

Viral Gastroenteritis Outbreak Pack

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*Please display at all times

Overview of Viral Gastroenteritis

A self-limiting infection affecting the gastro-intestinal tract, resulting in symptoms such as diarrhoea and vomiting, outbreaks of viral gastroenteritis are on the increase, both in the community and in hospitals and are usually seen in the colder months, October to March. Although viral gastroenteritis is not life threatening, dehydration can be serious. The fluid intake of affected residents needs consideration and their GP contacted if they are unwell.

Viruses which cause gastroenteritis include:

- Small Round Structured Virus e.g. Norovirus (previously called Norwalk virus or winter vomiting), Rotavirus, Astrovirus, Calicivirus and Adenovirus 40/41.

Symptoms of Viral Gastroenteritis can include one or more of the following:

- Watery diarrhoea, vomiting, nausea, abdominal pain, pyrexia, headache.
- Symptoms usually last 2 to 3 days.

Mode of spread:

- Faecal-oral route (hands are contaminated with faeces or vomit from an infected person and the virus is then ingested) – person to person, on the hands of carers or on contaminated food, objects and surfaces
- Contamination is increased during vomiting – creating a viral aerosol
- Transmission via respiratory secretions is possible with Adenovirus

Viral gastroenteritis is difficult to control due to the high levels of virus excreted and a low infectious dose. Infectivity continues for 48 hours after symptoms cease. Symptoms vary and there may be some asymptomatic carriers of the virus as well.

Preventing complications:

Taking plenty of fluids is essential to avoid dehydration especially water, although it is best to drink anything that is tolerated. There is no need to exclude food if someone wishes to eat. Light foods may be tolerated e.g. toast or a plain biscuit.

How to manage a possible outbreak of Viral Gastroenteritis

Outbreak definition: *Two or more cases of vomiting and/or diarrhoea (Bristol stool chart 6 or 7 and different to the residents or staff member's normal bowel habit)*

A viral outbreak is probable if you see:

- Sudden onset of vomiting or diarrhoea
- A rapidly rising rate of affected residents/staff/visitors

In order to control the spread of viral gastroenteritis it is essential that outbreaks are identified as soon as possible. Although diarrhoea in elderly people is common, it is not always infectious. Other possible causes include overuse of laxatives, antibiotics or other medication, change in diet or underlying bowel disease. Make sure you record and keep updated the numbers affected, their symptoms, timescales and dates of onset of illness. Also, collecting stool samples is important to rule out more serious causes of infection.

Reporting a possible outbreak:

It is essential that you identify the possibility of an outbreak early on and report it to Public Health England ” the telephone numbers for both in and out of office hours reporting can be found on your large colour Outbreak poster.

When calling out of hours you will need to ask for the “South and West Public Health England Public Health out of Hours rota, these details can also be found on PHE’s website.

Public Health England will then contact the Calderdale MBC Infection Prevention (IPC) team who will then get in touch with you, ensuring you have appropriate advice and support throughout the outbreak.

Next Steps:

- Complete the outbreak **Management Pathway** to ensure you take the correct next steps
- Ensure any symptomatic individuals are cared for within their own rooms, avoiding communal areas
- Communicate to all care home staff that you have a suspected outbreak of infection and complete the communication sheet
- Record all cases (including staff and visitors) on the case register and episodes of symptoms on the outbreak log sheet
- Follow the advice given by Public Health England and Calderdale MBC IPC team recording this on the communication sheets
- Inform residents and their visitors of the suspected outbreak and ensure the door poster regarding a suspected outbreak is displayed at the entrance to the home
- Commence your enhanced cleaning regime

Please observe
STANDARD INFECTION CONTROL PRECAUTIONS
For **all** residents at **all** times

Advice for homes closed due to a possible outbreak of viral gastroenteritis

Calderdale MBC Infection Prevention and Control (IPC)/ Public Health England have advised the closure of this home during the current situation and your Manager has agreed – you are now closed to admissions and transfers until otherwise advised. The following advice will help to limit the spread of infection.

