Guidelines on Prevention and Management of Probable/Confirmed Viral Outbreaks of Diarrhoea and Vomiting in Care Homes, Schools, Nurseries and other Child Care Settings

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</table>
1. Introduction ................................................................................................................. 4
   1.1 Aim ......................................................................................................................... 4
   1.2 Background ............................................................................................................ 4
   1.3 Mode of transmission .............................................................................................. 4
   1.4 Definition and recognition of an outbreak ............................................................. 5
      1.4.1 Recognising an outbreak of Norovirus ............................................................. 5
   1.5 Duty of Care .......................................................................................................... 5
      1.5.1 Head Teacher/Manager’s responsibility .......................................................... 5
      1.5.2 Staff responsibility .......................................................................................... 6
   1.6 Confidentiality ....................................................................................................... 6

2. Action .......................................................................................................................... 6
   2.1 Reporting ............................................................................................................... 6
   2.2 Management ......................................................................................................... 6
   2.3 Investigation and specimen collection .................................................................... 7
   2.4 Management responsibility during an outbreak .................................................. 7
      2.4.1 Policies: Refer to 1.5 – 1.6 regarding duty of care, responsibilities and confidentiality. 7
      2.4.2 Record keeping ............................................................................................... 7
      2.4.3 Reporting ........................................................................................................ 8

3. Outbreak control measures ....................................................................................... 8
   3.1 D&V Outbreak ....................................................................................................... 8
   3.2 Effective hand hygiene .......................................................................................... 8
   3.3 Prompt isolation of affected individuals ............................................................... 9
      3.3.1 Isolation in residential institutions ................................................................. 9
      3.3.2 Isolation in boarding schools ........................................................................ 10
      3.3.3 Core infection control principles of isolation .................................................. 10
      3.3.4 Potential physical/psychological affects of isolation ...................................... 10
      3.3.5 Cohorting ........................................................................................................ 10
   3.4 Exclusion from a non residential institution ......................................................... 10
      3.4.1 Staff exclusion ............................................................................................... 10
      3.4.2 Client/child exclusion .................................................................................... 10
      3.4.3 Exclusion of affected visitors ........................................................................ 11
      3.4.4 Exclusion from swimming ............................................................................ 11
   3.5 Admissions / Discharges / Transfers / New starters ........................................... 11
   3.6 Planned institution events during an outbreak ..................................................... 11
   3.7 Deployment of staff during an outbreak .................................................................. 12
   3.8 Communication with visitors during an outbreak ................................................ 12
      3.8.1 Residential Institutions ............................................................................... 12
      3.8.2 Schools and childcare settings ..................................................................... 12
   3.9 Cleaning and disinfection of the environment and equipment ............................. 12
      3.9.1 Principles of cleaning and disinfection ......................................................... 12
      3.9.2 Guidance on cleaning up vomit/diarrhoea spillages ....................................... 13
      3.9.3 Cleaning up body fluid spills ........................................................................ 13
      3.9.4 Cleaning up blood spills .............................................................................. 14
| 3.9.5 | Cleaning carpets/soft furnishings contaminated with body fluid spills | 14 |
| 3.9.6 | Cleaning commode chairs after use in an outbreak | 14 |
| 3.9.7 | Guidance on cleaning clothing/linen contaminated with body fluids (e.g. diarrhoea/vomit) | 14 |
| 3.10 | Guidance on toys/ play equipment/ activities during the outbreak | 15 |
| 3.10.1 | Stock rotation and cleaning process | 15 |
| 3.10.2 | Decontamination of hard and soft toys | 15 |
| 3.10.3 | Cooking activities | 15 |

4. Communication/update procedures agreement between the institution and SWLHPU during the outbreak | 15 |

5. Declaring the outbreak over | 16 |
| 5.1 | Manager’s role | 16 |
| 5.2 | Deep cleaning after the outbreak | 17 |

6. Bibliography | 17 |

7. Appendices | 18 |
| Appendix 1. | Probable/Confirmed D & V Outbreak in Schools/Nurseries/Care Homes – Action Checklist | 19 |
| Appendix 2. | Logsheet Reporting Form to SWLHPU | 21 |
| Appendix 3. | Standard principles of infection control in community institutions poster | 23 |
| Appendix 4. | SWLHPU hand washing guidelines poster | 24 |
| Appendix 5. | Examples of handwashing posters available from SWLHPU | 25 |
| Appendix 6. | School/nursery/childcare setting D&V exclusion period poster | 26 |
| Appendix 7. | Visitor information poster re D&V outbreak for care homes/residential institutions | 27 |
| Appendix 8. | The Bristol Stool Form Scale | 28 |
| Appendix 9. | SWLHPU management of blood and other body fluid spillages flowchart poster | 29 |
| Appendix 10. | Risk Assessment Tool For Patients Being Discharged From a Ward/Area Closed Due to Suspected or Confirmed Viral Gastroenteritis | 30 |
1. Introduction

1.1 Aim
The purpose of this guidance is to provide an aide memoir for care homes, schools, nurseries and other childcare settings (hereafter referred to as “institution”) management in the event of a probable or confirmed viral outbreak of diarrhoea and vomiting (D&V). This should be used in conjunction with relevant guidance (for schools and other childcare settings, this is the Health Protection Agency (HPA) poster ‘Guidance on Infection Control in Schools and other Childcare Settings’ (2010), and for care homes, use the Department of Health document ‘Infection Control Guidance for Care Homes’ (2006) and subsequent versions). This South West London Health Protection Unit (SWLHPU) resource reflects new national ‘Guidelines for the management of norovirus outbreaks in acute and community health and social care settings (2011)’ developed by the HPA and partners. It remains important that establishments have their own policies and procedures formulated on evidence-based guidelines for infection control and outbreak management.

1.2 Background
D&V can be caused by infectious or non-infectious agents, however all cases of gastroenteritis should be regarded as infectious unless good evidence suggests otherwise. Although a number of different organisms can cause D&V outbreaks, norovirus is probably the most common cause and therefore will be discussed in more detail in this document. However, it is important to consider other causes, especially those which are more likely to be spread by contaminated food e.g. salmonella, campylobacter etc.

Norovirus, also known as Norwalk-like virus (NLV), small round structured virus (SRSV) or ‘Winter Vomiting Disease’ is the most common cause of gut infection in England and Wales and is estimated to affect 600,000 to 1 million people in England every year. There is a peak incidence of the disease in winter months, hence the term ‘Winter Vomiting disease’, although cases occur throughout the year. The illness often starts with severe and dramatic vomiting, known as ‘projectile’ vomiting. Some people also develop diarrhoea but this tends to be short-lived and less severe than with other causes of gastroenteritis. Other symptoms include nausea, abdominal cramps, headache, muscle aches, chills and fever. Symptoms last between one and three days and recovery is usually rapid thereafter.

1.3 Mode of transmission
Germs which cause outbreaks of D&V can be transmitted (spread) by one or more of the following routes:

- food, hand to mouth (faecal-oral)
- person to person (directly or indirectly)
- airborne.

