Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Gastroenteritis Minor Outbreak Policy (Diarrhoea and Vomiting)

This procedural document supersedes: PAT/IC 27 v.4 – Gastroenteritis Policy (Diarrhoea and Vomiting)

Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Moira Hardy - Director of Nursing, Midwifery and Allied Health Professionals
Name of Author (this version):	Paula Johnson, Infection Prevention and Control Practitioner
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Approved by (Committee/Group):	Infection Prevention and Control Committee
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Target Audience:	Trust Wide

Amendment form

Version	Date Issued	Brief Summary of Changes	Author
Version 5	4 January 2019	• Change of Title to include "Minor Outbreak". • Revised Trust branding, added Executive Sponsor and MDT statement. • Revised the appendices. • Added reference to PAT/IC 20 – Management and Control of Incident/Outbreak of Infection. • Modified guidance on masks, waste, curtains, Agency & visiting staff.	Paula Johnson
Version 4	2 March 2016	• Update re: incident reporting using Datix • Update of related Trust policies • Updated e-mail contact list	Julie Hartley
Version 3	31 July 2013	• Change of policy name • New style Trust format included. • Updated in accordance with Guidelines for the management of norovirus outbreaks in acute and community health and social care settings: Health Protection Society 2012.	Beverley Bacon
Version 2	June 2010	• Updated in accordance with *Management of hospital outbreaks due to small round structured viruses,* Journal of hospital Infection (2000) 45:1 - 10 **Please read in full** • Section added on 'Individual and Group Responsibilities' • Section added on 'Policy Monitoring and Audit'	Beverley Bacon

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1. INTRODUCTION

Managing outbreaks of gastroenteritis is a common event within hospitals especially during the winter months.

An outbreak is two or more patients with diarrhoea and/or vomiting, or more than the expected number, within a 48 hour time period.

The early detection and appropriate management of episodes is therefore essential to minimise hospital disruption.

It has been shown that larger clinical units and those with higher throughput of patients have increased rates of gastroenteritis outbreaks.

When planning new builds and refurbishments of clinical areas every opportunity should be taken to include adequate provisions of single occupancy rooms and bays with doors.

2. PURPOSE

The purpose of this policy is to provide the basic information healthcare staff will require to recognise and take appropriate action required when a patient/s is suspected of having gastroenteritis.

Prompt and effective measures are essential in controlling the spread of infection between patients, staff and visitors.

The policy is based on a principle of minimising the disruption to important and essential services and maximising the ability of the Trust to deliver appropriate care to patients safely and effectively.

3. DUTIES

This policy covers infection prevention and control management issues and applies to all health care workers employed by the Trust that undertake patient care, or who may come into contact with affected patients.

Trust staff this includes:-

- Employees
- Agency/Locum/Bank Staff/Students
- Visiting/honorary consultant/clinicians
- Contractors whilst working on the Trust premises
- Volunteers

4. INDIVIDUAL AND GROUP RESPONSIBILITIES

All staff working on Trust premises, outreach clinics and community settings, including Trust employed staff, contractors, agency and locum staff are responsible for adhering to this policy and for reporting breaches of this policy to the person in charge and to their line manager. They need to be aware of their personal responsibilities in preventing the spread of infection.

Trust Board
The Board, via the Chief Executive, is ultimately responsible for ensuring that systems are in place that effectively manages the risks associated with Infection Control. Their role is to support the implementation of a Board to Ward culture to support a Zero Tolerance approach to Health Care Associated Infections.

Director of Infection Prevention and Control (DIPC): Is responsible for the development of infection and prevention and control strategies throughout the Trust to ensure best practice. The Director of Infection Prevention and Control will provide assurance to the board that effective systems are in place.

The Infection Prevention and Control Team (IPCT): is responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

Matrons: are responsible for ensuring implementation within their area by undertaking regular audits in ward rounds activities. Any deficits identified will be addressed to comply with policy.

Ward and Department Managers: are responsible for ensuring implementation within their area and for ensuring all staff who work within the area adhere to the principles at all times.

Consultant Medical Staff: are responsible for ensuring their junior staff read and understand this policy, and adhere to the principles contained in it at all times.

On-call Managers: are responsible for providing senior and executive leadership to ensure implementation of this policy.

PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest* see definitions .
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

5. GASTROENTERITIS

Viral gastroenteritis has the ability to spread very quickly within a hospital/healthcare environment causing ward closures in some cases.

