



# Suspected infectious gastroenteritis outbreak response checklist for Residential Care Facilities

Sudden onset of vomiting and/or diarrhoea with simultaneous involvement of residents and/or staff (at least 2 or more people) within a 48-hour period, is highly suggestive of an outbreak of illness due to infectious gastroenteritis.

Task	Complete
Contact local public health department of outbreak within 24 hours	
Initiate tracking of cases using a gastroenteritis surveillance form	
Any resident symptomatic with diarrhoea should be tested ASAP for norovirus, C&S and Clostridium difficile requiring 2 sample pots per resident	
Limit or temporarily suspend admissions to the affected area	
Limit transfers out apart from those that are deemed medically necessary transfers <i>(NOTE: all receiving institutions/hospitals should be notified of the possibility of infectious gastroenteritis when transferring/transporting residents from a facility experiencing cases of acute gastroenteritis)</i>	
Consider postponing group activities, for an initial period of 48 hours, in the affected unit only to curtail spread	
Isolate ill from non-ill residents, if possible limit ill residents to their rooms for the duration of their illness up until they are 48 hours free from last symptom	
Affected healthcare workers should be excluded from duties and sent home and should not return to work until at least 48 hours free from their last symptom	
Healthcare workers working in affected areas should not be assigned to work in or go into unaffected areas	
Perform deep cleaning of the facility twice daily, ensure use of detergent & disinfect with 1000ppm hypochlorite solution using disposable cloths	
Deep cleaning should encompass all common areas, resident rooms, equipment stores, toilets and sluice room	
Deep cleaning schedules should extend to twice daily deep cleaning of resident equipment as well as in between each resident use	
Stringent adherence to good hand hygiene practices, bare below the elbow and the '5 moments' is essential – monitor compliance with spot checks and audits	
Remind residents and visitors to frequently wash their hands	
Transmission based precautions should be taken with ill residents. Appropriate PPE should be worn when entering a room for all interactions that may involve contact with the resident or potentially contaminated areas in the residents' environment	
Ensure standard precautions are used by healthcare workers when cleaning vomitus/faeces paying particular attention to PPE	
All waste should be managed as healthcare risk waste from affected areas	
Inform family members and healthcare providers in writing of current outbreak status	
Sensible and sympathetic management of nursing home visiting can assist in the control of gastrointestinal outbreaks	
Visitors with a history of vomiting or diarrhoea at home should not visit a hospital or nursing home (whether during an outbreak or otherwise) until at least 48 hours after their last episode of vomiting and/or diarrhoea.	
Post precautionary notifications on entrances and exits	
After outbreak subsides arrange debrief to review response to outbreak. Identify any necessary updates to policies and procedures	
Implement any necessary updates to policies and procedures	
If your facility obtains drinking water from a private well or private group scheme please inform Public Health ASAP, a boil water notice may be implemented until environmental sampling is possible.	
If your facility has a resident pet, cat or dog, make sure that animals who are unwell with diarrhoea do not come into contact with residents or staff. Make sure that residents and staff practice hand hygiene after coming into contact with the pet, particularly if in contact with the faeces.	



**You can contact us by phone or email:**

- 057 9359891
- [PublicHealth.AreaB@hse.ie](mailto:PublicHealth.AreaB@hse.ie)