 Symptoms will vary depending on the germ causing the illness and the infection’s route of spread may include all or some of the routes listed above.
Norovirus can be spread by:

- Direct or indirect contact with vomit or diarrhoea from an infected person
- Eating food that has been contaminated with the virus from an infected person through food preparation e.g. salads, fruit, sandwiches
- Eating food that has been contaminated at source e.g. shellfish, oysters (which feed in faecally contaminated water)
- Items (e.g. equipment, toys) and environmental surfaces (e.g. toilet handles, furniture) that have been contaminated with the virus
- Breathing in and then ingesting (swallowing) the air around someone who has the virus and has vomited

1.4 Definition and recognition of an outbreak

An outbreak may be defined as having more linked cases with similar symptoms (or the same notifiable disease) than would normally be expected. This usually relates to having two or more people affected who are linked by time and place.

Infections can be spread within any communal institution very easily. By using infection control policies and procedures and prompt notification, the necessary action can be taken which will minimise the spread of infection and reduce the risk of admission to hospital. Once an outbreak has been recognised, the institutions’ outbreak control plan/policy should be initiated/followed and the outbreak reported to the SWLHPU by telephone (see section 2.1).

1.4.1 Recognising an outbreak of Norovirus

Where there is an outbreak of D&V, and in the absence of any other evidence (e.g. positive stool cultures), Norovirus should be considered a likely cause if:

1. More than 50% of cases have symptoms of vomiting (often projectile)
2. Residents/service users/children or staff become ill within 15 – 48 hours of being exposed
3. Illness lasts between 12 and 60 hours
4. Both residents/children and staff are affected (but this may not always be the case)

However, it is important to remember if an affected individual has been hospitalised, has been ill for over 60 hours, has a fever and/or there is blood in the stool, this may point to another cause of the outbreak, e.g. salmonella, campylobacter, E coli O157 etc.

1.5 Duty of Care

1.5.1 Head Teacher/Manager’s responsibility

The Head Teacher/Manager has a duty of care to protect staff and children/residents/service users. An infection control policy/procedure must be in place for staff to implement during an outbreak of infection and the Head Teacher/Manager is responsible for ensuring that all staff are aware of this and comply.
When the Head Teacher/Manager is not on duty, the person in charge or designated person must take responsibility. There should also be an occupational health policy in place.

Head Teachers/Managers are also responsible for ensuring that adequate supplies of equipment, particularly consumables (e.g. gloves, paper hand towels, liquid soap) are provided for all staff and children/residents, to enable compliance with this guidance.

1.5.2 Staff responsibility
Everyone has a duty of care to protect themselves and others; staff should therefore disclose relevant information/ symptoms etc. when asked to do so, and take the necessary action advised by agencies such as the SWLHPU. Strict adherence to policy, high standards of record keeping, effective hand hygiene, enhanced cleaning and prompt exclusion will minimise the transmission of the germs.

1.6 Confidentiality
Health protection staff process information and are required to treat personal details in strict confidence. They have the same duty to maintain confidentiality as all health care professionals and deliberate or negligent breaches are disciplinary offences. Individual case reports are shared only with health care professionals caring for the individual/patient, or those investigating the source of an outbreak, such as local Environmental Health Officers (EHOs). Further information on confidentiality and how information is used can be obtained by visiting the confidentiality page on the Health Protection Agency’s website: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Surveillance/SafeguardingTheConfidentiality/

2. Action

2.1 Reporting
As soon as a D&V outbreak is suspected within the institution, the person in charge should contact the South West London Health Protection Unit (SWLHPU) on-call team on 020 8812 7850

Prompt notification and reporting of cases of suspected infectious diseases to the SWLHPU is essential for the monitoring of infection, and allows the investigation and control of its spread. If the outbreak is suspected to be food related then the local Environmental Health Officers (EHOs) will also undertake a joint investigation. In care homes and other residential settings, the person in charge should also ensure that the resident’s GP is notified.

2.2 Management
The SWLHPU on–call team will decide whether there is a true outbreak and will initiate and co-ordinate any necessary action with the person in charge by completing an outbreak control action checklist (see Appendix 1). This checklist can be used by the person in charge as a record of the action taken within the institution on a daily basis during the outbreak.
2.3 Investigation and specimen collection

It is useful to record the time and consistency of cases’ stools during any outbreak of diarrhoea using the Bristol Stool Chart (Appendix 8). This assists in identifying true cases of infection and excluding other possible causes of loose stools in cases e.g. faecal impaction with faecal fluid overflow or ingestion of certain foodstuffs / medications with residential client cases in care home settings.

National norovirus outbreak guidelines recommend that during outbreaks of viral gastroenteritis, the care home manager should contact the GPs of affected residents/service users and ensure that faecal specimens from cases are collected without delay. Request forms should indicate testing for norovirus detection, bacterial culture and if appropriate, Clostridium difficile tests. This may help care homes identify the cause of their illness and ensure the most appropriate action is being taken. Such samples would be the responsibility of the home to follow up and any positive results from these samples should be reported to the SWLHPU promptly.

In addition, SWLHPU will request specimen collection if the SWLHPU’S faecal sampling criteria is met (e.g. if residents/service users, children or staff have been hospitalised, symptoms are severe/prolonged, food related etc – see faecal sampling criteria in action checklist Appendix 1). This will be coordinated with Environmental Health Officers (EHOs) or in some cases via the care home’s GP if it is easier to do so. The home will be advised accordingly. SWLHPU will follow up the results of samples that meet the faecal sampling criteria.

If samples have been requested by SWLHPU (or by the EHO on SWLHPU’s behalf), a maximum of six should be sent, together with request forms marked ‘MC&S’ and ‘virology’ testing and ‘outbreak’. Virus particles deteriorate rapidly so all samples should be sent promptly to the laboratory to ensure detection. When samples are obtained the EHOs should be contacted immediately so that collection can be arranged and sent to Barts and the London HPA laboratory (NB- usually only stools that are grade 6 or 7 on the Bristol Stool Chart will be processed by laboratories, unless specifically requested by the SWLHPU).

2.4 Management responsibility during an outbreak

2.4.1 Policies: Refer to 1.5 – 1.6 regarding duty of care, responsibilities and confidentiality.

2.4.2 Record keeping

High standards of record keeping are essential during an outbreak of infection. Record keeping can be used to investigate an outbreak of infection and help to identify the source of infection. Names, dates of births, symptoms, dates of onset of illness and the location/class of the ill person(s) are essential, along with GP details. The SWLHPU log sheet for resident/child and staff cases (see Appendix 2) should be used for this purpose.
It is also useful to record and report to the SWLHPU any events or outings organised for or attended by residents/service users/children (e.g. parties, attendance at day centres, animal visits to the institution, farm/zoo visits, breakfast or after school clubs or other activities that are carried out on the premises) and the use of intermittent staff (e.g. bank, agency or supply staff).

