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### Guidance Objective

To provide healthcare workers (HCW) with details of the precautions necessary to minimise the risk of cross-infection from undiagnosed, infectious diarrhoea.


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 15 <sup>th</sup> December 2022
Date of Publication	30 <sup>th</sup> January 2023
Developed by	Infection Prevention and Control Policy Sub-Group
Related Documents	National IPC Manual NHSGGC Decontamination Guidance NHSGGC SOP Cleaning of Near Patient Equipment NHSGGC SOP Twice Daily Clean of Isolation Rooms NHSGGC SOP Terminal Clean of Ward/Isolation Room
Distribution/ Availability	NHSGGC Infection Prevention and Control web page: <a href="http://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>
Lead Manager	Director Infection Prevention and Control
Responsible Director	Executive Director of Nursing

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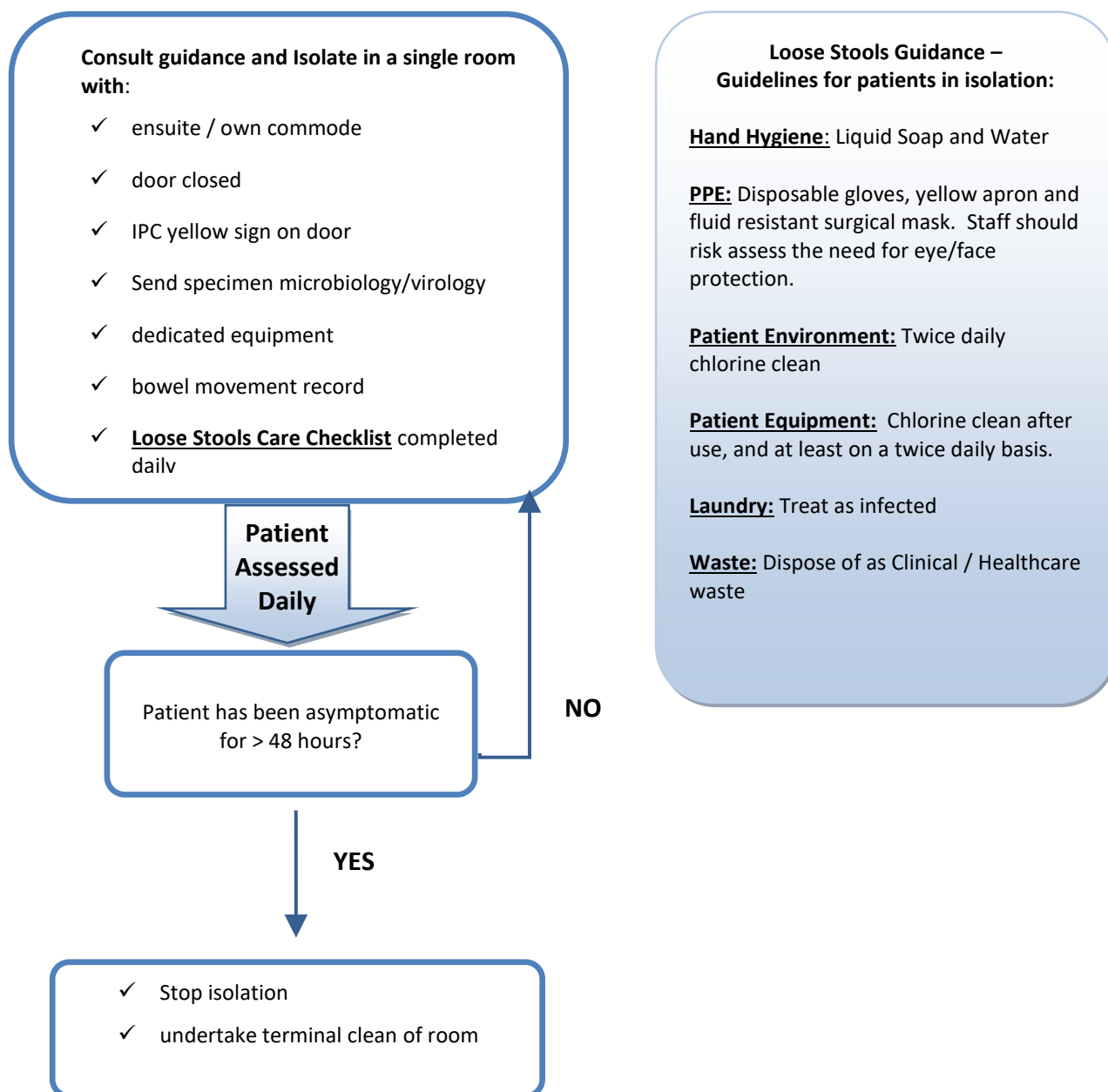
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### Loose Stool Aide Memoire



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## 1. Responsibilities

### Healthcare Workers (HCWs) must:

- Follow this guidance.
- Inform their line manager if this guidance cannot be followed.
- Must implement care checklist at all times.
- Be vigilant for increased number of cases with similar symptoms and notify IPCT

### Senior Charge Nurse (SCN) / Managers must:


- Support HCWs and Infection Prevention and Control Teams (IPCTs) in following this guidance.
- Ensure that the checklist is in place.

