



Australian Government  
Department of Health and Ageing



# GASTRO-INFO

## OUTBREAK COORDINATOR'S HANDBOOK



The Gastro-Info Kit is not a set of guidelines to manage an outbreak of gastroenteritis – it is a resource kit to assist residential aged care facilities in the event of a gastroenteritis outbreak.

In addition to their obligations under the *Aged Care Act 1997*, all residential aged care facilities are required to meet State and Territory public health legislation. This includes on-going responsibilities for reporting and management of infectious diseases. Some States and Territories have prepared detailed guidelines on management of outbreaks of gastroenteritis, and these should be used.

The Gastro Info Kit is not intended to supersede requirements under relevant legislation or to replace specific State or Territory guidelines.

## Acknowledgement

A number of resources were used in the preparation of the *Gastro Info Kit*. Of particular importance were the *Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting* (Commonwealth Government, 2004), the gastroenteritis management guidelines prepared by State and Territory health authorities within Australia and infection control resources of the World Health Organization.

# Gastro Info Kit Contents

## Outbreak Coordinator's Handbook

How to use the Gastro Info Kit . . . . .	2
Gastro Outbreak Management Checklist . . . . .	3
Gastro Outbreak Management Flowchart . . . . .	4
Do you think your facility is experiencing an outbreak? . . . . .	5
Prevention of further spread of gastroenteritis . . . . .	7
Additional measures in an outbreak . . . . .	9
Food handling during an outbreak . . . . .	11
Specimen collection . . . . .	12
Who to contact for assistance and notification. . . . .	13
Preparing for outbreaks: Outbreak Management Plan . . . . .	15
Gastroenteritis Preparedness Kit . . . . .	16
Template – Outbreak Management Plan . . . . .	17
Template – Resident/Staff Outbreak Tracking Form . . . . .	19

## Information & Resource Sheets for Staff

Outbreak flowchart poster . . . . .	Sheet 1
Outbreak notice for staff . . . . .	Sheet 2
How to hand wash with liquid soap . . . . .	Sheet 4
How to hand wash with alcohol-based gel or rub . . . . .	Sheet 5
Hand hygiene – when and why . . . . .	Sheet 6
Notice to visitors when facility is in lock down . . . . .	Sheet 7
Notice to visitors – room entry. . . . .	Sheet 8
Notice to visitors – general warning . . . . .	Sheet 9
Notice – entry to kitchen. . . . .	Sheet 10

## Information & Resource Sheets for Residents & Visitors

Outbreak notice for residents, families and visitors . . . . .	Sheet 3
Hand washing notices . . . . .	Sheet 4 & 5
Information brochure - 'Flu & Gastro: managing infectious diseases in aged care homes'	



# How to use the Gastro Info Kit

The Gastro Info Kit is intended to assist aged care facilities in preventing, identifying and managing outbreaks of gastroenteritis.

## USERS OF THIS GASTRO KIT SHOULD ALSO BE AWARE THAT:

- All facilities must ensure that they meet their State or Territory legislation in reporting and managing outbreaks. This includes following State or Territory guidelines. This Kit **does not replace** State and Territory guidelines.
- Good infection control, particularly good hand hygiene, is central to preventing outbreaks and to reducing the size and length of an outbreak.
- All facilities should have an Outbreak Coordinator, who can direct a response as soon as an outbreak is suspected. This person should have good knowledge of infection control practices and if possible should be nominated before an outbreak happens.
- All facilities should make efforts to have Outbreak Management Plans for gastroenteritis, as well as other infections such as influenza, in place – before an outbreak happens.

## The Gastro Info Kit includes the following:

**1. Outbreak Coordinator Handbook.** This is designed to help the Coordinator respond to an outbreak. The Handbook includes the main steps in identifying and responding to an outbreak, information on gastroenteritis and a range of resources to assist the Coordinator in his or her role. Included are:

- Outbreak Management Checklist
- Outbreak Identification
- Additional outbreak measures
- Food handling during an outbreak
- Outbreak Management Plan
- Resident/Staff Tracking Form
- Outbreak Flowchart
- Preventing further spread
- Specimen collection
- Key contacts
- Gastroenteritis Preparedness Kit
- Outbreak Management Plan template

**2. Information and resource sheets for staff** including information on gastroenteritis, notices, hygiene posters. Included are:

- Outbreak Flowchart poster
- Notices to visitors
- Hand hygiene notices
- Notices to staff

**3. Information for residents and visitors** – including information on gastroenteritis and posters and information on how the home may manage an outbreak and how visitors can assist. Included are:

- Outbreak notice for residents, families & visitors
- Hand washing notices
- Information brochure - Managing infectious diseases

The Director of Nursing, Care Coordinator or Senior Nurse and the Outbreak Coordinator should be familiar with the Gastro Info Kit and its contents prior to an outbreak.

# Gastro Outbreak Management Checklist

The Gastro Outbreak Coordinator should ensure the following steps are initiated as soon as possible and completed. The order in which the tasks are undertaken may vary slightly. The Checklist can be used in conjunction with the Flowchart opposite.