2.4.3 Reporting
The person in charge should complete the log sheet for resident/child and staff cases as directed by SWLHPU (see Appendix 2) and fax this back to SWLHPU without delay (Fax: 020 8812 7842 (in the case of schools with larger numbers of cases, the SWLHPU will advise the best information format to use). This enables SWLHPU staff to:
- get a full picture of events
- liaise effectively with hospital laboratories regarding any specimen collections that may be necessary
- assess progress of the outbreak
- provide further advice if needed.

3. Outbreak control measures

The germs responsible for D&V outbreaks are usually either bacterial or viral. The important parts of controlling a D&V outbreak are the prevention of the spread of the infectious disease and protection of the unaffected residents, children, staff and visitors. Infectious disease can be introduced to the institution by people being in close contact with a person who is ill with symptoms and can be spread between people within the institution due to poor infection control practices. However, it is not always possible to identify staff, children or residents/service users suffering with, or incubating a disease as symptoms are not always present. Ensuring robust infection control practices are in place at all times is therefore important. The poster in Appendix 3 shows the ‘Standard Principles of Infection Control’ which should be followed as everyday practice.

3.1 D&V Outbreak
The four most important actions during an outbreak of diarrhoea and vomiting are:
- Effective hand washing with soap and water
- Prompt isolation of affected residents/service users and exclusion of affected staff and children
- Enhanced cleaning of the environment and equipment
- Control of the source (if food/water borne)

3.2 Effective hand hygiene
Effective hand hygiene (i.e. handwashing) is vital to prevent transmission of infection and must be actively encouraged in all staff, residents and children (and supervised if necessary). Head Teachers/managers must ensure that all staff are trained in, and children taught, correct the hand washing
technique (Appendix 4) and that there is easy access to hand hygiene facilities including warm running water, liquid soap and disposable paper towels. Foot operated bins should be provided for the safe disposal of paper towels – i.e. to avoid recontamination of hands by touching bin lids. Plain liquid soap is adequate; antiseptic agents e.g. ‘Hibiscrub’ are not required for routine hand hygiene, even during an outbreak. Bar soap and roller towels are not recommended as they can become contaminated.

During an outbreak, hands should be washed thoroughly and frequently with soap and water, particularly:

- Before and after contact with any individual that is being cared for
- After contact with bodily fluids (e.g. after toileting, pad changing, clearing up spills of vomit/diarrhoea)
- After contact with the ill person’s equipment, clothing and their immediate environment
- After dealing with waste
- After removal of gloves and aprons
- After using the toilet
- Before preparing, serving and eating food

The SWLHPUs has a range of hand hygiene posters that can be displayed to encourage hand washing, see Appendix 5

All residents or students (e.g. those with physical disabilities) in institutions who are unable to use regular hand wash basins should be provided with a detergent wipe or a freshly prepared bowl of warm water, liquid soap and paper towels BEFORE meals. This also applies to residents in institutions with physical disabilities after they use a bedpan or commode. Disposable or dedicated, individual bowls should be used if required. If the latter, they should be cleaned, disinfected and dried after each use. Communal bowls must never be used.

It is also important that the toilet and hand hygiene of young children, those with learning disabilities and the elderly mentally infirm are supervised.

Alcohol hand rubs (70% alcohol content plus emollient) are not effective (currently, although this may change in the future) against Norovirus/ Clostridium difficile (C.difficile) but can be used in addition to soap and water for hand decontamination routinely or during outbreaks of infection as an extra measure. Alcohol hand rubs are only effective on hands that are visibly clean.

3.3 Prompt isolation of affected individuals

Isolation is a vital measure in outbreak control. Every effort should be made to keep any symptomatic (ill) individual isolated until 48 hours after normal bowel habits have returned and any vomiting has stopped.

3.3.1 Isolation in residential institutions

It is necessary to isolate residents with symptoms of diarrhoea and/ or vomiting promptly and until 48 hours after symptoms have resolved. This means they have to remain in their own room(s), i.e. away
from residents who are well (asymptomatic), and with their own toilet facilities and designated cleaning equipment. If ensuite facilities are not available, a dedicated commode or specific toilet(s) should be designated for their use only.

### 3.3.2 Isolation in boarding schools
In boarding schools, boarders who are ill with symptoms of diarrhoea and/or vomiting, if staying at the school, should be isolated until 48 hours after symptoms have resolved and be closely supervised whilst ill.

### 3.3.3 Core infection control principles of isolation
It is of vital importance that strict isolation procedures are implemented by staff e.g. handwashing, environmental cleaning and disinfecting, management of infected linen / waste etc until the outbreak is declared over.

### 3.3.4 Potential physical/psychological affects of isolation
It is important to remember that the resident in isolation will be both physically and psychologically isolated – please refer to The Department of Health document ‘Infection Control Guidance for Care Homes’ (2006) (page 46) for further advice.

### 3.3.5 Cohorting
Cohorting (placing more than one affected individual in the same room) may be necessary in an outbreak. The SWLHPU will advise on this. In general, however, it is important that people with symptoms are kept apart from those that do not have symptoms.

### 3.4 Exclusion from a non residential institution
Exclusion is vital for any symptomatic individual.

#### 3.4.1 Staff exclusion
Any staff member who becomes unwell at the institution must be sent home immediately. They should not return to the institution until 48 hours **after** normal bowel habits have returned and any vomiting has stopped. The 48 hours exclusion rule for ill persons also applies to bank, agency and supply staff. It is the responsibility of the person in charge to check incoming people’s health.

Symptomatic people should **not** prepare or handle food for others until they have been completely free of symptoms for 48 hours (this includes nausea). This is the advice to follow in the majority of D&V outbreaks, however, there are a few specific organisms which if isolated in stool specimens from affected food handlers, require that person to be kept away from work until they have negative stool samples. If this is the situation, the SWLHPU and EHOs will advise the institution accordingly.

#### 3.4.2 Client/child exclusion
Any person attending a day care facility that becomes unwell must remain at home or be sent home as soon as possible (the person should be cared for by a dedicated staff member in a separate area whilst awaiting collection). They should not return to the institution until 48 hours **after** normal bowel habits have returned and any vomiting has stopped. (See **Appendix 6** for an exclusion poster for child care settings which can be displayed).
3.4.3 Exclusion of affected visitors
Visitors who have symptoms of diarrhoea and/or vomiting must be advised not to visit the institution until 48 hours after normal bowel habits have returned to normal and any vomiting has stopped. (See Appendix 7 for a visitor information poster for institutions which can be displayed).

3.4.4 Exclusion from swimming
Individuals who have had diarrhoea should be excluded from swimming until at least 48 hours after symptoms have settled. In the case of an individual suffering from diarrhoea due to *Cryptosporidiosis* or *Giardia* infection, exclusion from swimming should be for 2 weeks following the last episode of diarrhoea.

All institutions with swimming/hydrotherapy/spa pools should have policies and procedures in place for routine pool management, including infection control, maintaining good pool water quality, and a policy in the event of faecal or vomit contamination incidents.

