

**Infection Prevention and Control Guidance and Action Checklist for Outbreaks of Diarrhoea and Vomiting**

**Please notify the Infection Prevention and Control Service at the start of the outbreak on 0116 305 0705 or** **infection@leics.gov.uk**

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| **Commencement of Incident** |
| **Name of person commencing initial checklist:** |  | **Date:** |  |

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| **Date of first case:** |  | **Symptoms:**  | DiarrhoeaVomitingDiarrhoea and Vomiting |
| **Number of residents currently affected/total number of residents:** |  | **Number of staff currently affected / total number of staff:** |  |
| **Current status of home:**  | ClosedPartially closedOpen | **Date Checklist completed:** | Yes/No |
| **Actions required:** | Yes/No |
| **Actions completed:** | Yes/No |

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| 1. **Notifications**
 | **Date** | **Yes****✓** | **No****✓** | **N/A****✓** | **Comments****Include any actions to be taken to ensure compliance** |
| **ALL organisations listed below must be informed as soon as possible once an outbreak of diarrhoea and vomiting is suspected** |
| Relevant GP Practices informed.  |  |  |  |  |  |
| Public Health England informed. Tel. 0344 2254524, option 1. (Contactable 24/7) |  |  |  |  |  |
| Local Authority Infection Prevention and Control Service informed. Tel. 0116 305 0705 or infection@leics.gov.uk |  |  |  |  |  |
| Local Authority Contract Teams informed:* + - Contracts & Quality Team (County)

Tel. 0116 305 4699* + - Quality Assurance and Compliance Team (City)

Tel. 0116 454 4420* + - Quality Assurance Team (Rutland)

Tel. 01572 758 365Name of allocated officer if known |  |  |  |  |  |
| All staff including agency staff informed |  |  |  |  |  |
| Residents’ families and any other visitors informed (*where applicable*). |  |  |  |  |  |
| Visiting health and social care professionals and other service providers informed. This would include; dentists, optometrists, chiropodists, social workers, hair dressers, complimentary therapists etc. A joint assessment has been made as to the necessity of any visits. Symptomatic residents if seen are visited after asymptomatic residents. |  |  |  |  |  |
| Environmental Health Officer informed **(if applicable).** See specimen section below for more information. |  |  |  |  |  |
| NHS Community Nursing/Therapy Services informed if currently visiting.Tel. 0300 300 1000 option 1. Contactable 24/7.A joint assessment has been made as to the necessity of any visits. Symptomatic residents if seen are visited after asymptomatic residents. |  |  |  |  |  |
| Any receiving organisation has been informed if involved in the transfer/discharge of a resident from the care home. Use the intercare transfer form as detailed in the DH Guidance *Prevention and control of infection in care homes – an information resource* |  |  |  |  |  |
| If a resident requires admission to hospital or attendance at an out-patient appointment, staff have notified the receiving organisation in advance to allow sufficient arrangements to be put into place to reduce the risk of cross infection (using the inter care transfer as detailed in the DH Guidance *Prevention and control if infection in care homes – an information resource*, Appendix 3). |  |  |  |  |  |
| East Midlands Ambulance Service informed if transportation of a resident is requested. |  |  |  |  |  |
| Out of Hours Service informed at the time of requesting a visit.  |  |  |  |  |  |
| 1. **Specimens**
 |  **Date** | **Yes****✓** | **No****✓** | **N/A****✓** | **Comments****Actions to be taken to ensure compliance** |
| **Specimen collection should be discussed with the GP in the first instance. Where the GP cannot or will not support this, then the local Environmental Health Officer MUST be informed. This will usually be done by PHE. Both systems of specimen collection are explained below. In all cases ensure that both the specimen and the accompanying request form are completed correctly. Failure to do so may lead to rejection of the specimen.** |
| Appropriate specimens of faeces have been collected and sent to the laboratory. (Specimens can be collected if mixed with urine or scraped from pads, clothing or bed linen). |  |  |  |  |  |
| **If sending via the GP surgery*** Two specimens of diarrhoea are required from each resident with diarrhoea.
* **One** specimen is required for bacteriology requesting, ‘CDT and MC&S’.
* **One** specimen is required for virology requesting ‘viral studies’.

To state ‘part of outbreak’ on form along with name of home, date of onset, duration of symptoms and number affected. *The results will be sent back to the GP.* |  |  |  |  |  |
| **If sending via the EHOs** * One specimen of diarrhoea is required from each resident with diarrhoea.