<input type="checkbox"/>	<p><b>Do we have an outbreak?</b> (Refer Pages 5-6 of Outbreak Handbook) ie. 2 or more people ill with vomiting or diarrhoea within 24 hours of each other.</p> <ul style="list-style-type: none"> <li>• Activate your Gastro Management Plan by following the steps listed below</li> <li>• Inform Senior Nursing Staff on duty</li> <li>• Access Gastro outbreak stores</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	<p><b>Inform staff, residents &amp; visitors</b> (See Info Sheets 2 &amp; 3)</p> <ul style="list-style-type: none"> <li>• Inform all staff that a possible outbreak is occurring</li> <li>• Advise of increased hygiene measures</li> <li>• Inform residents &amp; visitors – notices on doors; provide information on gastro</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	<p><b>Implement additional infection control measures</b> (Refer Pages 7-10 of Outbreak Handbook &amp; Info Sheets 4-9)</p> <ul style="list-style-type: none"> <li>• Increase hygiene measures taken by all staff – standard hygiene plus additional measures</li> <li>• Ensure supplies of liquid soap, paper towels &amp; alcohol-based gel or hand rub</li> <li>• Ensure supplies of personal protective equipment (PPE) – masks, gloves, gowns</li> <li>• Contact residents' GPs</li> <li>• Isolate residents – separate infected &amp; uninfected residents where possible</li> <li>• Place home in lock down if necessary</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	<p><b>Restrict staff and resident movement</b></p> <ul style="list-style-type: none"> <li>• Allocate care staff for residents ill with gastro</li> <li>• Allocate staff for cleaning of affected areas</li> <li>• Suspend group activities until outbreak resolved</li> <li>• Exclude staff with symptoms of gastro for at least 48 hours after last symptoms</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	<p><b>Restrict contact</b> (See Info Sheets 7-9)</p> <ul style="list-style-type: none"> <li>• Notify residents' relatives or representative, all visiting GPs, allied health workers, laundry contractors, volunteers, or anyone in contact with your facility</li> <li>• Consider cohorting affected residents</li> <li>• Restrict visitors, particularly young children &amp; people with compromised immune systems, eg. people with HIV, major illness and those taking immunosuppressant drugs such as steroids</li> <li>• Restrict movement of visitors within the home</li> <li>• Ensure visitors practice hand hygiene</li> <li>• Exclude visitors with symptoms of gastro for at least 48 hours after last symptoms</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	<p><b>Ensure safe food handling</b> (See Info Sheet 10)</p> <ul style="list-style-type: none"> <li>• Ensure catering staff are separate from cleaning and care staff</li> <li>• Ensure food areas &amp; equipment thoroughly cleaned (eg blenders)</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	<p><b>Document the outbreak</b> List cases – up-date daily:</p> <ul style="list-style-type: none"> <li>• Details of residents &amp; staff with symptoms</li> <li>• Onset date of gastro symptoms for each</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	<p><b>Notify authorities</b> (Refer Contact Pages 13-14 of Outbreak Handbook)</p> <ul style="list-style-type: none"> <li>• Your State/Territory Population Health Dept</li> <li>• Your State/Territory office of Commonwealth Department of Health and Ageing</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	<p><b>Collect Specimens</b> (Refer Page 12 of Outbreak Handbook)</p> <ul style="list-style-type: none"> <li>• Observe standard infection control practices &amp; wear personal protective equipment, eg. gloves, gown, mask</li> <li>• Collect faecal or vomit specimens in specimen jars (faecal specimens preferable)</li> <li>• Label specimens &amp; complete pathology request form</li> <li>• Store specimens in refrigerator – <b>not in a food fridge!</b> – until collected by pathology lab.</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	<p><b>On-going review of clinical management plans</b></p> <ul style="list-style-type: none"> <li>• Review plans regularly particularly for at risk and vulnerable residents</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	<p><b>Update Gastro Outbreak Plan</b> (Refer Pages 15-18 of Outbreak Handbook)</p> <ul style="list-style-type: none"> <li>• Revisit Outbreak Plan following resolution of current outbreak – modify as needed</li> </ul>	<input type="checkbox"/>

# RECOGNISING AND MANAGING GASTROENTERITIS



Activity	What to do
Gastroenteritis suspected?	<ul style="list-style-type: none"> <li>• A gastroenteritis outbreak is defined as 2 or more cases of vomiting or diarrhoea over a 24 hr period</li> <li>• Inform your Senior Nursing staff on duty</li> </ul>
Nominate an Outbreak Coordinator	<p>Name: .....</p> <p>Ph: ..... Pager: .....</p>
Implement infection control precautions immediately	<ul style="list-style-type: none"> <li>• Seek advice of an expert in infection control – internal or external (your PHU may be able to advise)</li> <li>• Increase hygiene measures: especially hand hygiene &amp; environmental cleaning</li> <li>• Isolate infected residents if possible</li> <li>• Notify families &amp; other residents</li> </ul>
Restrict contact & prevent spread	<ul style="list-style-type: none"> <li>• Strict hygiene measures, eg. hand hygiene, PPE</li> <li>• Isolate or cohort residents if possible</li> <li>• Limit staff &amp; visitor movement into restricted area</li> <li>• Infected staff off work</li> <li>• Suspend all group activities</li> </ul>
Notify	<ul style="list-style-type: none"> <li>• Your state/territory Population Health Dept</li> <li>• Your state/territory office of Commonwealth Department of Health and Ageing</li> <li>• Resident’s GP, all staff, all visiting GPs, allied health workers, volunteers, or anyone in contact with your facility</li> </ul>
Collect specimens	<ul style="list-style-type: none"> <li>• Observe standard infection control practices and wear personal protective equipment, eg. gloves, gown, mask</li> <li>• Collect faecal or vomit specimens in specimen jars (faecal specimens preferable)</li> <li>• Label specimens &amp; complete pathology request form</li> <li>• Store specimens in refrigerator – <b>not in a food fridge!</b> – until collected by pathology lab.</li> </ul>
Document	<p>List cases – up-date daily:</p> <ul style="list-style-type: none"> <li>• Details of residents, staff with symptoms</li> <li>• Onset date of symptoms of gastroenteritis for each</li> <li>• Their contacts – to identify “at risk” groups</li> </ul>
Complete your legislative requirements	<ul style="list-style-type: none"> <li>• Refer to your State/Territory public health legislation for your on-going responsibilities &amp; reporting requirements for the duration of the outbreak</li> </ul>

