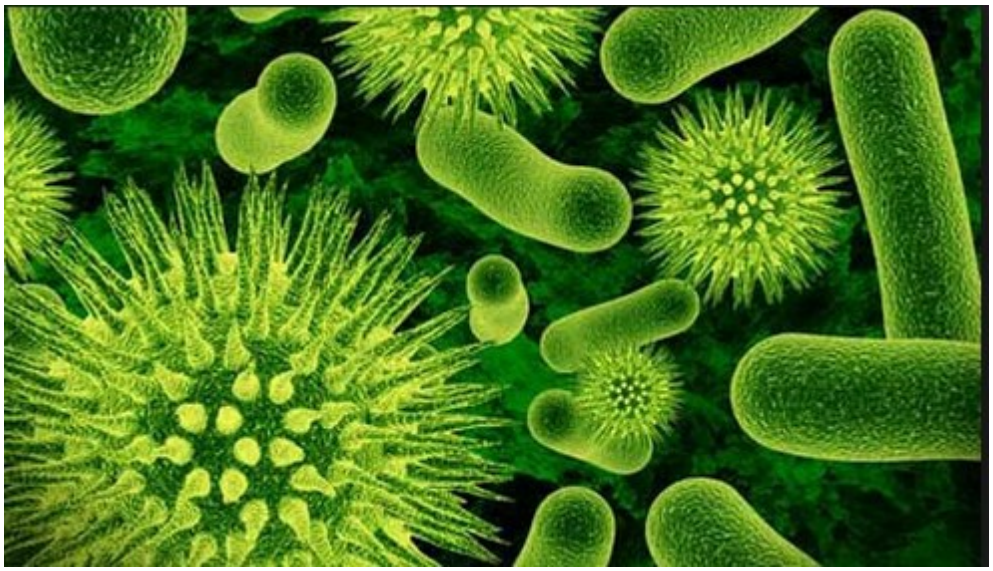
NHS
Shropshire, Telford and Wrekin

Diarrhoea and Vomiting (Norovirus) Toolkit

A Guide for Care Homes



Contents

1. Introduction and Purpose

This toolkit has been developed by Shropshire, Telford and Wrekin (Integrated Care Board (ICB) previously CCGs) infection prevention and control (IPC) team as a resource to assist care home staff to manage individual cases and outbreaks of gastrointestinal infection and prevent transmission in the care home environment.

There are various causes of vomiting and/or diarrhoea outbreaks and this guidance will apply to all viral gastroenteritis. However, the principal and most common cause of such outbreaks is norovirus.

2. Background

Norovirus is highly contagious and is the most common cause of gastroenteritis in health and social care establishments in the United Kingdom. It can rapidly spread in care homes affecting both residents and staff, resulting in high attack rates in excess of 50%.

Norovirus transmission does occur all year-round, however cases and outbreaks are more evident in winter months.

3. What is Gastroenteritis?

Gastroenteritis is the general term used for inflammation of the gut that results in diarrhoea and/or vomiting. Although norovirus is the leading cause of viral gastroenteritis it is important to be aware that other organisms may cause diarrhoea such as:

- *Clostridium difficile*
- *Campylobacter*
- *Shigella sp.*
- *E. coli 0157*
- *Rotavirus*
- *Salmonella sp.*
- *Influenza*
- *Covid 19*

3.1. Signs and Symptoms of Norovirus

Abdominal cramps and nausea are usually the first symptoms, followed by vomiting and/or diarrhoea.

Projectile vomiting is particularly characteristic, but occasional outbreaks occur where vomiting is infrequent or absent.

Diarrhoea is usually mild, with no blood, or mucus in the stool and tends to be short lived and less severe than with other causes of gastroenteritis.

Other symptoms include nausea, abdominal cramps, headache, myalgia, chills, and low grade fever.

The infection is usually brief, and most people make a full recovery within 1-3 days, however in the elderly, very young and debilitated people it can cause more severe infection resulting in dehydration.

