

Gastroenteritis Management

Surveillance Module for rural hospitals
and non-acute settings.

Version 1

Gastroenteritis management - surveillance module for rural hospitals and non-acute settings.

Tasmanian Infection Prevention and Control Unit (TIPCU)

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Gastroenteritis Management Surveillance

This document provides guidance on how to use the TIPCU gastroenteritis management surveillance module.

Accompanying assessment tools include:

- Gastroenteritis policy compliance
- Gastroenteritis management compliance
- Gastroenteritis outbreak management compliance

Background

Acute infectious gastroenteritis can be caused by a number of different microorganisms. One of the more common causes of institutional gastroenteritis outbreaks is norovirus. Norovirus is an acute, highly infectious viral gastrointestinal infection. Norovirus is transmitted via the faecal-oral route via direct and indirect contact. The incubation period for norovirus is from 12 – 48 hours.

Gastroenteritis caused by norovirus has an acute onset with symptoms that include diarrhoea and vomiting. Most of these symptoms resolve within 24 –48 hours but faecal viral shedding can continue for a number of days following the acute illness, especially in older persons. There is no vaccine for norovirus. Persons who are known or suspected to be infected with norovirus require additional infection prevention and control measures to prevent the virus from being transmitted to other patients and staff.

Aim

To identify non-compliance with best practice recommendations in relation to the management of gastroenteritis within rural hospitals and residential care facilities.

Inclusion criteria

- Cases with sudden onset of signs and symptoms of gastroenteritis.

Exclusion criteria

- Persons who do not have symptoms of gastroenteritis.

Definitions

Gastroenteritis – a person with a sudden onset of diarrhoea and/or vomiting where the symptoms do not have a known cause/explanation.

Diarrhoea – an unformed stool that takes the shape of the container.

Vomiting – forceful expulsion of stomach contents through the mouth.

Outbreak – occurrence of disease greater than is otherwise expected at a particular place and time.

Laboratory confirmed norovirus – stool sample yields a positive laboratory result for norovirus.

Process for surveillance

The person chosen to undertake the gastroenteritis surveillance module should be familiar with the surveillance definitions.

All cases of gastroenteritis warrant further investigation to establish the cause where possible and if there is a microbiological cause, to identify infection prevention and control measures that may lead to prevention of transmission.

There are 3 assessments included in this surveillance module:

1. Assessment of your facility's gastroenteritis management policy/procedure.
2. Assessment of management of person/s with known or suspected gastroenteritis.
3. Assessment of the management of a gastroenteritis outbreak.

Assessment of your facility's gastroenteritis management policy

Obtain a copy of your facility's procedure for gastroenteritis management and assess compliance using the Gastroenteritis Policy Compliance Assessment tool.

Assessment of management of persons with known or suspected gastroenteritis

When a person with signs and/or symptoms of gastroenteritis is identified within your facility assess the management of the patient/client against the assess compliance using the Gastroenteritis Management Compliance Assessment tool.

Assessment of the management of a gastroenteritis outbreak

When a gastroenteritis outbreak is identified at your facility assess compliance to published gastroenteritis outbreak management guidelines using the Gastroenteritis Outbreak Management Compliance Assessment tool.

Reporting

Provide feedback from the Gastroenteritis Management Surveillance program using the Surveillance Investigation and Reporting Sheet to the relevant clinical staff and report results and findings to the Facility Infection Control Committee and or THO Infection Control Committee.

Gastroenteritis policy compliance assessment

Assessment Criteria	Yes	No
Does your facility have a current policy and/or procedure for the management of patients/residents and staff who develop signs and symptoms of gastroenteritis?		
Does your facility have a current policy and/or procedure for the management of a gastroenteritis outbreak that is based on the most recent national guidelines?		
Do the outbreak management procedures outline who to contact in the event of a suspected outbreak?		
Does your facility have ready access to the 'Gastro-Info - Gastroenteritis Kit for Aged Care'?		
Are staff aware of this/these document/s?		
Do staff receive an annual update about the gastroenteritis policy and procedure which includes the following information: Signs and symptoms? Definitions of outbreak, gastroenteritis, diarrhoea and vomiting? Who to contact when an outbreak is suspected?		
Does the policy include a quality improvement program to assess compliance with best practice guidelines?		

Gastroenteritis management compliance assessment

Assessment Criteria	Yes	No
Identifying gastroenteritis		
Are staff made aware of the symptoms of gastroenteritis via annual education?		
When a case of gastroenteritis is identified, is the patients/clients LMO notified?		
Are other relevant staff notified such as the DON, NUM, Infection Control Coordinator for the site/area?		
Did you contact the DHHS Communicable Diseases Prevention Unit for advice?		
Do you refer to the local and/or THO procedure for case management advice?		
For known and suspected cases of gastroenteritis:		
<ul style="list-style-type: none"> • Are contact precautions implemented for the case? 		
<ul style="list-style-type: none"> • Is a faecal specimen collected for microbiological testing? 		
<ul style="list-style-type: none"> • Are non-case GP's notified of a case of gastroenteritis in the facility? 		
<ul style="list-style-type: none"> • Is detailed documentation kept of the case, date of symptom onset, symptoms and case contacts? 		

Gastroenteritis outbreak management compliance assessment

Assessment Criteria	Yes	No
Managing a gastroenteritis outbreak		
Is an outbreak identified or declared when there are two or more cases of patients and/or staff within a 24 hour period who have developed diarrhoea with +/- vomiting with no other cause found for the symptoms?		
Do you refer to the 'Gastro-Info - Gastroenteritis Kit for Aged Care' and/or the CDNA 'Gastroenteritis outbreak management guidelines' for management advice?		
Do you refer to the local and/or THO outbreak management procedure for management advice?		
Are all new cases reported to their GP?		
Are relatives and visitors notified of the outbreak?		
Are other relevant staff notified of all new cases such as the DON, NUM, Infection Control Coordinator for the site/area?		
Are contact precautions implemented for new patient cases?		
Are enhanced cleaning procedures implemented as per the "Gastro-Info" Kit and/or the CDNA guidelines?		
Are faecal samples collected and sent to the laboratory for testing for norovirus +/- other organism?		
Are affected staff told not to return to work until they have had cessation of symptoms for at least 48 hours?		
Is detailed documentation kept of all new cases including date of symptom onset, symptoms and case contacts?		

References

1. Australian Commission on Safety and Quality in Health Care (2008). Reducing harm to patients from health care associated infections; the role of surveillance. Commonwealth of Australia. Canberra.
2. The Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) <http://www.nhmrc.gov.au/node/30290>
3. Communicable Diseases Network Australia (CDNA) public health guidelines for management of gastroenteritis outbreaks due to suspected norovirus <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-norovirus.htm>
4. Gastro-Info Gastroenteritis Kit for Aged Care <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-publicat-gastro-kit.htm>



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