A Practical Guide to the Management of Gastroenteritis Outbreaks in Residential Environments in South Australia

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SA Health

CONTENTS

1. INTRODUCTION

This guideline replaces the Management for Infectious Gastroenteritis in Aged Care Facilities, published by the Communicable Disease Control Branch (CDCB) in 2005. This practical guide to the management of gastroenteritis has been developed to assist all residential environments such as aged care facilities, hospitals, hostels, rehabilitation facilities and cruise ships to manage outbreaks of viral and/or bacterial gastroenteritis.

Gastroenteritis diseases are caused by a range of pathogens including viruses and bacteria, which can cause outbreaks in the community and institutions. In South Australia certain bacterial gastroenteritis diseases and suspected food poisoning are notifiable to the Communicable Disease Control Branch (CDCB) of the Department of Health, under the Public and Environmental Health Act, 1987. This requirement is the responsibility of both the medical practitioner and laboratories. Viral agents of gastroenteritis (other than Rotavirus infection) are not notifiable, but can still cause serious outbreaks in institutions and need to be managed. Importantly, it may be difficult to determine in the initial stages of an outbreak if the cause is due to food poisoning or not and so it is advisable that any gastroenteritis outbreak is managed in accordance with these guidelines. It is important that infection control strategies are implemented immediately to prevent the spread of infection to other residents, visitors and staff. Similarly, it is important that specimens are sent early in an outbreak to assist with diagnosis and treatment.

The facility, CDCB and Local Government Authorities share the responsibility for investigation and management of gastroenteritis outbreaks. Environmental Health Officers (EHOs) from the respective local government authorities can be contacted to investigate the potential environmental causes for the outbreak, such as food or water.

While this practical guide to management of gastroenteritis is aimed at residential facilities, the principles outlined Section 4 are applicable to all settings (e.g. schools, child care centres and pre-schools) and should guide decision making in all circumstances.

The appendix contains forms that can be utilised by the residential facility for recording information regarding both staff and resident cases. Sample signs are also provided that can be utilised by the facility if required. In addition, there are fact sheets provided that is designed for residents, visitors and relatives; this can be photocopied as required. For more information about this package and its application contact the Communicable Disease Control Branch by phoning (08) 8226 7177 or by visiting our web address at http://www.health.sa.gov.au/PEHS/

2. DEFINITIONS

Aerosol - Tiny airborne droplets that are exhaled during coughing, sneezing or vomiting and can remain suspended in air or on dust particles. The droplets in the air may be breathed in directly by another person, or indirectly enter another person through contact with surfaces and hands with the droplets on them.

Disinfection - A process that is intended to kill or remove pathogenic micro-organisms

Epidemic - The occurrence in a community or region of cases of an illness in excess of what is normally expected.

Epidemic curve - The distribution of the times when people have become ill. The numbers of people who are ill on each day or time period are graphed over a period of time.

Faecal-oral route - The infecting organism is spread when microscopic amounts of faeces from an infected person with symptoms, or an infected person without symptoms (a carrier), are taken in by another person by mouth. The faeces may be passed directly in microscopic amounts from soiled hands to mouth or indirectly by way of objects, surfaces, food or water soiled with faeces.

Gastroenteritis - Describes a group of conditions usually caused by infection with a micro-organism or ingestion of chemical toxins. Gastroenteritis usually consists of mild to severe diarrhoea that may be accompanied by loss of appetite, nausea, vomiting, cramps and discomfort in the abdomen.

Hand Hygiene (HH) - A process that reduces the number of micro-organisms on hands. Hand hygiene is a general term applying to the use of soap/solution (non antimicrobial or antimicrobial) and water or a waterless antimicrobial agent to the surface of the hands (e.g. alcohol based hand rubs - ABHR).

Hand Washing - The application of soap and water to the surface of the hands.

Illness Register - A register used to collect information on gastroenteritis cases.

Incubation period - The interval from the ingestion of the micro-organism (for gastroenteritis) to the time clinical illness begins.

Infection - The process by which organisms capable of causing disease gain entry to the body and increases in numbers.

Infectious Gastroenteritis - Gastroenteritis caused by an infection with a micro-organism. A large range of micro-organism has been reported to cause gastroenteritis including Norovirus, Rotavirus, Salmonella and Clostridium perfringens.

Infectious period - The period of time that the infected person can transmit the disease.

Outbreak - An epidemic limited to localized increase in the incidence of a disease, e.g., in a town, or closed institution.

Sanitisation - A process that reduces microbial contamination to a low level by the use os cleaning solutions, hot water or chemical disinfectants

Standard Precautions - Standard operating procedures that apply to the care and treatment of all people, regardless of their perceived infectious risk. These precautions include: hand hygiene, use of personal protective equipment, aseptic technique, appropriate reprocessing of instruments and equipment and implementing environmental controls.

