



**Community Infection Prevention and Control
Policy for Domiciliary Care staff**

Viral gastroenteritis/ Norovirus

VIRAL GASTROENTERITIS/NOROVIRUS

**Version 2.00
April 2021**

Please note that the internet version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

This Policy has been adopted by:

Organisation:

Signed:

Job Title:

Date Adopted:

Review Date:

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

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

Legal disclaimer

This Policy produced by Harrogate and District NHS Foundation Trust is provided 'as is', without any representation endorsement made and without warranty of any kind whether express or implied, including but not limited to the implied warranties of satisfactory quality, fitness for a particular purpose, non-infringement, compatibility, security and accuracy.

These terms and conditions shall be governed by and construed in accordance with the laws of England and Wales. Any dispute arising under these terms and conditions shall be subject to the exclusive jurisdiction of the courts of England and Wales.

Contents

Page

1.	Introduction	4
2.	Outbreak notification/confirmation.....	4
3.	How is viral gastroenteritis spread?	5
4.	Preventing the spread of viral gastroenteritis	5
5.	Hydration	8
6.	Visiting service users in their own home	8
7.	Referral or transfer to another health or social care provider	8
8.	Information for service users and visitors	9
9.	When is a service user considered to be non-infectious?	9
10.	Declaring the end of an establishment outbreak	9
11.	Infection Prevention and Control resources, education and training.....	9
12.	References	10
13.	Appendices.....	10
Appendix 1:	Bristol Stool Form Scale.....	11
Appendix 2:	Inter-Health and Social Care Infection Control Transfer Form	12

VIRAL GASTROENTERITIS/NOROVIRUS

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 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.

Once an affected person is 48 hours symptom free, they are considered non-infectious.

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

Always use standard infection control precautions and transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for Domiciliary Care staff'.

2. Outbreak notification/confirmation

An outbreak is defined as two or more people located within the same area, who have similar symptoms of diarrhoea and/or vomiting within a 48 hour period. This could either be:

- Two service users, two staff, or one of each, e.g. one service user and one staff

A suspected outbreak of viral gastroenteritis should be notified to your local Community Infection Prevention and Control (IPC) or Health Protection (HP) Team.

The decision to close a supported living or sheltered housing complex should be taken by the local Community IPC or HP Team.

3. How is viral gastroenteritis spread?

Viral gastroenteritis is highly infectious and can be spread by:

- Contact with an infected person
- Contact with surfaces or equipment contaminated with particles of the virus
- Swallowing virus particles that are in the air after someone has vomited
- Eating/drinking food or water contaminated with particles of the virus
- Consuming raw or undercooked food, including shellfish - which can be contaminated with untreated sewage

4. Preventing the spread of viral gastroenteritis

Standard infection control precautions (SICPs) and transmission based precautions (TBPs) should always be followed. Refer to the 'SICPs and TBPs Policy for Domiciliary Care staff'.

Staff

- Alcohol handrub is only partially effective at killing viruses - including those that cause gastroenteritis, e.g. Norovirus, and, therefore, should **not** be used when a service user has gastroenteritis.
- Thorough handwashing is essential when a service user has or during an outbreak of gastroenteritis, using liquid soap and warm running water and dry using paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable.
- When entering an affected service user's home/room/apartment, staff should wash their hands thoroughly and apply appropriate PPE, e.g. disposable gloves and aprons.
- Wash hands after removing each item of PPE, e.g. pair of gloves, apron, and wash hands again before leaving an affected service user's home/room/apartment.

- Where possible, to reduce the risk of spreading the infection, designated staff should be allocated to care for only affected service users.
- In supported living or sheltered housing complex, 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.
- 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, refer to the 'Safe management of the care environment Policy for Domiciliary Care staff'.
- Staff with vomiting and/or diarrhoea should stay off work until they are symptom free for 48 hours.
- All 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 working in another establishment and wear freshly laundered uniforms/clothing.

Service users

- Service users with symptoms should be encouraged to wash their hands thoroughly with liquid soap and warm running water or use non-alcohol skin wipes, e.g. baby wipes, after an episode of vomiting or diarrhoea, using the toilet/commode and before eating or drinking.
- Service users with symptoms should not share towels with others, e.g. household contacts, visitors.

Service users in their own homes

- Service users should stay at home until they have been symptom free for 48 hours to avoid the risk of spreading the infection.

Service users in supported living or sheltered housing complex

- Affected service users should be cared for in their own room/apartment until symptom free for 48 hours. If there are other members of the household, where possible, dedicated toilet facilities should be made available until the service user is symptom free.
- If an outbreak occurs in a supported living or sheltered housing complex, it should be closed to admissions until the outbreak has been declared over (see section 11).
- Unaffected service users do not need to stay in their room/apartment.

Environmental and equipment cleaning and disinfection

- Whilst a service user is symptomatic, it is essential for their environment to be cleaned and disinfected at least twice daily, to include all items regularly touched by service users, e.g. hand rails, tables, door knobs.
- Cleaning should be undertaken with detergent and warm water, followed by disinfection with a household bleach solution (for details on cleaning,

disinfecting and dilutions of bleach, refer to the 'Safe management of the care environment Policy for Domiciliary Care staff').

