

CONTROL MEASURES FOR RESIDENTS:

- ◆ Limit new admissions until the outbreak is over. An outbreak is generally considered to be over when a sufficient amount of time has passed without onset of illness in new cases. This determination will be made by the health authority.
- ◆ Confine residents with vomiting or diarrhea to their rooms until symptom-free for 72 hours or more.
- ◆ Cancel group activities until the outbreak is over.
- ◆ Do not transfer residents (symptomatic or not) from outbreak-affected to unaffected wards, unless it's medically urgent to do so, until the outbreak is over.
- ◆ Ask family members and visitors with vomiting and/or diarrhea to stay home until symptom-free for 72 hours or more.
- ◆ Do not allow children to enter the facility until the outbreak is over.
- ◆ Dedicate the use of patient-care equipment to a single resident or among similarly symptomatic residents. If the use of common equipment or items is unavoidable, clean and disinfect the equipment before another resident uses it.
- ◆ Consider giving anti-emetics to patients with vomiting.

CONTROL MEASURES FOR STAFF AND VOLUNTEERS:

- ◆ Maintain the same staff to resident assignments.
- ◆ Discontinue "floating" staff from the outbreak-affected to unaffected wards.
- ◆ Furlough staff and volunteers with vomiting or diarrhea involved in viral gastroenteritis outbreaks for 72 hours after symptoms cease. Work restrictions during bacterial gastroenteritis outbreaks depend on the bacterium.
- ◆ Exclude non-essential personnel from outbreak-affected wards.
- ◆ Wear gloves and gowns when entering the rooms of residents with gastroenteritis.
- ◆ Remove gloves and gowns after contact with an affected resident and before contact with an unaffected resident in the same room. Remove gloves before leaving the room and wash hands immediately.
- ◆ Clean up fecal and vomit accidents promptly. Disinfect with an effective virucide¹ or 1000 ppm available chlorine (1 part bleach to 9 parts water).
- ◆ Increase the frequency of routine ward cleaning, with special attention to frequently handled things like light switches, telephones, faucets, door handles, toilet flushers & bath rails.

CLEANING UP VOMIT AND FECES

Staff who clean up vomit or feces should use the following precautions to reduce their risk of infection.

GENERAL PRINCIPLES:

- ◆ wear disposable gloves and gowns*
- ◆ clean soiled areas with detergent and hot water
- ◆ always clean with paper towels or disposable cloths and dispose in infectious waste bags
- ◆ disinfect soiled areas with 1000 ppm available chlorine solution(1:9 bleach to water) **or** use one of the effective virucides¹ listed below according to manufacturers directions
- ◆ dispose of gloves, gown and cloths in infectious waste bags
- ◆ wash hands thoroughly using soap and water and dry them just as thoroughly

Handwashing is the single most important procedure for preventing the spread of infection between you, your coworkers and your clients. Frequent handwashing with soap and water for at least 20 seconds of vigorous rubbing, thorough rinsing under a stream of clean water, and drying with disposable towels is recommended. Faucets should be turned off with paper towels.

SPECIFIC SITUATIONS:

Cleaning specific items*

Bed linens, bed curtains, & pillows: launder in detergent and hot water in soluble alginate laundry bags; use 1000 ppm available chlorine solution to disinfect pillows with impermeable covers or use an effective virucide¹. Soiled linens should be handled as little as possible and with minimal agitation.

Carpets: use paper towels to soak up excess liquid and transfer these and any solid matter directly into a healthcare risk waste bag; clean with detergent and hot water using a disposable cloth then disinfect with an effective virucide¹ or; disinfect with 1000 ppm available chlorine solution. Carpet may be steam cleaned after disinfection.

Hard surfaces: clean with detergent and hot water; disinfect with an effective virucide¹ or 1000 ppm available chlorine solution; launder non-disposable mop heads in a hot wash.

Horizontal surfaces, furniture and soft furnishings (in the vicinity of the soiled area): clean with detergent and hot water then disinfect with an effective virucide¹ or with 1000 ppm available chlorine solution.

Fixtures and fittings in toilet areas areas: clean with detergent and hot water; disinfect with 1000 ppm available chlorine solution or an effective virucide¹.

Cleaning up vomit in the kitchen*

Carefully remove all vomit and clean the area using the general principles above.

Food preparation area (including vertical surfaces): disinfect all kitchen surfaces with 1000 ppm available chlorine solution or an effective virucide¹. Thoroughly rinse all areas and sanitize using routine kitchen sanitizer according to manufacturer's recommendations.

Food: destroy any exposed food, food that may have been contaminated and food that was handled by an infected person.

Work restrictions: furlough anyone with vomiting and diarrhea who works in the kitchen until 72 hours after the symptoms stop.

Report any incident of vomiting to the infection control team and appropriate managers.

****It is recommended that persons who clean areas substantially contaminated by feces and/or vomitus wear masks because spattering or aerosols of infectious material might be involved in disease transmission.***

¹ Effective virucides are those effective against feline calicivirus (FCV) including: Virkon[®] (Biosafety USA), Accel[®] (Virox Technologies), EcoTru, and MiKro BAC 3[®] (Ecolab).

References:

Oregon Department of Human Services, Office of Disease Prevention & Epidemiology. "Investigating gastroenteritis outbreaks in nursing homes and similar settings."

Centers for Disease Control and Prevention. "Norwalk-like viruses:" public health consequences and outbreak management. MMWR 2001; 50(No. RR-9).

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