3.5 Admissions / Discharges / Transfers / New starters
In residential institutions, there should be no admissions from, or discharges to, other institutions until the outbreak is declared over (see action checklist).

The transfer of residents to other institutions, such as hospitals, during an outbreak of diarrhoea and vomiting should be avoided, other than in a medical emergency. In such instances, staff MUST inform the receiving hospital that they are transferring a case from an area closed due to a diarrhoea and vomiting outbreak. This will allow the receiving hospital / institution to take necessary infection control precautions to avoid an outbreak there.

SWLHPU has developed a risk assessment tool for patients discharged to residential/nursing homes from a hospital ward or area closed due to suspected or confirmed viral gastroenteritis. This is to be used by infection control teams in hospitals and should involve a two-way dialogue between the hospital and the care home manager. See Appendix 10 for a copy of this risk assessment tool.

Visits to day centres and other community settings by clients from institutions with an outbreak should also be suspended. If an individual is returning to their own home, procedures must be in place to ensure adequate care and supervision can be provided at home.

Any new children planning to join an institution should be delayed until the outbreak is over and reasons explained to the parents. If in the exceptional event of a childcare institution temporarily closing due to the outbreak, children should not be taken to other unaffected childcare group settings.

3.6 Planned institution events during an outbreak
Any planned events (e.g. functions, meetings, plays, parties etc) should be discussed with the SWLHPU as to whether it is safe for them to go ahead, or if any precautions are needed.
3.7 Deployment of staff during an outbreak

During the outbreak, unaffected or recovered staff should be designated to work in one area and no transfers/mixing of residents/children from different areas should occur. This will help reduce the transmission of infection and subsequently the duration of the outbreak.

3.8 Communication with visitors during an outbreak

3.8.1 Residential Institutions

All visitors and any visiting healthcare professionals e.g. podiatrists, community nurses etc should be advised about the outbreak and the need for thorough hand washing. They should be requested to wash their hands before and after contact with residents and also on entering and leaving the premises (see Appendix 7 for visitor information poster). Restrict visiting if possible, especially by children. Relatives/carers/visitors should not eat or drink in the vicinity of the affected resident.

3.8.2 Schools and childcare settings

All parents and visitors to the institution should be advised about the outbreak and non-essential visitors restricted/discouraged from visiting for the duration of the outbreak. Any essential visitors should be advised about the need for thorough hand washing and requested to wash their hands upon entering and leaving the building, as well as after using the toilet and before eating. (See Appendix 7 for visitor information poster which can be displayed at the premises during a diarrhoea and vomiting outbreak).

3.9 Cleaning and disinfection of the environment and equipment

3.9.1 Principles of cleaning and disinfection

Some germs causing D&V (e.g. norovirus) have been shown to survive well in the environment. It is essential that there is a robust decontamination (cleaning and disinfection) regime within the institution. Cleaning and disinfection should be done twice daily as a minimum (plus as necessary) during an outbreak of D&V using clean, disposable, single use cloths and dedicated mops/mop buckets following the national NHS colour coding scheme (Red for bathrooms, showers, toilet basins, bathroom floors; Blue for general areas including laundry, clinical rooms, offices and basins in public areas; Green for catering departments and kitchens; Yellow for treatment rooms (e.g. where a child is cared for with an infection)). The cleaning guidance within this document must be shown to, and followed by, all staff involved in cleaning (including dedicated cleaning staff/contractors). It may be necessary to contact the Local Education Authority (LEA) for schools, or the person responsible for the cleaning contract for the institution, to ensure that extra cleaning can be carried out as recommended.

Cleaning is a process that physically removes contamination (e.g. faeces) and therefore also removes many micro-organisms. Warm water and detergent should be used to clean. In most circumstances cleaning is effective at decontaminating equipment and the environment. However, in an outbreak situation, high risk surfaces and equipment require both cleaning and disinfection.

Disinfection is a process that reduces the number of germs to a level at which they are not harmful, but is only effective if the surfaces and equipment are cleaned thoroughly with detergent and water.
beforehand. **Warm water and detergent should be used to clean** hard surfaces, **followed by disinfection with a 1000ppm (0.1%) chlorine releasing agent/ hypochlorite solution** (e.g. bleach or ‘Milton’ solution). Bleach or Milton is the recommended disinfectant (at 1000ppm), as this will kill both bacteria and viruses, but **if these are not available/ suitable for the surface to be used on, a disinfectant that has BOTH antibacterial AND antiviral properties MUST be used.**

All disinfectants must be used in accordance with manufacturers’ instructions and diluted (if necessary) as advised for environmental cleaning. Ready-to-use products should be used rather than those requiring dilution.

During an outbreak, particular attention should be paid to cleaning and disinfecting toilet seats, toilet flush handles, door handles, commodes, wash-hand basin taps, light switches, push plates on doors, stair hand rails, lift buttons and other frequently touched areas. In special schools/other settings, particular attention to should also be made to cleaning and disinfecting soft play areas, changing areas, water therapy areas and special equipment including mobility aids.

Vacuum cleaning carpets and floor buffing during an outbreak have the potential to re-circulate norovirus and are not recommended. Carpets and soft furnishings should be steam cleaned (or steam vacuumed) using a steam cleaner which reaches a minimum of 70°C, unless the floor covering is heat sensitive and/or fabric is bonded to the backing material with glue. If this is the case, then a suitable effective carpet shampoo, ideally with virucidal properties, should be used. Carpets should be allowed to dry before any resident/service user/ child/staff member is allowed back into the area. Care should be taken by the steam cleaner operator not to become exposed to contaminated contents whilst emptying contents after using the machine.

If vacuum cleaners are used in non-contaminated areas, they should contain high efficiency particulate air (HEPA) filters which are regularly cleaned and disinfected. If soft furnishings are removable (e.g. curtains, cushion covers) they should be machine washed separately on a hot wash, or as hot a temperature as can be tolerated (see laundry section below), if they are not steam cleaned.

It is important to follow COSHH guidance (Control of Substances Hazardous to Health, 2002) on correct use/ storage of chemicals. COSHH risk assessments may be required for cleaning products as they may be unsuitable for use on certain surfaces e.g. bleach cannot be used on carpets/ soft furnishings.

### 3.9.2 Guidance on cleaning up vomit/diarrhoea spillages

All spillages of, and areas contaminated with, body fluid (e.g. diarrhoea or vomit) should be cordoned off and cleared up as soon as possible and the area well ventilated. Vomit soiled areas should be cleaned and disinfected to a radius of 2 metres squared as virus particles in the vomit can contaminate surfaces and put others at risk of infection.