**WASH AND DRY HANDS BEFORE & AFTER CONTACT WITH AFFECTED RESIDENTS**

# Do you think your facility is experiencing a gastroenteritis outbreak?

Outbreaks of gastroenteritis are notifiable in most states and territories. Refer to your local Health Department guidelines for reporting and management procedures.  
(Australian State/Territory notifiable communicable diseases ICG\*A2-3)

## Definition

- An outbreak of gastroenteritis is where 2 or more people in a facility become ill with vomiting or diarrhoea within 24 hours of each other.

## Signs & symptoms

Gastroenteritis in aged care facility residents usually occurs as a result of an infection and has the following symptoms:

- Diarrhoea
- Nausea and vomiting
- Abdominal pain
- Loss of appetite
- Fever
- Headaches
- General weakness

NB: Residents may not experience all of the above signs and symptoms.

Gastroenteritis outbreaks are common in settings where people are in close contact, including residential aged care facilities.

Elderly people are particularly susceptible to the more severe complications of gastroenteritis. There are many causes of infectious gastroenteritis, including contact with other infected persons, eating contaminated foods, and antibiotic associated diarrhoea.

Elderly residents may also have symptoms that can mimic gastroenteritis which are due to chronic bowel disease or problems or certain medicines, but are not the result of an infection. These non-infectious illnesses do not usually occur in several residents at the same time.

## Types of gastroenteritis

There are several different types of infectious agents that can affect residents. The microbial cause of a person's illness usually cannot be identified from their symptoms. Most causes of gastroenteritis result in vomiting or diarrhoea. However, the features of an outbreak can give some clues to the possible cause and particularly what proportion of people vomit. The most common causes of outbreaks in residents are listed below in order of their commonness:

- Viral gastroenteritis—noroviruses and rotaviruses that are spread from one infected person to another. Norovirus is the most common cause of outbreaks in aged care homes. Norovirus outbreaks can be recognised in that: of those affected, 50% will vomit, illness usually lasts less than 2 days, and staff becoming affected. Viral outbreaks usually last longer than a week. Where a facility is affected by an outbreak of suspected viral gastroenteritis the main focus should be on enhancing infection control.

\* Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting.



- Bacterial gastroenteritis—gastroenteritis in residents may also be due to several different bacteria, such as *Salmonella*, *Campylobacter* and Shiga toxin producing *E. coli* (STEC). Bacterial gastroenteritis is usually more severe and may be caused by contaminated food served to residents. Outbreaks of bacterial gastroenteritis may be recognised in that: of those affected, 10-50% of people vomit and illness usually lasts longer than two days. Bacterial outbreaks may last for up to two weeks. Sometimes people may experience blood in their faeces. If bacterial gastroenteritis is suspected then the main focus should be on a search for potential food sources, and should be discussed with your State/Territory Public Health Unit or Health Department urgently.
- Toxin producing bacteria—some bacteria, such as *Clostridium perfringens* or *Staphylococcus aureus*, produce toxins that cause gastroenteritis in residents. Toxin-associated gastroenteritis is usually of short duration and may be caused by contaminated food served to residents. Outbreaks of toxin-associated gastroenteritis may be recognised in that: most people have diarrhoea and less than 15% of people vomit, and illness usually lasts less than 24 hours. Toxin-based outbreaks are usually over within a couple of days. If toxin-associated gastroenteritis is suspected then the main focus should be on a search for potential food sources, and should be discussed with your State/Territory Public Health Unit or Health Department urgently.
- Antibiotic-associated diarrhoea—gastroenteritis in residents may also be due to bacteria that cause diarrhoea in people who have recently received antibiotics. Antibiotics can alter the bacteria normally found in the gut and allow bacteria, such as *Clostridium difficile*, a spore forming bacteria, to grow and produce toxin. Outbreaks of antibiotic associated diarrhoea cannot be distinguished from other causes of gastroenteritis based on symptoms alone, and can only be diagnosed after specific testing at a pathology laboratory. As with all cases of gastroenteritis, monitoring of hydration is important.

## Transmission

Viral gastroenteritis is highly infectious and can be transmitted from person to person. Gastroenteritis can also be transmitted from contaminated food and water. Where infected elderly residents are transferred to hospitals or other facilities without advising them that the person has gastroenteritis, they can cause outbreaks in those other facilities. Similarly, cleaners and laundry workers may be at risk when they clean environments and laundry contaminated with faeces or vomit, and should take extra precautions.

## Actions required

1. **Decide if your facility has an outbreak of gastroenteritis.**
2. **Appoint an Outbreak Management Coordinator.**
3. **Increase hygiene measures (see pages 7-10 of this handbook).**
4. **Notify your State/Territory Department of Health's Public Health Unit.**
5. **Notify your State/Territory office of the Commonwealth Department of Health and Ageing.**

# Prevention of further spread of gastroenteritis in residential aged care facilities



The most important key to prevention is hand hygiene.

A key role of the Outbreak Coordinator is to ensure all staff use standard hand hygiene practices.

