**Infection Control Care Plan for a patient with enteric pathogen in stools**

**Statement:** This Care Plan should be used with patients who have confirmed enteric pathogen in their stools. This Care Plan should be followed to reduce the risk of transmitting faecal organisms to other patients, staff, carers and visitors. If it is not possible to follow this Care Plan, please notify a member of the Infection Control Team who will carry out a risk assessment on how best to care for this patient.

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| 1    |    | Accommodation   | • Isolate the patient in a single room with *en suite* facilities. If *en suite* is not available ensure access to own commode.  
• Place an isolation sign on the outside of the door.  
• A risk assessment should be carried out by the clinical team to determine the suitability of the patient for isolation. If not suitable a daily review of patient suitability should be documented in case notes.  
• Door must be kept closed. If this is not possible document the reason in the case notes.  
• Discontinue isolation precautions criteria:  
  - *Amoebic dysentery* 48hrs after 1st normal stool  
  - *Cryptosporidium* On discharge of patient  
  - *E. coli 0157* 2 negative stools 24 hrs apart  
  - *Salmonella sp.* 48 hrs after 1st normal stool  
  - *S. typhi/ paratyphi* 3 negative stools at weekly intervals  
  - *Shigella* 2 negative stools 24 hrs apart | | | |
| 2    |    | Hand Hygiene    | • Hand hygiene must be performed with soap and water **before and after** contact with the patient, their environment or equipment and on leaving isolation room.  
• Use gloves to prevent hand contamination. Decontaminate hands after removal of gloves with soap and water.  
• Ensure hand washing facilities are offered to patient especially after using toilet and prior to eating. | | | |
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| 3    | 3  | Personal Protective Equipment (PPE) | • Disposable aprons and gloves must be worn for all direct contact with the patient or patient’s environment/ equipment.  
• Gloves and aprons are single use and must be disposed of into the clinical waste stream after use and then hands must be decontaminated with liquid soap and water. |                                 |           |                              |                                  |
| 4    | 4  | Decontamination of Patient Equipment | • Where possible, equipment such as chairs, hoist sling etc should be kept for use by that patient only and kept in the room.  
• If equipment is taken out of the room it must be cleaned with 1000ppm chlorine based detergent (10,000ppm if contaminated with body fluids).  
• Crockery/ cutlery/ medicine pots can be removed from the room and washed in the normal way.  
• Keep items and equipment to a minimum in room. |                                 |           |                              |                                  |
| 5    | 5  | Specimens | • Follow up specimens: See Isolation Precautions Criteria above. |                                 |           |                              |                                  |
| 6    | 6  | Linen | • Place used linen in water soluble bag, then clear polythene bag, then into white laundry bag.  
• Clean linen should be taken into the room when required. Do not store clean linen in room. |                                 |           |                              |                                  |
| 7    | 7  | Waste | • Dispose of all waste into a clinical waste bag inside room  
• When the waste bag is ¾ full (and daily), fasten securely and label with ward identification. |                                 |           |                              |                                  |
| 8    | 8  | Environmental Cleaning | • Advise domestic staff that the patient is being isolated without breaching patient confidentiality.  
• Floor, surfaces, sink, toilet etc. must be cleaned twice daily by domestic staff using chlorine based detergent, e.g. Actichlor Plus.  
Refer to SOP Twice Daily Clean of Isolation Rooms.  
www.nhsggc.org.uk/infectioncontrol  
• Nursing staff are responsible for the cleaning of patient related equipment twice daily using chlorine based detergent, e.g. Actichlor Plus.  
• When room vacated nursing staff should clean patient related equipment with chlorine based detergent, e.g. Actichlor Plus and remove it from room.  
Domestic staff should then carry out a thorough terminal clean of the room.  
Refer to SOP Terminal |                                 |           |                              |                                  |

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**Hospital/Ward:**  

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- Clean of Isolation Room. [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)

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| 9    |    | Information to Patient and Carers      | • Ensure patient / relative is given a patient information leaflet, if available, and is also given an opportunity to discuss. Document in clinical notes.  
• Ensure that all persons visiting the patient are aware of the reason for isolation precautions.  
• Relatives with infectious symptoms must be instructed not to visit until at least 48 hours free of symptoms. |                                 |                                      |              |                              |                                      |
| 10   |    | Visitor restrictions                    | • Visitors must be instructed to report to nurse in charge before entering room  
• Aprons and Gloves are NOT required to be worn by visitors but they should be instructed to wash their hands using soap and water on leaving the room. |                                 |                                      |              |                              |                                      |
| 11   |    | Personal patient clothing               | • Ensure laundry leaflet is given to relatives taking laundry home. Document in clinical notes.  
• All patient laundry should be placed into a water soluble domestic bag and then a patient clothing bag  
• While patient is symptomatic, they should be advised to wear a hospital gown |                                 |                                      |              |                              |                                      |
| 12   |    | Transfer to another Department or Hospital | • Where possible, avoid moving patients until they have been asymptomatic for 48 hours.  
• If transfer is necessary, ensure the ward/ department receiving |                                 |                                      |              |                              |                                      |

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- The patient has a single room available where possible.
- Please contact the ICT prior to transferring patient.

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| 14   |    | Documentation            | • Commence stool chart and ensure all bowel motions are recorded including consistency as per Bristol Stool Chart.  
     |     |                          | • Commence fluid balance chart ensuring that all episodes of vomiting are recorded.                           |                               |           |                               |                                    |
| 15   |    | Toileting Facilities     | • Where possible, the patient should be allocated their own toilet or commode.                              
     |     |                          | • If a commode is in use, it must be decontaminated after each use with chlorine based detergent (1:1000ppm).  
     |     |                          | • After cleaning, indicator tape should be used, e.g. Vernacare green tape.                                
     |     |                          | • When handling bedpans wear disposable gloves and apron and decontaminate hands with soap and water on removal. |                               |           |                               |                                    |

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<th>Documentation Control</th>
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<td>Date of issue</td>
<td>January 2015</td>
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<tr>
<td>Date of review</td>
<td>January 2017</td>
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