



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

Viral gastroenteritis/ Norovirus

VIRAL GASTROENTERITIS/NOROVIRUS

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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 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 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 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.

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 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.

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 and 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 and 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 should always be followed.
- 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 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.

Isolation

- Affected residents 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 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.
- 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 with paper towels after removing each item of PPE, e.g. pair of gloves, apron. 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.
- 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, e.g. that cause diarrhoea, 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 personal protective equipment, PPE, e.g. disposable apron and gloves.
- 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. hand rails, tables, door knobs. Routine/usual cleaning products should be replaced with a virucidal product, such as chlorine-based disinfectants:
 - Milton 2% at a dilution of 1,000 ppm, e.g. 50 mls of Milton added to 1 litre of water. (Note: Milton spray bottles do not contain the correct dilution to be effective against viral gastroenteritis)
 - Household bleach diluted to 1 in 100, e.g. 10 mls of bleach in 1 litre of water
- 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 48 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 disinfectator. If a washer/disinfectator 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 pH 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.
- Vomit or diarrhoea should be removed using absorbent paper towels, and disposed of as infectious waste. Hard surfaces and non-carpeted areas should be disinfected using the appropriate spillage kit or a virucidal disinfectant. A chlorine-based disinfectant solution may damage carpeted areas, therefore, they should be cleaned with pH neutral detergent and warm water, carpet shampoo machine or steam cleaned. Refer to the 'Safe management of care equipment Policy for Care Home settings'.
- During an outbreak, avoid vacuuming of carpets as the virus can be dispersed into the air.
- Fans must not be used as they can recirculate the virus in the environment.
- Items of infected linen and clothing should first be placed into a red water soluble (alginate) bag, sealed/tied and then placed inside a white

waterproof bag or fabric bag (it is best practice to use waterproof bags rather than fabric), which is labelled as 'Infectious linen'. If a fabric bag is used it should be laundered after each use.

- 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. Residents 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 resident's rooms and communal areas and disposed of.
- Residents should be discouraged from entering food preparation areas.
- 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 a virucidal disinfectant solution.
- Condiments such as salt and pepper pots, sugar bowls, sauce bottles, should be wiped with a virucidal disinfectant solution.
- Day care facilities should be cancelled until the outbreak is over and the care home has re-opened.

Refer to the 'Safe management of the care environment 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, culture and sensitivities (MC&S), and culture 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 PHE Team. This outbreak reference number should be included on the microbiology request form.

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

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.

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 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 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 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 care home 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, after removing each item of PPE, e.g. pair of gloves, apron, and 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.

8. Declaring the end of the outbreak

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

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 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:

- 29 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 educational study events in North Yorkshire and can arrange bespoke training packages and ‘Mock IPC CQC Inspections’. Prices vary depending on your requirements and location.

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

10. 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”*

11. 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 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. Please refer to the 'Inter-Health and Social Care Transfer Guidance' for full guidance on transfers and discharges at 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.

<p>Service user details (insert label if available)</p> <p>Name:</p> <p>Address:</p> <p>NHS number:</p> <p>Date of birth:</p>	<p>Consultant:</p> <p>GP:</p> <p>Current patient location:</p> <hr/> <p>Transferring facility: (e.g. hospital – ward / care home)</p> <p>Contact No:</p> <p>Date of Transfer:</p> <p>Have ICT been informed of the transfer of those service users with a confirmed/suspected risk: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>															
<p>Receiving facility: (e.g. hospital – ward / care home / district nurse)</p> <p>Contact no:</p> <p>Have the following been informed of the transfer of those service users with a confirmed/suspected risk:</p> <p>Receiving ICT*: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Transport provider: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>(*ICT = Infection Control team or Community Infection Prevention and Control team)</p>	<p>Is the service user an infection risk? <i>Please tick most appropriate box and give confirmed or suspected organism</i></p> <p><input type="checkbox"/> Confirmed risk Organism:</p> <p><input type="checkbox"/> Confirmed risk Organism:</p> <p><input type="checkbox"/> Suspected risk Organism:</p> <p><input type="checkbox"/> No known risk</p> <p>Service user exposed to others with infection: (e.g., D&V) Yes <input type="checkbox"/> No <input type="checkbox"/></p>															
<p>If service user has diarrhoeal illness, please indicate bowel history for last week: (based on Bristol Stool Form Scale)</p> <p>Is diarrhoea thought to be of an infectious nature? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																
<p>Relevant specimen results – MRSA (including admission screens), multi-resistant gram negative bacteria (e.g., ESBL), <i>Clostridium difficile</i>:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Specimen:</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Date:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Specimen:					Date:					Result:				
Specimen:																
Date:																
Result:																
<p>Treatment information including antimicrobial therapy:</p>																
<p>Other information:</p>																
<p>Is the service user aware of their diagnosis/risk of infection? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																
<p>Does the service user require isolation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If the service user requires isolation, please phone the receiving unit in advance.)</p>																
<p>Form completed by: Contact No: Date:</p>																

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



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.

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

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Harrogate and District NHS Foundation Trust