
POLICY FOR MANAGEMENT OF DIARRHOEA AND VOMITING

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Purpose of Agreement	To provide Solent NHS Trust staff with clear infection prevention and control guidance on the management of one or more patient's experiencing diarrhoea & vomiting.
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
Version 5	October 2022		<ul style="list-style-type: none"> • Version number & dates updated • Changes made to the Summary of Policy to clarify content • 1.1 Reasons for D&V added to • 1.2 Clarification on symptoms • 1.3 Clarification added on when to consider alternative to D&V • 1.4 List of people who could be affected added to • 2.3 Name change from Clostridium to Clostridioides <ul style="list-style-type: none"> ○ 'Service users' added • 2.4 'patients' added • 2.5 Clarification on diarrhoea • 2.7 Environmental contamination paragraph re-written • 2.11 'patients' and 'or staff' added to clarify • 2.13 'patient/service user' added • 3.1 Department of Health 2012 added <ul style="list-style-type: none"> ○ 'patient/service users' added • 3.3.2 'service user' added • 3.3.5 Updated name changed to 'Clostridioides' <ul style="list-style-type: none"> ○ Clarification added on when a stool sample should be sent and the temperature it needs to be stored at ○ Clarification added on when to test for other viruses • 3.3.6 Responsibility on who should follow up results further clarified • 3.4.1 Wording added to clarify when isolation of patient can end • 3.4.3 'patients/service users' added. <ul style="list-style-type: none"> ○ Information added on what to do if isolation is not possible • 3.4.4 'patient/service users' added <ul style="list-style-type: none"> ○ Updated name changed to 'Clostridioides' ○ Site manager removed and oncall duty manager added • 3.4.5 'Staff should consult with IPT' added • 3.4.6 'service users' added. <ul style="list-style-type: none"> ○ Clarified using soap and water • 3.4.7 'service users' added • 3.4.8 Additional paragraph added to Isolation for staff working in the community • Appendix B named in full <ul style="list-style-type: none"> ○ Reference made to the Outbreak box that all inpatient areas have ○ Clarification on when to use appendix I and J • 3.5.2 'ward' added • 3.5.3 Addition added for community staff • 3.5.4 Clarification that appendix D must be completed • 3.5.5 Clarification added on medications to be reviewed by the clinical team and an additional made on the risk of dehydration and considerations • 3.5.8 Update made on who to inform 	

		<ul style="list-style-type: none"> • 3.6.1 Additions of ‘patients/service users’ and ‘ward’ • 3.6.2 Additions of ‘patients/service users’ • 3.6.4 Additions of ‘existing patient/service users’ • 3.6.5 The core office hours of IPT added • Ward closure authority information updated to DIPC • 3.7.2 Clarification made to include community staff and added in that transmission based precautions must be followed • 3.9.1 Use of PPE updated to reflect this should be risk assessed when transferring staff <ul style="list-style-type: none"> ○ Clarification on solution required for cleaning • 3.10.1 Paragraph now bullet pointed • 3.11.1 Small changes made to aid clarification • 3.11.3 Word ‘includes’ added • 3.11.4 PPE General Principles more clearly defined • 3.11.5 Doffing of PPE updated to reflect current IPT practice <ul style="list-style-type: none"> ○ Offensive waste stream clarified by colour and name ○ Reference added to follow manufacturers cleaning instructions ○ Face mask clarified by type and elasticated version removal added • 3.12 ‘Service users’ added <ul style="list-style-type: none"> ○ Colour of waste bags added <ul style="list-style-type: none"> ○ Additional bullet point on black domestic waste bags during an outbreak • 3.12.1 Clarification made to General principles on waste bags and disposal <ul style="list-style-type: none"> ○ Reference added to appendix H in waste policy • 3.12.2 Which PPE to use is clarified <ul style="list-style-type: none"> ○ ‘Cohort bay’ and ‘alginate’ added for clarification ○ Additional bullet point on advice for patients handling soiled linen in the community • 3.13 Cleaning agents clarified • 3.12.2 Small changes made to clarify where to find information and cleaning agents • 3.13.3 ‘Service user’ added <ul style="list-style-type: none"> ○ Waste bag colour added ○ Clarification on when to dispose of mattresses • 3.13.4 Clarification on cleaning agents <ul style="list-style-type: none"> ○ Reference made to new guidance on portable fans and air conditioning units • 3.14.2 Vulnerable visitors updated • 3.15.1 Infection added instead of disease • 3.15.5 Easily added instead of readily • 3.16.1 Updated precautions • 3.16.2 Paragraph rewritten for clarification • 3.18.1 DIPC added instead of Hospital Manager • 5.1 Hand hygiene requirement updated to reflect current practice • 5.2 Updated to reflect new training system • 9 Reference and links to other documents updated • 10 Glossary updated to reflect policy
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		<ul style="list-style-type: none"> • Appendix A changes made to spacing on page 1 <ul style="list-style-type: none"> ○ Page 2 removed and not replaced ○ Page 3 now becomes page 2 • Appendix B Updated font and spacing used to make more user friendly <ul style="list-style-type: none"> ○ Telephone numbers updated ○ Incident form request added • Appendix C updated • Appendix E Updated to latest Waste Disposal Guide • Appendix G removed • Appendix H removed • Appendix I updated • Appendix J Clarification added • Appendix I Clarification on transfer of patients and symptoms / IPT office hours added / IPT email added and who else to call added 		

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2	March 2013	D Wilson	IPCC	Met review date
3	May 2016	D Larkins	IPCG	Rewrite
4	July 2019	N Mounter	IPCG	Triennial Review
5	Oct / Nov 2022	L Harradine	IPCG, Policy Steering Group, Clinical Executive Group	Triennial Review, changes outlined above

SUMMARY OF POLICY

Gastroenteritis (diarrhoea and or vomiting) can be due to a number of different causes, some of which may be due to infectious agents which pose a risk of onward transmission to other patients, service users' staff or visitors.

The goal of effective management of diarrhoea and or vomiting is to prevent onward transmission to other patients, service users, staff or visitors which may impact upon their recovery. An outbreak of diarrhoea and or vomiting has the potential to disrupt service delivery.

All cases of diarrhoea and or vomiting must be treated as potentially infectious until an alternative cause has been identified. It is important to recognise that individuals may experience an infective episode in addition to pre-existing non-infectious conditions.

This policy outlines how cases of diarrhoea and or vomiting must be managed, with a focus on risk assessment based upon the clinical symptoms and patient history.

Furthermore, it details the general infection prevention control measures that include isolation principles, patient management, hand hygiene, the use of personal protective equipment, waste management and cleaning and decontamination of equipment and the environment that must be implemented as part of the strategy to prevent the onward transmission of any potential or actual gastrointestinal infection.

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POLICY FOR MANAGEMENT OF DIARRHOEA AND VOMITING

1. INTRODUCTION & PURPOSE

- 1.1 Gastroenteritis (diarrhoea and or vomiting), can be due to a number of different reasons, including but not limited to overeating, excess alcohol, medications, food poisoning, bacterial or viral infections, toxins and non-communicable diseases.
- 1.2 Symptoms can be varied and can include, but are not limited to, nausea, cramps, headaches, diarrhoea and or vomiting. They can range from quite mild to extremely severe.
- 1.3 All episodes of diarrhoea and or vomiting must be treated as potentially infectious until fully investigated, with evidence to suggest the contrary.
- 1.4 The most common, and most infective cause of gastroenteritis in healthcare settings is Norovirus (Norovirus Working Party 2012). Prompt investigation and effective management is vital in the control of this infection for patients, service users, staff, visitors and the Trust.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers and Patient Safety Partners), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

Definitions

- 2.3 ***Clostridioides difficile* (formerly known as *Clostridium difficile*)**- is an anaerobic, gram positive spore forming Bacillus that can cause gut infection. The spores are resistant to heat, alcohol and acids in the stomach, and can survive in patients, service users, and the surrounding environment for long periods of time. The bacteria can produce two toxins; Toxin A and B. (See Clostridioides Difficile Policy).
- 2.4 **Cohort nursing** – a group of patients or service users nursed together because they are believed to all be experiencing the same infection.
- 2.5 **Diarrhoea** –An alteration of normal bowel movement where there is increased water content, volume, or frequency of stools - 3 or more episodes of loose stools type 5/6/7 (see - Bristol Stool Chart – Appendix A) in a 24-hour period where this is not the patient's normal bowel habit.

