



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

# **Viral gastroenteritis/ Norovirus**

**VIRAL GASTROENTERITIS/NOROVIRUS**

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Signed: .....

Job Title: .....

Adoption Date: .....

Review Date: .....

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# VIRAL GASTROENTERITIS/NOROVIRUS

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## 1. Introduction

Viral gastroenteritis is usually caused by a virus known as Norovirus which only affects humans. 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 usually lasts 24-72 hours with a full recovery. Maintaining good hydration is important. If there is concern about the service user, the GP should be notified.

Norovirus is highly infectious and is a common cause of outbreaks. The main source of infection is from an infected service user, member of staff or a visitor.

Once an affected service user is 72 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' (SICPs) and, when required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy'.

## 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 members, or one of each, e.g. one service user and one staff member

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 supported living or sheltered housing complex should 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. Preventing the spread of viral gastroenteritis

Refer to the 'SICPs and TBPs Policy'.

#### Staff

- Alcohol handrub is only partially effective at killing viruses, including those that cause viral gastroenteritis, e.g. Norovirus, and, therefore, should **not** be used.
- During an outbreak of viral gastroenteritis or when a person has confirmed or suspected viral gastroenteritis, thorough hand washing is essential using liquid soap and warm running water. 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 personal protective equipment (PPE). A disposable apron and gloves should be worn. Eye protection and a fluid resistant surgical mask (FRSM) should also be worn if vomiting is present.
- Wash hands after removing PPE 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 a 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 be advised of the risk of visiting affected areas.

- 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'.
- 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 or workwear.

#### **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 should be discouraged from preparing food for others.

#### **Isolation of service users in their own homes**

- Service users should stay at home whenever possible until they have been symptom free for 72 hours or as advised by your Community IPC or UKHSA Team.

#### **Isolation of service users in a supported living or sheltered housing complex**

- Affected service users should be cared for in their own room/apartment whenever possible until symptom free for 72 hours or advised by your Community IPC or UKHSA Team. If there are shared bathrooms, whenever possible, affected service users should use a dedicated toilet until 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 10).
- Unaffected service users do not need to stay in their room/apartment.

#### **Care equipment and environmental cleaning and disinfection**

- In a supported living or sheltered housing complex, 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 general purpose neutral detergent, e.g.

washing up liquid, 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').

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

- Vomit or diarrhoea spillages should be removed using paper towels/kitchen roll and contaminated surfaces should be disinfected and then cleaned, refer to the 'Safe management of blood and body fluid spillages Policy'.
- 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'.
- 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 apron and gloves, before undertaking any cleaning and disinfecting. Eye protection and a FRSM should also be worn if the service user has vomiting.
- Wash hands after removing and disposing of PPE 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 72 hours symptom free, or as advised by your Community IPC or UKHSA Team.
- 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').
- Advise that all unwrapped food items, e.g. fruit, opened chocolates, biscuits, 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 a supported living or sheltered housing complex 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.
- 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 72 hours, or as advised by your Community IPC or UKHSA Team.
- 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 washing instruction 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 washing instruction label.

### Waste disposal

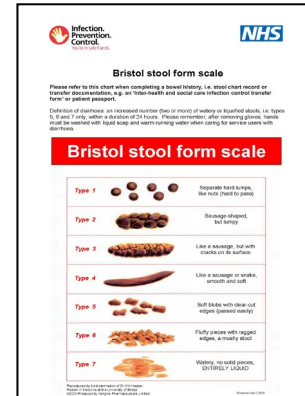
- Waste should be securely bagged and tied, using a suitable plastic tie or secure knot, and disposed of as per local policy.

### 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. Refer to the 'Specimen collection Policy'.

## 5. Hydration

- Fluid loss due to diarrhoea can lead to dehydration. Service users with viral gastroenteritis should be encouraged to drink plenty of fluids, seek advice from the service user's GP or healthcare professional if fluid intake restrictions are in place.
- If the GP requests details of the frequency and type of diarrhoea/stool, see the Bristol stool form scale, available to download at [www.infectionpreventioncontrol.co.uk/resources/bristol-stool-form-scale-poster/](http://www.infectionpreventioncontrol.co.uk/resources/bristol-stool-form-scale-poster/).



