



## Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers,  
e.g. Dental Practice, Podiatry)

# Viral gastroenteritis/ Norovirus

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**VIRAL GASTROENTERITIS/NOROVIRUS**

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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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## VIRAL GASTROENTERITIS/ NOROVIRUS

### 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 SRSV (small round structured virus). Other less common causes include Rotavirus and Sapovirus.

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

- Sudden onset of vomiting which can be projectile
- Watery non-bloody diarrhoea
- Abdominal cramps
- Nausea
- Headache, low grade fever

The illness lasts 24-72 hours with no long term effects. Maintaining good hydration is important, unless fluid restricted.

Norovirus is highly infectious and is transmitted from person-to-person primarily through the faecal-to-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.

Arrangements should be made, where possible, to see an infectious patient virtually, e.g. using a smart phone, tablet or computer, or in their own home. Refer to the 'Patient placement and assessment for infection risk Policy for General Practice'.

Always use 'Standard infection control precautions' (SICPs) and, where required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy for General Practice'.

### 2. Outbreak notification

Norovirus can cause outbreaks in the community, e.g. care or supported living establishments. An outbreak is defined as two or more patients within close proximity, two members of staff or one patient and one member of staff, e.g.

same floor or unit, who have similar symptoms of diarrhoea and/or vomiting within a 48 hour period. A suspected outbreak of viral gastroenteritis should be notified to the local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

The decision to close a care establishment will be taken by the local Community IPC or UKHSA Team.

### 3. Control measures

SICPs and TBPs should always be followed.

- When assessing a patient with suspected viral gastroenteritis, disposable apron and gloves should be worn. Eye protection and a fluid resistant surgical mask (FRSM) should also be worn if the patient has vomiting.
- Before putting on and after removal of personal protective equipment (PPE), hands should be washed with liquid soap, warm running water and dried with paper towels. Alcohol handrub should **not** be used as it is not effective at killing Norovirus.
- Patients with symptoms should be encouraged to wash their hands thoroughly with liquid soap and warm running water after an episode of vomiting or diarrhoea, using the toilet and before eating and drinking.
- During periods of increased activity with Norovirus, Practice staff should be reminded to wash hands thoroughly rather than using alcohol handrub after patient contact, before their breaks and before eating and drinking.
- Patients or staff with vomiting and/or diarrhoea should be advised to 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.

### 4. If a patient is symptomatic at the Practice

**Best practice is to use a spillage kit appropriate to the type of spillage for vomit, this should be used following the manufacturer's guidance and within its expiry date.** Refer to the 'Safe management of the care environment Policy for General Practice'.

Spillage kits may contain solidifying polymer granules. A National Patient Safety Alert issued in 2017, following a number of deaths and incidents related to patients ingesting the product, advises a risk assessment and procedures in place to ensure supplies are securely stored away from the general public.

- Due to the highly infectious nature of Norovirus, if a patient vomits or has diarrhoea in the Practice, clean the area using an appropriate spillage kit.

If possible, move waiting patients to another waiting room/area until the spillage has been dealt with.

- If a patient vomits or has diarrhoea in a toilet, the area should be immediately deemed 'out of order' and signage indicating this put on the door. The toilet area should be cleaned and disinfected promptly before the area is re-opened.
- If the spillage kit is unsuitable for use on soft furnishings, untreated wood and carpets, clean the surface using a pH neutral detergent and warm water, a carpet shampoo machine or steam cleaner.
- If soft furnishings or other items are heavily contaminated with body fluids that cannot be adequately decontaminated, they should be disposed of appropriately.
- Dispose of waste and PPE as infectious waste.
- Wash hands with liquid soap and warm running water.
- If a mop and bucket are used, they should be in accordance with the national colour coding, refer to the 'Safe management of the care environment Policy for General Practice'. After use, the mop head should be disposed of immediately as infectious waste and the bucket washed with detergent and warm water, dried with paper towels, and then wiped with a chlorine-based disinfectant at 1,000 parts per million and stored upside down to air dry.
- All cloths used must be single use and disposed of after use.

## 5. Specimens

Faecal specimens from affected patients in a care home setting are required to determine the cause of the outbreak. Testing for culture and virology should be requested and the 'I log' number provided to the setting by the local Community IPC or UKHSA

Team documented on the request form.

## 6. Referral or transfer to another health or social care provider

If it is necessary to refer or transfer a patient to another health or social care provider, e.g. ambulance service, hospital, they should be informed of the patient's viral gastroenteritis/Norovirus status prior to the transfer. This will enable a risk assessment to be undertaken to determine the appropriate IPC measures to be taken, e.g. transported without other patients, isolated on admission.

