Community Infection Prevention and Control Policy for Domiciliary Care

Viral gastroenteritis/Norovirus

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This guidance document has been adopted as a policy document by:

Organisation: ...........................................................................................................

Signed: ..................................................................................................................

Job Title: ...............................................................................................................

Date Adopted: .....................................................................................................

Review Date: ........................................................................................................

If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC team cannot endorse or be held responsible for any addendums.

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Appendix 1: Inter-Health and Social Care Infection Control Transfer Form

Appendix 2: Bristol Stool Form Scale
1. **Introduction**

Viral gastroenteritis is usually caused by a virus known as Norovirus which is a non-enveloped virus only affecting people. Norovirus was previously known as Norwalk or SRSVs (small round structured virus). Other less common causes include Rotavirus and Sapovirus.

The incubation period for viral gastroenteritis is usually 24-48 hours, but cases can occur within 12 hours of exposure. Symptoms include:

- sudden onset of vomiting
- watery non bloody diarrhoea
- abdominal cramps
- nausea
- low grade fever
- headache.

The illness is usually of a short duration lasting 24-72 hours with a full recovery. Maintaining good hydration is important. If there is clinical concern about the service user, the GP should be notified.

Norovirus is highly infectious and is transmitted from person-to-person primarily through the faecal-oral route, or by direct person-to-person spread. Evidence also exists of transmission due to aerosolisation of vomit which can contaminate surfaces or enters the mouth and is swallowed.

Immunity to Norovirus is of short duration, possibly only a few months.

2. **Outbreak notification**

An outbreak is defined as two or more service users within the same area, who have similar symptoms of diarrhoea and/or vomiting within a 48 hour period. A suspected outbreak of viral gastroenteritis should be notified to your local Community Infection Prevention and Control (IPC) or Public Health England (PHE) team.

The decision to close a care establishment should be taken by the local Community IPC or PHE team.
3. Transfer of service users to other health and social care settings during outbreaks

- Discharge or transfer to other health and social care establishments should, where possible, be deferred until the outbreak has been declared over. There are no restrictions if discharge is to a service user’s own home.

- If a service user’s clinical condition requires urgent hospital attendance or admission before the outbreak is declared over (even if the service user is symptom free), the hospital staff must be notified of the outbreak prior to receiving the service user.

- Hospital outpatient attendances or planned admissions should be deferred if at all possible.

- When transferring a service user to another health and social care establishment, whether the service user is affected or not, staff should complete an Inter-Health and Social Care Infection Control Transfer Form - see Appendix 1. This should accompany the service user to their destination.

4. Control measures

Standard precautions should always be followed.

Isolation

- Care homes should be closed to admissions until the outbreak has been declared over (see section 8).

- Affected service users should be cared for in their own room until symptom free for 48 hours. En-suite toilet facilities should be used or a designated commode. Unaffected service users do not need to stay in their room.

- Disposable apron and gloves should be worn before entering a service user’s room who has symptoms. The apron and gloves should be removed and disposed of in the service user’s room in a foot operated lidded bin and hands washed with liquid soap, warm water and dried with paper towels before leaving.

- Where possible designated staff should be allocated to care for only affected service users.

- In a care home, if there is a floor level, e.g., ground floor, unaffected by the outbreak with no affected service users, where possible staff working on this floor should not work on or visit affected floors. Service users should also not be allowed to visit other floors.

- The Bristol Stool Form Scale should be used to document service user’s episodes of diarrhoea - see Appendix 2.
**Hand hygiene**

- Handwashing is essential during an outbreak of Norovirus. Alcohol handrub is only partially effective at killing Norovirus and, therefore, should **not** be used. Handwashing with liquid soap and warm water is required.

- Service users with symptoms should be encouraged to wash their hands thoroughly with liquid soap and warm water or be provided with a detergent hand wipe after an episode of vomiting or diarrhoea, using the toilet/commode and before meals.

- **All** service users should wash hands thoroughly with liquid soap and warm water or use a detergent wipe before meals. Staff should also be reminded to wash hands thoroughly before their breaks and before eating and drinking.

- Liquid soap and paper towels must be available for staff to use in all service users rooms. It is not acceptable for staff to leave a service user’s room without washing their hands.

