



Guidance for the Management of Gastroenteritis in Community Health and Social Care Settings

Public Health England South East (PHE South East)
Thames Valley Health Protection Team (TV HPT)
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Introduction

This advice is aimed at nursing and residential homes that are experiencing unusually high numbers of residents with diarrhoea and / or sickness. It is written to guide staff to effectively respond to prevent further spread of the infection within the institution, and to others in the local community.

During outbreaks of viral gastroenteritis, residents should be managed effectively through the basic principles of Infection Prevention and Control (IPC) whilst maintaining the comfortable and pleasant environment that they usually enjoy.

Please note that, under the Health and Social Care Act (2010), it is a legal requirement to report outbreaks to the local Public Health England Centre.

Roles and Responsibilities

It is important that all parties understand one another's roles in responding to an outbreak of gastroenteritis. Below is a table which outlines the key responsibilities of each party:

Table 1. Roles and responsibilities of key persons and organisations

Nursing / Residential Home	<ol style="list-style-type: none"> 1. Nominate a key member of staff to coordinate a guided response to the outbreak. 2. Undertake actions to control outbreak, as directed by TVHPT
Thames Valley Health Protection Team	<ol style="list-style-type: none"> 1. Risk assessment and advice on controlling the outbreak 2. Liaise with key partners 3. Investigate the causative organism
Environmental Health Department (EHO)	<ol style="list-style-type: none"> 1. Eliminate food as the source of the outbreak, <i>possibly</i> through visiting the institution, if appropriate
General Practice	<ol style="list-style-type: none"> 1. Assess and treat those residents who are particularly unwell. 2. Facilitate submission of stool samples from residents/ staff with symptoms.

Norovirus

Key Facts

Norovirus is the most common cause of gastroenteritis in the UK.

It can be spread:

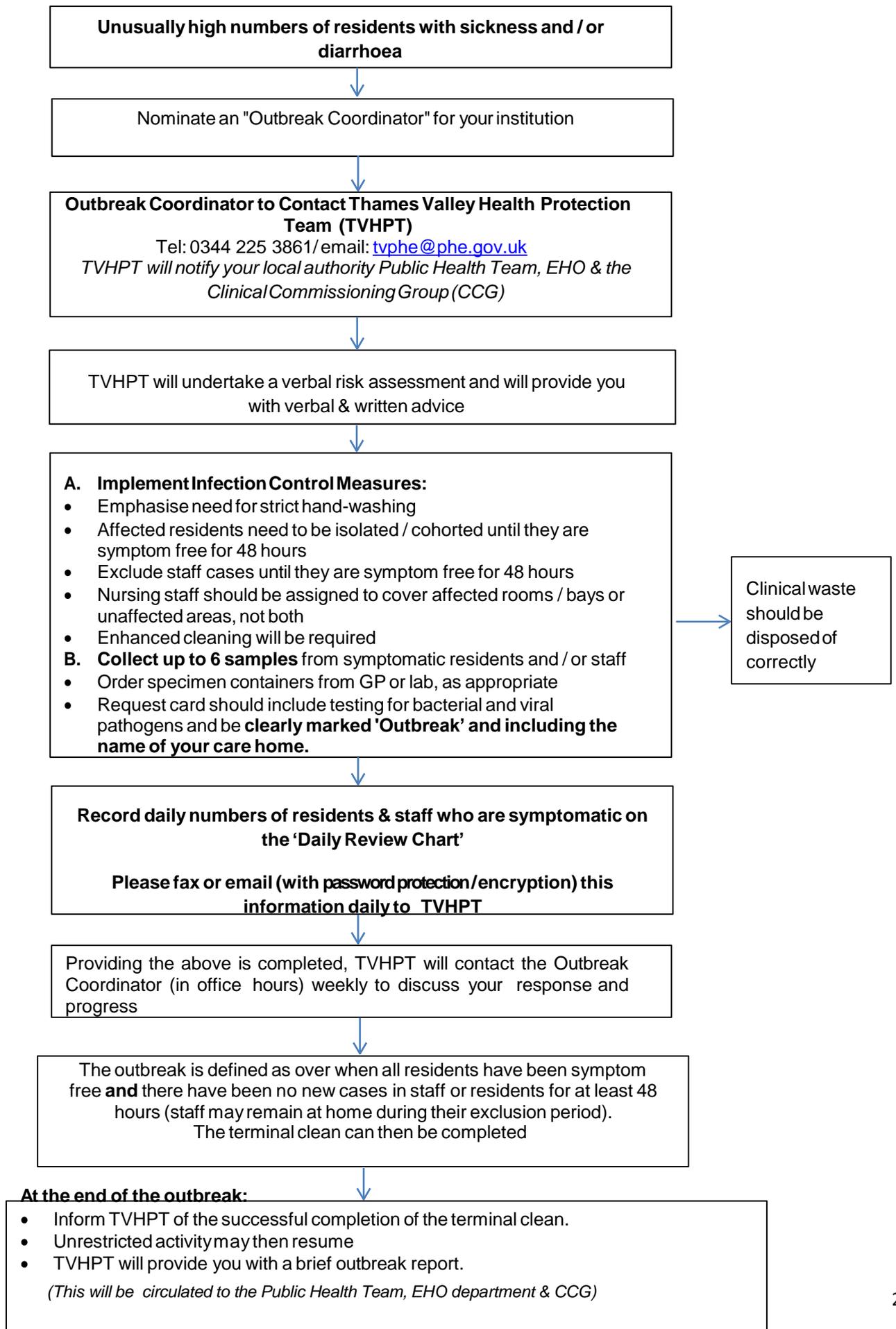
- person to person
- by the consumption of contaminated food and water
- by contact with objects and/or surfaces which have been contaminated by diarrhoea or vomit
- via aerosol immediately following a vomiting incident by a case.

