



***South Yorkshire Health Protection Unit***

***Policy for the Management of Outbreaks of Infectious Diarrhoea and Vomiting in Nursing and Residential Homes***

**Issued August 2007  
Revised June 2010  
Revision date 2012**

## **Introduction**

This policy is designed to be used in conjunction with the “*Infection Control Guidance for Care Homes*” (Department of Health 2006) and “*Guidelines on Infection control in schools and other childcare settings*”. (Health protection Agency 2010). This policy reflects both of these guidelines. It is important that all establishments base their own policies and procedures for local practice on these documents, which also include further information on infection control.

Infectious diarrhoea and vomiting occurs frequently in the community. Infections may be airborne, foodborne, transmitted by direct contact from person to person or may spread through the air to contaminate the environment. Prompt and effective measures are needed to control the spread of infection between patients/residents, staff and visitors.

Outbreaks of viral gastro-enteritis, such as those caused by Norovirus, are the most common, but, infections may also be caused by bacteria, such as Campylobacter or Salmonella.

If the outbreak is suspected to be food related the local Environmental Health Officers will undertake a joint investigation with the Health Protection team.

## **Outbreak Definition**

An outbreak of infectious diarrhoea and vomiting should be suspected when unexplained diarrhoea and/or vomiting affects two or more patients/residents or members of staff within a 48 hour period.

### **Typical features of viral gastro enteritis are:**

1. Vomiting
2. Diarrhoea (**see Bristol Stool Chart for stool recognition**)
3. Duration of 24-48 hours
4. Rapid spread from person to person

### **Typical features of other gastro enteritis (food, water) are:**

1. Vomiting
2. Diarrhoea (**see Bristol Stool Chart for stool recognition**)
3. Duration variable
4. Point source outbreak

### **Mode of Spread:**

1. Airborne, leading to gross environmental contamination
2. Person to person via the faecal-oral route
3. Foodborne/waterborne via contaminated food and drink

## Effective Control of the Outbreak:

It is worth noting that infection can be spread to and within any establishment very easily. By using Infection control policies and procedures and notifying promptly a suspected outbreak, the necessary action can be taken which will minimise the spread of infection. This will prove to be cost effective and may result in avoidable admissions to hospital:

1. Early reporting to the Environmental Health Department, South Yorkshire H.P.U. and the PCT Infection Control Nurse (if there are PCT beds), of diarrhoea and vomiting in either patients or staff when there are two or more cases.
2. The Consultant Communicable Disease (CCDC) or the Community Infection Control Nurse (CICN) will require daily reports on the progress of the outbreak and will provide advice accordingly.
3. In certain circumstances it may be necessary to hold outbreak meetings.
4. These meetings will be arranged at the discretion of the CCDC.
5. Faecal samples from affected staff and residents must be obtained as soon as possible.
6. Increase cleaning and drying of toilet facilities, especially communal facilities/areas.
7. Strict compliance with infection control measures.

## Management of an outbreak of diarrhoea and vomiting:

### Immediate action of the Duty Manager:

1. Report the outbreak to:
  - a) **The local Environmental Health Department.**
  - b) **South Yorkshire Health Protection Unit.**
2. Discuss cases involved in the outbreak with the patients/residents General Practitioner(s) to ascertain whether or not symptoms could be attributed to underlying medical conditions and to agree on the collection of specimens.
3. The following details should be recorded:
  - a) The names of cases
  - a) Nature, date and time of onset of symptoms for each individual case
  - b) Food/drink items in common/menus
  - c) The names of symptomatic staff and information on their symptoms (noting those who are food handlers)
  - d) Any movement of patients outside building i.e out-patients, day trips etc during last 7 days
  - e) Intermittent staff/agency staff i.e hairdressers, chiropodists, nurses etc
4. Arrange **collection of faecal specimens from all those symptomatic as soon as possible after the onset of symptoms** (in some areas the faecal containers will be provided by the Environmental Health Offices otherwise they will be via the GP)
5. Implement infection control measures

## Infection Control Measures:

### Segregation/Isolation/Exclusion

#### 1) Segregation

- a) Segregation is necessary in an outbreak where a large group of people use the building. It is important that where possible the asymptomatic and symptomatic people are kept strictly apart (known as cohort nursing).
- b) Staff should be specifically designated to work in one area, this will help reduce the transmission of the causative organisms and stop the spread of the outbreak.
- c) No one should be admitted/transferred/discharged during the outbreak.
- d) Symptomatic patients/residents may be nursed together within a designated area if sufficient individual rooms are not available.

