



**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 ecoli O157 or salmonella an outbreak control team (OCT) will be convened to assist and advise 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 ecoli O157 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 see contact table below or Appendix B:

**Early reporting of suspected outbreaks is essential for effective management**

PHE Centre for Cumbria and Lancashire	0344 225 0562 (opt 2) (operational 24hrs)
Infection Prevention and Control	See Appendix B
Our Infection Prevention and Control contact	.....
Environmental Health Department	See Appendix B

Our EHO	.....
---------	-------

Version 1.4 PHE 07/08/18

### Manager

<b>ACTION</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete a list of affected residents and staff. Update daily with details of new cases and when cases become asymptomatic. <b>SEE APPENDIX A – to be completed daily.</b></li> <li><input type="checkbox"/> Fax this list daily to the Infection Prevention &amp; Control contact or Environmental Health Officer depending on region.</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> If possible, isolate all symptomatic residents in their rooms until they are symptom free from vomiting and/or diarrhoea for 48 hours.</li> <li><input type="checkbox"/> Risk assessment to be carried out for residents for whom this may be difficult.</li> <li><input type="checkbox"/> The Infection Prevention &amp; Control Specialist (IPC) or Environmental Health Officer (EHO) will liaise with you about this.</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Advise all symptomatic staff that they must stay off work until they are symptom free for 48 hours.</li> <li><input type="checkbox"/> Restrict movement of staff between affected and non-affected areas.</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> It maybe prudent to restrict admissions to the home temporarily, including respite clients. Transfers back to the home from hospital may be permitted.</li> <li><input type="checkbox"/> During <b>exceptional</b> periods of increased incidence of Norovirus adversely affecting Acute and Community NHS Hospitals, care homes may be asked to reduce the optimum symptom free criteria from 48 hours to 24 hours before accepting admissions from a hospital experiencing an outbreak.</li> <li><input type="checkbox"/> The home will usually be able to open again when all cases have been symptom free for 48 hours and the end of outbreak 'deep clean' has been completed.</li> <li><input type="checkbox"/> The IPC Specialist, EHO or PHE will liaise with you about the above actions.</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Post a notice informing visitors of the situation.</li> <li><input type="checkbox"/> Visitors should be made aware of the correct procedure for washing their hands on entry and exit from the home.</li> <li><input type="checkbox"/> Consideration should also be given to restricting visitors until the outbreak is over, especially young children, pregnant women and anyone who is immuno-compromised.</li> <li><input type="checkbox"/> Non-essential services, i.e. Hairdressing, podiatry etc are to be postponed until after the outbreak.</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Inform the IPC Specialist and Hospital Infection Prevention &amp; 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.</li> <li><input type="checkbox"/> Inform Ambulance/Paramedic attending the care home for <b>ANY</b> reason, of the outbreak in home.</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Send samples of diarrhoea (not formed stool) from symptomatic residents and staff as soon as possible after the onset of symptoms.</li> <li><input type="checkbox"/> Do not submit specimens of vomit.</li> <li><input type="checkbox"/> Faecal sample pots and laboratory request forms can be obtained from Environmental Health.</li> </ul>

- 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/HPZone) recorded on it; PHE or 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.

- 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 work until they have been free of symptoms for 48 hours**

## GENERAL CLEANING ADVICE

### ALL STAFF

#### **ACTION**

Expelled body fluids MUST be removed and the area must be thoroughly cleaned immediately.

- 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.

- 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.

All cleaning chemicals MUST contain bleaching agents.

- 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 **importantly** gloves changed and hands washed prior to leaving the affected room.

Affected client rooms to be thoroughly cleaned daily and/or when physically soiled.

Under no circumstance should staff designated to cleaning duties perform carer's duties.

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.

### End of Outbreak Clean

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.

- 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

In certain cases, the EHO will may request the following additional information:

- 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.

- 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.

- 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.

- 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.

- 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.

