

Joint management of patients and staff with diarrhoea Policy V2.0

Cornwall Partnership NHS Foundation Trust document reference code: IC/019/25

Purpose: This policy has been developed to provide a practical document to equip all healthcare staff with the necessary information on the recognition, management, and treatment of cases of diarrhoea in patients and staff. It supplements the guidance provided in the management of outbreak policy.

Target audience: Trust staff, contractors, visitors, volunteers.

Document author and role: Lauren Duncanson, Senior Infection Prevention and Control (IPAC) Specialist Practitioner.

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Document definition: Policy.

Supporting committee and chairperson: Infection Prevention and Control Committee, Louise Dickinson.

Executive director responsible for the policy: Chief Nursing Officer.

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- Cornwall Partnership NHS Foundation Trust.
- Royal Cornwall Hospitals NHS Trust.

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RCHT Supporting committee: Infection Prevention and Control Committee

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Executive director responsible for the policy: Chief Nursing Officer (Dual)

Approved at: Infection Prevention and Control Committee

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Approved at (if applicable): Infection prevention and control subcommittee

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Review date: 21 July 2027 (6 months prior to the expiry date).

Expiry date: 21 January 2028 (3 years after ratification unless there are any changes in legislation or changes in NICE guidance or national standards).

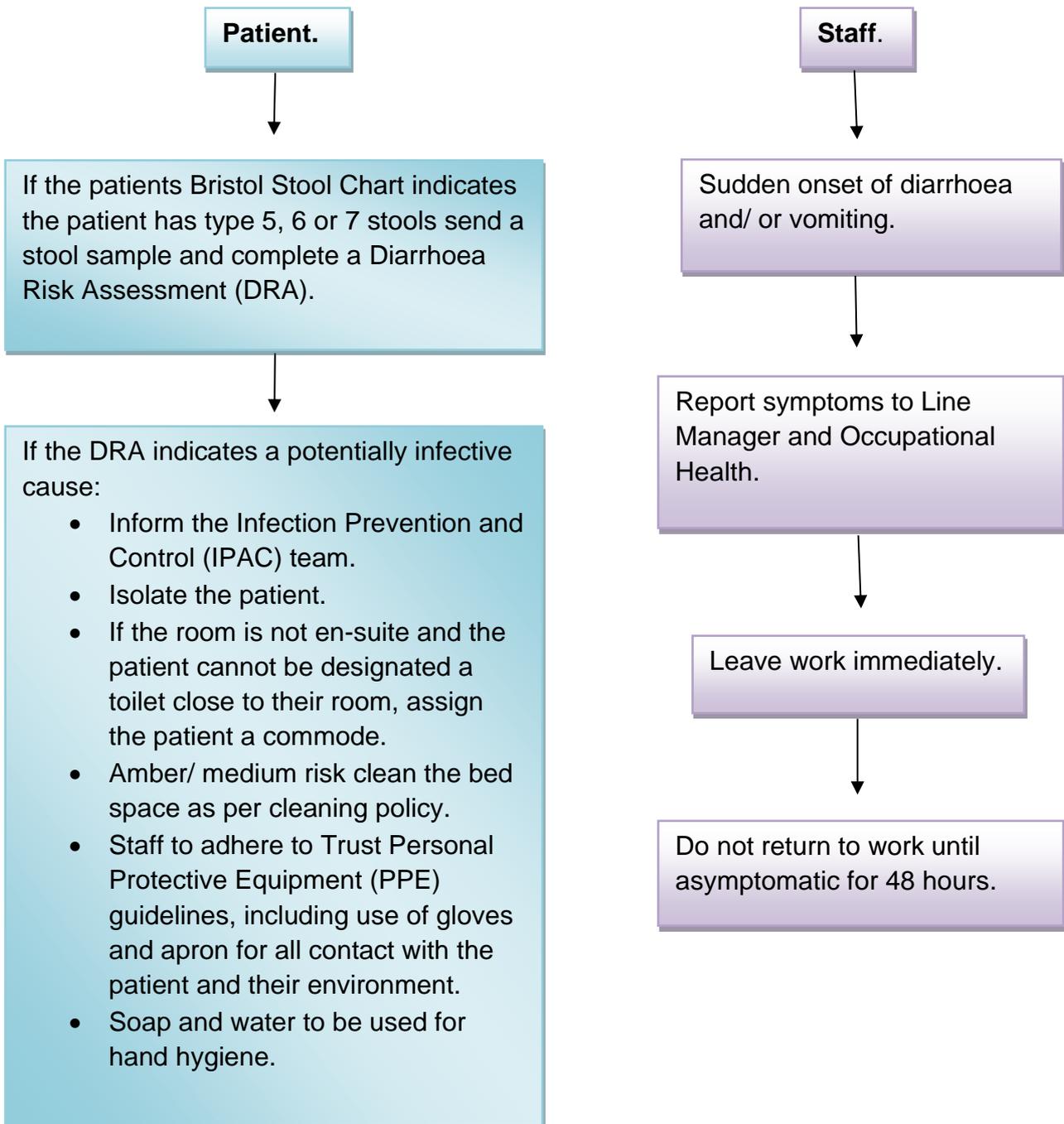
Version control

Version	Date	Author and/or reviewer	Section	Changes (key points)
V1.0	01/10/2021	Rashima Hamdan, IPAC Specialist Practitioner.	Whole policy review.	Merged RCHT and CFT policies.
V2.0	21/10/2024	Lauren Duncanson, Senior IPAC Specialist Practitioner.	Full review of policy.	Updated to current joint policy template. Summary flow chart reworded. 3. Diarrhoea risk assessment added into definitions and glossary. 5.1. Definition of diarrhoea updated to match BNF. 5.2.2. Name of policy amended. 5.3. Minor amendments made throughout to match current practice. 6. Updated legislation and guidance. Appendix 3. Updated to correspond with cleaning policy.