## 6. Visiting service users in their own home

- It is recommended that non-essential visits are rescheduled until the service user is 72 hours symptom free, or as advised by your Community IPC or UKHSA Team.
- 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 user's home.



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

- Transfer to another Domiciliary Care provider or a Care Home should, where possible, be deferred until the service user is no longer infectious.
- Non-urgent hospital outpatient attendances or planned admissions should be postponed if at all possible.
- If the condition of service user requires urgent hospital attendance or admission, to reduce the risks of spreading infection, the unit at the hospital they are attending and the transport service taking them must be made aware the service user has confirmed or suspected viral gastroenteritis prior to them being transferred. Due attention should be paid to service user confidentiality. Staff with responsibility for arranging the service user's transfer should complete relevant documentation, e.g. 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/](http://www.infectionpreventioncontrol.co.uk/resources/inter-health-and-social-care-infection-control-transfer-form/) and can be completed electronically). This ensures appropriate placement of the service user, refer to the 'Patient placement and assessment for infection risk Policy'.

## 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](http://www.infectionpreventioncontrol.co.uk).

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

When a service user is 72 hours symptom free, or as advised by your Community IPC or UKHSA Team, 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 a supported living or sheltered housing complex will be declared over when there have been no new cases and all service users have been symptom free for 72 hours, or as advised by your Community IPC or UKHSA Team. The Community IPC or UKHSA Team will advise on any additional cleaning requirements before the outbreak is declared over.

## 11. Infection Prevention and Control resources, education and training

See Appendix 1 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 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:

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC audit tools, posters, packs, leaflets and factsheets
- IPC Bulletin for Domiciliary Care 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](http://www.infectionpreventioncontrol.co.uk).

## 12. 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*

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 (Updated 2024) *National infection prevention and control manual (NIPCM) for England*

## 13. Appendices

Appendix 1: Viral gastroenteritis/Norovirus: Quick reference guide



## Viral gastroenteritis/Norovirus in a supported living or sheltered housing complex: Quick reference guide for Domiciliary Care

### 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.
- Viral gastroenteritis is usually due to Norovirus.
- 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 infection the facility may be closed to all admissions.
- If an outbreak occurs, the facility can re-open when all service users are 72 hours symptom free and a deep clean of affected rooms and communal areas has taken place, or as advised by the Community IPC or UKHSA Team.

### Handwashing

- Effective hand hygiene for both staff and service users is the single most important preventative measure.
- Liquid soap and paper towels should be available in each service user'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.
- Diarrhoea and/or vomit should be cleaned up immediately and 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 solution every 24 hours, at a dilution of 10 ml of household bleach in 1 litre of cold water or equivalent product, as per manufacturer's instructions.
- 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/commodos should be dedicated to service users 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 in communal dining rooms should be removed.
- Dispose of waste as per local Policy.

### Do you have an outbreak?

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

### Who do I notify?

Record the contact numbers for your area.

**In office hours:**  
As soon as possible,   
inform the local  
Community IPC or UKHSA Team.

**Out of office hours:**   
Local Community 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.
- Ensure all staff access and read the 'Viral gastroenteritis/Norovirus Policy', which can be downloaded at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).
- Compile a list of all affected service users and staff with symptoms and dates.
- Collect specimens as advised.
- Where possible, infected service users should be isolated in their room until they are symptom free for 72 hours, or as advised by your local Community IPC or UKHSA Team.
- Thorough handwashing is essential using liquid soap and warm running water.
- Clean and disinfect the environment at least **twice** daily paying particular attention to commonly touched surfaces.
- Good and effective communication with all staff, service users and visitors is essential.
- If a service users requires hospital admission, inform the ambulance and hospital staff of the outbreak and whether the service user is symptomatic. A copy of the patient passport or 'Inter-health and social care infection control transfer Form' should accompany the service user.
- An advice notice can be placed at the entrance informing visitors of the outbreak.
- Advice will be given when the outbreak can be declared over and on cleaning.

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