

Please note

- Elderly or immunocompromised residents may be particularly vulnerable to complications, including dehydration, of infectious gastroenteritis:
 - ✓ Closely monitor residents who have symptoms.
 - ✓ Get advice from the GP or out-of-hours GP service when needed.
 - ✓ Find out more about dehydration by visiting <https://www2.hse.ie/conditions/dehydration/>

Microbiological Testing

- Patients with vomiting and/or diarrhoea should be tested as soon as possible for **norovirus, C&S and Clostridium difficile**.
- Send 2 stool sample pots for microbiological testing.
- Do not send vomitus samples for microbiological testing.

Hand Hygiene

- Carefully following all hand hygiene practices, including '*bare below the elbow*', and the *5 moments of Hand Hygiene* is an essential part of preventing the spread of germs:
 - ✓ Before patient contact
 - ✓ Before aseptic/clean procedures (including food preparation, helping patients to eat, drug administration etc)
 - ✓ After body fluid exposure
 - ✓ After patient contact
 - ✓ After contact with patient surroundings
- Each Head of Department should:
 - ✓ ensure staff are trained and up to date with hand hygiene education (e-learning module available on HSeLanD,
 - ✓ observe practices, and
 - ✓ conduct audits to monitor compliance.
- Advise residents and visitors about the importance of hand hygiene, and help them when needed.

Use of PPE (Personal Protective Equipment)

- PPE (gloves, apron and facemask) must be donned/put on before (and removed after) each period of care activity for a resident with suspected infectious gastroenteritis. Face visors may also be required depending on the nature of symptoms.
- Wear PPE when entering a room for all interactions that may involve contact with the resident or potentially contaminated areas in their environment.
- Make PPE easily available to staff outside the room for this purpose.
- Dispose of PPE (with the exception of facemask) in the resident's room and perform hand hygiene before leaving the room.
- Do not use PPE from one resident to another. Using the same PPE can add to the spread of infectious diarrhoea.
- Staff should use a protective facemask and visor when cleaning the contaminated environment after vomiting/diarrhoea episodes.

Environmental Cleaning & Disinfection

- Implement a twice-daily enhanced environmental cleaning and disinfection schedule. This means using a combined detergent/disinfectant or 2 step-cleaning process throughout the affected departments. It should include common areas such as dayrooms, patient equipment stores, kitchens and sluice rooms.
- Implement a twice-daily enhanced cleaning and disinfection schedule of patient equipment.
- Clean and decontaminate all patient equipment between each use (a standard detergent clean will not suffice). This is in addition to the twice-daily enhanced cleaning schedule of patient equipment
- Decontaminate equipment such as kitchen trolleys before they are returned to the main kitchen.
- Communal toilets will need additional cleans.

- As soon as a patient becomes symptomatic with vomiting/diarrhoea the sequence of cleaning and decontamination should be as follows:
 1. Display the hazard sign.
 2. Cover vomit/diarrhoea with disposable towels.
 3. Staff put on appropriate PPE.
 4. Immediately clean and decontaminate the affected area.
 5. Dispose of waste as healthcare risk waste.
 6. Remove PPE.
 7. Decontaminate hands.
- Further information can be found at: www.hpsc.ie/az/gastroenteric/norovirus/factsheets/
- Follow these steps to clean the general environment after steps 1 to 7 above have been done:
 1. Dispose of all consumables e.g. food, newspapers, wipes, toilet paper (even if unopened)
 2. Do a full environmental clean and decontamination of the environment and equipment, including the bathroom

Patient/Staff movement

- Where possible restrict patient movement from their designated area.
- Temporarily stop communal activities.
- Staff working in affected areas should not go to unaffected areas.

Waste/Laundry Management

- Managed all waste from affected areas as healthcare risk waste.
- The risk of infection from used linen is minimal if handled properly. Handle used linen carefully to avoid contaminating the environment, for example:
 - used laundry should not be shaken or placed on the floor or any clean surfaces
 - the laundry trolley should be taken to the bed side
 - contaminated laundry should be placed in orange alginate stitched bags

Sluice Room

- Make sure the sluice room is on the twice-daily enhanced cleaning schedule.
- The Head of Department must ensure that the bedpan washer is in good working order.
- The use of the sluice hopper is not recommended. There is a risk that it will aerosolise infectious diarrhoea particles to other equipment within the sluice room
- Empty bedpans, commodes and basins directly into the bedpan washer (please check with maintenance to make sure that this is okay - certain bedpan washers may have different specifications, always follow the manufacturer's instructions)
- Clean and decontaminate commodes 2 times a day and in between each patient's use.

Visiting Restrictions

- Sensible restriction of visitors is essential. The Nurse Manager in charge may decide to allow visiting given certain circumstances.
- Any visiting personnel must comply with all IPC measures, especially hand hygiene.
- Advise visitors **NOT to attend** the RCF if they had symptoms, like vomiting and/or diarrhoea, suggestive of a gastrointestinal infection. They must wait 48 hours from the date and time of their last symptom.



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