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	GROUP A STREPTOCOCCUS GUIDANCE <i>(Streptococcus pyogenes)</i>	Review Date	June 2025
		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			

Guidance 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 guidance 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 GUIDANCE

Important Note: The version of this policy found on the Infection Prevention & Control (eIPC Manual) on the intranet page is the only version that is controlled. Any other versions either printed or embedded into other documents or web pages should be viewed as uncontrolled and as such may not necessarily contain the latest updates, amendments, or linkages to other documents.

Document Control Summary

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Related Documents	National IPC Manual NHSGGC Hand Hygiene Guidance NHSGGC Terminal Clean of Ward/Isolation Rooms SOP NHSGGC Twice Daily Clean of Isolation Rooms SOP NHSGGC Decontamination Guidance NHSGGC Staff Screening Guidance
Distribution/Availability	NHSGGC Infection Prevention and Control web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control
Lead Manager	Director infection Prevention and Control
Responsible Director	Executive Director of Nursing

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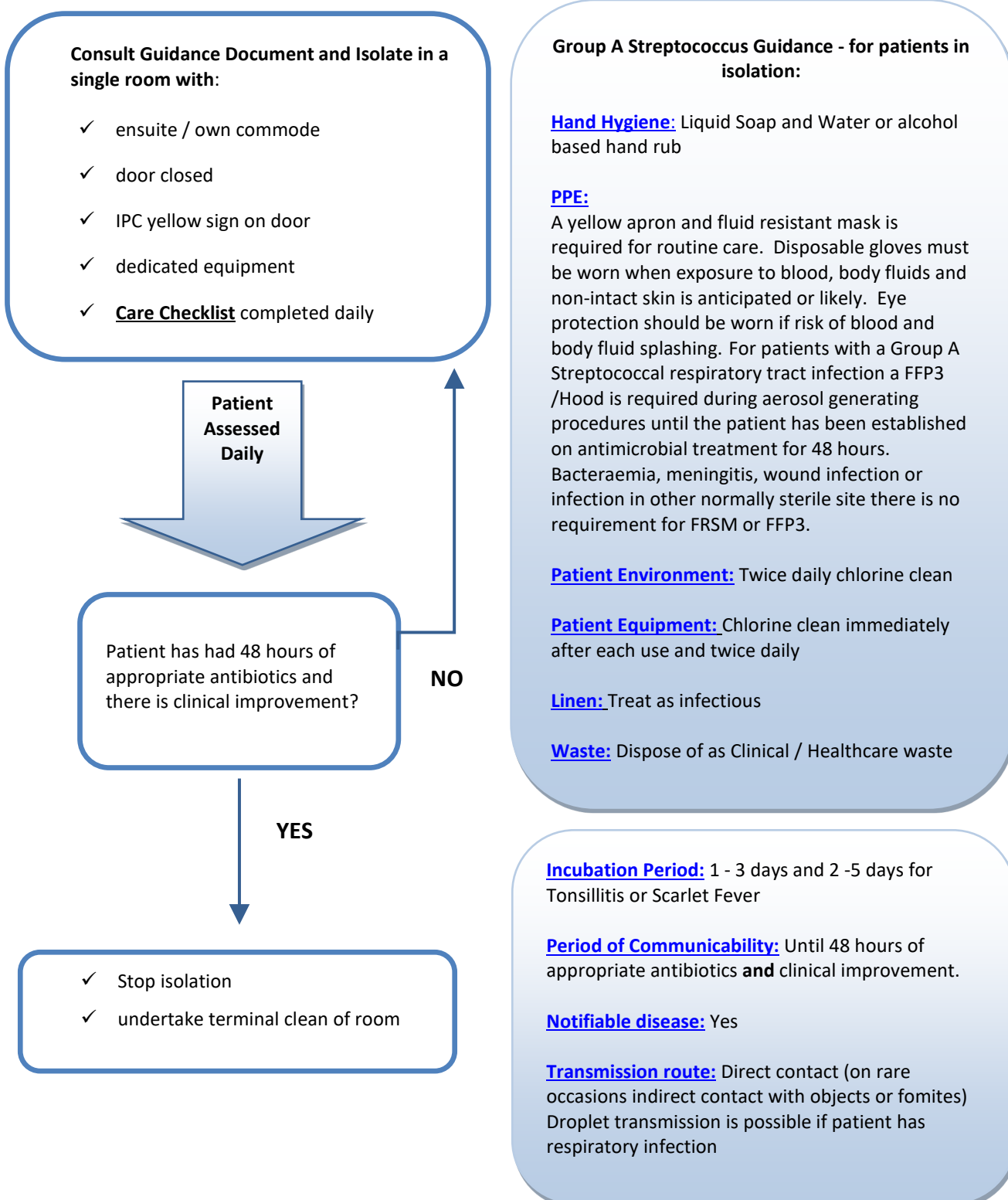
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Group A Streptococcus Aide Memoire



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1. Responsibilities

Healthcare Workers (HCWs) must:

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

Senior Charge Nurses (SCNs) / Managers must:

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

Infection Prevention and Control Teams (IPCTs) must:

- Keep this guidance up-to-date.
- Provide education opportunities on this guidance.
- Advise and support HCWs to undertake a Risk Assessment if unable to follow this guidance.
- Provide advice during outbreaks and incidents

Occupational Health Service (OHS) must:

- Support staff screening during an investigation / outbreak.

