**Management of Gastroenteritis (Diarrhoea and/or Vomiting) Outbreaks in an Adult Social Care Settings – Appendices (editable)**

**Public Health, Bury Council**

**Version: 3.1**

**Status:** FINAL

**Team/Dept. responsible for Guidance:** Health Protection Team,Public Health

**Date of review: 09/12**/2024

Changes highlighted in yellow.

**Document history**

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| **Version control – complete as appropriate**Originated and adapted from Wigan Council’s version.Author: Keith Park. Their date of issue: 01/04/2015 |
| **Version Number**  | **Purpose/Change**  | **Author**  | **Date**  |
| **1** | Review/Updated Policy  | Felicity Keeling, Health Protection Nurse | 2015  |
| **2** | Review/Updated Policy  | Felicity Keeling, Health Protection Nurse Julie Parker, Head of Health Protection | 2019 |
| **3** | Review/updated guidance- updated links and reference to COVID-19 IPC guidance. Renamed to reflect covering adult social care settings (areas highlighted are changes from previous version) | Felicity Keeling, Health Protection Nurse Julie Parker, Head of Health ProtectionKaren Smallman, Health Protection Nurse | 2023 |
| **3.1** | Review/updated guidance - updated UKHSA contact details; Norovirus info and more info on symptoms likely to present with non-viral cause; testing advice; disinfectant requirement; clarified standard infection control precautions (SICPs) and transmission-based precautions (TBPs), updated references and links. | Julie Parker, Head of Health ProtectionFelicity Keeling, Health Protection Nurse  | Nov 2024 |

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#  APPENDICES

## Appendix 1 – Case reporting templates. \*Please use a separate sheet for each unit

Outbreak of D &V – Care Home Record (residents)

**Name of Setting**… ………………………………………………………………………………………………………………………………

**Outbreak start date**……………………………**Date establishment closed**……………………………………………**Unit\***.................................................

|  |  |  |
| --- | --- | --- |
| **ILOG number**………………………………. | **Enter day/dates from day outbreak started in row below and individual’s symptoms in rows after: D=diarrhoea; V=vomiting; N=nausea; AP=abdo pain X=no symptoms** |  |
| **No** | **Name & Room number/floor**  | **DOB** |  |  |  |  |  |  |  | **Other relevant information** | **Specimen date** | **Result** |
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Outbreak of D &V – Care Home Record (staff)

**Name of Establishment**… …………………………………………………………………………………………………………………………..

**Outbreak start date**…………………………………………………… **Date establishment closed**……………………………………………

|  |  |  |
| --- | --- | --- |
|  | **Enter dates from day outbreak started in row below and individual’s symptoms in rows after: D=diarrhoea; V=vomiting; N=nausea; AP=abdo pain X=no symptoms** |  |
| **No:** | **Name**  | **DOB** |  |  |  |  |  |  |  | **Role/unit and date last worked** | **Specimen and result if applicable** |
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## Appendix 6 - Deep Cleaning Guidance

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| **Deep Cleaning - guidance for care homes** **and other community residential facilities** |

**Put on PPE before entering the room/area. Avoid leaving and re-entering the area until the terminal clean is fully completed**.

|  |  |  |
| --- | --- | --- |
| **Task**  | **Signature** | **Date**  |
| Remove and dispose of consumable items e.g. biscuits, chocolates or other edible items, waste, flowers, newspapers PPE, toilet paper if not in a covered dispenser. Dispose of as infectious waste. Remove PPE and decontaminate hands. |  |  |
| Put on PPE. Remove soft furnishing (bed clothes, duvet, scatter cushion covers and pad, curtains/shower curtain if applicable, hoist slings, towels) and place in a water-soluble bag into a red linen bag. Process all linen, laundry etc. as infected linen. Some curtains may need specialist cleaning. The dry-cleaning specialist should be informed that the curtains have come from an outbreak situation. |  |  |
| Take down blinds (if applicable) and clean/disinfect  |  |  |
| Clean/disinfect high level surfaces – e.g. curtain rails/tracks/high level window ledges, picture rails and frames/ walls/ television stands and leads/top of wardrobes/light fittings/lampshades  |  |  |
| Place bed in horizontal/flat position. Check cover of mattress and bumpers for signs of tears and staining, check inside cover and mattress core/bumper foam for stains (replace if stained). Clean/disinfect the bed frame and rails, and clean/disinfect the mattress cover on both sides of mattress if not being replaced/removed for washing.  |  |  |
| Clean/disinfect furniture, fixtures and fittings in the area e.g. bedside table, drawers (inside and out), chairs, lamps, light switches, appliance leads, sink, mirror, door, door handles, bin (inside and out), towel dispenser (inside and out), soap dispenser, call bell. Remove radiator covers if possible and clean/disinfect cover and the radiator. Clean/disinfect window glass and mirrors. Include door and cupboard fronts. |  |  |
| Clean/disinfect equipment e.g. wheelchair, walking frame etc. including top and undersides then remove them from the room; once cleaned equipment should not be returned to the room until the room has been fully deep cleaned |  |  |
| Clean/disinfect any electrical equipment, e.g. fan, telephone, tablet, keyboard using damp (not wet) cloths, remote controls |  |  |
| Vacuum carpet followed by steam cleaning; clean/disinfect washable flooring and skirting boards |  |  |
| Clean/disinfect all surfaces in en-suite e.g. shower curtain rail, extractor fans and vents, shower hose and head, soap dispensers and paper towel holder (inside and outside), bathroom cabinet, shelving, shower tray, sink, mirror, towel rail, tiles, taps, toilet handles, toilet seat/raised toilet seat, seat frame, toilet, toilet roll holder, bin (inside and outside), door handle, light switch. Clean/disinfect all surfaces of commode (top and underside). Reline bin. |  |  |
| Decontaminate cleaning equipment after use; dispose of mop heads or launder as infected linen. Empty mop buckets with care and clean/disinfect. |  |  |
| Remove PPE, dispose of in infectious (orange) waste bag (not filled more than 2/3). Seal bag securely. Wash hands. |  |  |
| Restock room with consumables, make the bed, hang clean curtains/blind |  |  |
| Notify person in charge once deep clean completed |  |  |