**Environmental cleaning and disinfection**

- It is essential for environmental cleaning to be undertaken during an outbreak at least twice daily to include all communal items regularly touched by service users, e.g., hand rails, tables, door knobs. These should be wiped with a solution of hypochlorite 1,000 parts per million (ppm). Routine/usual cleaning products should not be used, a hypochlorite solution is the only effective product that will kill the virus. Recommended hypochlorite solutions at a concentration of 1,000 ppm include:
  
  o Milton 2% (available at chemists/supermarkets) at a dilution of 1 in 20, i.e., 50 mls of Milton added to 1 litre of water
  
  o household bleach diluted to 1 in 100, i.e., 10 mls of bleach in 1 litre of water
  
  o Chlor-Clean, Haz tabs, or Presept tablets, as per manufacturer’s instructions using a diluter bottle where applicable.

- It is essential that the correct concentration of the solution is made up to ensure that it is effective in killing the virus.

- A fresh solution of hypochlorite should be made every 24 hours as the concentration becomes less effective after this time period. The date and time should be recorded when the solution is made up.

- Equipment used on a service user with symptoms must be disinfected with a hypochlorite solution, e.g., Milton at 1,000 ppm before removing it from the room.

- Toilets/commodes, etc., should be cleaned using detergent and warm water followed by a hypochlorite solution, e.g., Milton at 1,000 ppm.

- Toilets and facilities should be cleaned a minimum of 2 times daily and when contaminated. Commodes, including the frame and underneath
surfaces, should be cleaned after each use. Disposable gloves and aprons must be worn during this procedure.

- Used commode pans should be washed in a washer disinfector. If a washer/disinfector is not available, pans should be emptied in a slop hopper/toilet and washed in a designated sink or a labelled bowl for pans. The sink/bowl should be filled with detergent and warm water and the pan immersed, washed and dried with paper towels. It should then be wiped with a hypochlorite solution, e.g., Milton at 1,000 ppm and allowed to dry.

- Vomit or diarrhoea should be removed using absorbent paper towels, and disposed of in a health and social care establishment as infectious waste. In a service user’s own home this should be double bagged and disposed of as household waste. Hard surfaces and non-carpeted areas should be disinfected using a hypochlorite solution, e.g., Milton at 1,000 ppm. A hypochlorite solution may damage carpeted areas, therefore, they should be cleaned with detergent and warm water, carpet shampoo machine or steam cleaned.

- During an outbreak, avoid vacuuming of carpets as the virus can be dispersed into the air.

- Linen and personal clothing from affected service user’s should be placed immediately in a red water soluble (alginate) bag tied securely and placed in a linen bag identified as infected linen for transfer to the laundry. The outer bag for infected linen should be washed at the same time as the contents. Linen should be laundered at a temperature of 71°C maintained for not less than 3 minutes or 65°C maintained for not less than 10 minutes. Service users clothing should be washed at the highest temperature recommended by the manufacturer.

- All consumables such as fruit, opened chocolates, biscuits, etc., should be removed from affected service user’s rooms and from communal areas.

- Service users should be discouraged from entering food preparation areas.

- Where possible, windows should be opened in service user’s rooms and communal areas to allow a change of air, e.g., for 10 minutes every hour.

- Table cloths should be removed from dining tables. Tables should be cleaned after meals with a hypochlorite solution, e.g., Milton at 1,000 ppm.

- Condiments such as salt and pepper pots, sugar bowls, sauce bottles, should be wiped with a hypochlorite solution.

- Day care facilities should be cancelled until the outbreak is over and the care establishment has re-opened.

- Staff with vomiting and/or diarrhoea should stay off work until they are symptom free for 48 hours. If staff become unwell with symptoms of vomiting and/or diarrhoea whilst at work, they should be sent home immediately.

- All staff, including agency and bank staff, should be discouraged from working in other health and social care settings whilst the outbreak is in progress. If unavoidable, they should have 48 hours off duty before
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working in another establishment and freshly laundered uniforms/clothing worn.

Specimens
- Faecal specimens from affected service users and staff are required to determine the cause of the outbreak. Testing for culture and virology should be requested on the specimen request form and the "I log" number provided documented on the form. Your local Community IPC or PHE team will advise.

