**SOP Objective**

To provide healthcare workers (HCW) with details of the precautions necessary to minimise the risk of cross-infection from undiagnosed, infectious diarrhoea.

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**

**Document Control Summary**

<table>
<thead>
<tr>
<th>Approved by and date</th>
<th>Board Infection Control Committee 5th October 2020</th>
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<tbody>
<tr>
<td>Date of Publication</td>
<td>7th October 2020</td>
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<tr>
<td>Developed by</td>
<td>Infection Prevention and Control Policy Sub-Group</td>
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<tr>
<td>Related Documents</td>
<td>National IPC Manual</td>
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<td>NHSGGC Decontamination SOP</td>
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<td>NHSGGC SOP Cleaning of Near Patient Equipment</td>
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<td>NHSGGC SOP Twice Daily Clean of Isolation Rooms</td>
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<td>NHSGGC SOP Terminal Clean of Isolation Rooms/ward</td>
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<td>Distribution/ Availability</td>
<td>Available from NHSGGC Website:</td>
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<td></td>
<td><a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">www.nhsggc.org.uk/your-health/infection-prevention-and-control/</a></td>
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<tr>
<td>Lead Manager</td>
<td>Board Infection Control Manager</td>
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<tr>
<td>Responsible Director</td>
<td>Board Medical Director</td>
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</table>

The most up-to-date version of this SOP can be viewed at the following website:

www.nhsggc.org.uk/your-health/infection-prevention-and-control/
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www.nhsggc.org.uk/your-health/infection-prevention-and-control
Loose Stool Aide Memoire

Consult SOP and isolate in a single room with:
- ensuite / own commode
- door closed
- IPC yellow sign on door
- Send specimen microbiology/virology
- dedicated equipment
- Bristol Stool Chart
- Loose Stools Care Checklist completed daily

Patient Assessed Daily

Patient has been asymptomatic for > 48 hours?

NO

YES

- Stop isolation
- undertake terminal clean of room

Loose Stools SOP – Guidelines for patients in isolation:

**Hand Hygiene:** Liquid Soap and Water

**PPE:** Disposable gloves, yellow apron and fluid resistant surgical mask. Staff should risk assess the need for eye/face protection.

**Patient Environment:** Twice daily chlorine clean

**Patient Equipment:** Cleaned after use and at least twice daily

**Laundry:** Treat as infected

**Waste:** Dispose of as Clinical / Healthcare waste

The most up-to-date version of this policy can be viewed at the following website:
www.nhsggc.org.uk/your-health/infection-prevention-and-control
1. Responsibilities

Healthcare Workers (HCWs) must:
- Follow this SOP.
- Inform their line manager if this SOP cannot be followed.
- Must implement care checklist at all times.
- Be vigilant for increased number of cases with similar symptoms and notify IPCT

Senior Charge Nurse (SCN) / Managers must:
- Support HCWs and Infection Prevention Control Teams (IPCTs) in following this SOP.
- Ensure that the checklist is in place.

Infection Prevention Control Teams (IPCTs) must
- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.

Occupational Health Service must (OHS):
- Advise HCWs regarding possible infection exposure and return to work issues as necessary
- Provide advice during outbreaks and incidents
2. General Information on patients with loose stools

<table>
<thead>
<tr>
<th><strong>Clinical Condition</strong></th>
<th><strong>Loose stools. Potentially infectious diarrhoea.</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Two or more episodes of loose stools over a 24-hour period with no other obvious explanation, e.g. diagnosed/suspected bowel diseases, laxatives, antibiotics. A loose stool is a specimen which conforms to the shape of the container. Loose stools are defined as type 6 or 7 on the Bristol Stool Chart, See <a href="#">Appendix 1</a>.</td>
</tr>
<tr>
<td><strong>Incubation period</strong></td>
<td>Micro organism dependent; 12 hours to several days.</td>
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<tr>
<td><strong>In what areas does this policy apply</strong></td>
<td>All areas</td>
</tr>
<tr>
<td><strong>Mode of Spread</strong></td>
<td>Contact/(direct and in-direct) Patients with loose stools may contaminate the environment by direct or in-direct contact.</td>
</tr>
<tr>
<td><strong>Notifiable disease</strong></td>
<td>No, unless subsequently confirmed as a notifiable pathogen.</td>
</tr>
<tr>
<td><strong>Period of communicability</strong></td>
<td>The risk of transmission remains until the patient is asymptomatic for 48 hours or longer if a specific pathogen has been identified. Contact the IPCT for further advice.</td>
</tr>
<tr>
<td><strong>Persons most at risk</strong></td>
<td>Generally the most vulnerable are the immunocompromised The very young and very old are also extremely susceptible.</td>
</tr>
</tbody>
</table>
### 3. Transmission Based Precautions for patients with loose stools

**Accommodation (Patient Placement)**

Patients with symptoms suggestive of unexplained vomiting and/or diarrhoea, should be placed in a single room, preferably with en suite or own commode. If the patient is clinically unsuitable for isolation, a risk assessment must be undertaken by the clinical team, discussed with a member of the IPCT if required. Failure to isolate must be documented in the IPC Care Checklist and reviewed daily. If a single room is not available, after consulting bed manager, inform a member of the IPCT.

**Care checklist available**

Yes. See Care checklist for Patients with Loose Stools.

**Clinical/Healthcare Waste**

Waste should be designated as clinical/ healthcare waste and placed in an orange bag. Please refer to the NHSGCC Waste Management Policy.