This document replaces: IC/019/21 Joint management of patients and staff with diarrhoea policy

Summary

Flow chart showing how to manage patients and staff with diarrhoea.



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Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

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 (IPAC) 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.
- 1.3. This version supersedes any previous versions of this document.

2. Scope

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

3. Definitions and glossary

- **Infection Prevention and Control (IPAC):** 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.
- **DRA:** Diarrhoea Risk Assessment.

4. Ownership and responsibilities

4.1. Care group leadership team/locality/community hospital management teams

Care Group leaders/ Clinical Leads must ensure that resources are available for health care workers to undertake effective standard and isolation precautions.

4.2. Clinical teams

Both nursing and medical staff are responsible for completing the diarrhoea risk assessment tool and informing the IPAC team of any suspected infectious cases.

4.3. Individual staff members

Each individual has a clinical and ethical responsibility to carry out effective IPAC procedures and to act in a way, which minimises risk to the patient.

4.4. Infection prevention and control steering group

The IPAC Steering Group is responsible for overseeing the implementation and monitoring of the policy.

4.5. Infection prevention and control committee

The IPAC Committee is responsible for approving the policy.

5. Standards and practice

5.1. Definition of acute v chronic diarrhoea

It can be difficult to determine what constitutes a “normal” bowel action as this can vary greatly between individuals. The BNF (2024) states that diarrhoea is the abnormal passing of loose or liquid stools (type 5, 6 or 7 as per the Bristol Stool Chart).

Acute diarrhoea has a sudden onset which lasts less than 14 days, but usually improves within 2- 4 days. It can result from an infection, as a side effect of a drug or an acute symptom of a chronic gastrointestinal disorder (BNF, 2024).

Chronic diarrhoea persists longer than 4 weeks and usually due to an underlying cause and requires further investigations. Diarrhoea is considered significant when a patient has more than three episodes in 24 hours (BNF, 2023).

