



**Community Infection Prevention and Control
Policy for Care Home settings**

Viral gastroenteritis/ Norovirus

VIRAL GASTROENTERITIS/NOROVIRUS

**Version 3.00
April 2023**

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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 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, unless fluid restricted. If there is clinical concern about the resident, 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.

Once an affected person is 72 hours symptom free, they are considered non-infectious.

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

2. Outbreak notification/confirmation

An outbreak is defined as two or more residents and/or staff 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 UK Health Security Agency (UKHSA) Team.

The decision to close a care home will be taken by the local Community IPC or

UKHSA Team. Once closed, care homes should be closed to admissions until the outbreak has been declared over (see section 8).

3. Referral or transfer to another health or social care provider

- Discharge or transfer to other health or social care establishments should, where possible, be deferred until the outbreak has been declared over.
- Hospital outpatient attendances or planned admissions should be deferred if at all possible.
- If a resident's clinical condition requires urgent hospital attendance or admission before the outbreak is declared over (even if the resident is symptom free), the hospital staff must be notified of the outbreak prior to receiving the resident.
- Prior to a resident's transfer to and/or from another health or social care facility, an assessment for infection risk must be undertaken. This ensures appropriate placement of the resident.
- Documentation, e.g. an Inter-health and social care infection control (IHSCIC) transfer form, see Appendix 1, or patient passport, must be completed for all transfers, internal or external and whether the resident presents an infection risk or not. Refer to the 'Patient placement and assessment for infection risk Policy for Care Home settings'.
- If a resident is fit for discharge from hospital and has been exposed to the care home outbreak prior to admission, they can be discharged back to the care home.

4. Control measures

Staff

- 'Standard infection control precautions' (SICPs) and 'Transmission based precautions' (TBPs) should always be followed. Refer to the 'SICPs and TBPs Policy for Care Home settings'.
- Where possible, designated staff should be allocated to care for only affected residents.
- To reduce the risk of spreading the virus within the care home, if there is a floor level, e.g. ground floor, unaffected by the outbreak with no affected residents, where possible staff working on this floor should not work on or visit affected floors. Residents should also not be allowed to visit other floors.
- 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 and the affected area should be cleaned appropriately.

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

Isolation

- Affected residents should be cared for in their own room, whenever possible, until symptom free for 72 hours. En-suite toilet facilities should be used or a designated commode. Unaffected residents do not need to stay in their room.
- When dealing with blood and/or body fluids and when having physical contact with the isolated resident, disposable apron and gloves should be worn. Eye protection and a fluid resistant surgical mask (FRSM) should also be worn if resident has vomiting.
- Gloves and apron should be changed between tasks, removed in the room and disposed of as infectious waste in the resident's room in a foot operated lidded bin. Hands should be cleaned with liquid soap, warm running water and dried thoroughly with paper towels after removing personal protective equipment (PPE). Hand hygiene must be undertaken before leaving the room and **again** after exiting the room. Alcohol handrub should **not** be used when caring for residents with viral gastroenteritis.
- Eye protection and FRSMs should be removed in a safe area outside the room. After removal, hands should be cleaned with liquid soap, warm running water and dried thoroughly with paper towels.
- The 'Bristol stool form scale' should be used to document resident's episodes of diarrhoea, see Appendix 2. The resident's bowel movements should be recorded on a 'Stool chart record' which is available to download at www.infectionpreventioncontrol.co.uk.

Refer to the 'Isolation Policy for Care Home settings'.

Hand hygiene

- Handwashing is essential during an outbreak of gastroenteritis. Alcohol handrub is only partially effective at killing viruses, including those that cause gastroenteritis, such as Norovirus, and, therefore, should **not** be used. Handwashing with liquid soap and warm running water is required.
- Residents with symptoms should be encouraged to wash their hands thoroughly with liquid soap and warm running water or be provided with moist (non-alcohol) skin wipes after an episode of vomiting or diarrhoea, using the toilet/commode and before meals.
- **All** residents should wash hands thoroughly with liquid soap and warm water or use moist (non-alcohol) skin wipes 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 resident's rooms. It is not acceptable for staff to leave a resident's room without washing their hands.

Refer to the 'Hand hygiene Policy for Care Home settings'.

Environmental cleaning and disinfection

- Apply PPE.
- It is essential for environmental cleaning to be undertaken during an outbreak at least twice daily to include all communal items regularly touched by residents, e.g. handrails, tables, door knobs. Routine/usual cleaning products should be replaced with general purpose neutral detergent followed by a virucidal product:

- Chlorine-based disinfectant at a dilution of 1,000 ppm, as per manufacturer's instructions. (Note: Milton spray bottles do not contain the correct dilution to be effective against viral gastroenteritis)
- Equivalent products can be used as per manufacturer's instructions.

Alternatively a combined '2 in 1' detergent and disinfectant solution can be used.

