

Viral or Suspected Viral Gastroenteritis

Information for Directors and Staff of Early Childhood Education and Care Services

Introduction

Gastroenteritis outbreaks in early childhood education and care services can be disruptive to staff and families that attend the centre, impacting staff attendance as well as parental commitments. This document has been developed for directors of Early Childhood Education and Care Services (ECECS) to assist in the management of gastroenteritis outbreaks in line with [Staying Healthy: Preventing infectious diseases in early childhood education and care services, 6th edition, 2024](#).

What is viral gastroenteritis?

Viral gastroenteritis can occur when a virus infects a person causing diarrhoea and/or vomiting. Other symptoms may include nausea, stomach cramps, fever, headache, and muscle aches. A person reporting symptoms of gastroenteritis is referred to as a 'case'.

Gastroenteritis can be defined as vomiting, or diarrhoea when 3 or more loose stools or bowel movements in a 24-hour period are different from normal and/or escapes a child's nappy. Symptoms generally develop 1–3 days after being infected and the illness usually only lasts a day or two. The diagnosis of viral gastroenteritis is routinely based on symptoms, with testing of faeces in some circumstances. Viral gastroenteritis disrupts normal activities and can be serious in the very young or the very old, sometimes causing dehydration.

How is it spread?

Viral gastroenteritis is highly infectious. It can be spread by:

- Person-to-person contact (for instance when the virus is on people's hands).
- Through the air (when a person vomits, virus particles spread into the air as an invisible mist and can infect other people in the same room).
- When hands, food, objects, and surfaces become contaminated with faeces or vomit and the infectious organism is transferred to the mouth when eating, drinking, or touching the mouth.

Someone with viral gastroenteritis is most infectious while they have symptoms. Even after the symptoms have stopped, some viruses can still be present in body fluids, therefore it is essential to always practice recommended hand hygiene and infection control and stay away from childcare, work or school for at least 24 hours after the symptoms have stopped.

Outbreaks commonly occur in settings such as ECECS. The onset of vomiting and or diarrhoea in people over a period of 1–3 days suggests that the infection is spreading within the childcare centre.

Other causes of gastroenteritis outbreaks

While viruses are the most common cause for gastroenteritis outbreaks in ECECS, other germs (bacteria and parasites) can also cause gastroenteritis.

In an outbreak, the local [public health unit](#) may provide a letter for parents to take with their child if medical assessment is required. The letter will contain recommendations for tests that may assist to identify the cause of the outbreak.

The following actions should be implemented immediately to stop the spread of infection.

Exclusion

A single case of gastroenteritis in a child or staff member at the centre should be excluded for at least 24 hours after their last symptom, provided there have been no other reports of gastro in the previous 3 days.

When there have been 2 reported cases of vomiting and or diarrhoea at the centre within a 3 day period you should talk to your local [public health unit](#) as soon as possible for further advice.

When a single case is confirmed for norovirus by testing or is a staff member who handles food, exclusion is required for at least 48 hours after their last symptom.

When an outbreak has been confirmed, Queensland Health recommends all reported cases should be excluded for at least 48 hours after their last symptom until the outbreak is declared over.

Seek advice early

Staying Healthy (2024), recommends the ECECS contact the local public health unit if there are two or more cases of gastroenteritis in the centre over a period of 1 to 3 days, or if a food handler reports being ill with diarrhoea or vomiting.

Document the number of cases, dates of illness onset, duration of symptoms, what symptoms the cases have and if any pathology samples have been collected. This will assist the public health unit with providing advice.

Distribute information to parents and staff, including the letter from the public health unit (if provided). This encourages sick staff and children to have a sample collected to assist in identifying the cause and implementing actions to control the outbreak.

Hand hygiene

Alert staff to the outbreak and ensure hand hygiene is regularly practiced by staff, visitors, and children.

Children should be supervised and assisted with hand hygiene where required.