Symptoms and Treatment

- Symptoms begin around 12-48 hours after becoming infected and can last between 12 and 60 hours.
- Symptoms usually start with a sudden onset of nausea and vomiting followed by diarrhoea (please see Appendix page 7 for the Bristol Stool Chart). Additional symptoms may include a headache and temperature.
- *Norovirus* is self-limiting and most people make a full recovery within 2 days.
- There is no specific treatment. There is a risk that the very young and elderly may become dehydrated; therefore seek medical attention if symptoms persist or if you are concerned about a resident or staff member.
- Ensure those affected rest and drink plenty of fluids to prevent dehydration.



Responding to an Outbreak of Gastroenteritis





Outbreak Control Measures: Key Points

Residents

Exclusion

- Any resident with diarrhoea and/or vomiting needs to be segregated from asymptomatic residents. Keep doors to single occupancy room(s) closed, if possible.
- Advise symptomatic residents not to attend communal areas, until they have recovered and have been symptom free for 48hours.
- If possible, affected residents should be provided with sole use of a designated toilet/commode until they have been symptom free for 48hours.
- Residents who have **not** had diarrhoea or vomiting **must not** be transferred or discharged to another clinical or care facility, unless clinically necessary as they may be incubating the disease, and in agreement with all parties.
- Residents may visit other facilities for clinically important investigations provided there is prior notification to arrange suitable infection control precautions (**please ensure that the hospital has been informed**).
- The home should be closed to all non-essential visitors. Only essential staff and essential social visitors should enter the home. Signage should be placed on the door(s) informing all visitors of the closed status.

Samples

- The Manager or Outbreak Coordinator should contact the GP of affected residents and order specimen containers from the GP or lab, according to local practice.
- You are expected to submit ONE specimen of stool from up to SIX affected **residents or staff**. The request card should include testing for bacterial & viral pathogens. **It should also be clearly marked 'Outbreak' and include the name of your care home.**
- Please indicate on the Daily Review Chart (see page 5) which resident/patient/staff has provided a stool sample. TVHPT will follow up results with the local laboratory.

Resident and Visitor Information

- Provide all affected residents and visitors with information on the outbreak and the control measures they should adopt, with particular regard given to hand washing.
- Symptomatic visitors should be discouraged from visiting until 48hours symptom free. Children of school age and non-essential visitors should be discouraged from visiting.
- Terminally ill residents, vulnerable adults and those for whom visiting is an essential part of recovery should be allowed visitors at the discretion of the home manager. Clinical and social judgment needs to be applied sensitively and compassionately.

Prevention of Hospital Admission

- Wherever possible, symptomatic residents should be managed in the home; hospital admission should only be contemplated for those who are at serious risk of complications.
- Rehydration strategies should usually suffice.
- In the event of a referral to hospital, the **hospital should be informed** of the possibility of norovirus in the resident before the transfer.
- If an asymptomatic resident requires referral to hospital for an unrelated condition, **the hospital should be informed** of the possibility of norovirus in the home currently.



