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

Public Health, Bury Council

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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 Protection Karen 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 Protection Felicity Keeling, Health Protection Nurse	Nov 2024

Contents

Introduction

Every worker within a residential care setting, whatever their role, is responsible for infection prevention and control (IPC) and as a minimum must have a basic understanding of the subject. This guidance is to support staff dealing with an outbreak of diarrhoea and/or vomiting and has been formatted with action cards that detail each individual worker's specific IPC role. These action cards should be copied and shared with the relevant members of staff when an outbreak occurs. This guidance is provided to aid adult social care settings to comply with the code of practice on the prevention and control of infections under the Health and Social Care Act (Department of Health and Social Care 2022).

Gastroenteritis Outbreak Notification

An outbreak can be defined as **two** or more linked cases of the same illness within a few days.
If you identify or suspect you have a gastrointestinal outbreak i.e. two or more cases of vomiting and/or diarrhoea please contact:

During office hours:

Bury Council Health Protection Team (HPT)	Telephone 0161 253 6900
Bury Council Environmental Health (EH) Department	Telephone 0161 253 5524
UK Health Security Agency, Greater Manchester Health Protection Team	Telephone: 0344 225 0562 option 3
Outside office hours, bank and public holidays: UK Health Security Agency (Health Protection) on-call	Telephone: 0344 225 0562 option 3

Early recognition and reporting of suspected outbreaks is essential for effective management.

Gastroenteritis

Around 1 in 5 people in the UK develop gastroenteritis each year. It is a temporary disorder due to intestinal infection with viruses, bacteria, or parasites. Infections causing gastroenteritis can be transmitted from person-to-person, via the airborne or faecal-oral route or from contaminated surroundings or equipment. In environments with shared facilities such as care homes, gastroenteritis can quickly spread.

Organisms that cause gastroenteritis are frequently circulating and can cause one-off cases or sometimes clusters of cases. Large outbreaks often occur in care homes, hospitals and hotels, particularly during winter months, but can occur at any time of the

year. In England the number of cases of viral gastroenteritis infection associated with outbreaks has increased during recent years, particularly in care homes.

Gastroenteritis may also be due to food-borne illness and it is important that the possibility of food being the source is assessed (e.g. food history of affected residents, start of symptoms) as soon as possible to ensure an appropriate response is provided.

It is vital to try to prevent introducing or spreading infections in care homes. Care home residents are likely to be more vulnerable to the complications of gastroenteritis (such as dehydration, electrolyte disturbance, malnutrition) because of their age, reduced immunity and other conditions they have, and it can lead to further health problems.

Stool samples may be advised to try to identify the organism causing gastroenteritis, and symptomatic residents should be reviewed by their GP. Enhanced IPC measures (detailed on pages 6-7) should be put in place as soon as possible once symptoms develop rather than waiting for sample results.

Common Causes and Diagnosis

The most commonly identified cause of gastroenteritis in the UK is **Norovirus**, also known as 'winter vomiting disease', that belongs to the Caliciviridae family of viruses. Symptoms include sudden onset of non-bloody watery diarrhoea and/or vomiting, often accompanied with abdominal cramps, myalgia (muscle aches), headache, malaise (tiredness/fatigue) and low-grade fever.

Noroviruses are highly infectious and transmitted easily from patient to patient, contaminated food or water or by contact with contaminated surfaces or objects. Outbreaks are common in semi-enclosed areas such as hospitals, care homes, educational establishments and prisons due to population proximity. Incubation period is 12-48 hours. Although norovirus gastroenteritis is generally mild and of short duration, the illness can be severe among vulnerable population groups such as young children and the elderly. People are infectious while symptomatic and for a further 48 hours after the symptoms stop. Prolonged shedding of the virus can occur in individuals who are immunocompromised.

Other common causes of gastroenteritis include *Rotavirus*. *Sapovirus* and *Campylobacter,* which cause similar symptoms to Norovirus. Some organisms can cause more serious illness, for example, infections with *Escherichia coli (E. coli)* O157 which can result in renal failure, and *Clostridioides difficile (C. diff)* which can cause bowel inflammation and be fatal. Parasites which can cause gastroenteritis include *Giardia* and *Cryptosporidium*, although parasitic gastroenteritis is less common in the UK. These more serious organisms often cause bloody or green watery diarrhoea without vomiting and these symptoms should be reported promptly.

Sometimes other conditions may be mistaken for gastroenteritis e.g. flare-ups of irritable bowel syndrome, dietary changes, adverse reactions to medication or overuse of laxatives. People taking, or who have recently taken, antibiotics can get antibiotic-associated diarrhoea, usually due to the effect of the antibiotics on 'good' bacteria in the gut. This can enable *C. diff* to flourish. However, precautions should always be taken until infection can be ruled out.

Preventing gastroenteritis

It is not always possible to prevent cases of gastroenteritis, but following the advice below can help:

- Standard infection control precautions (SICPs) are to be used **by all** staff, **in all** care settings, **at all** times, **for all** patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment. NHS England » Chapter 1: Standard infection control precautions (SICPs)
- Ensure residents, staff and visitors wash their hands frequently and thoroughly with soap and water, particularly after using the toilet and before preparing food. Do not rely on alcohol hand sanitisers, as they are not always effective e.g. on soiled hands. Residents who are unable to get to a washbasin before eating should clean their hands with a wipe.
- Always ensure a high standard of hygiene in the care home. Disinfect any surfaces or objects that could be contaminated.
- Do not share towels, flannels, cutlery or utensils.
- Practice good food hygiene, see Safer Foods, Better Business for residential homes (Food Standards Agency 2020).
- Advise staff or visitors who report symptoms of gastroenteritis to stay away until at least 48 hours after the symptoms have passed.

Symptoms

Viral gastroenteritis infection is usually relatively mild, lasting 12-60 hours. Abdominal cramps and nausea are usually the first symptoms, followed by vomiting, often forceful and projectile, and/or diarrhoea, which is usually mild and with no blood or mucous. Other symptoms may include reduced appetite, lethargy, aching muscles, headache and fever. The GP should be informed of residents' symptoms and clinical state.