For detailed guidance for best practice in hand hygiene see [Staying Healthy \(2024\)](#)

Hand washing

Hand washing is the most cost effective and simple method of preventing the spread of infection.

- Always wet hands first with running water.
- Apply liquid soap to hands.
- Lather hands thoroughly including wrists, the palms, between the fingers, around the thumbs and under the nails (for about the time it takes to sing happy birthday, twice).
- Rinse hands under running water.
- Dry hands thoroughly with a paper towel.

Effective hand drying is just as important as thorough hand washing. Damp hands pick up and transfer up to 1000 times more bacteria than dry hands.

Drying your hands thoroughly also helps remove any germs that may not have been rinsed off.

Encourage hand washing

- Choose hand washing products that are non-irritant and easy to use.
- Ensure adequate supplies of hand washing products and paper towels are always available.
- Display posters encouraging correct hand hygiene.
- Make hand washing an important part of the culture of the organisation.
- Teach children to wash their hands as part of the learning environment.

Alcohol-based hand gel

- Alcohol is not considered to be effective against norovirus.
- Alcohol based hand rubs (e.g., 60–80% alcohol-based solutions) may be used to disinfect hands when handwashing facilities are not available. However, hands should then be washed as soon as possible with soap and water.

Gloves

Always wash hands well **before and after** using gloves. Refer to [Staying Healthy \(2024\)](#) for detailed information about when and how to use gloves.

If there is a chance that you may come in contact with faeces, urine, saliva, vomit, or blood, you should wear disposable gloves.

Utility gloves (reusable) can be worn when performing general cleaning duties for the ECEC or preparing bleach solutions.

Food preparation practices during the outbreak

Food safety standards should be enhanced and include additional environmental cleaning measures for the duration of the outbreak. Examples of enhanced food safety standards include:

- Cease any cooking activities with children
- Staff should serve the children at all mealtimes (i.e. no self-serve)

Strict attention to hygiene by all adults and children when preparing food, supervising or eating food in common areas is required.

Staff involved in direct childcare should not be involved in food preparation.

Environmental cleaning

Some viruses can survive well in the environment and can spread via contaminated surfaces. The aim of environmental cleaning is to minimise the number of germs that survive on surfaces in the ECEC.

In an outbreak, additional cleaning **twice daily** is required to ensure frequently touched environmental surfaces such as door handles, hand or cot rails, light switches, phones, bathroom taps, children's tables, chairs, toys, and other surfaces remain clean and **germ free**.

If someone vomits in an area where there is uncovered food, immediately discard all food in the vicinity. The affected area should be closed while cleaning and disinfecting is underway and reopened when surfaces are touch dry.

Environmental surfaces should be cleaned thoroughly with a mixture of detergent and warm water and dried before applying a bleach-based disinfectant. If you choose to use the mixture in a spray bottle, spray the surface heavily and rub it vigorously. Spraying a surface with a fine mist and then wiping it dry with a cloth or paper towel is not enough to dislodge germs.

Only single-use disposable cloths should be used for cleaning and/or where necessary a soft brush to remove visible grime.

[Staying Healthy \(2024\)](#) recommends the use of sodium hypochlorite (household bleach) at 1000 ppm (0.1%) to effectively kill viruses in the environment.

For bleach to be effective at a concentration of 1000 ppm (0.1%):

- It needs sufficient time to kill the virus – at least 10 minutes contact time.

- Environmental surfaces to be clean (free of vomit or faeces or any other organic matter).
- Dilutions of bleach to be made up just before using. Do not top up (discard left over solution and wash and dry containers between use).

Note: Bleach solutions should NEVER be applied using a spray bottle. Do not use hot water to dilute bleach, and do not mix bleach with any other chemicals. Bleach is corrosive, so do not use it on metals other than stainless steel.

