

Diarrhoea, Vomiting, Gastroenteritis and Foodborne Infections Infection Prevention and Control Policy

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Executive

Lead: Andrea Lewis, Chief Nurse

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Ratified by: Control of Infection Committee

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History

Issue	Date Issued	Brief Summary of Change	Written by/approved by
1	May 2009	New policy	Clinical Governance Committee
2	Feb 2010	Updated in line with the Trust's Policy Writing and Ratification Policy	Caroline Becher, Chief Nurse
3	April 2023	Total rewrite of policy, expanding section on infection prevention and control precautions	Shila Patel, Nurse Consultant Infection Prevention & Control / Control of Infection Committee

For more information on the status of this document, please contact:	
Policy Author	Shila Patel, Nurse Consultant Infection Prevention & Control / Infection Prevention and Control Team
Department/Directorate	Infection Prevention and Control
Date of issue	April 2023
Review due	April 2026 (or sooner if new national guidance becomes available)
Ratified by	Control of Infection Committee
Audience	All clinical staff

Executive summary

Diarrhoea and / or vomiting can occur due to a variety of causes, such as *Clostridioides difficile*, *Norovirus*, or food-borne infections such as *Salmonella*, *Campylobacter* or *Clostridium perfringens*. In the hospital setting, *Clostridioides difficile* and *Norovirus* are the most common infectious cause of diarrhoea, however, it is important to bear in mind there are other infectious causes, as well as non-infectious causes. Therefore, at the onset of symptoms, it is important to carefully assess the patient and where an infectious cause is suspected, infection prevention and control precautions must be implemented at the earliest stage to reduce the risk of cross-infection to others.

Much of the detail in this policy relates to *Norovirus* (section1). For other types of gastroenteritis (including food borne infections) staff should refer to the Quick Reference Guide for Common Gastrointestinal Infections in section 2 of this policy, and the Trust Major Outbreak Plan.

Where *Clostridioides difficile* is suspected / confirmed staff should refer to the Trust policy for *Clostridioides difficile*.

This policy sets the Trust standards for infection prevention and control when caring for patients with suspected or confirmed infectious diarrhoea and/or vomiting (other than *Clostridioides difficile*).

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To be read in conjunction with:

- Standard infection prevention and control precautions policy / National IPC Manual

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1. Introduction and Background

- 1.1 Diarrhoea and / or vomiting can occur due to a variety of causes, such as *Clostridioides difficile*, *Norovirus*, or food-borne infections, such as *Salmonella*, *Campylobacter* and *Clostridium perfringens*. In the hospital setting, *Clostridioides difficile* and *Norovirus* are the most common infectious cause of diarrhoea, however, it is important to bear in mind there are other infectious causes, as well as non-infectious causes. Therefore, at the onset of symptoms, it is important to carefully assess the patient and where an infectious cause is suspected, infection prevention and control precautions must be implemented at the earliest stage to reduce the risk of cross-infection to others.
- 1.2 Much of the detail in this policy relates to *Norovirus* (section1). For other types of gastroenteritis (including food borne infections) refer to the Quick Reference Guide for Common Gastrointestinal Infections in section 2 of this policy, and the Trust Major Outbreak Plan.
- 1.3 Where *Clostridioides difficile* is suspected / confirmed refer to the Trust policy for *Clostridioides difficile*.
- 1.1 This policy sets the Trust standards for infection prevention and control when caring for patients with suspected or confirmed infectious diarrhoea and/or vomiting (other than *Clostridioides difficile*).

2. Scope

- 2.1 This policy applies to all Trust staff, particularly staff working in patient wards and departments, including Trust employees, temporary staff (agency, bank, locums, students, and contractors), as well as visitors and carers.

3. Purpose

- 3.1 The purpose of this policy is to set the Trust standards for infection prevention and control when caring for patients with suspected or confirmed infectious diarrhoea (other than *Clostridioides difficile*), in order to minimise the risk of cross-infection from one patient to another and to minimise the risk of outbreaks of diarrhoea.

4. Duties and responsibilities

4.1 Chief Executive

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- Has overall responsibility for infection prevention and control across the Trust. This includes implementation of this policy
- Has responsibility for ensuring that appropriate actions are taken to protect patients, staff and others who may be at risk of acquiring healthcare-associated infections
- Has responsibility for ensuring adequate resources are available for infection prevention and control
- Is legally responsible for identifying, assessing, and controlling the risk of infection in the workplace but may delegate operational responsibilities.

4.2 **Director for Infection Prevention and Control (DIPC)**

- Is accountable for the implementation of the Health and Social Care Act (2008), which includes overseeing implementation of Trust infection prevention and control policies and guidelines, including this policy
- Has responsibility for reporting directly to the Board about all matters relating to infection prevention and control.