Note: Household bleach should not be used on soft furnishings, untreated wood and carpets, as it will cause 'whitening/bleaching'. Therefore, only detergent and warm water should be used.

- Vomit or diarrhoea spillages should be removed using paper towels/kitchen roll and contaminated surfaces should be cleaned and disinfected.
- It is essential that the correct concentration of the household bleach solution is made up to ensure that it is effective in killing the virus, refer to the 'Safe management of the care environment Policy for Domiciliary Care staff'.
- A fresh solution of household bleach solution 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.
- Wash hands and apply PPE, e.g. disposable gloves and aprons, before undertaking any cleaning and disinfecting.
- Wash hands after removing and disposing of each item of PPE, e.g. pair of gloves, apron, after each task. Never wear gloves and an apron for a dirty task and then move onto a clean task without changing them.
- All equipment used on a symptomatic service user must be cleaned and disinfected until they are 48 hours symptom free.
- 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 (for information on cleaning of Commodes and commode pans, refer to the 'Safe management of care equipment Policy for Domiciliary Care staff').
- Advise that all unwrapped food items such as fruit, opened chocolates, biscuits, etc., that are not stored in cupboards, i.e. on open surfaces in the vicinity of the affected service user, may be contaminated and should be disposed of.
- In communal living or sheltered housing complexes with communal living areas, table cloths should be removed until the outbreak is over.
- Condiments such as salt and pepper pots, sugar bowls, sauce bottles, should be wiped with the disinfectant solution.
- Service users should be discouraged from preparing food for others.
- Where possible, windows should be opened in the service user's room/apartment to allow a change of air.
- Avoid vacuuming of carpets until the service user is symptom free for 48 hours, as the virus can be dispersed into the air.
- To prevent contamination of hands, the sink and surrounding environment, staff should not rinse soiled linen and clothing by hand.

- Soiled clothing or linen should be washed as soon as possible, separately from other items, on a pre-wash cycle in the service user's or communal washing machine followed by a wash cycle on the highest temperature advised on the label.
- Non-soiled clothing or linen should be washed as soon as possible, separately from other items, in the service user's or communal washing machine at the highest temperature advised on the label.

Specimens

- Diarrhoea specimens from affected service users and staff are required to determine the cause of the outbreak. Specimens should be taken to the service user's GP practice.
- Specimens can be taken even if contaminated with urine.

5. Hydration

- Fluid loss due to diarrhoea can lead to dehydration. Service users with gastroenteritis should be encouraged to drink plenty of fluids.
- If the GP requests details of the frequency and type of diarrhoea/stool, see Appendix 1.

6. Visiting service users in their own home

- It is recommended that non-essential visits are re-scheduled until the service user is 48 hours symptom free.
- All visitors should be advised to wash their hands on entering and before leaving the service user's home.
- Visiting health and social care staff, e.g. District Nurses, should be advised to wear PPE and wash hands on entering and leaving the service users home.

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

- Transfer to another Domiciliary Care Agency or a Care Home should, where possible, be deferred until the service user is no longer infectious, refer to the 'Patient placement and assessment for infection risk Policy for Domiciliary Care staff'.
- Non-urgent hospital outpatient attendances or planned admissions should be postponed if at all possible, until they are symptom free for 48 hours.

- If the condition of **an affected** or **an unaffected** service user, living in a supported living or sheltered housing complex, requires urgent hospital attendance or admission, staff with responsibility for arranging a service user's transfer should complete the Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 2). The unit at the hospital they are attending and the transport service taking them, must be notified of the service users symptoms/exposure to an outbreak of viral gastroenteritis, prior to them being transferred. This ensures appropriate placement of the service user, refer to the 'Patient placement and assessment for infection risk Policy for Domiciliary Care staff'.
- If a service user is fit for discharge from hospital and is symptom free, they can be discharged back to their usual residence, e.g. home, supported living or sheltered housing complex.

8. Information for service users and visitors

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

9. When is a service user considered to be non-infectious?

When a service user is 48 hours symptom free they are considered non-infectious and the additional infection prevention and control measures that were put into place whilst the service user was symptomatic no longer need to be applied.

10. Declaring the end of an establishment outbreak

An outbreak in supported living or sheltered housing complexes will be declared over when there have been no new cases and all service users have been symptom free for 48 hours.

11. 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 Domiciliary Care 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:

- IPC Policy documents for Domiciliary Care staff
- ‘Preventing Infection Workbook: Guidance for Domiciliary Care staff’
- IPC audit tools, posters, leaflets and factsheets
- ‘IPC Bulletin for Domiciliary Care staff’

In addition, we hold educational study events in North Yorkshire and York 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.

12. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

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*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

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

13. Appendices

Appendix 1: Bristol Stool Form Scale

Appendix 2: Inter-Health and Social Care Infection Control Transfer Form



The 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' or when documenting a service user's 'Stool chart record'.

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.

THE 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

Reproduced by kind permission of Dr KW Heaton, Reader in Medicine at the University of Bristol. ©2000 Produced by Norjine Pharmaceuticals Limited.

September 2020