- Staff preparing to transfer a patient to another health or social care provider should complete the Inter-health and social care infection control (IHSCIC) transfer form (see Appendix 1). This should accompany the patient. When transferring a patient, staff should ensure they include the infection risk, history of type of stool (see Appendix 2) and frequency of bowel movements during the past week.
- The person completing the transfer documentation is responsible for advanced communication, e.g. by telephone, to the transport service at the time of booking and the receiving health or social care facility prior to the transfer, to enable them to make appropriate arrangements. Refer to the 'Patient placement and assessment for infection risk Policy for General Practice'.
- SICPs and TBP's should be followed whenever transferring a patient, whether they have a confirmed infection or not.
- The completed transfer documentation should be supplied to the receiving health or social care provider and a copy filed in the patient's notes.
- Ensure that care equipment used to transfer the patient, e.g. wheelchair, is decontaminated in accordance with the 'Safe management of care equipment Policy for General Practice'.

## 7. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 25 IPC Policy documents for General Practice
- 'Preventing Infection Workbook: Guidance for General Practice'
- 'IPC CQC inspection preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for General Practice Staff'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 8. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Chadwick P.R., et al (February 2023) Guidelines for the management of norovirus outbreaks in acute and community health and social care settings *Journal of Hospital Infection* (2023)

[www.journalofhospitalinfection.com/article/S0195-6701\(23\)00043-9/fulltext](http://www.journalofhospitalinfection.com/article/S0195-6701(23)00043-9/fulltext)

NHS England (2017) *Risk of death and severe harm from ingesting superabsorbent polymer gel granules* NatPSA/2019/002/NHSPS

[www.england.nhs.uk/wp-content/uploads/2020/02/PS\\_Alert\\_Polymer\\_28\\_Nov\\_2019\\_FINAL.pdf](http://www.england.nhs.uk/wp-content/uploads/2020/02/PS_Alert_Polymer_28_Nov_2019_FINAL.pdf)

NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*

## 9. Appendices

Appendix 1: Inter-health and social care infection control transfer form

Appendix 2: Bristol stool form scale





### 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 infection and related guidance* (Department of Health and Social Care, updated December 2022), states that "The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the service user and, where possible, a copy filed in their notes.

Service user name: .....  Address: .....  NHS number: .....  Date of birth: .....  Service user's current location: .....	GP name and contact details: .....												
Receiving facility, e.g. hospital ward, hospice: .....													
If transferred by ambulance, the service has been notified: Yes <input type="checkbox"/> N/A <input type="checkbox"/>													
Is the service user an infection risk: <i>Please tick most appropriate box and give details of the confirmed or suspected organism</i> <input type="checkbox"/> Confirmed risk      Organisms: ..... <input type="checkbox"/> Suspected risk      Organisms: ..... <input type="checkbox"/> No known risk													
Service user exposed to others with infection, e.g. diarrhoea and/or vomiting, influenza: Yes <input type="checkbox"/> No <input type="checkbox"/> Unaware <input type="checkbox"/> If yes, please state: .....													
If the service user has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol stool form scale): .....													
Is diarrhoea thought to be of an infectious nature? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>													
<b>Relevant specimen results if available</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Specimen:</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Date:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td></td> <td></td> <td></td> </tr> </table>		Specimen:				Date:				Result:			
Specimen:													
Date:													
Result:													
Treatment information: .....													
Is the service user aware of their diagnosis/risk of infection? Yes <input type="checkbox"/> No <input type="checkbox"/>													
Does the service user require isolation? Yes <input type="checkbox"/> No <input type="checkbox"/>													
If the service user requires isolation, phone the receiving facility in advance: Actioned <input type="checkbox"/> N/A <input type="checkbox"/>													
Additional information: .....													
Name of staff member completing form: ..... Print name: ..... Contact No: ..... Date: .....													










### Bristol stool form scale

Please refer to this chart when completing a bowel history, i.e. stool chart record or transfer documentation, e.g. an 'Inter-health and social care infection control transfer form' or patient passport.

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, after removing gloves, hands must be washed with liquid soap and warm running water when caring for service users with diarrhoea.

## Bristol stool form scale

<b>Type 1</b>		Separate hard lumps, like nuts (hard to pass)
<b>Type 2</b>		Sausage-shaped, but lumpy
<b>Type 3</b>		Like a sausage, but with cracks on its surface
<b>Type 4</b>		Like a sausage or snake, smooth and soft
<b>Type 5</b>		Soft blobs with clear-cut edges (passed easily)
<b>Type 6</b>		Fluffy pieces with ragged edges, a mushy stool
<b>Type 7</b>		Watery, no solid pieces ENTIRELY LIQUID

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