Clinicians (doctors, nurses, and carers) should apply the following mnemonic protocol (SIGHT) when managing suspected potentially infectious diarrhoea:

S	**S**uspect that a resident may be infective where there is no clear alternative cause of diarrhoea. Record stool types
I	**I**mplement isolation precautions, contact the infection prevention and control team. Inform visitors of infection risks
G	**G**loves and aprons must be used for all contacts with the resident and the resident's environment
H	**H**and wash with soap and water before and after contact with the resident and following removal of PPE. Use detergent followed by chlorine to decontaminate equipment and the environment
T	**T**est the stool by sending a specimen immediately

4. Who is at Risk?

Viral Gastroenteritis can affect people of all ages and can cause outbreaks when people are confined in close proximity to each other in settings such as care homes, hospitals, schools and similar settings.

5. How is Norovirus Spread?

There are four main modes of transmission of norovirus:

- Faecal – oral route either by person to person spread or via contaminated food or water
- Contact with affected residents
- Contact with contaminated surfaces or fomites (inanimate objects), e.g. commodes, bed pans, furniture
- Transmission via hands, particularly the hands of staff

It is estimated that 30mls of vomit may contain up to 30,000,000 (30 million) virus particles and 1 gram of faeces can contain up to 5 billion infectious doses of norovirus. However, it only takes around 10 - 100 virus particles to cause illness.

Norovirus can survive on any surface for at least a week and on foods in a refrigerator for up to 10 days.

6. Incubation Period

The time between exposure to a pathogen and developing symptoms of infection by the pathogen is the incubation period. The incubation period for norovirus is between 12-48 hours, with the illness lasting between 1-3 days.

7. Infectious Period

Once the resident has been 48 hours with no diarrhoea and/or vomiting they are deemed to be non-infectious for norovirus.

8. Outbreak, Reporting Cases and Monitoring

Any member of staff working in a care home environment has a duty to notify their line manager if they suspect an infection. **The care home should inform the local health protection team (shropshirepublichealth@shropshire.gov.uk or healthprotectionhub@telford.gov.uk) and ICB IPC team (ccg.ipc@nhs.net). If**

they suspect there may be an outbreak of an infection or infectious disease then CQC should also be notified.

An outbreak can be defined as two or more residents and or staff with the same or similar symptoms occurring around the same time or an increase in the number of cases normally observed. Prompt notification and reporting of cases of infectious disease is essential for the monitoring of infection and allows for early investigation and prompt control of its spread. An aid memoir in the form of a Check List for Staff is provided in Appendix 1.

When an outbreak is declared the Daily Diarrhoea and Vomiting Monitoring Form for Residents – Appendix 2 and Daily Diarrhoea and Vomiting Monitoring Form for Staff – Appendix 3 must be completed.

The IPC team and/or health protection team will contact the home regularly for an update and to continue to offer support and advice. The home should keep the teams up to date with any new cases, and the names and dates of birth of residents who have provided specimens.

9. Diagnostic Specimens

Obtain stool samples of all unexplained diarrhoea, (Bristol Stool Chart Types 5 - 7 see Appendix 4) that is not clearly attributable to an underlying condition (e.g. inflammatory colitis, overflow) or therapy (e.g. laxatives, enteral feeding) and send to the pathology laboratory for examination as soon after the onset of illness as possible. During an outbreak a total of 4-5 specimens from separate residents is preferred.

The stool sample must take the shape of the container and ideally be at least ¼ filled. If there is urine in the sample this is not a problem, the stool sample can still be processed, as the urine will not affect the results.

Clearly label the specimen and microbiology request form stating any relevant clinical history i.e. part of an outbreak, state any recent antibiotic history, frequency of diarrhoea, stool type e.g. Type 7 with date of onset of diarrhoea. Also include the name of your care home on the laboratory request form, not just the details of the resident's GP.

Testing for norovirus will only be carried out if specifically requested on the laboratory form. Please remember to state '**test for virology/norovirus'.** It is vital the **name of the care home is clearly written on the form.**

Stool specimens sent to the laboratory will be routinely tested for *Shigella, Salmonella, Campylobacter, and Escherichia Coli 0157*. In residents aged over 65 years or if specifically requested a test for *Clostridium difficile* will be carried out.

