



HEALTH PROTECTION AGENCY NORTH WEST

PROCEDURE FOR THE MANAGEMENT OF AN OUTBREAK OF FOOD POISONING OR GASTRO-INTESTINAL ILLNESS (DIARRHOEA AND VOMITING) IN CARE HOMES

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Membership of the policy group includes:

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PROCEDURE FOR THE MANAGEMENT OF AN OUTBREAK OF FOOD POISONING AND GASTRO-INTESTINAL ILLNESS

This procedure is applicable to all Nursing and Residential Homes (Private or Local Authority) and to Day Care centres.

The responsibility to manage the outbreak lies with the unit manager/owner. In addition, the owner/unit manager of a home must ensure that in their absence they have a designated and competent person who is authorised to allocate appropriate resources to effectively manage the outbreak. In more severe outbreaks such as e-coli 0157 or salmonella an outbreak control team (OCT) will be convened to assist and advice wherever necessary.

Both viral and bacterial gastroenteritis can be generally mild, usually lasting between 12-60 hours. Symptoms of gastroenteritis include abdominal cramp, nausea, projectile vomiting and/or diarrhoea. Diarrhoea is usually mild, with no blood or mucus in the stool. However, causes of bacterial gastroenteritis such as e-coli 0157 can cause bloody, mucous diarrhoea and prompt action is required in all cases. Other symptoms of both viral and bacterial gastroenteritis include fever, headache and malaise.

An outbreak can be defined as two or more cases of the same illness occurring around the same time or within days of each other

If you identify or suspect you have a gastro-intestinal outbreak e.g. two or more cases of vomiting and/or diarrhoea, please contact:

	Town XX	Region XX	Town XX	
Health Protection Unit	Tel:			
Out of hours	Via Hospital's switchboard on (insert telephone number)			
Environmental Health	Tel:	Tel:	Tel:	
Out of hours				
Care Quality Commission	Complete 'Notification' (previously regulation 37) send to National Processing Centre CQC City Gate, Gallowgate, Newcastle NE1 4PA (03000 616161)			
Primary Care Trust Community Infection, Prevention & Control Team	Tel: Fax:			

Early reporting of suspected outbreaks is essential for effective management.

MANAGER

<i>ACTION</i>
<ul style="list-style-type: none"> • Complete a list of affected residents and staff and update daily, with details of new cases and when cases become asymptomatic. SEE APPENDIX A – to be completed daily. • Fax this list daily to the Community Infection Prevention & Control Team or Environmental Health Officer depending on region.
<ul style="list-style-type: none"> • If possible, isolate all symptomatic residents in their rooms until they are symptom free from vomiting and/or diarrhoea for 48 hours. • Risk assessment to be carried out for residents for whom this may be difficult. • The Community Infection Prevention & Control Nurse (IPCN) or Environmental Health Officer (EHO) will liaise with you about this.
<ul style="list-style-type: none"> • Advise all symptomatic staff that they must stay off work until they are symptom free for 48 hours. • Restrict movement of staff between affected and non affected areas.
<ul style="list-style-type: none"> • It maybe prudent to close the home temporarily to admissions, including respite clients. • The home will usually be able to open again when no new cases have presented with symptoms for 72 hours. • The IPCN or EHO will liaise with you about this.
<ul style="list-style-type: none"> • Post a notice informing visitors of the situation. • Visitors should be made aware of the correct procedure for washing their hands on entry and exit from the home. • Consideration should also be given to restricting visitors until the outbreak is over, especially young children, pregnant women and anyone who is immuno-compromised. • Non-essential services, i.e. Hairdressing, podiatry etc are to be postponed until after the outbreak.
<ul style="list-style-type: none"> • Inform the IPCN and Hospital Infection Prevention & Control Team of any residents admitted to hospital up to 48 hours prior to the first resident becoming ill and if any resident(s) require emergency admission to hospital.
<ul style="list-style-type: none"> • Send samples of diarrhoea (not formed stool) from symptomatic residents and staff as soon as possible after the onset of symptoms. • Do not submit specimens of vomit. • Faecal sample pots and laboratory request forms can be obtained from Environmental Health. • Complete a laboratory request form for each sample as advised by the EHO including the antibiotic history. • Every laboratory form submitted must have an incident reference number (ILOG) recorded on it; The EHO will provide you with this number. • Ensure that the patient/sample details are completed on the sample pot label. • Record details of all samples submitted and the results.
<ul style="list-style-type: none"> • Environmental Health will inform you of the laboratory results when they are available.