The most common cause of diarrhoea and vomiting outbreaks in hospitals is from small round structured viruses (SRSVs) such as Norovirus (NV).

These viruses are more common during the winter months and affect both patients and staff. Symptoms tend to be acute but self-limiting and recovery normally takes place within 72 hours.

5.1 Clinical Features

There is an incubation period of 12-48 hours and the symptoms may last 24-72 hours on average.

Symptomatic individuals are infectious for up to 48 hours after the last episode of diarrhoea and/or vomiting.

Other symptoms may include abdominal cramps and/or nausea, headaches, muscle aches and fever. Recovery is usually rapid.

5.2 Routes of Transmission

- Airborne – inhalation or ingestion of virus particles when a patient vomits.
- Contact via the hands.
- Person to person via faecal-oral route.
- Ingestion of contaminated food and drink.
- Environmental contamination from faeces or vomit.

6. MANAGEMENT OF PATIENTS WITH GASTROENTERITIS

In an outbreak situation the numbers of affected individuals may be high (see section 13-Definitions)

If an outbreak is suspected it is essential to implement appropriate infection control measures immediately to prevent the spread of infection.

During the outbreak you must regard all patients, staff and visitors who present with symptoms as infectious.

7. OUTBREAK CONTROL MEASURES – KEY POINTS

7.1 Ward

- As soon as concerns arise please contact the Infection Prevention and Control Practitioners (IPCP) during office hours or the on call Consultant Microbiologist out of hours, via switchboard, who will carry out a risk assessment and advise the ward of further infection control measures to be implemented.

Commence the Outbreak Care Pathway (see Appendix 2) and Symptomatic Patient and Staff Log sheets (See Appendix 3)

- **Isolate patients as soon as they become symptomatic**.
  All patients admitted with or who develop diarrhoea and/or vomiting, should be nursed in a single room and remain isolated until asymptomatic for 48 hours.

- Where the numbers of symptomatic patients exceeds the number of single rooms, the IPCT will provide advice.

- In some cases, bays or the entire ward will need to be closed to new admission.

  This will only occur after consultation with the DIPC or Consultant Microbiologist and discussion with other relevant personnel.

- Close affected bay(s) to admissions and transfers.

- Keep doors to single room(s) and bay(s) closed.

- Place signage at ward entrance informing all visitors of the closed status and restricting visits to essential staff.

- Daily assessment will take place to ascertain earliest date for terminal clean and reopening.

7.2 Continuous Monitoring and Communications

- On closure and after daily review the IPCT will issue an e-mail to all relevant internal Trust personnel involved, informing them of the outbreak situation and maintain the Trust outbreak data base information available to staff on the IPC webpage at http://dbhipc/

- The IPCT will brief external partners and public health organisations at the onset and end of the outbreak. This information should be disseminated through normal communication channels (Appendix 1).

- Ensure that stool samples are obtained from all affected individuals and sent to microbiology as soon as possible.

  Laboratory request forms should clearly indicate suspected outbreak, date of onset of symptoms, and request testing for culture & sensitivity (C&S) and virology

  The IPCT will assess the need for specimens to be sent for Norovirus testing and inform the laboratory staff accordingly.

- Ward staff must maintain an up to date documentation of all patients and staff affected and the date of onset of symptoms using the Bristol stool chart format.

  Document if any individuals are receiving antibiotic therapy or taking aperients.

  Also note if there are any contributory factors which may account for symptoms of diarrhoea and/or vomiting.

  This information is vital in assisting the IPCT to provide an accurate risk assessment when they visit the ward (Appendix 2).

- Ward staff must monitor all affected patients for signs of dehydration (maintaining daily fluid balance chart) and correct as necessary.

- The IPCT will provide daily infection control advice if the ward is affected by gastroenteritis.

7.3 Healthcare Workers

- Ensure all staff are aware of the outbreak situation and how viral gastroenteritis is transmitted.

- Staff are often affected during an outbreak of viral gastroenteritis.

  Affected staff should be immediately excluded from work if they are experiencing symptoms of diarrhoea and/or vomiting until 48 hours symptom free.

- Wherever possible, allocate staff to duties in either affected or non-affected areas of the ward.

- Visiting staff such as Physiotherapists, Occupational Therapists and Phlebotomists should if possible, visit the affected ward(s) last or allocate an individual to visit affected wards. Only essential procedures should be carried out on symptomatic patients.

- Assessments, especially those which will aid discharge should still be undertaken, e.g social care assessments, where the patient is deemed well enough.