- Gastroenteritis is commonly caused by viral infections and less frequently by foodborne infections, which are usually due to bacteria.
- Foodborne infection is prevented by careful food hygiene and preparation. As residential aged care facilities are expected to comply with any State or Territory food safety standards as a minimum standard practice at all times, the management should check with their relevant State or Territory legislation surrounding food safety.
- The most important key to prevention and further spread of infection is good hand hygiene, ie. washing hands with liquid soap and water or rubbing them with alcohol based gel or hand rub.

## Standard hygiene precautions – should be used at all times

- Hand hygiene must be performed in all situations below regardless of whether gloves are used or not. *NB: staff must wash their hands before applying gloves and after removing gloves as the removal process can cause more contamination resulting in further infections.*

<b>1</b>	<b>BEFORE RESIDENT CONTACT</b>	<b>WHEN?</b> <b>WHY?</b>	Clean your hands before touching a resident.  To protect the resident against harmful organisms carried on your hands.
<b>2</b>	<b>BEFORE ASEPTIC TASK</b>	<b>WHEN?</b> <b>WHY?</b>	Clean your hands immediately before any aseptic task and before donning gloves.  To protect the resident against harmful organisms, including the resident's own organisms, entering his or her body.
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE</b>	<b>WHEN?</b> <b>WHY?</b>	Clean your hands immediately after an exposure risk to body fluids and after glove removal.  To protect yourself and the care environment from harmful organisms.
<b>4</b>	<b>AFTER RESIDENT CONTACT</b>	<b>WHEN?</b> <b>WHY?</b>	Clean your hands after touching a resident and his or her immediate surroundings, when leaving.  To protect yourself and the care environment from harmful organisms.
<b>5</b>	<b>AFTER CONTACT WITH RESIDENT SURROUNDINGS</b>	<b>WHEN?</b> <b>WHY?</b>	Clean your hands after touching any object or furniture in the resident's immediate surroundings, when leaving – even without touching the resident.  To protect yourself and the care environment from harmful organisms.

(Adapted from World Health Organization's '5 moments of hand hygiene')

## **For hand hygiene to be effective, the following should NOT be present –**

- Skin with cracks, cuts or dermatitis – cover all cuts or abrasions
- Hand and arm jewellery
- Nails
  - longer than 3-4mm
  - with chipped or worn polish
  - artificial nails or nail enhancements

## **Actions required**

- 1. Ensure staff comply with standard hygiene procedures.**
- 2. Discuss hygiene measures with your State/Territory Department of Health's Public Health Unit.**
- 3. Consider cohorting (grouping together in a single room) or isolating residents who have gastroenteritis symptoms.**
- 4. Talk with family, friends and visitors about the need for attention to handwashing to assist in infection control in your facility.**
- 5. Implement additional infection control procedures (see pages 9-10).**

## Additional measures in an outbreak



Successful outbreak management is based on a range of good hygiene practices.

Consult an infection control specialist as required.

- Outbreak management measures are designed to limit the spread of the infection both within the facility and out into the community.
- There is no specific treatment for infectious gastroenteritis, however the early implementation of infection control procedures may limit the spread of infection and reduce resident illness and mortality.
- Residents with antibiotic associated diarrhoea should cease treatment with the offending antibiotic following consultation with the resident's clinician.
- If food is suspected as the cause of the outbreak, the focus must be on managing the safety of the food supply for all residents at all stages of the meal preparation.
- In elderly people, the most common complication of gastroenteritis is dehydration, so maintaining adequate or increasing fluid intake is essential. Consider offering small amounts of fluids or small ice blocks frequently, or discuss with the resident's clinician the use of subcutaneous fluid replacement.

## Actions Required

### 1. Reinforce hand hygiene

- Ensure there are adequate supplies of liquid soap at wash basins and alcohol-based gel or hand rub in areas of high resident contact, as well as instructions as to how to wash hands effectively or use the alcohol-based gel or rub.
- Alcohol-based gel or hand rub should not be used when hands are visibly soiled.
- Ensure staff follow correct hand hygiene practices.
- Residents should be encouraged to wash their hands or use alcohol hand rub just prior to eating or assisting with setting the table.
- Request that visitors practice hand hygiene.

### 2. Isolate residents who are infected

- In individual rooms, multi-bed rooms, unit or wing.  
**NB: If an appropriate single room is not available, room sharing (cohorting) by residents with the same infection is acceptable.**
- Allocate separate toilet for infected residents.
- Dedicated staffing where possible/practicable and minimise staff movement between affected and unaffected residents.
- Dedicated equipment, including separate linen bags.
- Appropriate signage.
- Transfer to hospital if condition warrants – advise receiving institution of the outbreak in the aged care facility.

### 3. Instruct staff with symptoms of gastroenteritis to

- Go off work immediately.
- Remain off work until at least 48 hours after their last episode of symptoms.
- Not work in any other facility until at least 48 hours after their last symptoms.

### 4. Restrict contact

- Between affected and unaffected residents for at least 48 hours after resolution of symptoms.
- Minimise communal gatherings of unaffected residents, eg shared meal & lounge areas.
- If the outbreak is continuing to spread throughout the facility, then closing all communal areas may need to be considered, with residents receiving meals in their own rooms.
- Exclude all non-essential staff - exclude from resident contact for the duration of the outbreak.
- Restrict visitors - warn them of risks.
- Place restriction notices at entrance to facility, isolation rooms, kitchen and in staff areas.

### 4. Increase personal protective measures

- Maintain existing hand hygiene before and after contact with each resident.
- Wear gloves if contact with faeces, vomit or potentially contaminated surfaces is likely.
- Wear gloves, gowns/plastic aprons when cleaning the rooms of infected residents and remove them before leaving the room.
- Change gloves and wash hands after contact with each resident.
- Wear masks when cleaning areas visibly contaminated with faeces or vomit.

