Diarrhoea and Vomiting
Guidance for Care Home Settings

March 2013
Aim

The purpose of this guidance is to provide an *aide mémoire* for Care Home Management and staff in the event of a probable or confirmed viral outbreak of diarrhoea and vomiting (D&V).

This document should be used in conjunction with relevant guidance – the Isle of Man Public Health Directorate poster ‘Guidance on Infection Control in Nurseries, Schools, Workplaces and Day Centres’ (2012), and the Department of Health document ‘Prevention and control of infection in care homes an information resource’ (2013) and subsequent versions.

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.

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 Care Home 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 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:

- More than one resident in the Care Home setting with symptoms of diarrhoea and/or vomiting.
- A sudden increase in the number of absent staff with symptoms of diarrhoea and/or vomiting.
- More than one member of staff advising the Care Home 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:

- More than 50% of cases have symptoms of vomiting (often ‘projectile’).
- Residents/service users or staff become ill within 15 – 48 hours of being exposed.
- Illness lasts between 12 and 60 hours.
- Both residents and staff are affected (but this may not always be the case).
Is it an outbreak? A decision tree to help clinical staff

Outbreaks can start abruptly and spread quickly – to minimise their impact on patients and the Care Home they must be recognised, reported and controlled very swiftly. This flow chart will help you make the right decision.

A patient develops diarrhoea and/or vomiting. An infectious cause is possible – is it part of an outbreak?

Is there anyone else in the home (patient or staff) with diarrhoea or vomiting?

Yes

Are two or more of these “Norovirus Outbreak markers” present?
- Symptom onset was sudden
- Vomiting is projectile
- Diarrhoea is watery and not blood stained.
- Symptomatic patients have not had laxatives or enemas within past 48hrs.
- Negative stool for C. diff, Salmonella, E. coli O157, Cryptosporidium, Shigella, and Campylobacter. (But don’t wait for results before reporting a suspected outbreak).

Yes

Likely to be a Norovirus Outbreak
- Alert Public Health
- Isolate the patient
- Send a stool sample to bacteriology and virology.
- Contact precautions for all symptomatic patients, send symptomatic staff home.
- Start D&V Outbreak Report for all symptomatic cases.

No

Less likely to be Norovirus
- Isolate the patient(s) if possible.
- Use contact precautions.
- Send stool samples for culture.
- Consider other causes of diarrhoea such as antibiotics, laxatives, constipation, food related, etc.
- Call the IPCT if you are concerned or if the situation changes.

Not an outbreak (yet)
- Isolate the patient.
- Start contact precautions.
- Send a stool sample to bacteriology and virology.
- Be extra vigilant for other patients or staff developing symptoms
- Continue to monitor the patients’ condition.
- Send symptomatic staff home.

Isolate symptomatic patient in a single room with the door closed to reduce risk of cross-transmission.

Adapted from Health Protection Scotland 01/13
http://www.documents.hps.scot.nhs.uk/hai/infection-control/toolkits/norovirus-flowchart-2012-09.doc

Nobles IPCT
650851
Public Health
642688

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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 residents and staff is a useful tool to aid the recognition of a potential outbreak (Appendix 2).

### 3. Duty of Care

#### 3.1 Manager’s responsibility

The Manager has a duty of care to protect staff and residents/service users. An infection control policy/procedure must be in place for staff to implement during an outbreak of infection and the Manager is responsible for ensuring that all staff are aware of this and comply.

When the 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.

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 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.

4.2 Management

The Public Health Directorate 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 3). This checklist can be used by the person in charge as a record of the action taken within the Care Home on a daily basis during the outbreak.

4.3 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 1). This assists in identifying true cases of infection and in excluding other possible causes of loose stools in cases; for example – 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 promptly to Public Health.

In addition, Public Health will request specimen collection if appropriate; for example – if residents, service users or staff have been hospitalised, symptoms are severe/prolonged or food-related. This will be co-ordinated with Environmental Health Officers (EHOs) or via the care home’s GP if it is easier to do so. The home will be advised accordingly. Public Health will follow up the results of samples that meet the faecal sampling criteria.

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 log sheet for resident and staff cases (see Appendix 2) should be used for this purpose.

It is also useful to record and report to Public Health any events or outings organised for, or attended by, residents/service users (for example – appointments or visits), and 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 manager and this will be documented (Appendix 3).
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**

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 Care Home by people being in close contact with a person who is ill with symptoms, and can be spread between people within the Care Home due to poor infection control practices. However, it is not always possible to identify staff 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 ‘Standard Principles of Infection Control’ poster (see Appendix 4) provides a guide for 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.

