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		Effective From	March 2019
	<b>GROUP A STREPTOCOCCUS</b> <i>(Streptococcus pyogenes)</i>	Review Date	March 2021
		Version	6
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### SOP Objective

To ensure Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of cross-infection and the importance of diagnosing patients' clinical conditions promptly.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

### KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- Change to PPE for respiratory tract infection with addition of fluid resistant surgical mask for direct care.
- Page 4. Addition of situations in which GAS is notifiable

### Document Control Summary

Approved by and date	Board Infection Control Committee 25 <sup>th</sup> March 2019
Date of Publication	3rd April 2019
Developed by	Infection Prevention and Control Policy Sub-Group
Related Documents	National IPC Manual NHSGGC Hand Hygiene SOP NHSGGC SOP Terminal Clean of Isolation Rooms NHSGGC SOP Twice Daily Clean of Isolation Rooms NHSGGC Decontamination SOP NHSGGC Staff Screening Policy
Distribution/Availability	Available from NHSGGC Website: <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">www.nhsggc.org.uk/your-health/infection-prevention-and-control/</a>
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

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## Responsibilities

### Healthcare Workers (HCWs) must:

- Follow this SOP.
- Inform a member of the Infection Prevention Control Team (IPCT) if this SOP cannot be followed.
- Implement the Care Checklist.

### Senior Charge Nurses (SCNs) / Managers must:

- Ensure that staff are aware of the content of this SOP.
- Support HCWs and IPCTs in following this SOP.

### Infection Prevention Control Teams (IPCTs) must:

- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.
- Advise and support HCWs to undertake a Risk Assessment if unable to follow this SOP.

### Occupational Health Service (OHS) must:

- Support staff screening during an investigation / outbreak.

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### General Information on Group A *Streptococcus*

<b>Communicable Disease/ Alert Organism /</b>	Group A Streptococcus ( <i>Streptococcus pyogenes</i> ).
<b>Clinical Condition(s)</b>	<p><i>S. pyogenes</i> is a significant human pathogen and causes a wide variety of infections including acute pharyngitis, scarlet fever, erysipelas, streptococcal cellulitis, necrotising fasciitis, toxic shock syndrome, myositis, lymphangitis, impetigo, puerperal fever.</p> <p>Secondary complications include acute rheumatic fever and acute glomerulonephritis. Group A <i>Streptococcus</i> is an uncommon but important cause of nosocomial infections. Outbreaks of infection most often occur in surgical, burns and obstetric patients.</p>
<b>Mode of Spread</b>	Organism is spread by respiratory droplets from patients with respiratory symptoms and also by direct and indirect contact.
<b>Incubation Period</b>	1-3 days. 2-5 days for tonsillitis / scarlet fever.
<b>Notifiable Disease</b>	<p>Yes. If there is reasonable clinical suspicion of necrotising fasciitis, or the isolate of GAS is from a normally sterile site – these are statutorily notifiable.</p> <p>PHPU also require notification of any other severe presentation suggesting invasive <i>S. pyogenes</i> infection. Cases should be notified to the Public Health Protection Unit (PHPU) Tel: 0141 201 4917 in hours, or out of hours via switchboard.</p>
<b>Period of Communicability</b>	This organism is highly communicable in symptomatic patients until treated with appropriate antibiotics for 48 hours and there is <u>definite clinical improvement</u> .
<b>Persons most at risk</b>	Most invasive disease occurs in adults, while the majority of non-invasive infections occur in children.

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### Transmission Based Precautions for Group A *Streptococcus*

