sup>1</sup> Skin infections affect people of all ages and ethnicities, with the highest burden found in Aboriginal children.<sup>1</sup>

Skin sores are highly prevalent in remote Aboriginal communities with almost half of all Aboriginal children in remote areas affected by skin sores at any one time. It is estimated that 85 percent of Aboriginal children are treated for impetigo before their first birthday. Scabies is endemic in some remote communities, with up to one-third of children affected.<sup>2</sup>

There is a significant disparity in the burden of skin infections between communities which are resource-rich and those that are characterised by poverty and poor living conditions.<sup>3</sup> Primordial causes and social determinants of health, including poor housing, food insecurity, poor sanitation and limited access to clean water are significant risk factors.<sup>1</sup>

Skin conditions such as impetigo, scabies, head lice, tinea and ringworm are so common in communities with limited resources and are often perceived as minor or 'normal'. This perception or 'normalisation' of skin conditions is common among community members and health practitioners. Normalisation is a well-recognised barrier to parents and carers seeking timely health care,<sup>1</sup> and when they do attend health services these problems are often under-appreciated because there are other serious medical conditions to address.

It is not well understood that skin conditions are linked to bacterial infection (Group A Streptococcus or GAS infections), which can lead to acute illness, serious disease and death.<sup>3</sup> Scabies and head lice can readily allow bacterial infection which, if untreated, can result in acute rheumatic fever, heart disease, kidney damage, bone and joint infections and/or sepsis.<sup>2</sup> Skin sores and scabies are also linked to bacterial infection caused by *Staph aureus* (Golden Staph, including Methicillin-resistant Staphylococcus aureus [MRSA]) which can result in abscess, cellulitis, bone and joint infections and/or sepsis.<sup>2</sup>

Crusted scabies, an extremely infectious condition, occurs when the host's immune system is compromised and cannot control the infestation, allowing the mites to multiply rapidly. Individuals with crusted scabies readily develop secondary bacterial complications, experience frequent hospitalisations and have lower life expectancy.<sup>1</sup>

Impetigo, scabies, head lice and fungal infections are frequently seen by primary health care workers,<sup>1</sup> including those working in community health settings. Early detection and treatment of skin infections are critical to prevention of serious infections and life-threatening illnesses.

## 2. Procedure

Steps	Additional information
<p><b>Step 1. Promotion and Prevention</b></p> <p>1.1. At every contact, promote key health education messages:</p> <ul style="list-style-type: none"> <li>- Children and adults to wash hands with soap and water before eating, after going to the toilet and before going to bed. (There is no benefit in antibacterial soap over regular soap.)</li> <li>- Keep skin clean with regular showers.</li> <li>- Regularly wash clothes, bed linen and towels (dry in the sun).</li> <li>- Cover skin sores and bites with clean dressings.</li> <li>- Wash hands after contact with own skin sores or when caring for other’s sores.</li> <li>- Seek medical help for sores on the skin.</li> </ul> <p>1.2. Provide positive feedback about what is going well for the family and the health promoting activities or practices they have already adopted.</p> <p>1.3. Promote adequate supply of fresh water for drinking, washing and cleaning. If not available in community, refer to local government Environmental Health officer.</p> <p>1.4. Refer for concerns about environmental factors, (e.g. power supply, dust control, pest control, waste management, food safety, dog health), with consent from the family. For more information about environmental referrals visit <a href="#">Department of Health website</a>.</p>	
<p><b>Step 2. Identify child at risk of skin infection</b></p> <p>2.1. Consider if there are any child, family and community risk factors;</p> <ul style="list-style-type: none"> <li>- Close living and household overcrowding</li> <li>- Poor health hardware in homes plumbing, sewerage, power supply</li> <li>- Resides in remote Aboriginal community</li> <li>- Lack of fresh, running water</li> <li>- Visible sores on child</li> <li>- History of skin conditions</li> <li>- Child scratching skin or hair.</li> </ul> <p>2.2. Conduct a full skin health assessment if there are any risk factors evident, or if any concerns are raised by parent/carer.</p>	
<p><b>Step 3. Assessment</b></p> <p>3.1. Observe for skin conditions such as eczema, insect bites, fungal infections, minor abrasions, scabies and head lice. All can lead to impetigo.</p>	<p>Skin health assessment is mainly undertaken by visual observation.</p> <p>All relevant health staff are to complete training using the National Healthy Skin Guideline resource <a href="#">Recognising and</a></p>

