Management of a Ward Departmental Outbreak of Viral Vomiting and/or Diarrhoea

Version No 12: September 2024

First Issued: **March 2006**
Review date: **September 2026**

Contents

*(For quick access to a specific heading - **press CTRL and click your mouse** to follow the link for the below options)*

1. INTRODUCTION

During the winter months (October to April) and now regularly outside this time frame, hospitals and other institutions regularly experience outbreaks of vomiting and/or diarrhoea. In many cases the aetiology of the outbreak cannot be determined, although most are caused by viruses, such as Rotavirus or Norovirus.

2. PURPOSE

The purpose of this policy and procedure is to ensure that effective infection control measures, swiftly implemented, could prevent onward spread of these viruses.

3. SCOPE

This policy and procedure relate to all staff either employed or contracted by East Coast Community Healthcare CIC (ECCH) These staff may work within ECCH in patient areas, patients own homes, or care settings owned by other agencies.

4. DEFINITIONS *(if relevant)*

The following definitions are intended to provide a brief explanation of the various terms used within this policy.

Term	**Definition**
Policy	A policy is a formal written statement detailing an enforceable set of principles or rules. Policies set the boundaries within which we operate. They also reflect the philosophy of our organisation.

5. RESPONSIBILITIES

- **ECCH Employees** – Are responsible for the implementation of this policy and following the requirements of the policy.
- **Chief Executive of ECCH** – Overall responsibility for the enforcement of this policy lies with the Chief Executive of ECCH.
- **ECCH Managers** – Are responsible for staff implementation of this policy and following the requirements of the policy.

6. POLICY STATEMENT

This policy will be implemented to ensure adherence to safe practice.

7. PROCEDURE

General Principles of outbreak management

An outbreak may be defined as ***'two or more cases of the same infection which are linked in time and place*** *(i.e., same disease occurring in the same location at around the same time).*

Any suspicion of an outbreak of infection **must** be notified to the IPCT – telephone 01502 445361, (normal office hours). Out of hours contact the community services manager on call.

To assist with the prevention of transmission of viral gastro-enteritis, all patients admitted to hospital with symptoms suggestive of viral gastro-enteritis, should be admitted to a single room, and the IPCT informed.

Clinical details, i.e., symptoms, date of onset and total number of patients affected will be required by the IPCT to enable them to assess the nature and severity of the problem.

A stool chart must be commenced for each patient using the *'Bristol stool chart'* as a reference.

Exclusion of diarrhoea associated with other causes (e.g., laxatives, antibiotics, or other medication).

The nurse in charge of the ward should liaise with the relevant Occupational Health Department, with regard to any staff affected by symptoms.

NB: ***Catering staff presenting with symptoms of gastro-intestinal infection <u>at any time</u> must be referred immediately to Occupational Health by the Catering Manager.***

Factors that may indicate an outbreak is occurring:

Both staff and patients are affected (two or more patients, &/or two or more members of staff over a 48-hour period)

Duration of illness is between 12 and 60 hours

Vomiting occurs in more than 50% of cases

There is an incubation period of 15-48 hours

There are other symptoms present, including: headache, myalgia, malaise and low-grade fever

Outbreaks in other local healthcare environments

Action to be taken in the event of a suspected outbreak (open the outbreak box file available in each inpatient area for items to assist in the outbreak)

In office hours inform the IPCT, Tel 01502 445361 plus promptly send an email to:

infectionprevention@ecchcic.nhs.uk

Inform the Senior Nurse

Information required by the IPCT will include the following which must be recorded on an outbreak investigation sheet and be available to the IPCT/ Nurse in charge each morning:

- Total number of a patients affected
- For each patient, a complete history form including date and time of onset of symptoms
- For each patient, any treatment (e.g., laxatives, antibiotics, NG feeds etc.) and any confirmed microbiology results (e.g., Clostridioides Difficile etc.)

- Dates specimens taken and all available results **STOOL SPECIMENS SENT TO THE LABORATORY MUST BE BRISTOL STOOL CHART TYPE 6/7- i.e. LIQUID, TAKE THE SHAPE OF THE CONTAINER TO BE CONSIDERED FOR TESTING.**
- Food history, detailing all food eaten by the affected patients(s) during the 48hours prior to onset, including food brought in from outside the hospital.

