Diarrhoea and Vomiting
Guidance for Childcare Settings

March 2013
Aim

The purpose of this guidance is to provide an *aide memoire* for the management of any probable or confirmed diarrhoea and vomiting (D&V) outbreak in childcare setting, such as schools, nurseries and childminding and looked after children premises.

This document should be used in conjunction with relevant guidance for schools and other childcare settings, such as the Isle of Man Public Health Directorate poster 'Guidance on Infection Control in Schools and other Childcare Settings' (2010).

This resource reflects new national ‘Guidelines for the management of norovirus outbreaks in acute and community health and social care settings (2011)’ developed by the Health Protection Agency (HPA) and partners.

Throughout the document the term ‘manager’ will be used to represent a head teacher, a manager of a private nursery or a childminder.

*It remains important that establishments have their own policies and procedures formulated on evidence-based guidelines for infection control and outbreak management.*
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**Background**

Diarrhoea and/or Vomiting (D&V) can be caused by infectious or non-infectious agents; however, all cases of gastroenteritis or D&V 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, such as salmonella and campylobacter.

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. Although there is a peak incidence of the disease in winter months; hence the term ‘Winter Vomiting Disease’, cases occur throughout the year, these peaks are reflected in the Isle of Man setting.

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 gastro-enteritis. 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. **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.

In addition 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; for example – salads, fruit and sandwiches.
- Eating food that has been contaminated at source; for example – shellfish and oysters (which feed in faecally-contaminated water).
- Items (for example – equipment, toys) and environmental surfaces (for example – 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.

Disease can be introduced to, and spread within, the nursery or school by:

- Visitors with or without symptoms.
- Being in close contact with a person who has symptoms.
- Being passed between people on the premises due to poor infection control practices.
- Contaminated food.
- Hand-to-mouth (also known as faecal-oral) – ineffective hand-washing and drying technique
  - Droplets in the air.

Be aware that it is not always possible to identify children, staff or residents incubating or the disease; therefore, good standards of hygiene and infection control practices are essential at all times in preventing the spread.
2. **Definition and recognition of an outbreak**

2.1 **What constitutes diarrhoea?**

An individual can have a single episode of loose bowel movement without it necessarily being infectious. Diarrhoea is defined as the passage of watery stools with increasing frequency, at least 3 times in a 24-hour period. The Bristol Stool Chart gives an indication of stool appearance (Appendix 1). With types 6 and 7 regarded as diarrhoea.

2.2 **What is an outbreak?**

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

For example:

- A sudden increase in the number of absent children or staff with symptoms of diarrhoea and/or vomiting.
- More than one parent advising the childcare setting that their child has symptoms of diarrhoea and/or vomiting.
- More than one member of staff advising the childcare setting that they have symptoms of diarrhoea and/or vomiting.

2.3 **Recognising an outbreak of Norovirus**

Where there is an outbreak of D &/or V, and in the absence of any other evidence (for example – positive stool cultures), norovirus should be considered a likely cause if:

<table>
<thead>
<tr>
<th>a) More than 50% of cases have symptoms of vomiting (often ‘projectile’).</th>
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<tr>
<td>b) Residents/ service users/ children or staff become ill within 15 - 48 hours of being exposed.</td>
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<tr>
<td>c) Illness lasts between 12 and 60 hours.</td>
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<tr>
<td>d) Both residents/ children and staff are affected (but this may not always be the case).</td>
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However, it is important to remember that 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; for example – salmonella, campylobacter, E coli O157.

Infection can be spread within any establishment very easily. By using infection control policies and procedures and notifying Public Health (PH) promptly, the necessary action can be taken, which will minimise the spread of infection. This will prove to be cost-effective and may result in avoidable admissions to hospital. Once an outbreak has been notified then the local Outbreak Control Plan will be initiated. The log sheet for affected children and staff are a useful tool to aid the recognition of a potential outbreak (Appendix 2).

3. **Duty of Care**

3.1 **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/Managers 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 (for example – gloves, paper hand towels, liquid soap) are provided for all staff and children/residents, to enable compliance with this guidance.

3.2 **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 Public Health Directorate. Strict adherence to policy, high standards of record-keeping, effective hand hygiene, enhanced cleaning and prompt exclusion will minimise the transmission of the germs.
3.3 Confidentiality

Public 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 healthcare professionals and deliberate or negligent breaches are disciplinary offences. Individual case reports are shared only with healthcare professionals caring for the individual/patient, or those investigating the source of an outbreak, such as local Environmental Health Officers (EHOs).

