

**Infection Control Care Plan for a patient with Loose Stools of unknown origin / Gastroenteritis**

This care checklist should be used with patients who have loose stools of unknown origin OR **Gastroenteritis**. This care checklist should be followed to reduce the risk of transmitting faecal organisms to other patients, staff, carers and visitors, while the patient is considered infectious and then signed off at end of the isolation period / discharge. Each criteria should be ticked ✓ if in place or X if not, the checklist should be then initialled after completion, daily.

<b>Patient Name:</b>
<b>CHI:</b>

**Date Isolation commenced:** .....

		Date:						
<b>Patient Placement/ Assessment of Risk</b>		<b>Daily check (V/x)</b>						
<b>Patient Placement /Assessment of risk</b>	Patient isolated in a single room with <i>en suite</i> facilities / own commode until 48 hours asymptomatic. If a single room is not available, an IPCT risk assessment is completed (see Appendix 1)							
	The yellow IPC isolation sign must be placed on the door to the patient's room. In Mental Health Services (MHS), on advice of IPCT							
	Door to isolation room is closed when not in use. If for any reason this is not appropriate then an IPCT risk assessment is completed							
	A Bristol stool chart is in use and is up to date							
<b>Standard Infection Control &amp; Transmission Based Precautions</b>	<b>Hand Hygiene (HH)</b>							
	All staff must use correct 6 step technique for hand hygiene at 5 key moments with liquid soap and water							
	HH facilities are offered to patient after using the toilet and prior to mealtimes etc. (clinical wash hand basin/ wipes where applicable)							
	<b>Personal Protective Clothing ( PPE)</b>							
	Disposable gloves, yellow apron and FRSM. (It is strongly recommended that you wear a FRSM at all times when providing direct patient care). Staff should risk assess the need for eye/face protection. <b>HH must be carried out following removal of PPE.</b>							
	<b>Safe Management of Care Equipment</b>							
	Single-use items are used where possible OR equipment is dedicated to patient while in isolation.							
	There are no non-essential items in room. (e.g. Excessive patient belongings)							
	<b>Twice daily</b> decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of chlorine based detergent with 5 minute contact time before rinsing off and drying.							
	<b>Safe Management of Care Environment</b>							
	<b>Twice daily</b> clean of isolation room is completed by Domestic services, using a solution of 1,000 ppm chlorine based detergent with 5 minute contact time. A terminal clean will be arranged on day of discharge/ end of isolation.							
	Remove any uncovered food from patient lockers.							
	<b>Laundry and Clinical/Healthcare waste</b>							
All laundry is placed in a water soluble bag, then a clear plastic bag (brown bag used in mental health areas), tied then into a white laundry hamper bag. Some wards and departments may use red laundry hamper bags as the outer bag.								
Clean linen must <u>not</u> be stored in the isolation room.								
All waste should be disposed of within the isolation room as clinical/ Healthcare waste								
<b>Information for patients/carers</b>	<b>Information for patients and their carers</b>							
	The patient has been given information on their infection / isolation and provided with a patient information leaflet (PIL) if available.							
	If taking soiled clothing home, carers have been issued with a Washing Clothes at Home PIL. (NB. Personal laundry is placed into a patient water soluble bag and then into a patient clothing bag before being given to carer to take home)							
<b>HCW Daily Initial :</b>								

**Date Isolation ceased/ Terminal Clean completed:** ..... **Signature:** ..... **Date:** .....

**Date Specimens Obtained: Please note there should be 24hours between each sample for culture & c diff testing**

Culture & C Diff	Virology
1.	1.
2.	
3.	

**Appendix 1: Infection Prevention and Control Risk Assessment**  
 (for patients with known or suspected infection that cannot be isolated)

Addressograph Label:  
 Patient Name and DOB/CHI:



**Daily Assessment / Review Required**

	C O M M E N T S	DATE	DATE	DATE	DATE	DATE	DATE	DATE
<b>Daily Assessment Performed by</b> <p style="text-align: right;"><i>Initials</i></p>								
<b>Known or suspected Infection</b> e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis. <p style="text-align: right;"><i>Please state</i></p>								
<b>Infection Control Risk</b> , e.g. unable to isolate, unable to close door of isolation room. <p style="text-align: right;"><i>Please state</i></p>								
<b>Reason unable to isolate / close door to isolation room</b> , e.g. falls risk, observation required, clinical condition. <p style="text-align: right;"><i>Please state</i></p>								
<b>Additional Precautions</b> put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space. <i>Please state</i>								
<b>Infection Prevention and Control have been informed</b> of patient's admission and are aware of inability to adhere to IPC Policy? <p style="text-align: right;"><i>Yes / No</i></p>								
<b>Summary Detail of Resolution</b>								

**Daily risk assessments are no longer required**

**Signed** \_\_\_\_\_  
**Date** \_\_\_\_\_