A stool specimen must be obtained from the affected patients as soon as possible at the onset of symptoms and sent for bacterial MC and S and virology, where possible separate specimens should be obtained. **THE IPCT MUST BE ALERTED PRIOR TO THE SPECIMENS BEING SENT** and the specimens should be annotated as requested by the lab, (i.e. given an outbreak name) to facilitate identification and collation of specimens. (NB Faecal samples should not be obtained from patients who present with vomiting regardless of whether or not the patient has diarrhoea **unless requested from IPCT**) Once the outbreak has a positive diagnosis no further specimens will be required.

Members of staff who become symptomatic whilst on duty should inform their manager and relevant Occupational Health Department. They **must** leave the clinical area and **must not** return to work until they have been **symptom free for 48 hours.** Staff may be required to provide a stool sample.

Enteric Infection Control Precautions

Effective decontamination of the environment and appropriate handling of infected items is the key to prevention of transmission in the clinical area.

During an outbreak attention must be given to the following:

- **Clean hands:** Decontamination of hands is the most important means of prevention of spread. Before and after attending patients, hands must be washed meticulously with soap and water. **Alcohol gel is generally not effective** against most viruses that cause gastro-enteritis and therefore should not be used for hand decontamination during an outbreak.
- **Protective clothing:** Gloves and aprons must be worn in accordance with the Standard Universal Precautions Policy.
- **Linen:** All linen from affected patients must be placed into a red soluble bag, then into a white laundry bag.
- **Cleaning:** Equipment **must** be cleaned between each patient use with general purpose detergent and water followed by hypochlorite 1000ppm (Actichlor Plus/ sochlor) and left to dry. Particular attention **must** be given to bedpans/commodes.
- **Bedpans and Vomit Bowls:** must be covered whilst being transported to the sluice prior to disposal in the macerator.
- **Spillages of faeces and/or vomit:** must be cleaned up immediately using detergent and water. The area should then be disinfected using a hypochlorite 10,000ppm (Actichlor Plus/sochlor) mixed in cold water solution.
- **Toilets and bathrooms:** must be regularly checked and cleaned – liaison with the domestic supervisor may be necessary to amend/increase cleaning schedules.
- **Doors:** where possible these **must** be closed.
- **Routine cleaning:** domestics must be instructed to clean all areas and supplied with Actichlor Plus/sochlor to be used for all routine cleaning.

- **Food items:** these must be removed from all surfaces.

Transfer of patients to departments for procedures/appointments

During an outbreak, any movement of patients requiring tests, procedures or appointments outside of the affected ward must be discussed with the IPCT, and a risk assessment should be performed taking into account the following:

- Whether the patient in question has gastro-intestinal symptoms.
- How urgent the test or procedure is.
- Whether appropriate precautions can be taken by the receiving department.

If it is agreed that a patient is to have a test/procedure then the receiving department must be informed in advance.

Ward Closures

If the outbreak cannot be contained by closure of part of the ward, (e.g. within single rooms or by cohort nursing within bays), then a decision may be taken to close the ward to further admissions. This decision must be taken following consultation with the Nurse in Charge, senior ECCH management and IPCT.

The outbreak will continue to be reviewed whilst the ward remains closed.

Patients from affected areas must not be transferred to other hospitals/wards/departments or discharged to residential/nursing homes except under extraordinary circumstances and following discussion with the IPCT.

Patients from affected areas who are asymptomatic may be discharged home provided that both the patient and their relatives are given advice on the management of symptoms should they occur.

Staff (including bank and agency) – must not be moved from an affected area to other ward areas. Staff returning to work following a period of illness involving diarrhoea and/or vomiting must have been asymptomatic for **48 hours**.

During an outbreak staff from an affected area **must not eat and drink in patient areas**. Staff movement from the ward area should also be minimised wherever possible (e.g. visits to the canteen or other departments). Wherever possible staff working in affected areas should not mix with staff from unaffected wards/departments. **N.B. Prior to leaving an affected area, staff must remove all protective clothing and wash their hands thoroughly. Contaminated uniforms should be changed as soon as is practicably possible and must not be worn outside the hospital.**

Physiotherapists/Occupational Therapists/ Medical staff/Social workers and other staff who are not based on the ward must discuss the urgency of their visits with ward staff and/or the IPCT. Visits which are necessary by staff from other areas should be made wherever possible at the end of their working day.

All visitors must be advised of the risks associated with contact with affected patients. All visitors must be advised to wash their hands with soap and water and to dry them thoroughly both before and after visiting the patient.

Children should be discouraged from visiting the affected ward.

No food/fruit items should be on surfaces in affected wards.

Enhanced/increased cleaning is required of all areas particularly of toilets and all door handles.

