HOSPITAL GUIDELINES ON
PREVENTION & CONTROL OF
DIARRHOEA & VOMITING
WITH REFERENCE TO NOROVIRUS

Gastroenteritis due to SRSV’s (Small Round Structured Viruses)

SRSV’s are a frequent cause of D&V in the community and the commonest cause of outbreaks of gastroenteritis in hospital. Transmission occurs by vomiting, by faecal-oral spread or by consumption of contaminated food. Most infections are seen during the winter (‘Winter Vomiting Disease’) and outbreaks usually occur at that time of year. The infection is self-limiting and usually mild. However, since large numbers of patients and staff may be involved, outbreaks of SRSV can be a major disruption to healthcare service provision.

Criteria for suspecting an outbreak due to SRSV
- Short incubation (15 – 48 hours)
- Illness duration (12 – 60 hours)
- Vomiting in >50% symptomatic patients
- Patients and Staff both affected.

Control of SRSV outbreaks
- Cohort or isolate symptomatic individuals.
- Emphasize the importance of handwashing.
- Wash and dry hands before and after patient/environmental contacts.
- Wear gloves and aprons for contact with infected patients/environment.
- Avoid transfer to unaffected wards or departments (unless medically urgent and after consultation with Infection Control Staff). The priority is to stop spread of the virus to other areas.
- Minimise movements of staff between affected and unaffected wards.
- Exclude affected staff until symptom free for 48 hours.
- Caution visitors that they may be exposed to infection.
- Wherever possible, exclude children from visiting affected wards.
- Advise relatives not to visit if they are feeling unwell or have D&V.
- Use Presept 1200ppm, hypochlorite (1tab : 1 litre water) to disinfect contaminated environmental surfaces.

N.B. Remember always to inform the Infection Control Team of any unexpected vomiting or diarrhoea among patients or staff in your area.
Guidelines on cleaning up vomit and faeces:
The following precautions should be used by individuals who clean up vomit or faeces in order to minimize the risk of infection to them.

1. Wear disposable gloves and apron.
2. Use proper towels to soak up excess liquid. Transfer these and any solid matter directly into a clinical waste bag.
3. Clean the soiled area with detergent and hot water, using a disposable cloth.
4. Disinfect the contaminated area with freshly made Presept 1200ppm, hypochlorite (1 tab: 1litre water) solution. Note that the hypochlorite is corrosive and may bleach furnishings and fabric.
5. Dispose of gloves, apron and clothes into the clinical waste bag.
6. Wash hands thoroughly with disinfectant (Hibiscrub) and dry hands well.

Treatment of specific materials:
- Contaminated linen and bed curtains should be placed carefully into laundry bags appropriate to guidelines for infected linen (soluble alginate bags with a red outside bag) without generating further aerosols. Contaminated pillows should also be laundered as infected linen unless they are covered with an impermeable cover in which case they should be disinfected with Presept 1200ppm, hypochlorite (1tab:1litre water) solution.
- Contaminated hard surfaces should be washed with detergent and hot water, using a disposable cloth, then disinfected with Presept 1200ppm, hypochlorite (1tab:1litre water) solution (disposable cloth).
- Clean floors with detergent and hot water and disinfect with Presept 1200ppm, hypochlorite (1tab:1litre water) solution. Mops should be disposed of.
- Fixtures and fittings in toilet area should be cleaned with detergent and hot water using a disposable cloth, then disinfected with Presept 1200ppm, hypochlorite (1tab:1litre water) solution.

References:

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HOSPITAL GUIDELINES ON PREVENTION AND CONTROL OF DIARRHOEA AND VOMITING

PRECAUTIONS

DIARRHOEA AND VOMITING (S.R.S.V) SMALL ROUND STRUCTURED VIRUS

Standard precautions are necessary in the care of all patients. However, extra precautions (Transmission-Based Precautions) are necessary in the care of patients with communicable diseases.

Standard precautions involve the following:-

**Hand washing:** After contact or contamination with blood, body fluids, excretions, secretions, or contaminated materials.