### 3.9.3 Cleaning up body fluid spills

The following instructions should be used by individuals who clean up vomit or faeces in order to minimise the risk of cross-infection:
1. Spillages of body fluids should be cleared up immediately.
2. Wear disposable gloves and apron.
3. Use paper towels to soak up gross spillage. Transfer these and any solid matter directly into a clinical waste bag.
4. Clean the soiled area with detergent and hot water, using a disposable cloth.
5. Disinfect the area with freshly made 1000ppm (0.1%) hypochlorite solution. Note that hypochlorite is corrosive and may bleach furnishings and fabrics. (See below for dealing with carpets, soft furnishings and clothing.)
6. Dispose of gloves, apron and cloths into the clinical waste bag.
7. Wash hands thoroughly using soap and water and dry them. Alcohol hand rub should not be used as a substitute for hand washing after clearing up vomit or faeces.

3.9.4 Cleaning up blood spills
For cleaning up blood spills, please refer to the procedure outlined in Appendix 9.

3.9.5 Cleaning carpets/soft furnishings contaminated with body fluid spills
Contaminated carpets should be cleaned with detergent and hot water and then either disinfected with hypochlorite (if bleach-resistant); otherwise, they should be steam-cleaned. Contaminated soft furnishings should be steam cleaned or machine washed on a hot wash at temperatures/methods stated in 3.9.7. Care should be taken by the steam cleaner operator not to become exposed to contaminated contents whilst emptying contents after using the machine.

3.9.6 Cleaning commode chairs after use in an outbreak
If needed to be used, commodes and commode chairs should be dedicated to specific residents/clients. All commode chairs should be cleaned, disinfected and dried after use. Particular areas that need to be focused on during cleaning and disinfecting are the seat, back, arms and frame. The commode chair should be cleaned and disinfected as per protocol/manufacturer instructions, e.g. back, seat cushion, commode seat, commode frame, using disposable cloths and personal protective equipment. Non disposable, used commode pots should be hot washed in a bedpan washer disinfecter, in order to disinfect adequately, and be returned, dry, immediately afterwards to the case’s room.

3.9.7 Guidance on cleaning clothing/linen contaminated with body fluids (e.g. diarrhoea/vomit)
Manual soaking/sluicing/handwashing of contaminated items must not be carried out. Flush any solid material (e.g. vomit/faeces) into the toilet, avoiding splashing, or dispose of into a clinical waste bag.

In a child care setting, clothing contaminated with body fluids should be placed in a sealed plastic bag and taken home by the owner (or parent if it is a child’s clothing) to be washed in a hot wash, separately to other items.

In settings with dedicated laundry facilities (e.g. care homes) soiled items should be placed carefully into soluble alginate bags, then into a colour coded outer bag appropriate to guidelines for infected linen. Any soiled linen/items such as blankets, sheets, pillowcases should be washed in a separate load using the pre-wash/sluice cycle and at the highest temperature the item can withstand - preferably in a
cycle that reaches 65°C for at least 10 minutes or 71°C for at least 3 minutes. Any soiled item which needs to be washed at lower temperatures (e.g. residents’ clothing) should be machine washed with a pre-wash cycle selected, at the highest temperature the item can withstand, along with an appropriate disinfectant added to the washing process (e.g. oxygen releasing or bleaching agent such as sodium hypochlorite added to the penultimate rinse. In the latter’s case, this should be of at least five minutes’ duration, at a concentration of at least 150ppm of chlorine), if tolerated by the fabric.

All clinical waste and soiled linen must be handled with care and staff must ensure that they wear the appropriate protective clothing. The protective clothing must be disposed of in the correct waste stream and hands washed.

3.10 Guidance on toys/ play equipment/ activities during the outbreak

3.10.1 Stock rotation and cleaning process
Limitation and stock rotation of toys/ equipment should occur during an outbreak to restrict the number being accessible at once and to ensure clean items are always available. Only toys/ equipment that can be cleaned and disinfected should be used during an outbreak (e.g. plastic or hard toys/ equipment) and these should be washed daily with detergent and water, rinsed and then disinfected (e.g. with bleach or Milton at 1000ppm), rinsed and dried.

3.10.2 Decontamination of hard and soft toys
Any hard toys/equipment that become contaminated with diarrhoea/vomit should be removed, then cleaned and disinfected (or disposed of if this is not possible). Soft toys should not be used during an outbreak. Any soft toys that may have been contaminated at the start of the outbreak should be immediately removed and washed at high temperatures in a washing machine (or disposed of).

3.10.3 Cooking activities
Cookery activities for the children as well as sand, playdough and water play activities should be suspended for the duration of the outbreak.

4. Communication/update procedures agreement between the institution and SWLHPU during the outbreak

Day 0- reporting of outbreak to SWLHPU
- Institution reports outbreak to SWLHPU by telephone
- SWLHPU completes action checklist (Appendix 1) with institution and requests completed log sheet (Appendix 2). SWLHPU faxes/emails over copy of these guidelines and completed checklist
- Institution ensures all outbreak control measures are in place, as per action checklist
• Institution faxes completed log sheet (Appendix 2) to SWLHPU within 24 hours of the initial notification
• SWLHPU records outbreak and sends D&V/norovirus alert to the local hospital infection control team and PCT by email (NB the institution will be named in the alert although they have the right to request not to be named when they notify the HPU of the outbreak)

**Note: If numbers of cases are not subsiding after control measures have been put in place and/or faecal sampling criteria are fulfilled, a review of the situation will be made by the SWLHPU and further action decided upon (e.g. more frequent monitoring may be required and/or a joint visit to the institution by the SWLHPU and EH Department may be necessary and/or an outbreak management meeting may be called).**

Day 3 from reporting of outbreak to SWLHPU

• SWLHPU calls institution for update regarding:
  - Identification of any new cases* plus the symptom severity and length and a review as to whether faecal sampling is necessary**
  - A review of control measures instigated and reinforcement of advice given as per action checklist
  - Discussion about final actions required by the institution regarding when they can consider the outbreak to be ended (i.e. 48 hours after the resolution of symptoms in the last known case AND AT LEAST 72 hours after the initial onset of symptoms in the last new case). This is the point where terminal/deep cleaning is to be completed immediately (as per section 5 of this guidance) by the institution before they can reopen.

Day 4 from reporting of outbreak to SWLHPU

• If new cases continue to increase or any of the faecal sampling criteria are fulfilled after the SWLHPU 3 day review, control measures are to remain in place and the SWLHPU must be contacted immediately by the institution manager to allow a review/risk assessment of the situation and for the SWLHPU to decide whether extra measures are needed (e.g. an infection control (IC) audit visit with EHOs) at an agreed timescale.

5. Declaring the outbreak over

5.1 Manager’s role

An outbreak is considered over when there has been 48 hours since the resolution of symptoms in the last known case AND AT LEAST 72 hours after the initial onset of symptoms in the last new case. At this time, the institution will be expected to carry out a deep/terminal clean and other necessary actions before returning to pre-outbreak procedures (as below).
5.2 Deep cleaning after the outbreak

- Clean all hard surfaces thoroughly, using detergent and hot water, followed by 1000ppm (0.1%) Bleach/ hypochlorite solution or an appropriate disinfectant which has both antibacterial and antiviral properties, paying particular attention to frequently touched surfaces e.g. seats, door handles, flushes and taps, contact points, switches, mirrors, vents, bins, furniture. For nursing/residential homes this should also include items within a case’s room area, including both sides of mattresses/sleep mats and bed frames, case note files, plus all communal areas, including window ledges (and sluice rooms).

