SOP Objective

To ensure Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of cross-infection 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 3. Transmission Based Precautions
- Removal of screening on admission, procedure restrictions and toys/games from Section 3. Transmission Based Precautions

Document Control Summary

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1. Responsibilities

Healthcare Workers (HCWs) must:

- Follow this SOP.
- Inform a member of the Infection Prevention Control Team (IPCT) if this SOP cannot be followed.
- Implement the Care Plan.

Senior Charge Nurses (SCNs) / Managers must:

- Ensure that staff are aware of the content of this SOP.
- Support HCWs and IPCTs in following this SOP.

Infection Prevention Control Teams (IPCTs) must:

- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.

Occupational Health Service (OHS) must:

- Support staff screening during an investigation / outbreak.

2. General Information on Group A *Streptococcus*

Communicable Disease/ Alert Organism /	Group A Streptococcus (*Streptococcus pyogenes*).
Clinical Condition(s)	*S. pyogenes* is a significant human pathogen and causes a wide variety of infections including acute pharyngitis, scarlet fever, erysipelas, streptococcal cellulitis, necrotising fasciitis, toxic shock syndrome, myositis, lymphangitis, impetigo, puerperal fever. Secondary complications include acute rheumatic fever andacute glomerulonephritis. Group A *Streptococcus* is an uncommon but important cause of nosocomial infections. Outbreaks of infection most often occur in surgical, burns and obstetric patients.
Mode of Spread	Large respiratory droplets or direct contact with patients or asymptomatic carriers, especially those with acute upper respiratory tract infections. On rare occasions indirect contact with objects or fomites.
Incubation Period	1-3 days. 2-5 days for tonsillitis / scarlet fever.
Notifiable Disease	Necrotising fasciitis, invasive *S. pyogenes* infection. The clinician who diagnoses the condition should inform the Public Health Protection Unit (PHPU) Tel: 0141 201 4917.
Period of Communicability	High-level communicability in symptomatic patients until treated with appropriate antibiotics for 48 hours and there is definite clinical improvement.
Persons most at risk	Most invasive disease occurs in adults, while the majority of non-invasive infections occur in children.

3. Transmission Based Precautions for Group A *Streptococcus*

Accommodation (Patient Placement)	Place a patient with suspected / confirmed Group A streptococcal disease into a single room, with ensuite facilities or own commode A yellow isolation sign should be placed on the door and door to room should remain closed when not in use. The patient must remain in the single room until they have had at least 48 hours **appropriate** antibiotic therapy and there is a **definite clinical improvement** or a different diagnosis is confirmed. (If the patient is clinically unsuitable for isolation a risk assessment must be undertaken by the clinical team and documented in the patient's clinical notes). If a single room is unavailable consult a member of the IPCT. If there is no clinical improvement continue isolation until bacterial culture is confirmed negative.
Care Checklist available	Yes. Group A Streptococcus Care Checklist
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.
Domestic Advice	Domestic staff must follow the SOP for Twice Daily Clean of Isolation Rooms. Cleans should be undertaken at least four hours apart. NHSGGC Twice Daily Clean of Isolation Rooms SOP
Equipment	Where practical allocate individual equipment, e.g. own washbowl, commode, moving sling or slip-sheet. Decontaminate equipment as per the NHSGGC Decontamination SOP.
Hand Hygiene	Hand hygiene is the single most important measure to prevent cross-infection with Group A Streptococcus . Refer to the NHSGGC Hand Hygiene SOP. Hands must be decontaminated before and after each direct patient contact Alcohol hand rub/ gel is acceptable if hands are

	visibly clean.
Last Offices	See SOP Last Offices.
Linen	Treat used linen as soiled/ infected, i.e. place in an alginate bag then a clear bag tied and then into a laundry bag. (Brown polythene bag used in Mental Health areas) Please refer to NHSGGC Laundry Policy
Moving between wards, hospitals and departments (including theatres)	Patient movement should be kept to a minimum. Prior to transfer, HCWs from the ward where the patient is located must inform the receiving ward, theatre or department of the patient's infectious condition. When patients need to attend other departments the receiving area should put in place arrangements to minimise contact with other patients and arrange for additional domestic cleaning if required
Notice for Door	Yes.
Outbreak	Can sometimes occur in healthcare and non-healthcare settings. During outbreaks the IPCT will advise that patients are isolated until completion of treatment and evidence of negative culture. Decolonisation may be required during an outbreak.
Patient Clothing	If relatives or carers wish to take personal clothing home, staff must place soiled clothing into a domestic alginate bag and ensure that a Washing Clothes at Home Leaflet is issued.
Personal Protective Equipment (PPE)	To prevent spread through direct contact PPE (disposable gloves and yellow apron) must be worn for all direct contact with the patient or the patient's environment/equipment. If there is a risk of splashing/spraying blood or body fluid a surgical face mask/ eye protection should be worn. Fit tested FFP3 mask is recommended if Aerosol Generating Procedures (AGP) are undertaken on a patient with a respiratory infection.

Screening HCWs	During outbreaks of infection, screening of HCWs may be required. The Occupational Health Service (OHS) and IPCT will advise. See Staff Screening SOP.
Specimens required	Send specimens as clinically indicated. If patient is not clinically improving after 48 hours of appropriate antibiotic therapy contact the microbiologist for further advice.
Terminal Cleaning of Room	Follow NHSGGC SOP for Terminal Clean of Isolation Rooms.
Visitors	No specific restrictions. Encourage any visitors to undertake hand hygiene before and after visiting.

4. Evidence Base

Heymann D.L. Control of Communicable Diseases in Man Manual. 19th Edition 2008.

Ayliffe GAJ. Fraise AP. Geddes AM. Mitchell K. Control of Hospital Infection (4th ed). Oxford University Press. USA/UK, 2000.

Mandell GL, Bennett JE, Dolin R. Principles and Practice of Infectious Diseases (6th ed). Churchill Livingstone. USA. 2005.

Interim UK guidelines for the management of close community contacts of invasive group A streptococcal disease. Communicable Disease and Public Health, 2004. 7(4): p.354-61.

Steer J.A et al, (2012) Guidelines for the prevention and control of group A streptococcal infection in acute healthcare and maternity settings in the UK Journal of Infection 64 pp 1-18.

Public Health Act.

http://www.nipcm.hps.scot.nhs.uk/chapter-2-transmission-based-precautions-tbps/