<b>Accommodation (Patient Placement)</b>	<p>Place a patient with suspected / confirmed Group A streptococcal disease into a single room, with ensuite facilities or own commode.</p> <p>The patient must remain in the single room until they have had at least 48 hours <b>appropriate</b> antibiotic therapy and there is a <b>definite clinical improvement</b> or a different diagnosis is confirmed. If there is no clinical improvement continue isolation until bacterial culture is confirmed negative.</p> <p>If a single room is not available or in instances where a patient's clinical condition may not support placement in a single room, the IPCT should be informed and a risk assessment undertaken jointly with ward staff and IPCT on where to safely nurse the patient. This must be documented in the patient notes and reviewed daily. Doors in single rooms should be kept closed. If this is not possible, a risk assessment should be undertaken and documented in clinical notes.</p>
<b>Care Checklist available</b>	Yes. <a href="#">Group A Streptococcus Care Checklist</a>
<b>Clinical / Healthcare Waste</b>	Waste should be designated as clinical/ healthcare waste and placed in an orange bag. Please refer to the <a href="#">NHSGCC Waste Management Policy</a> .
<b>Domestic Advice</b>	Domestic staff must follow the SOP for Twice Daily Clean of Isolation Rooms. Cleans should be undertaken at least four hours apart. <a href="#">NHSGGC Twice Daily Clean of Isolation Rooms SOP</a>
<b>Equipment</b>	Where practical allocate individual equipment, e.g. own washbowl, commode, moving sling or slip-sheet. Decontaminate equipment as per the <a href="#">NHSGGC Decontamination SOP</a> .
<b>Hand Hygiene</b>	Hand hygiene is the single most important measure to prevent cross-infection with Group A Streptococcus. Refer to the <a href="#">NHSGGC Hand Hygiene SOP</a> .

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	Hands must be decontaminated before and after each direct patient contact Alcohol hand rub/ gel is acceptable if hands are visibly clean.
<b>Last Offices</b>	See <a href="#">National guidance for Last Offices</a> .
<b>Linen</b>	Treat used linen as soiled/ infected, i.e. place in an alginate bag then a clear bag tied and then into a laundry bag. (Brown polythene bag used in Mental Health areas) Please refer to <a href="#">National Guidance on the safe management of linen</a>
<b>Moving between wards, hospitals and departments (including theatres)</b>	Patient movement should be kept to a minimum unless clinically essential. Prior to transfer, HCWs from the ward where the patient is located must inform the receiving ward, theatre or department of the patient's infectious condition.  When patients need to attend other departments the receiving area should put in place arrangements to minimise contact with other patients and arrange for additional domestic cleaning if required.
<b>Notice for Door</b>	A yellow IPC isolation sign must be placed on the door and the door to be kept closed.
<b>Patient Clothing</b>	If relatives or carers wish to take personal clothing home, staff must place soiled clothing into a domestic alginate bag and ensure that a <a href="#">Washing Clothes at Home Leaflet</a> is issued.
<b>Personal Protective Equipment (PPE)</b>	For patients with a Group A Streptococcal respiratory tract infection, disposable gloves, yellow apron and fluid resistant surgical mask must be worn during routine care. During aerosol generating procedures, a fit tested FFP3 mask must be worn.
<b>Specimens required</b>	Send specimens as clinically indicated. If patient is not clinically improving after 48 hours of appropriate antibiotic therapy contact the microbiologist for further advice.
<b>Terminal Cleaning of Room</b>	Follow <a href="#">NHSGGC SOP for Terminal Clean of Isolation Rooms</a> .

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<b>Visitors</b>	No specific restrictions. Encourage any visitors to undertake hand hygiene before and after visiting.
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## Evidence Base

Heymann D.L. Control of Communicable Diseases in Man Manual. 19<sup>th</sup> Edition 2008.

Ayliffe GAJ. Fraiese AP. Geddes AM. Mitchell K. Control of Hospital Infection (4<sup>th</sup> ed). Oxford University Press. USA/UK, 2000.

Mandell GL, Bennett JE, Dolin R. Principles and Practice of Infectious Diseases (6<sup>th</sup> ed). Churchill Livingstone. USA. 2005.

[Interim UK guidelines for the management of close community contacts of invasive group A streptococcal disease. Communicable Disease and Public Health, 2004. 7\(4\): p.354-61.](#)

Steer J.A et al, (2012) Guidelines for the prevention and control of group A streptococcal infection in acute healthcare and maternity settings in the UK Journal of Infection 64 pp 1-18.

Public Health Act.

[National Infection Prevention and Control Manual: Chapter 2 - Transmission Based Precautions \(TBPs\)](#)

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### Appendix 1: GAS Aide Memoire