Testing and Treatment

Testing is no longer routinely recommended by the UKHSA in common viral gastroenteritis outbreaks unless a number of residents are hospitalised, especially unwell or bloody diarrhoea is reported and this should be discussed with the local health protection team (UKHSA out of hours) who will risk assess and advise. If the local GP wants to send samples, then viral testing should be requested alongside bacterial testing.

Infectious gastroenteritis is usually self-limiting and treatment is not needed. Antibiotic, anti-diarrhoeal, anti-emetic, and probiotic treatment is not routinely recommended for acute diarrhoea if the cause is unknown but may be needed if stool culture identifies an organism such as *Campylobacter*, *Shigella* or *C.diff*.

Adequate fluid intake should be maintained to prevent dehydration, and frequent sips may be tolerated better than larger drinks and oral rehydration solutions may be useful. If the person is vomiting and unable to retain oral fluids or they have features of shock, severe dehydration, or fever, bloody diarrhoea or abdominal pain and tenderness, or if the diarrhoea persists beyond 48 hours they should be referred to their GP. If sepsis is suspected, urgent medical attention should be sought (NICE 2022).

Enhanced infection control measures - transmission based precautions

Standard infection control precautions may be insufficient to prevent cross transmission of gastroenteritis and additional precautions called “transmission-based precautions” (TBP) may be required when caring for patients with known / suspected infection. NHS England » Chapter 2: Transmission based precautions (TBPs)

Transmission based precautions depend on the type of infection and the way it is spread.

Contact precautions should be used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient’s immediate care environment (including care equipment). This is the most common route of cross-infection transmission of gastroenteritis. However, there is some evidence that gastroenteritis can spread by aerosolization of vomit, therefore droplet precautions should also be considered if cases are vomiting.

The measures detailed in the following sections should be implemented to try to control the spread of infection. These should be considered and implemented in conjunction with any other infection prevention and control measures in place e.g. due to COVID-19, and include:

- Encouraging affected residents to stay in their rooms with en-suite toilet facilities, and not go into other areas of the home, usually until 48 hours after their symptoms have ceased. This is not always possible and should be risk assessed and managed appropriately. If isolating affected residents is not possible alternative approaches may be advised, e.g. cohort caring, increased cleaning in areas they are occupying, supplying a commode or allocating one toilet to symptomatic residents if en-suite facilities are not available.
- Restricting carers to looking after either unaffected or affected residents as far as possible (cohorting) and ensuring they do not enter food preparation areas (and that food handlers do not enter care areas).
- Excluding symptomatic carers from work until 48 hours after symptoms have ceased.
- Closing the home to admissions and placing a sign at the entrance warning visitors that there is an outbreak and advising them not to visit if possible. However, visiting should not be restricted for residents receiving end of life care – in these circumstances visitors should be informed of the situation and advised of appropriate infection prevention and control measures to take.
- Implementing enhanced cleaning and disinfectant processes, using a bleach-based disinfectant or equivalent which meets BSI EN1276 (antibacterial) and BSI EN14476 (antiviral), for the rooms of symptomatic residents, communal areas and for sanitary fittings (washbasins, toilets) and high touch surfaces such as door handles and handrails.
- Ensuring clear communication with all staff about any residents with symptoms, and the precautions to be implemented.
- Liaising with the Health Protection Team to keep them updated so the situation can be monitored and support provided e.g. guidance on sampling and re-reopening.

Residents with symptoms of gastroenteritis should be closely monitored for other symptoms and the need for testing for e.g. COVID-19 or *C. diff* considered. The Health Protection Team can be contacted for advice if required.

Action Cards

Action Card - Care Manager

ACTION	RATIONALE/COMMENTS
Notify HPT of the situation; ensure clear communication at each shift change with all staff in the setting to ensure they are aware: • which residents are affected • control measures that are in place • of the correct process for handling spillages (vomit, diarrhoea) and need for enhanced cleaning/disinfection. • ensure appropriate disinfectant is available that meets BSI EN1276 (antibacterial) and BSI EN14476 (antiviral). • to provide an update on the outbreak to the person in charge at each shift changeover • to wash hands with soap and water rather than using hand sanitiser	In order that the situation can be appropriately assessed at all times and that all staff are aware of their role in helping control the outbreak Management of blood and body fluid spills - National IPC Manual Appendix 9
Complete log of affected residents and staff (**Appendix 1**) and update daily, with details of new cases and when existing cases become asymptomatic, and submit to the HPT Monday to Friday (UKHSA if concerns at other times)	It is important to have accurate records to monitor the outbreak and inform control measures (includes location of residents within the home, date symptoms started, nature of symptoms and sampling, staff involvement).
Ensure robust process in place for communicating to/updating all staff (including housekeeping and laundry) so they are fully briefed on affected residents and additional measures required	Good communication is likely to ensure implementation of effective measures to manage and restrict the outbreak
If possible isolate all symptomatic residents in their rooms until symptom free for 48 hours, i.e. they have no further vomiting and/or diarrhoea. Where this is not possible an adapted approach can be used e.g. cohorting affected residents, designating toilets to affected residents only.	To reduce transfer of the causative organism and provide a safe environment for residents unaffected by the infection. The decision to isolate will be influenced by the availability of facilities, the logistical aspects of the area where isolation is to take place and the psychological well-being of the resident. If it is not possible an adapted approach will be needed.
As far as possible ensure staff who have cared for symptomatic residents do not care for asymptomatic residents and restrict movement of staff between floors and units. Advise staff (including agency staff) that they should not work in other care homes or healthcare settings whilst the outbreak is on-going if possible.	To reduce spread to vulnerable people in other areas/facilities

