

Trust Guideline for the Management of Health Care Workers with Gastrointestinal Infections

A Clinical Guideline recommended

For use in:	All Areas
By:	All Trust Staff
For:	The Control of Gastrointestinal Infections
Division responsible for document:	Corporate
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Compliance links: <i>(is there any NICE related to guidance)</i>	No
If Yes – does the strategy/policy deviate from the recommendations of NICE? If so, why?	N/A

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

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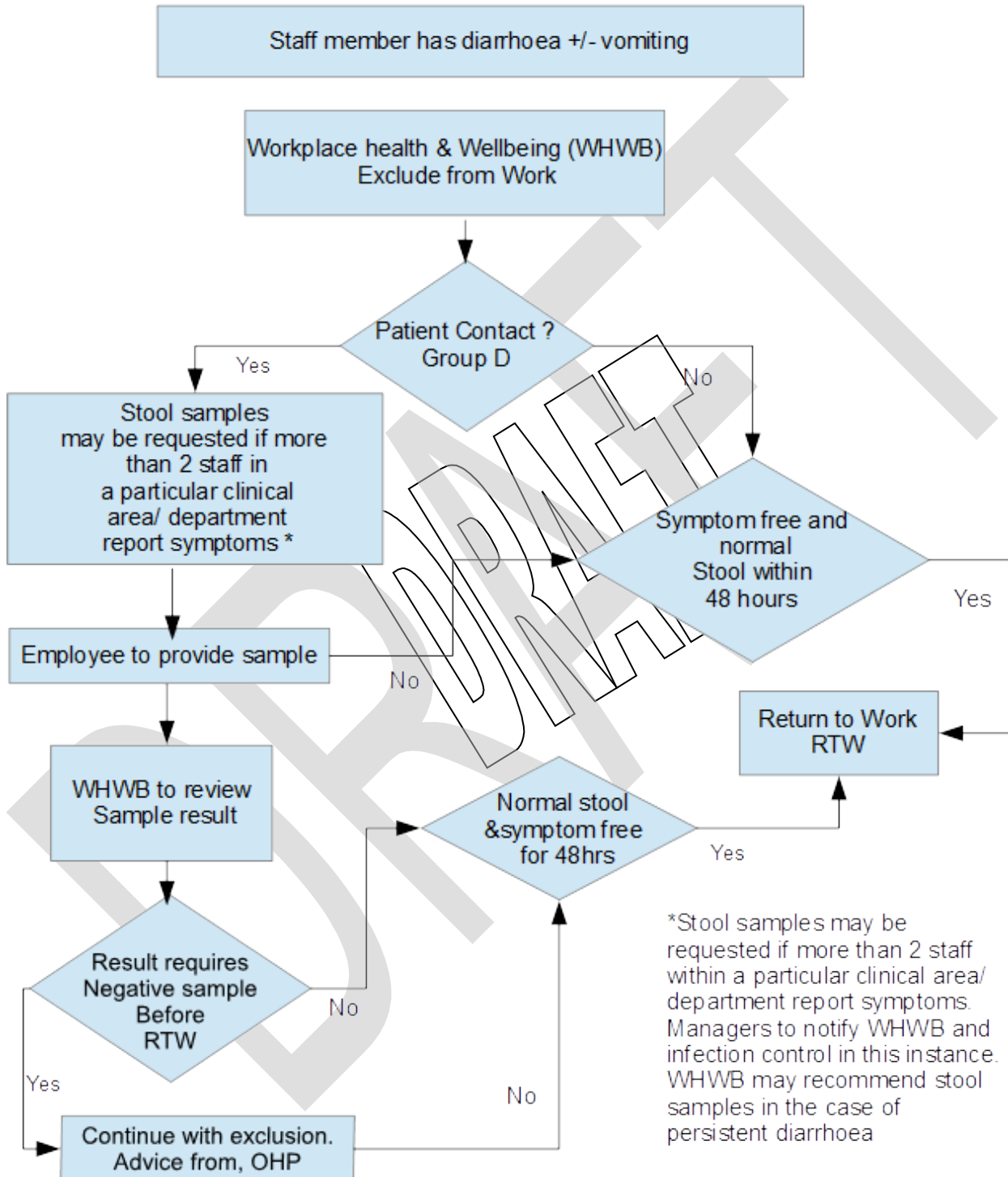
Version Number	Date of Update	Change Description	Author
4.1	24/04/2020	No clinical changes to document at this time, but due to Covid-19 it has been given a short review date to allow for a thorough review at a future date.	Rachel Starling
4.2	30/03/2021	No Clinical changes required- references updated to include 'Infection Control Staff Screening Policy' - Trustdocs Id: 16625	Rachel Starling