4. Action

4.1 Reporting/recording

As soon as an outbreak is suspected within the establishment, the head teacher/manager/person in charge should contact the Public Health Directorate.

During office hours, phone 642688; outside office hours, contact the Public Health Consultant on call via Noble’s switchboard, on 650000. Prompt notification of cases of suspected infectious diseases to Public Health is essential for the monitoring of infection, allowing investigation and control of its spread.

Good record keeping helps identify an outbreak in the first instance. Records of symptoms and dates of the onset of illness, supplemented with information about the area within the nursery/school that the ill person usually uses, can alert the manager that an outbreak has started. It is also useful to record any movements in and out of the building for example children attending parties, visiting parks or wildlife park etc and the use of non-regular staff.

4.2 Management

The head teacher/manager should complete the surveillance form and log sheets for cases of both staff and children (Appendix 2) as soon as possible and fax to Public Health without delay (Fax: 642733). This helps Public Health staff to decide whether there is a true outbreak and to determine a full picture of events as well as to liaise effectively with hospital laboratories regarding any specimen collections that might be necessary.
The Health Protection nurse (or Consultant) will initiate and co-ordinate any necessary action with the manager and this will be documented (Appendix 3).

If the outbreak is suspected to be food related, the local Environmental Health Officers (EHOs) will also undertake a joint investigation.

5. Management responsibility during an outbreak

5.1 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 birth, symptoms, dates of onset of illness and the location/room of the ill person(s) are essential, along with GP details. The D&V outbreak log sheet for resident and staff cases (see Appendix 2) should be used for this purpose and completed daily.

It is also useful to record and report to Public Health any events or outings organised for, or attended by, children/students or visits to other places as well as the use of intermittent staff (for example – bank, agency or supply staff).

5.2 Reporting

The person in charge or manager should complete the surveillance form and log sheets for cases of both staff and residents (Appendices 2 and 3) as soon as possible and fax to Public Health without delay (Fax: 642733). This helps Public Health staff to decide whether there is a true outbreak and to determine a full picture of events, as well as to liaise effectively with hospital laboratories regarding any specimen collections that might be necessary.

The Health Protection Nurse (or Consultant) will initiate and co-ordinate any necessary action with the head teacher/manager and this will be documented (Appendix 3).

If the outbreak is suspected to be food-related, the local Environmental Health Officers (EHOs) will also undertake a joint investigation.

The importance of records is recognised generally, but it is particularly important in an outbreak situation to demonstrate actions taken and the outcomes of those actions.
6. Practical Management and Outbreak Control Measures

Ensuring robust infection control practices are in place is an important control measure. The poster (see Appendix 4) shows the ‘Standard Principles of Infection Control’ which will guide you in everyday practice.

Symptoms will vary depending on the germ causing the illness and can be either just diarrhoea or vomiting or both.

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- or water-borne).

6.1 Effective hand hygiene

Effective hand hygiene (that is, hand-washing) is vital to prevent transmission of infection and must be actively encouraged in all staff and residents (and supervised if necessary). Managers must ensure that all staff are trained in the correct hand-washing technique (Appendix 5) 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 – that is, to avoid re-contamination of hands by touching bin lids. Plain liquid soap is adequate; antiseptic agents 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 who is being cared for.
- After contact with bodily fluids (for example – after toileting, pad changing, clearing up spills of vomit or diarrhoea).
- After contact with the ill person’s equipment, clothing and their immediate environment.
• After dealing with waste.

• After removal of gloves and aprons used for dealing with waste, etc.

• After using the toilet.

• Before preparing, serving and eating food.

The Public Health Directorate has a range of hand hygiene posters that can be displayed to encourage hand-washing – (see Appendix 5) as an example.

It is important that the toilet and hand hygiene of young children and those with learning disabilities and the 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 or *Clostridium difficile* (*C. diff*) 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 they do not remove spores like soap and water does.

6.2 Prompt exclusion/isolation of affected individuals

Exclusion or isolation is a vital measure in outbreak control. Every effort should be made to keep any symptomatic (ill) individual excluded/isolated until 48 hours after normal bowel habits have returned and any vomiting has stopped – the ‘48-hour rule’.

The ‘48-hour rule’

Observe the ‘48-hour rule’ and do not return to the nursery, school, or childcare setting for 48 hours after cessation of symptoms; that is, normal bowel habits have returned and/or vomiting has stopped.