Any symptomatic staff should be sent off duty. Advise all symptomatic staff that they must stay off work until they are symptom free for 48hrs.	Staff will continue to be infectious for 48 hrs after symptoms have stopped.
Inform the HPT/EHO team of any catering staff with symptoms just before or during the outbreak.	It is important to have accurate information to investigate and monitor the outbreak.
In line with duty of care it may be prudent to close the home/unit temporarily to admissions including respite clients. The home/unit/area will usually be able to open again following a deep clean once no new cases have presented with symptoms for **48 hours**. If urgent admissions are required then a risk assessment should be carried out. The HPT or EHO will liaise with you about this.	The home must be able to provide assurance that they have taken steps to reduce the risk of infection to new or planned admissions and visitors who may be susceptible to infection.
Post a notice in a prominent place informing visitors of the current situation and ask anyone who is concerned to speak to the person in charge (**Appendix 2**). It is advisable to suggest that young children, pregnant women, and anyone who is immuno-compromised do not visit until the situation has resolved. Consider restricting visitors until the outbreak is over. Ask visitors to wash their hands on entry to and exit from the home (**Appendix 3**) and make aware of hand wash facilities available.	Allows people to make an informed decision whether to visit (e.g. visitors with small children or those who are employed in the catering industry etc.) To reduce the risk of cross infection to others – **hand hygiene for visitors should be normal routine practice within the home**.
Inform visiting health care staff of the outbreak e.g. GPs, community nurses, physiotherapists, occupational therapists, pharmacists etc. Inform others e.g. hairdressers and postpone visits to affected areas if possible.	Non-essential visits should be deferred until after the outbreak.
Inform the HPT/ Hospital IPC team of any residents admitted to hospital (or transferred elsewhere) including up to 48 hours prior to the first resident becoming ill.	To alert them of the resident's contact with infected individuals and ensure necessary monitoring and precautions are maintained within the hospital or other setting.
If a resident requires admission/transfer or out-patient appointment during the outbreak ensure that all relevant receiving staff are informed (e.g. GP/paramedics, A&E or admitting department, infection prevention and control team at the hospital) whether the resident admitted is symptomatic or not*.	The resident can be received into a suitable area and managed appropriately.
If testing is advised ensure the laboratory request form and sample pot provided are completed for each sample (resident's name, location, date of birth, date of sample and NHS no.) and bacterial and viral testing selected Add ILOG no. if provided for samples being sent to UKHSA lab (not GP samples). Ensure	The lab cannot process the sample unless the form is completed correctly with the resident's details. The ILOG number ensures that all specimens relating to the outbreak can be identified and linked by UKHSA.

staff are aware to send only type 5 - 7 stools (not formed stools).	
Record details of all samples submitted on the outbreak log forms. See **Appendix 1**.	It is important to have accurate records to monitor the outbreak.
For samples sent to the UKHSA lab the HPN/EHO will inform you of specimen results when they are available. If there are any queries please contact the HPN/EHO. You will get results of samples sent by the GP via your usual route.	The UKHSA laboratory will automatically notify the GP/HPN/EHO when the results are available.
Ensure that any food items shared in communal areas are removed and disposed of e.g. biscuits in tins, fruit bowls, sweets, and that staff only eat and drink in designated areas.	To reduce the chance of on-going transmission via contaminated food.
Ensure a supply of infectious (orange) waste bags is available and staff are aware of and use them appropriately.	To ensure correct waste handling to reduce risk of onward transmission
Ensure staff change out of uniforms prior to leaving the home during outbreaks, and wear a clean uniform daily, ideally launder at the care home. If uniforms are laundered at home they should be taken home in a bag, handled with care (not whilst food is being prepared or eaten if the washing machine is in the kitchen), and washed immediately on a separate wash from other laundry at the highest temperature the material will allow and either dried in a tumble drier or ironed.	To help reduce transmission to other household members and care home residents

*If a resident at the home was admitted to hospital with symptoms, they can usually be transferred back to their single room at the home once the room has been terminally cleaned. They should be cared for in their room until clear of symptoms for 48 hours. If a resident who has not been affected is due to return from hospital they can usually be transferred back to their single room, where they should be cared for until 48 hours after the last resident had symptoms. The HPT can advise if required in particular situations.

Action Card - Nursing/Care Staff

ACTION	RATIONALE/COMMENTS
If testing is advised ensure the laboratory request form and sample pot provided are completed for each sample (resident's name, location, date of birth, date of sample and NHS no.). For GP samples ensure **bacteriology and virology** are selected. Add ILOG no. if provided for samples being sent to UKHSA lab (not GP samples). Ensure staff are aware to send only type 5 - 7 stools (not formed stools).	The lab cannot process the sample unless the form is completed correctly with the resident's details. The ILOG number ensures that all specimens relating to the outbreak can be identified and linked by UKHSA.
Record details of all samples submitted on the outbreak forms. (See **Appendix 1**).	It is important to have accurate records to monitor the outbreak.
For samples sent to the UKHSA lab the HPN/EHO will inform you of specimen results when they are available. If there are any queries please contact the HPN/EHO. You will get results of samples sent by the GP via your usual route.	The laboratory will automatically notify the Council's Health Protection Team when the results are available.
Toileting i.e. use of toilets, bedpans, bottles, commodes. ▪ If not possible to designate toilet facility for sole use, allocate sole use commode to affected resident. ▪ Always use disposable gloves and apron for toilet related care ▪ Cover bedpan etc. whilst in transit. ▪ Discard excreta directly into bedpan washer/macerator or toilet. ▪ Ensure toilet seat is kept closed when flushing faecal matter. ▪ Process commode pots etc. in a bedpan washer; where this is not available care must be taken when cleaning/disinfecting commode pots etc. (in a designated area with a deep sink using hot detergent solution followed by a disinfectant solution that meets BSI EN1276 (antibacterial) and BSI EN14476 (antiviral) or a combined disinfectant/detergent product for the recommended contact time. ▪ Clean, disinfect and dry commode chairs (seat, back, arms and frame) after use, including the underside of the frame, seat and arms.	To reduce risk associated with the disposal of human waste. To prevent distribution of infectious material e.g. spores/viral particles
Please do not submit formed stools or specimens of vomit/urine. Only submit stools which are type 5-7 on the Bristol Stool Chart (see **Appendix 8**).	The organism cannot be isolated from formed stools or vomit