Staff

Education

- It is important that all members of staff have a clear understanding of their responsibilities to prevent the spread of infection, and are familiar with any infection prevention and control policies and procedures, that are in place.
- Training on prevention and control of infection should form part of induction programmes for new staff and be included in ongoing training programmes. See the Skills for Care website for further information on Common Induction Standards and infection control units www.skillsforcare.org.uk.

Exclusion

- Symptomatic staff must remain off-duty until recovered and clear of symptoms for 48 hours.
- Allocate staff to duties in either affected or non-affected areas of the ward/home, but not both.
- No food or drink should be consumed by staff in clinical areas and the rooms of affected residents.
- Essential staff visiting the area, e.g. phlebotomists and physios can continue to do so. Hand washing after any contact with residents remains important.

Personal Protective Equipment (PPE)

- Use disposable gloves and disposable aprons to prevent personal contamination. These should be worn when cleaning surfaces and equipment in affected areas, helping residents with personal hygiene/ close contact and when cleaning up bodily fluids such as vomit.
- Gloves and aprons should be used for one procedure or episode of care and then discarded as clinical waste.

Environmental

Handwashing

- The use of tablets of soap by residents may be allowed, but these should not be shared. Only liquid soap should be used in communal areas.
- Handwashing by staff must occur before and after care-giving procedures, as per the NHS "5 moments for hand hygiene". (Please see Appendix 4)
- Use liquid soap and warm water for handwashing and ensure hands are dried. See Appendix for a guide to correct technique.
- Encourage and assist residents with hand hygiene.
- The use of alcohol hand rub preparations by staff in nursing and residential homes should be considered as part of a general IPC approach. However, alcohol hand rub should not be used to replace handwashing with soap and warm water following procedures when contamination may have occurred.

Cleaning

- Key areas of the home should be disinfected at least twice daily and after symptomatic episodes. Clean disposable cloths and washable mops should be used with detergent and disinfectant containing 1000ppm available chlorine, ie:
 - Toilets (especially seat, flush & door handles), bathrooms (taps & handrails) & showers
 - Sluice room/dirty utility room, in particular the macerator
 - Commodes must be disinfected between each resident
 - Bed rails, horizontal surfaces & the floor around symptomatic residents in shared rooms should be disinfected particularly after symptomatic episodes
- Cleaning equipment and materials for toilet and bathroom areas should be kept separate from those used in other, especially catering, areas both routinely and during outbreaks.
- Spillages should be cleaned up immediately and disinfected with a disinfectant containing 1000ppm available chlorine.



Laundry

- Disposable gloves and a disposable apron should be worn for handling contaminated clothing/linen.
- Any segregation required prior to washing should be carried out before transport to the laundry area.
- Linen from the affected area should be placed in a water soluble (alginate) bag and then a secondary bag before washing.
- If linen is sent to an off-site laundry, the laundry service should be made aware of its nature and written guidelines should be agreed and followed regarding its transportation and handling.

Terminal Cleaning

- Terminal cleaning, using thorough cleaning methods, needs to be undertaken at end of the outbreak i.e. after all the residents and staff have been symptom free for 48 hours. The terminal clean should include:
 - Discarding unused disposable resident-care items
 - Removing and laundering curtains and bed linen.
 - Cleaning all surfaces with a neutral detergent or with ultra heated dry steam vapour.
 - Steam cleaning of upholstered furniture and bed mattresses is suggested.
 - After cleaning, disinfect with 0.1% sodium hypochlorite (1000 ppm available chlorine)

Communication

Reporting the Outbreak

- As soon as an outbreak is suspected, it is a **legal requirement** that you contact the TVHPT (0344 225 3861). Out of hours, the on call team may be contacted on 0844 967 0083.
- A risk assessment will be conducted and you will receive verbal and written advice.

Daily Review

- **You are requested to report all new and ongoing cases, both residents & staff, to the TVHPT on a daily basis using the Daily Review Chart included and return by fax or email (emails require password protection).**
- Providing the above is completed, during the outbreak the TVHPT will contact you on Mondays and Thursdays (during office hours) or more frequently if there are problems.