6.3 Exclusion of affected children, staff and visitors

It is vital for any symptomatic (ill) child, staff member or visitor to be excluded from the premises to prevent transmission of the disease – observing the ‘48-hour rule’. Any member of staff becoming unwell at work should be sent home immediately.
6.4 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. This means they have to remain in their own room (or the Sanatorium), i.e. away from other boarders who are well (asymptomatic), and with their own toilet facilities and designated cleaning equipment. If en suite facilities are not available, a specific toilet(s) should be designated for their use only.

Cohorting (placing more than one affected individual in the same room) may be necessary in an outbreak in a residential place or boarding school and Public Health staff will advise on this. In general, however, it is important that people with symptoms are kept apart from those that do not have symptoms.

For some other gastro-intestinal infections a prolonged period of exclusion may be required. Please refer to the Guidance on infection Control in nurseries, schools, workplaces and day centres poster or easy read document (Ref CDC37 0112) for further information.

The individual should be excluded / isolated again if they subsequently relapse, an uncommon but recognised feature of Norovirus.

6.5 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.

6.6 New starters

Any new children planning to join a school or nursery 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.
6.7 **Communication of the situation in schools and childcare settings**

All parents and visitors to the childcare setting 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. For visitor information poster (See Appendix 6) which can be displayed at the premises during a diarrhoea and vomiting outbreak.

7. **Cleaning and disinfection of the environment and equipment**

7.1 **Principles of cleaning and disinfection**

Some germs causing D&V (for example – 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 and mop buckets following the National NHS colour coding scheme:

- **Red:** Bathrooms, washrooms, showers, toilet, basins and bathroom floors.
- **Blue:** General areas, including lounges, offices, corridors and bedrooms.
- **Green:** Kitchen areas including any satellite kitchen area and food storage area.
- **Yellow:** Infection. (e.g treatment room where ill child is cared for)

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 person responsible for the cleaning contract for the institution to ensure that extra cleaning can be carried out as recommended.

a) **Cleaning** is a process that physically removes contamination (for example – faeces) and therefore also removes many micro-organisms. Warm water and detergent should be used to clean. In most circumstances cleaning is effective when decontaminating equipment and the environment. However, in an outbreak situation, high-risk surfaces and equipment require both cleaning and disinfection.
b) **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 (for example – bleach or ‘Milton’ solution). Bleach or Milton are the recommended disinfectants (at 1000ppm), as they will kill both bacteria and viruses; but, if these are not available, or are unsuitable for the surface on which they are to be used, a disinfectant that has BOTH antibacterial AND antiviral properties MUST be used.

- All disinfectants must be used in accordance with manufacturer’s instructions and diluted (if necessary) as advised for environmental cleaning. Ready-to-use products should be used rather than those requiring dilution. For example – use a two-in-one product which is a detergent and chlorine combination, such as ChlorClean® – one tablet is dissolved in one litre of lukewarm water. Cleaning should be undertaken with separate colour-coded equipment and disposable cloths, using Nationally recognised colour-coding equipment.

c) **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 handrails, lift buttons and other frequently touched areas. In nurseries/special schools/other settings, particular attention should also be made to cleaning and disinfecting soft play areas, changing areas, water therapy areas and special equipment including mobility aids.

d) **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 or 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 (for example – 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.

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

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

All spillages of, and areas contaminated with, body fluid (for example – 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.

### 7.3 Cleaning up of blood or body fluid spillages (see Appendix 7)

The following instructions should be used by individuals who clean up vomit or faeces in order to minimise the risk of cross-infection:

- Spillages of body fluids should be cleared up immediately.
- Wear disposable gloves and apron.
- Use a spill kit if available.
- Use paper towels to soak up gross spillage. Transfer these and any solid matter directly into a clinical waste bag.
- Clean the soiled area with detergent and hot water, using a disposable cloth.
- 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.)
• Dispose of gloves, apron and cloths into the clinical waste bag.

• 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.

7.4 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 (see below). Care should be taken by the steam cleaner operator not to become exposed to contaminated contents whilst emptying contents after using the machine.

7.5 Guidance on cleaning clothing/linen contaminated with body fluids (for example diarrhoea/vomit)

Manual soaking/sluicing/hand-washing of contaminated items must not be carried out. Flush any solid material (for example 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.

Any soiled linen/items such as blankets, sheets, and 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 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 (for example 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 (refer to Decontamination of Linen for Health and Social Care: Social Care).
7.6 Guidance on toys/ play equipment/ activities during the outbreak

a) **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 (for example plastic or hard toys/ equipment) and these should be washed daily with detergent and water, rinsed and then disinfected (for example with bleach or Milton at 1000ppm), rinsed and dried.

b) **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).

c) **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.

