

Key Messages: Confirmed / Suspected Respiratory and Gastrointestinal Infection

	Confirmed / suspected respiratory infection	Confirmed / suspected gastrointestinal infection
Signage	Ensure appropriate notices are visible informing staff & visitors: Droplet / Airborne Precautions (Respiratory)	Ensure appropriate notices are visible informing staff & visitors: Contact Precautions (Gastrointestinal)
Patient Care	<ul style="list-style-type: none"> • Collect throat swab (respiratory sample) and request routine Respiratory Screen (COVID-19, Flu A, B & RSV) from all symptomatic patients • Consider antiviral prophylaxis for other patients in the room • Staff must maintain current details of patient signs & symptoms • Support patients to maintain respiratory etiquette • Patients with a confirmed/suspected respiratory viral infection should wear a fluid resistant surgical mask (FRSM) when moving around and transferring to another area/department • Patients with a confirmed/suspected respiratory viral infection - defer non-urgent investigations/therapy whilst not delaying patient discharge 	<ul style="list-style-type: none"> • Collect stool and/or vomit sample from all affected patients & request Norovirus test (also request C-Diff and MC&S on stool sample) • Ensure patients maintain fluid levels • Staff must maintain current details of patient signs & symptoms including fever, nausea & vomiting • Record all bowel movements on Bristol Stool Chart • Support patients to clean their hands regularly • Defer non-urgent investigations & therapies whilst not delaying patient discharge
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Disposable apron (consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task), • Disposable gloves if exposure to blood & body fluids • FRSM Type IIR • Full face visor • For Aerosol Generating Procedures (AGP) wear FFP3 mask • Apron/gown & gloves must be changed between patients & tasks on the same patient • Dispose of PPE as clinical waste 	<ul style="list-style-type: none"> • Disposable apron (consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task) • Disposable gloves if exposure to blood & body fluids • Continue to wear gloves for all care delivery of individuals with gastrointestinal illness when in a room that does not have a clinical hand wash sink • Consider (if risk of spraying or splashing) eye & face protection (FRSM Type IIR and goggles or full face visor) • Apron/gown & gloves must be changed between patients & may need to be changed between tasks on the same patient • Dispose of PPE as clinical waste
Hand Hygiene	Adhere to strict hand hygiene. Alcohol-Based Hand Rub (ABHR) or soap & water may be used	<ul style="list-style-type: none"> • Adhere to strict hand hygiene. Wash hands with soap & water (<u>Alcohol-Based Hand Rub (ABHR) is not effective against gastrointestinal illness</u>)
Staff Exclusion	<ul style="list-style-type: none"> • Stay at home if you have symptoms of respiratory infection and have a high temperature or do not feel well enough to go to work or carry out normal activities • Do not return to work until 24 hours clear of having high temperature • Staff should not routinely test for COVID-19 as per national guidance. 	<ul style="list-style-type: none"> • Staff must not return to work until 48 hours clear of all gastrointestinal symptoms, including abdominal pain or nausea • Staff must inform Work & Well-being that they are unwell with gastrointestinal symptoms

Re-opening closed bays/wards	<p>Closed bay/ward can be re-opened when all symptomatic patients have been isolated with droplet/airborne precautions in single rooms, or all patients are apyrexial for 24 hours & respiratory symptoms are back to baseline and/or improving (excluding COVID-19)</p> <ul style="list-style-type: none"> • COVID-19 - reopening to be discussed with IPCT • Bed spaces to be terminally cleaned as patients are discharged or transferred, including curtain change 	<p>Closed bay can be re-opened when all symptomatic patients have been asymptomatic for 48 hours</p> <ul style="list-style-type: none"> • Bed spaces to be terminally cleaned as patients are discharged or transferred, including curtain change • The bay should be completely emptied & terminally cleaned if Norovirus has been confirmed
Discharge to nursing or residential homes	<ul style="list-style-type: none"> • Discharges should be discussed with the Health Protection Team 	<ul style="list-style-type: none"> • Patients must be asymptomatic for 48 hours before discharge to an unaffected care home • If a care home is affected by a Norovirus outbreak, symptomatic patients can return to their care home, this requires agreement with the Health Protection Team • Potentially exposed asymptomatic patients may only be discharged with Health Protection agreement
Discharge or transfer to other hospitals/ care settings	<ul style="list-style-type: none"> • Discuss transfers to other hospitals with the IPCT/ receiving unit/ patient's consultant 	<ul style="list-style-type: none"> • This should be delayed until the patient has been asymptomatic for at least 48 hours • Discuss urgent transfers to other hospitals with the IPCT/ receiving unit/ patient's consultant • Potentially exposed asymptomatic patients may only be transferred with IPCT agreement
Discharge to own home	<ul style="list-style-type: none"> • Any patient may be discharged to their own home at any time if clinically appropriate. Inform relatives of risk & precautions including hand hygiene & washing of laundry 	
Cleaning	<p>Patient equipment & environment must all be cleaned with Tristel Fuse or green Clinell wipes. Commodes should always be cleaned with Tristel Fuse.</p>	
Staff Movement & Dress	<ul style="list-style-type: none"> • Reduce staff movement. Staff working on closed wards should not work on other wards. If unavoidable, visit affected areas last • Staff moving between areas do not need to change their uniforms as long as PPE has been worn and no contamination occurred • The Dress Code / Uniform Policy should be adhered to at all times • Avoid allocating closed bays/wards to bank/agency staff where possible 	
Laundry	<ul style="list-style-type: none"> • All linen from closed bays/wards should be managed as infected linen • Personal laundry- see Washing Clothes at Home Leaflet 	
Food	<ul style="list-style-type: none"> • Don't share food • Keep food trolleys outside affected rooms with trays passed to a colleague inside the room • Bottled water for patients must be ordered from the catering department. Use disposable cups & send cup holders to kitchen for washing 	
Unnecessary items	<p>Limit non – essential items to maintain a clean environment</p>	
Voluntary services (inc	<ul style="list-style-type: none"> • Closed ward - Alternative arrangements should be made for voluntary services • Wards with closed bays & isolation rooms - Trolleys should remain outside affected rooms with individual items passed to a staff 	

RVS & library)	member inside the room who then distributes to patients
Visitors	<ul style="list-style-type: none"> • Visitors – Essential visiting only
Areas NOT affected	<ul style="list-style-type: none"> • Keep up-to-date with current situation • Take actions in your area to support affected areas e.g. discharge planning • Ensure compliance with Standard Infection Control Precautions (SICPs) and Dress Code/Uniform Policy • Be vigilant for early signs of staff or patients with symptoms - Take rapid action to initiate contact/droplet precautions and inform IPCT