- Steam clean carpets/soft furnishings and change curtains in contaminated rooms or areas (since norovirus may remain viable for many days on carpet and curtains). Carpets and soft furnishings should be steam cleaned (or steam vacuumed) using a steam cleaner with a hot drying cycle which reaches a minimum of 70°C, unless the floor covering is heat sensitive and/or fabric is bonded to the backing material with glue. If this is the case then use a suitable effective carpet shampoo, ideally with virucidal properties.

- Carpets should be allowed to dry before any resident/service user/ child/staff member is allowed back into the area. Vacuum cleaning carpets and floor buffing during an outbreak have the potential to re-circulate norovirus and are not recommended. If vacuum cleaners are to be used in non-contaminated areas, they should contain high efficiency particulate air (HEPA) filters which are regularly cleaned and disinfected.

- If unable to steam clean soft furnishings, and if they are removable soft furnishings (e.g. cushions, covers), these should be machine washed in a hot wash (65°C or above).

- Ensure (as with cleaning during the outbreak) that cloths are disposed of and non-disposable mop heads are laundered in hot wash (65°C or above) once deep cleaning is complete.

6. Bibliography


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**7. Appendices**
## Appendix 1. Probable/Confirmed D & V Outbreak in Schools/Nurseries/Care Homes – Action Checklist

<table>
<thead>
<tr>
<th>Name of institution and contact:</th>
<th>Advice given (Yes/No)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of institution (Residents /children &amp; staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checklist completed by (print name):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date completed:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Handwashing

- **ALL:** Manager is monitoring that staff are hand washing effectively.
- **ALL:** Liquid soap and disposable paper hand towels are available in all toilets and communal bathrooms, including individuals room/en-suite.
- **ALL:** All are aware that alcohol gel alone is ineffective but can be used in addition to handwashing.
- **ALL:** Staff ensure residents/children wash their hands after using the toilet/commode and before meals.
- **ALL:** Manager is emphasising personal hygiene for staff and hygienic preparation and serving of food.
- **RESIDENTIAL INSTITUTION (RI) only:** Residents are provided with a clean hand towel daily in their own rooms for their use only and there is no sharing of towels. Detergent hand wipes are being provided if required.

### Isolation of cases and movement within institution

- **ALL:** Manager has checked that all staff are well (including agency)
- **ALL:** 48 hour isolation/exclusion rule for all affected cases deployed and understood
- **ALL:** Any mixing minimised (eliminated if possible) between symptomatic and asymptomatic cases e.g. communal areas, planned events.
- **ALL:** Staff are only working with either symptomatic or asymptomatic cases to reduce risk of transmission
- **ALL:** Remove all exposed fruit/food items from rooms/communal areas
- **RI only:** Resident has their own toilet or a dedicated commode
- **RI only:** Admissions/discharges have been suspended until 48 hours after the resolution of symptoms in the last known case AND AT LEAST 72 hours after the initial onset of symptoms in the last new case and outbreak is over
- **RI only:** Transfers to hospital should be avoided unless in medical emergency.
- **SCHOOL/NURSERY only:** new children joining is suspended until 48 hours after the resolution of symptoms in the last known case AND AT LEAST 72 hours after the initial onset of symptoms in the last new case and outbreak is over

### Faecal sampling

- **RI only:** Care home manager to liaise with GPs of affected residents and ensure that faecal specimens are collected from cases (maximum 6 samples). Request forms should indicate testing for **MC&S & virology** and **Clostridium difficile** if appropriate. SWLHPU will not follow up these results but care homes should report any positive results to SWLHPU promptly.
- **ALL:** Faecal samples to be arranged by SWLHPU if:
  - blood in stool (faeces)
  - symptoms for longer than 72 hours
  - case hospitalized
  - case has died
  - evidence of a symptomatic food handler or a food source.
- HPU on call team will discuss the above information with on call consultant and will arrange sample collections for **MC&S** and **virology** with the EHO if this is required (max 6 samples usually).
**Cleaning**

ALL: Deep cleaning, i.e. **twice daily cleaning as a minimum** with detergent and follow through with bleach/appropriate disinfectant which has antibacterial and antiviral properties (1000ppm hypochlorite). Pay particular attention to frequently touched surfaces e.g. seats, door handles, flushes and taps. Norovirus may remain viable for many days on carpet and curtains. **NB-** vacuum cleaning carpets and floor buffing during an outbreak have the potential to re-circulate norovirus and are not recommended during an outbreak. See guidelines or deep cleaning section re steam cleaning.

ALL: Appropriate cleaning and disinfection of vomit (protective clothing worn and steam cleaning of carpets/furniture or machine hot washing of soft furnishings).

ALL: Staff should change uniforms/clothing daily.

ALL: Disposable protective clothing available (i.e. non-powdered latex/synthetic vinyl gloves & aprons). Polythene/plastic gloves SHOULD NOT be in use.

ALL: Paper towels or disposable cloths are being used for cleaning up vomit or diarrhoea. The contaminated surface should be washed with detergent and water, disinfected, rinsed and allowed to dry.

ALL: Appropriate waste disposal systems in place for hazardous waste.

RI only: Infected linen segregated and use of dissolvable laundry bags.

RI only: If commode chairs and pots are in use, ensure these are for dedicated use by cases and are cleaned and disinfected between use.

SCHOOL/NURSERY only: Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys.

SCHOOL/NURSERY only: Suspend use of soft toys plus water/sand play/playdough use and cookery activities during outbreak.

**Communication**

RI only: Resident’s GP has been informed.

RI only: Has informed Care Quality Commission.

SCHOOL/NURSERY: has informed school nurse and OFSTED.

RI/NURSERY(SCHOOL BY AGREEMENT): Institution agrees to send 1st log sheet of cases within 24 hours.

ALL: Institution to display appropriate visitor information, exclusion and handwashing technique posters. In a RI, children should be restricted from visiting if possible.

ALL: Institution aware that will be named in D&V/noroalert (this is to inform local trust IC teams, A&Es and bed managers of community outbreak activity that may have an impact on their service delivery systems).

ALL: Institution informed about HPU procedures for follow-up and closure.

ALL: Institution agrees to immediately inform HPU if new cases continue to increase or faecal sampling criteria is fulfilled before or after the SWLHPU 3 day review takes place.

Deep cleaning action required at end of outbreak (to be gone through with institution at 3 day review by SWLHPU)

ALL: This should be implemented when the outbreak is considered over i.e. **48 hours after the resolution of symptoms in the last known case AND AT LEAST 72 hours after the initial onset of symptoms in the last new case.**

Go through points in **Section 5** (pages 16 – 17) of the guidelines with the institution (re: declaring an outbreak over and deep cleaning required).