Specimens obtained over the weekend can be taken to either Princess Royal Hospital or Royal Shrewsbury Hospital however they may not be processed until Monday.

Vomit samples are not required and will not be tested by the laboratory.

10. Treatment and Management

There is no specific treatment for norovirus apart from letting the illness run its course.

Monitor resident's bowel function carefully using a standardised stool chart (See Appendix 5 - Resident Stool Record Chart).

Residents must have a daily review and assessment of symptoms by the care home staff who should contact the Doctor if necessary.

Stop all bowel medicines (e.g. laxatives and anti-diarrhoeal drugs), unless instructed not to do so by GP.

Fluids should be encouraged and monitored using a fluid balance chart (Appendix - 6) as there is a risk the resident may become dehydrated.

11. Infection Control Precautions to Minimise Transmission

11.1. Resident - Isolation/Movement

Prompt isolation of any resident with diarrhoea and or vomiting is important as soon as symptoms become known; do not wait for microbiological specimen results. Doors MUST be kept closed within the limits of safe supervision of residents and sign to be placed on the door indicating infection present.

Resident movement should be avoided unless medically urgent. If transferring to another area or hospital please inform them of the outbreak even if the resident is symptom free so that they can take the necessary precautions.

The resident is able to come out of isolation when they have been symptom free for 48 hours from their last bout of diarrhoea and/or vomiting. The room must be deep cleaned, even if the resident is not being moved out of the room for reasons other than their infection. Care should be taken to clean all the furniture and horizontal surfaces (Appendix 7 – Deep Cleaning Guidance for Care Homes).

Do not send a stool specimen for clearance.

Discharge or transfer documentation should note any on-going/recent episode of norovirus during the resident's stay in the care home.

11.2. Staff - Exclusion

If staff members become symptomatic, they must be sent off duty and specimens should be obtained. They must not return to work until 48 hours after symptoms have ceased.

Staff must change out of their uniforms before leaving for home and only eat or drink in designated rest areas while at work. All mugs, cutlery and crockery used by staff must be washed in a dishwasher.

Where possible restrict staff movements between floors and units and advise that they do not work in other homes during an outbreak.

11.3. Visitors - Exclusion

It is widely acknowledged that visitors may bring norovirus to the home when visiting. Ensure all visitors are aware of not visiting whilst they have symptoms of diarrhoea and vomiting and for 48 hours after symptoms cease.

Visitors should be warned of the risk of contracting norovirus and informed of the necessary IPC precautions to take while the resident is symptomatic. They should also be discouraged from visiting other residents within the home.

Visitors do not need to wear gloves and aprons when visiting the resident, unless assisting staff with direct care. They should wash their hands with soap and water, touching as little as possible until done.

Visitors must not use the resident's en-suite facilities but should use the allocated visitors' toilet. If this is some distance then moist detergent wipes can be used as a precaution measure.

11.4. Prevention Through Hand Hygiene

Strict hand washing with liquid soap and water and hands dried with disposable paper towels after every contact with a resident and/or their environment is important. **Alcohol hand gel does not kill norovirus.**

Encourage a high standard of resident hand hygiene especially after toileting, before eating and drinking and before taking medication. Moist detergent hand wipes should be offered if residents cannot access a wash hand basin.

Visitors must always wash their hands on leaving the bedroom area.

11.5. Prevention Through Personal Protective Equipment (PPE)

Single use disposable plastic aprons must be worn by staff when having contact with an infected resident and or their environment.

Single use gloves must be worn for all procedures where there is potential contact with diarrhoea and or vomit.

Face masks are not required unless universal masking is still in place.

11.6. Prevention Through Environmental and Equipment Decontamination

Resident's care equipment and the environment can easily become contaminated with the organism. Norovirus can survive in the environment for many days and is often widely distributed in the toilet setting. It is also resistant to many disinfectants.

The bedroom, bed space and resident care equipment **must be cleaned at least daily and always after soiling with general purpose detergent followed by chlorine solution of 1:1000 parts per million (ppm) e.g. bleach or Milton.**

Infected residents should, if possible, have sole use of a designated toilet or commode as long as their symptoms persist. **Commodes and toilets must be cleaned after each use including the arms and the underside of the seat with general purpose detergent followed by chlorine solution of 1:1000ppm**.