- 2.6 **Diarrhoea and or Vomiting** – Diarrhoea and nausea or vomiting present within a 48-hour period of each other.
- 2.7 **Environmental Contamination** – Is the contamination of the care environment with potential pathogens (disease causing micro-organisms). Pathogens may remain viable for many hours, days or weeks in the care environment and thus have the potential to spread infections, usually through contaminated equipment or by healthcare worker’s or patient/service users’ hands. Hence, the environment can serve as a reservoir for nosocomial infections.
- 2.8 **Exclusion Rule** – staff must be excluded from the workplace for 48 hours after their symptoms of diarrhoea and or vomiting have ceased.
- 2.9 **Hand Hygiene** – Effective hand hygiene with liquid soap and water is essential when caring for patients with diarrhoea and or vomiting.
- 2.10 **Isolation room** – A single room; usually with its own clinical hand wash basin and en-suite toilet facilities.
- 2.11 **Outbreak of diarrhoea and or vomiting** – when two or more patients/service users or staff present with symptoms of diarrhoea and or vomiting (not associated with underlying clinical conditions) in the same clinical setting around the same time. Laboratory confirmation is not required to declare an outbreak.
- 2.12 **Serious Incident (SI)** – an episode that requires reporting and investigating in view of Patient Safety and Quality. Any ward closure is automatically classified as a SI.
- 2.13 **Ward/Bay/Department closure** – The restriction of new patient admissions, transfers into or discharges from the affected unit (department, ward or bay within the ward). This may occur when the number of affected patients exceeds isolation facilities or where the patient/service user group makes isolation difficult, i.e. confused patients. Entire ward closures are avoided where possible.

3. PROCESS/REQUIREMENTS

- 3.1 All clinicians must apply the following mnemonic protocol (**SIGHT**) when managing suspected potentially infectious diarrhoea (Public Health England, 2013; Department of Health, 2012).
This overarching principle applies regardless of the setting in which the patient/service users are cared for.

S	Suspect that a case may be infective where there is no clear alternative cause for diarrhoea.
I	Isolate the patient and consult with the infection prevention team (IPT) while determining the cause of the diarrhoea.
G	Gloves and aprons must be used for all contacts with the patient and their environment.
H	Hand washing with soap and water must be carried out before and after each contact with the patient and the patient’s environment.

T	Test the stool for toxin, by sending a specimen immediately
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3.2 TRANSMISSION OF INFECTION

- 3.2.1 Transmission of micro-organisms, capable of causing diarrhoea and or vomiting, can occur by both direct and indirect methods.
- 3.2.2 Diligent application of standard infection precautions alongside additional interventions of isolation and enhanced environmental cleaning are essential to prevent onward transmission.

3.3 LABORATORY TESTING

- 3.3.1 Use of laboratory testing in cases of diarrhoea can be extremely useful. If a causative organism is identified it may be possible to predict the period of infectivity, pattern of spread and likely duration of symptoms.
- 3.3.2 Staff must obtain a stool specimen as soon as practicable when a patient/service user presents with diarrhoea of unknown cause. A stool specimen can be taken if contaminated with urine.
- 3.3.3 Every specimen and request form must contain a minimum of 3 points of patient identification before it will be processed.
- 3.3.4 Clinical details aid the laboratory staff in forming a diagnosis. It is vital to include details of recent antibiotics or if suspecting a viral outbreak.
- 3.3.5 When sending a stool sample for laboratory testing, both *Clostridioides difficile* and a 'full enteric screen' must be requested, and the sample sent as soon as possible and stored between 2-8 °C. Persons who have currently or previously had *Clostridioides difficile* toxin detected must be tested for other viruses with new onset diarrhoea.
- 3.3.6 Responsibility for following up specimen results lay with the staff and, clinical team responsible for the patient's care.
- 3.3.7 If a stool specimen does not identify any infectious organism, but symptoms continue please liaise with Infection Prevention Team (IPT) before discontinuing barrier nursing and isolation precautions.

3.4 ISOLATION

- 3.4.1 Patients with unexpected diarrhoea and or vomiting require prompt isolation, within 2 hours of the onset of symptoms, and until full resolution of symptoms (48 hours clear of symptoms and the patient have passed a normal stool for them), or until advised by IPT. If this cannot be facilitated within a 2 hour period, then it will need to be escalated to IPT and the Clinical Manager.
- 3.4.2 Patients with unexpected diarrhoea and or vomiting must be nursed in isolation with dedicated en-suite bathroom facilities and a clinical hand wash basin.

- 3.4.3 Solent NHS Trust cares for patients/service users for whom isolation is not possible or desirable due to medical or psychological needs. If isolation is not possible, clinical staff must liaise with IPT to consider the risk to the ward/department.
- 3.4.4 Patients/service users who are suspected as being high risk for Clostridioides difficile infection (CDI); had recent broad-spectrum antibiotics, had previous CDI infection, had a recent exposure to CDI, must take priority for a single room. If the ward/department does not have such facilities available, then this must be escalated immediately to IPT or on call duty manager (See Clostridioides Difficile policy).
- 3.4.5 Should the number of symptomatic patients exceed the number of suitable isolation rooms cohorting may be considered. It is important to only cohort patients who are believed to be experiencing the same infection i.e. do not mix a patient identified with food poisoning with another affected by Norovirus. Staff must consult with IPT.
- 3.4.6 Patients/service users in their own homes do not need to be isolated. However, family members may be advised to use other toilet facilities and informed of the importance of hand hygiene using soap and water.
- 3.4.7 Symptomatic patients/service users must not have clinically urgent investigations cancelled., Staff must make a risk assessment and communicate risk to receiving and transporting staff. Patients with diarrhoea and or vomiting must not wait in communal waiting areas.
- 3.4.8 Patients/service users who are symptomatic and receiving care in their own homes must be risk assessed to establish whether any planned home visits are of clinical priority. Essential visits which are of clinical priority may continue to occur, but it will be necessary to consider whether the visit could be at the end of the day to minimise the risk of cross-contamination and to other patients receiving community care who may be immune-compromised. Where there are multiple symptomatic patients who require home care, cohorting could be considered by identifying a limited number of staff who will visit symptomatic patients where possible.

3.5 PATIENT MANAGEMENT

- 3.5.1 Where there are two or more patients with unexplained diarrhoea and or vomiting who are linked in time and place, staff must use the flow sheet in Appendix B (Is it an Outbreak of D&V? A decision tree to help clinical staff) to assess the likelihood of an outbreak. IPT must be informed. Staff must refer to the ward D&V outbreak box. An infection control alert sign must be displayed (Appendix G) and refer to daily check list to ensure infection control measures are in place (Appendix H).
- 3.5.2 The Infection Prevention Ward Recording Document (Appendix C) must be completed by the ward/department as soon as the suspicion arises. This provides valuable information about the pattern of spread and can assist in assessing the causative agent prior to receiving microbiological results.
- 3.5.3 Patients with diarrhoea and or vomiting can deteriorate rapidly. Monitoring of vital signs and general condition must be undertaken as a minimum of 4 hourly using the National Early Warning Score 2 (NEWS 2) charts if an inpatient. In the community, staff must also use NEWS 2 during clinical visits. Escalation to medical staff, GP or Emergency Services must be made either upon NEWS 2 criteria being met or upon clinical judgement.