Main points for institution to note are: steam cleaning of carpets/soft furnishings and extensive cleaning (with detergent) and disinfecting (with appropriate disinfectant) of hard surfaces and frequently touched surfaces.
Dear Manager,

Thank you for informing us about the cases of diarrhoea and/or vomiting in your institution.

We would be grateful if you could photocopy this form and arrange for it to be completed and faxed to us immediately (Fax No: 020 8812 7842). This will help the SWLHPU staff to assess progress of the outbreak, provide further advice if required and decide when the outbreak is over. However, please contact us sooner if you have any concerns or questions.

Appendix 2. Logsheet Reporting Form to SWLHPU

<table>
<thead>
<tr>
<th>SHEET NO:</th>
<th>NAME OF INSTITUTION</th>
<th>DATE:</th>
<th>SWLHPU HPZone Ref No (if known):</th>
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</table>

<table>
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<tr>
<th>New Cases</th>
<th>D.O.B</th>
<th>M/F</th>
<th>Staff Member?</th>
<th>Symptons: Vomiting(V), Diarrhoea (D), Diarrhoea &amp; Vomiting (D&amp;V),</th>
<th>Onset date of symptoms</th>
<th>Date symptoms</th>
<th>Location e.g. Room No./Floor/Classroom/Unit</th>
<th>GP Details</th>
<th>Isolated/excluded? (Y/N)</th>
<th>If no, why not?</th>
<th>Has/is case: 1. Got blood in stools?</th>
<th>Been admitted to hospital?</th>
<th>Specimen taken on HPU advice?</th>
</tr>
</thead>
</table>

NAME OF PERSON COMPLETING THIS FORM (Please print):
Have any of your cases been symptomatic for longer than 72 hours? If YES, please call SWLHPU on-call team for advice.

<table>
<thead>
<tr>
<th>Forename</th>
<th>Surname</th>
<th>Nausea (N), Fever (F), Stomach cramps (SC)</th>
<th>ended</th>
<th>3. Had symptoms longer than 72 hours?</th>
<th>4. Died?</th>
<th>5. A food handler? (state which if Yes)</th>
<th>Y/N if yes, add date</th>
</tr>
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Have any of your cases been symptomatic for longer than 72 hours? If YES, please call SWLHPU on-call team for advice.
Appendix 3

Standard Principles of Infection Control in Community Institutions

Handwashing—Wash hands:
- Whenever they are likely to be dirty/contaminated (e.g. after nappy/ pad changing, caring for a sick person, cleaning, contact with blood/body fluids)
- Before putting gloves and aprons on and after taking them off
- After using the toilet
- Before and after handling food, pets or eating

Protective clothing
- Wear disposable gloves for direct contact with blood/body fluids
- Wear disposable plastic apron to protect clothing
- Change between each client/child
- Change between each procedure
- Wear eye protection and mask when risk of splashing/aerosol formation is possible

Use and dispose of sharps safely
- Dispose of all sharps directly into an appropriate and approved sharps bin at the point of use
- NEVER RESHEATH NEEDLES
- Never fill sharps bin more than ¾ full
- Store bin above knee and below shoulder level
- Store sharps bins safely - i.e. out of reach of public, clients/children
- Close sharps bin securely before disposal

Spillage of blood/body fluids
- Wear disposable gloves and apron
- If spillage is large, soak up excess with disposable paper towels and dispose of as clinical waste
- Cover spillage of blood/blood stained body fluids with chlorine releasing agent on hard surfaces only. Clean up with paper towels after 2 minutes
- For other body fluids, e.g. urine, vomit, use soapy water to clean, followed by disinfectant
- Wash area with warm soapy water and dry
- Dispose of all waste as clinical waste
- Wash hands thoroughly

Waste disposal (Safe Management of Healthcare Waste, 2011)
- Use orange bags for disposal of clinical and hazardous (infectious) waste e.g. dressings, bandages, swabs, contaminated disposable clinical gloves & gowns
- Use yellow/black bags for disposal of offensive/hygiene (non-infectious) waste e.g. nappies, stoma bags, catheter bags, incontinence pads, non-infectious dressings
- Ensure bags are no more than ¾ full when secured

Keep cuts covered
- Cover all cuts and grazes with a waterproof dressing

Laundry—if applicable
- For child care settings, soiled items should be placed in a sealed plastic bag to be taken home by owner/parent and machine washed at a high temperature
- For care homes, soiled linen should be placed directly into a (red alginate) water soluble bag, sealed then placed into laundry bag
- For child care settings, soiled linen should be machine washed separately at a high temperature if not able to send home
- Do not manually rinse, soak or hand wash soiled items

South West London HPU 2012
Appendix 4

HAND WASHING

Hand washing technique:

1. Palm to palm
2. Right palm over left dorsum and left palm over right dorsum
3. Palm to palm fingers interlaced
4. Backs of fingers to opposing palms with fingers interlocked
5. Rotational rubbing of right thumb clasped in left and vice versa
6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

South West London Health Protection Unit

Telephone: 020 8812 7850

Appendix 5. Examples of handwashing posters available from SWLHPU

<table>
<thead>
<tr>
<th>Handwash After Animals</th>
<th>Handwash Before You Eat</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Handwash After Animals Poster" /></td>
<td><img src="image2" alt="Handwash Before You Eat Poster" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Handwashing</th>
<th>Don’t Give Bugs An Easy Life</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3" alt="Handwashing Poster" /></td>
<td><img src="image4" alt="Don’t Give Bugs An Easy Life Poster" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liquid Soap</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image5" alt="Liquid Soap Poster" /></td>
</tr>
</tbody>
</table>
Give the bug the boot! Help us to stop tummy bugs spreading!

If your child is unwell with sickness or diarrhoea they should not return to school, nursery or other childcare setting for 48 HOURS AFTER normal bowel habits have returned and/or vomiting has stopped.

Please help us to make sure tummy bugs don’t spread in school.
Visitor Information Poster

Diarrhoea & Vomiting

Diarrhoea and/or vomiting can easily and rapidly spread through institutions
If there is an outbreak of diarrhoea and/or vomiting please follow staff instructions on hand hygiene

ALWAYS wash your hands upon entering and leaving the institution

If you have had diarrhoea and/or vomiting please DO NOT VISIT until your symptoms have been gone for 48 hours

This will help us to avoid spreading the germs around

Thank you

South West London Health Protection Unit 2010
Appendix 8. The Bristol Stool Form Scale

Type 1

Separate hard lumps like nuts (hard to pass)

Type 2

Sausage-shaped but lumpy

Type 3

Like a sausage but cracks on the surface

Type 4

Like a sausage or snake, smooth and soft

Type 5

Soft blobs with clear-cut edges (easily passed)

Type 6

Fluffy pieces

Type 7

Watery, no solids pieces, entirely liquid

**Management of blood and other body fluid spillages**

Training should be undertaken by those required to manage spillages.