<p><u>For infants (0-12 months),</u></p> <ul style="list-style-type: none"> <li>- Observe the skin when undertaking the growth assessment.</li> <li>- Parent or carer to undress the child.</li> <li>- Ask parent/carer if they have noticed any lesions.</li> </ul> <p><u>For older children</u></p> <ul style="list-style-type: none"> <li>- Observe all visible skin on the arms, legs, face, neck and scalp.</li> <li>- Ask parent/carer if they have noticed any lesions.</li> <li>- Obtain consent from parent/carer and invite them to undress child for further inspection, if required.</li> </ul> <p>3.2. If the child has scabies, skin sores or fungal infection refer to GP or medical officer for treatment.</p> <p>3.3. If evidence of skin sores, encourage all household members to be checked and treated.</p>	<p><a href="#">Treating Skin Infection – A visual clinical handbook (3<sup>rd</sup> Edition, 2018)</a> and quiz.</p> <p>Impetigo, scabies and crusted scabies are highly infectious and may have serious consequences if not treated promptly.</p>
<p><b>Step 4. Management</b></p> <p>4.1. <u>Impetigo</u></p> <ul style="list-style-type: none"> <li>- Refer for antibiotic treatment, including other family members with skin sores.</li> <li>- Avoid use of topical antibiotic creams, as this leads to antibiotic resistance.</li> <li>- Sores to be covered by waterproof dressings or crepe bandages.</li> <li>- Children to be kept home from school or childcare for 24 hours after oral antibiotic treatment has commenced.</li> </ul> <p>4.2. <u>Scabies</u></p> <ul style="list-style-type: none"> <li>- Refer for (or provide as per local process) topical permethrin treatment.</li> <li>- Children to be isolated, and kept home from school or childcare for 24 hours after treatment is commenced.</li> <li>- Refer all household contacts for treatment regardless of whether they are symptomatic.</li> </ul>	<p>Impetigo requires prompt medical treatment by GP/ medical practitioner, nurse practitioner or Registered Nurse at Remote Area Nursing Posts authorised as per <a href="#">Structured Administration and Supply Arrangement</a> (SASA)</p> <p>Scabies requires prompt treatment. Everyone who has a clinical diagnosis of scabies requires re-treatment 7 days after the first application of topical permethrin.</p> <p>Bed linen, towels and clothing used in previous 5 days to be washed in hot water.</p>

<ul style="list-style-type: none"> <li>- Organise follow-up check within 48 hours to monitor compliance and need for support.</li> </ul> <p>4.3. <u>Tinea or ringworm</u></p> <ul style="list-style-type: none"> <li>- Refer for anti-fungal treatment</li> <li>- Children to be isolated, and kept home from school or childcare for 24 hours after anti-fungal treatment is commenced.</li> </ul> <p>4.4. <u>Crusted scabies</u></p> <ul style="list-style-type: none"> <li>- Refer for urgent medical treatment.</li> <li>- Advocate with doctor to notify public health manager, childcare and/or school.</li> </ul> <p>4.5. Set recalls</p> <ul style="list-style-type: none"> <li>- Follow-up as per needs of child and family/</li> </ul>	<p>Tinea requires bedlinen, towels and clothing to be washed in hot water</p> <p>Cats and dogs should be examined and treated for ringworm, as necessary.</p> <p>Crusted scabies is highly infectious and very harmful.</p> <p>Individuals with crusted scabies may act as core transmitters for further scabies outbreaks in affected communities.</p> <p>Effective public health management of individuals with crusted scabies is essential to the community-wide control of scabies.<sup>1</sup></p> <p>Maintaining a scabies-free environment to prevent re-infection is a high priority.</p>
--	--

**Useful Resources**

Resource for family and community to learn about skin infections, treatment and keeping skin healthy. [Keeping Skin Healthy: A Handbook for Community Care Workers in the Pilbara](#)

Menzies School of Health Research resource for family and community to learn about skin infections, treatment and keeping skin healthy. [Healthy Skin Story](#)

[One Disease](#) – an organisation that aims to help eliminate crusted scabies. The website includes resources publications, events and grants programs.

WA Department of Health [Head lice factsheet](#)

Information about dry skin, symptoms, prevention and treatment: [Raising Children Network – Dry Skin](#)

Australasian Society of Clinical Immunology and Allergy, [Eczema Fact Sheet](#).