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.

5.2. **Common infectious cause of diarrhoea**

5.2.1. **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.

5.2.2. **Clostridium difficile** – watery diarrhoea usually associated with current or recent antibiotic administration. Please refer to the Joint Prevention and Management of Clostridioides difficile Infection Policy.

5.2.3. **Examples of other causes:**

- Rotavirus.
- Salmonella.
- Shigella.
- Campylobacter - common causes of bacterial food poisoning.
- Enteropathogenic Escherichia coli - associated with travel.
- Amoebic dysentery.
- Giardia lamblia.
- Verotoxin producing E. coli.
- Cryptosporidium.

5.3. **Management of patients with diarrhoea**

5.3.1. **Assessment**

- All patients presenting with diarrhoea in admitting areas must be risk assessed (using the DRA) and isolated if an infectious cause for the diarrhoea is suspected. A stool sample should be prioritised and sent to the laboratory accordingly.
- The IPAC team must be notified promptly by ward staff of any patients who suddenly develop diarrhoea (type 5, 6 or 7 stools as per Bristol Stool Chart) during their inpatient stay. A thorough assessment of the patient's clinical condition must be ascertained, and DRA completed prior to contacting the IPAC team.

5.3.2. **Isolation**

- Patients presenting with diarrhoea must be isolated promptly and cared for using standard precautions. 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 *Clostridioides difficile* at Buckinghamshire NHS Trust in which thirty-three 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. However, if this is not possible a commode should be designated for that patient and left in their room. An isolation notice 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 using soap and water.
- 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 some organisms (i.e., *Clostridioides difficile* and norovirus). Therefore, hands must be washed with soap and water before and after every patient contact, and contact with potentially infectious equipment, furnishings, or other fomites unless using hand sanitisers containing Hypochlorous acid do as they have been proven to be effective.
- Personal protective equipment i.e. gloves and aprons should be used for all patient contact.
- A Bristol Stool Chart must be completed daily and accurately.
- If a patient develops type 5, 6 or 7 stools and is not isolated, the patient should be isolated in the existing bed space within the ward/ bay. The IPAC team must be informed, and an incident 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 management of outbreaks 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 have 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.

5.3.3. Cleaning

- Ward staff must contact the Domestic team to commence enhanced cleaning of the area.
- Equipment such as commodes must be cleaned with Trust approved cleaning wipes e.g., Clinell Sporocidal wipes (see Appendix 2 for instruction on how to use these wipes) and allow to air dry after each use.
- Where a red clean has been identified as a requirement the Terminal Clean Sign-off Check List should be used (see Appendix 3).

5.3.4. 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 IPAC 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 Clostridioides difficile is suspected, or if laboratory confirmation of Clostridium difficile is received; refer to the Joint Prevention and Management of Clostridioides difficile Infection Policy. In the event of suspected Clostridioides 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 Clostridioides difficile treatment algorithm commenced.
- If the patient is confirmed as having diarrhoea due to any other infectious cause, the IPAC 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 faecal sample should be submitted for testing. If further tests are negative the likelihood of an infectious cause should be discussed with the clinical team.

5.4. 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.

6. Related legislation, national and local guidance

Norovirus working party (2012). Guidelines for the management of norovirus outbreaks in acute and community health and social care settings. [Guidelines for the management of norovirus outbreaks in acute and community health and social care settings](#)

National Institute for Health and Care Excellence. (2023) Chronic diarrhoea (>4 weeks). [Scenario: Chronic diarrhoea \(more than 4 weeks\) | Management | Diarrhoea - adult's assessment | CKS | NICE](#)

National Institute for Health and Care Excellence. (2024) Diarrhoea (acute). [Diarrhoea \(acute\) | Treatment summaries | BNFC | NICE](#)

Royal Cornwall Hospitals NHS Trust and Cornwall Partnership Foundation Trust. (2024) Joint Prevention and Management of Clostridioides difficile infection Policy. [Joint Prevention and Management of Clostridioides difficile Infection Policy V1.0](#)

Links to key external standards:

- CQC Outcome 8.