4.3 **Chief Nurse / Deputy Chief Nurse**

- Has responsibility for the implementation of this policy within Nursing and Midwifery
- Has responsibility for ensuring high standards of patient care are maintained, including adherence to infection prevention and control, as detailed within this policy
- Has responsibility for ensuring wards / departments are adequately staffed (nursing), to implement infection prevention and control to a high standard.

4.4 **Divisional Chief Nurses / Divisional Directors**

- Has responsibility for ensuring adequate dissemination and implementation of this policy within each Division
- Has responsibility for ensuring all staff are aware of their respective roles and responsibilities in relation to infection prevention and control, including this policy
- Are accountable for ensuring that appropriate/agreed actions are carried out where areas of concern or deficiencies are identified
- Has responsibility for monitoring compliance with this policy within each Division and for reporting compliance and remedial actions taken to the Trust Control of Infection Committee, as appropriate.

4.5 **Matrons / Ward Managers / Department Managers**

- Are responsible for implementing and monitoring compliance with this policy in their wards / departments
- Are responsible for challenging poor compliance / practice as necessary
- Are responsible for supporting staff in following this policy by releasing staff to attend infection prevention and control training.

4.6 **Associate Director IPC / Nurse Consultant IPC / Lead Doctor IPC / IPC Team**

- Are responsible for setting the Trust standards for infection prevention and control in line with national guidance, current best practice, and any changes in legislation

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- Are responsible for ongoing surveillance of healthcare associated infections, for early identification and control of clusters / outbreaks, in line with national guidance, and advising the Trust as appropriate to prevent further spread
- Are responsible for monitoring patients with known cross-infection risks, to advise on the use of appropriate infection prevention and control precautions and to support staff where needed, challenging non-compliance with this policy / poor practice as necessary
- Advice on / reinforce the standards detailed within this policy
- Provide training about standard infection prevention and control precautions and use of isolation precautions.

4.7 **Control of Infection Committee (COIC)**

- Has responsibility for monitoring and reviewing all issues relevant to infection prevention and control within the Trust, including hand hygiene compliance, training attendance and adherence to infection prevention and control policies, including this policy.

4.8 **Clinical Practice Educators / Training Department**

- Are responsible for adhering to the standards detailed within this policy when providing education and training (and must not educate/train to other standards).

4.9 **Laboratories**

- Are responsible for processing microbiology and virology samples and to provide quality results, ensuring accuracy and in a timely manner, to aid appropriate patient care.

4.10 **Housekeeping Manager / Team**

- Are responsible for high standards of environmental cleaning in all areas of the Trust, in line with the national standards of cleanliness for the NHS
- Are responsible for ensuring adequate resources (staff and cleaning equipment) are available to facilitate thorough cleaning of the environment.

4.11 **All Staff Working in Wards / Departments**

- Are responsible for familiarising themselves with the standards detailed within this policy and for adhering to these standards
- Are accountable for their own practice, particularly for any deviation from the standards detailed within this policy
- Where the standards cannot be implemented for a good reason, staff are responsible for escalating this to the manager-in-charge.

5. **Policy**

Section 1 – Viral gastroenteritis due to *Norovirus*

5.1 **Assessing for diarrhoea**








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On admission, assess all patients' normal bowel motions to establish their baseline. This makes it easier to assess diarrhoea, as and when it occurs, and helps to establish whether the diarrhoea is likely to be infectious.

Throughout patients' hospital admission, record their bowel motions at least daily, using the categorisation types provided in the Bristol Stool Chart. If the patient does not open their bowels, it is equally important to record this.

The Bristol Stool Chart provides objective categorisation of bowel motions using types 1-7, see chart below. It is NOT acceptable to use subjective terms, such as loose or runny, as each person's interpretation of such adjectives varies from one person to another and makes assessing for infectious diarrhoea very difficult.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

5.2 What is viral gastroenteritis?

Viral gastro-enteritis, e.g. *Norovirus*, is characterised by acute onset vomiting and/or diarrhoea. Vomiting induces aerosol virus particles which may spread directly to other susceptible individuals or indirectly via the environment. It can survive for several days in the environment. Therefore, *Norovirus* has high infectivity. It commonly affects children in schools, residents in nursing/residential homes, people on cruise liners and other places where people are gathered together, including hospitals. *Norovirus* seen in the hospital setting is usually a reflection of *Norovirus* circulating in the community.

5.3 Incubation period

The incubation period is 24 to 48 hours.

5.4 Signs & Symptoms

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- Diarrhoea
- Abdominal pain
- Vomiting (often projectile)
- Occasionally fever
- Headache and myalgia

5.5 Mode of Transmission

- Faecal – oral route
- Direct or indirect contact with faeces
- Aerosol spread.

