

Attachment 3—Controlling an Outbreak of Gastroenteritis—Guidance for Institutions

Clean Up/Control Measures

1. Isolate symptomatic patients from asymptomatic patients if possible.
2. Standard precautions (see Guidelines for the Control of Infectious Diseases (The Blue Book) Appendix 4, p. 223) to be carried out.
3. Hand washing should be carried out by staff and visitors before and after all patient contact, as well as on entry and exit from affected wards/units.
4. Cleaning and disinfection.

General

- Ensure all potentially contaminated areas on wards are washed down with hot water and detergent, rinsed with clean water and then sanitised with a sodium hypochlorite solution of 1000ppm. Leave sanitiser for 10 minutes and then rinse with cold water. Potentially contaminated areas include toilets, showers, panrooms, pantry, patients lockers and surrounding areas including walls, floor, benches, taps, toilet and door handles etc.
- Once the patient no longer has symptoms of diarrhoea and vomiting, the patients' beds, (including mattresses), lockers and surrounding area (including floor and walls) should be washed down with hot water and detergent followed by rinsing with clean water and then sanitising with a sodium hypochlorite solution of 1000ppm. Leave sanitiser for 10 minutes then rinse with cold water. Blankets should be washed or dry cleaned.

Kitchen

- Dispose of all contaminated food under supervision.
- Wash, rinse and sanitise all kitchen equipment which has been used. Take special care with all equipment which has come into contact with suspected contaminated food or infected persons. Sanitising can be done by immersing all food contact surfaces into water that is at least 82°C for 2 minutes, or in a solution containing the equivalent of at least 100ppm available chlorine for at least 3 minutes at 50°C. Use a chemical sanitiser at 200ppm available chlorine on any equipment that cannot be immersed in water. Use brushes and disposable cleaning fabrics rather than washable cloths, rags and towels.

- Wash down floors and benches in kitchen and in any other suspected contaminated areas with hot water and detergent followed by sanitising with a sodium hypochlorite solution of 1000ppm available chlorine. This should also include the toilets particularly the toilet bowl and wash hand basins paying particular attention to the tap handles, door handles and toilet flush button. Leave sanitiser for 10 minutes and then rinse with cold water.
5. No transfer of patients between wards or to other institutions unless absolutely necessary, until patients have been symptom free for 48 hours. If patients must be transferred, the ward or institution must be advised of the outbreak so that they can take appropriate precautions to prevent the transmission of infection in their establishment. No new admissions to the ward(s) until further notice. Staff should not be transferred from one ward to another as far as possible.
 6. Staff with symptoms of viral gastroenteritis should be sent home and requested to stay home until they have been symptom free for at least 48hrs.
 7. Agency nursing staff and medical staff should be particularly instructed about the risk of transmission to other institutions.
 8. Only catering staff should have access to the kitchen.
 9. Visiting should be restricted. It is important to ensure that visitors do not visit other patients. Visitors should wear clean gowns to affected wards or rooms, and wash their hands before and after visiting patients with symptoms. Any visitor with symptoms of gastroenteritis should be refrained from entering the wards. As far as possible, children should not be permitted in wards during an outbreak because of their susceptibility to infection.
 10. Ensure that all exposed food on wards eg fruit, is discarded.
 11. Prepare a list of all persons who have been affected by the illness (including staff) together with their dates of birth, ward/room/work location, and date and time of onset of symptoms.
 12. Communication about the outbreak to **all staff**, including agency staff, is essential. Briefings should be provided giving clear instructions to staff outlining:
 - Transmission of viral gastroenteritis and infection control procedures;
 - Cleaning and disinfection procedures;
 - Isolation of affected patients;
 - Transfer of patients;
 - Visitors;
 - Discharge of patients;
 - Ill staff to remain away from work for 48hrs after symptoms cease; and
 - Names and contact numbers for the infection control personnel.
 13. Laboratory staff must be clearly briefed regarding the outbreak and of the need to examine samples for viruses.
 14. All staff should be informed of the criteria to determine the end of an outbreak. Disease Control Victoria, or in the case of hospitals the Infection Control team, must decide when this criteria has been met and the outbreak is declared to have ended.