Transmission-based precautions - Precautions required when Standard Precautions may not be sufficient to prevent the transmission of infectious agents. Transmission-based precautions are tailored to the specific infectious agent concerned and may include measures to prevent airborne, droplet or contact transmission.

3. INFORMATION ABOUT GASTROENTERITIS

3.1 BACKGROUND

Gastroenteritis is a term used for irritation or infection of the digestive tract. Major symptoms include diarrhoea, vomiting, nausea and abdominal cramps. Sometimes these symptoms may be accompanied by fever, headache and overall weakness.

People most at risk of developing complications of gastroenteritis include infants, young children, immuno-compromised and the elderly. In Australia, outbreaks of gastroenteritis in settings such as aged care facilities are common. The majority of these outbreaks are viral (frequently caused by Norovirus) and are thought to be due to person-to-person transmission. For all settings, communal living conditions, staff such as health care workers and the use of common food preparation areas may facilitate the spread of disease.

There are many causes of gastroenteritis (see Appendix 7.1 – Common Causes of Gastrointestinal Illness). The commonest causes are infectious organisms such as certain bacteria, viruses and parasites. In general, people acquire gastrointestinal illness by direct person to person transmission, airborne spread through aerosolised vomit, consumption of contaminated food or water, or contact with contaminated environmental surfaces or fomites (objects). It is unlikely that gastrointestinal infection with a viral pathogen occurs via the lower respiratory tract. It is more probable that an individual can acquire the infection from breathing in aerosolised vomit and then swallowing the infected aerosols.

While it can be difficult to identify an outbreak of gastrointestinal disease in the initial stages as due to food borne or person-to-person spread without laboratory confirmation of the pathogen, there are features of bacterial infections (often foodborne) that typically differ from features of viral infection (often person-to-person spread). Gastrointestinal illnesses due to bacteria such as Salmonella and Campylobacter typically cause symptoms of diarrhoea (that may contain blood, mucus or pus), abdominal cramping and vomiting. The incubation period i.e. from the time the person becomes infected to developing the symptoms varies depending on the pathogen but may range from a few hours to several days. Viruses such as Rotavirus, Norovirus, Adenovirus and Astrovirus can cause gastroenteritis in humans. Outbreaks due to the most common viral pathogen, Norovirus, are characterised by a high number of exposed people becoming infected, a high frequency of vomiting and short duration of illness (from 24 to 48 hours). A summary of signs and symptoms and incubation periods is included in appendix 7.1. This summary also includes suggested exclusion or heightened infection control periods that take into account issues such as the mode of transmission of the organism, the incubation period, the possibility of prolonged shedding of the organism and the possibility of serious morbidity or mortality from the infection.

There is no specific treatment for most forms of infective gastroenteritis. It is generally a self limiting illness.

In infants and elderly persons, the most common complication is dehydration so maintaining good fluid intake is important.

The economic impact caused by outbreaks of gastroenteritis in residential facilities should not be underestimated. The need for additional human and material resources can present an overwhelming economic burden for many facilities. The early implementation of infection control procedures may limit the spread of infection and reduce resident morbidity and mortality.

3.2 GASTROENTERITIS IN RESIDENTIAL ENVIRONMENTS

The onset of unexplained vomiting and/or diarrhoea in more than one person over a 24 hour period warrants heightened awareness by facility staff and may suggest an outbreak in a residential facility (excluding cases who have a known cause e.g. bowel disease, alcohol, pregnancy, aperients).

An individual case of gastroenteritis maybe defined as a person with new onset of three or more loose stools in a 24 hour period that are different from normal and/or two or more episodes of vomiting in a 24 hour period that is again different from normal.

During an outbreak specific actions need to be implemented to:

> stop the spread of infection

> ensure that these outbreaks are not due to foodborne sources

> identify the cause and source of the infection.

Refer to appendix 7.2 for a flowchart illustrating the steps in the management of an outbreak of gastroenteritis

4. INFECTION CONTROL MEASURES FOR THE MANAGEMENT OF GASTROENTERITIS IN RESIDENTIAL ENVIRONMENTS

These guidelines outline the approach to infection control in a residential setting to protect against the spread of gastroenteritis. For all gastrointestinal infections person-to-person spread is possible, even if the infection was initially food-borne. Infection control attempts to prevent the person-to-person spread via the faecal-oral route and by contamination of environmental surfaces. The steps below will help to stop the further spread of a gastroenteritis outbreak.

WHAT SHOULD WE DO?

All precautions outlined below are designed to limit the spread of illness. They are based on the principles of Standard Precautions with the addition of specific Transmission-based Precautions as necessary.

Refer to Appendix 7.3 for an infection control measures check sheet.