Patients are most infectious whilst vomiting or having active diarrhoea and remain infectious for up to 48 hours after symptoms have ceased.

5.6 Infection Prevention and Control

Transmission based contact precautions

Any patient with symptoms of diarrhoea and/or vomiting that could be due to an infective cause should be isolated in a single room with access to ensuite or their own allocated toilet facilities/commode as soon as possible.

If there are 2 or more patients at the same time in the same ward/department/unit with unexpected symptoms of diarrhoea/vomiting that may be infectious, then an outbreak should be suspected, and further advice sought.

5.6.1 Initial Management

- Collect faecal samples Bristol Stool Chart type 5, 6 or 7 (they can be collected even if contaminated with urine). The collection pot should be filled half way (5 mls).
- Isolate the patient(s) as detailed below, **DO NOT** wait for specimen results, **ACT** on the symptoms
- If an outbreak is suspected, the nurse-in-charge must inform other relevant staff:
 - Infection control team (or the on-call Consultant Microbiologist out of hours)
 - Site management team
 - Matron / Senior nurse
 - Relevant patient doctors.

5.6.2 Ongoing Management

5.6.2a Isolation

Individual cases

- Isolate the patient in a single room, ideally with ensuite facilities, from onset of potentially infectious diarrhoea (do NOT wait for stool sample results to institute isolation precautions as this increases the risk of cross-infection to others)

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- Keep door to single room closed, as much possible
- If a single room is not available on the originating ward, liaise with the IPC Team / Site Management Team, for further advice. In the interim, isolate the patient in their bedspace in the multi-bed area
- Prominently display a source isolation / contact precautions sign (on door to single room, or on the wall above the bedspace)
- Source isolation can be discontinued when the patient has been asymptomatic for 48-72 hours. A negative stool sample is NOT required before de-isolating the patient, as infectivity to others is determined by the presence or absence of symptoms.

Two or more cases

- Where 2 or more cases occur in the same bay or different bays on the same ward, isolate patients in line with Summary Options for Norovirus Patient Management Chart (refer to page 13) and contact the Infection Control Team during office hours or Matron / Site Manager out of hours who will fully assess the situation and provide advice about whether to close the bay to new admissions. Seek advice from the on-call microbiologist as necessary
- IPC team to notify ICB of the outbreak via SHOC and SHIPC generic email inboxes.
- Prominently display a source isolation / contact precautions sign on the door(s) to affected bay(s) or door to ward if the whole ward is affected
- Do not use the ward as a general thoroughfare.

5.6.2b Communication

- Inform the patient about why they are being moved to a single room, i.e. the potential risk of infectious diarrhoea and/or vomiting to others
- If stool sampling confirms an infectious cause, it is the responsibility of the clinicians caring for the patient, to inform the patient about the diagnosis
- If the patient lacks capacity, inform their next-of-kin
- Ensure the patient's symptoms are included in handover from one shift to another, so staff caring for the patient(s) are aware & use the correct precautions
- If the patient requires transfer to another healthcare facility (because it is clinically essential), inform the receiving area in advance about the patient's symptoms, so the patient can be isolated on transfer
- If the patient needs to attend another department, e.g. radiology, for urgent investigation/procedure, the receiving department should be informed in advance so the patient can be scheduled at the end of the list & correct precautions used
- Visitors to the ward should be informed there is D&V on the ward (taking care not to breach the confidentiality of individual patients), along with the IPC precautions they should take

5.6.2c Hand hygiene

Staff

- Clean hands thoroughly in line with the WHO 5 Moments for Hand Hygiene
- Wash hands thoroughly with soap and water after attending the patient / before leaving the single room/isolation area (alcohol hand sanitiser is not effective against *Norovirus* and must not be used in this scenario).

Patients

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- Encourage / assist patients to clean their hands before all meals and after toileting to reduce the risk of patients ingesting *Norovirus*/other organisms causing infectious diarrhoea.

5.6.2d **Personal protective equipment**

- Assess the task to be performed to determine whether personal protective equipment (PPE) is required
- Where contact with blood/body fluids, non-intact skin or mucous membranes is anticipated, put on gloves/apron (and eye/face protection for splashing to eyes/face), as appropriate
- For tasks involving minimal contact with the patient/their environment, e.g. delivering meal tray or giving medication, PPE is not required. Hand hygiene should nevertheless be carried out before and after the task
- Discard used PPE as “known infectious” clinical waste
- Wash hands thoroughly with soap and water after PPE removal
- Visitors are not required to routinely wear PPE but should be worn if providing direct personal care.

