UK Health Security Agency

UKHSA East of England
Health Protection Team

Diarrhoea and vomiting outbreaks Infection control advice for educational/residential settings

All people with symptoms of diarrhoea and/or vomiting must be regarded as potentially infectious until otherwise proven. Norovirus can spread from person to person via the faecal-oral route or vomiting into the environment. The latter results in airborne spread of virus particles as they can be widely dispersed by air currents.

General hygiene

- Provide and promote the use of facilities for handwashing with soap and water. Paper towels are known to be the most effective method of drying.
- Hand washing after using the toilet and before meals is particularly important.
- Wherever possible toilet facilities must be segregated for infected and non-infected boarders/residents.
- **Alcohol gel is not effective against viruses and is not recommended for use during an outbreak.**
- If an air conditioning facility is in situ, this should be switched off in affected areas - professional advice should be sought on decontamination of the system before it is restarted.

Staff

- Ensure all staff are aware of the outbreak situation and how norovirus spreads.
- Staff who become ill at work should be excluded immediately.
- All staff, including food handlers, with symptoms of diarrhoea and vomiting should not attend work and should not return to any work until 48 hours after the last episode of diarrhoea or vomiting.
- **Personal protective clothing (PPE):** Powder-free and ideally latex-free gloves are advised for direct contact with body fluids/blood. A disposable plastic apron should be worn to protect clothing if providing personal care. Face protection is recommended if splashing of body fluids/blood is expected.
- Hands **must be washed** following removal of gloves.

Environmental cleaning

- Cleaning equipment and materials for toilet and bathroom areas should be kept separate from those used in other, especially catering, areas both routinely and during outbreaks.

Environmental cleaning during an outbreak

- Increase frequency of cleaning
- Clean from unaffected to affected areas, and within affected areas from least likely contaminated areas to most highly contaminated areas
- Use disposable cleaning materials including mops and cloths
- Dedicate reusable cleaning equipment to affected areas and thoroughly decontaminate between uses e.g., mop handles and buckets
- After cleaning, disinfect with 0.1% sodium hypochlorite (1000ppm available chlorine), following manufacturer's instructions
- Pay particular attention to frequently touched surfaces such as bed tables, door handles, toilet flush handles and taps
- Cleaning staff and other staff who undertake cleaning tasks should follow standard infection control precautions and wear appropriate PPE including disposable gloves and apron

It is also extremely important to respond quickly to any vomiting or other environmental soiling (e.g., faeces).

Prompt decontamination of soiling and spillages

- Wear appropriate PPE including disposable gloves and apron
- Clear up bulk of spillage using paper towel and discard immediately into dedicated waste bag
- Use fresh paper towel/disposable cloth to clean the area with neutral detergent and hot water. Dry the area
- Then disinfect the area using a solution of 0.1% sodium hypochlorite (1000ppm available chlorine) in accordance with manufacturer's instructions
- Dry the area thoroughly
- Discard all PPE and disposable materials into the dedicated waste bag
- Wash hands with liquid soap and warm water

Laundry

- All linen should be handled with care and attention paid to the potential spread of infection.
- Personal protective equipment (PPE) such as plastic aprons and suitable gloves should be worn for handling contaminated clothing and linen. Linen should be removed from a resident's bed with care and placed in an appropriate bag.
- Personal clothing should also be removed with care and placed in the bag, not placed upon the floor.
- To prevent contamination, linen and other laundry should not be held close to the chest.
- Foul laundry should be placed directly into a plastic water-soluble bag and then into a laundry bag. The plastic bag should then be placed directly into a washing machine and washed using a sluice cycle first.
- Under no circumstances should foul laundry ever be hand sluiced or soaked in buckets etc.
- Any segregation required prior to washing should be carried out before transport to the laundry area. Staff should never empty bags of linen onto the floor to sort the linen into categories – this presents an unnecessary risk of infection.
- After handling linen, hands should be washed thoroughly.

Kitchens and food preparation

- Remove all exposed foods, e.g., fruit bowls. If anyone should vomit in an area where there is uncovered food or drink, it must be discarded since there is a risk that it has been contaminated with the virus.
- Ensure good hygiene practice in kitchens.
- Soiled items (e.g., laundry) should not be carried through kitchens.

Actions to be taken when the outbreak is over

Once the outbreak is over it is recommended that all areas are cleaned thoroughly. The completion of terminal cleaning serves as the definition of the end of the outbreak.

Terminal cleaning

- Remove window and privacy curtains avoiding unnecessary agitation and send for laundering
- Remove bed linen and unused linen and send for laundering
- Decontaminate all equipment in accordance with manufacturer's instructions
- Thoroughly clean all surfaces with a neutral detergent or consider the use of ultra-heated dry steam vapour cleaning
- Steam cleaning of upholstered furniture and bed mattresses present in rooms is recommended
- Any torn or damaged mattresses or covers should be disposed of and replaced
- After cleaning, disinfect with 0.1% sodium hypochlorite (1000 ppm available chlorine)