This is a Controlled Document

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Trust Policy / Guideline for the Management of: Condition or Procedure in Adults and / or Children (title needed on every page)

Trust Guideline for the Management of Health Care Workers with Gastrointestinal infections



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Objective

To provide guidance on the management of staff presenting with any gastrointestinal infections.

To minimise the risk and to control the spread of gastrointestinal infections between staff and patients.

Rationale

This guideline is written in line with Health Protection Agency (HPA) guidance that all cases of gastroenteritis must be regarded as infectious and should normally be excluded from work at least until 48 hours after the person is free from diarrhoea and/or vomiting. Specific guidance from the HPA can be followed if stool specimen indicates individual organisms and conditions.

Definitions of Terms used / Glossary (if applicable)

Broad recommendations

This guideline provides advice and recommendation on the exclusion from work of identified groups of staff who present / contact Workplace Health & Wellbeing with gastrointestinal infections and the clearance requirements before a return to work is possible.

All non-patient contact staff who present / contact Workplace Health & Wellbeing with a gastrointestinal infection will be advised to be absent from work until 48 hours symptom free.

Any staff member with patient contact who presents / contacts Workplace Health & Wellbeing with a gastrointestinal infection will be advised to be absent from work until 48 hours symptom free.

Stool samples may be requested if more than 2 staff within a particular clinical area/department report symptoms to assist with epidemiology. Refer to Infection Control Staff Screening Policy ID 16625 for additional information/ advice can be found where staff screening is required

Managers to notify WHWB and infection Prevention and control (IP&C) if 2 or more staff within their area report symptoms in order for the process to be implemented. WHWB will notify IP&C of any areas where a positive result is identified.

WHWB may recommend stool sampling in the case of persistent diarrhoea with no obvious known cause (**audit results - see compliance table**)

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Summary of development and consultation process undertaken before registration and dissemination

This guideline has been developed by the Workplace Health & Wellbeing and the Infection Prevention & Control Department.

Distribution list / dissemination method

This guideline has been disseminated and distributed using the following methods

- Trust Intranet
- Departments
- Infection Prevention & Control Manual
- Operations Centre
- Library
- Meetings/training sessions held by Infection Control Team and Workplace Health & Wellbeing
- Communicable Disease Control
- Included in induction and mandatory training updates for all staff

References

- Preventing person-to-person spread following gastrointestinal infection: guidelines for public health physicians and environmental health officers. Communicable Disease and Public Health (2004) 7 (4), 362-384.
http://webarchive.nationalarchives.gov.uk/+http://www.hpa.org.uk/cdph/issues/CDPHvol7/No4/guidelines2_4_04.pdf
- Infection Prevention & Control Team. Trust Guideline for the Management of Major & Limited Outbreaks of Viral Vomiting and/or Diarrhoea (can be found on intranet by clicking on guidelines then infection control manual and is document A3).
- Heyman, D (2014) Control of Communicable Diseases Manual 20th Edition, APHA Press
- http://www.hpa.org.uk/infections/topics_az/gastro/menu.htm
- [Infection Control Staff Screening Policy - Trustdocs Id: 16625](#)

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Appendix A

General Guidance

a) General Advice / Principles of Management

All cases of gastroenteritis should be regarded as infectious, although diarrhoea and vomiting may be caused by many agents both infective and non-infective. Any liquid stool is liable to result in contamination of the hands and the environment causing the dissemination of faecal organisms.