- 3.5.4 Every patient with active diarrhoea of unknown cause must have an Integrated Care Pathway (Appendix D), completed.
- 3.5.5 Medications must be reviewed by the medical clinical team. This will include review and possible omission of aperients or laxatives, antibiotics or proton pump inhibitors. They will also have to consider the need for any intravenous fluid support or medications due to the risk of dehydration associated with diarrhoea and or vomiting.
- 3.5.6 Most outbreaks will be managed on a day to day basis by the IPT. If deemed necessary, the DIPC will convene an Outbreak Meeting.
- 3.5.7 Large outbreaks or outbreaks involving highly pathogenic organisms will be overseen by a Major Outbreak Committee. This committee will be convened by the DIPC.
- 3.5.8 If the outbreak is as a result of a notifiable disease the microbiology department will liaise with the IPT and inform the local/national UK Health and Security Agency (UKHSA), formerly Public Health England (PHE).
- 3.5.9 Inpatient areas must refer to their 'outbreak box' when an outbreak is suspected.

3.6 WARD CLOSURE

- 3.6.1 Declaration of an outbreak does not automatically mean a ward must close. The IPT will undertake a risk assessment and liaise with the person in charge of the shift, duty managers and microbiology as required. Where the clients can be managed safely and effectively employing enhanced infection prevention practices, and isolating affected patients/service users, it is feasible to continue running the ward/department as normal.
- 3.6.2 Ward closure may be necessary if the numbers of affected patients/service users exceed isolation or cohorting facilities or if the patient/service user group is unable to comply with isolation.
- 3.6.3 A closed ward/department is unable to accept new admissions or inter ward/hospital transfers; neither can it discharge patients to other health or social care premises without consultation with the IPT. Staff transfers (both into and out of the ward) and use of agency/bank staff must be limited and would normally be discouraged.
- 3.6.4 To avoid disruption to patient flow within Solent NHS Trust and our partner organisations, wherever possible, ward closure must be avoided. Nevertheless, the control of spread of infection to new admissions, existing patients/service users or visitors is paramount.
- 3.6.5 Within core office hours (8am – 4pm Mon-Fri), the IPT will visit the ward or department and assess the situation. The associated documentation, (Appendix C), must be ready for inspection by the IPT. Following a risk assessment, a plan, including if it is advisable to close the ward or department, will be made by the IPT.
- 3.6.6 Out of core hours the risk assessment must be undertaken by the duty manager. Should the subsequent IPT assessment conclude the symptoms are not suspicious of an infective cause or can be managed without the entire ward being closed, it may be recommended that the ward is reopened immediately.

3.6.7 The final decision to close a ward/department will be made by the DIPC or nominated Deputy, with input from the IPT.

3.7 PATIENTS/SERVICE USERS IN THE COMMUNITY (e.g. supported living) WITH DIARRHOEA AND OR VOMITING

3.7.1 These patients are under the care of their own General Practitioners who must be advised of the patient's condition if the symptoms are severe.

3.7.2 Staff treating patients/service users in the community, who have diarrhoea, will need to follow Standard Infection Control and Transmission Based Precautions, particularly in regard to hand hygiene.

3.7.3 Patient/service users and carers in these settings must have the importance of Hand Hygiene and all other precautions explained. Patients/service users in the community who are symptomatic must not attend community day care clinics/facilities until 48 hours after their symptoms have resolved.

3.8 PATIENTS/SERVICE USERS COMMUNITY RESPITE FACILITIES

3.8.1 Unless clinically imperative patients/service users who have symptoms of diarrhoea and or vomiting must not be admitted for respite care until 48 hours after symptoms have resolved or known to be not infective.

3.8.2 If patients are admitted to respite facilities with symptoms of diarrhoea and or vomiting then the appropriate isolation precautions must be taken during discharge and transfer.

3.9 PATIENT MOVEMENT, TRANSFERS AND VISITS TO SPECIALIST AREAS

3.9.1 The transfer of patients affected by vomiting and or diarrhoea to other wards/departments must be minimised to reduce the risk of spread, but this must not compromise other aspects of care, such as emergency treatment. Transport of the infected patient must be carefully supervised. Before transfer of a patient staff must ensure that:

- The patient has their hygiene needs met
- The patient has clean clothing
- The patient is transferred to a bed with clean linen. The patient's original bed and bed linen must be left behind on the ward for decontamination
- If the patient has any wounds/lesions they must be covered with an impermeable dressing
- Staff or attendants must wear disposable plastic aprons to protect their clothing whilst in contact with the patient, and ensure aprons are removed when contact with the patient has finished. These must be disposed of as infectious waste
- The use of PPE when transferring patients/service users must be risk assessed by staff.
- The trolley or chair is decontaminated in accordance with local policy after use by the patient and before being used for another patient. All linen must be dealt with in accordance with local policy as infected
- Staff wash their hands thoroughly after dealing with the patient and cleaning the trolley or chair

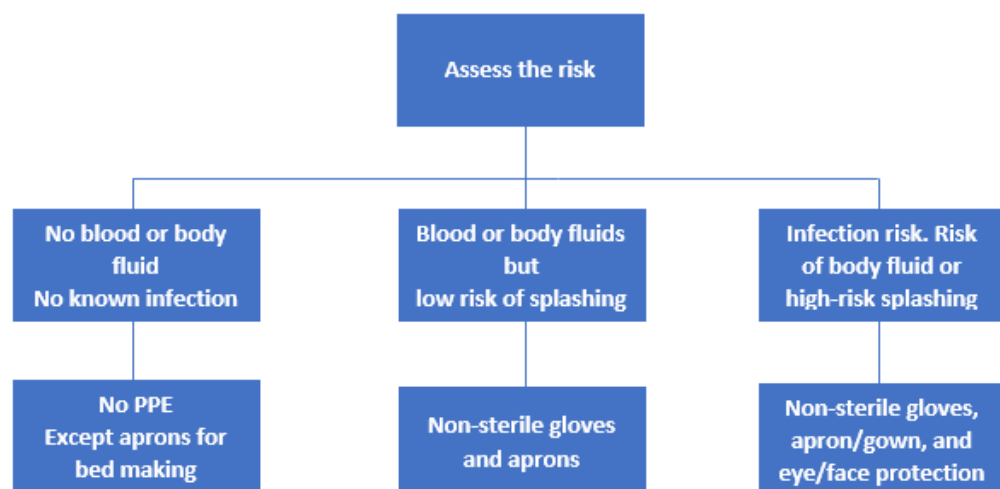
- Patients are, whenever possible, seen at the end of the working session. This must not compromise clinical need
- Patients do not spend time in the communal waiting area but are seen as soon as possible
- Any area visited by the patient is cleaned and decontaminated using a combined detergent and disinfectant solution where the disinfectant provides 1000ppm of available chlorine i.e. Actichlor plus. (See Decontamination Policy)

3.10 HANDHYGIENE

- 3.10.1 As a minimum hands must be washed with liquid soap and water at:
- the start and end of clinical duties,
 - when hands are visibly soiled or potentially contaminated,
 - following removal of gloves,
 - before and after any clinical interaction with patients,
 - before and after assisting patients with meals, and
 - upon leaving an isolation room or cohort area (see Hand Hygiene Policy)
- 3.10.2 Alcohol gel must not be used to decontaminate hands when caring for patients with diarrhoea and or vomiting. In a community setting, if soap and water are not available then individual Clinell hand wipes must be used.
- 3.10.3 Bare Below the Elbow principles must apply at all times when working clinically (see Hand Hygiene Policy).

3.11 PERSONAL PROTECTIVE EQUIPMENT (PPE)

- 3.11.1 Wearing PPE serves to protect the healthcare worker from potential contamination with blood, body fluids or pathogens and also to prevent the onward transmission of potential pathogens onto patients/service users, colleagues, or to their own family members.
- 3.11.2 The use of PPE must be guided by a risk assessment and the extent of anticipated contact with blood, body fluids or pathogens.