5.6.2e **Management of Equipment**

- Provide the patient with dedicated and labelled equipment
- If the single room does not have ensuite facilities, or the patient cannot mobilise to the ensuite bathroom, or the patient is isolated in a bedspace in a multi-bed bay, provide a dedicated and labelled commode (label with the patient’s first/last names)
- Clean all commodes with Chlorox wipes
- Where possible provide single-use or single-patient use equipment, e.g. single-patient use BP cuffs, slide sheet and hoist slings. Label all single-patient use equipment with the patient’s first and last names, to prevent inadvertent reuse on another patient(s)
- For multi-patient use equipment, decontaminate thoroughly in line with the manufacturer’s instructions, prior to reuse for another patient
- Limit the amount of equipment left in the single room/affected bays to essential items only, to reduce the potential for cross-contamination.

5.6.2f **Management of Linen**

- Treat all used linen from the affected patient(s) as being infectious
- Take used linen skip/bag to the patient’s single room/bedspace. Do not walk with used linen from one area to another; this increases the risk of cross-contamination
- Place used linen into a red soluble bag and then into an outer white/clear transport bag
- Do not overfill bags, tie securely when $\frac{3}{4}$ full.

5.6.2g **Management of Waste**

- Treat all waste from the affected patient(s) as being infectious. Discard as clinical waste, into orange waste bags
- Do not overfill bags, tie bags securely when $\frac{3}{4}$ full and tag to identify place of origin.

5.6.2h **Routine environmental cleaning**

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- Routinely clean the patient's single room or bedspace (if isolated in a multi-bed bay) using a chlorine-based disinfectant or other disinfectant approved by the IPC Team, focusing on cleaning all horizontal surfaces, at least daily and ideally twice daily.

5.6.2i **Terminal cleaning**

- Terminally clean the single room/bedspace using a chlorine-based disinfectant or other suitable alternative approved by the IPC Team and change bedside curtains
- Housekeeping staff are responsible for carrying out terminal cleaning of environmental surfaces and changing bedside curtains
- Nursing staff are responsible for terminally cleaning the patient's bed mattress and any multi-patient use equipment, using Chlorox wipes (for multi-patient use equipment check equipment manufacturer's instructions to ensure compatibility).

5.6.2j **Patient visits to other departments**

- Where possible undertake investigations/procedures in the patient's single room
- Where this is not possible, ideally delay investigations/procedures in other departments until the patient has stopped having diarrhoea/vomiting or infection has been ruled out
- Where this is not possible and the patient clinically needs to have an investigation/procedure urgently in another department, e.g. radiology, inform the receiving department about the patient's symptoms in advance so the patient can be scheduled at the end of the list (where possible), to allow adequate time for environmental cleaning to take place after the patient has vacated the room
- Decontaminate all surfaces the patient has had direct or indirect contact with, e.g. procedure couch/table, using Chlorox wipes (check equipment manufacturer's instructions for compatibility).

5.6.2k **Care of the deceased patient**

- In the event of death, use the same infection control precautions as used when the patient was alive
- A body bag is not routinely needed, however, if there is uncontrolled leakage of body fluids, then a body bag should be used

5.6.2l **Staff issues**

- In the event of partial ward / bay closure, nursing staff should be segregated so there are separate staff caring for affected and non-affected patients
- Staff with diarrhoea and/or vomiting should remain away from work until symptom free for 48 hours, from when the last symptoms were experienced
- Staff working in food preparation areas should seek advice from their GP / Occupational Health prior to returning to work
- Staff must not eat / drink in patient areas.

5.6.2m **Possible/confirmed outbreak management**

- The IPC Team will assess the situation to help determine whether an outbreak is occurring; defined as 2 or more cases related in time and space (where symptoms of D and/or V are not due to other known causes). They will advise the Trust, including the Site Management Team and ward staff, whether it is necessary to close beds/bays/the whole ward to new admissions
- The afore mentioned IPC precautions must be implemented rigorously

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		Yes/No/ Unsure/ NA	<u>Comments</u>
			updated policy
	Does the plan include the necessary training/support to ensure compliance?	Yes	Via Trust induction and Mandatory IPC update training
7.	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
8.	Review Date		
	Is the review date identified and is this acceptable?	Yes	
9.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	The IPC Team
10.	Equality Impact Assessment (EIA)		
	Has a suitable EIA been completed?	Yes	

Committee Approval (insert name of Committee)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	Amanda de Jongh Associate Director Infection Prevention and Control	Date	26 April 2023
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			

Appendix 3: Data Collection Form

Patient name & Hospital number	Symptoms at onset	Date of onset	Location on ward	Daily record of symptoms						Specimen collected & results	Comments e.g. laxatives, antibiotics, etc
				Date:	Date:	Date:	Date:	Date:	Date:		