Specific attention must be paid to all objects and surfaces which are touched frequently, e.g. door handles, toilet flush handles, telephones, keyboards and nurse call handsets. These should be cleaned at least twice daily with general purpose detergent followed by chlorine solution of 1:1000ppm.

Monitoring and physiological equipment such as blood pressure cuffs, oxygen saturation monitor, thermometer and stethoscope should all be designated single resident use where possible and thoroughly decontaminated between uses with general purpose detergent followed by chlorine solution of 1:1000ppm or as per manufacturer's instructions.

If the resident is incontinent, care should be taken when changing incontinence pads as there is a greater risk of spread of the virus, the pad must be disposed of immediately into a clinical waste bag. Place linen contaminated with faeces or vomit in a water-soluble bag and transport to the laundry (without delay). Do not manually sluice or hand wash linen (programme the washing machine to the pre-wash/sluice cycle). Follow this by a hot wash.

Manual handling equipment should be designated single resident use or if shared decontaminated between uses.

Ensure hoists and stand aids are thoroughly decontaminated between uses with general purpose detergent followed by chlorine solution of 1:1000ppm.

The bedroom and environment should not be cluttered as this inhibits effective cleaning. Any items that cannot be easily cleaned should ideally removed, until the resident is no longer infectious.

Remove exposed foods, from resident's bedroom and communal areas e.g. fruit. Ensure that toothbrushes etc are not left out in the en-suite for potential contamination.

Dedicated yellow colour coded buckets, disposable cloths and mops must be used. Mop heads that are not disposable i.e. re-usable, must be laundered daily in the domestic services washing machine. See Appendix 7 for national coding system.

Deep cleaning of bedrooms at the end of the outbreak should be thorough (See Appendix 7- Deep Cleaning Guidance for Care Homes and Appendix 8 - Deep Clean Procedure for Resident's Room).

Deep cleaning of mattresses should be carried out according to manufacturer's instructions.

Toilet brushes should be replaced with new.

12. Home Closures

There is evidence that outbreaks due to norovirus can be controlled by containment in single rooms with doors closed, adherence with IPC procedures and terminal cleans. Local health protection team may close the home or unit to prevent spread.

Admissions or transfers should be avoided if in an outbreak unless it is an emergency and then should be accompanied by a risk assessment and health protection team support.

13. Declaration of the End of an Outbreak

The definition is usually set as 48 hours after the last episode of diarrhoea and or vomiting in the last known case and at least 72 hours after the initial onset of the last new case. This is also the point at which deep cleaning (terminal cleaning) must be completed.

Occasionally, there are a small number of residents with persistent symptoms and it is advisable to segregate those residents in order to facilitate a return to normal activity within the home.

14. Recurrence of Norovirus

After being infected with a norovirus, people have a temporary immunity, which usually lasts no more than approximately 14 weeks.

If the resident re-develops diarrhoea or any other abdominal symptoms such as distension or pain, they will need to be reviewed by their GP.

15. How Can Norovirus be Prevented?

Thorough hand washing with soap and water is essential to help prevent the spread of norovirus. Rigorous cleaning is the most effective way of removing contamination from the environment.

Avoid contaminated food and water, including food that may have been prepared by someone who was unwell.

Wash fruits and vegetables before eating and cook seafood thoroughly.

16. References

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Hawker, J. Begg, N. Blair, I. Reintjes R, Weinberg J. (2001) Communicable Disease Control Handbook 2nd Edition, Oxford: Blackwell Publishing Ltd.

Health Protection Scotland (2012) Norovirus Outbreak Guidance (Preparedness, control measures and practical considerations for optimal patient safety and service continuation in hospitals).