All residents – for example, those with physical disabilities – in Care Homes 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 Care Homes 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 important that the toilet and hand hygiene of those residents 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 Isolation in residential care homes

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) - that is, away from residents who are well (asymptomatic), and with their own toilet facilities and designated cleaning equipment. If en suite facilities are not available, a dedicated commode or specific toilet(s) should be designated for their use only.

6.4 Core infection control principles of isolation

It is of vital importance that strict isolation procedures are implemented by staff; for example – hand-washing, environmental cleaning and disinfecting, management of infected linen/waste, etc, until the outbreak is declared over.

6.5 Potential physical/psychological effects 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

6.6 Cohorting

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

Exclusion is vital for any symptomatic individual.

6.7 Staff exclusion

Any staff member who becomes unwell at the Care Home must be sent home immediately. They should not return to the Care Home 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 from 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 Public Health and EHOs will advise the Care Home accordingly.

6.8 Day client/service user exclusion

Any person attending a day care facility who 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 Care Home until 48 hours after normal bowel habits have returned and any vomiting has stopped.

6.9 Exclusion of affected visitors

Visitors who have symptoms of diarrhoea and/or vomiting must be advised not to visit the Care Home until 48 hours after bowel habits have returned to normal and any vomiting has stopped. See (Appendix 6) for a visitor information poster which can be displayed, for Care Homes.
6.10 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 establishments with swimming, hydrotherapy or 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.

6.11 Planned Care Home events during an outbreak

Any planned events (for example – functions, meetings, plays, parties) should be discussed with the Public Health Directorate as to whether it is safe for them to go ahead, or if any precautions are needed.

6.12 Deployment of staff during an outbreak

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

7. Communication with visitors during an outbreak

7.1 Residential Care Homes

All visitors and any visiting healthcare professionals (for example – podiatrists, community nurses) 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 6) for visitor information poster. Restrict visiting if possible, especially by children. Relatives, carers and visitors should not eat or drink in the vicinity of the affected resident.
8. **Cleaning and disinfection of the environment and equipment**

8.1 **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 care home. 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. Bedrooms when someone has infection and is cared for in their own room (isolated).

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 Care Home 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.

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.

### 8.2 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.

### 8.3 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:

- Spillages of body fluids should be cleared up immediately.
- Wear disposable gloves and apron.
- Use a spill kit if available following manufacturers guidance.
- 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 *(see Appendix 5).*

### 8.4 Cleaning up blood spills

For cleaning up blood spills, please refer to the procedure *(see Appendix 7).*
8.5 **Cleaning carpets or 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, and by methods, stated (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.

8.6 **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, including the back, seat cushion, commode seat and commode frame, using disposable cloths and personal protective equipment. Non-disposable, used commode pots should be hot-washed in a bedpan washer/disinfector, in order to disinfect adequately, and be returned, dry, immediately afterwards to the case’s room.

8.7 **Guidance on cleaning clothing or 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 or faeces) into the toilet, avoiding splashing, or dispose of into a clinical waste bag.

In non-residential settings, clothing contaminated with body fluids should be placed in a sealed plastic bag and taken home by the owner (or relative) to be washed in a hot wash, separately from other items.

In settings with dedicated laundry facilities (for example - 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 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 a lower temperature (for example - 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; 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.

9. **Communication/update procedures agreement between the Care Home and Public Health during the outbreak**

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

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

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

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

- Care Home 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 Care Home 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 Care Home 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 Care Home before they can reopen.

** 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 Care Home 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 Care Home 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 Care Home 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. This should also include items within a case’s room area, including both sides of mattresses/sleep mats and bed frames, casenote 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 carpets 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 or 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 a 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. Entirely Liquid</td>
</tr>
</tbody>
</table>

### 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/Excluded? (If No, Why Not?)</th>
<th>Patient Observation**</th>
</tr>
</thead>
<tbody>
<tr>
<td>M / F</td>
<td></td>
<td></td>
<td>V / D / D&amp;V / N / F / SC</td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td>1 / 2 / 3 / 4 / 5</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td>1 / 2 / 3 / 4 / 5</td>
<td></td>
</tr>
</tbody>
</table>

* 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
### Diarrhoea and Vomiting Guidance for Care Home Settings – March 2013

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>GP Details</th>
<th>Isolated/Excluded?</th>
<th>Patient Observation*</th>
<th>Date</th>
<th>Symptoms</th>
<th>Symptoms Onset Date</th>
<th>Symptoms End Date</th>
<th>Patient Location</th>
<th>GP Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>V / D / D&amp;V / F / N / SC</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
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** Blood in stool = 1; Admitted to hospital = 2; Symptom longer than 72 hours = 3; Died = 4; Food handler (if yes, state which) = 5

