POLICY UNDER REVIEW
Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

POLICY FOR THE MANAGEMENT OF PATIENTS AND STAFF WITH DIARRHOEA

V4.0

01.08.2015
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1. Introduction

1.1. In the UK, gastroenteritis causes a huge burden of disease in the community and is responsible for much time missed from work. A large number of patients with gastroenteritis are admitted to hospital each year usually because they are frail and elderly. Patients and/or staff with gastroenteritis can infect other patients leading to healthcare associated outbreaks of diarrhoea and vomiting. Strict infection prevention and control precautions are therefore necessary for patients with symptoms suggestive of gastroenteritis.

1.2. Organisms that cause infectious diarrhoea are spread by the faecal/oral route. For an individual to become infected the organism must be ingested and most commonly this will result from unwashed and contaminated hands coming in contact with the mouth. It may also occur via ingesting contaminated food.

2. Purpose of this Policy/Procedure

The purpose of this Policy is to protect patients, staff and the general public by preventing cross-infection and contamination of the environment. The policy details the specific management of patients with diarrhoea.

3. Scope

This policy applies to all healthcare personnel within The Royal Cornwall Hospitals Trust. It also applies to private contractors working on Trust premises, locum, agency staff and volunteers.

4. Definitions / Glossary

- **Infection Prevention and Control:** processes to prevent and reduce to an acceptable minimum the risk of the acquisition of an infection amongst patients, healthcare workers and any others in the healthcare setting.
- **DIPC:** Director of Infection Prevention and Control.
- **Infection:** when organisms in or on the body have started to multiply and/or invade a part of the body where they are not normally found. The body develops a reaction leading to disease or illness.
- **Surveillance:** the discovery, monitoring and recording of infection.

5. Ownership and Responsibilities

5.1. Divisional General Managers

Divisional Managers/ clinical leads must ensure that resources are available for health care workers to undertake effective standard and isolation precautions.
5.2. Clinical Teams
Both Nursing and Medical staff are responsible for completing the diarrhoea risk assessment tool and informing the Infection Prevention and Control Team of any suspected infectious cases.

5.3. Individual Staff Members
All Each individual has a clinical and ethical responsibility to carry out effective Infection prevention and control procedures and to act in a way, which minimises risk to the patient.

5.4. Infection Prevention and Control Steering Group
The Infection Prevention and Control Steering Group is responsible for overseeing the implementation and monitoring of the policy.

5.5 Hospital Infection Prevention and Control Committee
The HICC Committee is responsible for approving the policy.

6. Standards and Practice

6.1. Definition of Acute v Chronic Diarrhoea
It can be difficult to determine what actually constitutes a “normal” bowel action as this can vary greatly between individuals, but true diarrhoea consists entirely of liquid/water (type 6/7 Bristol Stool Chart [appendix 3]).

Acute diarrhoea has a sudden onset and typically lasts between 1 – 4 days. Chronic diarrhoea persists longer than 4 weeks and usually due to an underlying cause. Diarrhoea is considered significant when a patient has more than 3 episodes in 24 hours. However, any case of diarrhoea, which may or may not be accompanied by vomiting, amongst patients or staff should be regarded as potentially infectious and treated as such unless an infectious cause can be confidently excluded.

6.2. Common Infectious Cause of Diarrhoea

6.2.1. Norovirus – abrupt explosive onset of profuse watery diarrhoea which may be accompanied by projectile or violent vomiting. Several cases may occur on the ward within hours.

6.2.2. Clostridium difficile – watery diarrhoea with a characteristic farmyard/manure type smell, and is associated with current or recent antibiotic administration. Refer to the Policy for the Management of Clostridium difficile.

6.2.3. Examples of other causes:
- Rotavirus
• Salmonella
• Shigella
• Campylobacter - common causes of bacterial food poisoning
• Enteropathogenic *E.coli* - associated with travel
• Amoebic dysentery
• *Giardia lamblia*
• *Verotoxin producing E. coli*
• *Cryptosporidium*

### 6.3. Management of Patients with Diarrhoea

#### 6.3.1. Assessment
- All patients presenting with diarrhoea in admitting areas must be risk assessed (using the diarrhoea risk assessment tool) and isolated if an infectious cause for the diarrhoea is suspected.
- The Infection Prevention and Control Team must be notified promptly by ward staff, of any patients who suddenly develop diarrhoea (type 6/7 Bristol Stool Chart) during their in-patient stay. A thorough assessment of the patient’s clinical condition must be ascertained prior to contacting the Infection Prevention and Control Team and the risk assessment tool completed.