5. Equipment used for cleaning
- Colour coding of cleaning materials and equipment ensures that these items are not used in multiple areas, therefore, reducing the risk of transmission of infection from one area to another, e.g., toilet to kitchen. Please refer to the Environmental Cleanliness Guidance.
- All cleaning equipment should be stored dry between use.
- Non-disposable mop-heads should be washed in a washing machine daily on a hot wash cycle. Disposable mops should be changed daily.
- All cloths must be single use and disposed of after use.

6. Visiting during an outbreak
- A notice should be placed in the entrance informing visitors of the outbreak and precautions that should be followed or to see the person in charge.
- All visitors should be informed that there is an outbreak of viral gastroenteritis and where possible discouraged from visiting. Visitors that do visit should be advised that they may be exposed to the infection.
- Relatives/visitors should be advised to wash their hands on entering, before leaving a service user’s room and before leaving the establishment.
- It is important that visitors who have symptoms are discouraged from visiting until they are 48 hours symptom free.
- It is recommended that non-essential visits are re-scheduled, e.g., hairdresser, until the outbreak has been declared over.
- Planned functions/events, e.g., BBQ, Christmas party, should be cancelled and re-scheduled for when the establishment has re-opened.
- Visiting health and social care staff, e.g., District Nurses, should be advised to wear personal protective equipment (PPE) and wash hands on entering and leaving the establishment.
7. **Information for service users and visitors**

- An information leaflet/factsheet about the infection should be available for service users and or family/visitors.

8. **Declaring the end of the outbreak**

- The outbreak will be declared over when there have been no new cases, all service users have been symptom free for 48 hours and a deep clean has been undertaken.

- A deep clean of all communal areas and affected service user’s rooms should be undertaken with carpets, curtains and soft furnishings washed, shampooed or steam cleaned. 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, e.g., individual service user’s room. This will include, but is not an exhaustive list:
  - extractor fans and vents
  - curtain rails and curtain tracks
  - doors and door frames
  - windows inside
  - window sills and frames
  - light switches, fittings and lampshades
  - all ledges, flat surfaces and tops of wardrobes, etc
  - radiator covers - which need to be removed and radiator cleaned thoroughly
  - bed frames
  - mattresses including checking inside
  - bedrails and covers
  - bedside cabinets and over bed tables
  - soft furnishings, chairs, foot stools, hoist sling, including curtains and scatter cushions
  - re-useable equipment, commodes, hoists and shower chairs
  - sinks and taps - (clean tap before cleaning sink)
  - baths/showers, shower curtains and rails, toilets, taps, flush and door handles
  - skirting boards, picture and dado rails
  - flooring and carpets.
- Increased vigilance is required after re-opening because of the risk of re-emergence of the virus.

9. Additional IPC resources

The North Yorkshire and York Community Infection Prevention and Control (IPC) team have produced a wide range of innovative educational and other IPC resources, including viral gastroenteritis, e.g., Viral Gastroenteritis Outbreak Management Pack. These resources are designed to assist your organisation in achieving compliance with the Health and Social Care Act 2008 and CQC requirements. Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk

10. References

Department of Health (2007) Essential Steps to safe, clean care. Inter-healthcare service user infection risk assessment form
Health Protection Agency (2012) Guidelines for the management of norovirus outbreaks in acute and community health and social care settings

11. Appendices

Appendix 1: Inter-Health and Social Care Infection Control Transfer Form
Appendix 2: Bristol Stool Form Scale
# Appendix 1: Inter-Health and Social Care Infection Control Transfer Form

## Inter-Health and Social Care Infection Control Transfer Form

**The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance**

*Department of Health 2010*

“A registered provider must ensure that it provides suitable and sufficient information on a service user’s infection status whenever it arranges for that person to be moved from the care of one organisation to another, or from a service user’s home, so that any risks to the service user and others from infection may be minimised. If appropriate, providers of a service user’s transport should be informed of any infection.”