Illingworth E, Taborn E, Fielding D et al (2011). Is closing of entire wards necessary to control norovirus outbreaks in hospital? Comparing the effectiveness of two infection control strategies. *Journal of Hospital Infection*. 79: 1. p32-37

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17. Glossary

Term / Abbreviation	Explanation / Definition
CCG	Clinical Commissioning Group
ICB	Integrated Care Board
GP	General Practitioner
E coli	Escherichia Coli
IPC	Infection Prevention and Control
PPE	Personal Protective Equipment
PPM	Parts Per Million

18. Further Information and Advice

Can be obtained from Shropshire, Telford and Wrekin ICB, Infection Prevention and Control Team: ccg.ipc@nhs.net.

Appendix 1 - Initial D&V Check List for Care Home Use

Name of Care Home	
Date and Time Outbreak Started	
Units/Areas involved	
Date & Time Contacted Health Protection Team **Infection Prevention and Control Team notified**	**Y/N**
Symptoms please circle	Diarrhoea / Vomiting / Nausea
Stool specimens collected (inc number of samples)	**Y/N**
Stool charts commenced	**Y/N**
Fluid balance chart commenced	**Y/N**
Outbreak monitoring form commenced	**Y/N**

Outbreak Control:	✓
Isolate / **Cohort Residents**: Until symptom free for 48hrs	
Cohort staff: staff to work in one area only (where possible)	
Exclude: Symptomatic staff until symptom free 48hrs	
Hydration: Encourage clear fluids in symptomatic residents (fluid balance chart in place)	
Cleaning: Clean with detergent followed by Milton or Bleach 1:1000 ppm available chlorine ***Environment:*** Enhance cleaning in affected areas to at least twice daily, paying particular attention to frequently touched surfaces i.e. door handles, pull cords, grab rails ***Equipment:*** After each use	
Hand washing staff: At point of care with water and liquid soap **NOT** alcohol hand gel	
Hand washing residents: Encourage to wash hands after going to the toilet and before eating/drinking. Use hand wipes where needed	
PPE/Linen/Waste: To be available at point of care (gloves/aprons/alginate bags) (waste bags in rigid foot operated bins)	
Toilet facilities: En suite or commodes – **use pot washer if available** or hand wash with detergent and then disinfect with Milton or Bleach 1:1000 ppm	
Resident Equipment: Designate to symptomatic residents – commodes/hoist slings/glide sheets/BP cuffs	
Kitchens/ Catering: Remove fruit bowls, change lidded water jugs twice daily. Provision of day care or meals to others? Wash all resident and staff crockery in dishwashers during outbreak.	
Management:	
Status of home: Open Closed - unit/floor Closed - home	
Inform: GP and visiting health care professionals including district nurses/ agency/bank staff	
Alert: Visitors by way of a notice on the door and leaflets (available on SPIC website)	
Remind: Staff that residents need to be 48hrs free of symptoms before being transferred or attend outpatient appointments (N/A in an emergency)	
Monitor: All residents/staff for signs and symptoms	

Appendix 2 - Daily D&V Residents Monitoring Form

Daily D&V Monitoring Form - Residents

Care Home: **Month:**

Resident's Name	DOB	Room No	History of Bowel Problems Y/N	On Antibiotics Y/N	On Laxatives Y/N	Date & Time of 1st Episode	Date Stool Specimen Sent / Specimen Result	Date of Hospital Admission as Result of D&V (including Dehydration/UTI)	Date:									
									D									
									V/N									
									D									
									V/N									
									D									
									V/N									
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									V/N									

KEY: D = Diarrhoea V = Vomiting N = Nausea **✓ = Symptomatic x = No symptoms**

Additional Days - Residents

Resident Name	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:
	Symptoms	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
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	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
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	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
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	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N

KEY: D = Diarrhoea V = Vomiting N = Nausea

Appendix 3 - Daily D&V Staff Monitoring Form

Daily D&V Monitoring Form - Staff

Care Home: **Month:**

Staff Name	DOB if known	Job Title	Work Area	Date & Time of 1st Episode	Date Stool Specimen Sent Specimen Result	Date & Time										
						D										
						V/N										
						D										
						V/N										
						D										
						V/N										
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						V/N										
						D										
						V/N										

KEY: D = Diarrhoea V = Vomiting N = Nausea **✓ = Symptomatic x = No symptoms**

Additional Days - Staff

Staff Name	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:
	Symptoms	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**	**Symptoms**
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
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	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N
	D	D	D	D	D	D	D	D	D	D	D	D
	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N	V/N

KEY: D = Diarrhoea V = Vomiting N = Nausea

Appendix 4 - Bristol Stool Chart

The Bristol Stool Chart		
Type 1		Separate hard lumps like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear cut edges (easily passed)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces, entirely liquid

Send stool sample for Microscopy Culture and Sensitivity (M, C & S) and Virology if Type 5, 6 or 7 (unless due to aperients or enemas).