- 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 chlorine-based disinfectant 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 symptomatic resident until they are 72 hours symptom free, must be cleaned and disinfected.
- Toilets and facilities should be cleaned a minimum of twice daily and additionally when contaminated. Commodes, including the frame and underneath surfaces, should be cleaned after each use.
- Used commode or bed 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 bucket or sink designated only for cleaning commode or bed pans.
- After use, the bucket/sink should be filled with general purpose neutral detergent and warm water and the pan immersed, washed and dried with paper towels. It should then be wiped with a virucidal disinfectant solution and allowed to dry.
 - For spillages/gross contamination, soak up vomit or diarrhoea using absorbent paper towels and dispose of as infectious waste. Hard surfaces and non-carpeted areas should be disinfected using the appropriate spillage kit or disinfected with a virucidal disinfectant at a dilution of 1,000 ppm, or equivalent products can be used as per manufacturer's instructions, followed by cleaning with a general purpose neutral detergent. A chlorine-based disinfectant solution may damage

carpeted areas, therefore, they should be cleaned with general purpose neutral detergent and warm water, carpet shampoo machine or steam cleaned. Refer to the 'Safe management of blood and body fluid spillages Policy for Care Home settings'.

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

Refer to the 'Safe management of the care environment Policy for Care Home settings'.

Linen

Refer to the 'Safe management of linen, including uniforms and workwear Policy for Care Home settings'.

Specimens

- Diarrhoea specimens from affected residents and staff are required to determine the cause of the outbreak.
- Specimens can be taken even if contaminated with urine.
- Testing for microscopy and culture (M&C) and virology, should be requested on the specimen request form. Diarrhoea specimens are not routinely tested for viruses, therefore, you will be provided with an outbreak reference number (iLog number) by your local Community IPC or UKHSA Team. This outbreak reference number should be included on the microbiology request form.

Refer to the 'Specimen collection Policy for Care Home settings'.

General environmental advice

- Fans must not be used as they can recirculate the virus in the environment.
- All consumables, e.g. fruit, opened chocolates, biscuits, should be removed from affected resident's rooms and communal areas and disposed of.
- Where possible, windows should be opened regularly in resident's rooms and communal areas.
- Table cloths should be removed from dining tables. Tables should be cleaned after meals with general purpose neutral detergent followed by a virucidal disinfectant solution.
- Condiments, such as salt and pepper pots, sugar bowls, sauce bottles, should be wiped with general purpose neutral detergent followed by a virucidal disinfectant solution.
- Immediately remove and replace all drinks and drinking vessels if exposed to uncontained vomiting or diarrhoea, e.g. in communal areas.
- Day care facilities should be cancelled until the outbreak is over and the care home has reopened.

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.
- All cloths must be single use and disposed of after use.
- 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.
- A colour coded chart should be displayed in the cleaner's room, such as the 'National colour coding scheme for cleaning materials and equipment in care homes' poster, see table below.

National colour coding scheme - for cleaning materials and equipment in care homes	
All care homes are recommended to adopt the national colour code for cleaning materials (see below). All cleaning items, e.g. disposable cloths, mops, buckets, aprons and gloves, should be colour coded	
RED	Bathrooms, showers, toilets, basins and bathroom floors
BLUE	General areas, including lounges, offices, corridors and bedrooms
GREEN	Kitchens areas, including satellite kitchen areas and food storage areas
YELLOW	Bedrooms when someone has an infection and is cared for in their own room (isolated)

Refer to the 'Safe management of the care environment Policy for Care Home settings'.

6. Visiting during an outbreak

- A notice should be placed in the entrance informing visitors of the outbreak and the precautions that should be followed. Alternatively, visitors should be advised to speak to the person in charge before entering the home or room.
- 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 and should only visit their relative.
- Relatives and visitors should be advised to wash their hands on entering, before leaving a resident'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 rescheduled, e.g. hairdresser, until the outbreak has been declared over.
- Planned functions/events, e.g. BBQ, Christmas party, should be cancelled and rescheduled for when the care home has reopened.
- Visiting health and social care staff, e.g. District Nurses, should be advised to wear PPE and wash hands on entering, after removing PPE, and on leaving the care home.

7. Information for residents and visitors

An information leaflet/factsheet about the infection should be available for residents and or family/visitors. Information and factsheets are available to download at www.infectionpreventioncontrol.co.uk.

Residents should be discouraged from entering food preparation areas.

8. Declaring the end of the outbreak

- The decision to declare the end of an outbreak will be taken with the local Community IPC or UKHSA Team.
- Whenever possible, control measures should be maintained for 72 hours after the last episode of vomiting and/or diarrhoea in the last known case. A deep clean should be undertaken on all affected resident's rooms and all communal areas prior to re-opening of the care home.
- A deep clean of all communal areas and affected resident'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 reuseable equipment either within the whole environment or in a particular area, e.g. individual resident'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
- Reusable equipment, commodes, hoists and shower chairs
- Sinks and taps - (clean taps 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.