The practice of **good personal hygiene** (i.e. vigorous hand washing) is essential for the control of these infections.

Further guidance on risk groups and good practice is attached and is consistent with the guidance offered by HPA.

All Trust Staff - should not attend work until free of diarrhoea and vomiting for 48 hours. (More serious cases, such as infections with *Salmonella typhi* and *paratyphi*, *Shigella dysenteriae* or *E-coli 0157* require more stringent management).

Patients – if there is a suspicion that two or more cases of gastrointestinal illness are linked, the IP&C Team must be informed on telephone Ext. 5847 (01603 289847).

Staff – if there is a suspicion that two or more cases of gastrointestinal illness are linked, the Workplace Health & Wellbeing team must be informed as soon as possible during normal working hours (0830 to 1700, Mondays to Fridays) on Ext. 3035 (01603 287035). (See A3 Trust Guideline as in References/source documents above).

* Where two or more suspected cases are noted (i.e. a suspected outbreak) a laboratory identification of a causative organism need not necessarily be awaited. Stool samples may be requested if 2 or more staff within a particular clinical area/department report symptoms. Managers to notify WHWB and infection control in order for the process to be implemented. WHWB will notify Infection Prevention and Control of any areas where a positive result is identified.

WHWB may recommend stool sampling in the case of persistent diarrhoea with no obvious/ known cause

* Workplace Health & Wellbeing team will liaise with the CCDC or the Infection Prevention & Control Team about individual cases for further advice or where notification of a case is indicated. Confidentiality will be kept within the Workplace Health & Wellbeing for Workplace Health & Wellbeing team and Infection Control Team.

* The CCDC should be informed if a notifiable organism is grown on stool sample, e.g. *Salmonella typhi* / *paratyphi*, *Escherichia Coli 0157*, etc).

* The Consultant in Communicable Disease Control (CCDC) should be informed if an outbreak is suspected. Contact details are via the Communicable Disease Surveillance Centre, Colindale, London. Telephone: 0208 200 6868

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Appendix B

Groups that pose an increased risk of spreading infection

It is particularly important to assess infected people who belong to one of the four groups for whom special action should be considered.

Group A

Any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school.

Group B

Children who attend pre-school groups or nursery.

Group C

People whose work involves preparing or serving unwrapped foods not subjected to further heating.

Group D:

Clinical and social care staff who have direct contact with highly susceptible patients or persons in whom a gastrointestinal infection would have particularly serious consequences

Exclusion criteria

Specific exclusion criteria for those in risk groups can be found in:

<http://webarchive.nationalarchives.gov.uk/>

[+http://www.hpa.org.uk/cdph/issues/CDPHvol7/No4/guidelines2_4_04.pdf](http://www.hpa.org.uk/cdph/issues/CDPHvol7/No4/guidelines2_4_04.pdf)

People who do NOT pose an increased risk

People not in the above risk groups present a minimal risk of spreading gastrointestinal illness and may return to any form of work from 48 hours after they have recovered clinically and their stools have returned to normal consistency.

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Element to be monitored	Lead Responsible for monitoring	Monitoring Tool / Method of monitoring	Frequency of monitoring	Lead Responsible for developing action plan and acting on recommendations	Reporting arrangements	Sharing and disseminating lessons learned and recommended changes in practice as a result of monitoring compliance with this document
All non-patient contact staff who present / contact Workplace Health & Wellbeing with a gastrointestinal infection will be advised to be absent from work until 48 hours symptom free.	Senior OH Nurse	E-opas Duty desk report	Annual	Senior OH Nurse	Infection control	The Lead responsible for developing the action plans will disseminate lessons learned via the most appropriate committee e.g. Clinical Effectiveness; Clinical Governance, Patient Safety.
Any patient contact staff who present / contact Workplace Health & wellbeing with a gastrointestinal infection will be advised to be absent from work until 48 hours symptom free. Managers to notify WHWB and infection control in order for the process to be implemented	Senior OH Nurse	E-opas Duty desk report	Annual	Senior OH nurse	Infection control	