Leeds Community Healthcare NHS Trust

Guidelines for the Control of Outbreaks of Gastroenteritis Infections in Nursing and Residential Care Homes

PLEASE ENSURE ALL MEMBERS OF STAFF READ, UNDERSTAND AND KNOW EXACTLY WHERE TO LOCATE THIS DOCUMENT

You may have an outbreak if you have 2 or more staff or residents with diarrhoea and/or vomiting. **Please see attached fact sheet.**
Managing specific infectious diseases: A to Z - GOV.UK (www.gov.uk)

Please follow the recommended actions below:

Advice will be provided by the Communicable Disease Control (CDC) Team (or UKHSA (PHE), on the management of the outbreak until the situation has concluded. However, the ultimate responsibility for management of the outbreak remains with the registered Care Home Manager.

Recommended actions		
Notification and closure		
1.	Notify as soon as possible: **Communicable Disease Control (CDC) Team: 0113 378 5900** or during out of hours: **UKHSA (PHE) 0300 3030234**	
2.	Display a copy of the enclosed notice on each entrance door to the premises.	
3.	Undertake a risk assessment of the outbreak situation. Where cases are isolated to single units or floors, it may be necessary to close those areas to new admissions and non-essential visitors. Partial closure would require strict cohorting of staff, no mixing with non-affected units. Partial closure must be first discussed and agreed with CDC nurse and or UKHSA. In the event of cases affecting more than one floor/ unit the care home may have to be closed in its entirety.	
Residents		
4.	Isolate suspected/confirmed residents in single occupancy rooms (no shared bathrooms or toilets) until at least 48-hours symptom free	
5.	Isolate residents who “walk with purpose” as much as possible. Reduced area of walking, regularly clean walking area touch points, and prompt/assist cleaning the resident’s hands	
6.	Maintain Bristol stool charts for affected residents. Record vomiting episodes on charts	
7.	Keep a record of symptomatic patients and staff using the outbreak log sheet provided.	
8.	The CDC nurse will risk assess and advise regarding stool sample collection. These may be arranged directly by the CDC nurse, up to a maximum of 6 samples per outbreak, even if vomiting only. If samples are arranged by the CDC nurse, a unique I-log reference number will be allocated, and sample containers and forms will be dropped off at the home by the CDC nurse.	
9.	Alternatively, the CDC nurse may advise that stool sample collection should be arranged by a resident’s own GP. This is the home manager’s responsibility to inform the GP of the outbreak and request a sample.	
10.	Monitor and record the resident’s fluid input / output and encourage hydration.	
11.	Review/stop affected resident’s laxative and anti-diarrhoea medication	