PREVENTING SPREAD OUTSIDE THE HOME

- **DO NOT** accept admissions while the home is closed.
- **DO** speak to the IPC team if you have concerns about taking a resident back from hospital when you are closed. Residents who were admitted with symptoms should be accepted back (as they may have already had exposure to the infection).
- **DO NOT** transfer residents to other health care institutions (e.g. hospitals or other homes) for the duration of the closure unless it is unavoidable e.g. where clinical need requires admission to hospital. Please inform the receiving unit of the outbreak situation so that suitable isolation measures can be put in place. Utilise the transfer stickers provided by the Infection Prevention and Control team, on the transfer documentation.
- **DO NOT** send residents to outpatient appointments whilst the outbreak is ongoing – call to postpone. If the appointment is urgent, discuss with the infection control team.
- **DO** communicate to all staff, both your own and visiting staff, the infection control precautions required during this time.
- **DO** ensure non essential services are deferred until after the outbreak i.e. Chiropodist, hairdresser, buildings maintenance.
- **DO** inform the agency of the suspected outbreak if you use agency staff.

CASE REPORTING AND CONTROL

- **DO** report all new cases (residents, staff and visitors) to the nurse/senior in charge and enter their details on the **case register** provided. Ensure the symptoms log sheet is kept up to date, especially in the morning prior to the daily week day call from the IPC team.
- **DO** inform the IPC team if any residents have been admitted to hospital.
- **DO** isolate those residents with symptoms, particularly those with **vomiting** (to minimise the aerosol effect from the vomit). Either en-suite facilities, a named toilet or a commode must be provided. Where residents are difficult to isolate (e.g. EMI units) try to ensure that residents hand hygiene is well maintained. If they are reluctant to use a sink at key times such as prior to meals or after toileting use hand wipes instead.
- **DO** send a stool specimen of at least a quarter of a specimen pot, labelled as instructed by the IPC team. Ensure the form has an ILog number completed on it details of which will be given to you by the IPC team. When you have the samples take to the GP practice where they will be collected on the CHFT van. The sample can be contaminated with urine. Sampling early may identify the cause of the outbreak and halt the need to take further samples.
- **DO** exclude all staff and visitors with symptoms until they have had **no symptoms** (asymptomatic) for **48 hours**.

VISITORS TO THE HOME

- **DO** advise visiting professionals of the outbreak prior to their visit who will then be able to make a clinical risk assessment as to whether to attend or to postpone the visit. It may be that visiting healthcare professionals will attend at the end of their shift thus reducing the risk of transmission to other premises.
- **DO** make all visitors aware that there is an outbreak of diarrhoea and vomiting. It is then their decision whether they should visit or not. Provide them with the information sheet to assist them. They should only visit the person they have come to see and not go from person to person. If they have had any symptoms themselves they should not visit for 48 hours after their last symptoms.
- **DO** advise elderly, immuno-compromised or those who plan to bring in very young children and babies that they may be susceptible to the virus and provide them with the information sheet.

STAFFING RECOMMENDATIONS

- **DO** ensure staff do not eat or drink except in designated areas during this period, i.e. avoid open boxes of chocolates, biscuits or fruit bowls on the desk – these may have become contaminated and therefore a source of infection.
- **DO** restrict staff movement between floors or blocks where ever possible to reduce the risk of transmission by organising staff work rotas and cohorting staff to work in one area during the duration of the outbreak as much as possible.
- **DO** send staff home from work and find suitable cover if they have symptoms of viral gastroenteritis whilst at work.
- **DO NOT** allow staff to return to work until it has been 48 hours after their last symptoms if they have been off work due to viral gastroenteritis.
- **DO** ensure staff change out of uniforms prior to leaving the home during outbreaks and wear a clean uniform daily. If uniforms are laundered at home they should be washed separately from other laundry on the hottest wash the material will tolerate.
- **DO** advise agency staff that if they have been working during the outbreak and become unwell that they should inform the care home and their agency.