4.1 STAFF

- All staff with symptoms of diarrhoea/vomiting must be excluded from work for 48 hours after diarrhoea and vomiting ceases
- Staff who develop symptoms at work must go home immediately
- Agency staff and medical staff should be made aware of the risk of transmission to other institutions
- All staff in direct contact with ill persons should wear disposable gloves when it is likely that hands will be contaminated with faeces or vomit.
- Hands must be washed before and after each contact with a resident and before and after using disposable gloves. An alcohol based hand rub can also be used when soap and water is not easily accessible. (see section on Handwashing)
- Gowns should be worn if potential for faecal contamination exists (see section on Personal Protective Equipment - PPE), and disposed of immediately after removal
- Fluid repellent surgical masks should be worn by staff when there is a potential for aerosol dissemination e.g. attending a person who is vomiting or cleaning areas or items that are visibly contaminated by faeces or vomitus
- Wherever possible there should be dedicated staff to care for unwell residents, and these staff should not be involved in the preparation or serving of food, or feeding of well residents. If dedicated staffing is not possible staff must observe strict handwashing procedures when moving between unwell and well residents.
- All staff should wear clean clothing daily and change soiled clothing as soon as possible.

4.2 RESIDENTS

- All residents should wash their hands, or have their hands washed, before meals, and after any episodes of vomiting/diarrhoea (see section on Handwashing)
- Well residents must be separated from unwell residents for at least 48 hours after resolution of symptoms. Unwell residents must not use shared lounges and meal areas. If unwell residents must share a room with others strict handwashing procedures should be in place for staff, residents and visitors and separate toilet facilities should be allocated for the affected residents.
- Well residents may be allowed to continue normal daily activities
- Avoid transferring residents to other institutions whilst outbreak is in progress, if a transfer is necessary ensure receiving institution is notified of the outbreak
- Where possible no new residents should be admitted until outbreak is over

4.3 VISITORS/RELATIVES

- Signs should be posted at the entrance of the facility, on the door of affected resident's rooms and/or on the toilet designated for use by affected residents (See appendices 7.4 to 7.7 for sample signs).
- Visitors to affected areas should be restricted. If limited visiting is permitted then visitors should be made aware of the outbreak and associated risks of transmission and infection
- All visitors should wash or decontaminate their hands on arrival and leaving the facility. A hand hygiene station at the entrance may assist with compliance
- Visitors experiencing any symptoms of infectious gastroenteritis should be advised not to visit the facility until 48 hours after their diarrhoea and vomiting ceases.

4.4 HANDWASHING

- Staff and visitors should wash their hands before and after all resident contact
- Residents should wash their hands after going to the toilet, before meals and after any episode of diarrhoea or vomiting. They should be given assistance with personal hygiene as required.
- Hands should be washed thoroughly by rubbing all surfaces of lathered hands vigorously for at least 10 – 15 secs under running water
- When washing is complete thoroughly rinse hands under running water, then dry hands well by patting with a disposable paper towel
- Soap and water should be used wherever possible. Alcohol based hand rubs or gels may be useful for hand decontamination providing hands are not visibly contaminated with vomit, faeces or any other body fluids.

4.5 PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Examples of PPE are:
  - Disposable gloves (a range of suitable sizes should be available)
  - Disposable gowns (impermeable, fluid resistant)

- Plastic aprons
- Masks (surgical, fluid repellent), and protective eyewear and face shields (these items are used to prevent splashes of vomit or faeces to the eyes, nose, and mouth

> Care must be taken when removing PPE to reduce the risk of self contamination. Hands must be washed thoroughly after removal of PPE

> Reusable plastic aprons and goggles should be washed with detergent and water between uses. If the items have been contaminated with faeces or vomit then a bleach solution should be used to disinfect them after first washing with detergent and water

> Adequate stocks of PPE should be provided and be easily accessible

> Choose the appropriate PPE for the task to be undertaken. Masks may be required for handling vomit/faeces from affected persons.

> Gloves are to be removed in area of use - they are not to be worn out into common areas. Hands must be washed or decontaminated before and after using disposable gloves. Gloves should be single use only

4.6 CLEANING UP VOMIT / FAECES

> Choose and put on PPE (refer section on Personal Protective Equipment) – a mask will be required

> Soak up excess with paper towel, dispose into leak proof plastic bag

> Clean area with detergent and water using disposable cloth and discard into a plastic bag

> Disinfect with bleach solution (refer table 1 for dilution example)

> Clean surrounding area with detergent and water

> Leave area closed for at least 1 hour

> Non-disposable mop heads that are used should be laundered in a hot wash

> Wash hands after removing gloves

> Soiled carpeted areas should be cleaned with detergent and water then steam-cleaned. Vacuum cleaning carpets has the potential to recirculate virus particles and is not recommended.

> Soft furnishings that may be damaged by bleach should be cleaned thoroughly with detergent and water or steam cleaned and then left to dry completely. Metal surfaces that may be damaged by bleach may be cleaned thoroughly with detergent and water and then wiped with an alcohol-impregnated wipe.

4.7 ENVIRONMENTAL CLEANING

> PPE (including a mask) must be worn when cleaning areas used by people affected by gastroenteritis.