The EHO will provide the specimen containers and advise on the process for collection and testing using the ‘Poo in the Post’ system. *Specimens will be tested for both bacteriology and virology in Birmingham. Results to EHO.*  |  |  |  |  | Leicester City Council – 0116 454 3220 Rutland County Council – 01572 720 973Blaby District Council – 0116 275 0555Charnwood Borough Council – 01509 634 656Harborough District Council – 01858 828 282Hinckley & Bosworth Borough Council – 01455 255 948Melton Borough Council – 01664 504 295Northwest Leicestershire District Council – 01530 454 556Oadby & Wigston Borough Council – 0116 288 8961 |
| 1. **Standard Precautions and Source Isolation**
 | **Date** | **Yes****✓** | **No****✓** |  **N/A****✓** | **Comments****Include any actions to be taken to ensure compliance** |
| All people entering and leaving the home are aware of the need for hand hygiene using soap and water. Alcohol gel is not effective against many organisms causing diarrhoea. |  |  |  |  |  |
| Source isolation precautions have been commenced on all symptomatic residents suspected of having an infection. |  |  |  |  |  |
| There is a system for informing all staff that source isolation precautions are required. |  |  |  |  |  |
| Staff are aware that source isolation precautions must be continued until the resident is at least 48 hours asymptomatic and their bedroom has had a terminal clean. |  |  |  |  |  |
| If there is no en-suite toilet then either a commode has been designated for the resident’s sole use and kept in their bedroom, or a toilet has been designated for the use of symptomatic residents. |  |  |  |  |  |
| Commodes/designated toilets are cleaned and disinfected after each use. |  |  |  |  |  |
| Hand hygiene facilities within each bedroom include; hand wash basin, liquid soap and disposable paper towels in a dispenser (if these are not available then staff should be informed of the procedure for hand hygiene). |  |  |  |  |  |
| Staff are aware of the correct hand hygiene procedure which includes the need to wash hands with liquid soap and water BEFORE and AFTER contact with any symptomatic resident and their environment |  |  |  |  |  |
| Staff are aware of the need to use hand sanitisers after hand washing only and **NOT** to use hand sanitiser on its own as this is not effective against many diarrhoeal infections. |  |  |  |  |  |
| Residents are given the opportunity to wash their hands prior to eating and drinking and after using the toilet or being assisted with toileting. |  |  |  |  |  |
| PPE (disposable gloves and disposable plastic aprons) are available outside the bedrooms of symptomatic residents.  |  |  |  |  |  |
| PPE is removed inside the bedroom, disposed of into a clinical waste bag and hands are washed prior to leaving the bedroom. |  |  |  |  |  |
| Used laundry is placed into a red soluble laundry bag or an alternative safe system for the handling of laundry is in place.  |  |  |  |  |  |
| Used laundry is double bagged with a disposable plastic bag or washable linen sack which has not been inside the bedroom.  |  |  |  |  |  |
| Disposable gloves and disposable plastic aprons are worn at all stages of the laundry process.  |  |  |  |  |  |
| Linen is not stockpiled inside the bedroom. |  |  |  |  |  |
| Waste is double bagged as clinical waste and the outer bag has not been inside the bedroom. |  |  |  |  |  |
| Crockery and cutlery is transported from the bedroom to the kitchen in a manner to prevent cross infection e.g. plastic meal tray bags, lidded washable container. |  |  |  |  |  |
| Crockery and cutlery is cleaned in a dishwasher or a suitable alternative system is in place. |  |  |  |  |  |
| Staff clean and disinfect affected bedrooms and communal areas each morning and afternoon paying particular attention to; toilets, commodes, hand wash basins, horizontal surfaces, shared equipment and frequent touch points (e.g. door handles). |  |  |  |  |  |
| Staff clean and disinfect any communal areas the resident enters whilst symptomatic as soon as practically possible |  |  |  |  |  |
| Cleaning is undertaken using hot water and detergent followed by rinsing with clean water and drying. Disinfection is undertaken using a chlorine-based product: 1,000 parts per million of available chlorine. 1,000 = 0.1%. Alternatively, a combined detergent and chlorine 0.1% disinfectant product is used |  |  |  |  |  |
| Staff are aware that the domestic trolley remains outside the bedrooms at all times |  |  |  |  |  |
| Staff are aware that the medicine trolley remains outside the bedrooms at all times |  |  |  |  |  |
| Staff are aware that vacuuming in bedrooms where source isolation precautions are in place should be avoided until a terminal clean is undertaken whenever possible. |  |  |  |  |  |
| If used, all removable/accessible parts of the vacuum cleaner are cleaned and disinfected after being used in each source isolation bedroom and prior to being taken to another room, to avoid cross infection |  |  |  |  |  |
| The macerator or bedpan washer is functioning correctly.  |  |  |  |  |  |
| If there is no bedpan washer or macerator, or they are not functioning correctly, a safe procedure for disposing of body fluids and cleaning and disinfecting commode pans, bedpans, vomit bowls and urinals is in place.  |  |  |  |  |  |
| 1. **Reducing Exposure**
 | **Date** | **Yes****✓** | **No****✓** | **N/A****✓** | **Comments****Include any actions to be taken to ensure compliance** |
| There is a notice at the care home entrance to inform staff and visitors of the outbreak and what actions they need to take |  |  |  |  |  |
| Visiting healthcare staff have been informed of the need for source isolation precautions. If a visit is still necessary, the resident is seen after other residents.  |  |  |  |  |  |
| Non-healthcare visitors have been informed that source isolation precautions are in place and what measures they need to take. |  |  |  |  |  |