Criteria for reopening a ward following an outbreak

For outbreaks involving diarrhoea and vomiting the ward will be opened following consultation with the involved clinicians and IPCT when:

- There have been no new cases for 72 hours
- Patients have been asymptomatic for a period of at least 72 hours; this process may vary in length depending on the nature of the infection.
- The ward has undergone a deep clinical clean of all areas and medical equipment and curtains have been changed.

This process may be commenced between 48-72 hours only on advice from the IPCT.

8. MONITORING AND REVIEW

This document will be reviewed by the Infection Prevention & Control Team September 2026, or sooner if changes in legislation occur or new best practice evidence becomes available.

9. REFERENCES *(if relevant)*

- *Ayliffe G A J, Lowbury E J L, Geddes A M, Williams J D, (1992) Control of Hospital Infection, a Practical Handbook – 3rd edition, Chapter 9, Chapman Hall Medical, London.*
- *Department of Health and Social Security (1986a). The Report of the Committee of Inquiry into an Outbreak of Food Poisoning at Stanley Royd Hospital, HMSO, London.*
- *Department of Health and Social Security (1988). Hospital Infection Control: Guidance on the Control of Infection in Hospitals. Prepared by the DHSS/PHLS Hospital Infection Working Group.*
- *Department of Health (2010) The Health and Social Care Act 2012*
- *HMSO London Hospital Infection Control, Guidance on the Control of Infection in Hospitals, prepared by the Hospital Infection Working Group of the Department of Health and Public Health Laboratory Service, March 1996.*
- *Report to the Public Health Laboratory Viral Gastro Enteritis Working Group, Management of Hospital outbreaks of Gastro-enteritis due to Small Round Structured Viruses. Journal of Hospital Infection (2000) 45: 1-10 – Chadwick P R, Beards G, Brown D, Caul E O, Cheesbrough J, Clarke I, Curry A, O'Brien S O, Quigley K, Sellwood J and Westmoreland D.*

10. AUTHOR

Infection Prevention & Control Team September 2024

11. APPENDICES

1. **The Bristol Stool Chart**
2. **Gastroenteritis Outbreak Data for Staff, Patients & Visitors**
3. **Norovirus Checklist**

Appendix 1

THE BRISTOL STOOL FORM SCALE

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

Appendix 2

Hospital:

Address:

Name of person providing information:

Date/Time:

Gastroenteritis Outbreak Data - Patients

Full name and location	Sex M/F	DoB/ Age	Symptoms **						Duration: Days/Hours	Name of GP Seen Y/N	Hospitalized Y/N Where	Stool specimen	
												Date sent	Results
			D	V	N	P	B	O					
			Date/time onset		Date ceased								
			D	V	N	P	B	O					
			Date/time onset		Date ceased								
			D	V	N	P	B	O					
			Date/time onset		Date ceased								
			D	V	N	P	B	O					
			Date/time onset		Date ceased								

Name of Hospital:

Address:

Name of person providing information:

Date/Time:

Gastroenteritis Outbreak Data - Staff

Full name, home address and telephone number	Sex M/F	DoB/ Age	Job details and working hours/work elsewhere	Symptoms ** **TICK TOP BOX**						Duration: Days/Hours	Name of GP Seen Y/N	Hospitalised Y/N Where	Stool Specimen	
				D	V	N	P	B	O				Date sent	Result
				Date/time onset			Date ceased							
				D	V	N	P	B	O					
				Date/time onset			Date ceased							
				D	V	N	P	B	O					
				Date/time onset			Date ceased							
				D	V	N	P	B	O					
				Date/time onset			Date ceased							

Name of Hospital:

Address:

Name of person providing information:

Date/Time:

Gastroenteritis Outbreak Data - Visitors

Full name, home address and telephone number	Sex M/F	DoB/ Age	Job details and working hours/work elsewhere	Symptoms ** **TICK TOP BOX**	Duration: Days/Hours	Name of GP Seen Y/N	Hospitalised Y/N Where	Stool Specimen	
								Date sent	Result
				D V N P B O Date/time onset Date ceased					
				D V N P B O Date/time onset Date ceased					
				D V N P B O Date/time onset Date ceased					
				D V N P B O Date/time onset Date ceased					

Appendix 3

This checklist is intended for use by healthcare staff dealing with a suspected case of gastrointestinal infection.