- 3.11.3 The minimum PPE that must be available for all clinical staff when dealing with patients with diarrhoea and or vomiting includes:
- Plastic aprons
 - Non sterile gloves (general use)
 - Eye and face protection – fluid/splash repellent standard

3.11.4 **General principles**

Aprons or gowns

- Aprons are effective at reducing contamination to the front of clothing, where most contamination tends to occur
- Aprons are single use items and must be changed between patients
- Aprons must be changed between dirty and clean procedures on the same patient i.e. after toileting, then assisting with a meal
- Long sleeved gowns are appropriate when staff need to cover arms i.e. close contact with scabies

Gloves

- Hand hygiene must be performed prior to putting on gloves
- Gloves are not 100% impervious and hand washing after removal is essential
- Gloves must be worn if there is contact or potential contact with blood, body fluids, secretions, excretions or infection risk
- Gloves must be the last item of PPE put on (Donned)
- Disposable gloves are single use items and must be discarded after each procedure
- Gloves must be changed between dirty and clean procedures on the same patient
- Gloves used in healthcare must conform to current BN standards (BS EN 455); be marked with the CE logo and are neither powdered or polythene
- The practice of double gloving is not necessary and provides no benefit of use

Masks (fluid resistant surgical masks (FRSM type IIR), visors, goggles or protective glasses

- Eye protection (visor, goggles or protective glasses) and/or surgical masks (Fluid resistant Surgical Mask (FRSM)) must be used when mucous membranes are likely to be exposed to body fluids (or splashes of hazardous chemicals)

3.11.5 **Removal of PPE (Doffing PPE)**

PPE must be removed in a specific order to minimise the potential for cross- contamination. This is gloves, followed by hand hygiene, apron/gown, eye protection, followed by hand hygiene and face protection (Mask, if worn), followed by hand hygiene.

Gloves

- Grasp the outside of the opposite gloved hand just below the wrist; peel off holding the removed glove in the gloved hand
- Slide the fingers of the un-gloved hand under the glove at the wrist, peel forward
- Discard both gloves in clinical (orange) or offensive (tiger – yellow and black stripe) waste stream, as appropriate
- Hand hygiene must follow removal of the final item of PPE

Apron/Gowns

- Snap or unfasten the tie at the neck and allow to fall in front
- Snap or unfasten the tie at the waist, folding each side into the middle
- Wrap apron in on itself to contain the 'dirty' side – dispose in clinical (orange) or offensive (tiger - yellow and black stripe) waste stream as appropriate (see Appendix E)

- Hand hygiene must follow removal of the final item of PPE

Goggles, protective glasses or visors

- Handle by side arms or elastic strap, not the front.
- If disposable, discard in appropriate waste stream or if reusable clean with a universal green Clinell wipe, allow the contact time as determined by the manufacturer, air dry. A detergent wipe, can be used in addition to remove any smears from the build-up of the universal green Clinell wipe. Dry with a paper towel. Store individually
- Hand hygiene must follow removal of the final item of PPE

Face mask (FRSM type IIR)

- If a tie version - Break bottom ties followed by top ties
- Pull away from face holding ties
- If an elasticated version, use the elastic ear loops to remove from the face, not the front of the mask
- Dispose of directly into waste
- Hand hygiene must follow removal of the final item of PPE



3.11.6 For further guidance on PPE please see the Standard Precautions Policy

3.12 SAFE HANDLING AND DISPOSAL OF WASTE (See Solent NHS Trust Safe Handling and Disposal of Healthcare Waste Policy)

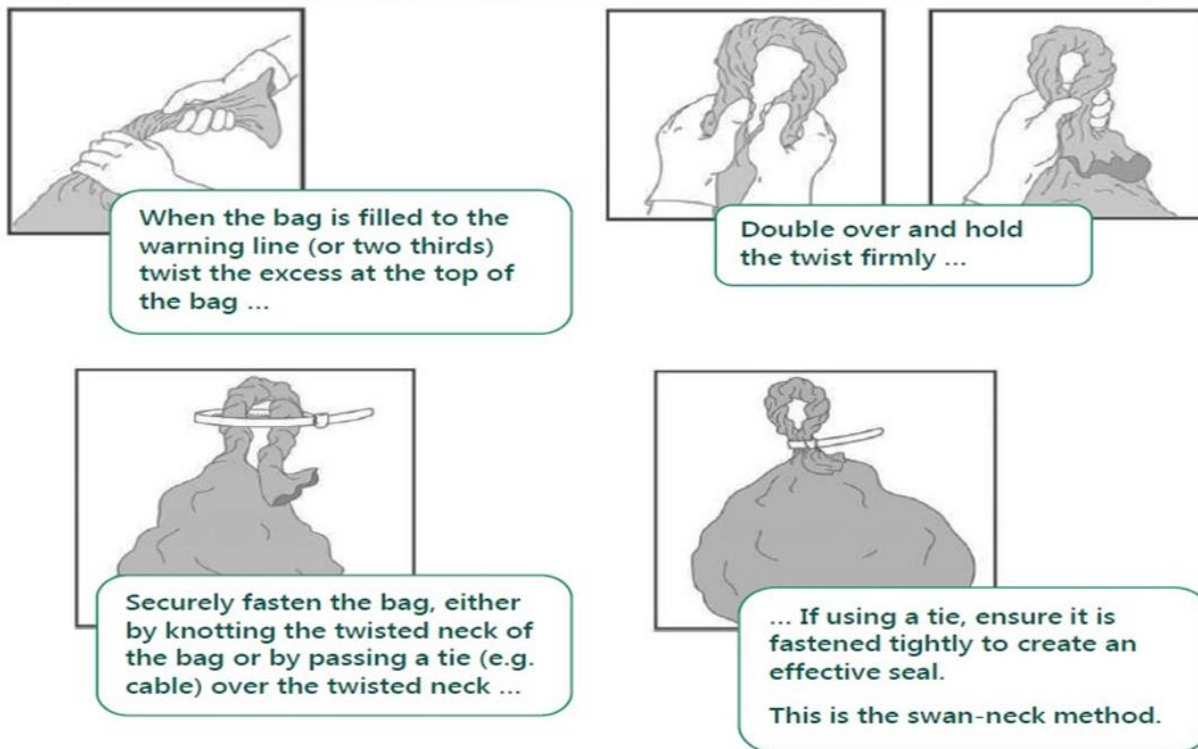
- All staff have a 'duty of care' to ensure that waste must be segregated, handled, transported and disposed of in an appropriate manner to ensure it does not harm staff, patients/service users, the public or the environment. (See Appendix E for inpatient guidance)
- Waste generated from patients/service users experiencing diarrhoea and or vomiting or from a 'closed ward' must be dealt with as infectious waste
- Offensive waste bags must be changed to infectious waste bags (orange) at the start of an outbreak and returned once the outbreak is over and the terminal clean has been completed
- During the outbreak, black domestic waste bags can remain where they will not become contaminated with blood or body fluids/infectious agents

3.12.1 General Principles

- Waste must be disposed of at point of care in nearest appropriate bin. If necessary take a fresh bag to patient's bedside
- Odorous infectious waste must be removed from patient areas immediately

- Waste bags must be changed when $\frac{3}{4}$ full, and at least daily
- Clinical and offensive waste bags must be swan necked when closed as below

Securing bags by the 'swan-neck' method



- Holding waste bags slightly away from the body will reduce risk if accidentally containing a sharp object
- The bag must be clearly labelled/tagged with the generators ID as per local protocol.
- Waste bags must be disposed of in an appropriate container, which must always be locked or within a locked compound/room
- When infectious waste is generated in the community by a member of staff from Solent NHS Trust then it is the responsibility of Trust staff to ensure it is collected by the waste contractor by completing Home patient referral form (Appendix H of Safe Handling and Disposal of Healthcare Waste Policy) or by returning to base in a lidded, wipe clean plastic container

3.12.2 Soiled – Infected Linen

- All linen from isolation rooms or cohort bays must be treated as infected
- Staff must wear PPE (apron & gloves) when handling soiled or infected linen
- Staff must avoid shaking linen as this may result in the dispersal of potentially pathogenic micro-organisms and skin scales
- Bags must be securely tied prior to leaving isolation room/cohort bay to prevent further contamination
- Follow local procedure for handling of infected/soiled linen – using water soluble (alginate) inner bags and designated outer bags
- Bags must be tagged with sender's ID/postcode tape, where used
- Used linen bags must be stored within a designated area which cannot be accessed by the public