7.4 Patient and Visitors Information

- Provide all affected patients with information on the outbreak and the control measures they should adopt.

- Patient/visitors information leaflets are available in the D&V packs in the Outbreak section of the IPC website.

  It is the responsibility of the nurse in charge to ensure they are distributed to patients and visitors.

- Visitors may contribute to an outbreak of viral gastroenteritis and should be advised to refrain from visiting if they are symptomatic or not 48 hour free of symptoms.

- Elderly visitors, immuno-compromised individuals and young children may be more susceptible to infection and should be advised to refrain from visiting during the outbreak.

- Visitors should be encouraged to decontaminate their hands prior to, and after visiting, using the ward facilities.

- Visitors must be discouraged from sitting on beds, nor should they use patient toilets.

7.5 Hand Hygiene

- Hand hygiene is essential in the prevention of cross infection and hand decontamination is compulsory before and after contact with all patients and their immediate environment.

  The use of antiviral alcohol hand gel should only be encouraged on physically clean hands between patients.

- All patients should be reminded about good hand washing practices and help should be offered if their ability to do so is impaired. Non ambulant patients must be offered means of decontaminating their hands before eating and after using bedpans/commodes.

7.6 Personal Protective Equipment (PPE)

- Personal protective equipment must be used when handling faeces and/or vomit, other body fluids and for direct patient contact.

  Disposable aprons and gloves must be removed before leaving the patients room and disposed of as clinical waste.

Hands should be decontaminated immediately using soap and water.

- There is no evidence to support the routine use of wearing face-masks when caring for patients with suspected gastroenteritis but consideration should be given to their use when attending to a patient who is vomiting. However, the use of masks may instil a false sense of security and are not a substitute for good infection control/standard precautions.

7.7 Environment

- It is essential that environmental cleaning is performed to a high standard and cleanliness is maintained.

  Special attention must be paid to toilet and bathroom areas, commodes, all horizontal surfaces and frequent touch surfaces such as door handles, flush handles, sinks, taps and nurse call systems.

- Do not leave foods e.g. fresh fruit/chocolates on exposed surfaces.

- Staff should not consume food or drink out in the clinical area, as any exposed food and drink is likely to have been contaminated.

7.8 Equipment

- Use single-patient use equipment wherever possible

- Decontaminate equipment immediately after use e.g. commodes

- Dispose of soiled bedpans/vomit bowls immediately

7.9 Linen & Waste

- While clinical area is closed, discard all linen into a red soluble (alginate) bag and tie, then into a white polythene bag. The outer bag must be tied and secured around the neck of the bag with tape which indicates 'Infected linen'.

- Clean and leave empty beds unmade.

- All non- sharp waste should be disposed of via the infected waste stream.

7.10 Spillages

- Stools/vomit must be covered immediately, removed and the area decontaminated. Decontamination is vital to ensure viral particles are destroyed. Difficile S is currently the product of choice.

8. REDUCING THE RISK OF SPREAD OF INFECTION TO OTHER AREAS

- It is the responsibility of the nurse-in-charge to make sure that a ward closure notice is placed at the entrance to the ward and patients/visitors are kept informed of the situation.

- Alcohol hand gel should be accessible at point of care and visitors encouraged to perform hand decontamination prior to entering and upon leaving the ward.

- An IPCP will visit the ward every weekday in order to review and reassess the situation. During the winter period, an IPCP will also undertake an assessment on a Saturday.

  Out of hours and on a Sunday, the Nurse in charge of the ward must contact the on call Consultant Microbiologist via switchboard when further guidance is required.

- Do not accept admissions while the ward is closed unless approved by the IPCT or Medical Director.

- Do not transfer symptomatic or exposed patients to other wards within the hospital or to other hospitals or care institutions (nursing, residential homes etc) whilst they are symptomatic or have been exposed to symptomatic patients.

  If there is a clinical necessity for a patient to be transferred to another ward or hospital (e.g. to ICU or theatre) advice must be sought from a member of the IPCT prior to transfer.

  A risk assessment will be performed and the receiving unit can then be informed and appropriate precautions taken.

- Where investigations or department visits are required, a risk assessment must take place.

  The patients care must not be compromised whilst the ward is closed.

  Communication with the receiving department is essential and the IPCT involved in the risk assessment.

- During the working shift, where possible, do not transfer staff to other wards if they are working on an affected ward.

- NHSP/Agency staff should not work on other wards for at least 48 hours, once they have worked on a ward experiencing an outbreak.