Upon arrival to Clinical Setting/Start of Symptoms

☐ Direct patient with existing/recent history of diarrhoea and/or vomiting to designated area (cubicle/single room) and **ISOLATE**

☐ Ensure that staff wear gloves and aprons for direct patient contact or contact with equipment

☐ Identify single patient use toilet/commode where possible

☐ Complete clinical assessment to confirm symptoms are of infectious origin (sudden onset, projectile vomit, history of contact)

Initial Assessment

☐ Record date of onset of symptoms

☐ Obtain specimen of stool for MC&S/Virology/C.diff as indicated (or vomit for Norovirus)

☐ Label Specimen for viral testing and send as per local regulations following biohazard precautions

☐ Report suspected cases to IP&C team

☐ If two cases or more, instigate outbreak approach

☐ Commence outbreak reporting

Initial and Ongoing Patient Management

Supportive therapy as for any case of gastrointestinal infection

☐ Isolate in single room with dedicated toilet facilities where possible

☐ Post restricted entry and infection control signs

☐ Provide dedicated patient equipment if available

☐ Ensure local protocol for frequent and enhanced cleaning and linen change is implemented

☐ Record fluid balance and commence Bristol Stool Chart

☐ **DO NOT GIVE ANTIEMETICS OR ANTIMOTILITY AGENTS**

Before Every Patient Contact

☐ Clean hands

☐ Put on PPE

☐ Clean and disinfect patient equipment between patients

☐ Wash hands/change gloves between each patient

After Every Patient Contact

☐ Remove PPE

☐ Wash hands with soap and water

☐ Clean and disinfect patient equipment

☐ Dispose of infected linen and waste in designated bags

Control of Designated Area (Single Room or Bay/Ward)

☐ Instigate local closure protocol

☐ Post restricted entry and infection control signs at Designated Area Entrances

☐ Provide patient/visitor/carer/staff information

☐ Restrict visiting according to local policy

☐ Ensure local protocol for enhanced surface cleaning using effective product (Actichlor Plus)

☐ Remove all fruit/food items

Patient and Staff Movement

☐ Advice on placement of further suspected cases should be sought from IP&C team

☐ Restrict movement of ward/bank staff

☐ Avoid cross working between affected and unaffected patients where possible

☐ Movement of patients from ward to ward for cohort management is **NOT** recommended

☐ Risk assess all potential patient discharges prior to decision to discharge (especially care home residents, those with vulnerable relatives or carer responsibilities

☐ Agree patient transfers with receiving areas following individual assessment and for urgent clinical need only

☐ Symptomatic staff must remain absent until 48 hours clear from D&V

72 hours after Cessation of Uncontained Symptoms/Discharge

☐ Decision taken with advice from IP&CT according to local protocol

☐ Provide patient advice re hand washing and hygiene at home

☐ Instigate designated area deep clean

☐ Change curtains and all linen items

☐ Complete deep/final clean prior to opening to further admissions

12. EQUALITY & DIVERSITY IMPACT ASSESSMENT

In reviewing this policy, the HR Policy Group considered, as a minimum, the following questions:
- Are the aims of this policy clear?
- Are responsibilities clearly identified?
- Has the policy been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- Could any impact constitute unlawful discrimination?
- Are communication proposals adequate?
- Does training need to be given? If so, is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Blank version of the full Equality & Diversity Impact assessment can be found here:

http://eccho/Home/FormsGuidance.aspx?udt_575_param_index=E&udt_575_param_page=2

13. DOCUMENT CONTROL

Version Date	Version No.	Author/ Reviewer	Comments
March 2011	5	IPCT	Updated references
February 2013	6	IPCT	
November 2016	8	IPCT	Checklist added
September 2018	9	IPCT	
September 2020	10	IPCT	
September 2020	11	IPCT	
September 2024	12	IPCT	

DOCUMENT CONTROL SHEET

Name of Document:	Management of a Ward/Departmental Outbreak of Viral Vomiting and/or Diarrhoea
Version:	12
File Location / Document Name:	ECCHO
Date Of This Version:	Version
Produced By (Designation):	Infection Prevention & Control Team
Reviewed By:	IPACC
Synopsis And Outcomes of Consultation Undertaken:	Changes relating to relevant committees/groups involved in ratification processes.
Synopsis And Outcomes of Equality and Diversity Impact Assessment:	No specific issues.

Ratified By (Committee): -	IPACC
Date Ratified:	September 2024
Distribute To:	Clinical staff
Date Due for Review:	September 2026
Enquiries To:	infectionprevention@ecchcic.nhs.uk
Approved by Appropriate Group/Committee **Approved by Policy Group** **Presented to IGC for information**	☐ Date: ☐ Date: ☐ Date: