Diarrhoea & Vomiting Outbreak – Inpatient flowchart

Suspected outbreak of diarrhoea and vomiting (2 or more cases of unexplained diarrhoea or vomiting within the same ward/unit setting – staff or patients).
Commence record of infectious disease outbreak forms and outbreak management checklist (ICPG1 section 4 Appendix 2/3)
One form per outbreak - Send to IPC Nurse

Affected patients to be isolated - implement Infection Prevention & Control precautions
Send stool specimens
Write “Suspected Outbreak” on Micro form

Check for underlying medical or pharmaceutical causes for diarrhoea & vomiting and record on outbreak form

Symptomatic staff to be sent home until 48 hours symptom free - May be asked to provide specimen to GP

Contact Infection Prevention & Control Nurse (IPCN) – discuss patient information – symptoms and possible underlying causes or other factors i.e. visitor/relatives complaining of similar symptoms

IPC Team (IPCT) to decide, based on data provided, if this is an outbreak and whether to close the unit or commence enhanced surveillance

IPCN to inform DIPC, IPCT, facilities and management teams of possible or confirmed outbreak

IPC Team (IPCT) to liaise with ward/unit for daily updates

Enhanced surveillance
IPCN to liaise with ward/unit staff daily to assess situation, cases – if necessary ward/unit to be closed.

New case/cases with similar symptoms in 48hr period

Deep clean room once patient 48 hours clear of symptoms

Unit closure (Decision made by IPCT)
IPCN to liaise with ward/unit for daily updates

Extend closure period for 48 hours for every new active case

No further active cases for 48 hours
Outbreak resolved
Ward/unit to be re-opened once deep clean has been confirmed as completed to IPCN

IPCN to inform DIPC, IPCT, facilities and management teams of outbreak resolution