**Domestic Advice**

- Patients room/bedspace should be cleaned twice daily as per NHSGGC Twice Daily Clean of Isolation Rooms SOP.
- Chlorine based detergents should be used for routine and terminal cleaning of the area.
- Blood and/or body fluid contamination of the environment should be dealt with as per the NHSGGC Decontamination SOP.
- On resolution of symptoms (more than 48 hours asymptomatic) or discharge home, patient room/ bed space should be terminally cleaned. See NHSGGC Terminal Clean of Isolation Room/Ward.

**Equipment**

Patient equipment must be dedicated as far is possible, while symptomatic and during infectious period. Where possible equipment such as commodes, washbowls, chairs, hoist slings, bp cuffs, call buttons and thermometers etc should be kept for use by individual, symptomatic patients.

Patient care equipment should be cleaned twice daily with 1000ppm chlorine based detergent, immediately if visibly contaminated and following use if removing from patient’s single room / bed space. Please see NHSGGC Decontamination SOP.
Hand Hygiene (HH) Hand hygiene is the single most important measure to Prevent cross-infection with Loose stools.

- Hands must be decontaminated with liquid soap and water before and after each direct patient contact, after contact with the environment, after exposure to body fluids and before any aseptic tasks. Patients should be encouraged/assisted to use the hand hygiene facilities after using the toilet/commode and before meals. Hand wipes should be provided to those patients unable to use hand hygiene facilities.

- Visitors must also be encouraged to wash their hands with soap and water after visiting a patient with loose stools.

Please refer to NHSGGC Hand Hygiene SOP

Last Offices See National guidance for Last Offices

Linen Treat used linen as soiled/infected, i.e. place in a water soluble bag, then a secondary plastic/polythene bag, tied and then placed into a hamper style laundry bag. (Brown polythene bag used in Mental Health areas)

- Please refer to National Guidance on the safe management of linen

- Any soiled clothing for home laundering should be placed into a patient specific water soluble bag then into a patient clothing bag before being sent home. All soiled clothing for home laundering should be accompanied with a Home Laundering Information Leaflet and staff should alert relatives/carers to the condition of the laundry. NB it should be recorded in the nursing notes that both advice and the information leaflet has been issued.

Moving between wards, hospitals and departments (including theatres) Movement of patients should be restricted until they have been asymptomatic for 48 hours. Movement of symptomatic patients must only occur if there is a clinical need and this should be discussed with the receiving area.

Notice for Door Yes. A yellow IPC sign must be placed on the door to the patients room which must be closed. If the door cannot be closed, then an IPCT risk assessment should be completed and reviewed frequently.

The most up-to-date version of this policy can be viewed at the following website: www.nhsggc.org.uk/your-health/infection-prevention-and-control
## Loose Stools

### Outbreak

Outbreaks are likely if these precautions are not followed. Please refer to the [NHSGGC Outbreak SOP](#).

### Patient Assessment

Patients who have a history of recent loose stools/diarrhoea (which is different from their normal bowel pattern) should be treated as potentially infectious and isolated in a single room until stool specimen results are available and reported as negative or they have been asymptomatic for 48 hours. See [Accommodation](#) section.

### Patient/Visitor Information

Please record any information given to patients, relatives or carers into nursing/medical notes.

### Personal Protective Equipment (PPE)

FRSM, disposable yellow aprons and disposable gloves must be worn if in contact with an infected/potentially infected patient or their environment. Where there is a risk of blood/body fluid splash to the face, a fluid resistant surgical mask and eye protection must be considered.

### Precautions Required until

Precautions will be required until the patient is asymptomatic for 48 hours, or longer if a specific pathogen has been identified. Contact the IPCT for further advice.

### Risk Assessment required

All patients with loose stools must be assessed by medical staff to rule out other reasons for symptoms. You **MUST** contact the IPCT if there is more than one patient with loose stools/diarrhoea for which there is no obvious non-infectious explanation.

### Screening Staff

Only required during outbreaks on the advice of the IPCT/Occupational Health Service.

### Specimens Required

Obtain a stool specimen. Where possible send an adequate amount of faeces i.e. half-full container. Specimens should be sent for routine culture and sensitivity (C&S), *Clostridium difficile* Infection (CDI) and virology. If 1st specimen is negative for C&S and the patient continues to have loose stools/diarrhoea and an infectious cause is strongly suspected two further specimens, taken on separate occasions at least 24 hours apart, should be sent.

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### Loose Stools

It is the responsibility of staff within the area to record type/frequency if stool using the Bristol Stool Chart. See Appendix 1 Bristol Stool Chart

### Terminal Cleaning of Room

Please refer to NHSGGC SOP Terminal Clean of Isolation Rooms/ward.

### Visitors

Visitors are not required to wear aprons and gloves, unless they are participating in patient care. They should be advised to decontaminate their hands with liquid soap and water on leaving the room/patient. Symptomatic visitors should be advised not to visit patients in hospital until they have been asymptomatic for 48 hours. Staff should consider restricting the number of visitors to two and advising visitors not to bring young children and babies to visit whilst the patient is symptomatic.

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4. Evidence Base


https://www.cdc.gov/infectioncontrol/guidelines/norovirus/index.html

Guidance on Prevention and Control of *Clostridoides difficile* Infection (CDI) in Health and Social Care Settings in Scotland No 6 2017

National Infection Prevention and Control Manual
http://www.nipcm.hps.scot.nhs.uk
Appendix 1 – Bristol Stool Chart

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Size</th>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
<th>Type 4</th>
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Adapted from the Bristol Stool Scale developed by KW Heaton and SJ Lewis at the University of Bristol, 1997

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