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#### **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

#### **Document Control Summary**

Approved by and date	Board Infection Control Committee 26th June 2023
Date of Publication	9th August 2023
Developed by	Infection Prevention and Control Policy Sub-Group
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



## NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE

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## GROUP A STREPTOCOCCUS GUIDANCE (Streptococcus pyogenes)

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

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### GROUP A STREPTOCOCCUS GUIDANCE (Streptococcus pyogenes)

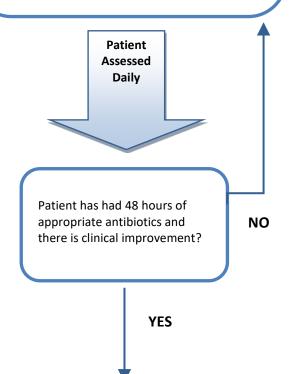
Version 8

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#### **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



- ✓ Stop isolation
- ✓ undertake terminal clean of room

### Group A Streptococcus Guidance - for patients in isolation:

Hand Hygiene: 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

**Linen:** Treat as infectious

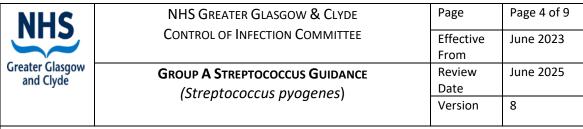
Waste: Dispose of as Clinical / Healthcare waste

<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 is possible if patient has respiratory infection



#### 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

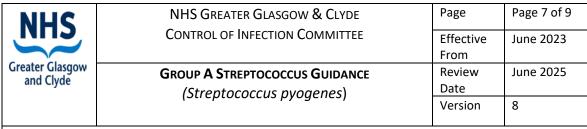
Communicable Disease/	Group A Streptococcus (Streptococcus pyogenes).
Alert Organism /	Croup result (on opicional progenitor).
Clinical Condition(s)	Group A Streptococcus (GAS; Streptococcus pyogenes) is a bacterium which can colonise the throat, skin and anogenital tract. It causes a wide range of skin, 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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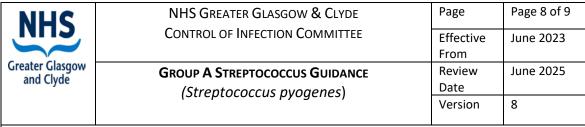
The most up-to-date version of this guidance can be viewed at the following web page: <a href="https://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a>

#### 3. Transmission Based Precautions for Group A Streptococcus

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Accommodation	Place a patient with suspected / confirmed Group A	
(Patient Placement)	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 <u>appropriate</u> antibiotic therapy and	
	there is a <u>clinical improvement</u> 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. <u>Group A Streptococcus Care Checklist</u>	
Clinical / Healthcare	Waste should be designated as clinical/ healthcare waste	
Waste	and placed in an orange bag. Please refer to the NHSGGC	
vvuste	Waste Management Policy	
Domestic Advice	Domestic staff must follow the SOP for Twice Daily Clean of	
Domestic Advice	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	



Hand Hygiene	Hand hygiene is the single most important measure to prevent cross-infection with Group A Streptococcus. Refer
	to the NHSGGC <u>Hand Hygiene Guidance</u>
	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,	Patient movement should be kept to a minimum unless
hospitals and	clinically essential.
departments (including	Prior to transfer, HCWs from the ward where the patient is
theatres)	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.
	additional domestic dealining in 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
Dationt Clathin a	should be completed.
Patient Clothing	<b>Home Laundering</b> 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.
	<b>NB</b> It should be recorded in the nursing notes or care
	checklist that both advice and the information leaflet has
	been issued.
Personal Protective	For patients with a Group A Streptococcal respiratory tract
Equipment (PPE)	infection a yellow apron and fluid resistant mask should be
	worn for direct care of the patient or within their



	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.
Specimens required	Send specimens as clinically indicated.
Terminal Cleaning of	Follow NHSGGC <u>Terminal Clean of Ward/Isolation Room</u>
Room	SOP
Visitors	No specific restrictions. Encourage any visitors to undertake hand hygiene before and after visiting.



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#### 4. Evidence Base

Heymann D.L. Control of Communicable Diseases in Man Manual. 19<sup>th</sup> Edition 2008.

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

Mandell GL, Bennett JE, Dolin R. Principles and Practice of Infectious Diseases (6<sup>th</sup> 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)