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## GASTRO GUIDANCE

### The Do's and Dont's of Managing Gastroenteritis in the Residential Care Setting

Presented by  
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**Don't let them die**

**Features: Disease in the system**  
A failure to communicate lies behind revelations of deaths in an aged-care home

## BACKGROUND

**Gastro bug strikes hospital staff**

**Nursing home scandal deepens**  
16.4.2007 08:28:19

A large-scale gastroenteritis outbreak associated with Norovirus in nursing homes

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## GASTROENTERITIS: Inflammation of stomach, small and large intestine

Two main types:

- Viral Gastroenteritis
  - adenovirus, calicivirus, astrovirus, noroviruses
- Bacterial Gastroenteritis
  - salmonella, listeria, campylobacter, E.Coli, shigella

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## GASTROENTERITIS

Gastroenteritis is a self limiting infection that results in vomiting and diarrhoea

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## VIRAL GASTROENTERITIS – the facts

- Marked increase in winter months
- Estimated 53,000 cases in New Zealand annually
- 127 gastro outbreaks ~10 deaths in 2007
- Transmitted by faecal/oral route
- Airborne through vomit
- Contact spread via fomites
- Easily spread/ few viral particles needed
- Asymptomatic shedding for up to 3 weeks

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## VIRAL GASTROENTERITIS – the facts

- Symptoms generally appear 24-48 hours after initial infection
- May last for 1 to 10 days
- Sudden onset of nausea or explosive vomiting without warning
- Abdominal cramps and watery diarrhoea
- Headache, muscle aches, fever and chills




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### BACTERIAL GASTROENTERITIS – the facts

- ❑ Commonly food borne
- ❑ Primary mode of transmission via contaminated hands
- ❑ Contact with contaminated objects
- ❑ Droplet contamination of food by infected food handlers








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### BACTERIAL GASTROENTERITIS – the facts

- ❑ **No figures available for New Zealand**
- ❑ About 5.4 million Australians contract food poisoning each year
- ❑ On average: 120 deaths, 1.2 million visits to doctors, 300,000 prescriptions for antibiotics, and 2.1 million days of lost work

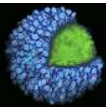








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### NEW MUTANT VIRUSES



- Responsible for numerous gastroenteritis outbreaks in recent times
- Reason for a five-fold increase in infectious gastroenteritis cases 2000 – 2003
- Noroviruses cause up to 90% of infectious gastroenteritis cases globally each year




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### DEFINITION OF AN OUTBREAK OF GASTROENTERITIS


Simply defined as two or more cases of illness linked to a common cause. An outbreak of gastroenteritis may be identified when a client / resident has:



Two or more loose or watery stools above what is normal for the resident in a 24 hour period  
OR

Two or more episodes of vomiting in a 24 hour period  
OR

A positive stool culture with at least one symptom or sign compatible with gastrointestinal tract infection (nausea, vomiting, abdominal pain, tenderness, diarrhoea)




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### DIAGNOSIS OF GASTROENTERITIS

- Stool cultures from residents, clients and staff with acute symptoms
- Vomitus samples and food samples





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### Protect our clients, residents, patients and ourselves during an outbreak

- ❑ Hand hygiene
- ❑ Isolation
- ❑ Protective apparel
- ❑ Cleaning & Laundry
- ❑ Outbreak Preparedness





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## COMMON CHALLENGES IDENTIFIED WHEN MANAGING GASTROENTERITIS IN THE RESIDENTIAL AND AGED CARE SETTING




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## Challenges – Hand Hygiene

- Lack of hand hygiene facilities
- No hand hygiene stations
- Limited access to alcohol based hand rubs
- Poor staff and visitor compliance

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## Challenges - Isolation

- Maintaining a home- like environment
- Lack of facilities – single rooms/designated bathrooms
- Difficulty in isolating residents with dementia
- Gaps in knowledge/poor communication
- Poor staff and visitor compliance





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## Challenges – Protective Apparel

- Inadequate supplies of gloves, impervious long sleeved, gowns, masks and eyewear
- Staff not wearing apparel appropriately
- Gaps in knowledge how to put on and take off apparel







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## Challenges – Cleaning

- Inadequate cleaning of equipment
- Lack of education
- No two step cleaning process
- Inappropriate use of chemicals
- Staff not wearing adequate PPE








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## Challenges – Laundry

- Inability to thermally launder linen and clothing
- Not using leakproof bags
- Lack of education
- Sluicing soiled linen and clothing
- Staff not wearing PPE






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## Challenges – Outbreak Preparedness

- Inadequate outbreak preparedness
- No written policies
- Gaps in staff knowledge
- No outbreak kits



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## CHANGE LEADS TO SUCCESS


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## Change Leads to Success

- Early identification & reporting
  - be alert - 1 case can soon be 20
  - report to PHU as soon as practicable
- Provision of adequate resources
  - allocation of outbreak coordinator
  - access to up to date information
  - alcohol based hand rubs
  - PPE (gloves, long sleeved gowns, masks)
  - implementation of outbreak Kit



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## Change Leads to Success

- Education
  - all care staff
    - Report incidents of D&V
    - Putting on and taking off PPE
    - Location and contents of outbreak kits
  - cleaning and laundry staff
    - Use of correct chemicals
    - Wearing of PPE
  - residents and their families



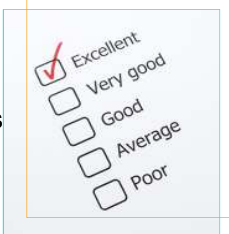
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## Change Leads to Success

- Review and evaluation
- Were there any gaps
- What were the successes



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## Achievement of Successes

*Success not possible without:*

- Management commitment
- Responsibility for outbreak management and infection control
- Up to date and relevant information
- Cooperation: everyone accepting responsibility



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## GASTRO GUIDANCE



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