#### 1. Isolation

- a) Symptomatic patients/residents should be nursed in isolation in their own rooms, or cohort nursed as above.
- b) Symptomatic patients/residents should, where possible, have sole use of designated lavatory facilities.

#### 2. Exclusion

- a) If a Nursing/Residential home is responsible for running day care facilities these will need to be cancelled until 48 hours after the last person/patient recovers.
- b) During the outbreak no new patients/residents, including Day Care patients/residents, should be admitted and no transfers made unless absolutely necessary.
- c) If admissions are absolutely necessary the patient/resident and/or their family/carers should be informed that they are being admitted to an area in which there is, or has recently been, an outbreak of diarrhoea and vomiting.
- d) When the transfer of a patient/resident is absolutely necessary the establishment receiving the patient/resident must be informed that the patient/resident has recently been in an outbreak area.
- e) The home should remain closed to admissions for 48 hours following the recovery of the last symptomatic case.
- f) Advice should be sought from Environmental Health Officers if the home supplies meals on wheels or outreach workers; these services may need to be discontinued for the duration of the outbreak

#### 3. Staff Issues

- a) Any staff member (including bank and agency staff) with symptoms of diarrhoea and/or vomiting should be sent home immediately.
- b) Stool specimens should be obtained from all symptomatic members of staff.
- c) **It is vital that any symptomatic staff member does not return to work until 48 hours AFTER normal bowel habits have returned.**
- d) If staff are admitted to hospital they should inform the hospital that they have been working in an area in which there is, or has recently been, an outbreak of diarrhoea and vomiting.

- e) Bank Nursing staff should inform their main employer that they have been working in an area in which there is, or has recently been, an outbreak of diarrhoea and vomiting.

#### 4. **Cleaning**

Thorough cleaning of the entire building/home is essential, and is especially important if people have vomited in public areas (e.g. lounges), including tables, handrails and TV remotes. Cleaning the toilets/changing mats, door/toilet handles and any other areas where symptomatic people have been is vital. It is very important that the cleaning regime is carried out using clean cloths, mops and hot water and a chlorine based solution in communal areas. Local policies should detail which cleaning detergents and chemicals should be used and the appropriate cleaning frequencies

- a) A chlorine based solution, correctly diluted and used in accordance with the manufacturers instructions, should be used for cleaning hard surfaces.
- b) For carpets and soft furnishings, body fluids/waste, e.g faeces and vomit, should be removed and the area cleaned using a liquid detergent and the carpet steam cleaned.
- c) All bed linen, curtains etc. should be washed using the hot cycle of a washing machine where possible.
- d) Clothing should be washed in a washing machine at the hottest setting that the fabric will tolerate.
- e) Disposable plastic aprons and gloves should be worn when caring for isolated/infected patients/residents
- f) Gloves and aprons must be single patient use only.
- g) Gloves and aprons must be discarded into a clinical waste bag.
- h) Staff should change their uniforms daily, before working in other establishments and before going home.

An explanation regarding the outbreak and the risk of infection should be offered to visitors, with the advice that they wash their hands on leaving the patient's/resident's room. They may also be advised that visiting is restricted until the outbreak is over.

#### 5. **Hand Washing**

- a) Is vital to prevent person to person transmission and frequent hand hygiene must be actively encouraged.
- b) Liquid soap and paper towels should be easily accessed by staff.
- c) Alcohol hand gel is recommended to be used in outbreak situations as a further measure to prevent person to person spread, in addition to handwashing.
- d) Hand washing should take occur:
  - at the start and end of clinical duties
  - before and after all patient contact and care procedures
  - before putting gloves on
  - following removal of gloves
  - when hands are visibly soiled
  - immediately after hands have been contaminated with body fluids/waste
  - before serving or preparing food
  - after visiting the lavatory








## 6. **Handwashing Technique (see attached sheet)**

- a) Wet both hands thoroughly before applying soap to the hands. Follow the technique outlined below for 20-30 seconds.
- b) Pay particular attention to the thumbs, fingertips, and between the fingers.
- c) Hands should be thoroughly rinsed with running water.
- d) Care should be taken to dry the hands thoroughly using disposable paper towels.
- e) Hand cream may be applied to the hands at the completion of nursing duties to prevent the skin drying, and cracking.

