

LTHT Infection Control Policies

Policy No 6

Gastrointestinal Infections

Gastrointestinal infections have many causes ranging from viral and bacterial to infection caused by parasites. They also have a wide variety of presenting symptoms such as diarrhoea (with or without mucous or blood), vomiting, nausea, abdominal pain, pyrexia and headache. One or more of these symptoms may be present, but those most likely to contribute to cross-infection are vomiting and diarrhoea. This is due to the presence of the infectious agent in vomit or faeces, which may lead to significant environmental contamination.

Scope

This policy applies to:

- All patients at LTHT
- All staff and students employed/practicing at LTHT who have direct patient contact.

Aim

- To prevent and control Gastro Intestinal Infections.
- To provide a safe environment for patients visitors and staff.

Key Points

- All patients presenting with symptoms of gastrointestinal infection should be regarded as infectious to others until a microbiological cause has been excluded.
- If an outbreak of infectious intestinal disease is suspected for example more than two patients and/or staff members are affected, the Infection Control Team *must* be informed immediately.
- If access to ensuite facilities (as part of source isolation see LTHT policy) is not possible, use a dedicated commode or toilet.

- Ensure that staff and patients observe hand hygiene guidelines (see LTHT hand hygiene policy).
- Some gastrointestinal infections will need clearance specimens; if unsure please contact infection control or a microbiologist.
However the majority of cases only require a period of 48 hours symptom free requiring no clearance specimen.

1. How is a microbiological cause identified?

- Obtain a stool specimen, even if diarrhoea is not a symptom, in a blue stool specimen pot (fill to approximately 2 cm up the pot). Request M,C & S on a microbiology form
 - *Clostridium difficile* (if suspected) on the same form
 - Request '? viral gastroenteritis' if suspected
 - Contact the laboratory for advice re: other tests e.g. parasites
- **Tip:** complete all forms and labelling of pots **prior** to obtaining the specimen and wash hands thoroughly afterwards. This will help to prevent cross contamination from your hands to the surrounding environment.
- If an infectious agent is identified by the laboratory further precautions may be required and will be advised by the Infection Control Team. If no infectious agent is found these precautions may be discontinued **following** consultation with the Infection Control Team. If a patient remains symptomatic in the absence of an infectious agent a differential diagnosis must be considered and appropriate advice sought.

2. How is cross-infection prevented?

Isolation

- Patients who are admitted to hospital with symptoms of gastrointestinal infection, or who subsequently develop symptoms, require **isolation in a single room**. (see LTHT Source Isolation Policy)
- If en suite toilet facilities are not available, a **dedicated commode or toilet** should be provided and cleaned after each use with a 1,000ppm chlorclean solution, which can be ordered from pharmacy.

- If isolation is not possible, please inform the infection control team so a risk assessment may be performed. However it is likely that you will be asked to ensure the patient is given a **dedicated commode or toilet** and that the patient is placed in the corner of a bay or at the bottom of the ward **away from others**. Also where possible that the patient is placed **next to a hand wash basin** to promote good hand hygiene practice.
- The housekeeping team leader must be informed of any **special cleaning requirements** (for both the isolation area and the area previously occupied by the symptomatic patient).
- The room / bed space must be **thoroughly cleaned daily (please see LTHT source isolation policy and LTHT source isolation cleaning policy)**. This should include all horizontal surfaces, toilet areas, commodes and frequently touched surfaces such as nurse call system telephones door handles/push plates and sink taps.

Aprons, gloves and hand hygiene (see LTHT Hand Hygiene Policy and LTHT Standard precaution policy (universal precautions))

- Hand hygiene is the single most effective means of preventing hospital acquired infection and essential in preventing the spread of gastrointestinal infections. Hands can be decontaminated with both soap and **warm running water on visibly soiled hands** or alcohol hand rub on **visibly clean hands**. Remember to exercise good hand hygiene after handling the patient, the patient's environment and any excreta or waste. Also try to encourage patients relatives and visitors to do the same on entering and before leaving the ward area

N.B when dealing with cases of Clostridium *difficile* hands must be decontaminated using soap and water only. Alcohol gel has been proven to have little effect on clostridium *difficile* spores. (Please refer LTHT Clostridium *difficile* policy)

- To reduce the contamination of uniforms and hands, staff must wear **single use gloves and aprons** when handling blood and body fluids, the patient or the patient's immediate environment.
- Hands **must** be washed following **removal of gloves**. The use of gloves does not reduce the need for **thorough hand washing**. (please refer to **LTHT hand hygiene policy**)
- Encourage and assist patients, if necessary, to wash their hands after using the toilet and before meals.

3. Other considerations?

Symptomatic staff

- Staff who develop symptoms of gastrointestinal infection **must be excluded** from work until they have had a period of 48 hours clear after their **last symptom**
- A **stool sample** must be provided, via Occupational Health or GP. If a sample is sent via a GP, Occupational Health must be contacted and kept informed of results and will advise on return to work.

Patient discharge

- Discharge to nursing or residential homes may be delayed until a patient with known or suspected gastrointestinal infection has been **asymptomatic for 48 hours** with a formed/normal stool. There is no need to delay if the patient is to be discharged to his/her own home.
- On discharge to a nursing or residential home, or transfer to another healthcare facility it is important to **communicate** with the receiving staff, and to contact **other related agencies** e.g. Environmental Health following the discharge of a patient with salmonella infection.
- **Parents** of children discharged following a gastrointestinal infection should be informed not to return their child to **nursery or crèche** until asymptomatic and 48 hours after the first formed/normal stool. (Longer periods of exclusion may be advised by **Environmental Health**, for example in cases such as typhoid)

4. Groups posing a special risk of spreading infection

1. **Food handlers** whose work involves touching unwrapped foods to be consumed raw or without further cooking. (Further guidance can be obtained from the Trust policy for food handlers and catering staff.)
2. **Health care facilities staff** who have direct contact, or contact through serving food, with susceptible patients or persons in whom an intestinal infection would have particularly serious consequences.
3. **Children under 5 year's** old, attending nursery or a similar group.
4. **Older children and adults** who may find it difficult to implement good standards or personal hygiene - for example, **confused elderly** or those with **learning disabilities** or **special needs**.

Please seek infection control advice for those in risk groups 1 and 2. (See above)

For those in risk groups 3 and 4 assume that once they have passed a normal stool and they can practice hand hygiene under supervision they may no longer require exclusion. **Each case must be individually assessed.** If you are unsure please contact the Infection Control team.

References and further reading

Public Health Laboratory Service (1995) Communicable Disease Report Review The prevention of human transmission of gastrointestinal infections, infestations and bacterial intoxications. Oct. Vol.5 No.11

Department of Health (1995) Food handlers' fitness to work; Guidance for food businesses, enforcement officers and healthcare professional

Mims C, Playfair J, Riott I, Wakelin D, Williams R (2000) Medical Microbiology 4th ed chapter 20 Gastrointestinal Infections Mosby International Limited.

Documentation control

Policy title	Gastrointestinal infections
Policy number	6
Version number	3
Supersedes	August 2005
Date approved	31 July 2007
Approving body	ICSG
Review date	August 2009
Supporting procedure(s)	None
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Distribution	Trust wide

Original Policy Date: June 2000

**Revised: August 2005
August 2007**

Review Date: August 2009