Ensure that (CE marked) **disposable gloves** are worn when delivering direct care to all residents or cleaning. • Gloves must be changed after contact with every resident and between tasks. • Gloves should be removed inside the resident's room and the hands washed and dried thoroughly.	To reduce the risk of hand contamination. Minimise risk of cross-infection to residents and staff. Organisms multiply quickly on hands when wearing gloves and can contaminate hands while gloves are being removed.
Put on a **disposable polythene apron** when delivering direct care to all residents or cleaning. Polythene aprons should be removed upon completion of each task and not worn between residents.	A polythene apron is inexpensive, quick to put on and protects the front of the uniform which is the most likely area to come into contact with the resident. Prevent transferring organisms/viral particles outside the patient's environment.
Assess risk of splashing and wear eye / face protection if cases vomiting	To reduce the risk of aerosol spread
Reinforce the practice of good hand washing (NB not use of hand sanitiser). Display hand hygiene reminder notices around the care home (See **Appendix 3 and 4**). **Staff should wash and thoroughly dry hands** (**Appendix 5**): ▪ On arrival for duty and after leaving a care area ▪ After direct client contact e.g. bathing, assisting to move, toileting etc. ▪ When switching between tasks with the same client e.g. toileting and then help with drinking ▪ Before and after clinical procedures ▪ After bed making ▪ After removing PPE ▪ Before and after giving medication ▪ Before preparing, handling or eating food ▪ After handling contaminated laundry or waste ▪ After using the toilet Ensure residents' hands are regularly cleaned by washing or using with wet wipes (rather than hand sanitiser) especially after toileting and before eating.	To reduce the risk of cross infection. Hand washing when done correctly is the single most effective way to prevent the spread of infection. Hand sanitisers are not effective in outbreaks of gastroenteritis
All **linen** of symptomatic residents should be placed directly into red alginate (soluble) bags in the individual's room before transfer to the laundry, until they are 48 hours clear of symptoms. Linen should be washed in the	To prevent environmental contamination.

unopened bag on the hottest possible wash cycle the fabric will allow. **NEVER** manually sluice or hand wash items whether contaminated or not, this should be done by machine. Contaminated pillows/quilts should be laundered as infected linen unless covered with an impermeable cover (clean/disinfect)	
Equipment and supplies in the resident's room to be kept for the sole use of the client. Only keep essential equipment in the room.	Equipment used regularly by the patient should be kept inside their room to prevent spread of infection.
Cleaning contaminated hard surfaces: ▪ It is vital that any physical evidence of illness is promptly and thoroughly cleaned up. ▪ Always wear protective clothing e.g. disposable gloves and aprons ▪ Cover vomit/diarrhoea immediately with paper towels and clean up as quickly as possible. ▪ Soak up spillage/gross contamination using disposable paper towel ▪ 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 that meets BSI EN1276 (antibacterial) and BSI EN14476 (antiviral) or combined product ▪ Follow manufacturer's instructions on contact time ▪ Wash area with disposable paper towels and a solution of general purpose detergent and warm water then dry area or allow to air dry. ▪ Discard paper towels and disposable PPE into healthcare waste bag ▪ Perform hand hygiene. ▪ Ventilate the area by opening the window(s)	Prevent spread of infection. Prevent transferring viral particles outside the patient's environment. Prevent the release of airborne viral particles. Management of blood and body fluid spills - National IPC Manual Appendix 9 Prevent harm from fumes.
Cleaning contaminated spillage on soft furnishing e.g. carpets • If the furnishing is 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 spillage as above • If it is safe to clean with detergent alone then follow appropriate procedure as above • If it is not safe to clean with detergent then the item should be discarded	**Disinfectant solutions may damage fabrics and some plastics;** please refer to manufacturer's instructions for both the disinfectant and the item. Management of blood and body fluid spills - National IPC Manual Appendix 9
Cleaning reusable equipment:	To reduce potential for transmission of infection

Ensure reusable items e.g. iPad, telephones, BP machines etc are cleaned/disinfected regularly.	
Ensure that **residents & visitors** are aware of the current situation and the advice not to visit. Advise visitors to wash their hands on arrival and leaving the home and after any personal contact with the residents.	Effective communication. To reduce the risk of infection to visitors to the home.
If a resident is **admitted to hospital/transferred elsewhere**** ensure the receiving staff/A&E/ward/setting is informed of the home's outbreak situation prior to admission/transfer. ▪ Please advise a resident's relative/friend that if they are themselves affected by D&V not to visit the hospital until they have been symptom free for 48 hours.	To prevent the spread of infection into the hospital environment/other setting.
**If a resident at the home was admitted to hospital with symptoms, they can usually be transferred back to their single room at the home once the room has been terminally cleaned. They should be cared for in their room until they have been clear of symptoms for 48 hours. If a resident who has not been affected is due to return from hospital they can usually be transferred back to their single room, where they should be cared for until 48 hours after the last resident had symptoms.	

General Cleaning/Housekeeping Advice

During an outbreak of infection or an unusual increase in the incidence of a particular organism, enhanced cleaning (minimum twice daily) is recommended. This involves cleaning and disinfection of the environment that may potentially be contaminated. Sanitary areas will require more frequent cleaning and disinfection, as well as frequently touched surfaces, such as bed tables, bed rails, chair arms, sinks, call bells, door handles and push plates. Organisms in vomit can be aerosolised and spread up to thirty feet, so all surfaces in the vicinity need to be thoroughly cleaned and disinfected.