ALL STAFF

ACTION

- Reinforce the practice of correct **hand hygiene**.

Isolation

- Where possible segregate affected residents until symptom free for 48 hours.
- All meals for affected residents to be given in their rooms, where possible.
- Clean over bed table with detergent wipe prior to placing food tray in the room.
- Offer hand washing to resident/client.
- Designate equipment for single patient use where possible.
- Toileting can include the use of bedpans, bottles and commodes.
- Always use gloves and apron, cover bedpan etc. whilst in transit, discard excreta directly into bedpan washer/macerator or toilet, close toilet lid prior to flushing.

Personal Protective Equipment

- Ensure that disposable gloves are worn when delivering direct care to all residents.
- Put on a disposable apron when delivering direct care to all residents.
- Gloves must be changed after contact with every resident and/or their environment.
- Gloves and aprons should be removed inside the resident's room and the hands washed and dried thoroughly prior to leaving the resident's area.
- Equipment and supplies in the resident's room to be kept for the sole use of the client.

Laundry

- Soiled linen should be placed in red alginate bags to remove the need for further handling of contaminated articles.
- The alginate bag used will either dissolve at a certain temperature or the stitching on the bag will dissolve and the remainder of the bag can be removed when the washing cycle is complete.
- Disposable gloves should be worn when handling soiled linen.
- Soiled linen **MUST** be bagged at source.
- Manual sluicing of soiled linen **MUST** not be performed.
- All soiled linen to be washed as soon as possible.
- Where possible keep soiled and fresh linen separated and use colour coded baskets to assist with recognition.
- All dry, cleaned linen to be removed and stored away from the laundry.
- All ironing to be carried out away from the laundry.
- The laundry must be well ventilated and thoroughly cleaned on a daily basis.
- During the outbreak only designated laundry staff to use the laundry.
- Food and drink should never be consumed in the laundry.

All staff who have symptoms of diarrhoea, vomiting or nausea, must be excluded from duties until they have been free of symptoms for 48 hours

**GENERAL CLEANING ADVICE
ALL STAFF**

ACTION
<p>Expelled body fluids MUST be removed and the area must be thoroughly cleaned immediately.</p> <ul style="list-style-type: none"> • This is particularly important in cases of projectile vomiting, as aerosolised particles will contaminate other residents, staff and the immediate environment. • Protective clothing i.e. disposable gloves and aprons are intended as single use items. They must be discarded as soon as they have been used once. Do not wash and reuse gloves or aprons. Wash hands immediately after removal.
<ul style="list-style-type: none"> • All communal areas e.g. toilets and bathrooms etc. to be thoroughly cleaned at least three times daily. • The cleaning schedule should include all fittings, e.g. door handles, door frames, sinks, taps and handrails.
<p>All cleaning chemicals MUST contain bleaching agents.</p> <ul style="list-style-type: none"> • Hypochlorite solutions should be diluted to 1,000 ppm. • Care must be taken to ensure adequate ventilation whilst Chlorine products are being used. Consider 'low odour' Chlorine products. • Disposable cleaning cloths and machine washable mop heads should be used. • Cleaning should include either the 5 stage cleaning process of detergent, rinse, bleach, rinse then dry; or a detergent and disinfectant all-in-one product may be used. • Disinfectant or bleach alone does not 'clean'. • The cleaning equipment trolley should remain outside the room. New cloths used for each area in each room and <u>importantly</u> gloves changed and hands washed prior to leaving the affected room.
<ul style="list-style-type: none"> • Affected client rooms to be thoroughly cleaned daily and/or when physically soiled.
<ul style="list-style-type: none"> • Under no circumstance should staff designated to cleaning duties perform carer's duties.
<ul style="list-style-type: none"> • Where a resident has vomited in a communal area then not only the spillage, but a much wider area around it, should be cleaned to remove micro-organisms from the environment.
<p style="text-align: center;">End of Outbreak Clean</p> <p>At the end of the outbreak (48hrs after all staff & residents have been symptom free) a 'Deep Clean' must be undertaken. This is a thorough spring clean of all areas before normal business resumes.</p> <ul style="list-style-type: none"> • All carpeted areas should be steam cleaned. • All soft furnishings (curtains, cushions and duvets) should be laundered, where fabrics allow. • Radiator covers removed and behind radiators cleaned. • Portable fans and extractor air fans cleaned. • All surfaces including low, mid and high levels e.g. Door frames, picture frames and curtain rails. • Any furniture that is soiled but cannot be cleaned should be discarded.

