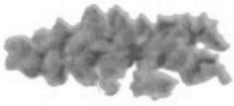
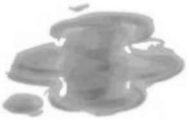
Appendix 1: Bristol Stool Chart

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. **Entirely Liquid**

First published: Lewis SJ, Heaton KW (1997) Stool form scale as a useful guide to intestinal transit time. Scandinavian Jorunal of Gastroenterology 32: 920–4

Appendix 2: Seasonal IPC Checklist for GI illness

Number	Actions to prepare	Y	N	Date
1	Has this resource and associated **winter IPC preparedness** been communicated to all staff?			
2	Are all staff aware of and have access to the **CH IPCM?**			
3	Have all staff completed appropriate IPC training relevant to their roles?			
4	Is PPE available in sufficient quantities and stored in a clean/dry area until required for use?			
5	Is there liquid soap and disposable paper hand towels available in all public, communal toilets and en-suite toilets?			
6	Has **hand hygiene** education been reinforced to all staff in line with CH IPCM and **WHO 4 moments?**			
7	Have hand washing posters as per the CH IPCM and **WHO 4 moments posters** been displayed in key areas throughout the care home?			
8	Do all relevant staff have access to and awareness of the **Bristol Stool Chart** to support accurate assessment of stool types?			
9	Are lidded foot operated waste bins in place and functioning throughout the facility?			
10	Are facilities in place for segregation of infectious laundry and water-soluble laundry bags readily available?			
11	Are there sufficient quantities of required cleaning materials available?			
12	Are staff aware of who to contact to support symptomatic resident risk assessments?			
13	Are ARHAI Scotland Transmission Based Precautions **posters for contact precautions** displayed in key areas throughout the care home for the duration of the outbreak?			

Appendix 3: GI IPC Outbreak Checklist

The IPC checklist should be completed as soon as an outbreak is suspected and continued daily until declared over.

State pathogen(s) and date the outbreak was identified:

Transmission Based Precautions for Outbreak Management

SICPs should continue to be applied in all care settings, at all times, for all residents

Action	Date				
Resident Placement/Assessment of risk					
Residents who are confirmed, suspected cases and those at high risk of acquisition and adverse outcomes from HAI, for example immunosuppressed have been prioritised for single room accommodation with ensuite facilities					
Hierarchy of controls has been assessed and additional controls implemented where risk assessed and able to do so– window opening etc.					
Doors to isolation/**cohort** rooms/areas are closed and signage is clear. Resident isolation risk assessments are documented in the resident notes with regards to safety, and health and well-being, the minimum period should be specified and reviewed daily.					
Cohort areas are established if resident single rooms are unavailable and where there are multiple cases of the same infection.					
Contact tracing for exposed residents has been undertaken with symptom monitoring in place for early detection of new cases.					

Action	Date				
Personal Protective Equipment (PPE): gloves, disposable aprons, fluid resistant Type II surgical mask (FRSM)					
Staff are wearing and applying correct use of PPE for direct care contact or when in the residents immediate care environment and PPE is changed between residents and/or following completion of a procedure or task – disposable apron, and the use of gloves has been risk assessed. A FRSM should be worn if the resident is vomiting.					
Sufficient stocks of PPE are easily located and stored from risk of contamination.					
Safe management of care equipment					
Single-use items are in use.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between use and prior to use on another resident using detergent followed by a disinfectant solution of 1000 parts per million available chlorine (ppm av. cl) or a combined detergent/disinfectant solution at a dilution of 1,000 ppm av.cl.					
Fans are not in use or risk assessments are in place in relation to clinical need.					
Safe management of the care environment					
All areas are free from non-essential items for resident care and equipment, exposed food stuffs have been removed.					
At least daily cleaning and decontamination of the resident isolation room/cohort rooms/areas is in place using detergent followed by a disinfectant solution of 1,000 ppm av.cl. or a combined detergent/disinfectant solution at a dilution of 1,000 ppm av.cl. Discuss with local HPT and or/IPCT if items are unable to withstand chlorine releasing agents.					
Increased frequency of cleaning is incorporated into environmental cleaning schedules for areas where there may be higher environmental contamination rates e.g., “frequently touched" surfaces such as door/toilet handles, bedside tables, over bed tables and bed rails.					

Action	Date				
Terminal cleaning is undertaken following resident transfer, discharge, or once the resident is no longer considered infectious.					
Information and Treatment					
Residents					
Residents are informed of all screening/investigation result(s) where appropriate and the next of kin is informed where consent has been provided. (Documented in resident notes).					
Resident Information Leaflet has been provided for the resident (or explained) and to the next of kin where consent is in place. (Documented in resident notes).					
Any current antimicrobial/therapy and laxatives have been reviewed for the resident. (Documented in resident notes).					
Any appropriate antimicrobial treatment has been prescribed. (Documented in resident notes).					
Staff					
Staff are aware of the current situation and IPC controls, the need for hand hygiene using soap and water has been reinforced.					
No symptomatic staff are on duty.					
Visitors					
All visitors are aware of the current situation.					
Support has been offered to those providing direct care to a resident and a FRSM offered when the resident has been vomiting.					
Visitors have been informed if they develop symptoms they should stay at home and follow advice by **NHS inform.**					
Provide relatives and those providing meaningful contact with the **Washing Clothes at Home Leaflet** where required.					
Staff support visitors with **Scottish Government Care Homes Visiting Policy**					

(Refer to the Care Home Infection Prevention and Control Manual for further information)

Appendix 4: GI Outbreak Case Monitoring Record

Case assessments

Residents	Date						
Number of new probable cases today							
Total number of probable cases							
Number of new confirmed cases today							
Total number of new confirmed case today							
Total number of remaining symptomatic cases today							
Total number of residents giving cause for concern as a result of a GI illness today							
Number of new residents who have died as a result of a GI illness and the pathogen has been reported on any part of the resident's death certificate							
Total number of resident deaths reported on part 1 or 2 of the death certificate to date							

Staff	Date						
Number of new symptomatic staff today							
Total number of staff affected to date							

Appendix 5: GI Outbreak Case Review Monitoring Data Record

Complete for all residents with symptoms

Name of service/staff member	CHI	Antibiotic (Y or N)	Laxatives (Y or N)	Specimen date (X)	Specimen result (+ or -)	Date of start and end of symptoms (Identify start and end date with a dot as below and link dates with a line)						
Example:						19/9	20/9	21/9	22/9	23/9	24/9	25/9
Joe Bloggs	0509343124	N		20/9	+	●	X					