**NB: Hand hygiene *must* be performed thoroughly *after* removing gloves, mask and gown.**

### 5. Environment

- Clean resident environments thoroughly with a neutral detergent and hot water prior to using diluted bleach. This is *critical* to preventing the spread of gastroenteritis.
- Increase the frequency of cleaning.
- Clean thoroughly with detergent and hot water, followed by disinfection with 1000ppm (0.1%) bleach solution – see product label for original strength of bleach, such as Sodium hypochlorite. Pay particular attention to bathrooms and toilets, and to frequently touched areas, eg door handles, taps, light switches, etc. used by affected residents.
- *Bleach deteriorates over time* –it is most effective when freshly prepared/diluted.
- Use separate cleaning cloths and mop heads for cleaning toilets and bathrooms or soiled areas – discard cloths or launder in hot water with detergent.
- Leave toilet brush in a holder to dry.

**NB: Staff assigned to cleaning duties should not have access to the kitchen during an outbreak of gastroenteritis.**

### 6. Isolation room checklist

- Hand-wash basin in room (hands-free operation if possible).
- Alcohol-based hand rub if hand washing facilities are not readily available.
- Single-use towelling.
- Ensuite bathroom (shower, toilet, hand-wash basin).
- Minimum one metre separation between beds in multi-bed rooms.
- Suitable container/s for safe disposal of infective material, tissues, gloves, masks, towelling, etc.
- Room restriction signs.

# Food handling during an outbreak of gastroenteritis

Organisms causing gastroenteritis can be transmitted in different ways, including the ingestion of contaminated food or drink.

- Residential aged care facilities are expected to comply with their relevant State and Territory food safety standards as a minimum standard practice at all times, and to notify their local Public Health Unit immediately an outbreak of gastroenteritis is recognised.
- An environmental investigation for food or waterborne sources is a specialised task and should be carried out with Public Health Unit staff or under their guidance.
- When an outbreak is in progress, additional food handling precautions *must* be employed.

## Additional food handling precautions

- All food handling staff must comply with strict hand washing procedures.
- It is imperative that kitchen staff should *not* work while ill.
- Restrict kitchen access to *only* kitchen staff who have been symptom free for 48 hrs.
- Restrict kitchen staff from delivering food to affected residents.
- Staff who care for affected residents or who clean the environment of affected residents must not prepare food or assist unaffected residents to eat.
- Ensure cleaning and food preparation activities are done by separate teams.
- Sanitise communal dining areas after each use with bleach using single-use cleaning cloths.
- Staff should not consume food within immediate areas where care of affected residents occurs.

**NB: Perform hand hygiene before and after preparing food, and after personal toileting.**

## Cleaning

- *Outside the kitchen*, clean vomit from eating utensils, using gloves and paper towels. Soak contaminated utensils in a bleach solution *outside the kitchen*.
- Pay particular attention to the thorough cleaning of blenders/vitamisers between preparation of food for each resident – take blenders apart to ensure removal of food particles from rubber seals, blades, etc.
- Keep samples of leftover food – they can be useful in the micro investigation of possible foodborne gastroenteritis. Place in sealed and labelled containers and ensure no contact with other food.
- Wash, rinse and sanitise all utensils, crockery, cutlery and glassware in a commercial grade dishwasher, by immersing all food contact surfaces in water that is at least 82°C for two minutes.
- Wash work benches, appliances, equipment and floors with 1000ppm (0.1%) bleach solution (such as Sodium hypochlorite) – see product label for original strength of bleach.
- Use disposable, single-use cleaning cloths, *not* washable cloths, rags and towels.

## Actions Required

1. **Implement additional food handling precautions**
2. **Implement thorough cleaning procedures**
3. **Keep aside samples of leftover food for testing**

# Specimen collection

Immediate collection of specimens is essential for early identification of the causative organism – either viral or bacterial.

- It is important to contact your local Health Department for advice regarding what tests you should request for specimens collected. The Health Department may also advise you on which laboratory to use to assist with their surveillance.
- As a general rule, laboratory requests should include microscopy, culture and sensitivity, and viral testing including norovirus.
  - Your local Health Department may have a Specimen Tracking Form for recording all pathology tests. If not, the Outbreak Coordinator should create a Specimen Tracking Form and record all pathology tests requested. The Form should include resident/staff names, specimen date, type of tests requested, test results, etc.
- Specimens should be collected from as many ill residents or staff members as possible.
- Specific testing for causative organisms should be requested by the treating clinician. If *Clostridium difficile* is suspected as the cause of diarrhoea then a test for this bacteria must be specifically mentioned on the pathology request form.

## Suggested methods of collecting faecal specimens

- Using a pan.
- Placing a disposable plastic container inside the toilet before use by the resident.
- Using a disposable spatula to collect faecal matter from incontinence pads.

## When collecting specimens

- Observe standard infection control precautions and wear personal protective equipment.
- Collect specimens in sterile specimen jars.
- Do not allow disinfectant to come into contact with the specimen.