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2. General Information on Group A *Streptococcus*

Communicable Disease/ Alert Organism /	Group A Streptococcus (<i>Streptococcus pyogenes</i>).
Clinical Condition(s)	Group A Streptococcus (GAS; <i>Streptococcus pyogenes</i>) is a bacterium which can colonise the throat, skin and anogenital tract. It causes a wide range of skin, soft tissue and respiratory tract infections, including: tonsillitis, pharyngitis (strep throat), scarlet fever and pneumonia. Secondary complications include rheumatic fever, glomerulonephritis, necrotising fasciitis, shock and impetigo.
Mode of Spread	Organism is spread by respiratory droplets from patients with respiratory symptoms and also by direct and indirect contact.
Incubation Period	1-3 days. 2-5 days for tonsillitis / scarlet fever.
Notifiable Disease	Yes. If there is reasonable clinical suspicion of necrotising fasciitis, or the isolate of GAS is from a normally sterile site – these are statutorily notifiable. PHPU also require notification of any other severe presentation suggesting invasive <i>S. pyogenes</i> infection.
Period of Communicability	This organism is highly communicable in symptomatic patients until treated with appropriate antibiotics for 48 hours and there is <u>clinical improvement</u> .
Persons most at risk	Most invasive disease occurs in adults, while the majority of non-invasive infections occur in children.

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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. The patient must remain in the single room until they have had at least 48 hours appropriate antibiotic therapy and there is a clinical improvement or a different diagnosis is confirmed. If there is no clinical improvement continue isolation until bacterial culture is confirmed negative. If a single room is not available or when a patient's clinical condition may not support placement in a single room or the door to the isolation room cannot remain closed, the IPCT should be informed and a patient placement risk assessment should be undertaken jointly with ward staff and IPCT. This information should be documented in the patients' notes by the ward staff and the failure to isolate risk assessment should also be completed and reviewed daily. Doors in single rooms should be kept closed.
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 NHSGGC 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 possible patient equipment e.g. commode, BP cuff, washbowl should be dedicated to the patient until they are no longer considered infectious. Consider, single use or single patient use equipment. The commode should be decontaminated after every use with chlorine based detergent. Decontaminate equipment as per the NHSGGC Decontamination Guidance

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Hand Hygiene	Hand hygiene is the single most important measure to prevent cross-infection with Group A Streptococcus. Refer to the NHSGGC Hand Hygiene Guidance Hands must be decontaminated before and after each direct patient contact (as per 5 key moments). Alcohol hand rub/ gel is acceptable if hands are visibly clean.
Last Offices	See National Guidance for Last Offices
Linen	Treat used linen as infectious, i.e. place in a water soluble bag then into a clear plastic bag (place water soluble bag in the brown plastic bags used in Mental Health Areas), tied then into a red laundry hamper bag. Please refer to National Guidance on the safe management of linen
Moving between wards, hospitals and departments (including theatres)	Patient movement should be kept to a minimum unless clinically essential. 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	The yellow IPC isolation sign must be placed on the door to the patient's room. The door should remain closed and if the door cannot be closed, then an IPCT risk assessment should be completed.
Patient Clothing	Home Laundering If relatives or carers wish to take personal clothing home, staff must place clothing into a domestic water soluble bag then into a patient clothing bag and ensure that a Washing Clothes at Home Leaflet is issued. NB It should be recorded in the nursing notes or care checklist that both advice and the information leaflet has been issued.
Personal Protective Equipment (PPE)	For patients with a Group A Streptococcal respiratory tract infection a yellow apron and fluid resistant mask should be worn for direct care of the patient or within their

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	immediate environment. 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. During aerosol generating procedures, FRSM or FFP3/Hood until patient has been established on appropriate antimicrobial treatment for 48 hours. Bacteraemia, meningitis, wound infection or infection in other normally sterile site there is no requirement for FRSM or FFP3. Perform hand hygiene before donning and after doffing PPE.
<i>Specimens required</i>	Send specimens as clinically indicated.
<i>Terminal Cleaning of Room</i>	Follow NHSGGC Terminal Clean of Ward/Isolation Room SOP
<i>Visitors</i>	No specific restrictions. Encourage any visitors to undertake hand hygiene before and after visiting.

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4. Evidence Base

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Ayliffe GAJ. Fraiese 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.

The Public Health Act (Scotland) 2008.

[National Infection Prevention and Control Manual: Chapter 2 - Transmission Based Precautions \(TBPs\)](#)