Refer to the 'Isolation Policy for Care Home settings'.

9. Infection Prevention and Control resources, education and training

See Appendix 3 for the 'Viral gastroenteritis/Norovirus: Quick reference guide'.

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

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

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

10. References

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)

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*

Health Protection Agency (2012) *Guidelines for the management of norovirus outbreaks in acute and community health and social care settings*

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

Public Health England (September 2017, updated December 2019) *Infection prevention and Control: An Outbreak Information Pack for Care Homes “The Care Home Pack”*

11. Appendices

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

Appendix 2: Bristol stool form scale

Appendix 3: Viral gastroenteritis/Norovirus: Quick reference guide



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"/>													
Relevant specimen results if available <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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

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

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Reviewed April 2023



Viral gastroenteritis/Norovirus Quick reference guide

What is viral gastroenteritis

- A sudden onset of diarrhoea and/or vomiting.
- Highly infectious virus spreading easily from person to person.
- Present in an infected person's vomit and faeces. Infection occurs after swallowing the virus, e.g. when eating.
- Usually due to Norovirus, often referred to as gastric flu or winter vomiting.
- Other symptoms often include nausea, stomach cramps, headache and/or a low grade fever.
- Illness is usually of a short duration and most people are better within 48 hours.
- Can cause dehydration which can be avoided by drinking plenty of fluids.
- To reduce the spread of the infection, care homes should be closed to all admissions and day care facilities suspended.
- Care homes can re-open, as advised by the Community IPC or UKHSA Team, ideally when all residents are 72 hours symptom free and a deep clean of affected rooms and communal areas has taken place.

Handwashing

- Effective hand hygiene for both staff and residents is the single most important preventative measure.
- Liquid soap and paper towels **must** be available in each resident's room for staff use.
- Alcohol handrub should **not** be used as it does not kill viral gastroenteritis.

Cleaning and disinfection

- Clean hands, wear a disposable apron and gloves. Wear a fluid resistant surgical mask if vomiting present. Hands should be washed after removing and disposing of PPE.
- Best practice is to use a spillage kit following the manufacturer's instructions or, if unavailable, soak up with paper towels, then disinfect and clean the area, as below. *Note: 'Milton Surface Spray' is not be effective against viruses.
- Cleaning - make up a detergent based cleaning solution.
- Disinfection - make up a fresh chlorine-based disinfectant solution every 24 hours, at a dilution of 1,000 ppm, or equivalent product as per manufacturer's instructions.*
- Diarrhoea and/or vomit should be cleaned up immediately using a spillage kit, or soaked up with paper towels, then clean and disinfect the area as above.*
- Dispose of infectious waste in an orange coloured bag and tie securely.
- Commonly touched surfaces, e.g. toilets, taps, handrails, door handles, should be cleaned and disinfected at a minimum of twice daily as above.*
- Clean carpeted areas using warm soapy water or steam clean, do not vacuum until the deep cleaning process is undertaken.
- Toilets/commodores should be dedicated to residents with symptoms and cleaned and disinfected as above.*
- Communal toilets used by people (including staff) with symptoms, should be cleaned and disinfected immediately as above.*
- Open windows to help remove the virus from the air.
- All internal doors should be shut.
- Table cloths in dining rooms should be removed.

Do you have an outbreak?

An outbreak is defined as two or more residents and/or staff within the same area who have similar symptoms within a 48 hour time period.

Who do I notify?

Record the contact number for your area.

In office hours:

As soon as possible, inform the local Community IPC or UKHSA Team.

Out of office hours:

Local IPC or UKHSA Team and also whether it is for advice or reporting only.

Key messages

- Evidence has shown that early recognition and implementation of this guidance will greatly reduce the severity of an outbreak.
- Refer to your local policy on 'Viral gastroenteritis/Norovirus'. Alternatively, a Policy can be downloaded at www.infectionpreventioncontrol.co.uk.
- Photocopy your policy and give to all staff to read.
- Compile a list of all residents and staff with symptoms and dates affected.
- Faecal specimen collection is essential.
- Where possible, infected residents should be isolated in their room until they are symptom free for 72 hours.
- Thorough handwashing is essential using liquid soap and warm running water.
- Clean and disinfect the environment with a chlorine-based disinfectant solution or as per manufacturer's instructions, at least twice daily.
- Good and effective communication with all staff, residents and visitors is essential.
- If a resident requires hospital admission, inform the ambulance and hospital staff of the outbreak and whether the resident is symptomatic. A copy of the 'Inter-health and social care infection control transfer form' or patient passport should accompany the resident.
- An advice notice should be placed at the entrance informing visitors of the outbreak.