



Community Infection Prevention and Control Policy for General Practice

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

Viral gastroenteritis/ Norovirus

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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 affecting only humans. 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 usually lasts 24-72 hours. Maintaining good hydration is important, with particular care taken if patient is fluid restricted.

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

Arrangements should be made, where possible, to remotely review an infectious patient. Refer to the 'Patient placement and assessment for infection risk Policy for General Practice'.

If the patient needs to be seen in the 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 homes. 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 home will be taken by the local Community IPC or UKHSA Team.

3. How is viral gastroenteritis spread?

The virus is usually spread from the vomit and diarrhoea of a sick person. When vomiting or diarrhoea occurs, a fine mist (particles) containing the virus is introduced into the air and can be easily spread to others in a wide area from:

- Direct contact with an infected person
- Contact with surfaces or care equipment contaminated with viral particles
- Swallowing viral particles that are in the air
- Eating/drinking food or water contaminated with viral particles
- Consuming contaminated food, including shellfish which can be contaminated with untreated sewage

4. Signage

It is recommended that signage is displayed at the entrance to the building instructing patients with respiratory symptoms, diarrhoea and/or vomiting or other infectious conditions to inform reception staff immediately on their arrival. A 'Stop the spread of infection Poster' is available to download at

www.infectionpreventioncontrol.co.uk/resources/stop-the-spread-of-infection-for-general-practice/.

5. Infection prevention and 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 and

the areas (including staff toilets/staff room) that they have been in deep cleaned.

- Residents in care home settings should be cared for in their own room, whenever possible, until symptom free for 72 hours. The 72 hours covers both the incubation and shedding period.

6. Management of a body fluid spillage at the Practice

Best practice is to use a spillage kit appropriate to the type of spillage, 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 general purpose 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 should be disinfected appropriately, cleaned and stored upside down to air dry.
- All cloths used must be single use and disposed of after use.

A 'Spillage kits located at Poster' is available to download at www.infectionpreventioncontrol.co.uk/resources/spillage-kits-located-at-poster/.

7. 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 'iLog' number provided to the setting by the local Community IPC or UKHSA Team documented on the request form.

8. 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 a patient passport or the Inter-health and social care infection control transfer Form (available to download at www.infectionpreventioncontrol.co.uk/resources/inter-health-and-social-care-infection-control-transfer-form/). This should accompany the patient. When transferring a patient, staff should ensure they include the infection risk, history of type of stool (see Bristol stool form scale Poster available to download at www.infectionpreventioncontrol.co.uk/resources/bristol-stool-form-scale-poster/) 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 TBPs 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'.

9. Infection Prevention and Control resources, education and training

The Community IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection 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:

- 27 IPC Policy documents for General Practice
- Preventing Infection Workbook: Guidance for General Practice
- IPC CQC assessment 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.

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

10. References

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

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*

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

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*