## After collection

- Specimens should be refrigerated at 4°C in a fridge that does not contain any food items to prevent possible transmission. Specimens must not be frozen as freezing may destroy the pathogen. If a fridge is unavailable a chilled esky can be used.
- Wash your hands thoroughly with liquid soap and water.
- Transportation of the specimen should be completed as soon as possible after collection.
- During transportation specimens must be sealed and the container placed in a waterproof bag and transported on ice in an esky or a refrigerated container.
- Mark each specimen as URGENT and clearly label the request form with the following details: Resident details, address, date and time of collection, brief description of the outbreak, what tests are required, and "Outbreak investigation" clearly written on the request form.
- Request a copy of results to be sent to your relevant State/Territory Health Department, as well as the requesting medical officer within your establishment.

## Specimen tracking

- Update your Specimen Tracking Form as results of pathology tests become known.

# Actions Required

1. Contact your local Health Department
2. Collect specimens
3. Transport specimens to laboratory and ensure follow up procedures are in place

# Who to contact for assistance with and notification of a suspected outbreak of gastroenteritis

## QUEENSLAND

### Southern Population Health Unit Network

Brisbane Southside	Ph: (07) 3000 9148	Fax: (07) 3000 9121
Gold Coast	Ph: (07) 5509 7222	Fax: (07) 5528 1681
Darling Downs	Ph: (07) 4631 9888	Fax: (07) 4639 4722
Logan	Ph: (07) 3412 2989	Fax: (07) 3412 2999
West Moreton	Ph: (07) 3413 1200	Fax:(07)3413 1201

### Central Population Health Unit Network

Brisbane Northside	Ph: (07) 3624 1111	Fax: (07) 3624 1159
Moreton Bay	Ph: (07) 3142 1800	Fax: (07) 3142 1824
Sunshine Coast	Ph: (07) 5409 6600	Fax: (07) 5443 5488
Wide Bay	Ph: (07) 4184 1800	Fax: (07) 4120 6009
Rockhampton	Ph: (07) 4920 6989	Fax: (07) 4920 6865
Bundaberg	Ph: (07) 4150 2780	Fax: (07) 4150 2729
Longreach	Ph: (07) 4652 6000	Fax: (07) 4652 6099

### Tropical Population Health Unit Network

Mackay	Ph: (07) 4968 6611	Fax: (07) 4885 6610
Townsville	Ph: (07) 4753 9000	Fax: (07) 4753 9001
Mt Isa	Ph: (07) 4744 9100	Fax: (07) 4745 4573
Cairns	Ph: (07) 4226 5555	Fax: (07) 4031 1440

## NEW SOUTH WALES

### Greater Southern AHS Centre for Population Health

Goulburn Office	Ph: 02 4824 1840 Fax: 02 4824 1831/4822 5038	A/Hrs: 02 6080 8900 (diverts to Albury Base Hospital) - Ask for Public Health Officer on call
Albury Office	Ph: 02 6080 8900 Fax: 02 6080 8999	A/Hrs: 02 6080 8900 (diverts to Albury Base Hospital) - Ask for Public Health Officer on call

### Greater Western AHS Centre for Population Health

Broken Hill Office	Ph: 08 8080 1499 Fax: 08 8080 1683 / 1196	A/Hrs: 08 8080 1333 (Broken Hill Base Hospital) - Ask for Public Health Officer on call
Dubbo Office	Ph: 02 6841 5569 Fax: 02 6841 5571	A/Hrs: 02 6885 8666 (Dubbo Base Hospital) - Ask for Public Health Officer on call
Bathurst Office	Ph: 02 6339 5601 Fax: 02 6339 5173	A/Hrs: mob. 0428 400 526 - Ask for Public Health Officer on call

### Hunter / New England AHS, Hunter Population Health

Newcastle Office	Ph: 02 4924 6477 Fax: 02 4924 6490/4922 3164	A/Hrs: 02 4924 6477 (diverts to John Hunter Hospital) - Ask for Public Health Officer on call
Tamworth Office	Ph: 02 6767 8000 Fax: 02 6766 3890	A/Hrs: 02 6764 8000 (diverts to Tamworth Base Hospital) - Ask for Public Health Officer on call

### North Coast AHS Public Health Unit

Port Macquarie Office	Ph: 02 6588 2750 Fax: 02 6588 2837	A/Hrs: mob. 04017 244 966 or 0407 904 208 - Ask for Public Health Officer on call
Lismore office	Ph: 02 6620 7500 Fax: 02 6622 2151 or 02 6620 2552	A/Hrs: 132222 Pager no: 397635. If no answer, mob: 0417 244 966 or 0407 904 208



