

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

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4.1	24/04/2020	R Starling	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.
4.2	30/03/2021	R Starling	No Clinical changes required- references updated to include 'Infection Control Staff Screening Policy' - <a href="#">Trustdocs Id: 16625</a>
4.3	23/03/2024	H Winch	No clinical changes – placed into new Trust format

### Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

### Consultation

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

The following were consulted during the development of this document:

- Consultant in Occupational Medicine
- Infection, Prevention and Control

### **Monitoring and Review of Procedural Document**

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g., changes in legislation, findings from incidents or document expiry.

### **Relationship of this document to other procedural documents**

This document is a policy applicable to Norfolk & Norwich University NHS Foundation Trust; please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

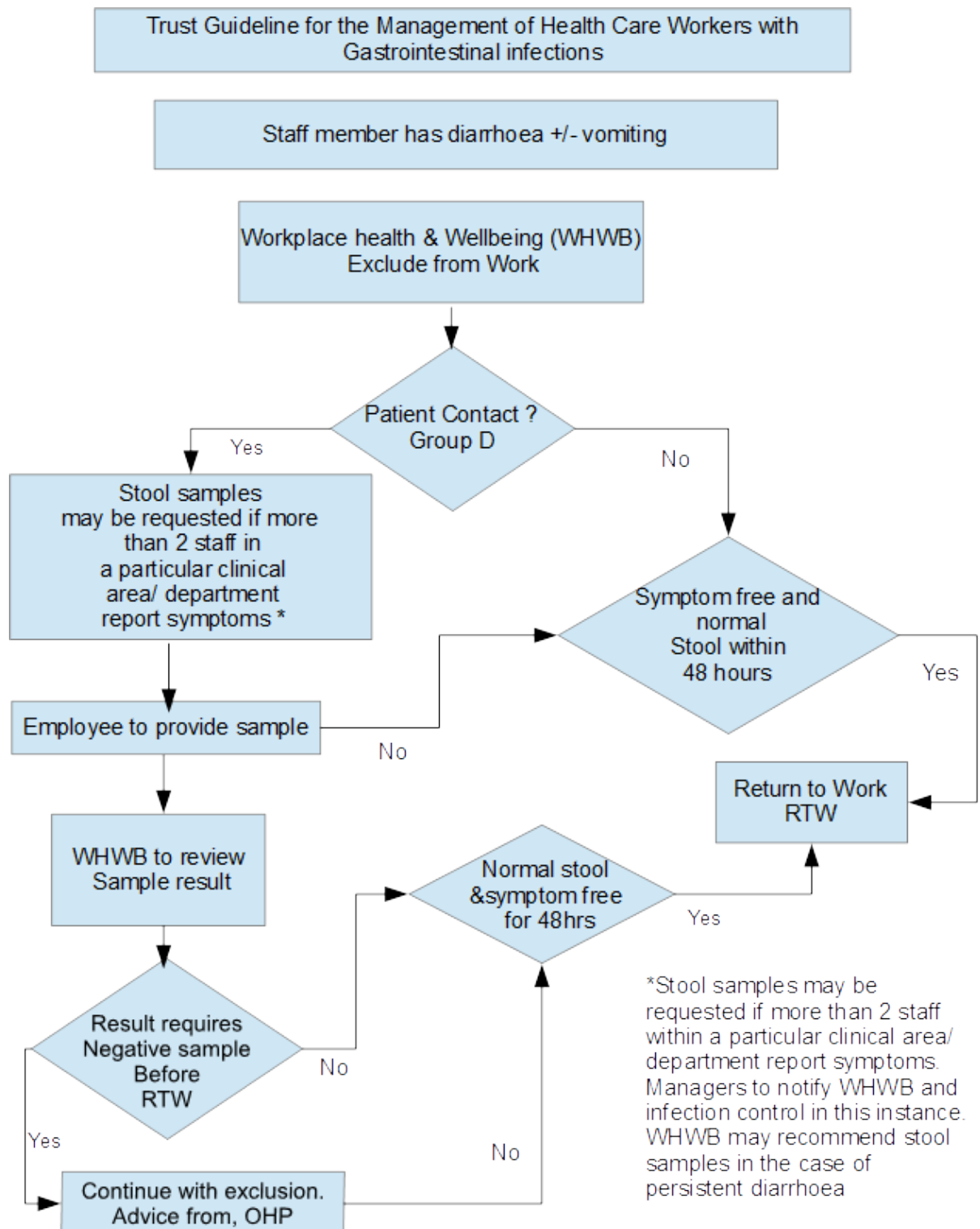
# Trust Guideline for the Management of Health Care Workers with Gastrointestinal Infections

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## Quick reference Guides



## 1. Introduction

The Norfolk and Norwich University Hospital NHS Trust (hereafter referred to as The Trust) is committed to protecting the health, safety, and welfare of its colleagues, patients and visitors, as far as is reasonably practicable which includes the prevention of transmission of a gastrointestinal infection.