---

**  Blood in stool = 1; Admitted to hospital = 2; Symptom longer than 72 hours = 3; Died = 4; Food handler (if yes, state which) = 5

---

DFV Outbreak Report and Log of Cases to be sent by fax to Public Health on 642733
### Probable/ Confirmed D&V Outbreak in Care Home

<table>
<thead>
<tr>
<th>Probable/ confirmed D&amp;V Outbreak in Care Home</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Care Home and Contact Person’s details and phone number (please print)</td>
<td></td>
</tr>
<tr>
<td>Size of Care Home - Residents and Staff</td>
<td></td>
</tr>
<tr>
<td>Number of staff affected</td>
<td></td>
</tr>
<tr>
<td>Number of residents 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 en suites.</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 Care Home

<table>
<thead>
<tr>
<th>Isolation of cases and movement within the Care Home</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>‘48-hour rule’ is deployed 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 symptomatic or asymptomatic 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/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.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>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 Care Home

<table>
<thead>
<tr>
<th>Faecal sampling</th>
<th>Advice Given</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Home manager to liaise with GPs of affected residents and ensure that faecal specimens are collected from cases (maximum 6 samples).</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Request forms should indicate testing for <strong>MC&amp;S</strong> &amp; <strong>virology</strong> and <em>Clostridium difficile</em> if appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health will not follow up these results but Care Homes should <strong>report any positive results to PH</strong> promptly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faecal samples to be arranged by PH if:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• blood in stool (faeces)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• symptoms for longer than 72 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• case hospitalized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a case has died</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• evidence of a symptomatic food handler or a food source.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Protection Nurse will discuss the above information with on-call consultant and will arrange sample collections for <strong>MC&amp;S</strong> and <strong>virology</strong> with the EHO if this is required (<strong>max</strong> 6 samples, usually).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Norovirus may remain viable for many days on carpets and curtains.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><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></td>
<td></td>
</tr>
</tbody>
</table>
### Probable/Confirmed D&V Outbreak in Care Home

<table>
<thead>
<tr>
<th>Cleaning continued / ...</th>
<th>Advice Given</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication</th>
<th>Advice Given</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident’s GP has been informed.</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Social Services 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>Care Home 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>
</tbody>
</table>
### Probable/Confirmed D&V Outbreak in Care Home

<table>
<thead>
<tr>
<th>Communication continued / ...</th>
<th>Advice Given</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Home 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 Care Home 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, <strong>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.</strong></td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Go through points with the Care Home (re: declaring an outbreak over and deep-cleaning required).</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Main points for Care Home 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>
<td></td>
</tr>
</tbody>
</table>
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 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/body 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 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

Adapted from a Health Protection Agency document entitled ‘Guidelines on Prevention and Management of Probable/Confirmed Viral Outbreaks of Diarrhoea and Vomiting in Care Homes, Schools, Nurseries and other Child Care Settings’ dated August 2012: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1284473951087
Appendix 5

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.
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.
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/gowns

Is the spillage on soft furnishing e.g. carpets?

Is it a spill of blood/body fluid as specified in Box 1?

- Apply chlorine releasing granules directly to the spill.
- Soak up spillage/gross contamination using disposable paper towels
- Do not use a chlorine releasing agent directly on a urine spill
- Decontaminate area with a solution of 1,000 parts per million available chlorine (ppm av cl) solution or use a combined detergent/chlorine releasing solution with a concentration of 1,000 ppm av cl.
- Follow manufacturers’ instructions on contact time or leave for a minimum of 3 minutes

Discuss with IPC Link and consider:
- If furnishings heavily contaminated you may have to discard it.
- If the furnishings 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.

Box 1
- Cerebrospinal fluid
- Pleural 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)


- **Guidance on Prevention and Management of Probable/Confirmed Viral Outbreaks of Diarrhoea and Vomiting in Care Homes, Schools, Nurseries and other Child Care Settings. August 2012 South West London Health Protection Unit.**

- **Guidelines for the management of norovirus outbreaks in acute and community health and social care settings. Norovirus Working Party: an equal partnership of professional organisations.**

- **Management of Communicable Diseases in Schools, Nurseries, Workplaces and Day Centres A2 Poster: Isle of Man Public Health Directorate Jan 2012.**

- **National Infection Prevention and Control Manual (2012). Health Protection Scotland.**

- **Prevention and control of infection in care homes – an information resource (2013): Department of Health.**

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

- **Wipe it Out. One Chance to get it right. Essential practice for infection prevention and control. Guidance for nursing staff. RCN publication January 2012.**
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.

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