8. Communication/ update procedures agreement between the institution and Public Health during the outbreak

**Day 0: Reporting of outbreak to Public Health**

- Institution reports outbreak to Public Health (PH) by telephone.

- Public Health completes action checklist (Appendix 2) with institution and requests completed log sheet (Appendix 3). Public Health faxes/emails over copy of these guidelines and completed checklist if required.

- Institution ensures all outbreak control measures are in place, as per action checklist.

- Institution faxes completed log sheet (Appendix 3) to Public Health within 24 hours of the initial notification.

- Public Health records outbreak and sends D&V/norovirus alert to Noble’s Hospital infection prevention and control team.
Day 3: From reporting of outbreak to Public Health

Public Health calls the 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 (that is, 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 deep/terminal cleaning is to be completed immediately by the childcare setting before resuming normal practices or reopening if they closed.

** 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 Public Health and further action decided upon (for example – more frequent monitoring may be required, and/or a joint visit to the institution by the PH and EH (Environmental Health) Department may be necessary, and/or an outbreak management meeting may be called).

Day 4: From reporting of outbreak to Public Health

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

10. Declaring the outbreak over

10.1 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).
10.2 Deep/ terminal 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; for example – seats, door handles, flushes and taps, contact points, switches, mirrors, vents, bins, furniture.

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 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 (for example 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.
Appendices and Further Information
### Bristol Stool Chart

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

# Diarrhoea and Vomiting Guidance for Childcare Settings – March 2013

## Appendix 2

**D&V Outbreak Report and Log of Cases to be sent by fax to Public Health on 642733**

If any of your cases have been symptomatic for longer than 72 hours, please contact us for advice – phone 642657 or 642615.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Symptoms*</th>
<th>Symptoms Onset date</th>
<th>Symptoms End Date</th>
<th>Patient Location (Floor, Unit, Room or Staff member)</th>
<th>GP Details</th>
<th>Isolated? (If No, Why Not?)</th>
<th>Patient Observation**</th>
<th>Specimen obtained</th>
<th>Specimen date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M / F</td>
<td>V / D / D&amp;V / N / F / SC</td>
<td>Y / N</td>
<td>1 / 2 / 3 / 4 / 5</td>
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* Vomiting = V; Diarrhoea = D; Diarrhoea & Vomiting = D&V; Nausea = N; Fever = F; Stomach Cramps = SC

** Blood in stool = 1; Admitted to hospital = 2; Symptom longer than 72 hours = 3; Died = 4; Food handler (If Yes, state which) = 5
If any of your cases have been symptomatic for longer than 72 hours, please contact us for advice - phone 642657 or 642615.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Sex</th>
<th>Specimen obtained</th>
<th>Patient Observation</th>
<th>GP Details</th>
<th>Isolated?</th>
<th>Food handler (Y/N)</th>
<th>Staff isolated?</th>
<th>Staff member (Y/N)</th>
<th>Staff location</th>
<th>End date</th>
<th>Symptomatic</th>
<th>Specimen date</th>
<th>Died</th>
<th>Admitted to hospital</th>
<th>Symptomatic Nausea</th>
<th>Diarrhoea or Vomiting</th>
<th>Symptomatic</th>
<th>Symptoms</th>
<th>GP Details</th>
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</tbody>
</table>
### Appendix 3

**Probable/ Confirmed D&V Outbreak in Childcare setting**

<table>
<thead>
<tr>
<th>Probable/ confirmed D&amp;V Outbreak in Childcare setting</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Childcare setting and Contact Person’s details and phone number (please print)</td>
<td></td>
</tr>
<tr>
<td>Size of Childcare setting - Children/Residents and Staff</td>
<td></td>
</tr>
<tr>
<td>Number of staff affected</td>
<td></td>
</tr>
<tr>
<td>Number of children affected</td>
<td></td>
</tr>
<tr>
<td>GPs informed?</td>
<td></td>
</tr>
<tr>
<td>Checklist completed by (print name)</td>
<td></td>
</tr>
<tr>
<td>Date Completed</td>
<td></td>
</tr>
</tbody>
</table>