#### 6.3.2. Isolation
- Patients presenting with diarrhoea must be isolated promptly (within 4 hours unless an infectious cause can be confidently excluded) and cared for using standard isolation precautions (see Standard Precautions Policy). The prompt isolation of all patients with diarrhoea is a national recommendation made by the Healthcare Commission following their enquiry, which was published in July 2006, into the outbreak of *Clostridium difficile* at Buckinghamshire NHS Trust in which 33 patients died. If the isolation room does not have its own toilet facilities, the patient should be given a designated toilet close to the room. If this is not possible a commode should be designated for that patient and left in the room. An isolation notice (appendix 3) must be placed on the door to the isolation room. The door must remain closed.
- The patient and their relatives must be informed of the reasons for isolation and the importance of hand hygiene.
- Strict hand washing with soap and water is essential by all staff attending the patient. Alcohol hand gel should not be used as this is not effective against norovirus and *clostridium difficile*.
- Personal Protective equipment i.e. gloves and aprons should be used for all patient contact.
- A Bristol Stool Chart (appendix 4) must be commenced if not already in place.
- If a patient develops type 6/7 stools and is not isolated, the patient should be isolated in the existing bed space within the ward/bay. The Infection Prevention and Control Team must be informed and a Datix form completed. The remaining patients should be monitored closely for symptoms of diarrhoea and/or vomiting. An increase in the number of patients with symptoms must be reported to the IPAC team and the outbreak policy implemented.
Patients who are symptomatic or are recovering from diarrhoea should not be transferred to other wards or health care settings unless they have been asymptomatic for 72 hours and passed a normal stool or an infective cause has been ruled out. If patients need to attend other areas for diagnostic testing, advice can be sought from the IPAC Team.

6.3.3. Cleaning
Cleaning Services must be contacted by ward staff to commence cleaning of the area with a chlorine based disinfectant e.g. Actichlor plus.

6.3.4. Testing
- A stool specimen must be obtained at the earliest opportunity for Microbiology, Clostridium difficile and Virology examination (virology testing will only be carried out following discussion with the Infection Prevention and Control Team). The indication for specimen collection must be made clear, and relevant clinical history must be supplied on the request form, particularly if the patient has recently returned from a holiday abroad in order to assist laboratory processing.
- If *Clostridium difficile* is suspected, or if laboratory confirmation of *Clostridium difficile* is received; refer to Policy for the Management of *Clostridium difficile*. In the event of suspected *C. difficile* infection, the patient should be medically managed as if they are positive and the Consultant Microbiologist contacted for advice. The patient must be isolated and the *C. difficile* treatment algorithm commenced.
- If the patient is confirmed as having diarrhoea due to any other infectious cause, the Infection Prevention and Control Team will advise on when isolation can be discontinued. **A negative stool result does not mean isolation can be discontinued.**
- If an infectious agent is not identified but symptoms persist, another faeces sample should be submitted for testing. If further tests are negative the likelihood of an infectious cause should be discussed with the clinical team.

6.4. Management of Staff with Diarrhoea
- Any member of staff who experiences a sudden onset of diarrhoea and or vomiting must not present for work. If they are at work when this happens they should report their symptoms to their line manager and leave work immediately.
- They must not return to work until they have been asymptomatic for 48 hours.
- Staff may be required to submit a sample of faeces to assist with outbreak investigation.
- During outbreaks of diarrhoea staff must report their symptoms to the Occupational Health Department.
7. Dissemination and Implementation
   This policy will be implemented via the following routes:
   - The policy will be included in the Trust’s Document Library.
   - The policy will be circulated to all IPAC Link Practitioners and Matrons.

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Completion of diarrhoea risk assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>IPAC team</td>
</tr>
<tr>
<td>Tool</td>
<td>Review of notes to determine if diarrhoea risk assessment tool has been completed for those patients with diarrhoea.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Monthly</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Information to be fed back to Outbreak meetings if convened or Infection Prevention and Control Steering Group</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>The Infection Prevention and Control Steering Group or Outbreak Group will make recommendations as required</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within a month. A lead member of the group will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>

