SOP Objective

To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of outbreaks and the importance of diagnosing patients’ clinical conditions promptly.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- Updated wording in Section 1. Responsibilities
- Updated wording in section 2. General Information on patients with Loose Stools
- Updated wording in Section 3. Transmission Based Precautions for patients with Loose Stools
- Removal of Marking Notes and Decolonisation from Section 3. Transmission Based Precautions for patients with Loose Stools
- Updated references in Section 4. Evidence Base
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1. Responsibilities

**Healthcare Workers (HCWs) must:**
- Follow this SOP.
- Inform their line manager if this SOP cannot be followed.
- Must ensure care plans are available at all times.

**Senior Charge Nurse (SCN) / Managers must:**
- Support HCWs and Infection Prevention Control Teams (IPCTs) in following this SOP.
- Ensure that the care plan is in place.

**IPCTs must:**
- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.
2. General Information on patients with loose stools

<table>
<thead>
<tr>
<th>Clinical Condition</th>
<th>Loose stools. Potentially infectious diarrhoea.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>Two or more episodes of loose stools (with or without vomiting) over a 24-hour period with no other obvious explanation, e.g. diagnosed/suspected bowel diseases, laxatives, antibiotics. A loose stool is a specimen which conforms to the shape of the container. See Appendix 1, Type 6 and 7 Bristol Stool Chart</td>
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<tr>
<td>Incubation period</td>
<td>Micro organism dependent; 12 hours to several days.</td>
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<tr>
<td>In what areas does this policy apply</td>
<td>All areas</td>
</tr>
<tr>
<td>Mode of Spread</td>
<td>Contact: droplet. Patients with diarrhoea may be highly infectious and may spread micro organisms via droplets.</td>
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<tr>
<td>Notifiable disease</td>
<td>No, unless subsequently confirmed as a notifiable pathogen.</td>
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<tr>
<td>Period of communicability</td>
<td>As long as pathogen isolated from stools and whilst symptoms persist.</td>
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<tr>
<td>Persons most at risk</td>
<td>Varies depending on the micro organism. Generally the most vulnerable are the immunocompromised in whom infectious diarrhoea can be life threatening. The very young and very old are also extremely susceptible.</td>
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</table>
### Transmission Based Precautions for patients with loose stools

#### Accommodation (Patient Placement)
Place patient in a single room, preferably with en suite. If the patient is clinically unsuitable for isolation, a risk assessment must be undertaken by the clinical team, in conjunction with a member of the IPCT and failure to isolate must be documented.

If a single room is not available, consult bed manager and inform a member of the IPCT and if applicable, bed manager.

**Care Plan available**
Yes. See [Care Plan for Patients with Loose Stools](#).

**Clinical/Healthcare Waste**
Waste should be designated as clinical/healthcare waste and placed in an orange bag. Please refer to the NHSGCC [Waste Management Policy](#).

**Contacts**
No specific contact category. As normal, send faecal specimens from any patient who has, or develops loose stools.

**Crockery / Cutlery**
No special precautions.

**Domestic Advice**
- Patients room/bedspace should be cleaned twice daily as per [NHSGGC Twice Daily Clean of Isolation Rooms SOP](#).
- Chlorine based detergents should be used for routine and terminal cleaning of the area.
- Blood and/or body fluid contamination of the environment should be dealt with as per the [NHSGGC Decontamination SOP](#).

**Equipment**
Patient equipment must be dedicated as far is possible, while symptomatic and during infectious period.

Patient care equipment should be cleaned twice daily or immediately if visibly contaminated.

Where possible equipment such as washbowls, chairs, hoist slings, cuffs, thermometers etc should be kept for use by individual, symptomatic patients. If equipment is taken out of the room it must be cleaned with 1000ppm chlorine based detergent and water.

Seek advice of IPCT on decontamination of equipment not listed and refer to the [NHSGGC Decontamination SOP](#).

**Exposure**
HCWs must avoid exposure by wearing personal protective equipment (PPE), i.e. disposable gloves and yellow plastic.
aprons, to prevent contact with faeces or contaminated environment/equipment. In some circumstances additional PPE is required, contact IPCT for further advice.

HCWs must ensure hand hygiene is performed after completing patient care and removal of PPE. See NHSGGC Hand Hygiene Policy.

Contaminated uniforms please refer to the NHSGGC Staff Dress Code and Uniform Policy (Human Resources).

**Hand Hygiene (HH)**

Soap and water must be used for hand hygiene before and after care of all patients with loose stools. Particular attention should be paid to hand washing of patients following the use of the toilet, after an episode of incontinence and before meals. Patients should be offered hand hygiene facilities after using the toilet or commode and before meals, hand wipes should be offered to those patients unable to use hand hygiene facilities.

Visitors must also be instructed to wash their hands with soap and water after visiting a patient with loose stools.