CATERING STAFF

ACTION
<p>In certain cases, the EHO will may request the following additional information:</p> <ul style="list-style-type: none">• Copies of all menus for the previous three days• Copies of all hot and cold temperature records.• Access to all employees' food hygiene training records.• Access to any in house management food safety audit.• Access to kitchen/food storage cleaning schedules.
<ul style="list-style-type: none">• Under no circumstance should the cook or catering staff take their refreshment break or meals with the residents.• Inform the EHO of any catering staff with symptoms just before or during the outbreak.
<ul style="list-style-type: none">• It is always good practice to restrict access to the kitchen by care staff, this is particularly important during an outbreak.• Environmental Health will be able to advise you about this.
<ul style="list-style-type: none">• Retain menu details (including special diets) for the meals served to residents the week prior to the start of the outbreak.• Provide details of any external functions attended by residents or other food brought into the home by residents.
<ul style="list-style-type: none">• Inform Environmental Health if there are planned social events taking place during the outbreak where food will be provided for visitors e.g. parties, buffets.• Environmental Health will advise you about these.
<ul style="list-style-type: none">• 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

CHECKLIST for HOME MANAGERS

- Commence log of affected residents/staff
- Isolate affected residents until 48 hours symptom free
- Exclude affected staff members until 48 hours symptom free
- Inform PCT CICN of situation
- Inform CQC & EH Department of situation
- Post a notice in reception and advise visitors of situation.
- Temporarily close to admissions
- Inform CICN / Hospital ICN of any recent or emergency admissions to hospital
- Obtain specimens from affected residents.
- Complete details on specimen form and sample pot (include request for virology & bacteriology testing)
- Obtain specimen results from GP/CICN/EHO
- Update log as appropriate

FURTHER INFORMATION

- Viral Gastroenteritis Leaflet
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947405343
- The Health and Social Care Act 2008 (2010) Code of Practice for the Prevention and control of Infections
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122604
- Infection Prevention Society <http://www.ips.uk.net>
- National Resource For Infection Control <http://www.nric.org.uk>

Notice

We are presently experiencing an outbreak of diarrhoea and vomiting within the care home. After seeking specialist advice it is recommended that visitors should refrain from entering at present unless absolutely necessary.

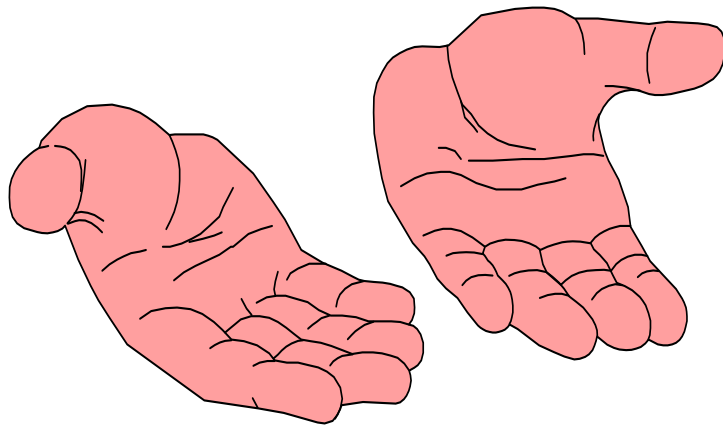
In particular we would advise that children, pregnant women and those particularly vulnerable to infection do not visit at the present time.

If you would like further information regarding this issue then please contact the home by telephone.

As soon as this problem is deemed to be over, visiting will return to normal.