### Infection Prevention and Control Teams (IPCTs) must:

- Keep this guidance up-to-date.
- Provide education opportunities on this guidance.
- Provide advice during outbreaks and incidents


### Occupational Health Service must (OHS):

- Advise HCWs regarding possible infection exposure and return to work issues as necessary
- Provide advice during outbreaks and incidents

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## 2. General Information on patients with loose stools

<b>Clinical Condition</b>	<b>Loose stools.</b> Potentially infectious diarrhoea.
<b>Definition</b>	Two or more episodes of loose stools over a 24-hour period with no other obvious explanation, e.g. diagnosed/suspected bowel diseases, laxatives, antibiotics. A loose stool is a specimen which conforms to the shape of the container.  Loose stools are defined as type 6 or 7 on the Bowel Movement Record, See <a href="#">Appendix 1</a>
<b>Incubation period</b>	Micro organism dependent; 12 hours to several days.
<b>In what areas does this policy apply</b>	All areas
<b>Mode of Spread</b>	<b>Contact</b> /(direct and in-direct) Patients with loose stools may contaminate the environment by direct or in-direct contact.
<b>Notifiable disease</b>	No, unless subsequently confirmed as a notifiable pathogen.
<b>Period of communicability</b>	The risk of transmission remains until the patient is asymptomatic for 48 hours or longer if a specific pathogen has been identified. Contact the IPCT for further advice.
<b>Persons most at risk</b>	Generally the most vulnerable are the immunocompromised The very young and very old are also extremely susceptible.

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### 3. Transmission Based Precautions for patients with loose stools *(See also Appendix 2)*

<b>Accommodation (Patient Placement)</b>	Patients with symptoms suggestive of unexplained diarrhoea and / or vomiting, should be placed in a single room, preferably with en suite toilet or own commode. If the patient is clinically unsuitable for isolation, a risk assessment must be undertaken by the clinical team and discussed with a member of the IPCT if required. Failure to isolate must be documented in the IPC Care Checklist and reviewed daily. If a single room is not available, after consulting bed manager, inform a member of the IPCT.
<b>Care checklist available</b>	Yes. See <a href="#">Care checklist for Patients with Loose Stools</a> .
<b>Clinical/Healthcare Waste</b>	Waste should be designated as clinical/ healthcare waste and placed in an orange bag. Please refer to the NHSGCC <a href="#">Waste Management Policy</a> .
<b>Domestic Advice</b>	<ul style="list-style-type: none"> <li>• Patients room/bedspace should be cleaned twice daily as per NHSGGC <a href="#">Twice Daily Clean of Isolation Rooms SOP</a></li> <li>• Chlorine based detergents at 1000ppm should be used for routine and terminal cleaning of the area.</li> <li>• Blood and/or body fluid contamination of the environment should be dealt with as per the NHSGGC <a href="#">Decontamination Guidance</a></li> <li>• On resolution of symptoms (more than 48 hours asymptomatic) or discharge home, patient room/ bed space should be terminally cleaned. See NHSGGC <a href="#">Terminal Clean of Ward/Isolation Room SOP</a></li> </ul>
<b>Equipment</b>	<p>Patient equipment must be dedicated as far is possible, while symptomatic and during infectious period. Where possible equipment such as commodes, washbowls, chairs, hoist slings, bp cuffs and thermometers etc should be kept for use by individual, symptomatic patients.</p> <p>Patient care equipment should be cleaned twice daily with 1000ppm chlorine based detergent, immediately if visibly contaminated and following use if removing from patient's single room / bed space.</p> <p>Please see NHSGGC <a href="#">Decontamination Guidance</a></p>

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<b>Hand Hygiene (HH)</b>	<p>Hand hygiene is the single most important measure to prevent cross-infection with Loose stools.</p> <p>Hands must be decontaminated with liquid soap and water before and after each direct patient contact, after contact with the environment, after exposure to body fluids and before any aseptic tasks. Patients should be encouraged / assisted to use the hand hygiene facilities after using the toilet / commode and before meals. Hand wipes should be provided to those patients unable to use hand hygiene facilities</p> <p>Visitors must also be encouraged to wash their hands with soap and water after visiting a patient with loose stools.</p> <p>Please refer to NHSGGC <a href="#">Hand Hygiene Guidance</a></p>
<b>Last Offices</b>	See <a href="#">National guidance for Last Offices</a>
<b>Linen</b>	<p>Treat used linen as soiled/ infected, i.e. place in a water soluble bag, then into 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.</p> <p>Please refer to <a href="#">National Guidance on the safe management of linen</a></p> <p>Any soiled clothing for home laundering should be placed into a domestic water soluble bag then into a patient clothing bag before being sent home. All soiled clothing for home laundering should be accompanied with a <a href="#">Washing Clothes at Home Information Leaflet</a> and staff should alert relatives / carers to the condition of the laundry. <b>NB</b> it should be recorded in the nursing notes that both advice and the information leaflet has been issued.</p>
<b>Moving between wards, hospitals and departments (including theatres)</b>	Movement of patients should be restricted until they have been asymptomatic for at least 48 hours. Movement of symptomatic patients must only occur if there is a <b>clinical</b> need and this should be discussed with the receiving area.
<b>Notice for Door</b>	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