- Patients handling soiled linen in the community must be advised to wash their hands with soap and water after handling
- Hand hygiene is essential after removal of PPE

3.13 CLEANING AND DECONTAMINATION

3.13.1 Environment

- In the event of an outbreak, it is vital to keep the environmental burden of infectious agent or pathogen as low as possible
- The area must be de-cluttered to facilitate effective cleaning. Patients must be advised of the rationale so they can support this
- Open food items such as fruit bowls and unwrapped sweets must be removed as these will become easily contaminated
- Environmental cleaning must be enhanced. Frequent touch surfaces such as toilets, door handles, patient call bells, bed sides, telephones and keyboards and high-risk surfaces, such as those in the sluice must be cleaned and decontaminated using a combined detergent and disinfectant, where the disinfectant provides 1000ppm available chlorine, i.e. Actichlor plus. Refer to the Decontamination Policy. Any environmental soiling must be cleaned up promptly (see Decontamination Policy)
- Any cleaning equipment used that cannot be chemically or thermally disinfected must be disposed of as potentially infected waste
- If soft furnishings or carpets are soiled, contact the IPT for further advice

3.13.2 Terminal or Deep Clean

- When an episode of infection is considered to be over, it is essential that any residual environmental contamination is removed. This is achieved by undertaking an extremely thorough clean and disinfection of the room which includes changing all curtains. Failing to do this may result in pathogens remaining within the environment, resulting in possible reinfection of the original patient, or resulting in staff or other patients becoming infected by inadvertent onward transmission
- A deep clean may also be requested during a period of on-going infection, when the environmental load is believed to be high (refer to the Isolation Policy for Inpatient Areas)
- All attempts will be made for the patient to leave the room for the period of deep cleaning however there may be occasions where this cannot happen, and the patient will remain in the room whilst this occurs
- It is acknowledged that providing a thorough deep clean takes time and effort. Clinical staff are requested to alert the domestic teams as soon as possible that a deep clean will be required so that resources can be arranged. If a deep clean cannot occur within a reasonable time frame and affects patient flow or results in prolonged isolation please contact IPT
- A combined detergent and disinfectant, where the disinfectant provides 1000ppm available chlorine, i.e. Actichlor plus, must be used for this

3.13.3 Principles to follow (Not exhaustive)

- Isolation sign must remain on the door until the terminal clean is complete because the room remains a source of potential contamination
- The patient/service user must be moved to fresh bed in an alternative bed space to facilitate effective cleaning
- Curtains must be removed and replaced with clean ones (if fabric) or new disposable ones

- Disposable equipment must be discarded into clinical waste bags (orange) or the correct sharps container
- All clinical equipment, including bed frames and mattresses must be thoroughly cleaned by clinical staff (using Actichlor plus or equivalent) prior to the domestic team entering to complete the terminal clean. The mattress must be checked for any contamination inside the cover – if found this mattress must not be used again and must be disposed of
- All areas of the room must be cleaned using disposable cloths with particular attention paid to touch points and horizontal surfaces e.g. door handles, taps, dispensers, call bells, toilet areas, bed frame, tables, lockers, chairs etc
- All walls must be wiped down where contaminated
- In the event of patients being cohorted due to an outbreak, the domestic team may want to decontaminate the room in a staged process whereby bed spaces are cleaned individually (taking into account that patients may still be within the area)

3.13.4 **Reusable Equipment**

- All reusable equipment that has come into contact with a patient with diarrhoea and or vomiting or with their environment must, (with exception of items used in toileting), be cleaned with a universal green Clinell wipe
- Items used in toileting, such as commodes or bed pans, must be cleaned with Actichlor Plus or equivalent after use
- **Crockery and Cutlery:**
- Patients with a known infection can use standard crockery and cutlery without it posing a risk to others.

3.13.5 **Fans**

- Portable fans in clinical areas have been linked to cross infection (MHRA EFA/2019/001)
- Portable fans must not be used during outbreaks of infection or within isolation rooms. Staff can refer to the guidance for the provision and use of portable fans and air conditioning units available on SolNet.

3.14 **VISITORS**

- 3.14.1 Patients with diarrhoea and or vomiting may receive visitors should they wish.
- 3.14.2 Visitors must be advised of the situation and warned that they may be at risk of illness without breaching the patient's confidence. This must occur prior to them entering the ward in order that they can make an informed decision on whether to visit. Vulnerable, debilitated visitors, young children and the elderly must be discouraged from visiting.
- 3.14.3 Hand washing facilities with soap and water must be available to visitors and they must be encouraged to use these.
- 3.14.4 Visitors must be asked to stay away from clinical areas if they have symptoms of gastroenteritis and to continue to do so until they have been symptom-free for 48 hours. Exceptions can be made in particular circumstances, at the discretion of the ward/department manager or discussed with the IPT.

3.15 **STAFF**

- 3.15.1 Staff may also be inadvertently responsible for the transmission of infection. In the event of an outbreak, restriction on staff movement is recommended.
- 3.15.2 Ideally staff working with symptomatic patients must be restricted to that ward/area until resolved or confirmed as not infective.
- 3.15.3 Visiting staff such as doctors, physiotherapists, pharmacists and social workers, can continue to work on both affected and unaffected wards/areas. However, affected wards/areas must be visited last whenever possible. Under these circumstances, meticulous hand hygiene with soap and water on entering and leaving the ward/ clinical area, and the correct use of personal protective equipment is paramount.
- 3.15.4 During an outbreak, and with good hygiene precautions, there is no reason why staff cannot use communal hospital facilities and public transport. Staff whose uniform becomes soiled must change into a clean uniform (see Uniform and Dress Code Policy).
- 3.15.5 Viruses which cause gastroenteritis are easily transmitted. Excretion of virus in faeces begins a few hours before the onset of symptoms and can continue for up to 7-10 days with maximum shedding occurring 24-72 hours after exposure. In general, staff must stay away from work areas until 48 hours free of diarrhoea and or vomiting and have recovered enough to return to work. Further advice can be sought from the Occupational Health and Wellbeing Service.

3.16 DECEASED PATIENTS

- 3.16.1 Standard and contact infection control precautions must be used when handling deceased patients/service users.
- 3.16.2 Where there is a risk or suspected risk of body fluids from a deceased patient, then staff must consider the use of a body bag to minimise the risk of contamination with bodily fluids.

3.17 DISCHARGE HOME DURING OUTBREAK

- 3.17.1 If an asymptomatic patient from the ward is to be discharged to their own home, a full explanation of the condition must be given to them and/or carers about any symptoms they must be aware of, which may indicate they are incubating the infection and actions they must take. If patients require support from healthcare providers, then the IPT must be consulted prior to discharge arrangements being made. It must also be documented on their GP discharge letter (and community nurse referral) that they have been/potentially exposed to an infection, and details given.

3.18 REOPENING THE WARD/DEPARTMENT

- 3.18.1 On-going review of the need for closure will be undertaken by the IPT and reported to the interested parties. The IPT will recommend the reopening of a ward/department as soon as it is appropriate to the DIPC/Service Manager. Once the decision to reopen has been made by the DIPC/Service Manager, arrangements for terminal cleaning of the area will be delegated to the relevant Service lead and undertaken in advance of the re-opening. Please refer to Isolation Policy for Inpatient Areas.