### 1.1. Rationale

This guideline is written in line with UK Health Security Agency (UKHSA) 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.

### 1.2. Objective

The objective of this clinical guidelines is:

- 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.

### 1.3. Scope

This covers all colleagues within the Trust (including Trust bank workers).

### 1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
UKHSA	UK Health Security Agency

## 2. Responsibilities

### 2.1. Chief Executive

The Chief Executive is responsible to the Trust Board for the operation and implementation of this policy and to ensure this policy is supported by Directors and Managers.

### 2.2. Divisional Directors

It is the responsibility of Divisional Directors to:

1. Review the information provided by Workplace Health & Wellbeing and Infection Prevention & Control and take appropriate action if areas within the division are identified.

### 2.3. Line Managers

It is the responsibility of the Line Manager of the department or ward:

- 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
- To ensure any staff member reporting symptoms of a gastrointestinal infection will be advised to be absent from work until 48 hours symptoms free.
- To ensure Infection Prevention and Control measures are adhered to in their area.

#### 2.4. Colleagues

It is the responsibility of all colleagues to:

- Remain absent from work if have symptoms of gastrointestinal infection until they are 48hrs symptom free.

#### 2.5. Infection Prevention & Control

It is the responsibility of Infection Prevention & Control team:

- Provide advice to Line Managers and colleagues on the management of a gastrointestinal outbreak.

#### 2.6. Workplace Health & Wellbeing

It is the responsibility of Workplace Health & Wellbeing to:

- Provide advice on work restrictions in the event of a colleague reporting a gastrointestinal symptoms.
- Provide advice on ability to return to work if sampling is required.
- Provide support and guidance for Line Managers in response to colleagues requiring absence in relation to gastrointestinal ill health.

### 3. Guideline Principles

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.

Any colleague (clinical or non-clinical) 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

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

#### 4. Related Documents

The following Trust guidelines and policies should be referred to when handling cases of stress at work and are available on the Trust intranet:

- [Infection Control Staff Screening Policy - Trustdocs Id: 16625](#)
- [Infection Prevention and Control - The Beat \(nnuh.nhs.uk\)](#)

#### 5. 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](http://webarchive.nationalarchives.gov.uk/http://www.hpa.org.uk/cdph/issues/CDPHvol7/No4/guidelines2_4_04.pdf)
- Heyman, D (2014) Control of Communicable Diseases Manual 20<sup>th</sup> Edition, APHA Press
- [http://www.hpa.org.uk/infections/topics\\_az/gastro/menu.htm](http://www.hpa.org.uk/infections/topics_az/gastro/menu.htm)

#### 6. Monitoring Compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Any Colleague who present / contact Workplace Health & wellbeing with a gastrointestinal infection will be advised to be absent from work until 48 hours symptom free	Duty calls received by WHWB	Workplace Health & Wellbeing	Infection Prevention & Control Committee	Quarterly
Outbreak management to be implemented if more than 2 cases identified in ward area	Duty calls received by WHWB	Workplace Health & Wellbeing	Infection Prevention & Control Committee	Quarterly

The audit results are to be discussed at the Infection Prevention and Control Committee meeting to review the results and recommendations for further action.

## 7. Appendices

### Appendix A - General Guidance

#### 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

## **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://webarchive.nationalarchives.gov.uk/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.

## 8. Equality Impact Assessment (EIA)

<b>Type of function or policy</b>	Existing		
<b>Division</b>	Corporate	<b>Department</b>	Workplace Health & Wellbeing
<b>Name of person completing form</b>	Hilary Winch	<b>Date</b>	20/11/2023

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	Nil	None	Trust	No
Pregnancy & Maternity	Nil	None	Trust	No
Disability	Nil	None	Trust	No
Religion and beliefs	Nil	None	Trust	No
Sex	Nil	None	Trust	No
Gender reassignment	Nil	None	Trust	No
Sexual Orientation	Nil	None	Trust	No
Age	Nil	None	Trust	No
Marriage & Civil Partnership	Nil	None	Trust	No
<b>EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?</b>				

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

### IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.