7. Training requirements

There are no training requirements identified.

8. 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.

9. Document Monitoring arrangements.

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Completion of diarrhoea risk assessment.
Lead	IPAC team.
Tool	Review of notes to determine if diarrhoea risk assessment tool has been completed for those patients with diarrhoea.
Frequency	Monthly.
Reporting arrangements	Information to be fed back to Outbreak meetings if convened or Infection Prevention and Control Steering Group.
Acting on recommendations and lead(s)	The Infection Prevention and Control Steering Group or Outbreak Group will make recommendations as required.
Change in practice and lessons to be shared	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.

10. Updating and review

This document will be reviewed by the Infection Prevention and Control team every three years or earlier should a change in circumstance dictate.

11. Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the [RCHT Equality Diversity And Inclusion Policy](#) and [CFT Equality, Diversity and Inclusion Statement](#).

The initial equality impact assessment screening form is at appendix 1.

Appendix 1: Equality Impact assessment Form

Title of policy or document for assessment: Joint Management of Patients and Staff with Diarrhoea Policy V2.0.

Document library section: Clinical / Infection Prevention and Control.

Is this a new or existing document? Existing.

Date of assessment: 21 October 2024.

Person responsible for the assessment: Lauren Duncanson.

What is the main purpose of the document?

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.

Who is affected by the document?

Staff Patients Visitors Carers Other All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Disability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sex	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gender reassignment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pregnancy and maternity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Race	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Religion and belief	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Sexual orientation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Marriage and civil partnership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Human rights	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?

To provide clear guidance on the necessary infection prevention and control measures.

Signature of person completing the equality impact assessment:

Name: Lauren Duncanson.

Date: 21 October 2024.

Appendix 2. Sporicidal Wipes



SPORICIDAL WIPES

Clinell Sporicidal Wipes are activated by water and are designed for use on blood and bodily fluid spills and where *C. difficile* is suspected or proven.

To use on commodes, bed pans and all hard surfaces.



Clinell Sporicidal Wipes (Pack of 25 - CS25)
NHS Code: VJT113

INSTRUCTIONS FOR USE:

Commodes **must be cleaned after every patient use** using the following procedure:



Wearing the appropriate PPE (eye protection & gloves minimum) remove all soiled matter from the commode. Take one Sporicidal Wipe.



To activate, wet the wipe with water, under a tap or soak in a bucket.



Squeeze the wipe over the sink or bucket to remove excess water.



Wiping in an 'S' shaped pattern from clean to dirty, clean the back and remove. Leave to air dry on a clean, dry surface.



Wipe and remove the arms. Leave to air dry on a clean, dry surface. If wipe begins to dry or show signs of soiling replace with a new wipe.



Wiping in an 'S' shaped pattern clean and remove the seat. Ensure you clean both sides. Leave to air dry on a clean, dry surface.



Carefully wipe the bed pan rack and remove. Ensure you clean both sides. Leave to air dry on a clean, dry surface.



Clean the remaining frame. Leave to air dry on a clean, dry surface.



Wipe the wheels. Unclip the foot rests and clean thoroughly. Leave to air dry on a clean, dry surface.



Discard the wipe and PPE in the clinical waste. Wash hands with soap and water.



Once all commode parts are completely dry, reassemble the commode. Ensure commode is completely dry before further patient contact.



Fill out and affix Clinell Clean Indicator Tape or Notes to show equipment has been sanitised.

DISPOSE OF AS CLINICAL WASTE! DO NOT FLUSH DOWN TOILETS!

If unsure please contact the Infection Prevention and Control Manager.

Please ensure that you follow the manufacturer's guidelines.