> Contaminated shared bathrooms, toilets and frequently touched surfaces have been implicated in the transmission of gastroenteritis illness. Frequent and thorough cleaning of these areas is necessary to limit the spread. This includes thoroughly cleaning frequently touched areas with detergent and water followed by a bleach solution (refer to table 1 for dilution rates).

- Surfaces soiled with faeces/vomit should be cleaned with detergent and water followed by wiping with a bleach solution diluted to 1000ppm (refer table 1)
- If someone vomits in an area, surfaces should be cleaned with detergent and water followed by wiping with a bleach solution diluted to 1000ppm (refer table 1) and the area closed for at least 1 hour
- If someone has vomited in a public area (i.e. dining room or public toilet) remove people from the vicinity and keep the area closed for at least 1 hour after the area has been cleaned. Any uncovered food in the vicinity must be discarded
- Where possible cleaning equipment should be disposable and discarded immediately after use
- Terminal cleaning of an affected area, section or unit should be carried out 72 hours after resolution of symptoms in the last case. Beds and furniture of affected residents should be cleaned with detergent and water then wiped with a bleach solution. Blankets should be laundered
- If mattresses have been contaminated by vomit or faeces they should be steam cleaned.

TABLE 1 – EXAMPLE OF BLEACH DILUTION

Household bleach sold for laundry and cleaning purposes is available as a 3 – 5% solution at the time of manufacture. Strength varies from one formulation to another and gradually decreases with long storage.

Original strength of bleach		Dilution		Volume of bleach to be added to 5L water
%	ppm	Parts of bleach	Parts of water	
1	10,000	1	10	500 mls
2	20,000	1	20	250 mls
3	30,000	1	30	165 mls
4	40,000	1	40	125 mls
5	50,000	1	50	100 mls

Caution: When handling & mixing bleach the following precautions must be taken: mix in a well ventilated room; use PPE (eye wear & reusable utility gloves must be worn when handling and using undiluted bleach); it should not be used in spray bottles; do not mix with acids; it is corrosive to metals.

4.8 FOOD

- Refer also to section on Handwashing
- Only catering staff should have access to the kitchen during the outbreak
- Food service staff with diarrhoea and/or vomiting should not return to their usual food handling duties until 48 hours after their symptoms have ceased
- Staff who have been in contact with infected persons should not prepare or serve food

- Ensure all appliances, work benches and equipment are effectively sanitised
- Communal dining areas should be closed during an outbreak. If this is not possible then ensure residents are encouraged to wash or use an alcohol based hand rub before entering and that the area is thoroughly cleaned and disinfected after each use
- Ensure non-catering staff have minimal contact with food
- All utensils and dinnerware are to be handled in the usual manner, using the usual detergent and hot water.
- Air drying of dishes is preferable to towel drying.

4.9 SOILED LINEN

- Appropriate PPE must be worn when handling soiled linen
- Ensure minimal handling of soiled linen and clothes to avoid microbial contamination of the air and staff. Soiled linen should be placed in collection bags or leak proof plastic bag immediately
- 'Hosing off' gross soiling from clothing/ linen prior to laundering should be done away from resident facilities and should be performed with extreme care: the wearing of face protection, gowns and gloves is essential for this procedure
- Transport used linen in an enclosed bag, place linen bag in a plastic outer bag if wet or leaking is anticipated
- Wash linen as usual in detergent, for the maximum washing cycle and then dry.

5. STEPS FOR COLLECTING FAECAL SPECIMENS

Specimen collection for bacteria, virus and parasitic detection should begin immediately.

- Send all specimens to your nominated laboratory. Where possible, give the laboratory prior notice of increased cases of gastroenteritis in the facility.
- Collect specimens from at least 6 ill residents and staff as possible
- Collect specimens during the acute stage of the illness. Viral excretion is greatest during the phase that stools are liquid or semi solid. Staff should wear, if appropriate, personal protective equipment when collecting specimens.
- Collect specimens in a stool or urine container. Sufficient quantities (10 – 20ml). A useful method to obtain faecal specimens is to place a disposable plastic container inside the toilet or commode before use by a resident. Faecal matter can also be collected from incontinence pads using a disposable spoon or spatula. Some laboratories will not test formed faecal specimens
- Refrigerate specimens in a designated area at 4ºC, (if specimen fridge is not available a chilled esky can be utilised) and arrange transportation to the laboratory as soon as possible. During transportation specimens should be bagged, sealed and kept on ice or in a refrigerated container.
- Request the following tests for every specimen -
  - MC+S (Microscopy, culture and sensitivity)
  - Viruses & Norovirus
- Mark each request form and specimen **URGENT** and clearly label with all client details. Include the facilities name and in the clinical notes field write, ‘increased cases of gastroenteritis observed in the facility’.

Some pathogens, such as Norovirus, can also be detected in vomitus. The yield is better from faeces than vomitus, making it preferable to obtain a faecal specimen, however if obtaining a faecal specimen is not possible then a vomitus specimen can be taken instead.