4. ROLES & RESPONSIBILITIES

- 4.1 The **Chief Executive and Trust Board** have a collective responsibility for infection prevention and control within the Trust.
- 4.2 The **DIPC (Chief Nurse)** is responsible for ensuring that this policy is implemented and adhered to across the organisation.
- 4.3 **Clinical & Operational Directors & Head of Quality and Professions** have the responsibility for the co-ordination of Health and Safety activities within the service lines or care groups and for ensuring that decisions are implemented in accordance with this policy.
- 4.4 **Infection Prevention and Control Group (IPCG)** has a responsibility to ensure that this Policy complies with advice and guidance from the Department of Health and other bodies.
- 4.5 The **IPT** are responsible for developing and updating the policy to ensure it complies with Department of Health, Health and Safety Legislation and other national guidance. The IPT will support the provision of training and education both mandatory and bespoke.
- 4.6 **Service Line Managers and Matrons** are responsible for ensuring that staff are aware of their responsibilities under this Policy. They are also responsible for ensuring that staff have the appropriate resources available for use and education and clinical skills in order to comply with the policy.
- 4.7 **Employees** have a responsibility to abide by this Policy. This Policy is enforceable through Health and Safety Legislation and Solent NHS Trust disciplinary procedures. If employees are aware that the Policy or associated guidance is not being complied with they must first take the issue to their line manager and if the problem is not resolved they must inform the IPT.
- 4.8 **Infection Prevention Link Advisors (IPLA)** are healthcare staff selected by their managers to receive additional training in infection prevention and control. The key role of link staff is to develop best practice within their clinical area. The additional training for the IPLA role is provided by the IPT in the form of a one and half day course.
- 4.9 **Ward/clinical areas** are responsible for:
 - Informing the IPT immediately of any suspected outbreaks/infection control concerns
 - Providing accurate documented and verbal information on service users/patients and staff to the IPT at the earliest opportunity for a full assessment to be undertaken
 - For all cases of a suspected outbreak of gastro-intestinal illness, the IPT will need to be informed of the information listed in Appendix C for each symptomatic patient
 - Providing on-going, accurate documented and verbal information on service users/patients and staff to the IPT. A stool chart (using Bristol scores) for each symptomatic service user/patient must be maintained and a summary of that information collected on a Diarrhoea and Vomiting Outbreak form (Appendix C) on a daily basis

5. TRAINING

- 5.1 Solent NHS Trust recognises the importance of appropriate training for staff. Staff are required to undertake Hand Hygiene Competency 6 monthly. This is recorded on My Learning.
- 5.2 Staff are required to undertake annual IPC Learning Module Level 1 – non-clinical and Level 2 – clinical.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1 This policy aims to improve safety and reduce risk of onward transmission of infections and consequently improve patient/service user care and outcomes and staff safety. As part of Trust Policy an equality impact assessment (Steps 1 & 2 of cycle) was undertaken. The IPT are not aware of any evidence or concern that this Policy may discriminate against a particular population group. (see Appendix F).

7 SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 Measuring compliance/audit of this policy will be difficult due to the anticipated infrequency with which outbreaks (or potential) of infection which involve ward/department closure are likely to happen within the Trust. Consequently, the approach to monitoring will be by retrospective review of outbreak management. The reviews will be led by the IPT.
- 7.2 Bi - Annual Hand Hygiene Observational Audit undertaken by the Link Advisors, results will be collated by IPT and discussed as agenda item at the IPCG.
- 7.3 Continual surveillance of alert organisms and clinically significant microbiological results working with ward areas and Consultant Microbiologist.
- 7.4 In the event of a ward being closed this will be raised as a SI and due process followed.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

Isolation Policy For Inpatient Areas
Hand Hygiene Policy
Clostridioides Difficile Policy
Equality, Diversity and Human Rights Policy
Decontamination Policy
Uniform and Dress Code Policy
Policy for the Safe Handling and Disposal of Healthcare Waste
Incident Reporting, Investigation & Learning Policy

Arasaradnam et al. (2018) Guidelines for the investigation of chronic diarrhoea in adults: British Society of Gastroenterology, 3rd ed. *Gut* 67: 1380-1399. Available from: <https://dx.doi.org/10.1136/gutjnl-2017-315909>.

Damani, N (2019). *Manual of Infection Prevention and Control*. 4th ed. Oxford: Oxford University Press

Department of Health (2008). Clean, safe care. Reducing infections and saving lives. Department of Health: London. (Archived). Available from: https://webarchive.nationalarchives.gov.uk/ukgwa/20091105161919/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081650

Department of Health (2012). Updated guidance on the diagnosis and reporting of *Clostridium Difficile*. Available from: [DH Title \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Hawker, et al. (2019). *Communicable Disease Control and Health Protection Handbook*. 4th Ed. Chichester, West Sussex: Willey Blackwell.

Loveday HP et al (2014) Epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. *The Journal of Hospital Infection*. 8651, s1-s70

Medicines and Healthcare Regulatory Agency September 2018. Single –use medical devices: implications and consequences of reuse. Estates and Facilities Alert. EFA/2019/001 Portable fans in health and social care facilities: risk of cross infection 11.01.19

Norovirus Working Party (2012). Guidelines for the Management of Norovirus Outbreaks in Acute and Community Health and Social Care Settings. Available from: [Guidelines for the management of norovirus outbreaks in acute and community health and social care settings \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

UK Health & Safety Agency (UKHSA, formerly Public Health England, (PHE)) (2013). Updated Guidance on the Management and treatment of *Clostridium difficile* Infection. . Available from: [Updated guidance on the management and treatment of Clostridium difficile infection \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

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Youngson Robert 1992. Collins Dictionary of Medicine. Glasgow: Harpers Collins.

10. GLOSSARY

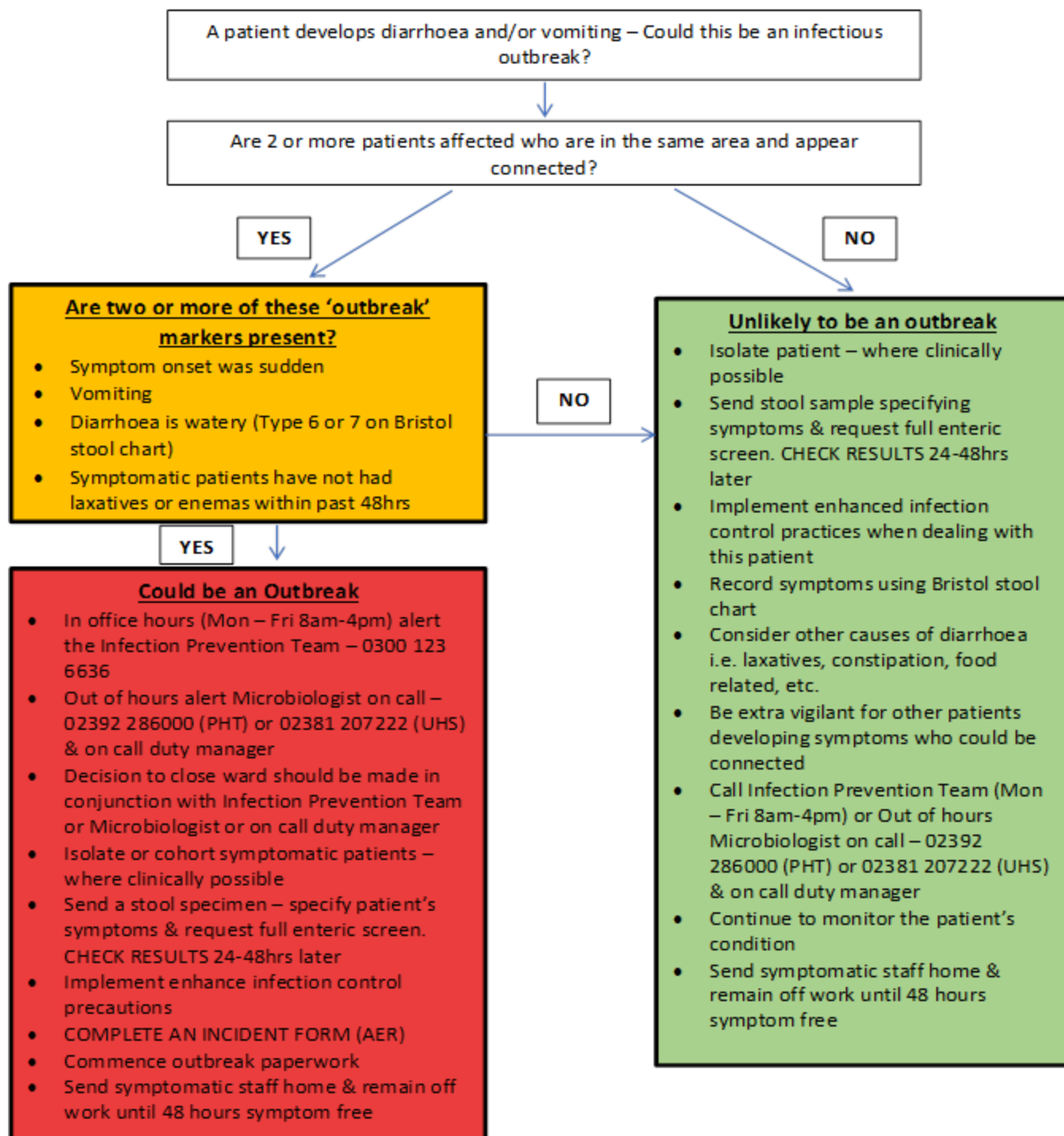
DIPC	Director of Infection Prevention and Control
CDI	<i>Clostridioides difficile</i> infection.
D +/- V	Diarrhoea with or without vomiting
SI	Serious Incident
NEWS 2	National Early Warning Score 2
IPT	Infection Prevention Team
D&V	Diarrhoea and Vomiting
UKHSA	UK Health and Security Agency
PPE	Personal Protective Equipment
FRSM	Fluid Resistant Surgical Mask
IPCG	Infection Prevention and Control Group
IPLA	Infection Prevention Link Advisor