Hands are the most important means of transmission of microorganisms from patient-to-patient. Hand Hygiene must be performed:

- Before and after each direct patient contact
- Before an aseptic task
- After exposure to blood or body fluids and
- After contact with the environment regardless of whether PPE is worn.

**Last Offices**

See NHSGGC SOP for Last Offices for advice on IPC and specific pathogens.

**Linen**

All laundry from a patient with loose stools must be treated as infected and placed into a water soluble alginate bag then into a clear plastic bag before being put into a laundry bag.

Any soiled clothing for home laundering should be placed into a domestic water soluble alginate bag then into a patient clothing bag before being sent home. All soiled clothing for home laundering should be accompanied with a Home Laundering Information Leaflet and staff should alert relatives / carers to
<table>
<thead>
<tr>
<th><strong>Moving between wards, hospitals and departments (including theatres)</strong></th>
<th>Movement of patients should be restricted until they have been asymptomatic for 48 hours. Movement of patients must only occur if there is a clinical need and this should be discussed with the IPCT and the receiving unit.</th>
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<tbody>
<tr>
<td><strong>Notice for Door</strong></td>
<td>Yes.</td>
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<td><strong>Outbreak</strong></td>
<td>Outbreaks are likely if these precautions are not followed. Please refer to the NHSGGC Outbreak SOP.</td>
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<td><strong>Patient Assessment</strong></td>
<td>All patients must be asked on admission about their recent bowel habits. Patients who have a history of recent loose stools/diarrhoea (which is different from their normal bowel pattern) should be treated as potentially infectious and isolated until stool specimen results are available and reported as negative or they have been asymptomatic for 48 hours. See Accommodation section.</td>
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<tr>
<td><strong>Patient/ Visitor information</strong></td>
<td>Please record any information given to patients, relatives or carers into nursing/medical notes.</td>
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<tr>
<td><strong>Personal Protective Equipment (PPE)</strong></td>
<td>Gloves and aprons are single-use items and must be worn if in contact with a symptomatic patient or their environment. Visitors do not require PPE unless they are participating in patient care.</td>
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<tr>
<td><strong>Precautions Required until</strong></td>
<td>Precautions will be required until the patient is asymptomatic for 48 hours, or longer if a specific pathogen has been identified. Contact the IPCT for further advice.</td>
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<tr>
<td><strong>Risk Assessment required</strong></td>
<td>All patients with loose stools must be assessed by medical staff to rule out other reasons for symptoms. You MUST contact the IPCT if there is more than one patient with loose stools/diarrhoea for which there is no obvious non-infectious explanation.</td>
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**Screening Staff**

Only required during outbreaks on the advice of the IPCT/Occupational Health Service.

**Specimens Required**

Obtain a stool specimen. Where possible send an adequate amount of faeces i.e. half-full container. Specimens should be sent for routine culture and sensitivity (C&S), *Clostridium difficile* Infection (CDI) and if a viral pathogen is suspected, request virology testing. If 1\textsuperscript{st} specimen is negative for C&S and the patient continues to have loose stools/diarrhoea and an infectious cause is strongly suspected two further specimens, taken on separate occasions at least 24 hours apart, should be sent.

**Specimens – Mark as “Danger of Infection”**

No.

**Staff**

If HCWs develop unexplained loose stools they should contact their line manager in the first instance and not report for work. The HCW is advised to contact their GP. HCWs should not return to work until they have been free of symptoms for 48 hours.

**Stool Charts**

It is the responsibility of staff within the area to record type/frequency if stool using the appropriate stool chart.

See **Appendix 1** Bowel Movement Record (adapted from the Bristol Stool Chart).

**Terminal Cleaning of Room**

Please refer to NHSGGC **SOP Terminal Clean of Isolation Rooms**.

**Visitors**

Visitors are not required to wear aprons and gloves, unless they are participating in patient care, in which case they should wear disposable yellow aprons and disposable gloves. They should be advised to decontaminate their hands with liquid soap and water on leaving the room/patient. Visitors should be advised not to sit on beds. In some instances family members/contacts of patients can also be symptomatic; if this is the case, they should be advised not to visit relatives in hospital until they have been asymptomatic for 48 hours. Staff should consider restricting the number of visitors to two and advising visitors not to bring young children and babies to visit whilst the patient is symptomatic.

The most up-to-date version of this policy can be viewed at the following website: [www.nhsggc.org.uk/your-health/infection-prevention-and-control/](http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/)
4. Evidence Base


The most up-to-date version of this policy can be viewed at the following website: www.nhsggc.org.uk/your-health/infection-prevention-and-control/
Appendix 1 – Bowel Movement Record (adapted from the Bristol Stool Scale)

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Adapted from the Bristol Stool Scale developed by KW Heaton and SJ Lewis at the University of Bristol, 1997

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