PLEASE NOTE - If results are reported as positive for a notifiable gastrointestinal pathogen the treating doctor is required to notify the Communicable Disease Control Branch on (08) 8226 7177.

6. ACKNOWLEDGEMENTS

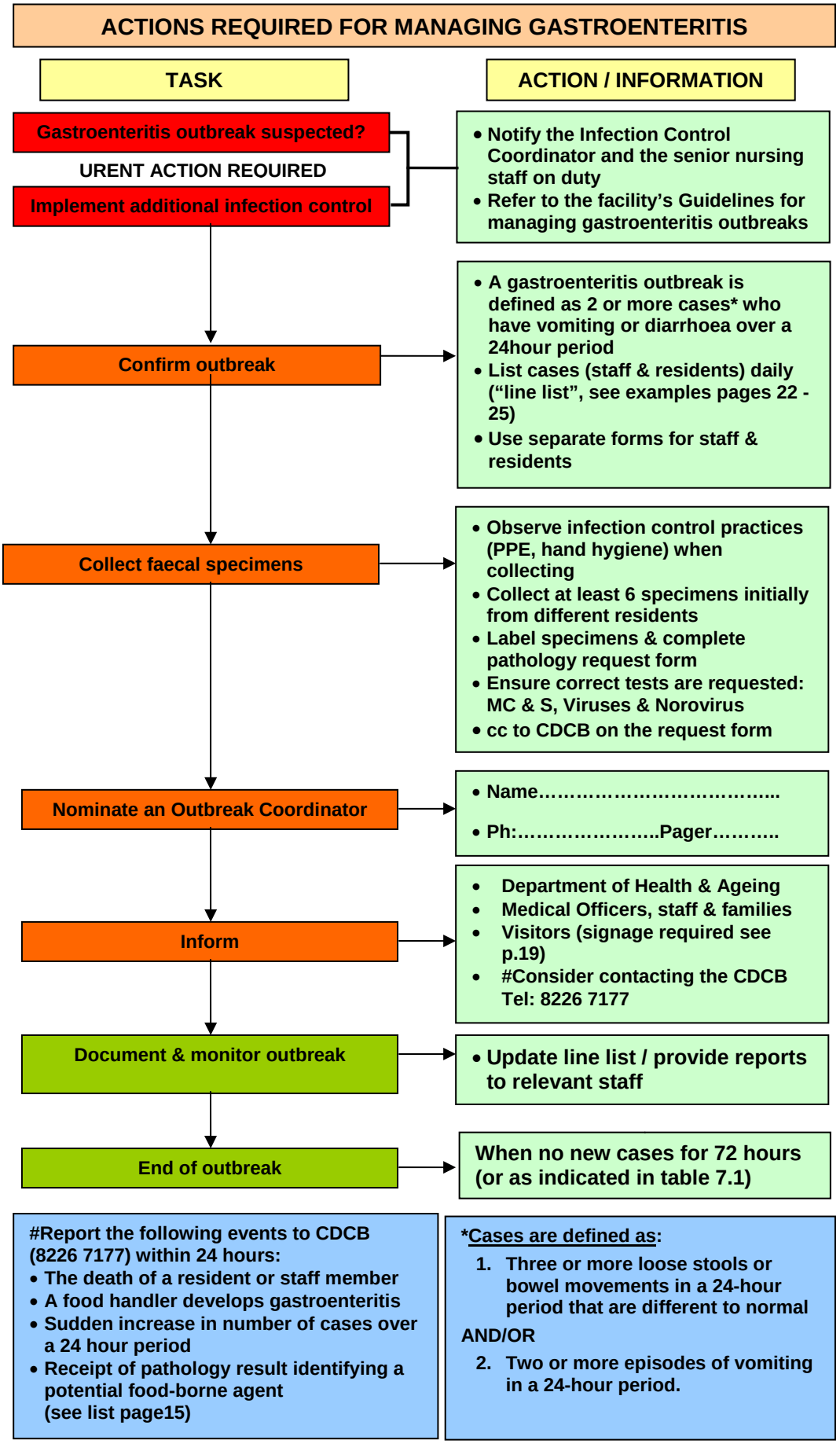
These Guidelines have been updated in December 2009 by members of the Specialist Services, Disease & Investigation & Infection Control Units of the Communicable Disease Control Branch, Department of Health, South Australia and draws on the previous work by members of the Disease Surveillance and Investigation Unit, OzFoodnet,South Australia and Infection Control Service of the Communicable Disease Control Branch, Department of Health South Australia and the Environmental Health Officers of the Port Adelaide Enfield and Mitcham Councils.