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	The door should remain closed and if the door cannot be closed, then an IPCT risk assessment should be completed and reviewed frequently.
<b>Outbreak</b>	Outbreaks are likely if these precautions are not followed. Please refer to the <a href="#">Outbreak Incident Management Plan</a>
<b>Patient Assessment</b>	Patients who have a history of recent loose stools/ diarrhoea (which is different from their normal bowel pattern) should be treated as potentially infectious and isolated in a single room until stool specimen results are available and reported as negative or they have been asymptomatic for 48 hours. See <a href="#">Accommodation</a> section.
<b>Patient/ Visitor information</b>	Please record any information given to patients, relatives or carers into nursing/ medical notes.
<b>Personal Protective Equipment (PPE)</b>	Fluid Resistant Surgical Mask (FRSM), disposable yellow aprons and disposable gloves must be worn if in contact with an infected/potentially infected patient or their environment. Where there is a risk of blood / body fluid splash to the face, a FRSM and eye protection must be considered.
<b>Precautions Required until</b>	Precautions will be required until the patient is asymptomatic for 48 hours, or longer if a specific pathogen has been identified. Contact the IPCT for further advice.
<b>Risk Assessment required</b>	All patients with loose stools must be assessed by medical staff to rule out other reasons for symptoms. You <b>MUST</b> contact the IPCT if there is more than one patient with loose stools/ diarrhoea for which there is no obvious non-infectious explanation.
<b>Screening Staff</b>	May be required during outbreaks but only on the advice of the IPCT/ Occupational Health Service.
<b>Specimens Required</b>	A stool specimen is required. Where possible send an adequate amount of faeces i.e. half-full container. Specimens should be sent for routine culture and sensitivity (C&S), <i>Clostridium difficile</i> Infection (CDI) and virology. If 1 <sup>st</sup> specimen is negative for C&S and the patient continues to have loose stools/diarrhoea and an infectious cause is strongly suspected,

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	two further specimens, taken on separate occasions at least 24 hours apart, should be sent for testing.
<b>Stool Charts</b>	It is the responsibility of staff within the area to record type and frequency of stool using the Bristol Stool Chart. See <a href="#">Appendix 1</a> Bowel Movement record
<b>Terminal Cleaning of Room</b>	Please refer to NHSGGC <a href="#">Terminal Clean of Ward/Isolation Room SOP</a>
<b>Visitors</b>	Visitors are not required to wear aprons and gloves, unless performing personal care. Visitors should be advised to decontaminate their hands with liquid soap and water on leaving the room/ patient. Visitors should be advised not to sit on the patient's bed at any time during visiting. Staff should consider restricting the number of visitors to two and advising visitors not to bring young children and babies to visit whilst the patient is symptomatic.

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#### 4. Evidence Base

National Infection Prevention and Control Manual

<http://www.nipcm.hps.scot.nhs.uk>

CDC (2007) The Healthcare Infection Control Practices Advisory Committee.  
 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents  
 in Healthcare Settings.

<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>


CDC (2011) The Healthcare Infection Control Practices Advisory Committee.  
 Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in  
 Healthcare Settings (2011)

<https://www.cdc.gov/infectioncontrol/guidelines/norovirus/index.html>

Guidance on Prevention and Control of *Clostridioides difficile* Infection (CDI) in  
 Health and Social Care Settings in Scotland No 6 2017

<https://www.hps.scot.nhs.uk/web-resources-container/guidance-on-prevention-and-control-of-clostridium-difficile-infection-cdi-in-health-and-social-care-settings-in-scotland/>

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### Appendix 1 – Bowel Movement Record

#### BOWEL MOVEMENT RECORD

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_

Date	Time	Size S-small M-medium L-large S M L	Type 1	Type 2	Type 3	Type 4	Type 5	Type 6	Type 7	Staff Initials
			Separate hard lumps like nuts (hard to pass)	Sausage shaped but lumpy	Like a sausage but with cracks on surface	Like a sausage or snake, smooth and soft	Soft blobs with clear-cut edges (passed easily)	Fluffy pieces with ragged edges, a mushy stool	Watery, no solid pieces (entirely liquid)	
	am									
	pm									
	am									
	pm									
	am									
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Adapted from the Bristol Stool Scale developed by KW Heaton and SJ Lewis at the University of Bristol, 1997

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