Commence stool chart and monitor bowel actions.

Residents who have been isolated due to norovirus may come out of isolation when they have been 48 hours clear of symptoms.

Appendix 5 - Resident Stool Record Chart

Resident Stool Record Chart

Please attach patient sticker here or record:

Name:……

NHS No: ☐☐☐☐☐☐☐☐☐☐

Unit No: ☐☐☐☐☐☐☐☐☐☐

D.O.B: ……..

Male ☐ *Female* ☐

Consultant: ……..

Home:

G.P ……

Date specimen sent ……
Result ……

Date specimen sent ……
Result ……

Date	Time	CONSISTENCY/DESCRIPTION (Please refer to key and tick all that apply)										Colour	Bowels Not Opened	Signed
		1	2	3	4	5	6	7	mucus	blood	offensive			

KEY:

Type 1 	Separate hard lumps like nuts (hard to pass)
Type 2 	Sausage-shaped but lumpy
Type 3 	Like a sausage but with cracks on its surface
Type 4 	Like a sausage or snake, smooth and soft
Type 5 	Soft blobs with clear-cut edges (passed easily)
Type 6 	Fluffy pieces with ragged edges, mushy stool, semi liquid
Type 7 	Watery, no solid pieces - entirely liquid

DEFINITION OF DIARRHOEA

Abnormally frequent watery stools – Type 5, 6 or 7

Fluid Balance Chart

Surname:

First Name:

DOB .../... /...

Care Home:

FLUID RESTRICTION (if any)…… Date….. /…. /…..

THICKENED (please circle thickness) Slightly Mildly Moderate Extremely

VOLUME INPUT						OUTPUT		
Time	**Oral Intake**	**Vol**	**Other** (e.g. enteral)	**Vol**	**TOTAL**	**Urine**	**Other** (e.g. drain)	**TOTAL**
0:00								
1:00								
2:00								
3:00								
4:00								
5:00								
6:00								
7:00								
8:00								
9:00								
10:00								
11:00								
12:00								
TOTAL								
13:00								
14:00								
15:00								
16:00								
17:00								
18:00								
19:00								
20:00								
21:00								
22:00								
23:00								
24:00								
24HR TOTAL						**TOTAL OUTPUT**		

1 Average Beaker- **250ml** 

1 Average Cup and Saucer -**190ml** 

1 Average Mug -**260ml** 

1 Average Milk Portion on cereal- **100ml** 

Appendix 7 - Deep Cleaning Guidance for Care Homes

Deep cleaning is **not** routine environmental cleaning that should be undertaken daily within the care home environment but is the additional cleaning that should be undertaken after:

- Outbreaks of gastro-intestinal illness (diarrhoea and/or vomiting) – **including the whole environment (also known as terminal cleaning)**
- Source isolation nursing of a resident – **individual resident room**
- Discharge, transfer or death of individual residents – **individual resident room (also known as terminal cleaning)**

Deep cleaning is the thorough cleaning of **all** surfaces, floors, soft furnishings and re-useable equipment either within the whole environment or in a particular area of the home (e.g. individual resident room). This will include:

- Skirting boards, picture and dado rails
- Doors and door frames
- Radiator covers - which need to be removed and radiator cleaned thoroughly
- Window sills and frames
- Windows inside
- All ledges, flat surfaces and tops of wardrobes etc
- Bed frames
- Mattresses including checking inside
- Bedrails and covers
- Bedside cabinets and over bed tables
- Soft furnishings, chairs, foot stools, hoist slings, including curtains
- Curtain rails and curtain tracks
- Extractor fans and vents
- Floors and carpets
- Light switches, fittings and lampshades
- Re-useable equipment, commodes, hoists and shower chairs
- Sinks and taps - (clean tap before cleaning sink)
- Baths/showers, toilets, taps, flush and door handles

