

	
	
	
	<p><b>City Health Care Partnership CIC</b> a co-owned business</p>
	

\*System partner logos to be added as guidance shared with each organisation

# Viral Gastroenteritis Systems Partners Guidance

## Version Control

Version	Release date
9.1	09/04/2018
Resource No. 15 Viral Gastroenteritis System Guidance	

<b>Guideline</b>	Effective Discharge of patients from wards/ inpatient areas which have had an outbreak of Viral Gastroenteritis (Including Norovirus)
<b>Version Control</b>	Version 0.9
<b>System Partners</b>	Hull and East Yorkshire Hospitals NHS Trust Humber Teaching Foundation NHS Trust City Health Care Partnership CIC Yorkshire Ambulance Service NHS Trust East Riding of Yorkshire Council Hull City Council NHS East Riding of Yorkshire CCG NHS Hull CCG NHS Vale of York CCG NHS Scarborough & Ryedale CCG Public Health England Thames Ambulance Service Limited YorMed Ambulance Service York Teaching Hospital NHS Foundation Trust City of York Council
<b>Background</b>	It has been recognised that there is no consistent approach between system partners on the discharge of patients that have been exposed to Viral Gastroenteritis (including Norovirus) within a ward/inpatient area. This document is a guideline in order for the system to adopt an agreed position on discharge of these patients.
<b>Viral Gastroenteritis (including Norovirus) description</b>	<b>Viral Gastroenteritis (including Norovirus)</b> This is a viral infection which causes diarrhoea and vomiting. It affects semi closed communities such as hospitals. Immunity is short-lived and therefore a high proportion of those exposed to infection develop symptoms. In healthy people these are relatively short-lived and mild. Transmission is by person-to-person infection, contaminated surfaces and contaminated food and drink.
<b>Principles of agreement</b>	For a patient that is medically fit for discharge, it is recommended that the following principles should be adopted by all system partners and Acute trusts: <ul style="list-style-type: none"> <li>• Any patient on a ward/inpatient area affected by Viral Gastroenteritis (including Norovirus) going to their own home without additional services can be discharged as soon as they are thought to be medically fit even if they are still symptomatic.</li> <li>• Patients who are on a ward/inpatient area where there are closed bays due to infection but who are not in a closed bay can be discharged to their own home, intermediate care, community/ mental health inpatient service or to a nursing or residential home.</li> <li>• Patients in closed bays/inpatient area, who are not symptomatic because they have resolving symptoms (i.e.48hrs symptom free), can be discharged to their own home either with or without</li> </ul>

	<p>services, intermediate care, community/ mental health inpatient service or to a nursing or residential home.</p> <ul style="list-style-type: none"> <li>• Patients in closed bays/inpatient area who have not been symptomatic and are due to be discharged to a nursing or residential home should be assessed on an individual patient basis*. In general, discharge should not occur until the bay has been reopened, however discussion can be held with the receiving service to inform that the patient has been exposed to Viral Gastroenteritis (including Norovirus) and that on discharge; it is essential that the patient is barrier nursed and closely monitored for 48 hours after discharge.</li> </ul>
<p><b>Staff undertaking assessments on closed wards (Allied Healthcare Professionals and Social Care Staff )</b></p>	<p>In principle as long as appropriate precautions are taken the assessment for discharge process should continue.</p> <ul style="list-style-type: none"> <li>• Patients who are on a ward/inpatient area where there are closed bays but who are not in a closed bay. Staff can continue to assess the patient and the patient can continue to attend other areas for rehabilitation/ investigation.</li> <li>• Patients in closed bays/inpatient area, who are not symptomatic because they have resolving symptoms (i.e.48hrs symptom free). If facilities allow these patients can be taken to a non-affected area of the ward/inpatient area and staff can continue to assess the patient.</li> <li>• Patients in closed bays/inpatient area who have not been symptomatic should be assessed on an individual patient basis.</li> </ul>
<b>Effective from</b>	1 <sup>st</sup> April 2018
<b>Date</b>	9 <sup>th</sup> February 2018
<b>Review Date</b>	31 <sup>st</sup> March 2019
<b>Contact for this guidance</b>	Jo Raper jo.raper@nhs.net