HAND HYGIENE

EFFECTIVE HAND HYGIENE IS AN ESSENTIAL INFECTION CONTROL MEASURE

- **DO** ensure that hand hygiene needs can be met by staff, patients and visitors.
- **DO** ensure residents are regularly offered the opportunity to wash their hands especially after going to the toilet and prior to eating meals. If they are unable to easily access a sink ensure hand wipes are provided.
- **DO** ensure sinks are accessible and are well stocked with liquid soap and paper towels.
- **DO NOT** use alcohol hand rub during the outbreak as it can be ineffective against certain types of infectious diarrhoea.
- **DO use the posters provided as a visual reminder to wash hands.**

EQUIPMENT & THE ENVIRONMENT

- **DO** ensure there is an ample supply of disposable gloves (vinyl or nitrile) and disposable aprons and that these are easily accessible by staff.
- **DO** wear Personal Protective Equipment (PPE) when dealing with body fluids and dispose of after each episode of care.
- **DO** ensure the macerator / bedpan washer is operational – faults must be dealt with immediately as **urgent**.
- **DO** place laundry soiled by faeces or vomit directly into a water soluble/infected laundry bag and transferred to the laundry so that laundry staff do not have to handle the items. Laundry staff should wear personal protective equipment (gloves and apron).
- **DO NOT** hand sluice contaminated laundry.
- **DO** ensure the home is thoroughly cleaned **twice** daily using hot water and detergent, **plus** all eating surfaces, commodes, toilet areas, and sluice **twice** daily using a hypochlorite solution 1,000 parts per million (ppm) (e.g. Milton, domestic bleach solution, chlorclean) ensuring manufacturers guidance is followed.
- **DO** ensure commode's or designated toilets for symptomatic residents are cleaned after each use, by a member of staff using hot water and detergent or a detergent wipe and then with a hypochlorite solution 1,000 parts per million.
- **DO** clean other hand contact items with a hard surface disinfectant if required, e.g. telephones, pens etc
- **DO** wear an apron and gloves to handle excreta / vomit. **Spillage** must be immediately covered with paper towels, scooped up and placed in a clinical waste bag. Once the spillage is totally removed the area requires disinfecting with hypochlorite 1,000 ppm cleaning the area wide of the spill as this may also be contaminated. Spillage on **carpet** should be approached the same way, but using **very hot** soapy water instead of hypochlorite.
- **DO** move the resident to their own room as soon as possible if a resident vomits in a communal area. Any vomit should be cleared up immediately and disposed of into a plastic bag, secured and disposed of correctly. The area should be cleaned with hot soapy water and if it is an impermeable surface also cleaned with 1,000ppm hypochlorite solution.
- **DO** ensure any dining residents in the immediate vicinity of the vomiting have their meals replaced as their food may have been contaminated by aerosol droplets. They should also wash their hands.
- **DO NOT** carry out routine vacuuming during an outbreak as it may re-disperse viral particles and become a risk of further transmission. We would recommend vacuuming is delayed until the final clean.
- **DO** keep internal doors shut. You may open windows to allow a fresh distribution of air.

END OF THE OUTBREAK

- The outbreak is considered over when there have been no new cases for 72 hours, this would suggest transmission had ceased and the home could be reopened in consultation with the Infection Prevention and Control team.
- Care home cleaning at the end of the outbreak - a risk assessment will be made by the Infection Prevention and Control team representative and the manager depending on the scale of the outbreak. It is important a record is kept of the location of where contamination i.e. vomiting occurred. Use the communications sheet provided to do this.
- Arrange for contaminated carpeted areas to be steam cleaned following the outbreak or if they are damaged consider replacement with a washable alternative.

USEFUL CONTACTS

***telephone numbers for Public Health England both office hours and out of office hours can be found on your large colour outbreak poster**

- During normal office hours ask for Public Health England Specialist (Duty Professional)
- Out of normal office hours ask for “**South and West Yorkshire Public Health England out of Hours rota**”
- Calderdale MBC Infection Prevention & Control Team

TELEPHONE: 01422 266163

FAX (SAFE HAVEN): 01422 392081

Email IPC@calderdale.gov.uk

You may copy any forms within this pack as necessary to ensure you have enough supplies if you do have an outbreak. If you need to print posters they will need to be laminated so they can be cleaned

To obtain more leaflets or if you have any queries regarding this pack please contact the team using the details above.