The following sources are acknowledged:

- Alaska Department of Environmental Conservation website www.state.ak.us/dec/deh/ accessed on 11/09/03
- A Practical Guide to Infection Prevention Aged Care Facilities, Infection Control Unit, Hunter Area Health Service 1999
- Control of Communicable Diseases Manual, David L. Heymann, Editor, American Public Health Association 19th edition 2008
- Department of Health & Ageing. The Gastro Info Kit – Outbreak Coordinator Handbook. November 2009
- Guidelines for the investigation of intestinal illness, Department of Human Services, Victoria, Website www.dhs.vic.gov.au/phd accessed 4/9/03
- Guidelines for Infection Control in Non-teaching Health Care Establishment Health Department of Western Australia. August 1998.
- Guidelines for the Public Health Management of Gastroenteritis Outbreaks due to Norovirus or suspected Viral Agents in Australia. Communicable Disease Network Australia. November 2008
- Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting, CDNA. 2004
- 'Norwalk Like Viruses', Public Health Consequences and Outbreak Management. US Department of Health and Human Services, CDC, MMWR, June 1, 2001.
- You've Got What? Prevention and Control of infectious and Notifiable diseases in Children and Adults. Communicable Disease Control Branch, Department of Health, Government of South Australia 4th edition 2009. http://www.health.sa.gov.au/pehs/youve-got-what.htm
- Viral Gastroenteritis: information for supervisors in the aged care, child care and hospitality industries, Gold Coast Public Health Unit, Communicable Disease Control, Queensland Health

Causative organism	Incubation Period (time between becoming infected & developing symptoms)	Signs and Symptoms	Typical duration of illness	Transmission	When is the outbreak over?
Bacillus cereus	*1-24 hrs*	Vomiting, diarrhoea, fever or all symptoms	*24-48 hrs*	*Foodborne*	*1. Food source has been identified and/or eliminated.* *2. No new cases in last 48hrs*
Campylobacter	*1-10 days*	Diarrhoea, mild fever and stomach cramps. Vomiting not common	*2-5 days*	*Food or water borne; person to person (rarely)*	*1. Food or water source has been identified and/or eliminated.* *2.No new cases for 3 weeks*
Clostridium perfringens toxin	*6-24 hrs*	Watery diarrhoea, nausea, abdominal cramps; vomiting and fever is rare	*24-48 hrs*	*Foodborne*	*1. Food source has been identified and/or eliminated.* *2. No new cases in last 48hrs*
Giardia	*3-25 days)*	May be a variety of symptoms including abdominal cramps, diarrhoea, excessive gas, fatigue, floating greasy stools	*May last for long periods of time if not treated.*	*Person to person; water borne; foodborne (rarely)*	*1. Water (or food) source has been identified and/or eliminated* *2. No new cases for 2 weeks*
Norovirus (viral gastroenteritis)	*24-48 hrs*	Nausea, vomiting, watery, large-volume diarrhoea, fever rare	*24-60 hrs*	*Person to person; food or water borne*	*No new cases for 3 days (72hrs) after cessation of symptoms in last case.*
Rotavirus	*1-3 days*	Vomiting, watery diarrhoea, low-grade fever. Infants and children, elderly, and immunocompromised are especially vulnerable	*4-6 days*	*Person to person*	*No new cases for 7 days*
Salmonella spp.	*6-72 hours*	Diarrhoea, fever, abdominal cramps, sometimes vomiting. Diarrhoea may be bloody	*4-7 days*	*Foodborne; person to person*	*1. Food source has been identified and/or eliminated* *2. No new cases for 3 weeks*
Shigella spp.	*24-48 hrs*	Abdominal cramps, fever, and diarrhoea. Stools may contain blood and mucus	*4-7 days*	*Person to person; foodborne*	*1. Food source has been identified and/or eliminated* *2. No new cases for 2 weeks*
Shiga toxin producing *E. coli*	*2-8 days*	Diarrhoea, abdominal cramps. Diarrhoea may be bloody. Vomiting can occur but fever is rare. Young children and the elderly are especially vulnerable	*2-7 days*	*Foodborne; person to person*	*1. Food source has been identified and/or eliminated* *2. No new cases for 2 weeks*
Staphylococcus aureus (toxin)	*1-6 hrs*	Sudden onset of severe nausea and vomiting, abdominal cramps. Diarrhoea and fever may be present	*24-48 hrs*	*Foodborne*	*1. Food source has been identified and/or eliminated* *2.No new cases for 12 hrs*

7.2 Flowchart illustrating the steps in the management of an outbreak of Gastroenteritis



7.3 Infection Control Measures: Check Sheet

HAVE YOU?