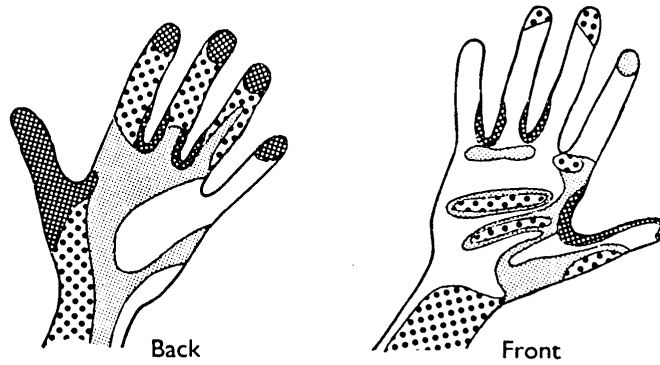
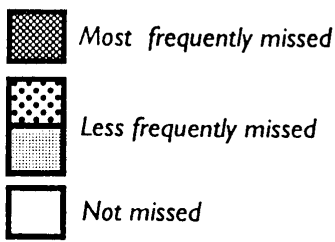
## **Duty of Care**

The owner/manager has a duty of care to protect their staff and residents. Policies and procedures should be evident, which are adhered to, preventing as appropriate any spread of disease. An occupational health policy must also be present and adhered to.

# 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 its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>

# INADEQUATE HANDWASHING



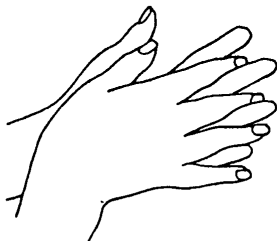
# CORRECT HANDWASHING



Palm to palm



Right palm over left back and left palm over right back



Palm to palm fingers interlaced



Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of right thumb clasped in left palm and vice versa



Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa

## D & V OUTBREAK – MANAGEMENT CHECKLIST

Date Completed:			
Checklist Completed By (Print Name):			
Name & Tel No of Institution:			
Type of Institution:			
Name of Manager:			
<b>HISTORY OF OUTBREAK:</b>			
<b>ACTION TAKEN BY INSTITUTION (eg Isolation time, handwashing etc):</b>			
<b>ADVICE GIVEN RE: FURTHER ACTION REQUIRED:</b>			
<b>Prevention:</b>	<b>Yes</b>	<b>No</b>	<b>Comments:</b>
▪ Alcohol gel advised and contact details given			
▪ Monitor that staff deploy handwashing effectively			
▪ Liquid soap and paper towels available			
▪ Deep clean, i.e daily cleaning with a chlorine based solution (especially handles and taps).			
▪ Steam clean carpets/furniture needed			
▪ Protective clothing available (i.e gloves & aprons)			
▪ Appropriate disposal of waste available			
▪ Infected linen segregated and use of dissolvable bags			
▪ Dedicated toilet facilities/commodes			
▪ D & V Guidance faxed/posted			
▪ List of cases – separate for staff and clients			
▪ Visitors – to be informed and restricted			
▪ Admissions, discharges and transfers suspended			
▪ Any attached daycare/residential facilities, if so, segregate			
▪ Deploy 48° rule for ill clients and staff			
▪ Deploy care staff to dedicated areas if possible (restrict food handling if possible)			
▪ Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above)			
▪ Inform EHOs			
▪ Inform CCDC			
▪ Inform CQC			
▪ Specimen collection agreed by EHOs			

**D & V OUTBREAK – LOG SHEET – RESIDENTS**

<b>SURNAME (Print)</b>	<b>FIRST NAME</b>	<b>DOB</b>	<b>ROOM &amp; LOCATION</b>	<b>GP DETAILS</b>	<b>SEX</b>	<b>DATE OF ONSET</b>	<b>SYMPTOMS</b>	<b>DURATION OF SYMPTOMS</b>	<b>STOOL SAMPLE DATE</b>	<b>OUTCOME</b>

### **D & V OUTBREAK – LOG SHEET – STAFF CASES**

<b>SURNAME (Print)</b>	<b>FIRST NAME</b>	<b>STAFF TITLE</b>	<b>ROOM &amp; LOCATION</b>	<b>GP DETAILS</b>	<b>SEX</b>	<b>DATE OF ONSET</b>	<b>SYMPTOMS</b>	<b>DURATION OF SYMPTOMS</b>	<b>STOOL SAMPLE DATE</b>	<b>OUTCOME</b>