### Checklist

<table>
<thead>
<tr>
<th>Hand-washing</th>
<th>Advice Given</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager is monitoring that staff are hand-washing effectively.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Liquid soap and disposable paper hand towels are available in all toilets and communal bathrooms, including <em>en suites</em>.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>All are aware that alcohol gel alone is ineffective but can be used in addition to hand-washing.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Staff ensure residents/children wash their hands after using the toilet/commode and before meals.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Manager is emphasising personal hygiene for staff and hygienic preparation and serving of food.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Residents are provided with a clean hand towel in their own rooms for their personal use only and there are no shared towels. Detergent hand wipes are provided if required.</td>
<td>Y/N</td>
<td></td>
</tr>
</tbody>
</table>
### Probable/ Confirmed D&V Outbreak in Childcare setting

<table>
<thead>
<tr>
<th>Isolation of cases and movement within the Childcare setting</th>
<th>Advice Given</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager has checked that all staff are well (including Bank/Agency staff)</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td><strong>‘48-hour rule’ is deployed</strong> for ALL affected cases and is understood.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Mixing is eliminated between symptomatic and asymptomatic people; for example – communal areas/planned events.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Staff are only working with either <strong>symptomatic</strong> or <strong>asymptomatic</strong> cases to reduce transmission.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Remove all exposed fruit and food items from infection-exposed rooms and communal areas.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Affected resident has their own dedicated toilet/commode.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Admissions of new children/starters 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.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>In residential childcare settings transfers to hospital should be avoided unless in medical emergency.</td>
<td>Y/N</td>
<td></td>
</tr>
</tbody>
</table>
### Probable/Confirmed D&V Outbreak in Childcare Setting

<table>
<thead>
<tr>
<th>Cleaning</th>
<th>Advice Given</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep-cleaning – that is, <strong>twice-daily cleaning as a minimum</strong> with detergent and follow-through with bleach/appropriate disinfectant which has antibacterial and antiviral properties (1000ppm hypochlorite). Pay particular attention to frequently-touched surfaces; for example – seats, door handles, flushes and taps. Norovirus may remain viable for many days on carpets and curtains. <strong>NB</strong> - 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.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Appropriate cleaning and disinfection of vomit (protective clothing worn and steam-cleaning of carpets/furniture or machine hot-washing of soft furnishings).</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Staff must change uniforms/clothing daily.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Disposable protective clothing available - that is, non-powdered latex/synthetic vinyl gloves and aprons.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Spill kits, 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.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Appropriate waste disposal systems in place for hazardous waste.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Infected linen segregated; dissolvable laundry bags are used.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>If commodes, chairs or pots are in use, ensure these are for dedicated use by cases and are cleaned and disinfected between uses.</td>
<td>Y/N</td>
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</tbody>
</table>
## Appendix 3/...

### Probable/ Confirmed D&V Outbreak in Childcare setting

<table>
<thead>
<tr>
<th>Communication</th>
<th>Advice Given</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent informed.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Department of Education &amp; Children/Social Care (if relevant) informed.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Display appropriate visitor information, exclusion and hand-washing technique posters.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Childcare setting aware that Infection Prevention and Control team at Noble’s are informed of D&amp;V outbreak; thus, Noble’s departments are aware and can prepare as necessary.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Childcare setting agrees to immediately inform PH if new cases continue to increase or faecal sampling criteria are fulfilled before or after the 3-day review takes place.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Deep-cleaning action required at end of outbreak (to be gone through with institution at 3-day review by PH).</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>This should be implemented when the outbreak is considered over – that is, 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.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Go through points with the institution (re: declaring an outbreak over and deep-cleaning required).</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>Y/N</td>
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Appendix 4

Standard Principles of Infection Prevention and Control in Community Settings

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 ¼ 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
- Use yellow 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 ⅔ 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

How do I wash my hands properly?

It takes at least fifteen seconds to wash your hands properly – this is about how long it takes to sing ‘Happy Birthday to You’ twice through! Encourage children to wash their hands by showing them how to do it, and by setting them a good example yourself.

Use liquid soap

1. Palm to palm
2. Right palm over back of left hand and left palm over back of right hand
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 palm and vice versa.
6. Rotational rubbing, backwards and forwards, with clasped fingers of right hand in palm and vice versa.

Rinse and dry your hands thoroughly.
Visitor Information Poster

Diarrhoea and/or Vomiting

Norovirus can spread rapidly through hospitals, care homes and nurseries resulting in closures

• If you have had diarrhoea and/or vomiting please **DO NOT VISIT** until your symptoms have stopped for 48 hours

• **ALWAYS** wash your hands upon entering and leaving care homes, nurseries and hospitals

• If there is an outbreak of diarrhoea and/or vomiting please follow staff instructions on hand hygiene.