Cleaning up vomit and faeces

- Make up a disinfectant (bleach) solution as described in [Staying Healthy \(2024\)](#).
- Wear disposable gloves and an apron.
- Use paper towels to soak up excess liquid and place in a leak-proof plastic bag.
- Clean the surfaces in the vicinity of the potentially contaminated area (up to 3 metres) with detergent and warm water and dry thoroughly.
- Disinfect the area using the freshly made bleach solution and use a mop and bucket for larger surfaces.
- Detachable mop heads should be laundered in a washing machine at high temperature (>60°C) and left to air dry after use.
- Wash hands thoroughly after.

Special considerations

Some areas and items in ECECs need special consideration in regard to cleaning. Refer to [Staying Healthy \(2024\)](#) for detailed information.

Toys should be washed in warm soapy water then disinfected using the bleach solution and left to dry. It can be helpful to have a “rotation system” for toys to ensure toys are cleaned thoroughly and regularly. Any toys that cannot be cleaned and disinfected appropriately (such as cushions or wooden toys) should be stored away until the outbreak is declared over.

Soft furnishings or metal surfaces that might be damaged by using the disinfectant solution should be cleaned with detergent and then left to dry thoroughly.

Linen should be laundered using a hot wash. Where an outside laundry company is used, they should be advised that the centre is managing a gastroenteritis outbreak.

Soiled rugs and carpets should be cleaned with detergent and then steam-cleaned.

Sandpits should be well maintained and be at least 50cm deep. Any sand contaminated by human or animal faeces, blood, urine or food must be removed using a shovel and disposed of in a plastic bag.

Returning to the service

Following all steps to break the chain of infection at all times should minimise the chance of disease spreading, as long as sick people stay home until they are better. However, excluding children from care can be difficult to manage where parents need to continue working.

Use the information in [Staying Healthy \(2024\)](#) to determine how your ECECS will respond to sickness and exclusion.

- Tell the parent or carer when the child can return to the centre.
- If it is an educator or other staff member who is sick, tell them when they can return to work.
- Having clear policies that have been shared with parents and carers can help avoid conflict.

Where a sick child has been diagnosed and treated by a doctor, your service can still make the decision about when the child can return, based on your own criteria and judgement.

ECECS are not required to follow letters from doctors stating the child can return to care.

ECECS should also not require 'clearance' from a doctor to allow a child back into care.

Your local [public health unit](#) can also provide advice if you are in doubt about exclusion.

General information

- Play dough should be discarded at the end of each day, or after being handled in a single play session, or if it's been in a child's mouth or contaminated (with visible dirt, sticks, sand, etc.)
- Cooking activities with children should be cancelled for the duration of the outbreak.
- Group functions or excursions should be rescheduled for another time.
- Keeping records of any sickness in children, educators, or other staff of the ECECS assists in identifying an outbreak by showing an increase in illness among staff and children.

When the outbreak is over

A final thorough clean of all surfaces including soft furnishings in the Centre should be carried out once the outbreak has been declared over i.e. at least three full days have elapsed since the last reported case.

Outbreak Management Checklist

- Details of staff and children affected by gastroenteritis compiled.
- Local public health unit promptly notified of gastroenteritis outbreak.
- Staff aware of outbreak and need to notify further cases to Centre Director.
- Signage placed at entry notifying of outbreak to inform parents, staff, and visitors.
- Letter (if provided) from Public Health Unit distributed to all parents and staff regarding outbreak.
- Staff and parents advised of need for 48-hour exclusion period following cessation of all symptoms where norovirus has been confirmed.
- Household bleach available for cleaning.
- Adequate supplies for handwashing and cleaning available.
- Additional cleaning implemented as advised by Public Health Unit.
- Staff crossing over of duties between direct childcare and food handling does not occur.
- Cooking activities and all group functions cancelled until outbreak over.
- Play dough made daily and disposed of at the end of the day.
- Line lists/ self-audits etc. returned to the Public Health Unit daily as required.

Further Information

Contact your local [Public health units | Queensland Health](#)

[Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition \(nhmrc.gov.au\)](#)

Recognising and Managing Gastroenteritis Outbreaks