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

### CHECKLIST for HOME MANAGERS

- |  |                          |
|--|--------------------------|
| Commence log of affected residents/staff   | <input type="checkbox"/> |
| Isolate affected residents until 48 hours symptom free   | <input type="checkbox"/> |
| Exclude affected staff members until 48 hours symptom free   | <input type="checkbox"/> |
| Inform IPC Specialist of situation   | <input type="checkbox"/> |
| Inform EH Department of situation  | <input type="checkbox"/> |
| Post a notice in reception, and advise visitors of situation.  | <input type="checkbox"/> |
| Temporarily restrict admission of new Residents  | <input type="checkbox"/> |
| Inform IPC Specialist / Hospital IPCN of any recent or emergency admissions to hospital  | <input type="checkbox"/> |
| Obtain specimens from affected residents.  | <input type="checkbox"/> |
| Complete details on specimen form and sample pot with outbreak number (I-Log/HPZone). Include request for virology & bacteriology testing. | <input type="checkbox"/> |
| Obtain specimen results from GP/ IPC Specialist / EHO  | <input type="checkbox"/> |
| Update log as appropriate  | <input type="checkbox"/> |
| Inform Ambulance/Paramedic attending the care home for <b>ANY</b> reason, of the outbreak in home.   | <input type="checkbox"/> |

## FURTHER INFORMATION

NHS Choices: Norovirus

<http://www.nhs.uk/conditions/Norovirus/Pages/Introduction.aspx>

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](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122604)

Infection Prevention Society <http://www.ips.uk.net>

Version 1.4 PHE 07/08/18








**APPENDIX B****CONTACT NUMBERS**

August 2018

PHE NW – Cumbria &amp; Lancashire Centre: (operational 24hrs)

0344 225 0562 Opt.  
(2)**Infection Prevention and Control:****Blackburn with Darwen**

Public Protection, Blackburn with Darwen Borough Council

E-mail [PublicHealthAdmin@blackburn.gov.uk](mailto:PublicHealthAdmin@blackburn.gov.uk)

01254 585345

**Blackpool**

Health Protection, Public Health, Blackpool Council

E-mail [publichealth@blackpool.gov.uk](mailto:publichealth@blackpool.gov.uk)

01253 476364

**Cumbria**

Public Health, Cumbria County Council

E-mail [publichealthenquiries@cumbria.gov.uk](mailto:publichealthenquiries@cumbria.gov.uk)

01768 812539

**Lancashire**

Infection Prevention and Control, Public Health, Lancashire County Council E-mail:

[infectionprevention@lancashire.gov.uk](mailto:infectionprevention@lancashire.gov.uk)**Environmental Health Departments:**

<b>Allerdale</b>	Allerdale Borough Council	01900 702590
<b>Barrow</b>	Barrow Borough Council	01229 876381
<b>Blackburn</b>	Blackburn with Darwen Borough Council	01254 267688
<b>Blackpool</b>	Blackpool Council Food Control Group	01253 478332
<b>Burnley</b>	Burnley Borough Council	01282 477284
<b>Carlisle</b>	Carlisle City Council	01228 817349
<b>Chorley</b>	Chorley Borough Council	01257 515151
<b>Copeland</b>	Copeland Borough Council	01946 598346 or 01946 598347
<b>Eden</b>	Eden District Council	01768 212491
<b>Fylde</b>	Fylde Borough Council	01253 658627 or 01253 658620
<b>Hyndburn</b>	Hyndburn Borough Council	01254 388111 ask for food safety or 01254 380625
<b>Lancaster</b>	Lancaster City Council	01524 582936
<b>Pendle</b>	Borough of Pendle Environmental Services	01282 661199
<b>Preston</b>	Preston City Council Environmental Health	01772 906907
<b>Ribble Valley</b>	Ribble Valley Borough Council	01200 414464 or 01200 425111
<b>Rossendale</b>	Rossendale Borough Council	01706 252565
<b>South Lakes</b>	South Lakeland District Council	01539 733333 ask for food safety

<b>South Ribble</b>	South Ribble Borough Council	01772 625340
<b>West Lancs</b>	West Lancashire Borough Council	01695 585242 or 01695 577177
<b>Wyre</b>	Wyre Borough Council	01253 887409 or 01253 891000

# 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.

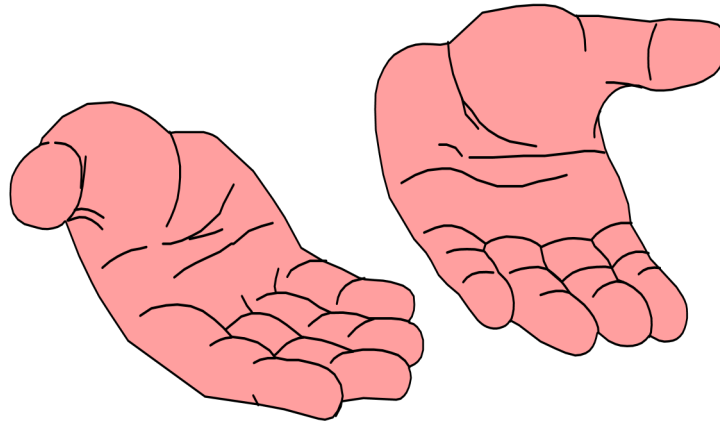
In particular we would advise that children, pregnant women and those particularly vulnerable to infection do not visit at the present time.