Action Card – Cleaning / Housekeeping Staff

ACTION	RATIONALE
Stock the hand basin with a suitable liquid soap preparation and paper towels for staff use.	Facilities for hand washing within the infected areas are essential for the containment of the outbreak.
Ensure PPE is worn correctly and disposed of between rooms/areas (see PPE guidance above) and hands washed on removal.	To protect the individual staff member, and others in the care home from infection
Ensure cutlery, crockery, jugs and drinking glasses (and medicine pots if not disposable) from affected residents are washed in a dishwasher, including any unused cutlery removed from their rooms. Clean meal trays/anti-slip mats between meals	Good practice to wash all items in dishwasher for thermal disinfection. Ensure cleaning of all items to prevent transmission
Use disposable cloths/mopheads in affected areas if not already in use, until 48 hours after the last resident has symptoms, and clean equipment thoroughly after use.	To reduce contamination
General environmental cleaning, touch points, toilet areas – frequency to be increased to four times a day for objects that are frequently handled e.g.flush handles, toilet door handles, taps, commodes, toilet seats, grab rails etc. ▪ Use 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 that meets BSI EN1276 (antibacterial) and BSI EN14476 (antiviral) or combined product ▪ Follow manufacturer's instructions on contact time	To minimise the risk of infection being spread from these surfaces as these areas may become re-contaminated rapidly after cleaning.
Cleaning contaminated hard surfaces: ▪ It is vital that any physical evidence of illness is promptly and thoroughly cleaned up. ▪ Always wear protective clothing e.g. disposable gloves and aprons ▪ Cover vomit/diarrhoea immediately with paper towels and clean up as quickly as possible. ▪ Soak up spillage/gross contamination using disposable paper towel	Prevent spread of infection. Prevent transferring viral particles outside the patient's environment. Prevent the release of airborne viral particles. Management of blood and body fluid spills -

▪ 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 that meets BSI EN1276 (antibacterial) and BSI EN14476 (antiviral) or combined product ▪ Follow manufacturer's instructions on contact time ▪ Wash area with disposable paper towels and a solution of general purpose detergent and warm water then dry area or allow to air dry. ▪ Discard paper towels and disposable PPE into healthcare waste bag ▪ Perform hand hygiene. ▪ Ventilate the area by opening the window(s)	National IPC Manual Appendix 9 Prevent harm from fumes.
Cleaning contaminated spillage on soft furnishing e.g. cushions/carpets • If removable, place directly into red alginate (soluble) bags and send for laundering as for linen. • If the furnishing is 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 spillage as above • If it is safe to clean with detergent alone then follow appropriate procedure as above • If it is not safe to clean with detergent then the item should be discarded	**Disinfectant solutions may damage fabrics and some plastics;** please refer to manufacturer's instructions for both the disinfectant and the item. Management of blood and body fluid spills - National IPC Manual Appendix 9
Linen and clothing from affected areas should be placed directly into red alginate (soluble) bags and washed in the unopened bag on the hottest possible wash cycle the fabric will allow. For delicate items of infectious laundry consider using a laundry bleach or alternative laundry disinfectant. Heavily soiled items should have a pre-wash cycle or sluice cycle selected where available. **For soiled bed linen the following is preferable if the material will tolerate the temperature:** Wash at 65ºC for 10 minutes or 71ºC or above for 3 minutes.	These temperatures are needed to achieve thermal disinfection.
Electrical items such as computer keyboards, telephones, fans, equipment should also be cleaned with a damp (not wet) cloth	These items are high touch and/or risk items and attention should also be paid to cleaning them

Carpeting – Carpets should only be vacuumed with a vacuum cleaner that has a HEPA Filter fitted. **NB: It is recommended that an automated washer/extractor vacuum cleaner be used for the terminal cleaning of soiled carpeting, or a steam cleaner, when the outbreak has resolved – see Appendix 6 for further details (also see below)**	A vacuum with a HEPA filter prevents recirculation of particles. Virus can survive in carpet fibres for at least 12 days.

The disinfectant product used must meet standard BSI EN1276 (antibacterial) and BSI EN14476 (antiviral) with a contact time which is practicable (e.g. 1 minute). The most economical method of obtaining this is a 1000ppm hypochlorite solution using normal household bleach, which is approximately 5% sodium hypochlorite. A 0.1% (1000ppm) solution can be obtained by diluting in a ratio of one part bleach to fifty parts cold water e.g. 10ml bleach to 500ml cold water. Once diluted it must be used within 24 hours or disposed of. Check with manufacturers regarding instructions to obtain a 1000ppm solution for other products e.g. Chlorclean, Saniclean, Milton.

If time and/or staffing are an issue, address priority areas:

- All areas where people have had symptoms of diarrhoea and/or vomiting.
- All toilets
- All communal areas, concentrating on the areas people touch (e.g. door handles, light switches)

Any areas that could have been contaminated by infected waste or linen, e.g. waste storage area, sluices, laundry room etc. should be cleaned and disinfected daily.

Lower risk areas are rooms where no symptomatic people have been.

Refer to **Appendix 6** for information about deep cleaning areas once individual residents are no longer affected and for all communal areas once you are advised the outbreak is over.

A colour coding scheme adapted from the national colour coding for hospital cleaning can be found at **Appendix 7**, it is suggested that where a local colour coding scheme is not in practice, this one should be adopted.

Catering Staff

ACTION	RATIONALE
All catering staff who have symptoms of diarrhoea, vomiting or nausea, must be excluded from duties until they have been free of symptoms for 48 hours	To prevent contamination of food
Inform the home manager/person in charge of any catering staff with symptoms just before or during the outbreak.	It is important to have accurate information to investigate and monitor the outbreak.
It is always good practice to restrict access to the kitchen by care staff, this is particularly important during an outbreak. The Environmental Health Team will be able to advise you about this.	Care staff that are dealing with residents with diarrhoea and vomiting can transfer the infective agent (bacteria/virus) via food if adequate precautions are not taken.
Retain menu details (including special diets) for the meals served to residents the week prior to the start of the outbreak. Also please provide details of any external functions attended by residents or other food brought into the home by residents.	It is important to have accurate information to investigate the cause of the outbreak.
Inform the home manager/person in charge if there are planned social events taking place during the outbreak where food will be provided for visitors e.g. parties, buffets.	The infective agent (bacteria/virus) can be transferred through food if adequate precautions are not taken.
Where catering staff are usually involved in serving food in resident's areas this should be suspended until the outbreak is over.	To prevent the spread of infection.

