Ashford and St. Peter's Hospitals
NHS Foundation Trust

MANAGEMENT OF DIARRHOEA AND VOMITING POLICY

Compiled by: The Infection Control Team

In consultation with: Control of Infection Committee

Status: Approval date: May 2009

Ratified by: Clinical Governance Committee

Review date: January 2022

Patients first • Personal responsibility • Passion for excellence • Pride in our team

History

Issue	Date Issued	Brief Summary of Change	Approved by
1	May 2009	New policy	Clinical Governance Committee
2	Feb 2010	Updated in line with trust's Policy Writing and Ratification Policy.	Caroline Becher, Chief Nurse

For more information on the status of this document, please contact:	Ann Birler, Nurse Consultant/Deputy Director of Infection Prevention and Control
Date of issue	May 2009
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Ratified by	Clinical Governance Committee
Audience	All Trust Staff

MANAGEMENT OF DIARRHOEA AND VOMITING POLICY

See also: Infection Control Outbreak/Incident Policy Including Major Outbreak Policy and Procedures for Control of Clostridium difficile Diarrhoea
Hand Hygiene Policy for Healthcare Workers
Standard Precautions Policy
Isolation Policy
Cleaning and Disinfection Policy

1. INTRODUCTION

Diarrhoea and vomiting are symptoms of infection caused by different bacterial, viral and parasitic agents. It should also be remembered that there are also numerous non-infectious reasons for diarrhoea and vomiting. Outbreaks of diarrhoea can have a significant effect on clinical activities leading to ward closures.

The commonest cause of an outbreak of D&V in adults is norovirus. However bacterial causes such as Clostridium difficile, Salmonella and Shigella can also cause outbreaks in hospitals, although vomiting is less common with these.

Transmission is primarily by the faecal-oral route, although norovirus can be spread by aerosol during vomiting. Salmonella infection usually starts with ingestion of contaminated food and can spread faecal-orally subsequently. Typical symptoms of Norovirus infection include a rapid onset and short duration (1-2 days), and staff as well as patients are often affected.

2. PURPOSE

The purpose of the policy is to ensure early recognition of cases of 'infectious' diarrhoea with prompt isolation of symptomatic patients which is essential in the containment at ward level of any potential outbreak.

3. ASSESSMENT

Diarrhoea is defined as 'a watery stool specimen, usually type 5-7, that takes the shape of the pot that it is in.' Diarrhoea should be assessed by the use of the Bristol Stool Chart. (Appendix 1).

4. MANAGEMENT

Any patient with more than **two** episodes of unexplained diarrhoea and/or vomiting within 24hours must be isolated. If there are two or more patients with the signs and symptoms the Infection Control Team is to be informed. The ward manager and CNL of the ward should also be informed. Out of hours inform the CNSP who will inform the on-call Microbiologist if appropriate (see Appendix 2).

Records must be kept of the episodes of vomiting on the fluid chart and stool chart for episodes of diarrhoea.
Following consultation with The Infection Control Team stool specimens from affected patients must be sent to the Microbiology laboratory and marked MC&S. A request for

norovirus (or for children under 5 yrs rotavirus) may be added if a viral cause is suspected. Any relevant clinical details, e.g. antibiotic therapy and recent foreign travel should be included.

When dealing with symptomatic patients strict hand washing and standard precautions must be observed. Soap and water is more effective than alcohol sanitiser for Clostridium difficile and norovirus infection.

Ensure that the environment is kept scrupulously clean. Spillages of vomit and or diarrhoea should be cleaned immediately ideally using the Clinell Spill Wipe. Surfaces and equipment should be wiped over in affected areas with Clorox. Commodes to be cleaned with Clorox using PPE and one wipe at a time.

Any transfers of patients should be agreed with Infection Control/Consultant Microbiologist and CNSP.

Patients with D&V must remain in isolation (this can be sideroom or bay if cohorted) until they have been 48hours symptom free. Any changes to this requires discussion with the Infection Control Team/ Consultant Microbiologists.

Where symptomatic patients cannot be isolated or other patients in the bay have been exposed it may be possible to cohort these patients together or close the bay following discussion with The Infection Control Team/Consultant Microbiologists.

Areas that have been closed to admissions and transfers can be reopened following consultation with The Infection Control Team/Consultant Microbiologists and providing that 48hours has lapsed since the last episode of diarrhoea and vomiting. Areas must be terminally cleaned and curtains changed prior to opening to admissions and transfers.

Outbreak reports are sent to the affected area and relevant personnel daily until the outbreak is over (Appendix 3).