**Gloves:** For contact with blood, body fluids, excretions, secretions, or contaminated materials.

**Facial Protection:** Use of mask, visor or goggles when splashing is anticipated.

**Plastic Aprons:** For contact with infected patients, excretions, contaminated equipment or materials.

**Prevention of Sharps Injury:** Adaption of work practices that minimize risk of injury. Safe disposal of sharps and needles.

**Hygiene:** Appropriate decontamination of equipment, eg bedpan, urinals in washer disinfector.

**Linen:** Alginate bag placed in a red linen bag.

**Environmental Cleaning:** Use appropriate disinfectants see below.

TRANSMISSION-BASED PRECAUTIONS (Extra precautions)

(S.R.S.V SMALL ROUND STRUCTURED VIRUS)

Is a small structured RNA virus causing gastroenteritis? The disease is usually self-limiting, lasting 24-48 hours, mild to moderate in severity and often occurs in outbreaks. It is characterized by nausea, vomiting, diarrhoea, abdominal pain, myalgia, headache, malaise, low grade fever.

Transmission of infection: probably the faecal-oral route, although contact and airborne transmission is likely in hospital.

Incubation period: 24-48 hours.

Infectivity: During acute disease and up to 48 hours after stools become formed.
Precautions to be taken in addition to standard precautions:-

1. **Single Room or Cohorting**
   
   Necessary until stools formed by 48 hours. Place notice on door ‘Report to Nurse in charge before entering

2. **Hand Washing**
   
   Chlorhexidine detergent scrub (Hibiscrub)

3. **Protective Wear**
   
   Wear gloves and plastic apron for patient contact

4. **Disinfection**
   
   After cleaning with detergent disinfect with Presept 1200 PPM= (1 Litre water to 1 tab Presept)

_N.B Neonates:_

After cleaning incubators and toys disinfect with Presept (100 PPM) left for 30 minutes and then rinsed off with detergent and water.
DATE: _______________________  TIME:_______________________
WARD: _______________________

CRITERIA RE: CLASSIFICATION OF SRSV VIRUS

SRSV CASES: Patients with vomiting +/- diarrhoea or diarrhoea only, unrelated to an underlying medical condition such as medication, diabetes, food-poisoning, travel-associated, antibiotic-associated etc.

DIARRHOEA: Liquid bowel motions usually with urgency.

TOTAL CASES: Accumulative total since outbreak on 04/05/02 this includes patients discharged home but not transferred to other hospitals or institutions.
   (INFECTED)

TOTAL WARD CASES: Inpatients who are SRSV. Once a case always a case. Patients may be discharged home but not transferred to other hospitals or institutions.
   (INFECTED)

CONTACTS: Asymptomatic patients on the same ward as cases. If patients on the ward are Asymptomatic for 48 hours, patients are no longer deemed contacts.

SYMPTOMATIC: Patients with symptoms.

NO. OF NEW CASES (INFECTED): Since last report.

RELAPSED CASES (INFECTED): Cases who are clear for 48 hours and have relapsed.

UPDATE@ 7am AND 20.00hours: Daily

INFECTION CONTROL DEPARTMENT
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Dr. J. DeFreitas,   Ms. Maura Fitzgerald,   Ms. Liz Boyle,
Management of Diarrhoea +/- Vomiting

Vomiting +/- Diarrhoea or Diarrhoea only. \rightarrow High risk for diagnosis of SRSV

Isolate until Asymptomatic for 48 Hours.

Contacts

>2 Symptomatic Patients on the main Ward

Cohort x 48 hours

Isolate / Cohort

Close main ward x 48 hours

Asymptomatic x 48 hours

Declassify & Re-Open Ward
Dr. J. DeFreitas,
Consultant Pathologist/Microbiologist
Ms. Maura Fitzgerald,
A/Director of Nursing
Ms. Liz Boyle,
Infection Control, CNM II
Copy of Original available through Infection control office.