By following these simple instructions this will help to avoid spreading germs around and infecting other people.

Health Protection

Department of Health
Rheynn Slaynt

Isle of Man Government

Public Health Ref No: GCOT 31 Jan 2013
Management of Blood and Body Fluid Spills

Appendix 7

Blood and/or body fluid spillage*
- Wear appropriate personal protective equipment (PPE)
  e.g. non-sterile disposable gloves/aprons

Is the spillage on soft furnishing e.g. carpets?
- Yes
  - Is it a spill of urine/feces/ vomitus?
    - Yes
      - Soak up spillage/gross contamination using disposable paper towels
      - If a urine spillage a gelring agent can be used
      - Do not use a chlorine releasing agent directly on a urine spill
      - Disinfect area with a solution of 1,000 parts per million available chlorine (ppm as Cl) solution or use a combined detergent/chlorine releasing solution with a concentration of 1,000 ppm as Cl.
      - Follow manufacturers' instructions on contact time or leave for a minimum of 3 minutes

    - No
      - Discuss with IPC Link and consider:
        - If furnishing heavily contaminated you may have to discard it.
        - If the furnishing can withstand a chlorine releasing solution then follow appropriate procedure for the type of spill.
        - If it is safe to clean with detergent alone then follow appropriate procedure.
        - If it is not safe to clean with detergent then the item should be discarded.

- No
  - Is it a spill of blood/body fluid as specified in Box 1?
    - Yes
      - Apply chlorine releasing granules directly to the spill.
      - If granules not available place disposable paper towels over spillage to absorb and contain it applying solution of 1,000 parts per million available chlorine (ppm as Cl) solution to the towels
      - Follow manufacturers' instructions on contact time or leave for 3 minutes
      - Discard the gross contamination into a healthcare waste bag

  - No
      - Wash area with disposable paper towels and a solution of general purpose detergent and warm water
      - Dry area or allow to air dry
      - Discard paper towels and disposable PPE into a healthcare waste bag
      - Perform hand hygiene

Dilution and products

Box 1
- Cerebrospinal fluid
- Plural fluid
- Amniotic fluid
- Peritoneal fluid
- Any other body fluid with visible blood

Adapted from Health Protection Scotland 2012
http://www.hps.scot.nhs.uk/haic/ic/publicationsdetail.aspx?id=49785
Further information and Website links

This policy has been produced using information from a variety of documents which can be accessed from the following websites:

- **Code of Practice on the prevention and control of infections and related guidance. Health and Social Care Act 2008.**

- **Control of Substances Hazardous to Health (COSHH) - Guidance available from Health and Safety Executive (UK).** [http://www.hse.gov.uk/coshh/basics.htm](http://www.hse.gov.uk/coshh/basics.htm)


- **Prevention and control of infection in care homes – an information resource (2013): Department of Health.**
  - [Full document](https://www.wp.dh.gov.uk/publications/files/2013/02/Care-home-resource-18-February-2013.pdf)
  - [Summary for Staff](https://www.wp.dh.gov.uk/publications/files/2013/02/Care-Home-Resource-Summary-Feb14-2013.pdf)

- **The national specifications for cleanliness: Guidance on setting and measuring performance outcomes in care homes. NHS National Patient Safety Agency**

In addition - a series of short videos to complement the HPA Care Homes Conference 2009:

These films are designed to provide staff with an introduction to infection control. The seven short films include:

- Preventing Infection
- Hand Hygiene
- Person Protective Equipment
- Prevention of exposure to Blood and Body fluids
- Clinical Equipment
- General Equipment
- Management of Laundry

Infection control nurses provided expert advice throughout filming and production of the training resource. Every effort was made to ensure that the advice provided was based on the best available evidence while providing advice that can be easily adopted and put into practice.

Although the videos were designed for use in care homes, they can be used to supplement existing infection control training programs in childcare facilities.

http://www.hpa.org.uk/HPA/Publications/InfectiousDiseases/InfectionControl/1229594195568/
The information in this booklet can be provided in large print or in audio format on request.

Department of Health,
Public Health Directorate, Cronk Coar, Noble’s Hospital, Strang, Douglas, Isle of Man, IM4 4RJ.

Tel: (01624) 642688 Fax: (01624) 642733
Website: www.gov.im/publichealth
Facebook: www.facebook.com/publichealthiom