- ☐ Informed all staff, visitors and residents of the situation and what they need to do?
- ☐ Ensured all staff with symptoms are excluded from work until 48 hours after resolution of their symptoms?
- ☐ Allocated dedicated staff to care for unwell residents, wherever possible?
- ☐ Provided all staff with information and training in Infection Control Precautions?
- ☐ Ensured that all residents have their hands washed after going to the toilet, before meals and after any episode of diarrhoea or vomiting?
- ☐ Separated well residents from unwell residents, wherever possible, for at least 48 hours after resolution of symptoms?
- ☐ Avoided transferring residents to other institutions whilst cases of gastroenteritis are occurring, or, if a transfer is necessary, ensured receiving institution has been notified of the outbreak?
- ☐ Wherever possible, restricted admissions of new residents until gastroenteritis cases have resolved?
- ☐ Posted relevant signs at appropriate locations throughout the facility?
- ☐ Asked visitors who report any symptoms to avoid visiting until 48 hours after symptoms cease?
- ☐ Ensured all staff and visitors wash their hands before and after all resident contact?
- ☐ Ensured sufficient soap and/or alcohol based hand rubs or gels, and hand-drying facilities are available?
- ☐ Provided sufficient gloves, gowns, aprons, masks, goggles, face shields and ensured that they are easily accessible?
- ☐ Ensured cleaning and other relevant staff are aware of the correct cleaning procedures and the importance of handwashing?
- ☐ Ensured catering staff are aware of the precautions required in food service area and the importance of handwashing?
- ☐ Ensured all staff are aware of the precautions required when handling soiled linen?
- ☐ Ensured laundry staff are aware of the correct laundering procedures and the importance of handwashing?

Attention all visitors

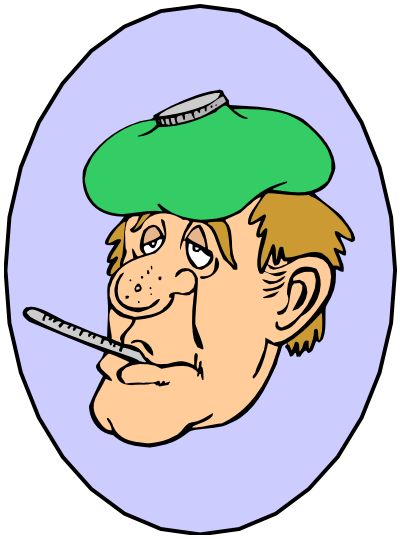
Please wash your hands after visiting residents

Please direct any enquiries to a staff member

Please see staff before entering

Thank you

Attention all staff



Our facility is currently experiencing cases of gastroenteritis.

If you are unwell, please let the manager know and exclude yourself from work until 48 hours after your recovery.

Attention

This toilet has been reserved for residents who are experiencing symptoms of gastroenteritis

GASTROENTERITIS IN RESIDENTIAL ENVIRONMENTS – RESIDENT REGISTER

Name of facility: .....

Address: .....

Name of contact person: .....

Phone number: (wk) ..... (mobile) ..... (fax) .....

Please complete table below for all areas of your facility

Name of unit / house / area	Type of unit e.g. high care, low care	Total number of residents in unit

GASTROENTERITIS IN RESIDENTIAL ENVIRONMENTS – RESIDENT REGISTER (cont.)

Please complete information for all ill residents

Name of resident	Sex F/M	Date of Birth	Unit Name & Room No.	Date vomiting &/or diarrhoea commenced?	Type of symptoms? Diarrhoea (D) Vomiting (V) or (D&V)	Stool specimen sent? Y/N	Hospitalised? Y/N	How long did vomiting &/or diarrhoea last?

GASTROENTERITIS IN RESIDENTIAL ENVIRONMENTS – STAFF REGISTER

Name of facility: .....

Address: .....

Name of contact person: .....

Phone number: (wk) ..... (mobile) ..... (fax) .....

Please complete table below for all staff in your facility

Staff category	Total number of staff currently employed in your facility	Staff category	Total number of staff currently employed in your facility
Registered Nurse		**Laundry**	
Enrolled Nurse		**Maintenance**	
Carer/nurse assistant		**Cleaner**	
Agency staff		**Volunteer**	
Kitchen		**Other (please specify)**	

GASTROENTERITIS IN RESIDENTIAL ENVIRONMENTS – STAFF REGISTER (cont.)

Please complete information for all ill staff

Name of Staff member	Sex F/M	Date of Birth	Staff category	Name of unit/s where staff worked	Date of onset of D &/or V	Diarrhoea (D), Vomiting (V), Or (D&V)	Stool specimen sent Y/N	Hospitalised Y/N	How long did vomiting &/or diarrhoea last?

Please indicate staff category eg registered nurse (RN), enrolled nurse (EN), carer / nurse assistant (C), agency staff (AS), kitchen (K),laundry (L), maintenance (M), cleaner (CL) volunteer (V), other (O)

Fact sheet

Viral Gastroenteritis

What is viral gastroenteritis?

- Viral gastroenteritis is an infection of the bowel caused by one of a number of viruses (rotaviruses, astroviruses, adenoviruses and noroviruses).
- Symptoms are usually mild, including: fever, nausea, vomiting, stomach cramps and diarrhoea lasting 1 or 2 days.
- Spread is through contamination of hands, objects or food with infected faeces. The virus is then taken in by the mouth. Viral gastroenteritis may also be spread through coughing and sneezing.