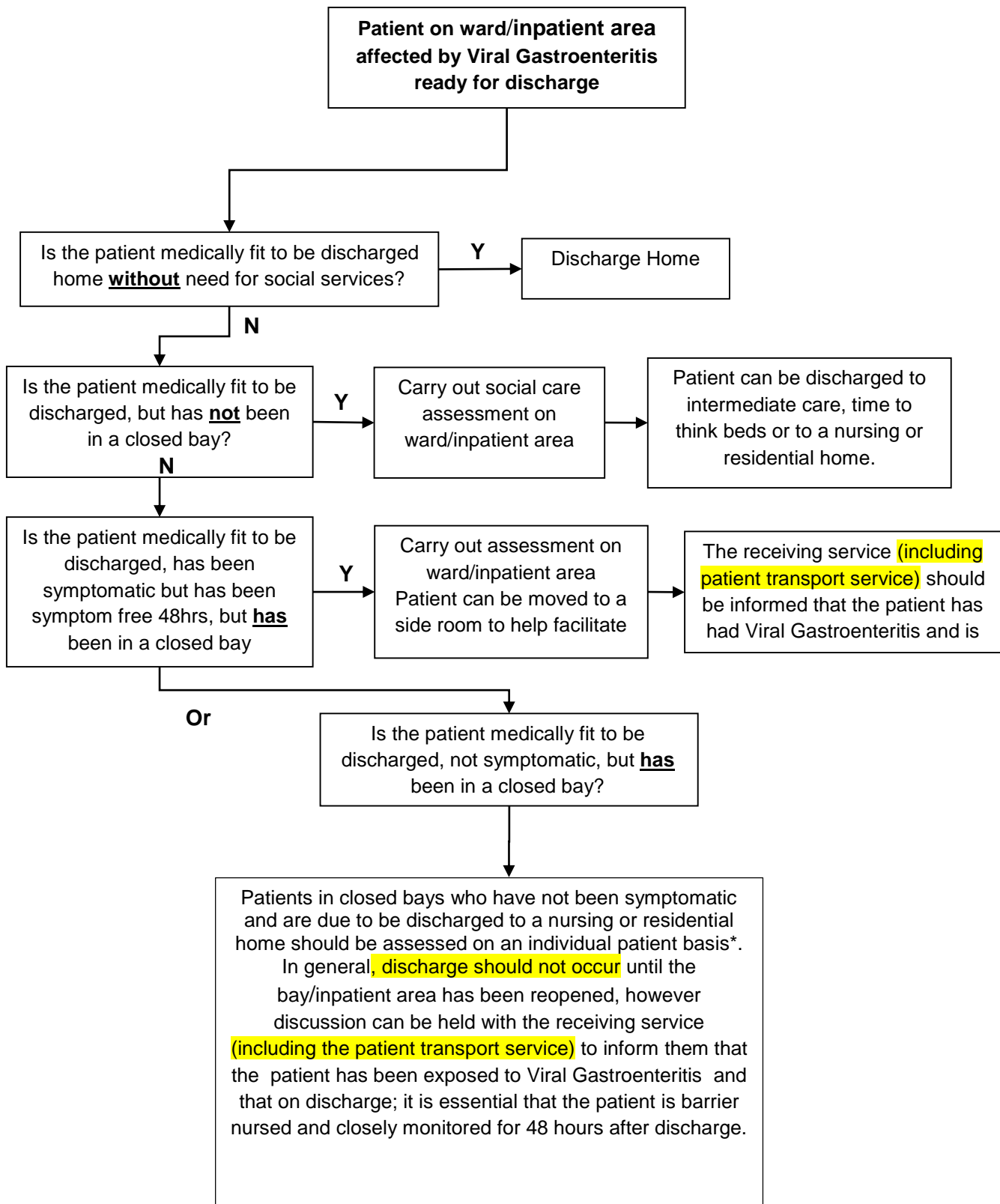
**\*Assessment on an Individual Patient Basis**

This assessment should be undertaken in conjunction with the Infection Prevention & Control team, receiving service and Public Health England. This is to ensure the receiving service is able to prevent the spread of infection. The default will remain not to discharge unless safe discharge arrangements can clearly be described and this will not be on every occasion.

**Closed Care Homes /Acute, / Community, Mental Health inpatient areas**

Where a care home/ inpatient area has been closed due to infection since the patient's admission the patient should not be discharged back to the area until it is reopened.

## Patient Discharge for a ward affected by Viral Gastroenteritis (including Norovirus)



**NB Please ensure you inform the patient transfer service if the patient is potentially infectious**

