

# POLICY FOR THE MANAGEMENT OF GASTROINTESTINAL SYMPTOMS

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## 1 Case Definition

Two or more episodes of diarrhoea or vomiting in a 24 hour period.

## 2 General Advice

Diarrhoea and vomiting are caused by many infective and non-infective agents, a liquid stool/vomit are liable to contaminate hands and the environment causing the spread of organisms. All cases of gastroenteritis should be regarded as generally infectious.

Outbreaks of gastrointestinal infections in hospitals may result in considerable morbidity and even mortality amongst patients and staff. This policy provides information for the reporting and management of gastrointestinal infections so that individual cases will be dealt with appropriately and potential outbreaks recognised promptly.

This policy should be read in conjunction with the following [REDACTED] policies:

- Hand Hygiene
- Isolation Policy
- Standard Infection Control Precautions Policy
- Outbreak Management
- Decontamination

## 3 Statutory Notification

Doctors have a statutory duty to inform the Consultant in Communicable Disease Control (CCDC) of cases of food poisoning /dysentery e.g. Salmonella (proven or suspected)  
See Trust Policy on Notification of Infectious Diseases for details of the reporting procedure

## 4 Definitions

### 4.1 Gastroenteritis

A syndrome characterised by gastrointestinal symptoms including nausea, vomiting, diarrhoea and abdominal discomfort.

### 4.2 Diarrhoea

Abnormal faecal discharge characterised by frequent and/or fluid stool usually resulting from disease of the small intestine and involving increased fluid and electrolyte loss.

## 5 Transmission

Mode of transmission can be

- Person to person via the faecal-oral route
- Aerosol dissemination during vomiting
- Environmental contamination by faeces or vomitus
- Via the hands of healthcare workers
- Via contaminated food

## 6 Management of patients with gastrointestinal symptoms

### 6.1 Isolation

- If a patient is admitted with gastrointestinal symptoms, a history of symptoms within the last 48 hours, or develops symptoms he/she should be isolated until the possibility of an infectious cause is eliminated.
- Patients should be isolated until they are 48-hour symptom free. Isolation may be discontinued once diagnosis is known, on advice of the Infection Control Team.
- If the cause is thought to be viral, the Infection Control Team may advise that isolation is necessary until the patient is 72 hours symptom free.
- Please inform Infection Control as soon as possible if there are any cases of diarrhoea, which is thought to be infectious on the ward, or if there is any suspicion that cases may be linked.

### 6.2 Infection Control Precautions

- Strict Infection Control precautions must be adhered to until the patient is 48-hour symptom free. Staff must ensure gloves and aprons are worn when having any contact with these patients. (See Standard Infection Control Precautions Policy and Isolation Policy)
- Hands must be thoroughly decontaminated following the removal of gloves and aprons and after handling potentially infected material or items contaminated with potentially infected material e.g. commodes, bedpans. (See Hand Hygiene Policy)
- Patients may be cohorted after advice from a member of the Infection Control Team.
- A record of symptoms must be kept for each patient e.g. stool chart (See Appendix 2)
- It is essential that any diarrhoea or vomit is cleaned immediately and the area disinfected to prevent environmental spreading of any organisms present using a chlorine releasing solution at 1000ppm. (See Decontamination Policy)
- During an outbreak situation, the cleaning schedule will need to be increased.

- All equipment including commodes and toilets should be thoroughly decontaminated following use. (See Decontamination Policy)
- Particular attention should be given to cleaning frequently handled objects such as toilets, flush handles, taps and toilet door handles (See Decontamination Policy)
- Isolation rooms should be cleaned daily with detergent and water followed by a chlorine releasing solution at 1000ppm. (See Decontamination Policy)
- In an outbreak situation, a terminal clean and curtain change of the affected area will be required once all patients have reached 72 hours symptom free.

### 6.3 Specimens

- Faecal specimens should be obtained from the patient as soon after symptoms develop as possible. The accompanying request form must include relevant clinical information, details of date of onset of symptoms, recent foreign travel, relevant drug and antibiotic therapy and occupation as appropriate (particularly if involved in the food handling chain).
- If a patient is identified as having *Clostridium difficile* please refer to the *Clostridium difficile* policy.
- If the source of infection is thought to be food borne notify the Infection Control Team as soon as possible. Details including times and places of food and drink consumed over the previous 72 hours should be kept. Further investigation will be carried out by the Infection Control Team or an Environmental Health Officer as appropriate.
- Samples of vomit should not be collected routinely.
- Repeat samples are generally not required. Please see **Appendix 1** and seek advice from the ICT.

## 7 Management of staff with gastrointestinal symptoms

### 7.1 Staff ill whilst at work

Staff who develop gastrointestinal symptoms whilst in work should report to their manager, then inform the Occupational Health Department (Mon –Fri. 9am to 4.30pm) and go off duty immediately. A faecal specimen should be sent to the Microbiology Laboratory as soon as possible, marked for the attention of the OHD.

The accompanying request form must include relevant clinical information, details of date of onset of symptoms, recent foreign travel, relevant drug and antibiotic therapy and occupation as appropriate (particularly if involved in the food handling chain). If out of hours, a specimen container and form should be collected and the OHD informed on the next working day. Staff should then stay off work until symptom free for 48 hours.

