POLICY TITLE	**Gastrointestinal Infections (Diarrhoea and Vomiting)**
Policy Number:	AIPC17
Version Number:	02
Applies to:	All Services
Date of Issue:	06/01/2023
Date of Review:	05/01/2026
Author:	Jane Stone - Director of Governance and Risk
Ratified by:	Paul Collin - Health and Safety Manager
Responsible Signatory:	Jane Stone - Director of Governance and Risk
Outcome:	This policy aims to ensure: • That the spread of gastrointestinal contaminations is kept to an absolute minimum, by the use of infection prevention and control measures.
Cross Reference:	AFS01 Food Safety in Commercial Kitchens AIPC03 Hand Hygiene AIPC04 Managing and Notification of Infectious Disease AIPC08 Laundry AOP04 Incident Management, Reporting and Investigation

EQUALITY AND DIVERSITY STATEMENT

Aspris is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email AsprisGovernanceHelpdesk@Aspris.com.

GASTROINTESTINAL INFECTIONS (DIARRHOEA AND VOMITING)

1 INTRODUCTION

1.1 Gastrointestinal infections caused by bacteria viruses or protozoa can often present with similar signs and symptoms. Often, signs and symptoms of diseases and the order in which they present can give an indication of the causative factor, particularly in outbreaks.

1.2 To confirm diagnosis, laboratory investigations are necessary and a faeces sample is the basis of microbiological diagnosis. Specimens should be taken as soon after onset of illness as possible, also taking an accurate clinical history.

1.3 Consideration should be given to the possibility that there might be an outbreak or incident situation, under the following circumstances:

(a) Two or more individuals with the same symptoms, disease or organism, who are linked through a common exposure, time (e.g. within a week) or location
(b) A higher than expected rate of infection compared to the usual background level of disease by place or time
(c) A single case of a rare serious disease
(d) A suspected, anticipated or actual event involving a microbial or chemical contamination of food or water.

1.4 Reference should be made to AIPC04 Managing and Notification of Infectious Disease for information on requirements for reporting outbreaks. All outbreaks must be reported on the Incident Reporting System. Also report to Infection Prevention and Control Lead and they will report to Public Health England as required.

2 TRANSMISSION & PREVENTION

2.1 **Transmission** - Gastro-intestinal infections are commonly spread via the faecal-oral route i.e. the virus or bacteria is excreted in the faeces and then taken into the body via the mouth.

2.1.2 Transmission may occur by consuming contaminated food or by secondary person-to-person spread. Consuming contaminated food might spread infectious bacteria, such as salmonella. Viral infections such as Rotavirus, Norovirus and Adenovirus (often referred to as SRVs (Small Round Viruses) are easily spread from person to person, usually through poor personal hygiene. Vomiting in these cases causes aerosol spread of the virus and can affect those near the area of vomit. Such areas, subjected to spillage of faeces need to be disinfected to prevent aerosol spread of the virus.

2.2 **Prevention** - Any colleagues working with or handling food must undergo training in food safety practices. All colleagues must complete **AIPC Form: 03** to agree to inform their line manager of any infections. (See AFS01 Food Safety)

2.2.1 Good environmental cleaning practices should be implemented to prevent spread of the infection.

2.2.2 Areas where infected individuals have vomited should be cleaned with hypo chlorite sporicidal solution at 1,000 parts per million (0.1%). If this solution cannot be used e.g. on carpets and fabrics, steam cleaning must be undertaken.

2.2.3 Laundry should be treated as contaminated and laundered separately as infected linen. (See AIPC08 Laundry).

2.2.4 Toilet areas and their fixtures and fittings should be cleaned with detergent and hot water and disinfected with hypo chlorite sporicidal solution at 1,000 parts per million (0.1%).

