



Protecting and improving the nation's health

## INTEGRATED CARE PATHWAY (Checklist)

### Outbreak Management of Diarrhoea and Vomiting (Care Homes)

#### Definition Criteria for an outbreak of Diarrhoea and Vomiting:

Two or more cases of diarrhoea and/ or vomiting, Bristol Stool Chart grading 6 or 7 unusual to the residents or staff members normal bowel action ([see page 7](#)).

Full address of outbreak location including postcode	
Onset date and time in first case	
Number of residents currently in the home	
Number of all staff members employed in the home	
Number of symptomatic residents (at time of reporting of outbreak) with onset dates	
Number of staff members symptomatic (at time of reporting the outbreak) with onset dates	
Do people have (please tick)	Diarrhoea: Yes <input type="checkbox"/> No <input type="checkbox"/> Vomiting: Yes <input type="checkbox"/> No <input type="checkbox"/> Abdo pain Yes <input type="checkbox"/> No <input type="checkbox"/> Fever Yes <input type="checkbox"/> No <input type="checkbox"/>
Did cases start to be ill at the same time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did cases eat from the same place e.g. home kitchen, food brought in by residents or visitors?	Home Kitchen: Yes <input type="checkbox"/> No <input type="checkbox"/> Food brought in by residents or visitors: Yes <input type="checkbox"/> No <input type="checkbox"/> Other: (please write).....
If yes to the last two questions, this could be food poisoning; please inform Environmental Health Officer and the Health Protection Team (PHE)	

**Instructions:** Work through all the pages of this document, signing and dating each action when it has been implemented and adding case details to the [outbreak chart](#).

NB If you have your own outbreak documentation that is similar to this, there is no need to complete both documents, as long as the appropriate actions are implemented, and this is clearly documented.



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Outbreak Care Pathway Communication	Date	Signature
<p>1. <b>Report cases of diarrhoea and vomiting to the person in charge</b> and enter the symptomatic cases details on the <a href="#">outbreak chart</a> attached (residents, staff and visitors) so that you can identify whether symptoms started all at once (food poisoning?) or at different times (which may indicate person to person spread).</p>		
<p>2. <b>If not already done telephone the Public Health England (PHE) Health Protection Team to inform them of the outbreak</b> on 0300 303 8162 Option 1, 1 (Monday to Friday 0900 – 1700hrs).</p> <ul style="list-style-type: none"> <li>• If the outbreak commences on a weekend or Bank Holiday and urgent advice is needed, inform the on-call Public Health Specialist using the above number and you will be directed to the Out of Hours number.</li> </ul>		
<p><b>PHE will inform Environmental Health who may contact you.</b> These are the questions that Environmental Health may ask you:</p> <ol style="list-style-type: none"> <li>1. Number of meals per day - residents and staff?</li> <li>2. Are day visitors catered for? Number?</li> <li>3. Is this a distribution kitchen? i.e. are hot meals sent offsite to other satellite kitchens? Where? How many? Has this ceased during the current outbreak?</li> <li>4. Have the kitchen staff been questioned about possible symptoms?</li> <li>5. Have any food handlers/care assistants been unwell, even very mild symptoms?</li> <li>6. Have any household contacts for kitchen staff &amp; care assistants been unwell with diarrhoea and vomiting symptoms?</li> <li>7. Are they aware of 48-hour rule for exclusion?</li> <li>8. Has anyone vomited in dining room?</li> <li>9. Are care assistants routinely excluded from the kitchen?</li> <li>10. If not, are arrangements in place to exclude them during the outbreak? E.g. alternative facilities available for beverage making or kitchen staff to make beverages and leave out for care assistants to distribute?</li> <li>11. If staff have been ill, have they eaten from the care home?</li> <li>12. Is all food equipment maintaining adequate temperature control?</li> <li>13. Are hot/cold food temperature records up to date and carried out? The EHO may ask you to provide copies of these records.</li> </ol>		



