

NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE

GROUP A STREPTOCOCCUS

(Streptococcus pyogenes)

Effective From June 2023

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Version 8

The most up-to-date version of this guidance can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

Group A Streptococcus Aide Memoire

Consult Guidance Document and isolate in a single room with:

- ✓ ensuite / own commode
- √ door closed
- ✓ IPC yellow sign on door
- √ dedicated equipment
- ✓ Care Checklist completed daily

Patient Assessed Daily

Patient has had 48 hours of appropriate antibiotics and there is clinical improvement.

YES

- ✓ Stop isolation
- ✓ undertake terminal clean of room

Group A Streptococcus Guidance - for patients in isolation:

<u>Hand Hygiene:</u> Liquid Soap and Water or alcohol based hand rub

PPE: A yellow apron and fluid resistant mask is required for routine care. Disposable gloves must be worn when exposure to blood, body fluids and non-intact skin is anticipated or likely. Eye protection should be worn if risk of blood and body fluid splashing. For patients with a Group A Streptococcal respiratory tract infection a FFP3 /Hood is required during aerosol generating procedures until the patient has been established on antimicrobial treatment for 48 hours. Bacteraemia, meningitis, wound infection or infection in other normally sterile site there is no requirement for FRSM or FFP3.

Patient Environment: Twice daily chlorine clean.

<u>Patient Equipment:</u> Chlorine clean immediately after each use and twice daily.

Laundry: Treat as infectious

Waste: Dispose of as Clinical / Healthcare waste

<u>Incubation Period:</u> 1 – 3 days and 2 – 5 days for Tonsillitis or Scarlet Fever.

<u>Period of Communicability:</u> Until 48 hours of appropriate antibiotics **and** clinical improvement.

Notifiable disease: Yes

<u>Transmission route:</u> Direct contact (on rare occasions indirect contact with objects or fomites). Droplet transmission if possible if patient has respiratory infection.

NO