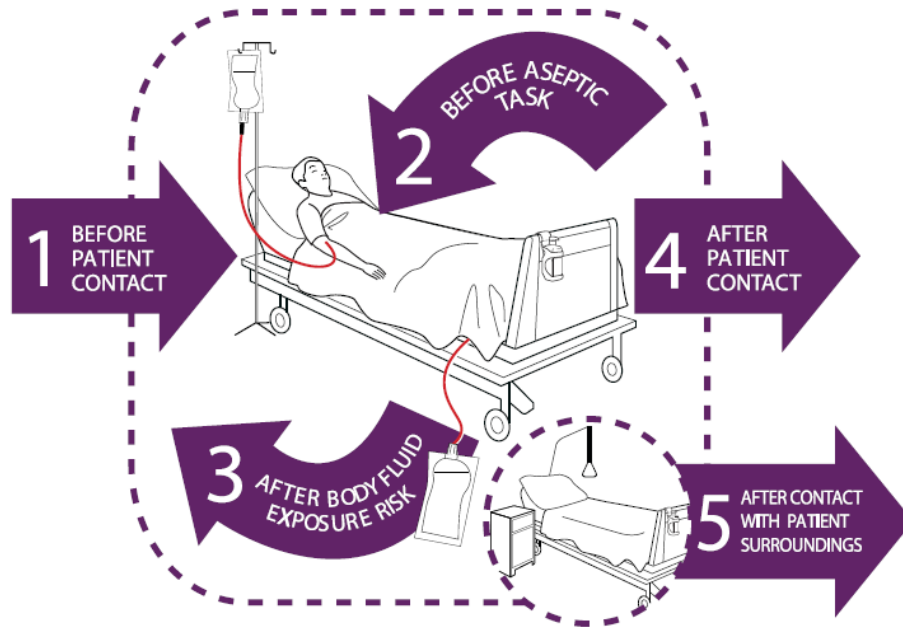
Management and staff appreciate
your help in this matter

Notice



Please wash and dry your hands on entering and leaving the home

Your 5 moments for hand hygiene at the point of care



1	BEFORE PATIENT CONTACT	WHEN? Clean your hands before touching a patient when approaching him/her WHY? To protect the patient against harmful germs carried on your hands
2	BEFORE AN ASEPTIC TASK	WHEN? Clean your hands immediately before any aseptic task WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the healthcare environment from harmful patient germs
4	AFTER PATIENT CONTACT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side WHY? To protect yourself and the healthcare environment from harmful patient germs
5	AFTER CONTACT WITH PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving - even if the patient has not been touched WHY? To protect yourself and the healthcare environment from harmful patient germs

Adapted from WHO World Alliance for Patient Safety 2006

Your 5 moments for hand hygiene at the point of care



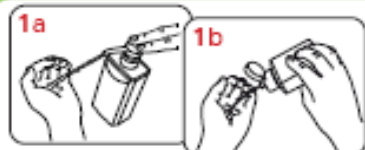
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HAND CLEANING TECHNIQUES

How to handrub? WITH ALCOHOL HANDRUB

WITH ALCOHOL HANDRUB



Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces



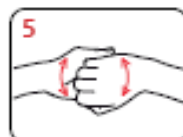
2 Rub hands palm to palm



3 Rub back of each hand with the palm of other hand with fingers interlaced



4 Rub palm to palm with fingers interlaced



5 Rub with backs of fingers to opposing palms with fingers interlocked



6 Rub each thumb clasped in opposite hand using rotational movement



7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Once dry, your hands are safe



How to handwash? WITH SOAP AND WATER

WITH SOAP AND WATER



0 Wet hands with water



1 Apply enough soap to cover all hand surfaces



6 Rub each thumb clasped in opposite hand using rotational movement



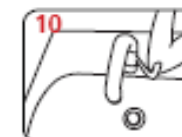
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Rinse hands with water



10 Use elbow to turn off tap



11 Dry thoroughly with a single-use towel



12 Your hands are now safe



National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.



Red

Bathrooms, washrooms, showers, toilets, basins and bathroom floors



Blue

General areas including wards, departments, offices and basins in public areas



Green

Catering departments, ward kitchen areas and patient food service at ward level



Yellow

Isolation areas