5. DISCHARGES / TRANSFERS

In the event of a closure of a bay/ward The Infection Control Team will liaise with the CNSP. It may be necessary to stop admissions and transfers to other hospitals/ wards/care homes. Patients who are being discharged to their own home and medically fit should be told to consult their own G.P in the event of any symptoms of diarrhoea/vomiting. Care Homes should be informed of any delay to discharges from affected wards/bays. If patients from an infected ward need to be transferred to another hospital, information about the outbreak needs to be passed on to the receiving hospital and appropriate paperwork completed informing them of the situation.

Patients who have been affected or nursed in an affected bay should not be transferred to care homes or other hospitals until 48 hours free of symptoms or until bay has had no further symptomatic patients for 48 hours.

6. STAFF

Any staff member with unexplained diarrhoea and/or vomiting must not work until they have been symptom free for 48hours. If possible symptomatic staff should provide specimens of faeces via either Occupational Health under the direction of the Infection Control Team or via their own G.P.

Staff working on affected units should not work in unaffected areas for 48hours after the end of their last shift in an affected area.

Bank and agency staff should not be used to cover single shifts on affected wards on an ad-hoc basis. Shortages of staff should be anticipated in advance and bank and agency staff booked to work for several days to anticipate staffing requirements.

Staff must not eat and drink at ward level, especially during an outbreak.

7. ALLIED PROFESSIONALS

Essential medical and paramedical staff should where possible be dedicated to the affected areas during an outbreak and not work in other areas. When this is not possible affected wards should be visited last and strict hand hygiene and standard precautions observed.

8. VISITORS

Non essential visitors should be discouraged from visiting affected areas. Visitors who have had diarrhoea and vomiting must not visit until 48 hours symptom free. Visitors will be advised to use the alcohol sanitiser prior to and entering the ward area and to wash their hands before leaving the room/bay. Visitors will be advised not to eat or drink whilst in the ward. Information leaflets which are available on TrustNet should be made available for visitors.

9. THE INFECTION CONTROL TEAM

Staff should inform The Infection Control/Consultant Microbiologists of patients who are having symptoms of unexplained diarrhoea/vomiting. The Infection Control Team will visit and or advise on the situation daily during Monday to Friday. In the case of two or more patients a report will be generated to all relevant personnel (Appendix 2). The Infection Control Team/Consultant Microbiologists will ascertain whether there is an outbreak in the affected area and convene an Outbreak Meeting if required. (Infection Control Outbreak/Incident Policy including Major Outbreak Policy).

10. DISSEMINATION AND IMPLEMENTATION

The policy has been written by the Infection Control Team, been agreed by the Control of Infection Committee and ratified by the Clinical Governance Committee. The policy will be available on TrustNet.

Diarrhoea and vomiting management is included in the infection control mandatory training.

11. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

Monitoring is undertaken by:

- Staff communication with the Infection Control Team.
- Infection Control Nurses' ward visits.
- Real Time infection control alerts.

- Linking with the Microbiology laboratory any areas of concern, i.e. increased numbers of specimens.

Any cluster or outbreak is followed up daily by the Infection Control Team (ICT). At the end of the episode an action plan may need to be formulated so lessons learnt can be actioned by the ward in conjunction with the team.

12. EQUALITY IMPACT ASSESSMENT

The Trust has a statutory duty to carry out an Equality Impact Assessment (EIA) and an overarching assessment has been undertaken for all infection control policies.

13. ARCHIVING ARRANGEMENTS

This is a Trust-wide document and archiving arrangements are managed by the Quality Dept. who can be contacted to request master/archived copies.