| Appropriate restrictions have been placed on visiting. Advice can be obtained from Public Health England or the Local Authority Infection Prevention and Control Service. |  |  |  |  |  |
| Visiting groups, residents’ parties, social events etc. have been postponed. |  |  |  |  |  |
| Residents are discouraged from attending external activities (unless it is essential e.g. to attend a funeral of a family member or a close friend) |  |  |  |  |  |
| All appointments other than clinically urgent appointments have been cancelled for symptomatic residents |  |  |  |  |  |
| Imminent admissions/discharges have been reviewed with the appropriate organisations and a plan of action has been agreed. |  |  |  |  |  |
| Prospective residents have been informed of the current situation within the home |  |  |  |  |  |
| Only essential transfers to other care homes are being undertaken. |  |  |  |  |  |
| The laundry facility continues to maintain the segregation of clean and dirty linen throughout the laundry process |  |  |  |  |  |
| All staff responsible for the laundering of soiled linen have easy access to PPE for all stages of the laundry process |  |  |  |  |  |
| Portable fans are not to be used during an outbreak of infection or when a resident is known or suspected of having an infectious agent (*Estates and Facilities alert Ref: EFA/2019/001*) |  |  |  |  |  |
| 1. **Monitoring and Documentation**
 | **Date** | **Yes****✓** | **No✓** | **N/A** **✓** | **Comments****Include any actions to be taken to ensure compliance** |
| All episodes of diarrhoea and/or vomiting are recorded using a Bristol stool chart.  |  |  |  |  |  |
| Fluid balance charts are in use with all symptomatic residents and staff are aware of when and how to escalate to medical staff when concerns are identified with a resident’s hydration status |  |  |  |  |  |
| Infection prevention and control care plans have been commenced and elimination care plans have been amended as appropriate |  |  |  |  |  |
| There are appropriate Infection Prevention and Control Policies available for staff to refer to on the management of an outbreak of diarrhoea and vomiting  |  |  |  |  |  |
| 1. **Staff**
 | **Date** | **Yes****✓** | **No✓** | **N/A****✓** | **Comments****Include any actions to be taken to ensure compliance** |
| Staff with symptoms have been excluded from work. Staff are aware that they must be asymptomatic of diarrhoea and/or vomiting for 48 hours before they can return to work. Faecal samples are not required unless requested by the GP.  |  |  |  |  |  |
| The number of staff in contact with symptomatic residents is limited as much as is practicably possible. If able staff should work in separate teams: one team caring for affected residents and the other caring for unaffected residents.  |  |  |  |  |  |
| Agency and temporary staff in contact with residents with symptoms have been advised not to work elsewhere (e.g. in a hospital or care home) until two days after the last contact with the home or if exposure is continuous, when the home re-opens |  |  |  |  |  |
| 1. **Closure of Outbreak.**
 | **Date** | **Yes****✓** | **No✓** | **N/A****✓** | **Comments** **Include any actions to be taken to ensure compliance** |
| **Public Health England should be contacted if unsure whether part or the entire home can be re-opened.** |
| Source isolation precautions have been continued on all symptomatic residents until they are 48 hours asymptomatic and have passed a formed stool or stool normal for them. |  |  |  |  |  |
| Source isolation precautions have been continued on the resident until a terminal clean of the resident’s bedroom has been undertaken. Cleaning is undertaken using hot water and detergent followed by rinsing with clean water and drying. Disinfection is undertaken using a chlorine based product: 1,000 parts per million of available chlorine. 1,000 = 0.1%. Alternatively, a combined detergent and chlorine 0.1% disinfectant can be used. |  |  |  |  |  |
| Prior to commencing each terminal clean the curtains have been taken down and sent for laundering. |  |  |  |  |  |
| Prior to commencing the terminal clean the mattress has been checked. If not covered, steam clean. If covered, unzip and check. |  |  |  |  |  |
| All bed linen and worn clothing has been removed from the bedroom for laundering. |  |  |  |  |  |
| A terminal clean of all symptomatic residents’ bedrooms has been undertaken as described above.  |  |  |  |  |  |
| The carpet has been vacuumed and all removable/accessible parts of the vacuum cleaner have been cleaned and disinfected after being used in each source isolation bedroom |  |  |  |  |  |
| The floor has been mopped (if not carpeted) and the mop head has been sent for laundering (or disposed of if single use). The mop handle and mop bucket have been cleaned and disinfected after use |  |  |  |  |  |
| The carpet and/or soft furnishings have been steam cleaned where possible. All removable/accessible parts of the steam cleaner have been cleaned and disinfected after being used in each source isolation bedroom |  |  |  |  |  |
| All communal areas have had a deep clean. |  |  |  |  |  |

**For infection prevention and control advice please call the Local Authority Community Infection Prevention and Control Service on: 0116 305 0705 Monday to Friday excluding Bank Holidays.**

**Evenings, weekends and Bank Holidays please call Public Health England on 0344 2254524 Option 1.**

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| **Summary of Incident** |
| **Start date** | **End date** | **Symptoms** | **No. residents affected** | **No. staff affected** | **Comments**  |
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**Additional Information**

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| --- | --- | --- |
|  **Date/Time** | **Comments**  | **Signature/Position** |
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