References and Useful Links

Department of Health (2012) Guidelines for the management of norovirus outbreaks in acute and community health and social care settings norovirus Guidelines for the management of norovirus outbreaks in acute and community health and social care settings (publishing.service.gov.uk)

Department of Health and Social Care (2024) Infection prevention and control: resource for adult social care - GOV.UK (www.gov.uk)

Department of Health and Social Care (2022) the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

Food Standards Agency (2024) Safer food better business. Safer food, better business supplement for residential care homes | Food Standards Agency

National Institute of Clinical Excellence (2024) Gastroenteritis Clinical Knowledge Summary Gastroenteritis | Health topics A to Z | CKS | NICE

National Institute of Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) (2018) Helping to prevent infection | Quick guides to social care topics | Social care | NICE Communities | About | NICE

NHS England » National infection prevention and control manual for England

National norovirus and rotavirus surveillance reports: 2024 to 2025 season - GOV.UK

O'Reilly et al.- Predicted norovirus resurgence in 2021–2022 due to the relaxation of nonpharmaceutical interventions associated with COVID-19 restrictions in England: a mathematical modelling study – PMC (nih.gov)

Public Health England (2013) Stop norovirus spreading this winter: leaflet – GOV.UK (www.gov.uk)

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

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**

We are experiencing an outbreak of diarrhoea and vomiting within the care home.

Please visit only if necessary. We particularly advise that children, pregnant women and anyone at increased risk of infection should not visit until further notice.

If you would like more information about the outbreak please ring and speak to a member of staff.

Visiting will return to normal once the outbreak is over.

This action is advised to protect you and other people from spreading the infection causing the outbreak.

Thank you for your support.

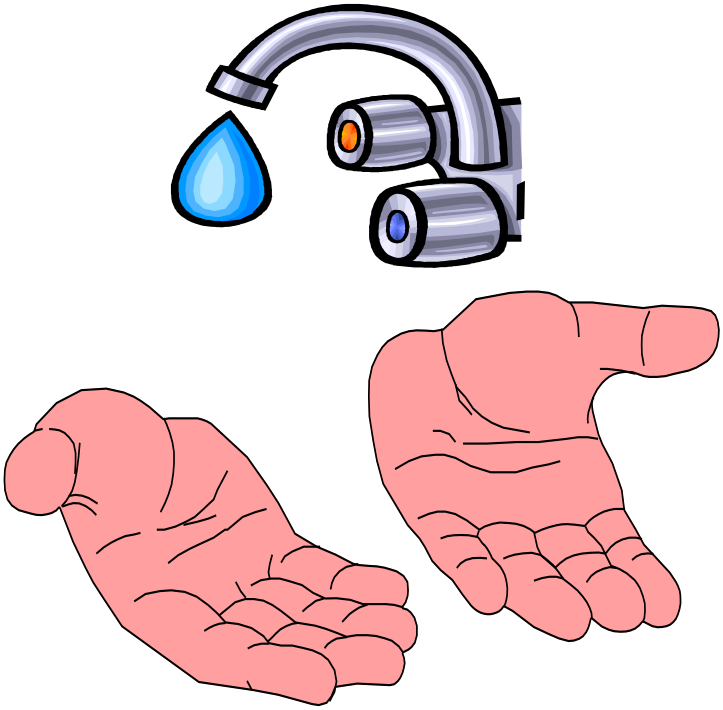
Appendix 3 – Hand Washing Technique

If lever operated (hands-free) taps not available, use paper towel to turn off tap to prevent recontamination of hands.

[NHS England » National infection prevention and control manual for England – appendices]

Notice

We are experiencing an outbreak of diarrhoea and vomiting!



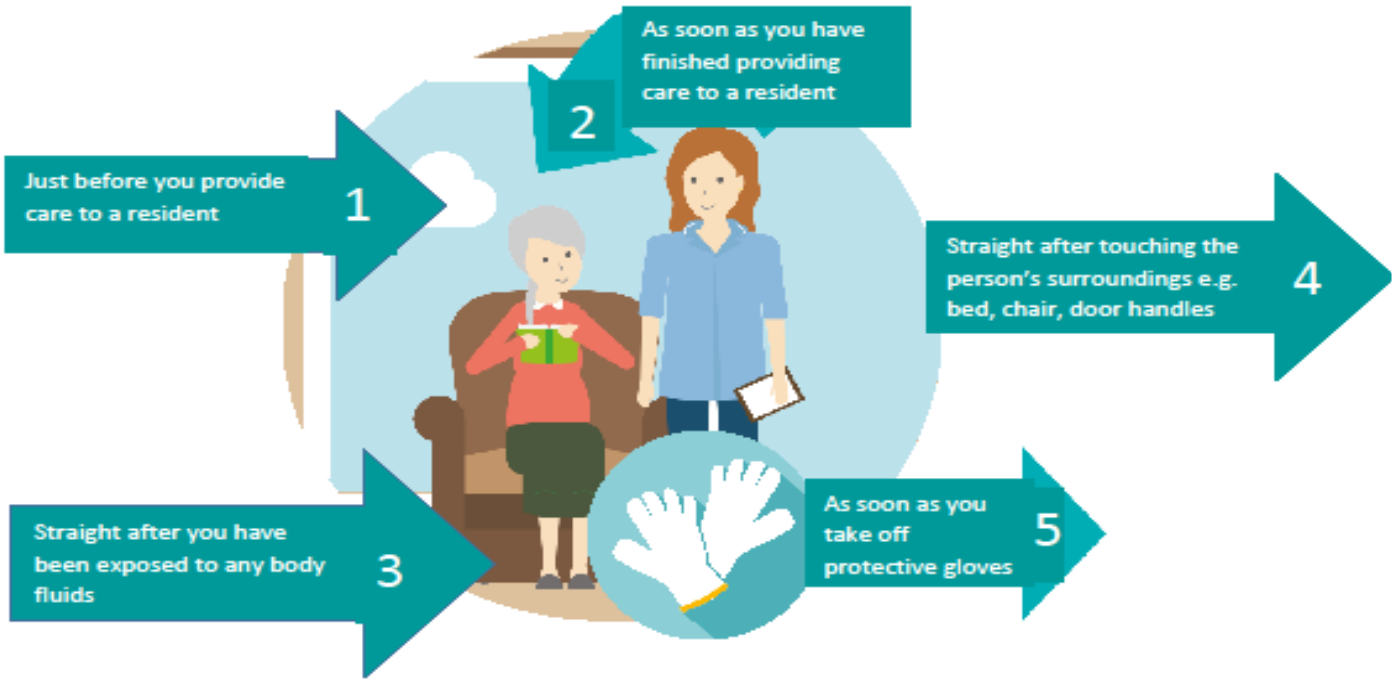
Please wash your hands with soap and water (not just hand sanitiser) and dry thoroughly on entering and leaving the home