Soft furnishings/carpets may be damaged by chlorine releasing agents such as the disinfectant noted below. At these times, water and detergent (or steam cleaning or hot washing where possible) can be used to clean the spillage thoroughly. Every attempt must be made to air the room to allow drying before the furnishing is reused.

---

**Blood and blood stained body fluids (except urine):**

1. Prepare all items required to manage the spillage (e.g. spillage kit and waste receptacle) and don personal protective equipment e.g. disposable gloves and aprons.
2. If the spillage is large, apply chlorine releasing granules or place disposable paper towels over spillage to absorb and contain it, then discard these towels into the waste.
3. Unless chlorine releasing granules already used, apply chlorine releasing disinfectant* (e.g. bleach*) on top of spillage area and leave for at least 3 minutes, or as per manufacturers instructions. (Alternatively use chlorine granules found in spillage kits, or use another product proven to kill blood borne viruses and use as directed by manufacturers).
4. Use disposable towels to clear the area and discard these into the appropriate waste receptacle.

---

**Pus/sputum/faeces/vomit†**

- Is visible blood present?
  - YES: Manage as for blood.
  - NO: Remove with disposable paper towels and discard immediately into appropriate waste receptacle.

---

**Urine**

- Absorb with disposable paper towels and discard into appropriate waste receptacle.

---

* Use disinfectant concentration of 10,000ppm of available chlorine (av Cl). If using bleach, this is usually a 1 in 10 dilution with water of good quality household bleach, or follow manufacturers instructions if using different product.

** If using bleach, 1000ppm available chlorine is usually a 1 in 100 dilution with water of good quality household bleach. Follow manufacturers instructions if using different product.

† If body fluid is suspected to be of an infectious nature, disinfect area after washing the area (e.g. in the event of a diarrhoea and vomiting outbreak).

NB Alcohol solutions should **not** be used to decontaminate spillages.

Reusable cloths and mops should **not** be used when dealing with spillages.
Appendix 10. Risk Assessment Tool For Patients Being Discharged From a Hospital Ward / Area Closed Due to Suspected or Confirmed Viral Gastroenteritis

<table>
<thead>
<tr>
<th>No</th>
<th>CURRENT PATIENT ASSESSMENT</th>
<th>POSSIBLE OUTCOMES</th>
<th>ROLES &amp; RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Has the patient had symptoms of viral gastroenteritis and is now in excess of 48 hours symptom free [exposed, recovered &amp; asymptomatic]</td>
<td>YES</td>
<td>• Liaison between hospital discharge team &amp; Infection Prevention Control Team (IPCT) with patient/family members, community care provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>• Liaison between hospital discharge team &amp; IPCT with patient/family members, care home manager, community care provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Liaison between hospital IPCT and nursing/residential care home manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Liaison between hospital IPCT and nursing/residential care home manager. Care home manager or hospital IPCT to inform HPU if D&amp;V outbreak not yet reported to them</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Liaison between hospital discharge team &amp; IPCT with Prison Health Care Team</td>
</tr>
</tbody>
</table>

- **Patient may be discharged if medically fit to own home.** Family members to be informed. Community care providers to be informed and advised if the patient has a care package or intermediate care.
- **If discharge is to nursing/residential care home that is not affected by D & V, then discharge and inform care home manager**
- **If discharge is to nursing/residential care home that is currently affected by D & V, do not delay discharge as long as the home can meet the patient's needs. The home must have reported the D&V outbreak to the HPU and implementing control measures as per HPU guidance.**
- **Advise patient/care home manager/community care provider that if the patient’s symptoms recommence and they require medical advice (e.g. out of hours) to inform GP/health care professional of their recent admission**
- **Patient may be discharged if medically fit to other hospitals or community-based institutions (e.g. prisons)**
- **Refer to point 2**
| Has the patient had symptoms of viral gastroenteritis & remains symptomatic or is not yet 48 hours symptom free [exposed & still symptomatic] | YES | • Patient may be discharged if medically fit to own home (including those with care package and intermediate care). If a member of the household is “at risk”, this will require an individual risk assessment to be carried out including the home environment.  
• If discharge is to nursing/residential care home that is not affected by D & V, discharge should not occur until the patient has been at least 48 hours symptom-free.  
• If discharge is to nursing/residential care home that is currently affected by D & V, do not delay discharge if the patient is medically fit, as long as the home can meet the patient’s needs. The patient must be isolated in a single room with en-suite facilities or in a co-horted area until 48 hours symptom-free. The home must have reported the D & V outbreak to the HPU and implementing control measures as per HPU guidance.  
• Transfers to other hospitals or community-based institutions (e.g. prisons) should not occur until the patient has been 48 hours symptom-free.  
• Urgent transfers to other hospitals or within hospitals require an individual risk assessment by the hospital IPC team. | • Risk assessment for discharge to be carried out by hospital discharge team and IPCT by liaising with patient, family members, community care providers  
• Liaison between hospital IPCT and nursing/residential care home manager  
• Risk assessment for discharge to be carried out by hospital discharge team and IPCT by liaising with care home manager. Care home manager or hospital IPCT to inform HPU if D & V outbreak not yet reported to them  
• Liaison between hospital discharge team & IPCT with receiving hospital IPCT or Prison Health Care Team  
• Liaison between hospital discharge team & IPCT with receiving hospital IPCT | NO | • Refer to point 3 |
### 3. Has the patient been on:
- an affected ward (whether or not the patient was in an affected bay/area)

**YES**

- Patient potentially incubating**
  - Patient may be discharged if medically fit to own home (including those with care package or intermediate care). If a member of the household is ‘at risk’, this will require an individual risk assessment to be carried out including the home environment.
  - If discharge is to a nursing/residential care home that is currently affected by D & V, the patient may be discharged if medically fit, but must be isolated in a single room with en-suite facilities for the full incubation period**. The home must have reported the D&V outbreak to the HPU and implementing control measures as per HPU guidance.
  - If discharge is to nursing/residential care home that is not affected by D & V, the patient may be discharged if medically fit, but must be isolated in a single room with en-suite facilities for the full incubation period**.
  - Patient may be discharged if medically fit to community-based institutions (e.g. prisons) but must be isolated in a single room with en-suite facilities for the full incubation period**.
  - Transfers to other hospitals should be restricted for 48 hours after their most recent possible contact with a symptomatic case and on the advice of the hospital IPCT. Urgent transfers to other hospitals or within hospitals require an individual risk assessment by the hospital IPC team.

**NO**

- Refer to above points 1 & 2

* ‘at risk’ groups e.g. member of household undergoing regular dialysis, awaiting transplant surgery, on chemotherapy/radiotherapy or to a house where there is a newborn (less than 3 months)

**Incubation period** taken as 48 hours from possible exposure to a case

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South West London Health Protection Unit 020 8812 7850 (Adapted from document produced jointly by West Midlands West Health Protection Unit and NHS Worcestershire)