3 RECOMMENDED CONTROL MEASURES IN GASTROINTESTINAL OUTBREAKS

3.1

Measure to Take	Reason
Isolate affected individuals until 48 hours after last symptom.	To reduce risk of transmission to others at time of highest risk.
Cohort care.	If there are large numbers of individuals affected, it is easier to concentrate efforts and resources in one area.
Immediately exclude affected colleagues from work until 48 hours after last symptom.	Reduce the risk of them passing the illness on to others.
Exclude non-essential colleagues from entering the home/area.	Reduce the risk of them contracting illness and spreading it to other areas.
Close the home/area to admissions and discharges if they are open to other care establishments.	Continued admissions needlessly expose others to the risk of infection.
Advise essential visitors that there is a problem and of the need for hand hygiene. Non-essential visitors should not come to the home/unit.	Reduce the risk of them spreading the illness to their homes, families and a wider area.
Increase frequency of toilet area cleaning and disinfection.	Reduces risk of organism surviving for long periods, particularly viruses.
Clean spillages of vomit and faeces immediately. Do not use the usual home/ area cleaning equipment.	Reduces risk of contamination of others through continuous aerosols. Specially designated cleaning equipment will reduce the risk of the virus being spread.
Communal toys in children's areas should be disinfected with hypo chlorite sporicidal solution at 1,000 parts per million (0.1%). Soft toys should be machine-washed and dried.	Reduces the risk of another child becoming infected from the toy.
Thoroughly clean home/area and change curtains before opening again to admissions.	Removes further risk of virus surviving and infecting new individuals.
Failure to complete thorough environmental cleaning might mean that the virus is still viable and cases will emerge again after a short time.	

4 TREATMENT

4.1 Hepatitis A, Rotavirus and Typhoid are the only gastro-intestinal infections that can be prevented by vaccination.

4.2 Vomiting and diarrhoea results in fluid loss, therefore fluid must be replaced. Persistent vomiting should be treated with an anti-emetic, under medical advice. Individuals should take fluids only for the first 24 hours after infection is confirmed or declared as very likely.

4.3 Individuals who are immune-suppressed may need antibiotic therapy. Antibiotics should not be given routinely for gastro-intestinal infections that are uncomplicated. (See AIPC12 Antimicrobial Medications)

5 CAUSATIVE ORGANISMS

5.1

Organism	Incubation period		Symptoms	Severity	Comments
	Usual	Range			
Campylobacter	2-5 days	1-10 days	Diarrhoea, often with blood, abdominal pain, fever	Lasts 2-7 days, usually self-limiting	Peaks in early Summer

Salmonella (bacteria infection)	12-36 hours	6-72 hours	Diarrhoea often with fever, myalgia, abdominal pain, headache	Can be severe, lasts days or weeks	Peaks in late Summer
Shigella sonnei (bacteria infection)	24-72 hours	12-96 hours	Watery diarrhoea and mucus might present in stools	Lasts three to five days	Often occurs in children
Staphylococcus aureus (bacterial toxin)	2-4 hours	0.5-8 hours	Abrupt onset, vomiting, abdominal pain	Can be acute	Food handler might have skin infection
Bacillus cereus (bacterial toxin)	1-6 hours	6-24 hours	Nausea, vomiting and abdominal pain followed by diarrhoea and abdominal pain	Usually mild, lasts approx. one day	Often associated with rice or pasta
Clostridium perfringens (bacterial toxin)	8-18 hours	5-24 hours	Diarrhoea abdominal pain (vomiting, occasional respiratory symptoms)	Unusually mild; lasts about one day	Usually incorrect use of cooking temperature
Rotavirus (viral infection)	24-72 hours	24-72 hours	Watery diarrhoea, fever, vomiting, occasional respiratory symptoms	Lasts a few days, occasionally severe	Usually occurs in children, common in Winter
Hepatitis A (viral infection)	28 days	15-45 days	Fever, malaise, nausea, jaundice	Worse in adults, lasts up to four weeks	Children might have no symptoms, vaccination available
SRSV (viral infection)	15-50 hours	4-77 hours	Nausea, vomiting, abdominal cramps, mild diarrhoea	Unusually mild, lasts one to two days	Common in winter, secondary spread common
Crypto-sporidium parvum (parasitic infection)	6-13 days	1-28 days	Diarrhoea, bloating and abdominal pain	Self-limiting, can last up to four weeks	Increase in Spring and Autumn

6 REFERENCES

6.1 DH (2015) Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance
DH (2013) Prevention and Control of Infection in Care Homes: An information resource
Hawker, J. et al (2012) Communicable Disease Control and Health Protection Handbook. 3rd edition
Public Health England (2014) Communicable Disease Outbreak Management: Operational guidance

Associated Forms:

AIPC Form: 03 - Agreement to Report Infections