Many thanks

Appendix 5 – 5 Moments for Hand Decontamination

Hand decontamination

Having clean hands is the most effective way of preventing infection from spreading. There are 5 important moments when you should clean your hands:



Adapted from 'My 5 moments for hand hygiene produced by the World Health Organisation

To make it easier to wash your hands regularly you should:

- Keep your arms bare below the elbow
- Remove wrist and hand jewellery before starting work
- Have short, clean fingernails without nail polish or false nails
- Cover cuts or grazes with a waterproof dressing

Decontaminate your hands with a handrub, except in the following situations when liquid soap and water should be used:

- When your hands are clearly dirty or may be contaminated with body fluids
- When you have been providing care to residents with vomiting or diarrhoea even if you have been wearing gloves

Adapted from Helping to prevent infection | Quick guides to social care topics | Social care | NICE Communities | About | NICE

NB. Quick guides published before March 2020 may contain images that do not reflect government COVID-19 guidelines.

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

This guidance document contains recommendations for care homes and other community residential facilities about the requirements for deep cleaning and the circumstances when such cleaning procedures are required.

Each care establishment should have written protocols for routine general cleaning together with a written cleaning schedule that ensures all areas of the home are cleaned to a satisfactory standard. Staff undertaking cleaning within care establishments should have clear protocols to follow and access to adequate resources.

What is Deep Cleaning?

Deep cleaning is an enhanced programme of environmental cleaning, and is the additional cleaning which should be undertaken:

- After outbreaks of gastro-intestinal illness (diarrhoea &/or vomiting) – ***whole environment***
- After discharge, transfer or death of individual residents – ***individual resident room.***
- After caring for a resident in isolation – ***individual resident room***

In addition, any cleaning schedule developed by a care establishment should include rotational deep cleaning of all areas of the home (including individual resident's rooms) ensuring that the whole environment undergoes a full deep clean minimum of once a year.

Deep cleaning is the thorough cleaning of all surfaces, floors, soft furnishings and re-useable equipment either within the whole environment or in a particular area of the home (e.g. individual resident room). This will include for example:

- Skirting boards, picture and dado rails
- Windowsills and frames
- All ledges/flat surfaces
- All fixtures e.g. call buttons.
- Bed frames, cot sides and bumpers.
- Mattresses
- Soft furnishings including curtains.
- Curtain rails/tracks and/or blinds
- Floors and carpets
- Light fittings / lampshades
- Re-useable equipment e.g. hoists
- Sinks, toilets, baths & showers + taps, flush & door handles
- Electrical equipment e.g. phones, keyboards, fans

Deep cleaning is undertaken to ensure that a safe environment is maintained for residents, staff and visitors by reducing the risk of microbiological cross contamination. In an outbreak situation the timing of a deep clean will usually be discussed and agreed with the HPN/EHOs and the person in charge of the home.

During a gastrointestinal outbreak situation increased **routine** cleaning of toilet & bathroom areas together with any area contaminated with faeces or vomit will also need to be undertaken – minimum twice daily and after an episode of vomiting / diarrhoea.

What equipment is required to undertake deep cleaning?

Equipment required for the terminal clean should be gathered at the point of use, and should include:

- Disposable PPE (gloves and aprons)
- Clean bucket
- Clean hot water & neutral detergent solution
- A disinfectant solution that 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 that meets BSI EN1276 (antibacterial) and BSI EN14476 (antiviral) or combined product
- Disposable colour coded cloths or paper roll
- Floor mop with clean disposable or washable mop head
- Vacuum cleaner fitted with a HEPA filter.
- Steam cleaner &/or carpet shampooer.
- Infectious (orange) waste bags
- Red alginate linen bags

Appropriate single use gloves, **not** re-useable household (marigold type) gloves, should be used for cleaning in care homes. These should be appropriate for use with chemicals and micro-organisms (i.e. compliant with EN ISO 374-1:2016).

Detergent solutions should always be changed for each episode of cleaning when moving from one environment to another (e.g. room to room) and when water is visibly dirty/contaminated.

A colour coding system for cloths, mops etc. should be operated within the care environment – see **Appendix 7**.

Vacuum cleaners fitted with a high particulate filter (HEPA filter) should be used – if a care home does not have one of these they are recommended to purchase this type of vacuum cleaner when a replacement is required.

Soft furnishings should be shampooed or vacuum, cleaned and wiped down with a disposable colour coded cloth and clean hot detergent solution.

Carpets should be steam cleaned using an industrial steam cleaner. It is recommended that care establishments have an existing contract/agreement with a professional company that provides industrial cleaning. If this is not possible then a minimum recommendation is shampooing of carpets.

Written protocols instructing staff on how to undertake deep cleaning, and clearly identifying which staff are responsible for cleaning different areas of the room should be developed. Documentation/records requiring the signature of the staff member undertaking

the deep cleaning together with a date that the cleaning occurred should be kept by the care establishment management.

Open windows if required to facilitate thorough drying of all surfaces – the room can be used again for other residents once all surfaces are clean and dry.

Cleaning equipment should be stored appropriately away from sources or contamination or dust, e.g. not in dirty utility rooms or busy corridors.

Additional information about deep cleaning

Deep cleaning of an individual resident's room should be carried out when the resident is no in the room. Deep cleaning is carried out after an outbreak, post discharge, transfer or death of a resident. The care home should have a rotational deep cleaning schedule so that the whole environment undergoes a full deep clean at least yearly.

Discard any single patient / disposable equipment or items found within the environment.