12.	Re-schedule all resident's non-essential appointments. If transferring for essential appointments, notify the receiving end of the outbreak/infectious status of the care home/resident in advance, and document on the transfer form.	
13.	Diarrhoea and/or vomiting (D and/or V) symptoms could be soft signs of COVID19.	
Staff		
14.	Suspected/confirmed staff must self-isolate at home until 48 hours symptom free.	
15.	Where possible, cohort the same staff to work on/with the affected units/floors/residents only, or on/with the non-affected floors/units/residents only (avoid staff mixing). When not possible, care for affected residents last (if possible)	
16.	Kitchen staff work in kitchen areas only. Care staff distribute drinks/meals and collect used crockery	
17.	Remove/cover exposed food i.e. fruit bowls	
18.	A clean uniform must be worn for every day/shift, and if possible, staff should change out of uniform in the care home before travelling home	
19.	Staff (including agency staff) should not work in other care homes during the outbreak	
20.	Staff should take breaks and consuming food/drink in designated staff rest areas only	
21.	Ensure staff are trained in Infection Prevention and Control, and safe food handling precautions	
Visitors		
22.	An individualised risk assessment should be undertaken for all visitors entering the affected area. See link below for further guidance." Supporting safer visiting in care homes during infectious illness outbreaks - GOV.UK (www.gov.uk)	
23.	Visitors must be advised of the risk of contracting the infection and the risk of them spreading it to others, and how they should reduce the risk i.e. strict hand hygiene with soap and water, and relevant PPE	
24.	Symptomatic visitors must not visit the care home until 48 hours symptoms free	
Hand hygiene		
25.	Strict hand hygiene must be implemented and include the Five moments for hand hygiene Moment 5 (who.int). When staff care for residents with D and/or V, they should only use soap and water. 2018-07-nipcm-appendix-1.pdf (scot.nhs.uk) (Alcohol gel is not affective against many infections which cause D and/or V).	
26.	Ensure adequate hand hygiene facilities are available which includes liquid soap wall dispensers and paper hand towel wall dispensers	
27.	Encourage/assist residents with regular hand hygiene	
Personal protective equipment (PPE)		
28.	Wear PPE as in care home national guidance: NHS England » Chapter 1: Standard infection control precautions (SICPs) Gloves and aprons must be worn when dealing with body fluids (and mask and eye protection if splashing is anticipated), aprons must be worn when providing close contact care to residents, and gloves and aprons must be changed between each resident.	
29.	Clean PPE should be stored outside of the isolation rooms, used PPE (gloves and aprons) should be removed before leaving the isolation rooms and disposed of into a foot operated clinical waste bin (which should be provided in the isolation rooms)	
Cleaning		
30.	Increase cleaning frequency and intensity and include touch points (i.e. door handles, handrails, toilet frames, light pulls, and bed rails), kitchen areas, and toilets and commodes. High traffic/use areas will need more frequent cleaning	
31.	Clean and disinfect the environment using a Hypochlorite diluted to 1000ppm.	
32.	Clean via a 1, or 2 step cleaning process: • 2 step cleaning process if the detergent and disinfectant are separate – i.e. first clean the area with detergent and then clean the area with disinfectant • 1 step cleaning process if cleaning agent is a combined detergent and disinfectant product	

33.	Promptly clean up body fluid spills. Use a spill kit and follow the spill kit manufactures instructions. If you do not have a spill kit, or for advice on cleaning spills from soft furnishings, and for further advice on cleaning spills, see: Appendix 9: Management of blood and body fluid spills england.nhs.uk).	
34.	Thoroughly clean and disinfect communal reusable equipment between each resident.	
35.	Commode pots requiring emptying should be covered before being transported to the sluice (for emptying and cleaning via the electronic sluice machine)	
36.	Ideally commode pots should be marked with room number to ensure they are returned correctly. Faulty/non-operational electronic sluice machines should be repaired urgently	
37.	Prior to flushing toilets used by affected residents, the lid should be closed to prevent aerosol of body fluids into the environment. Toilets and toilet equipment must be cleaned regularly and thoroughly	
38.	Ensure all communal toilets are provided with toilet paper in enclosed dispensers	
39.	Change cleaning cloths and mop heads regularly throughout the care home (and at least one cloth per room). If using washable cloths, wash the cloths on a disinfectant wash cycle, and in accordance of the manufacture's guidelines	
40.	Use colour coded cleaning equipment	
41.	Clean affected areas last (after cleaning the non-affected areas first). PPE must be worn when cleaning affectedareas	
42.	Keep the environment de-cluttered to facilitate cleaning	
Linen and laundry		
43.	Linen from affected residents should be placed in red dissolvable bags and washed on a disinfectant wash cycle. Personal clothes should be washed on hottest cycle possible and tumble dried and ironed if possible. Sluice wash all soiled linen	
44.	External laundries must be informed of the outbreak.	
Waste		
45.	Foot operated and lidded clinical waste bins should be available in isolation rooms	
46.	PPE (and wipes etc) from affected residents should be disposed of as below ● Nursing homes should use the Infectious/Hazardous waste sacks (orange sacks) ● Residential homes should use the Offensive/Hygiene waste sacks (yellow with a black stripe) (or Infectious/Hazardous waste sacks can be used if this waste stream is available in the residential home)	
Conclusion/end of the outbreak		
47.	The outbreak will be concluded after: ● the last symptomatic person is 48 hours symptom free ● the care home has discussed and agreed conclusion with the CDC nurse ● a terminal (deep) clean has been completed	
48.	A terminal clean includes cleaning all areas of the care home and cleaning soft furnishing. The CDC nurse will give advice on terminal cleaning	