9. Updating and Review
   This policy will be reviewed within 3 years

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

10.2. Equality Impact Assessment
   The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>POLICY FOR THE MANAGEMENT OF PATIENTS AND STAFF WITH DIARRHOEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>August 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>1st October 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>30th September 2018</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Louise Dickinson, DIPC/Consultant Nurse Infection Prevention &amp; Control</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254969</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This policy has been developed to provide a practical document to equip all healthcare staff at the Royal Cornwall Hospitals NHS Trust with the necessary information on the recognition, management and treatment of cases of diarrhoea in patients and staff.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Diarrhoea, Vomiting</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Deputy Chief Executive, Nurse Executive</td>
</tr>
<tr>
<td>Date revised:</td>
<td>August 2015</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>POLICY FOR THE MANAGEMENT OF PATIENTS AND STAFF WITH DIARRHOEA V3</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Hospital Infection Prevention and Control Committee</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Louise Dickinson</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical / Infection Prevention &amp; Control</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>CQC Outcome 8</td>
</tr>
</tbody>
</table>
Policy for the Management of Patients and Staff with Diarrhoea

Related Documents:
- Department of Health (2009) *Clostridium difficile infection: How to deal with the problem.* London. DOH

Training Need Identified? No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tbody>
<tr>
<td>05.01.10</td>
<td>1</td>
<td>New Policy</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>25.11.11</td>
<td>2.1</td>
<td>Formatted into new Policy format. Updated in accordance with new Community wide management of diarrhoea.</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>22.10.12</td>
<td>3.0</td>
<td>Reformatted. Minor changes to text to facilitate reading.</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>01.06.15</td>
<td>4.0</td>
<td>Reviewed and updated minor changes made. 5.2 Addition of the Role of Clinical Team.</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
## Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy):</th>
<th>POLICY FOR THE MANAGEMENT OF PATIENTS AND STAFF WITH DIARRHOEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>Is this a new or existing Policy?</td>
<td>Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment:</td>
<td>Louise Dickinson</td>
</tr>
<tr>
<td>Telephone:</td>
<td>01872 254969</td>
</tr>
</tbody>
</table>

### 1. Policy Aim*
To protect patients, staff and the general public by preventing cross-infection and contamination of the environment.

### 2. Policy Objectives*
To provide clear infection prevention and control guidance for the management and control of diarrhoea of patients & staff and suspected outbreak of transmissible infection. It supplements the guidance provided in the Major outbreak Policy.

### 3. Policy – intended Outcomes*
To reduce the risk of cross infection and escalation of the outbreak situation.
To reduce the number of unnecessary ward closures

### 4. *How will you measure the outcome?
Daily at bed management meetings and arranged outbreak meetings

### 5. Who is intended to benefit from the policy?
All Staff and patients at risk

### 6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
Yes

### 6b) If yes, have these *groups been consulted?
Yes

### 6c) Please list any groups who have been consulted about this procedure.
Hospital Infection Prevention and Control Committee
7. The Impact

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Please indicate if a full equality analysis is recommended.  

Yes  
No ✓

9. If you are not recommending a Full Impact assessment please explain why.

None of the equality strands have been identified in the initial impact assessment.

Signature of policy developer / lead manager / director | Date of completion and submission

Names and signatures of members carrying out the Screening Assessment

1. Louise Dickinson

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed: L. Dickinson

Date: 29.07.15
Appendix 3. Isolation Poster

Patient in Isolation

Keep the door shut

ALL visitors and staff

Please consult nursing/midwifery staff prior to visiting the patient
Appendix 4. Bristol Stool Chart

BRISTOL STOOL CHART

Ward:
Date of surgery (if applicable):
Date of onset of diarrhoea:
Medication and date commenced eg. antibiotics, aperients:

<table>
<thead>
<tr>
<th>Indication and frequency for monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date / Time</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

**Nursing Documentation**

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Separate hard lumps, like nuts (hard to pass)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2</td>
<td>Sausage shaped but lumpy</td>
</tr>
<tr>
<td>Type 3</td>
<td>Like a sausage but with cracks on its surface</td>
</tr>
<tr>
<td>Type 4</td>
<td>Like a sausage or snake, smooth and soft</td>
</tr>
<tr>
<td>Type 5</td>
<td>Soft blobs with clear-cut edges (passed easily)</td>
</tr>
<tr>
<td>Type 6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
</tr>
<tr>
<td>Type 7</td>
<td>Watery, no solid pieces. Entirely liquid</td>
</tr>
</tbody>
</table>

Types 1 - 2
Indicate constipation

Types 3 - 5
Normal stools

Types 6 - 7
Diarrhoea