What are Noroviruses?

- Noroviruses are a group of viruses that can cause gastroenteritis. The illness can also be referred to as “winter vomiting”, “stomach flu”, “gastro”, “gastric flu” and “viral gastroenteritis”.
- Other names used for Noroviruses are “Norwalk-like viruses” (NLVs) or human caliciviruses or small round structured viruses (SRSVs).

Noroviruses are thought to be the most common cause of gastroenteritis in Residential Care Facilities

What are the clinical features?

- Symptoms usually include nausea, vomiting, stomach cramps, and diarrhoea. General body aches, tiredness, headache and mild fever can also be present.
- Vomiting and diarrhoea generally last 1 to 2 days.
- Laboratories can often detect the virus in a faecal (stool) specimen.

Where are Noroviruses found?

- Noroviruses are only found in humans.
- All age groups can be affected.

How are Noroviruses spread?

- Noroviruses are easily spread from person to person.
- Noroviruses are often associated with outbreaks that frequently occur in aged care facilities, cruise ships and community settings. Single cases of the infection can also occur.
- Spread is mainly through contact with vomitus (including air borne particles) or faeces (stool) from an infected person. Hands, objects or food can become contaminated and the virus is then transferred to the mouth from the hands.
- Food and drink may be contaminated by infected food handlers who do not practise good personal hygiene.

What is the incubation period (time between becoming infected and developing symptoms)?

- Usually 24 to 48 hours, but can range between 10 -50 hours.

What is the infectious period (time during which an infected person can infect others)?

> During the course of the illness and for 48 hours after vomiting and diarrhoea ceases.

Can a person who has had Norovirus infection be reinfected? (susceptibility)

> Yes, it is likely that immunity or protection lasts only a few months therefore people may be repeatedly infected during a lifetime.

Do staff need to be excluded from work?

> Yes, all staff with vomiting and diarrhoea should stay at home for 48 hours after vomiting and diarrhoea have ceased. This includes food handlers, health care workers and cleaning staff.

What measures should apply to infected residents and visitors?

> Separate residents with symptoms from well people for the duration of the illness and for 48 hours until after vomiting and diarrhoea have ceased.

> Relatives or friends with vomiting and diarrhoea should be advised to stay way from the aged care facility for 48 hours after vomiting and diarrhoea have ceased.

> Relatives and friends should be advised of the consequences of contact with an infected person, and a suggestion made to reschedule the visit.

What other measures prevent the spread of Norovirus?

> Practice good personal hygiene, especially frequent and thorough hand washing.

> Clean visibly contaminated environmental surfaces with a detergent and then disinfect with a household bleach product.

> Handle soiled clothing with care and wash in detergent and hot water.

> Observe safe food handling practices.

How is Norovirus infection treated?

> Seek medical advice if the following symptoms occur:

- Signs of dehydration, such as thirst and passing decreased amounts of urine, tiredness, dry mouth, feeling faint on standing
- Fever
- Severe abdominal pain ; and/or Bloody diarrhoea

> Give plenty of fluids. Oral rehydration solution is highly recommended. It is available at pharmacies and should be administered following the instructions on the packaging.

> Medicines to prevent vomiting or diarrhoea should not be given except where specifically advised by a doctor.

> Specific medication is not available for Norovirus infection.

For more information

Infection Control Service, CDCB
Public Health & Clinical Coordination
Level 1, 11 Hindmarsh Square
Adelaide SA 5000
Telephone: (08) 8226 6363
www.health.sa.gov.au/infectioncontrol

Government of South Australia
SA Health

Fact sheet

Gastroenteritis Visitor Information Sheet

BACKGROUND

We are currently investigating a number of cases of gastroenteritis in this facility. We have implemented the Guidelines provided by the Department of Health, Communicable Disease Control Branch, in order to control any further spread of the disease.

INFECTION CONTROL MEASURES

Staff have put several measures in place to minimise the impact of this outbreak, and some of these include:

> Special cleaning in some areas
> The use of gloves and gowns
> Restricting some activities of affected residents
> Special staffing allocation
> Education.

The illness is self-limiting but in the meantime, we are asking for your assistance to help us control and prevent further spread of the illness. You can help by following these basic instructions:

PLEASE WASH HANDS BEFORE AND AFTER VISITING

This should be done in the following manner:

> Wash hands for a minimum of 10 seconds
> Ensure all surface of the hands are thoroughly washed
> Use the soap provided
> Thoroughly rinse hands under running water
> Pat hands dry with paper towel, then discard
> Turn the taps off with a fresh paper towel, and then discard.

IF YOU DEVELOP SYMPTOMS

If you experience any symptoms of gastroenteritis we ask that you do not visit until 48 hours after your symptoms have settled.

We appreciate your concern and cooperation regarding this problem; please feel free to discuss any queries you may have with our staff.

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