<b>Northern Sydney / Central Coast AHS Public Health Unit</b>		
Hornsby Office	Ph: 02 9477 9400 Fax: 02 9482 1650 / 1358	A/Hrs: 02 9477 9123 (Hornsby Hospital) - Ask for Public Health Officer on call
Gosford Office	Ph: 02 4349 4845 Fax: 02 4349 4850	A/Hrs: 02 4320 2111 (Gosford Hospital) - Ask for Public Health Officer on call
<b>South Eastern Sydney / Illawarra AHS Public Health Unit</b>		
Randwick Office	Ph: 02 9382 8333 Fax: 02 9382 8334 / 8314	A/Hrs: 02 9382 2222 (Prince of Wales Hospital) - Ask for Public Health Officer on call
Wollongong Office	Ph: 02 4221 6700 Fax: 02 4221 6722 / 6759	A/Hrs: 02 4222 5000 (Wollongong Hospital) - Ask for Public Health Officer on call
<b>Sydney South West AHS Public Health Unit</b>		
Eastern Zone (Camperdown Office)	Ph: 02 9515 9420 Fax: 02 9515 9440 / 9467	A/Hrs: 02 9515 6111 (Royal Prince Alfred Hospital) - Ask for Public Health Officer on call
<b>Sydney West AHS Centre for Population Health</b>		
Penrith Office	Ph: 02 4734 2022 Fax: 02 4734 3300 / 3444	A/Hrs: 02 9845 5555 (Westmead Hospital) - Ask for Public Health Officer on call
Parramatta Office	Ph: 02 9840 3603 Fax: 02 9840 3608 / 3591	A/Hrs: 02 9845 5555 (Westmead Hospital) - Ask for Public Health Officer on call
<b>VICTORIA</b>		
<b>Communicable Disease Prevention and Control Unit</b>		Ph: 1300 651 160
<b>TASMANIA</b>		
<b>Public and Environmental Health Service</b>		Ph: 1800 671 738 – Freecall
<b>SOUTH AUSTRALIA</b>		
<b>Communicable Diseases Control Branch</b>		Ph: 08 8226 7177 Fax: 08 8226 7187
<b>WESTERN AUSTRALIA</b>		
<b>Metropolitan (Perth) Population Health Units</b>		
North Metropolitan	Ph: 08 9380 7700	Fax: 08 9380 7736
South Metropolitan	Ph: 08 9431 0200	Fax: 08 9431 0223
<b>Regional Population Health Units</b>		
Kimberley - Broome	Ph: 08 9194 1630	Fax: 08 9194 1633
Pilbara – South Hedland	Ph: 08 9158 9222	Fax: 08 9158 9253
Midwest - Geraldton	Ph: 08 9956 1985	Fax: 08 9956 1991
Gascoyne - Carnarvon	Ph: 08 9941 0515 or 08 9941 0519	Fax: 08 9941 0520
Goldfields - Kalgoorlie	Ph: 08 9080 8200	Fax: 08 9080 8201
Wheatbelt - Northam	Ph: 08 9622 4320	Fax: 08 9622 4342
Southwest - Bunbury	Ph: 08 9781 2350	Fax: 08 9781 2382
Great Southern - Albany	Ph: 08 9842 7525	Fax: 08 9842 7534
<b>After hours: (Statewide Communicable Disease Control on-call) Ph: 08 9328 0553</b>		
<b>NORTHERN TERRITORY</b>		
<b>Centre for Disease Control</b>		
Darwin	Ph: (08) 8922 8044	
Alice Springs	Ph: (08) 8951 7540	
Katherine	Ph: (08) 8973 9049	
Tennant Creek	Ph: (08) 8962 4259	
Nhulunbuy	Ph: (08) 8997 0357	
<b>AUSTRALIAN CAPITAL TERRITORY</b>		
<b>Communicable Diseases Control</b>		Ph: (02) 6205 2155 Fax: (02) 6205 0711

# Preparing for outbreaks: Outbreak Management Plan



**The best way to prepare for possible outbreaks of gastroenteritis and other infectious diseases is to compile a simple Outbreak Management Plan and ensure there is a small stockpile of stores.**

(Outbreak Stores – refer Gastroenteritis Preparedness Kit, Pg16)

## Key features of an Outbreak Management Plan

### 1. Preparedness

- Be alert to a possible gastroenteritis outbreak – advise staff to report all cases of vomiting or diarrhoea so that cases can be monitored and an outbreak identified as early as possible.
- An outbreak of gastroenteritis is where 2 or more people in a facility become ill with vomiting or diarrhoea within 24 hours of each other.

### 2. Reporting an outbreak – maintain documents for all streams of reporting, including:

- Facility management.
- Outbreak Coordinator.
- Notify your local Department of Health Population Health Unit (PHU) and Commonwealth Department of Health and Ageing office in your State or Territory.
- Inform residents, relatives and visitors.
- Update the PHU daily on the status of the outbreak and any new cases.
- Transfer of a resident to a hospital or another facility.
- Inform all staff, including cleaners, laundry and kitchen staff, personal care attendants.
- Notify visiting GPs and allied health care workers, contractors (espec. laundry).

### 3. Responding to an outbreak

- Nominate an Outbreak Coordinator – provide with Checklist.
- Hold an Outbreak Management Team meeting – confirm roles and responsibilities.
- Confirm the cause of the outbreak – review clinical features of the outbreak with the medical practitioner and PHU; collect faecal specimens from as many affected residents as possible – refer to your Specimen Tracking Form.
- Ask for advice – consult an infection control specialist; advise PHU immediately if food is suspected as the cause.
- Implement infection control to prevent further spread – minimise group activities; isolate or cohort infected residents; dismiss ill staff until 48 hours after their symptoms have resolved – refer to Pg 9, Additional measures in an outbreak.
- Modify infection control based on cause of outbreak.
- Document staff and resident illness daily – refer to Resident/Staff Outbreak Tracking Form.

### 4. When an outbreak is declared over

- Complete a Summary Report and retain outbreak records at the facility.
- Evaluate your facility's response to and management of the outbreak – what could have been done better?

# Gastroenteritis Preparedness Kit



**This Preparedness Kit should be assembled by the Outbreak Coordinator in preparation for any gastroenteritis outbreaks.**

**The items listed in this Kit will be essential during an outbreak of Gastroenteritis.**

NB: It is important to monitor the expiry dates of some items.