Outbreak Care Pathway Communication	Date	Signature
<p><b>4. There is no longer a need to routinely inform the Care Quality Commission.</b> However, this document can be used to provide evidence for your CQC inspections.</p>		
<p><b>5. Close the home to admissions, transfers and hospital outpatient appointments.</b> Closure does not strictly apply to readmission of existing residents and these should be considered on an individual basis – the health protection team (PHE) can assist with risk assessment.</p> <p>Day centres must also be closed (unless they can be accessed independently from the home and do not share staff with the home or receive meals from the home’s kitchen).</p> <p>If hospital appointments are essential (this can be discussed with the health professional the resident is due to see), inform the nurse in charge about the outbreak so that they can arrange for the resident to be seen possibly at the end of the day and as quickly as possible avoiding exposure to other patients.</p> <p>Any problems or concerns can be discussed with the Health Protection Practitioner if necessary.</p>		
<p><b>6. Inform visitors of the closure and put a poster on the entrance of the home</b> – to inform visitors that there is an outbreak, and everyone needs to report to the person in charge. Visitors are advised to stay away until the home is 48 hours free of symptoms. Visitors must not be stopped from visiting if they wish as long as they are aware they may become ill themselves. Visitors with symptoms must not visit the home until they are 48 hours free of symptoms.</p>		
<p><b>7. Inform visiting health care staff of the outbreak i.e. GPs, community nurses, physiotherapists, occupational therapists, pharmacists.</b></p> <p>Non-essential care must be deferred until after the outbreak</p>		
<p><b>8. Inform the Health Protection Team if a resident requires an emergency admission to hospital.</b> The GP/ paramedics/ care home manager must inform accident and emergency or the admitting ward, so that the resident can be received into a suitable area in A&amp;E/ medical admissions</p>		



Outbreak Pathway Infection Control Precautions	Date	Signature
<p><b>9. Isolate residents in their rooms until 48 hrs symptom free (where condition allows), particularly those with vomiting.</b> Where residents are difficult to isolate (EMI units) try as much as possible to cohort the residents that are symptomatic into one area.</p>		
<p><b>10. Organise staff work rota to minimise contamination of unaffected areas. Try to avoid moving staff between homes and floors</b></p>		
<p><b>11. Obtain a stool specimen as soon as possible from some symptomatic cases.</b> If notified of the outbreak, the health protection team (PHE) will send pre-addressed sample collection kits to the care home. Stool specimens should be 5 to 10 ml and must be diarrhoea (not formed stools). The specimen can still be taken even if it is mixed with urine and it is alright to scoop the sample from the toilet or from an incontinence pad.  Sampling early may identify the cause of the outbreak and halt the need to take further samples. If you have contacted Public Health England, they will send sample pots via the post and explain how these are to be used. If you have pots already you can use these, store the sample in a fridge for that purpose only, and await PHE instruction. Please call the health protection team (PHE) with the names of any residents who have had samples sent off. If you have an <a href="#">NHS Net email address</a>, you may email the <a href="#">Specimen Results Chart</a> to our <a href="#">NHS Net email address</a> with the names and DOB column completed. <a href="mailto:phe.swhpt@nhs.net">phe.swhpt@nhs.net</a></p>		
<p><b>12. Exclude all staff members with symptoms until asymptomatic for 48 hours.</b> Staff members should be advised to submit stool samples to their GPs and must be advised not to work in any other care home until asymptomatic for 48 hours</p>		
<p><b>13. Staff must not eat and drink except in designated areas.</b> Open boxes of chocolates and fruit bowls must be removed in an outbreak</p>		
<p><b>14. Staff should change out of uniforms prior to leaving the home during outbreaks and wear a clean uniform daily.</b>  If uniforms are laundered at home, they should be washed immediately on a separate wash to other laundry at the highest temperature the material will allow.</p>		