Is it an outbreak of Diarrhoea & Vomiting (D&V)?

A decision tree to help clinical staff

Outbreaks can start abruptly and spread quickly. To minimise their impact on patients and the ward, they must be recognised, reported, and controlled very swiftly.

The flowchart will aid you to make the correct decision.



Infection Prevention **WARD** Recording Document**Patients and Staff Diarrhoea & Vomiting Outbreak**(Please complete and return this form daily to IPC@solent.nhs.uk)

Ward	Date	Date IPT Informed of outbreak

Patients Affected:

Patient Name / NHS Number	Date Symptoms Started	Admission Date & From Where	Admission Bed No.	Isolation Bed No.	Symptoms / Stool Type – Bristol Stool Chart	Sample Date	Result & Date	Comments <i>Consider:</i> Antibiotics, laxatives, NG feed/enteral supplements, PPI's, diverticulitis; Ulcerative Colitis; Crohn's Disease; Liver Disease; Chronic Pancreatitis; Malignancy Senokot; Lactulose; Movicol; Magnesium Hydroxide; Enema Omeprazole/lansoprazole; Ferrous Sulphate

Patient Name / NHS Number	Date Symptoms Started	Admission Date & From Where	Admission Bed No.	Isolation Bed No.	Symptoms / Stool Type – Bristol Stool Chart	Sample Date	Result & Date	Comments Consider: Antibiotics, laxatives, NG feed/enteral supplements, PPI's, diverticulitis; Ulcerative Colitis; Crohn's Disease; Liver Disease; Chronic Pancreatitis; Malignancy Senokot; Lactulose; Movicol; Magnesium Hydroxide; Enema Omeprazole/lansoprazole; Ferrous Sulphate

Staff Affected:

Staff Name	Job Role	Date Symptoms Started	Last Day in Work	Contacts at Work	Symptoms	Date of Return to Work (48 hours post last symptoms)	Community Contact with a D&V case?	Comments



Integrated Care Pathway for the Review of Patients with Unexpected/Unexplained Diarrhoea

It is the medical staff's responsibility to make final clinical decision about most likely cause of diarrhoea

Patient Name: NHS No: Hospital No:
--

<p>Integrated Care Pathway for Review of Patients with Unexpected/Unexplained Diarrhoea</p> <p>Date symptoms of diarrhoea started:/...../.....</p>

The information held in this document is confidential and should not be viewed without receiving consent from the patient or staff member.


This care pathway is intended as a guide to treatment and an aid to documenting patient progress. Practitioners are free to exercise their own professional judgement, however any alteration to the practice identified within this IPC must be noted as a variance on the pathway.

Signature Record – All members of staff using this Integrated Care Pathway (ICP) complete this section. You can then use initials when recording care.

Print Name	Job Title	Signature	Initials













Appendix D

ACTION: Patient with unexpected/unexplained diarrhoea to clinically review symptoms			
Date of onset: Time of onset:	Type of stool: (Circle) 5 6 7	Date & time Nursing review: By whom (PRINT): Date & time medical review took place: By whom (PRINT):	
ACTION: Identify if there could be a "non-infective" cause for the diarrhoea			
QUESTION	CIRCLE ANSWER		TRIGGERS (not exhaustive):
1. Are the current symptoms part of the patient's normal bowel pattern or an underlying medical condition?	Yes / No		Diverticulitis; Ulcerative Colitis; Crohn's Disease; Liver Disease; Chronic Pancreatitis; Malignancy Senokot; Lactulose; Movicol; Magnesium Hydroxide Picolax; Phosphate Enema Omeprazole; Ferrous Sulphate
2. Is the patient on enteral/supplementary feeds? When did they commence?	Yes / No		Forti sips/juice/creme; high fibre formula; contaminated batch/ administration
3. Could the diarrhoea be diet related?	YES	NO	Excessive consumption of fruit, sugary drinks, or diabetic sweets
4. Does the patient have severe constipation with overflow?	YES	NO	Perform rectal exam to confirm/rule out
5. Could the diarrhoea be as a result of 'starvation'?	YES	NO	
6. Has the patient had recent bowel surgery?	YES	NO	
ACTION: Identify if there could be an "Infective" cause for the diarrhoea			
7. a) Was the patient admitted with diarrhoea? b) If 'YES' are any other family members or carers affected? c) Is there a recent history of foreign travel? d) Has the patient attended a recent mass catered event or BBQ? e) Has the patient had a recent 'take-away' or food brought in?	Yes / No, if yes comment:		
8. Has the patient had a recent hospital admission (within the last 28 days)?	YES	NO	Acute or community setting
9. Has the patient had a previous positive <i>Clostridioides difficile</i> result? If 'YES', when was it	YES	NO	
10. Is the patient currently on antibiotics, or recently completed a course of antibiotics? Broad-spectrum or narrow spectrum?	YES	NO	
11. Has the ward Pharmacist been asked to review the patient's antimicrobial prescription?	YES	NO	
12. Does the patient have any raised inflammatory markers/deranged renal function?	YES	NO	Pyrexia; WCC; CRP; U&E
13. What are your findings following abdominal examination?	<u>Findings:</u>		
ACTION: Other considerations			
14. Does the patient have 'chronic' diarrhoea with repeated negative microbiology/virology results?	YES	NO	Consider referring patient to GI team for further investigations.
OUTCOME:			
15. Does the patient have "Potentially Infective" diarrhoea? Yes /No, if yes state suspected infection:	16. If suspected infective cause request faecal specimen sent for appropriate investigations.		
17. Date & time nurse-in-charge informed of outcome of medical review: Signature:	Name: (PRINT)		



Safe Disposal of Healthcare Waste Guide

Sharps and all Medicinal Waste

	<p>Infectious - Orange Waste Bag Contaminated items from known or suspected infectious source</p> <ul style="list-style-type: none"> PPE - gloves, aprons Wound dressings All Infectious outbreak waste 	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Non medicinal Sharps (e.g. Bloods)</p>  </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Medicinal Sharps</p>  </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Cytotoxic & Cytostatic Medicinal Sharps</p>  </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Medicinal Waste (inc POM, OTC)</p>  </div> </div>			
	<p>Offensive - Tiger Waste Bag Contaminated items from non infectious source</p> <ul style="list-style-type: none"> Incontinence pads Nappies PPE - Gloves, aprons Wound Dressings 				
	<p>Domestic waste bag</p> <ul style="list-style-type: none"> Paper towels Non contaminated couch roll Tissues Food waste 	<div style="display: flex; justify-content: space-around;">     </div>			
	<p>Recycling waste stream</p> <ul style="list-style-type: none"> Plastic bottles Drinks cans / Food Tins Paper Cardboard 				