### HOW TO USE THIS FORM

- Complete the form for every service user transfer to another health and social care provider.
- Refer to the ‘Inter-Health and Social Care Transfer Guidance’ for full guidance on transfers and discharges at [www.infectionpreventionandcontrol.co.uk](http://www.infectionpreventionandcontrol.co.uk).
- Complete the form prior to booking ambulance or other transport.
- A ‘confirmed risk’ service user is one who has been confirmed as being colonised or infected with organisms such as MRSA, glycopeptides-resistant enterococci, pulmonary tuberculosis and enteric infections including *Clostridium difficile*.
- Service users with ‘suspected risks’ include those who are awaiting laboratory tests to identify infections/organisms or who have been in recent contact with infected service users, e.g., in close proximity to an infected service user.
- Service users with ‘no known risks’ do not meet either of the two criteria above.
- For service users with diarrhoeal illness, please use the Bristol Stool Form Scale to indicate the frequency and type of stools over the past week. Please indicate in the ‘confirmed’ or ‘suspected’ risk box if the diarrhoea is known or suspected to be infectious.
- Please use the ‘other information’ box to list personal protective equipment being used to assist in service user care. This equipment may include gloves, aprons or masks.
- Please print your name and contact details in the box provided.
- This form should accompany the service user during transfer and be given to the receiving facility. A copy should also be retained for evidence purposes and filed in the notes.

<table>
<thead>
<tr>
<th>Service user details (insert label if available)</th>
<th>Consultant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>GP:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>NHS number:</td>
<td>Transferring facility: (e.g. hospital – ward / care home)</td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Contact No:</td>
</tr>
<tr>
<td>Receiving facility: (e.g. hospital – ward / care home / district nurse)</td>
<td>Date of Transfer:</td>
</tr>
<tr>
<td>Contact no:</td>
<td>Have ICT been informed of the transfer of those service users with a confirmed/suspected risk: Yes □ No □ N/A □</td>
</tr>
<tr>
<td>Have the following been informed of the transfer of those service users with a confirmed/suspected risk:</td>
<td></td>
</tr>
<tr>
<td>Receiving ICT: Yes □ No □ N/A □</td>
<td></td>
</tr>
<tr>
<td>Transport provider: Yes □ No □ N/A □</td>
<td></td>
</tr>
<tr>
<td>(*ICT = Infection Control team or Community Infection Prevention and Control team)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the service user an infection risk? Please tick most appropriate box and give confirmed or suspected organism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed risk</td>
</tr>
<tr>
<td>Confirmed risk</td>
</tr>
<tr>
<td>Suspected risk</td>
</tr>
<tr>
<td>No known risk</td>
</tr>
<tr>
<td>Service user exposed to others with infection: (e.g., D&amp;V) Yes □ No □</td>
</tr>
</tbody>
</table>

If service user has diarrhoeal illness, please indicate bowel history for last week:

(based on Bristol Stool Form Scale)

<table>
<thead>
<tr>
<th>Is diarrhoea thought to be of an infectious nature?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

**Relevant specimen results**: MRSA (including admission screens), multi-resistant gram negative bacteria (e.g., ESBL), *Clostridium difficile*:

<table>
<thead>
<tr>
<th>Specimen:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Result:</td>
</tr>
</tbody>
</table>

**Treatment information including antimicrobial therapy**

<table>
<thead>
<tr>
<th>Other information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the service user aware of their diagnosis/risk of infection? Yes □ No □</td>
</tr>
<tr>
<td>Does the service user require isolation? Yes □ No □</td>
</tr>
</tbody>
</table>

(If the service user requires isolation, please phone the receiving unit in advance.)

<table>
<thead>
<tr>
<th>Form completed by:</th>
<th>Contact No:</th>
<th>Date:</th>
</tr>
</thead>
</table>

For further advice, please contact your local Community Infection Prevention and Control or Public Health England Team

North Yorkshire and York Community Infection Prevention and Control January 2015
Appendix 2: Bristol Stool Form Scale

Please refer to this chart when completing a bowel history on the Inter-Health and Social Care Infection Control Transfer Form.

Definition of diarrhoea: An increased number (two or more) of watery or liquefied stools, i.e., types 5, 6 and 7 only, within a duration of 24 hours. Please remember: hands must be washed with liquid soap and warm water when caring for service users with diarrhoea.

NB Hands must be decontaminated after glove use.

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Harrogate and District NHS Foundation Trust