

Screen all patients—both inpatient and outpatient—for diarrhoea symptoms upon initial contact in any health-care setting

When infectious diarrhoea is suspected or confirmed, provide the patient with dedicated toileting and use contact precautions when providing care

Prior to any interaction with a patient, health and care workers should assess the likelihood of potential exposure to infectious agents for themselves and others and should take precautions accordingly. This includes, for example, hand hygiene according to the WHO 5 moments, patient placement and the selection and use of personal protective equipment (PPE).

Apply contact precautions in addition to standard precautions



Cleaning and disinfection

- Clean and disinfect the patient environment where patients with suspected or confirmed infectious diarrhoea are cared for twice daily at a minimum. Clean all surfaces using detergent and water first
- Disinfection occurs after cleaning and should be performed with an appropriate disinfectant solution and left untouched/unused for the appropriate contact time

Laundry and linen management

- Routinely bag and send linens and curtains used by patients with infectious diarrhoea to laundry services
- Dispose of heavily soiled linens as infectious waste
- Wash linens with hot water (at least 60°C) with detergent if machine washing or, if cleaned manually, soak in 0.05% sodium hypochlorite solution for 30 minutes before drying

Sanitation

- Ensure patients with suspected or confirmed infections have dedicated toileting (toilet/latrine or bed pan)
 - Ensure facility has an adequate number of toilets to reduce risk of cross-contamination (at minimum 1 toilet/20 users, segregated male/female, and separate for patients and staff)
- Maintain hygienic condition of toilets
- Provide hand washing station with soap and water within 5 metres of toilet

Waste management

- Treat waste contaminated with blood, body fluids, secretions and excretions as hazardous infectious waste, in accordance with local regulations
- Ensure safe segregation of waste and availability of policies/supplies for collection, transportation, treatment and disposal
- Containment of sharps waste in puncture proof containers, followed by shredding if possible to reduce the amount of waste and safe disposal through encapsulation or incineration.

Safe water supply

- Safe water (40–60 L/patient/day) must be available on site
- Ensure the safety of drinking water during storage until the moment of its use or consumption
- Wastewater (from sinks, showers, toilets) must be connected to a sewage system (or acceptable alternative)

Water quality

- Ensure the implementation of water quality monitoring in the health-care setting
 - If water treatment is performed on site, test water for the presence of residual chlorine of 0.2–0.5 mg/L measured at the point of use (taps) of the water distribution system