Seal any waste bags before leaving the room & dispose of appropriately.

Place all linen into the appropriate colour linen bags and seal before removing from the room – particular attention should be paid to hoist slings that should always be kept for 'single patient' use and thoroughly laundered in-between use for another resident.

Take the opportunity to check mattresses, bumpers and other furnishings for breaks and/or cracks which could pose an infection prevention and control risk.

If you require further information on deep cleaning or any other infection prevention and control issues, please contact the HPT.

Terminal clean regime:
Always work from the cleanest area to the dirtiest, and high to low to reduce the risk of cross contamination. Change solutions for each episode of cleaning, when moving from one room or area to another (e.g. bedroom to en-suite), and when water is visibly dirty or contaminated.

Disinfectant is not effective in the presence of organic matter (dust, body fluids, food residue etc.). Thorough wiping removes many organisms and physically removing them is as important as the antibacterial effect of disinfection, therefore the method of cleaning is particularly important.

Unless a combined detergent and disinfectant product is used, cleaning should be first carried out using a detergent solution; the use of detergent also affects the surface of many organisms making the disinfectant stage more effective. The instructions for using disinfectant products. The instructions will include how to provide the required dilution to achieve the strength needed, contact times and whether rinsing and drying is also required. When cleaning/disinfecting equipment, e.g. mattress covers, ensure the equipment manufacturer's instructions are followed regarding products that can be used.

Steam cleaning can be used for e.g. lampshades if not wipeable otherwise they should be disposed of. Steam cleaning removes dust and debris and uses a high temperature to achieve decontamination. There should be a record of all items cleaned in this way. Any

damaged items (e.g. scratched, chipped, peeling) which cannot be effectively cleaned should be disposed of.

COSSH regulations must also be followed. Ensure adequate ventilation of the area/room. If there is no window the door should be left open when using disinfectant products

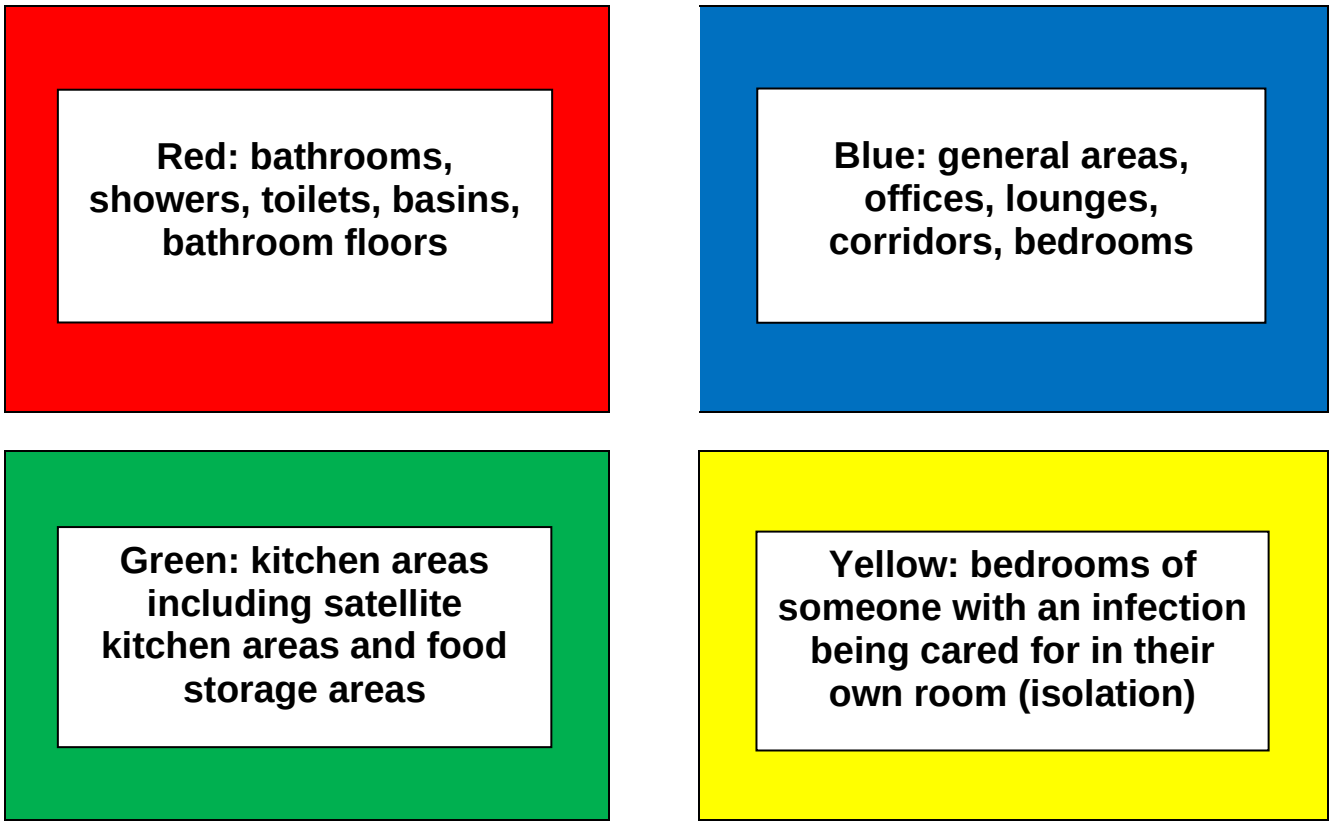
Put on PPE before entering the room/area. Avoid leaving and re-entering the area until the terminal clean is fully completed.

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		

Colour coding of cleaning materials and equipment for care homes (adapted from the NHS national code)

Care homes are advised to adopt the national colour coding for cleaning materials unless an alternative is already in use and all staff are aware.
All cleaning items, for example, cloths (re-usable and disposable), mops, and buckets should be colour coded. This also includes those items used to clean areas used for food preparation and service.



The National Colour Coding Scheme for cleaning materials is a scheme set by The National Patient Safety Agency (NPSA) 2007

Appendix 8 – Bristol Stool Chart

Bristol Stool Chart

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