

Isolating Sick Individuals After a Fecal / Vomit Episode



A 1998 norovirus outbreak infected 126 people at a British hotel after someone vomited in the banquet hall. In 2000, a norovirus outbreak occurred at a hotel restaurant after a patron vomited, despite rapid response by a member of the wait staff. The attack rate dissipated with distance from the table of patient 0.

Public Health Reasons

People suffering from gastrointestinal illness can spread the illness to others in close proximity if good hygiene is not practiced. Vomiting produces droplets containing pathogens that may be aerosolized and inhaled or swallowed. Droplets also settle onto nearby surfaces, which can infect those who come into contact with the surface. This is illustrated in two published studies by Marks et al. and Evans et al.

In 2003, Marks et al. reported that attack rates increased significantly as students were exposed to increasing numbers of vomiting episodes during a norovirus outbreak at a school. Classrooms that reported no vomiting episodes had a low attack rate of 15.6%, and classrooms with one or two episodes of vomiting had moderate attack rates of 33.1% and 35.4% respectively. Classrooms with three episodes of vomiting had a high attack rate of 65.9%. Individual proximity to vomiting episodes was also a factor. The attack rate for classrooms where a vomiting event occurred was 42.4%. The attack rate for classrooms adjacent to a vomiting episode was 15.8%.

In another study, Evans et al. reported a norovirus outbreak at a concert hall in 2002. A male attendee seated in tier 13 vomited four times: (1) in a waste bin; (2) in a bathroom on level 5; (3) on the floor of an emergency fire escape; and (4) on a carpeted area at the top tier walkway on level 6. Concert hall staff cleaned up the vomit using an emergency spillage compound *after* the auditorium had been cleared. The carpeted areas were cleaned with an ordinary vacuum cleaner the next day, but not until *after* a lunchtime school concert. Illness occurred in 29% (257/1229) of children who attended the school concert the following day. The highest attack rate (75%) was observed in children sitting in the same tier where the index case was seated (tier 13). Lower attack rates were seen for people sitting in nearby areas.

At this time, research has not established how wide of an area around vomit and fecal matter to clean and disinfect, so clean and disinfect as wide of an area as is practical for your facility. Also, people who are vomiting or who have had diarrhea may spread pathogens with their contaminated hands or clothing by coming in direct contact with others. For these reasons, it is important to quickly isolate sick individuals from others in a child-care facility and to clean all hands, clothing, and surfaces that may have been contaminated. Refer to the fact sheet “Vomit and Fecal Episodes” for instructions on how to properly disinfect surfaces after contamination with vomit or fecal matter.

Practices

- Clear all individuals from the area after a vomiting or diarrheal episode, including the sick individual. It is best to move the sick person to a separate room, but if this is not possible, keep him 30 feet away from others.
- Allow people back in only after the area has been properly cleaned and disinfected, and after all the infectious waste has been removed. (See “Vomiting and Fecal Episodes” fact sheet.)
- Isolate children who have vomited or who have had an episode of diarrhea from others in the facility until a parent or guardian is able to pick them up. (See “Excluding Sick Children” fact sheet.)
- Move all children who have similar symptoms to a separate area. It is best to keep them in a separate room, but if this is not possible, keep them 30 feet away from healthy children.
- Keep sick children comfortable and observe them for new or worsening symptoms.
- Restrict staff members’ activities to one area or room to reduce the spread of microorganisms from sick individuals to healthy individuals.
- Send home any staff members who experience vomiting or diarrhea without a known cause. (See “Excluding Sick Child-Care Workers” fact sheet.)
- If a food staff member becomes ill while working, discard all food the sick employee may have prepared while on shift.
- Remove all toys and other materials that were used by the sick children from the healthy children until the items have been thoroughly cleaned and disinfected. (See “Cleaning and Disinfecting High-Touch Surfaces” fact sheet.)
- Machine wash any clothing that may have been contaminated during a vomiting or diarrheal episode in hot water, and dry the items in a dryer on high heat.
- Each child needs to have a clean outfit to change into in case his original clothing becomes contaminated.
- Wash the hands of sick individuals thoroughly after vomiting or diarrhea has occurred. (See “Practicing Good Hand Hygiene for Care Providers” Fact Sheet.)

For proper cleaning methods after a vomiting/fecal event, see the “Vomiting and Fecal Episodes” fact sheet.

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