14. REFERENCES

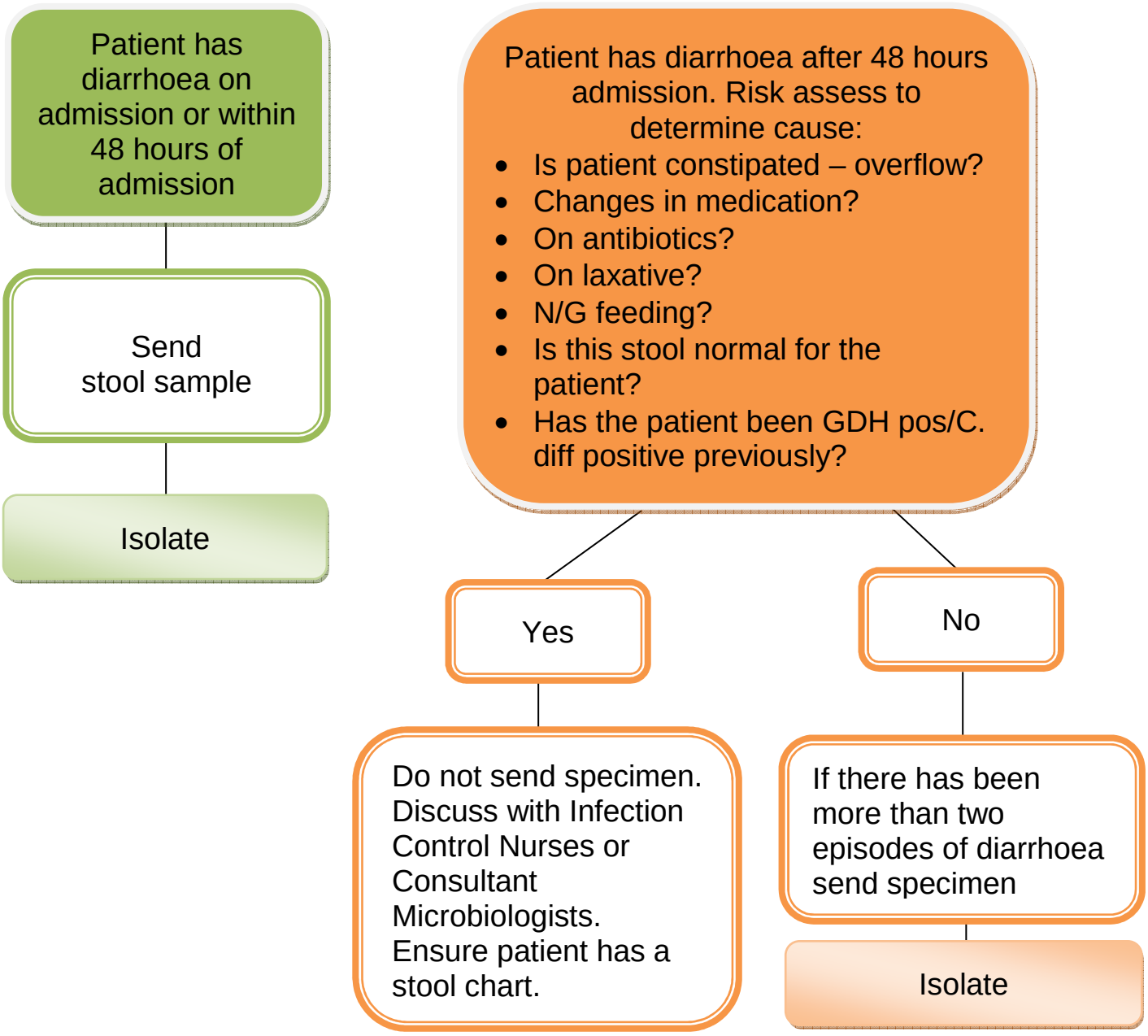
- Public Health England. 2012. Guidelines for the management of Norovirus outbreaks in acute and community health and social care settings.

Appendix 1

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 its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. **Entirely Liquid**

Flowchart for the management of patients who present or develop diarrhoea



Do not wait for result to isolate patient

Ring Infection Control Nurses if further advice required including increased number of cases

April 2016

Appendix 3

Diarrhoea and vomiting Outbreak Daily Report

Date:	
Ward/s affected:	
Today's actions:	
Detailed situation of ward:	
Infection control advice:	• Movement of staff and patients between affected wards remains restricted. • Patients (with or without symptoms) should not be discharged to nursing/residential homes until all patients are 48hours free from symptoms. • Strict Infection Control Precautions to Be Undertaken. • Handwashing with soap and water should be performed after all close nursing care of patients on ward, in preference to alcohol sanitiser. • Alcohol sanitiser can continue to be used for other situations e.g. brief patient contact. • Staff to risk assess usage of protective clothing (use as in Standard Precautions Policy). • Fans should not be used in an outbreak situation • Staff to record symptoms of diarrhoea using the Bristol Stool Chart. • Please ensure that stool specimens are sent from all symptomatic patients. (One sample per patient unless requested by the ICN's.) • Stringent environmental cleaning to be undertaken including Tristel and deep cleaning of bays after patients symptom free. • Visitors to the wards to be restricted as much as possible. • No visitors with symptoms of diarrhoea and vomiting. • Symptomatic visitors are recommended not to visit ward until 48hours free from any symptoms. • Any staff reporting symptoms of diarrhoea/vomiting must go home immediately and not return to work until 48 hours free from symptoms.
Any further advice contact ICN's on 2128/2544. Out of hours and at weekends contact the Consultant Microbiologist on call	