

# Guidance for the Management of Gastroenteritis in Schools and Nurseries

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## Introduction

This advice is aimed at schools and nurseries that are experiencing unusually high numbers of children and staff with diarrhoea and sickness (vomiting). It is written to guide staff to respond effectively to prevent further spread of the infection within the school or nursery, and to others in the local community.

During outbreaks of viral gastroenteritis, children and staff should be managed effectively through the basic principles of Infection Prevention and Control (IPC) whilst maintaining the educational and pastoral objectives of the school.

## Roles and Responsibilities

It is important that all parties understand one another's roles in responding to an outbreak of gastroenteritis. Below is a table which outlines the key responsibilities of each party.

**Table 1.** Roles and responsibilities of key persons and organisations

School or Nursery School	<ol style="list-style-type: none"> <li>1. Nominate a key member of staff to coordinate a guided response to the outbreak. The staff member should have seniority to use school resources or access to the head to assure this.</li> <li>2. Follow these guidelines to limit ongoing transmission of infection.</li> </ol>
School Nursing Team	Support the school lead in controlling an outbreak, e.g. assisting staff in improving infection control practices.
Education Dept	Support the school during the outbreak period, e.g. offering advice regarding staffing.
Parents and carers	Ensure that their child(ren) with symptoms remain off school and out of close contact with other children for 48 hours after their symptoms have resolved.
Environmental Health Department (Dept)	Assist with elimination of food as a source of the outbreak, <i>possibly</i> through visiting the institution.
Microbiology Dept	Test faecal samples, if collected, for the cause of sickness and diarrhoea, referring for virology studies where indicated.
General Practice	<ol style="list-style-type: none"> <li>1. Assess and treat those children who are particularly unwell and / or have symptoms lasting over 2-3 days.</li> <li>2. Request faecal samples from patients with symptoms, if indicated.</li> </ol>
Thames Valley Health Protection Unit	<ol style="list-style-type: none"> <li>1. Risk assessment and advice on controlling the outbreak.</li> <li>2. Liaise with key partners.</li> <li>3. Investigate the causative organism.</li> </ol>

## Outbreak Control Measures: Key Points

### Norovirus

**Note – In nurseries and among younger age school children gastroenteritis outbreaks may equally likely be caused by rotavirus. In terms of control the approaches described below apply equally to rotavirus.**

#### Key Facts

- *Norovirus* is the most common cause of gastroenteritis in the UK.
- It can be spread:
  - person to person
  - by the consumption of contaminated food and water
  - by contact with objects and/or surfaces which have been contaminated with faeces or vomit
  - via aerosol during and following a vomiting incident.

#### Symptoms and Treatment

- Symptoms begin around 12-48 hours after becoming infected and can last between 12 and 60 hours.
- Symptoms usually start with a sudden onset of nausea and vomiting followed by diarrhoea. Additional symptoms may include a headache and temperature.
- *Norovirus* is self-limiting and most people make a full recovery within 2 days.
- There is no specific treatment. There is a risk that the very young and elderly may become dehydrated.
- Rest and drink plenty of fluids to prevent dehydration.
- If symptoms persist longer than the expected duration or you are concerned, consultation with a GP is recommended.

### Prevention & Control

#### Exclusion

- Children and staff must remain off school while ill and for **48** hours after symptoms have ceased.

#### Children

- If a child becomes ill at home this exclusion period should also be applied.
- Child should be taken home as soon as possible or cared for separately if there is a delay.
- Boarders, if staying in school, should be isolated until free of symptoms for 48 hours and closely supervised.

#### Staff

- Symptomatic staff must remain off-duty until recovered and clear of symptoms for 48 hours.

#### Hand washing

- Thorough hand washing with warm water and soap and drying with paper towels is probably the single most important control measure in a gastrointestinal outbreak.
- Ensure that liquid soap (not tablets of soap) and disposable paper hand towels are in place and kept replenished.
- All staff should be instructed in good hand washing techniques.
- Children should also be taught and encouraged. Young children and other children who may have poor hygiene should be supervised during hand washing.
- Hands need to be washed after using the toilet, before eating, before cooking, after contact with an infected case, after nappy changing, after cleaning, when hands are visibly dirty and after touching animals.
- Refer to children's health information packs in the appendices.
- The use of alcohol hand rub preparations could be considered as part of a general infection prevention and control. However, alcohol hand rub should not be used to replace hand washing with soap and warm water.