### **7.2 Staff ill at home**

Staff unwell whilst off duty or on leave should not return to work until symptom free for 48 hours. On return to work the symptom free staff member should inform their manager. A specimen may still be requested on return to work even if symptoms have abated.

### **7.3 Return to work**

If a microbiological cause of the presumed infection is not established, either because specimens were not sent or because the investigations did not reveal pathogens, staff can return to work provided they are free of symptoms for 48 hours. Special attention should be paid to hand hygiene. Should symptoms recur, the above should be repeated. Please refer to Appendix 1 and seek advice from the ICT if a pathogen is isolated.

Staff will be contacted by an Environmental Health Officer if a notifiable pathogen is identified.

## **8 Exclusions from work**

All cases of gastroenteritis should be regarded as potentially infectious and should normally be excluded from work until the person is free from diarrhoea and vomiting and is 48 hour symptom free.

### **8.1 Groups that pose an increased risk of spreading infection**

1. **Food handlers** whose work involve touching unwrapped food to be consumed raw or without further cooking.
2. **Staff of healthcare facilities** who have direct contact or contact through serving food with susceptible patients or persons in whom an intestine infection would have physically serious consequences.
3. **Children aged less than 5 years** who attend nurseries, nursery schools, playgroups or other similar groups.
4. **Older children and adults** who may find it difficult to implement good standards of personal hygiene e.g. learning disabilities or special needs.

### **8.2 People who do not pose an increased risk**

People not in the risk groups above, present a minimal risk of spreading gastrointestinal illness and may return to work after they have recovered clinically and 48 hours after their stools have returned to normal. Microbiological follow up is unnecessary except after enteric fevers and infections caused by vero-cytotoxin producing E.coli which requires special consideration.

Please see Appendix 1 for guidance on specific organisms/conditions.

## 9 References

Chadwick, P.R., Beards, G., Brown, D., et al (2000) Management of hospital outbreaks of gastroenteritis due to small round structured viruses. Journal of Hospital Infection. 45(1) 1-10.

Centres for Disease Control (CDC) Hospital Infection Control Advisory Committee (1996) Guideline for Isolation Precautions in Hospitals.

PHLS (1995) Communicable Disease Report: The prevention of human transmission of gastrointestinal infections, infestations and bacterial infestations. CDR Review vol 5 (11)

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## 10 Appendices

### 10.1 Appendix 1 - Guidance on isolation/termination of isolation/microbiological clearance and exclusion from work.

**Standard Universal Infection Control Precautions should be taken with every patient who has gastrointestinal symptoms**

Organism/ condition	Infection Control precautions	Termination of isolation	Microbiologica l clearance	Exclusions form work
Campylobacter	Single room required. Contact precautions.	48hrs after first normal stool or on advice from the ICT	None required	Cases in groups 1 to 4 for 48hrs after first normal stool
<i>Clostridium difficile</i>	Single room required. Contact precautions.	48hrs after first normal stool or on advice from the ICT	None required	Cases in groups 1 to 4 for 48hrs after first normal stool
Cryptosporidiosis	Single room required. Contact precautions.	48hrs after first normal stool or on advice from the ICT	None required	Cases in groups 1 to 4 for 48hrs after first normal stool
<i>Escherichia coli</i> – Vero cytotoxin producing (VTEC) e.g <i>E.coli</i> 0157	Single room required. Contact precautions.	Following microbiological clearance	2 negative faecal samples at intervals of not less than 48hrs	Cases in groups 1 to 4 & contacts in risk groups 3 and 4 until clearance is obtained. 48hrs after first normal stool for cases not in risk groups.

Giardia lamblia	Single room required. Contact precautions.	48hrs after first normal stool or on advice from the ICT	None required	Cases in groups 1 to 4 for 48hrs after first normal stool
Hepatitis A	Single room required Contact precautions.	7 days after the onset of jaundice and/or symptoms	None required	All cases should be excluded for 7 days after onset of jaundice
Salmonella (excluding typhoid and paratyphoid)	Single room required. Contact precautions.	48hrs after first normal stool or on advice from the ICT	None required	Cases in groups 1 to 4 for 48hrs after first normal stool
Shigellosis	Single room required. Contact precautions.	48hrs after first normal stool or on advice from the ICT. Clearance needed for S. dysenteriae only	None required except with S. dysenteriae when 2 negative specimens are needed at no less than 48hr intervals	Cases in risk group 1 for 48hrs after first normal stool. Cases in risk groups 2,3 & 4 should be excluded until free from diarrhoea and passing formed stools.
Typhoid and paratyphoid (enteric fever)	Single room required. Contact precautions.	Seek advice from the Infection Control Team	Seek advice from the Infection Control Team	Seek advice from the Infection Control Team
Viral gastroenteritis e.g. rota virus, small round structured virus (SRSV, Norwalk)	Single room required.  Contact precautions.	72 hrs after the first normal stool	None required	Cases in groups 1 to 4 for 48hrs after first normal stool

Please contact Infection Control for advice on less commonly occurring organisms/conditions not listed above.