## Prevent spread

Adequate supplies of Personal Protective Equipment, including:

- Dust/mist masks
- Protective eyewear
- Extra liquid soap and alcohol-based hand gel/rub
- Gloves
- Disposable toilet pans
- Aprons
- Gowns

## Extra supplies of cleaning equipment, including:

- Alcohol wipes (min.70%)
- Detergents
- Paper towels
- Bleach (NB: check expiry date)
- Containers for disposing items, separate linen bags
- Variety of single-use cloths, colour coded for separate tasks

## Resources for the Outbreak Coordinator

- Gastro Info Kit
- Outbreak Management Plan
- State/Territory supplied gastroenteritis resources

## Notification details and legislation

- List of notifiable parties and relevant contact details
- Forms required for notification
- GP contact list
- Legislation listing notifiable parties for your jurisdiction

## Documentation - Templates for recording information, including:

- Listing of symptomatic residents or staff - updated daily (e.g. onset time, complications, contacts)
- Photocopies of the relevant hand outs from the Gastro Info Kit, including Information and Resource Sheets and poster
- Copy of Outbreak Management Plan
- Details of groups at risk
- Specimen Tracking Form

## Collect specimens

- Specimen jars and labels
- Pathology request forms
- Designated specimen esky
- Disposable spatulas
- Water proof bags

## External resources

It may be appropriate to store instructions within the Preparedness Kit for the location of certain items that are not suited for storage in the Kit. For example:

- Designated specimen refrigerator
- Infection control guidelines

# Outbreak Management Plan Template

The purpose of this document is to allow you to tailor the contents and instructions of the Gastro Info Kit to your individual aged care facility. Please complete the applicable fields and use this document in conjunction with the Gastro Info Kit in the event of an outbreak.

**Name of Aged Care Home:**

**Person / Position responsible for monitoring Outbreak Management Plan:**

Status of Plan	Date	Printed Name of Owner	Signature of Owner	Expected Review Date
<b>NEW</b>				
<b>REVIEW</b>				
Training Session	Date of Session	Printed Name of Owner	Signature of Owner	Date of Next Session
<b>ALL STAFF</b>				
<b>NEW STAFF</b>				

## PREPAREDNESS: Is your facility experiencing a gastroenteritis outbreak?

Location of the Gastro Info Kit(s) during a non outbreak period:	Location:		
Who are the senior nursing staff and what are their contact details?	Name: Position: Contact Details:	Name: Position: Contact Details:	
Who could be appointed as an Outbreak Coordinator and what are his or her contact details?	Name: Position: Contact Details:	Name: Position: Contact Details:	
Which staff members could be delegated by the Outbreak Coordinator?	Name: Position: Contact Details:	Name: Position: Contact Details:	
Which staff members will be assigned to specific activities?	<b>Caring for residents</b> Name: Position:	<b>Cleaning</b> Name: Position:	<b>Kitchen</b> Name: Position:
Method used to advise management of the occurrence of an outbreak	Method:		
Location of the Outbreak Management Plan during a non-outbreak period	Location:		
Location of Gastroenteritis Preparedness Kit and outbreak stores during a non-outbreak period?	Location:		
Contact details of the local Population Health Unit and the State Department of Health and Ageing	Organisation: Telephone: Email:	State Department: Telephone: Email:	
Location of other gastro outbreak management tools (e.g. Supplied by State or Population Health Unit)	Location:		
Sufficient resources to implement these plans?	Yes/No:		

<b>RESPONDING TO AN OUTBREAK</b> Prevention of further spread of gastroenteritis in residential aged care facilities	
Copies of information sheets and posters from the Gastro Info Kit	Number of Information Sheets:  Number of Posters:
Location of information sheets and posters (eg, hallways, kitchen, communal area)	Locations:

<b>Additional procedures to manage the outbreak</b>									
Location of extra stores of soap, alcohol based gel or hand rub and paper towels	Location:								
Potential room(s) that could be utilised as isolation rooms if there should be a need	Room(s):								
Resident transfer sheets - include information about status of gastroenteritis outbreak	Yes/No:								
Colour coding system to separate cloths used for different cleaning activities	<table border="1"> <thead> <tr> <th>Colour</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>e.g. yellow</td> <td>Kitchen area cleaning</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Colour	Activity	e.g. yellow	Kitchen area cleaning				
	Colour	Activity							
	e.g. yellow	Kitchen area cleaning							

<b>Food handling during an outbreak</b>	
Organisation(s) to contact to investigate the possibility of foodborne gastroenteritis	Organisation Name: Contact Person: Telephone: Fax: Email:

<b>Specimen collection</b>	
Laboratory we will contact to alert about the investigation of an outbreak and to submit specimen samples.	Organisation Name: Contact Person: Telephone: Fax: Email:
Location of specimen examination request forms.	Location:
Method for tracking which tests are carried out and how to obtain the results of these tests (e.g. specimen tracking sheet).	Method:
Location of disposable plastic containers, pans or spatulas for specimen collection.	Location:
Location of a refrigerator or esky that could be dedicated to storing specimens.	Location:
Location of extra specimen jars.	Location:

## Example: Resident/Staff Outbreak Tracking Form

Your State/Territory Public Health Unit (PHU) will require a tracking or line listing form as part of the outbreak investigation. The PHU may have its own form, which you should use. If not, the following is an example and represents the information usually required by the PHU.

Name of facility:		Signs & Symptoms		Work duties (staff)		Specimen/diagnosis							
Staff/Resident details		Onset date & time	Temperature (°C)	Diarrhoea	Vomiting	Abdominal cramps/pain	Assigned unit/work area	Last working date	Work at another facility? (Y/N) If Y, name of facility	Faecal specimen (date)	Result (date)	Symptomatic?	Antibiotics (date)
No													
1	Unit												
2	M/F												
3													
4													
5													
6													
7													
8													
9													
10													

[www.health.gov.au](http://www.health.gov.au)

All information in this publication is correct as of April 2011

D0322 April 2011