




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

Viral gastroenteritis/ Norovirus

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VIRAL GASTROENTERITIS/NOROVIRUS

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VIRAL GASTROENTERITIS/NOROVIRUS

VIRAL GASTROENTERITIS/ NOROVIRUS

1. Introduction

Norovirus is the most common cause of viral gastroenteritis and between 600,000 and 1 million people in the UK are affected every year. Many people refer to it as gastric flu or winter vomiting. Viral gastroenteritis is highly infectious and can spread easily from person-to-person, therefore, it is important to use standard infection control precautions.

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 (often projectile)
- 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.

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.

2. Outbreak notification/confirmation

An outbreak is defined as 2 or more service users 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.

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

Hand hygiene

- 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.
- Handwashing with liquid soap and warm running water is essential when a service user has or during an outbreak of gastroenteritis.
- Staff should wash their hands thoroughly with 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.
- Before putting on and after removing gloves, and before leaving a service user's home/room/apartment, staff should wash their hands thoroughly.
- Service users with symptoms should be encouraged to wash their hands thoroughly with liquid soap and warm running water or use moist (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.

Staff

- Standard infection control precautions should always be followed.
- Apply personal protective equipment (PPE), e.g. disposable gloves and aprons, when entering an affected service user's home/room/apartment.
- Remove PPE and wash hands 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, please 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.

Isolation

Service users in their own homes:

- 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:

- Supported living or sheltered housing complexes should be closed to admissions until the outbreak has been declared over (see section 11, Declaring the end of an establishment outbreak)
- 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
- 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, please 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, please 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.
- Gloves and a disposable apron should be removed and disposed of 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, please refer to the 'Safe management of care equipment Policy for Domiciliary Care staff'.
- Advise the service user that all unwrapped food items such as fruit, opened chocolates, biscuits, etc. that are not stored in cupboards, i.e. on open surfaces, should be disposed of.
- Advise the service user not to use table cloths 48 hours symptom free. 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, please 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. Visiting establishments during an outbreak

- A notice should be placed in the supported living or sheltered housing complex 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/friend.
- All visitors should be advised to wash their hands on entering, before leaving a service user's room/apartment 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 supported living or sheltered housing has re-opened.
- 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 room/apartment.

8. 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, please 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.
- 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, please 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.

9. 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.

10. 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.

11. 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.

12. References

Department of Health (2015) *The Health and Social Act 2008: Code of Practice for the Prevention and control of healthcare associated infections*

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



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

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North Yorkshire and York Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust



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 2015), states that "suitable accurate information on infections be provided to any person concerned with providing further 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 patient and, where possible, a copy filed in the patient's notes.

Patient Name: Address: NHS number: Date of birth: Patient'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 patient an infection risk: Please tick most appropriate box and give details of the confirmed or suspected organism			
<input type="checkbox"/> Confirmed risk Organisms:			
<input type="checkbox"/> Suspected risk Organisms:			
<input type="checkbox"/> No known risk			
Patient exposed to others with infection, e.g., D&V, Influenza: Yes <input type="checkbox"/> No <input type="checkbox"/> Unaware <input type="checkbox"/>			
If yes, please state:			
If the patient 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			
Specimen:			
Date:			
Result:			
Treatment information:			
Is the patient aware of their diagnosis/risk of infection?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the patient require isolation?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the patient 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	