JHN100965

clinell 020 7983 0030 | info@clinell.com

Full product information at:
www.clinell.com

Appendix 3. Terminal Clean Sign-off Checklist

Terminal Cleaning Guide and Checklist

Part A

Terminal Clean Checklist

Clinical staff responsibilities:

Ensure the patient is not in the room or at the bedside prior to terminal cleaning taking place.

Cleaning must not be performed until all curtains and equipment are removed.

Ward:	Date:	Sign when completed
Bed space/room:		
Strip the bed and place contaminated linen in red alginate bag. Secure with tie and place in designated contaminated linen bin/skip		
Ensure locker/drawers/wardrobe/medicine locker/under bed storage etc. are empty if patient.		
Dispose of any equipment that cannot be safely cleaned and disinfected (e.g., opened boxes of gloves, wipes, pulp products) into an orange infected waste bag		
Discard all non-laminated items from the notice board and clean and disinfect any laminated notices		
Clean and disinfect all reusable clinical equipment as per the National Standards of Healthcare Cleanliness 2021 and manufacturers' instructions and remove from the room unless being HVP'd, as part of the terminal clean		
Check mattress and pillows for stains, strikethrough or breaches and condemn if damaged.		
Clean and disinfect all the bed frame and mattress		
Report any damage, (or condemn, if applicable), to fixtures/fittings/furniture and the environment. Insert job number here:		
En suite (if applicable)		
Dispose of any equipment that cannot be safely cleaned and disinfected (e.g., opened boxes of gloves, wipes, pulp products) into an orange infected waste bag		
Clean and disinfect any moveable clinical equipment and remove from the room unless being HVP'd, as part of the terminal clean.		

Part B

Terminal Clean Checklist

Domestic Services responsibilities:

Cleaning must not be performed until all clinical team have completed actions in Part A.

Ward: _____ Date: _____	Sign when completed
Bed space/room:	
Remove curtains for laundering or disposal (including shower curtains in en-suite rooms). Put curtains into red alginate bag/s, secure tie, and place in designated contaminated linen bin/skip	
Clean and disinfect the following items as per the National Standards of Healthcare Cleanliness 2021 and manufacturers' instructions	
• Empty bins and clean the inside and outside	
• Curtain tracks	
• Wall lights, light switches, and light pulls	
• Notice boards	
• Walls and wall trunking	
• Clean internal and external surfaces of locker, wardrobe, bedside tables, chairs, radiators, medicine lockers	
• Clean and disinfect inside empty locker/drawers/wardrobe including coat hangers/under bed storage/medicine locker	
• Door handles	
• Windowsills and windows	
• All sanitary fittings internal and external	
• Floors and skirting	
• All dispensers (soap, paper towels, toilet roll holder, alcohol hand gel). Replenish stock.	

Completed forms to be signed by Nurse in Charge if area has been cleaned to acceptable standard, as per the National Cleanliness Standards. (If NOT, the cleaning must be repeated before a patient can be admitted in to the bed space/room):

Nurse in charge Date

Part C

**Terminal Clean Checklist
Domestic Services responsibilities:**

Cleaning must not be performed until all clinical team have completed actions in Part A and B.

Ward:	Date:	Sign when completed
Communal Areas / Areas of adjacency		
Ensure that the Dirty Utility is clean – Check skirting board and visible pipes and duct work are dust and stain free. Radiator covers must be removed, and sealant removed from the walls and flooring. Ensure that all high and low levels are clean and free of dust and stains		
Ensure that the Ward Corridor is clean - Ensure that all high and low levels are clean and free of dust and stains, including around the bases of desks and working area. Ensure that all walls are clear and free of tape, tac, dust, and stains.		
Ensure that the Offices and Treatment Rooms are clean - Ensure that all high and low levels are clean and free of dust and stains, including around the bases of desks and working area.		

Completed forms to be signed by Nurse in Charge if area has been cleaned to acceptable standard. (If NOT, the cleaning must be repeated before a patient can be admitted in to the bed space/room):

Nurse in charge Date