End of Outbreak

- The home manager should inform the TVHPT of the successful completion of terminal cleaning and unrestricted activity may then resume.
- TVHPT will provide a brief written outbreak report. This will be circulated to the Public Health Team, Environmental Health department & CCG

Reference:

Prevention and control of infection in care homes – an information resource. Department of Health and Health Protection Agency, February 2013. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214929/Care-home-resource-18-February-2013.pdf

Appendices

Information for residents on norovirus	Page 6
The Bristol Stool Bowel Chart	Page 7
Hand washing technique with soap and water	Page 8
Five moments for hand hygiene at the point of care	Page 9
Helping your resident recover from norovirus	Page 10
Daily review chart (with example data)	Page 11



Norovirus Information for Residents

What is norovirus?

Norovirus is a frequent cause of diarrhoea and vomiting in the community and is most common during the winter.

Why is it a problem?

Norovirus commonly causes diarrhoea and / or vomiting which generally lasts 24 to 48 hours. Some people may also have a raised temperature, headache or aching limbs. The illness is usually mild in nature and gets better without antibiotics.

Norovirus is very infectious and can spread easily in care settings due to the close contact between residents and staff. Large numbers of residents and staff can be involved. It is important to stop the illness from spreading further between residents and also to relatives and friends.

How does it affect me?

Thorough handwashing with soap and warm water after going to the toilet and before eating helps to stop the transmission of Norovirus, as well as other bugs.

If you do become unwell, you will be asked to remain in your own room until you have been well for 48 hours. Occasionally you might be moved to another room or to an area with other residents with the same illness.

Will I need treatment?

Antibiotics do not work against Norovirus. The main treatment is making sure you drink plenty of fluid so that you do not become dehydrated.

If you develop diarrhoea and / or vomiting, a stool sample may be sent to the laboratory for testing. Once the illness is over no further action is necessary and your care and treatment will continue as before.

Can I have visitors?

Your care home may limit visitors as this can help prevent further spread of Norovirus infection within the home. If visitors have been allowed, they should restrict their contact with other parts of the home.

Children should not come to visit you while there is an outbreak of illness in the home.

Friends or relatives that are unwell or suffering from diarrhoea and vomiting themselves should not visit. If you have any concerns at all about someone visiting, please discuss this with your carer.

Do visitors need to take precautions when I have a visitor?

Visitors must wash their hands thoroughly both before and after visiting you. It is also advisable to keep your number of visitors to a minimum. It is best that they do not bring in any food for you whilst you are unwell, to prevent it becoming contaminated.

The care staff will advise if anything further is necessary.



The Bristol Stool Bowel Chart

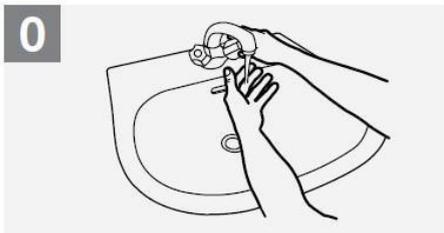
Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Explanation of the Bristol Stool Bowel Chart

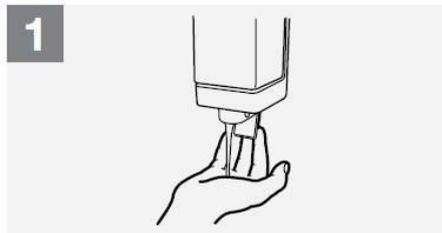
Type 1 and 2	Suggest constipation. Refer to trained nurse/care manager. Consider starting or reviewing laxative treatment.
Type 3 and 4	Suggest normal stool
Type 5, 6 and 7	Suggest loose stool. Refer to trained nurse/care manager. Consider reducing or withholding laxatives Collect stool sample specimen for viral and bacterial pathogens.

Hand washing technique with soap and water

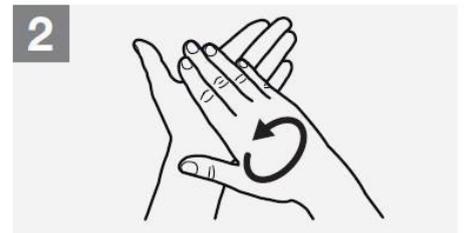
Hands should be washed before and after all care procedures, and handling food. Also after dealing with used linen, waste and body fluids or contaminated equipment and after removing gloves.