9. PATIENTS DISCHARGE

9.1 Patients discharged to their own home

- It is not necessary to delay the discharge of symptomatic patients or those who may be incubating gastroenteritis, provided they are medically fit for discharge and do not require nursing or social care at home.

- Advise them to inform the admitting Doctor/ Nurse if they are readmitted within 48 hours of discharge.

- Patients from closed wards should ideally be discharged directly from the ward - A risk assessment must be performed before discharging patients to the discharge lounge.

Please note: if a patient is being 'fast tracked' home for palliative care contact the Infection Control Team for advice.

9.2 Patients discharge to nursing or residential homes.

- Discharge of an affected patient to a home not experiencing an outbreak of diarrhoea and or vomiting, should not occur until the patient has been asymptomatic for more than 48 hours.

- However, discharge of an affected patient to a home affected by an outbreak can occur provided the home can safely meet the individual's care needs.

- Those patients who have been exposed but asymptomatic may be discharged only on the advice of the IPCT.

- The Care home must be notified of the outbreak during the referral process. Any concerns to be referred to the IPC Team.

- **Please note:** if a patient is being 'fast tracked' to a care home for palliative care contact the Infection Control Team for advice.

10. WHEN IS THE PATIENT/WARD CLEAR OF INFECTION?

- Patients are usually but not always, deemed non-infectious 48 hours after their last episode of diarrhoea or vomiting.

  In the elderly or immunocompromised patient they may continue to excrete the virus for a longer duration.

- Further stool specimens are not required once a confirmed positive sample has been detected or to check if an agent has cleared.

- Wards/bays that have been closed may only be re-opened after consultation with the IPCT. Usually the ward can be opened when the last patient with symptoms has had no diarrhoea or vomiting for 48 hours.

- There is often uncertainty at this stage - A small number of patients may have persistent symptoms (especially diarrhoea) and it may be difficult to ascribe those symptoms to norovirus with any confidence. Such patients should be removed to single-occupancy rooms if possible and terminal cleaning of bays and general ward areas may then be undertaken.

- A thorough terminal clean of the ward (environment and equipment) must take place prior to beds being re-opened.

- A cleaning check list is available on Appendix 4 and on the IPC website - Outbreaks - D&V pack. It is the responsibility of the nurse in charge to make sure this is completed and undertaken to a satisfactory level before the ward can re-open.

- Following each outbreak a multidisciplinary evaluation should take place to review the outbreak and learn lessons in order to strengthen future plans.

10.1 What happens if symptoms recur?

Contact a member of the IPCT immediately for a further risk assessment.

11. TRAINING/SUPPORT

The training requirements of all staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead or nominated person.

Infection Prevention and Control should be included in individual Annual Development Appraisal and any training needs for IPC addressed.

12. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy. The Infection Prevention and Control Team will review this policy in the following circumstances:-

- When new national or international guidance are received.
- When newly published evidence demonstrates need for change to current practice.
- Every three years routinely.

Incidents where non-compliance with this policy is noted and are considered an actual or potential risk should be documented as a Datix Report.

Monitoring	Who	Frequency	How Reviewed
Effectiveness of policy	IPCT	Weekly	Measurement of any increased incidence and Alert Organism reviews
Outbreak Control Measures	The Infection Prevention and Control Practitioners	Daily visit or telephone communication to ward	Maintain an up to date record of all patients & staff with symptoms
Patient/s to be nursed in single room /cohort bay	By IPCT and dedicated responsible health care worker	48 hours after their last episode of diarrhoea or vomiting.	Patient/outbreak documentation records.
Effective hand hygiene	Hand hygiene audits completed by ward	20 per monthly	Deficits identified will be addressed via agree action plan to comply with policy.
Environmental cleanliness	Audits completed by The Service Department. IPC environmental audits	According to risk category for each ward/ department	Deficits identified will be addressed via agree action plan to comply with policy.
Clinical equipment cleaning	Cleaning checklist completed by ward staff	Daily	Via IPC system (Ward Accreditation Dashboard)
Measurement of any outbreak incidence	Infection Prevention and Control Team	Following each confirmed outbreak	Hospital outbreaks of Gastroenteritis will be reported to Public Health England via Information systems

13. DEFINITIONS

Best Interest - Best Interest is determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.

Best Interest Assessment – A Best Interest assessment is determined on an individual patient basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision must be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.