For further information see: Norovirus: managing outbreaks in acute and community health and social care settings - GOV.UK (www.gov.uk)

Version control:

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Leeds Health & Care Partnership

NHS

I spy... Gastroenteritis (Diarrhoea and vomiting)

Gastroenteritis is usually caused by a bacterial or viral stomach bug and affects people of all ages. Cases in adults are usually caused by norovirus (the 'winter vomiting bug') or bacterial food poisoning.

The most common cause of viral gastroenteritis is contact with others who are symptomatic or eating and drinking contaminated food or water. Gastroenteritis can be spread by sharing utensils, towels or food with someone who has the virus.

TYPE 1		Separate hard lumps (hard to pass).
TYPE 2		Lumpy, hard, sausage-shaped.
TYPE 3		Sausage-shaped with cracks on the surface.
TYPE 4		Sausage-shaped or snake-like; smooth and soft.
TYPE 5		Soft blobs with clear-cut edges (easy to pass).
TYPE 6		Fluffy pieces with ragged edges; mushy.
TYPE 7		Entirely liquid, watery, no solid pieces.

Contact your GP if you have any concerns or do not feel as though you are getting better.

What is diarrhoea?

Diarrhoea is defined as three or more liquid or semi-liquid stools (type 6 or 7) within a 24-hour period in adults and older children, or any change in bowel pattern in young children.

Common symptoms

Sudden onset of nausea, followed by episodes of projectile vomiting and watery diarrhoea.

These may be accompanied by fever, headache, abdominal pain and/or aching limbs.

What is an outbreak?

You may have an outbreak if you have two or more staff or residents with diarrhoea and/or vomiting. Please discuss this with the CDC nurse on tel: **0113 378 5900**.

For more information visit **Managing specific infectious diseases: A to Z - GOV.UK (www.gov.uk)**

Visiting Notice

All visitors to report to the person in charge before continuing with their visit

Please remember to <u>wash your hands</u> before leaving the building.

Attention all visitors

We are currently experiencing vomiting and diarrhoea!

Please remember to <u>wash your hands</u> before leaving the building.

Speak to a member of staff for more information.

Help protect our

residents

If you have recently had sickness or diarrhoea please do not visit until you have been symptom-free for 48 hours

All visitors please:

- **Wash your hands after arriving and before leaving**
- **Use the visitor-designated toilets**

Symptomatic D and V Log Sheet. Complete daily and Continue to record until outbreak is concluded

(Insert dates)

Room	Name & Date Of Birth	Date Of Onset	Symptoms (see codes below) D;BD;V;N;A;H,	Recent medication/ antibiotics / laxatives?	Fluid in/out balance chart?	Specimen Sent date / & result	Comments e.g. recent visit elsewhere, relatives affected, food brought in, etc.	Day 1	Day 2	Day 3	Day 4

Symptoms code: **D**=diarrhoea (record type as per Bristol stool chart); **BD**= diarrhoea containing blood; **V**=vomiting; **N**=nausea; **A**=abdominal pain; **H**=headache; **X**=asymptomatic

D and V Log Continuation Sheet

Room	Name	Date of onset	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16

Symptoms code : **D**=diarrhoea; (record type as per Bristol stool chart) **BD**= diarrhoea containing blood; **V**=vomiting; **N**=nausea; **A**=abdominal pain; **H**=headache; **X**=asymptomatic