### 3. Definitions

<b>Impetigo</b>	A highly contagious skin infection caused by <i>Staphylococcus aureus</i> or <i>Streptococcus pyogenes</i> bacteria. It is also known as school sores or skin sores. It starts as a blister that fills with pus, then develops a thick crust overlying it. As skin sores heal, the crust thins and eventually falls off leaving a flat, dry lesion as evidence of the recent infection
<b>Abscess</b>	A highly contagious skin infection caused by <i>Staphylococcus aureus</i> bacteria. It starts as a small, pimple like lesion often associated with a hair follicle. It is red, swollen, painful and shiny. Abscesses are also known as boils, furuncles and carbuncles.
<b>Cellulitis</b>	Cellulitis is a rapidly spreading skin infection caused by <i>Staphylococcus aureus</i> or <i>Streptococcus pyogenes</i> . It is red, painful and spreads quickly from the point of entry towards the centre of the body.
<b>Scabies</b>	Skin infection caused by microscopic mites which burrow into the skin. The mites cause red bumps, burrows or blisters which are very itchy. These often become secondarily infected from scratching and may appear similar to impetigo. Scabies infestations are commonly found between the webspaces of the fingers and toes, around the joints and on male genitalia in adults.
<b>Crusted Scabies</b>	A severe and serious form of scabies, usually associated with concurrent chronic disease and immunosuppression. Crusted scabies has a thick crust, scaling appearance and is usually not itchy.
<b>Tinea / Ringworm</b>	Fungal infection which may affect almost any area of the skin. It includes; Tinea Capitis (scalp infection), kerion (fungal abscess of the scalp) and Tinea Corporis (infection on the body or ringworm). Tinea can also affect the fingernails and toenails.
<b>Group A streptococcus, GAS, Strep A</b>	Group A Streptococcus (GAS) is also known as Strep A or <i>Streptococcus pyogenes</i> , is the bacteria which causes impetigo and is linked to morbidity and mortality, e.g. acute rheumatic fever, rheumatic heart disease, sepsis, cellulitis, bone/joint infections and kidney disease
<b><i>Staphylococcus aureus</i>. Golden Staph, MRSA</b>	<i>Staphylococcus aureus</i> is the other bacteria which can be found in impetigo. It is linked to morbidity and mortality e.g. abscess, cellulitis, sepsis and bone/joint infections

## 4. Roles and Responsibilities

Population Health staff conducting health assessments for children aged 0-8 years; Enhanced Child Health Schedule (ECHS), Children in Care checks, child and school health assessments or other opportunistic health checks on children are required to;

- Complete training requirements as directed by Line Manager.
- Identify children at risk of poor skin health.
- Conduct healthy skin assessments for children at risk of poor skin health, as per scope of practice.
- Refer and/or manage skin conditions and infections as described.

**All Staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

## 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Records Management

All WACHS child and school health activity is recorded in the Community Health Information System (CHIS). Note clinical items for skin health assessment.

## 7. Evaluation

Monitoring of compliance with this document is to be carried out in partnership by the Director Population Health and Central Office Population Health, annually using:

- CHIS reports and audits of skin health assessment, referrals and outcomes.
- Completion of NHSG quiz by WACHS staff

## 8. Standards

[National Safety and Quality Health Service Standards](#) 2.1 & 5.3

## 9. Legislation

[Public Health Act 2016](#)

[Health \(Miscellaneous Provisions\) Act 1911](#) – Part XIII - Section 335

## 10. References

1. The Australian Healthy Skin Consortium. [\*National Healthy Skin Guideline for the Prevention, Treatment and Public Health Control of Impetigo, Scabies, Crusted Scabies and Tinea for Indigenous Populations and Communities in Australia\*](#) (1st edition). 2018.
2. Telethon Kids Institute. Skin Infections <https://www.telethonkids.org.au/our-research/research-topics/skin-infections/> [Accessed August, 2019]
3. May PJ, Tong SY, Steer AC, Currie BJ, Andrews RM, Carapetis JR and Bowen AC. Treatment, prevention and public health management of impetigo, scabies, crusted scabies and fungal skin infections in endemic populations: A systematic review. *Tropical Medicine and International Health*, 2019;24(3):280-93
4. Kimberley Aboriginal Health Planning Forum. [\*Clinical Protocols and Guidelines - Skin Infections\*](#). Broome, 2018
5. Government of Western Australia, Department of Health, 2017. *Communicable disease guidelines, for teachers, children care workers, local government authorities and medical practitioners*. Department of Health, Perth, WA

## 11. Related Forms

WACHS Community Health Services E-Referral form (CHIS)

## 12. Related Policy Documents

[CAHS Child Health Services policy](#)

[CAHS Wound Swab Collection procedure](#)

[CHIS Data Entry Standards, Clinical Item Guides and Document Naming Conventions](#)

[WACHS Enhanced Child Health Schedule Guideline](#)

[WACHS Enhanced Child Health Schedule Practice Guide](#)

[WACHS WebPAS Child at Risk Alert Procedure](#)

## 13. Related WA Health System Policies

OD0606/15 [Guidelines for Protecting Children 2015](#)

## 14. Policy Framework

[Clinical Services Planning and Programs](#)

[Public Health](#)

## 15. Appendix

Appendix 1: [Skin Health Assessment for Children 0-5 years Care Pathway](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

<b>Contact:</b>	Senior Project Officer Population Health (S. McBride)		
<b>Directorate:</b>	Population Health	<b>EDRMS Record #</b>	ED-CO-20-31346
<b>Version:</b>	1.00	<b>Date Published:</b>	22 April 2020

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.



Appendix 1: Skin Health Assessment for Children 0-5 years  
**Care Pathway**