Ensure the correct Personal Protective Equipment is worn i.e. household gloves, single use disposable aprons, eye protection (when mixing chemicals/risk of splashing)

Deep cleaning should be undertaken using:

- Clean bucket
- Water and general purpose detergent solution (disinfectant solution such as bleach or Milton should only be required following cleaning if there has been an outbreak of diarrhoea and or vomiting or a case of *Clostridium difficile* infection
- Disposable colour coded cloths
- Floor mop with disposable or washable mop heads
- Vacuum cleaner fitted with a high particulate filter (HEPA filter)
- Steam cleaner or carpet shampooer

Water and detergent solution should always be changed for each episode of cleaning when moving from one environment to another (e.g. room to room) **and** when water is visibly dirty or contaminated.

Colour Coding

A colour coding system of cleaning materials and equipment, including cloths, mop heads and handles, buckets for cloths, mops etc should be operated within the care environment – examples can be found in the National Cleaning Standards.

The 'Golden Rule' for cleaning is work from the cleanest area toward the dirtiest area – this greatly reduces the risk of cross contamination.

Cleaning equipment should be thoroughly cleaned following use and the cleaner's trolley should be stored appropriately (not in the sluice).

Written protocols instructing staff on how to undertake deep cleaning should be available and records requiring the signature of the staff member undertaking the deep cleaning and the date that the cleaning occurred should be kept by the care establishment management – remember if it is **not** written down it has not happened – Refer to Appendix 8 Deep Clean Procedure for Resident's Room.

Appendix 8 - Deep Clean Procedure for Resident's Room

Deep Clean Procedure for Resident's Room			
Task	**Instructions**	**Signature**	**Date**
Remove all unwanted items	E.g. flowers, food, rubbish		
Remove all equipment	Clean first following manufacturer's instructions and where possible with detergent followed by chlorine (Bleach/Milton) 1:1000 ppm		
Take down curtains	Place in red alginate bags and send to laundry		
Strip the bed linen	Send to laundry in red alginate bags		
Check mattress	Check the cover for signs of wear and tear. Unzip the mattress and check inside the cover and the foam mattress for signs of staining. Integrity Test		
Clean bed frame and mattress	Clean bed frame, cot sides, cot bumpers, mattress with detergent followed by chlorine (Bleach/Milton) 1:1000 ppm		
Windows/Curtain track	Clean window, window frames and curtain track with detergent followed by chlorine (Bleach/Milton) 1:1000 ppm		
Radiator	Remove radiator cover and wash radiator and cover with detergent followed by chlorine (Bleach/Milton) 1:1000 ppm		
Clean all furniture	Chairs (washable)/over bed tables/bedside tables/wardrobes with detergent followed by chlorine (Bleach/Milton) 1:1000 ppm. Material covered chairs should ideally be steam cleaned		
Extractor fan and Lamp shades	Clean as above		
All ledges and flat surfaces – picture rail and skirting boards	Clean with appropriate cleaning products e.g. with detergent followed by chlorine (Bleach/Milton) 1:1000 ppm where possible.		
Door handles/light switches	Wipe with detergent followed by chlorine (Bleach/Milton) 1:1000 ppm		
Carpet	Vacuum followed by steam cleaning		
Washable flooring	Clean with detergent followed by chlorine (Bleach/Milton) 1:1000 ppm		
Commode	Wash with detergent followed by chlorine (Bleach/Milton) 1:1000 ppm		
Ensuite	Wash all surfaces / toilet / sinks / taps / toilet flush / door handle / toilet frame with detergent followed by chlorine (Bleach/Milton) 1:1000 ppm		
Windows	Open windows to facilitate thorough drying of all surfaces and lessen smell of chlorine		

Restock	Restock room with paper towels etc		
Make bed	Make up bed with clean linen		
Hang curtains	Hang clean curtains		