Outbreak Pathway Infection Control Precautions	Date	Signature
<p><b>15. Reopening</b></p> <ul style="list-style-type: none"> <li>• The home should not be reopened until it has been free of symptoms for 48 hours.</li> <li>• A 'deep clean' should take place before reopening; this means that all floors, surfaces and equipment should be thoroughly cleaned with hot soapy water, including items such as door handles and light switches.</li> <li>• Electrical items such as telephones and computer key boards also need to be cleaned with a (damp but not wet) cloth.</li> <li>• Curtains should be laundered, and it is recommended that, if possible, carpets be steam cleaned.</li> </ul>		
<p><b>16. Effective hand hygiene is an essential infection control measure.</b> Ensure sinks are accessible and are well stocked with <b>liquid soap and paper towels for staff and visitors.</b></p>		
<p><b>17. Provide residents with hand wipes and/or encourage hand washing (hand washing is the preferred option for residents who are not bed bound)</b> In communal toilets, paper towels must be used for drying hands. For residents with en suite bathrooms, hand towels are acceptable but should be changed daily.</p>		
<p><b>18. Ensure the macerator/bedpan washer is operational</b> Faults must be dealt with immediately as <b>urgent.</b></p>		
<p><b>19. Laundry soiled by faeces or vomit</b> must be placed directly into a water soluble/infected laundry bag and transferred to the laundry so that laundry staff do not have to handle the item. Launder as infected linen.</p>		
<p><b>20. Ensure the home is thoroughly cleaned daily using hot water and detergent.</b> If available all eating surfaces, toilet areas and sluice should be cleaned <b>twice</b> daily using a hypochlorite solution 1000 parts per million.</p> <p><b>Disinfection with Hypochlorite Solution</b></p> <ul style="list-style-type: none"> <li>• Disinfect with a freshly prepared 0.1 % hypochlorite solution (1000ppm). It is important to check the label for concentrations.</li> </ul>		



<p>Recommended hypochlorite solutions at a concentration of 1,000 ppm include:</p> <ul style="list-style-type: none"> <li>○ 50mls of Milton® added to 950mls of water</li> <li>○ Chlor-Clean®, Haz-Tab®, or Presept® tablets, as per manufacturer’s instructions using a diluter bottle where applicable. Others may be available.</li> <li>○ 100 ml of household bleach (5% - concentration varies) added to 4900 ml of water</li> </ul> <ul style="list-style-type: none"> <li>• It is essential that the correct concentration of the solution is made up to ensure that it is effective in killing the virus.</li> <li>• A fresh solution of hypochlorite should be made every 24 hours as the concentration becomes less effective after this time period. The date and time should be recorded when the solution is made up.</li> </ul> <ul style="list-style-type: none"> <li>• Commode and toilet seats require cleaning after each use with soap and water or detergent wipe.</li> <li>• Cover excreta/vomit spillages immediately with disposable paper roll/towel. <b>Always</b> wear an apron and gloves when disposing of faeces/vomit. After removing the spillage, clean the surrounding area with hot soapy water, followed by disinfection with a hypochlorite solution of 1000 part per million. Always clean a wider area than is visibly contaminated.</li> <li>• Carpets contaminated with faeces or vomit should be cleaned with hot soapy water (or a carpet shampoo) after removal of the spillage with paper towels. This should preferably be followed by steam cleaning if possible.</li> </ul>		
<p><b>21. Inform the Health Protection Team when the home has been 48 hours symptom free.</b></p> <p>Either via email to <a href="mailto:swhpt@phe.gov.uk">swhpt@phe.gov.uk</a> or call the Health Protection Team (PHE) on 0300 303 8162 option 1 option 1</p>		





## Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>



### Specimen Results

Care Home Name:

HPZ Number:

Name and DOB	Specimen Type	Date Posted	Lab Results
	Faeces		Bacteriology: C. difficile: Virology:

Please call the health protection team (PHE) with the details of any residents who have had samples sent off. If you have an [NHS Net email address](#), you may email the Specimen Results Chart to our [NHS Net email address](#) with the names and DOB column completed. [phe.swhpt@nhs.net](mailto:phe.swhpt@nhs.net)

PHE Reference Number (if known): HPZ\_\_\_\_\_