Waste segregation is a legal responsibility, under Duty of Care for everyone

JW/Version 4/ WG/May 2019

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity, and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation, and other conduct prohibited by the Equality Act of 2010.
- **advance equality of opportunity** between people who share a protected characteristic and people who do not.
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the e-learning module [here](#)

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Infection Prevention	
Title of Change:	Policy Review	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes		

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Appendix F

Assessment Questions	Yes / No	Please document evidence / any mitigations		
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers, or other voluntary sector groups?)	Yes			
Have you taken into consideration any regulations, professional standards?	Yes			
Step 3: Review, Risk and Action Plans				
How would you rate the overall level of impact / risk to the organisation if no action taken?		Low	Medium	High
		■	□	□
What action needs to be taken to reduce or eliminate the negative impact?	N/A			
Who will be responsible for monitoring and regular review of the document / policy?	N/A			
Step 4: Authorisation and sign off				
<p><i>I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.</i></p>				
Equality Assessor:	L Harradine		Date:	02/11/2022

INFECTION CONTROL ALERT

**Restricted access
to this clinical area**



**Please speak to the nurse in charge
when you enter the area
for guidance and advice**

**Ensure you wash your hands when you enter and
when you leave**

DIARRHOEA AND VOMITING OUTBREAK DAILY CHECKLIST FOR WARD STAFF	
Ward	Date outbreak started
<p>PATIENTS</p> <ul style="list-style-type: none"> • Symptomatic patients are isolated or cohorted • A medical review is required for all patients with Diarrhoea and/or vomiting and an urgent medical review for severely symptomatic or deteriorating patients • Outbreak Data Record, stool chart, observations and unexplained diarrhoea, Infection Control Precautions to be maintained for all symptomatic patients • Patients must be made aware of the Diarrhoea and/or vomiting situation. (Consider patient confidentiality) • Patients are advised about the importance of hand hygiene with soap and water and assistance given when needed 	
<p>VISITORS</p> <ul style="list-style-type: none"> • Are aware of the Diarrhoea and/or vomiting situation (consider patient confidentiality) • Advised not to visit if symptomatic i.e. any gastrointestinal symptoms within previous 48 hours • Advised about the importance of hand hygiene with soap and water • Offer UK Health and Safety Agency, (formally known as Public Health England) leaflet – “Stop Norovirus Spreading this winter” 	
<p>ENVIRONMENT</p> <ul style="list-style-type: none"> • Signs: Approved outbreak notice is displayed at ward entrances • External doors must be kept shut • Internal doors to affected rooms must be closed if safe to do so • Waste: Review waste bags in outbreak areas • Linen: Must be treated as infectious, placed in a red alginate bag and then in a clear bag. This must be sealed before leaving the room • Cleaning: Implement enhanced cleaning with a combined detergent and disinfectant solution where the disinfectant provides 1000ppm of available chlorine i.e. Actichlor plus. In addition to the ward environment equipment i.e. all commodes, toilets, raised seats must be cleaned after every use • Remove and clean soiled items immediately i.e. commodes, curtains • Remove food products from bedside area i.e. fruit bowls, sweets and any open foods 	

Appendix H

<ul style="list-style-type: none"> • Remove clutter to enable effective cleaning • Spillages: All faecal and vomit spillages are cleaned initially by clinical staff wearing Personal Protective Equipment (PPE). Any vomit or faeces is removed with paper towels, and then use a combined detergent and disinfectant solution where the disinfectant provides 1000ppm of available chlorine i.e. Actichlor plus. All waste arising is discarded as infectious (orange) waste. PPE is then removed, and hands washed with liquid soap and water. Clinical staff must request a secondary clean by the domestic team. • Equipment: Where possible use single use patient equipment. All reusable equipment is decontaminated after use/between every patient use
<p>SUPPLIES</p> <ul style="list-style-type: none"> • Linen – Request sufficient supplies – do not store in affected rooms • Linen bags – Ensure sufficient red alginate water soluble laundry bags • PPE – Ensure sufficient supplies i.e. gloves and aprons
<p>FURTHER ADVICE</p> <ul style="list-style-type: none"> • Contact Infection Prevention for further advice (in office hours Mon-Fri 8am-4pm) 0300 123 6636 • Contact on call Microbiologist for further advice (out of hours) PHT 02392 286000 or UHS 02381 207222 • Contact on call duty manager
<ul style="list-style-type: none"> • In preparation for reopening - empty beds have been cleaned but left unmade, curtains in empty rooms have been taken down, consider pre -booking a terminal clean
<ul style="list-style-type: none"> • Before reopening: a terminal clean has been performed following IPT recommendation and following local trust procedure. • Waste: Once the terminal clean has been completed reinstate offensive (tiger/yellow and black) if applicable

ADVICE FOR ALLIED HEALTH PROFESSIONALS AND OTHER STAFF GROUPS DURING AN OUTBREAK OF DIARRHOEA AND/OR VOMITING

Introduction

Many facets of the patient/service user pathway and effective discharge planning are better facilitated with direct conversation and assessment, and face-to-face interaction. During periods of diarrhoea and or vomiting outbreaks there is an understandable caution attributed to attending wards that are closed or have restricted bays within them due to an outbreak.

The caution attributed to a ward being closed has historically led to significant reduction in visiting health and social care services attending a closed area unless it clinically essential. This withdrawal then contributes to a delay in the patient/service user pathway, both in terms of facilitating care, but also achieving a safe and timely discharge.

Purpose

This document has been written to clarify that visits to clinical areas in the execution of patient/service user care and discharge planning may continue and do not need to be deferred, provided appropriate infection control precautions are followed.

The reduction in discharge associated with outbreak situations often results in higher risk decisions being considered across the organisation in order to sustain an emergency service with reduced available bed stocks.

Essential staff must continue to visit the ward. E.g. physiotherapists, occupational therapists, phlebotomists, social care managers, advocates etc.

Suitability for Discharge during Outbreaks of Diarrhoea and or Vomiting

To own home

Patients/service users without symptoms may be discharged home to their own home, provided there are suitable support arrangements in place must they subsequently develop symptoms in the days following discharge. The patient/service users and their family/carers must be informed of the outbreak by nursing staff on the ward and advised to contact their GP if they develop symptoms. The patient discharge letter will advise the GP of the outbreak should the patient need to make contact.

Transfers to other care facilities

Patients who have previously had symptoms but have been asymptomatic for 48 hours and have no fever may be transferred to other care facilities. Clear infection control advice will be given on transfer as part of the daily outbreak review by Solent IPT. The nurse-in-charge will have up-to date advice.

Other patients from the affected area must not be transferred within the hospital or to any other healthcare facility unless this has been agreed with the IPT. In an emergency situation, clinical need over-rides this advice. The receiving area will be informed of the outbreak by ward staff, and the patient will be isolated, if possible, on arrival.

Appendix I

Measures Required for Assessment and Therapy Visits during Diarrhoea and or Vomiting Outbreaks

Essential staff must continue to visit the ward. Advice on appropriate infection control measures must be obtained from the nurse in charge of the area upon arrival.

Standard infection control precautions must always be used, regardless of the outbreak situation.

In addition, during outbreaks of diarrhoea and or vomiting, the use of gloves and aprons for direct 'hands-on' care of patient who have been exposed to the infection is advised.

Further Advice

Further advice during an outbreak can be obtained from the IPT: 0300 123 6636 (Mon – Fri 8am – 4pm) or email: ipc@solent.nhs.uk or via the on call duty manager/on call microbiologist