- A culture of hand washing requires active promotion from the school head down using available communication channels such as assemblies and active monitoring across the school.

#### **Protective clothing**

- A good stock of protective clothing; disposable aprons and gloves is needed at all times.
- Staff should wear protective clothing when cleaning surfaces and equipment in affected areas, and when cleaning up bodily fluids.

#### **Sample taking**

- If the Health Protection Unit is concerned that an outbreak is unusual or not following the normal course expected of a norovirus (or rotavirus) outbreak they may request that faecal samples from affected children/staff be obtained.
- Parents or staff should collect sample pots from their GP.
- The GP surgery should be asked to write the following on all sample requests: 'Norovirus and bacterial pathogen screen in relation to an outbreak at [insert name of school/nursery].'

## **Cleaning**

#### **Cleaning of vomit and faeces**

- The member of staff should wear a disposable apron and gloves
- Paper towels should be used initially to absorb fluids and placed in a clinical waste bag
- Clean the soiled area with detergent and warm water, using a disposable cloth.
- Disinfect the contaminated area with freshly made 1000ppm (0.1%) hypochlorite solution (bleach) or Milton at the recommended concentration.
- Dispose of gloves, apron and cloths into a clinical waste bag.
- Wash hands thoroughly with soap and water and ensure hands are dried well
- Send the child home and advise parents/carers that they should not return until 48 hours after symptoms have cleared.

#### **Enhanced Cleaning**

- Enhanced cleaning of the school and home environment is also recommended, with particular attention to toilet facilities.
- Toilet facilities should be cleaned with detergent, warm water and disinfected with freshly made 1000ppm (0.1%) hypochlorite solution (bleach) or Milton at the recommended concentration.
- Particular attention should be made to flush handles, sink taps, door handles and light switches.
- Mop heads and buckets should be stored dry, non-disposable mop heads should be washed at the highest temperature possible and disposable mop heads changed daily.
- Water used for cleaning should be fresh and changed regularly, at least between areas and after cleaning a spillage.
- Cleaning cloths should be disposable.
- In school and nursery settings, carpeted areas should be steam cleaned following each episode of contamination.
- Vacuuming carpets and buffing floors is not recommended as it can re-circulate the virus.

#### **Terminal Cleaning**

The completion of terminal cleaning serves as the definition of the end of the outbreak:

- Clean all surfaces with a neutral detergent or with ultra heated dry steam vapour.
- After cleaning, disinfect with freshly made 1000ppm (0.1%) hypochlorite solution (bleach) or Milton at the recommended concentration.
- Steam cleaning of upholstered furniture is suggested.
- Machine wash all soft toys in the affected areas. All other toys should be wiped with hot soapy water and then disinfected.

## Communication

### Reporting the Outbreak

- As soon as an outbreak is suspected please contact the TVHPU.
- A risk assessment will be conducted and you will receive verbal and written advice.
- Please keep a tally of the number of new cases (children and staff) each day. TVHPU will contact you on Mondays and Thursdays during the outbreak, or more frequently if there are problems (during office hours).
- If you are concerned outside of these times and require further advice then please contact TVHPU.

### Boarding schools

- Please inform other schools that you have visited/will be visiting for events or that have come/will be coming to you, including for outdoor events (e.g. sports).

### Parents

- Affected schools may inform parents of the outbreak and the required exclusion period (see sample letter in appendix 1.)

### End of Outbreak

- The nominated staff member should inform TVHPU of the successful completion of terminal cleaning and unrestricted activity may then resume.
- TVHPU will provide you with a brief written outbreak report within 2 weeks; this will also be circulated to the Primary Care Trust and Local Authority.

Reference: *Guidance on Infection control in Schools and Other Childcare Settings*, May 2010. Downloadable from the HPA website ([www.hpa.org.uk](http://www.hpa.org.uk)): Home › Publications › Infectious diseases › [Infection control](#).

# Responding to an Outbreak of Gastroenteritis