Diarrhoea & Vomiting Outbreak - An outbreak is two or more patients with diarrhoea and / or vomiting, or more than the expected number, within a 48 hour time period.

PPE - Personal Protective Equipment e.g. disposable aprons and gloves.

14. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 5).

15. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy should be read in conjunction with other infection control policies:

- Hand Hygiene - PAT/IC 5
- Isolation Policy - PAT/IC 16
- Standard Infection Prevention and Control Precautions Policy - PAT/IC 19
- Medical Devices Management Policy - CORP/PROC 4
- Spillage of Blood and Other Body Fluids - PAT/IC 18
- Health and Wellbeing Policy – CORP/EMP 31
- Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
- Privacy and Dignity Policy - PAT/PA 28
- Reservation of Powers to the Board and Delegation of Powers – CORP/FIN 1(C)
- Management and Control of Incident/Outbreak of Infection – PAT/IC 20
- Fair Treatment for All – CORP/EMP 4
- Equality Analysis Policy – CORP/EMP 27

16. REFERENCES

Guidelines for the management of norovirus outbreaks in acute and community health and social care settings; **Working Party British Infection Association and Health Protection Agency 2012.**

Department of Constitutional Affairs, Mental Capacity Act (2005): Code of Practice, 2007.

APPENDIX 1 - EMAIL CONTACT LIST

Key Personnel to be contacted (see below) by the IPCT if an outbreak of viral gastroenteritis is suspected and beds/ward to be closed to new admissions. If more than two wards are affected or severe bed disruption is taking place then an outbreak meeting will be convened and chaired by the Director for Infection Prevention and Control.

Email Contacts:
Associate Directors of Nursing
Chief Executive
Chief Operating Officer
Consultant Microbiologists
Deputy Director of Nursing, Midwifery & Allied Health Professionals
Deputy Director of Quality & Governance
Director of Nursing, Midwifery & Allied Health Professionals
Director of Infection Prevention & Control
Divisional Directors
General Managers
Health & Wellbeing Lead
Hotel Service Lead
Infection Prevention and Control Team
Infection Prevention and Control Teams (Community & RDaSH)
Matrons
Medical Director
Public Health England
Supplies
Ward Manager/ Nurse in charge
Waste Manager
CCG both Doncaster & Bassetlaw
NHSP/Bank nurse coordinator

APPENDIX 2 – OUTBREAK CARE PATHWAY

Doncaster & Bassetlaw Teaching Hospitals
NHS Foundation Trust

OUTBREAK CARE PATHWAY
For the Management of Gastroenteritis at Doncaster and Bassetlaw Teaching Hospitals NHS Trust

Definition Criteria for an outbreak of viral gastroenteritis: -

Two or more related cases of diarrhoea and/ or vomiting, Bristol Stool Chart type 5 to 7

Outbreak location: ……..

Date & time outbreak reported……..

Outbreak Care Pathway Communication	**Date**	**Signature**
Report cases of increased numbers of diarrhoea and vomiting to the nurse in charge Commence log sheet attached (patients and staff) 		
 Inform Infection Prevention and Control team (mon – Fri (Saturdays during winter period) DRI 644490 or 07500959486 BDGH 572357 or 07500974429 (Please note mobile signal at BDGH is not always possible) Out of hours please inform site manager, who will then discuss with the Microbiologist on call		
Await IPC/Microbiologist review If ward is to be closed (microbiologist decision) Inform • Matron • Matron of the day (out of hours) and clinical site manager • Hotel Services Non-essential staff to avoid ward, ie, paper trolley, hairdresser All other services to continue; Physio, Phlebotomy, Social services		
 Close the Bay / Ward to admissions Bay …… Transfers out to be undertaken on clinical need only, for example DCC/CCU, not medical outliers Discharges only to patient's **own** home, not nursing or residential homes. (affected areas only).		

Outbreak Pathway Infection Control Precautions	Date	Signature
Isolate symptomatic patients as soon as possible, Protect (close) the previous bed space and observe the other patient's in the bay for 48hrs		
 Obtain stool samples, taking into account Antimicrobial therapy and aperients and send for Noro Virus screening, (if appropriate) No further samples to be sent once a positive result has been received on the ward or advised by IPC.		
 Encourage hand hygiene amongst patient's after use of toilets and prior to eating with Soap and Water.		
Effective hand hygiene is an essential infection control measure. Ensure sinks are accessible and in working order. All non-operative sinks to be reported as urgent to Estates		
Ensure the macerator/bedpan washer is operational – faults must be dealt with immediate as urgent.		
 All clinical waste and Laundry to be treated as infected until ward reopened		
Complete daily log sheet, including staff, prior to IPC visit.		
If patient's discharged to own home (not care homes) area to be Deep cleaned.		