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.

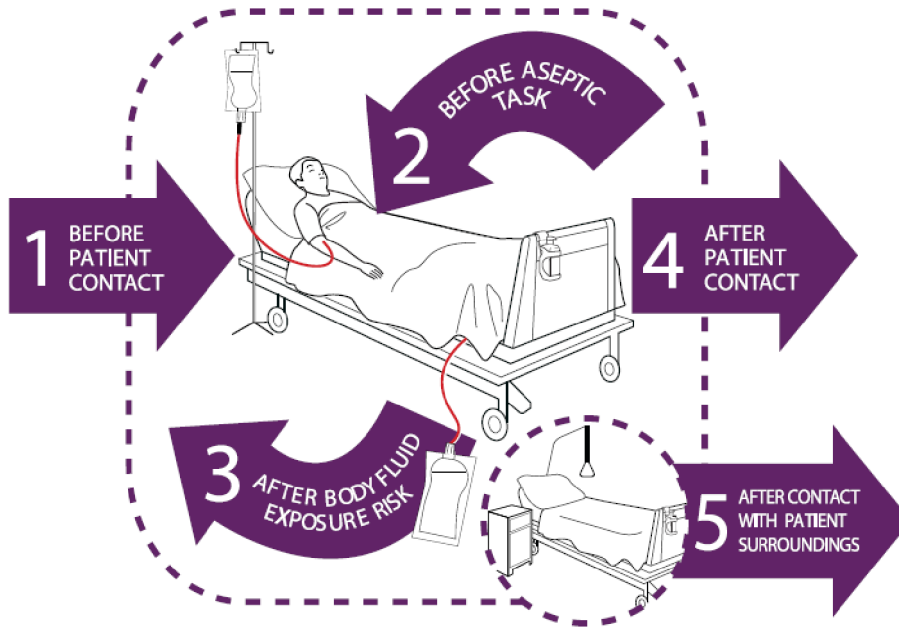
Management and staff appreciate your help in this matter

# 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	<b>BEFORE PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>WHY?</b> To protect the patient against harmful germs carried on your hands
2	<b>BEFORE AN ASEPTIC TASK</b>	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body
3	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
4	<b>AFTER PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
5	<b>AFTER CONTACT WITH PATIENT SURROUNDINGS</b>	<b>WHEN?</b> 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 <b>WHY?</b> 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



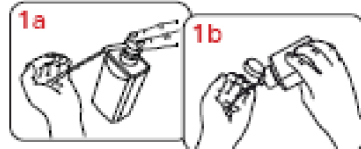
<b>1</b>	<b>BEFORE PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>WHY?</b> To protect the patient against harmful germs carried on your hands
<b>2</b>	<b>BEFORE AN ASEPTIC TASK</b>	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>4</b>	<b>AFTER PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>5</b>	<b>AFTER CONTACT WITH PATIENT SURROUNDINGS</b>	<b>WHEN?</b> 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 <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs

Adapted from WHO World Alliance for Patient Safety 2006

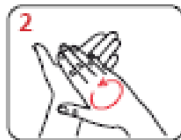
# HAND CLEANING TECHNIQUES

## How to handrub? WITH ALCOHOL HANDRUB

WITH ALCOHOL HANDRUB



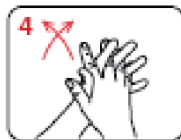
Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces



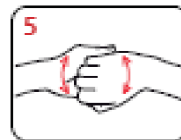
2 Rub hands palm to palm



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

20-30 sec

## 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



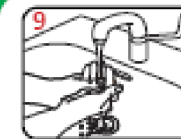
6 Rub each thumb clasped in opposite hand using rotational movement



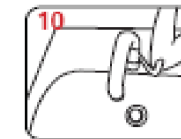
7 Rub tips of fingers in opposite palm in a circular motion



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

40-60 sec

Adapted from WHO World Alliance for Patient Safety 2006

# 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