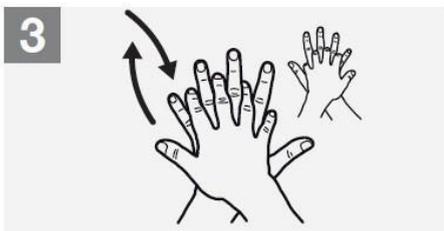
Wet hands with water;



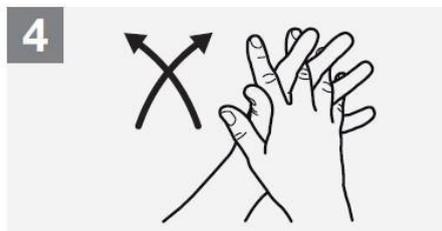
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



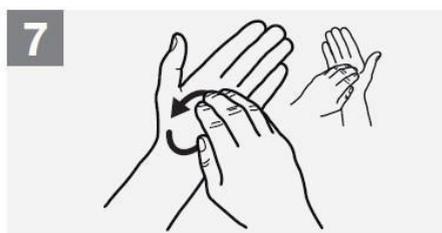
Palm to palm with fingers interlaced;



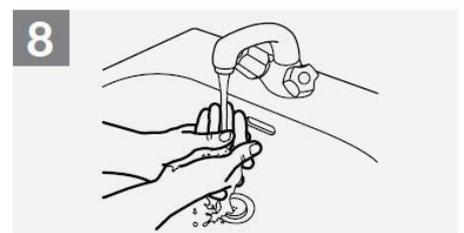
Backs of fingers to opposing palms with fingers interlocked;



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



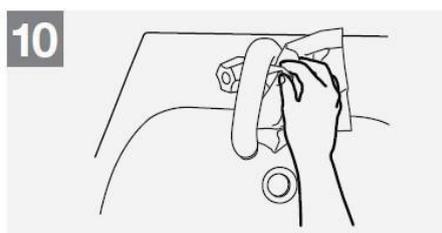
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



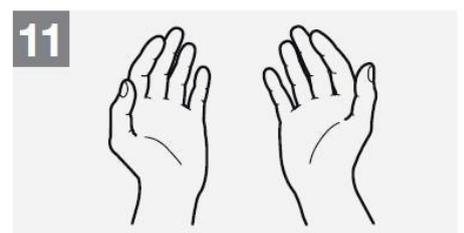
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

Your 5 moments for hand hygiene at the point of care



1	BEFORE PATIENT CONTACT	WHEN? Clean your hands before touching a patient when approaching him/her WHY? To protect the patient against harmful germs carried on your hands
2	BEFORE AN ASEPTIC TASK	WHEN? Clean your hands immediately before any aseptic task WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the healthcare environment from harmful patient germs
4	AFTER PATIENT CONTACT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side WHY? To protect yourself and the healthcare environment from harmful patient germs
5	AFTER CONTACT WITH PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving - even if the patient has not been touched WHY? To protect yourself and the healthcare environment from harmful patient germs

Adapted from WHO World Alliance for Patient Safety 2006

Helping your resident recover from Norovirus

Please make sure that you follow all the infection control advice given by the Health Protection Agency and the information in your infection control guidelines to reduce the number of residents and staff affected by this outbreak.

Remember to wash your hands with liquid soap and water before and after you care for your resident, as this is the most effective way to prevent spread to other residents and to protect yourself.

Make sure your resident gets enough to drink

Adults should aim to drink 2 litres (three and a half pints) of fluid a day (unless advised by a doctor to drink less than this). **In addition to this**, an adult should drink 200ml of fluid every time they have a loose stool.

- Make sure your resident always has a drink that they can reach.
- Frequently remind your resident to drink.
- If they are unable to drink without assistance, help them to drink.
- If they are feeling sick it can be difficult to drink and the best approach is to offer small amounts frequently.
- Rehydration fluids such as Dioralyte or Relief Electrolade can be very helpful particularly if your resident is not eating as they contain salt and sugar replacements. These preparations are available without prescription.

Elderly people with diarrhoea and vomiting can become dehydrated very easily and their condition can quickly deteriorate.

Watch for signs of dehydration which include:

- Thirst
- Dry mouth
- Tiredness/apathy/drowsiness
- Dizziness/headache
- Confusion
- Muscle cramps
- Concentrated urine
- Passing smaller volumes of urine less frequently
- Rapid pulse

For those residents who actually have diarrhoea and vomiting it may be helpful to write down how much they are drinking and how much urine they are passing.

If you are worried that a resident is becoming dehydrated

- **make every effort to give them drinks**
- **let their doctor know**