Infection Control Actions	Date	Signature
Ward to be reopened by IPC/Microbiologist only, following appropriate cleaning. Minimum of deep clean to take place **DATE OUTBREAK COMPLETED** …..		

APPENDIX 3 – SYMPTOMATIC PATIENT AND STAFF LOG SHEETS

Symptomatic Patient Log sheet

Complete Daily

Bed No.	Name and D Number	Date Of Onset	Symptoms (see codes)	Recent ABs	Laxatives	Specimen Sent (date)	Significant Medical History	Date	Date				

Symptoms code : **D**=diarrhoea; **V**=vomiting; **N**=nausea; **A**=abdominal pain; **X**=asymptomatic

Symptomatic Staff Log sheet

Complete Daily

Name	Date Of Onset	Symptoms (see codes)	Last working day	Date of return to work	Comments

Symptoms code : **D**=diarrhoea; **V**=vomiting; **N**=nausea; **A**=abdominal pain; **X**=asymptomatic

APPENDIX 4 – TERMINAL CLEANING CHECKLIST

TERMINAL CLEANING CHECKLIST

WARD…… **NURSE TO WHOM GIVEN ……..**

The infection prevention and control nurse will issue ward staff with a cleaning check list which is then the responsibility of the Nurse in Charge (Matron or Nominated Lead) to make sure this is completed PRIOR to the ward re-opening and undertaken to a satisfactory level.
*It is imperative that the Nominated Lead checks the Terminal Cleaning process at the estimated **middle** and the **end** of the procedure.*
The Cleaning operatives will determine which equipment is to be cleaned by nursing and domestic staff.
During an outbreak Difficil S should be used as the main disinfectant agent unless specified.

INTERMEDIATE CHECK	***Name……..*** ***Date……*** ***Time……..*** ***Signed……..***
FINAL CHECK	***Name……*** ***Date……..*** ***Time……..*** ***Signed……..***

CHECK THE FOLLOWING FOR CLEANLINESS:

	Intermediate Check		***Final Check***	
	PASS	***FAIL***	***PASS***	***FAIL***
Have commodes been disinfected/cleaned				
Are all patient chairs clean and intact with impervious covers				
Are beds and their frames clean/disinfected				
Are all patient aids cleaned e.g. zimmer frames……..				
Are all pillows covers intact with an impervious cover				
Is all mobile equipment clean & disinfected e.g. Tympanics, fans, BP cuffs				
Are all IV stands disinfected and clean				
Are all flat surfaces clean/dust free				
Are all exposed/open items disposed of e.g. patient wipes				
There is no high level dust visible e.g. curtain rail				
Are all bedside curtains changed				
Are all opened creams/foams disposed of.				
Are all carpets steam cleaned within clinical area e.g. dayroom				
Are keyboards and IT equipment clean and dust free				
There is no low level visible dust on ward e.g. under beds				
Are the Premier (TV) headphones changed and equipment cleaned				

Comments

Please return when completed to Jerry Day – IPC Team, DRI

APPENDIX 5 - EQUALITY IMPACT ASSESSMENT FORM

Service/Function/Policy/Project /Strategy	Division/Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Gastroenteritis Policy (Diarrhoea and Vomiting)	**Corporate Nursing, infection Prevention & Control**	**Paula Johnson Infection Prevention & Control Practitioner**	**Existing Policy**	**15/11/18**

1) Who is responsible for this policy? Infection Prevention & Control Team

2) Describe the purpose of the service / function / policy / project/ strategy? Policy Updated using the latest evidence to promote the management of gastroenteritis

3) Are there any associated objectives? Public Health England Policy

4) What factors contribute or detract from achieving intended outcomes? Nil

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation]

6) Is there any scope for new measures which would promote equality? [any actions to be taken

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	Neutral
b) Disability	No	Neutral
c) Gender	No	Neutral
d) Gender Reassignment	No	Neutral
e) Marriage/Civil Partnership	No	Neutral
f) Maternity/Pregnancy	No	Neutral
g) Race	No	Neutral
h) Religion/Belief	No	Neutral
i) Sexual Orientation	No	Neutral

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: December 2021

Checked by: Beverley Bacon, IPCP Date: 13 December 2018