GP 22

VIRAL GASTROENTERITIS/NOROVIRUS

Infection. Prevention. Control.
You're in safe hands

NHS

Community Infection Prevention and Control Guidance for General Practice

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

Viral gastroenteritis/ Norovirus

Version 1.00
December 2017

GP 22

VIRAL GASTROENTERITIS/NOROVIRUS

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 guidance document has been adopted as a policy document by:

Organisation: Brigstock Skin and Laser

Signed: .....

Job Title: Business Manager

Date Adopted: 02/16/2019

Review Date: 2/16/20

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.

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

VIRAL GASTROENTERITIS/NOROVIRUS

Contents Page

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 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 lasts 24-72 hours with no long term effects. Maintaining good hydration is important.

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

Norovirus can cause outbreaks in care establishments, an outbreak is defined as two or more patients within close proximity, 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 your local Community Infection Prevention and Control (IPC) or Public Health England (PHE) Team.

The decision to close a care establishment will be taken by the local Community IPC or PHE Team.

3. Transfer of patients to other healthcare settings

- When assessing a patient in a care home or in their own home, if their clinical condition requires urgent hospital attendance or admission, the hospital staff and transferring ambulance service must be notified of the risk of Norovirus. This is important if the patient is from a care home which is affected by viral gastroenteritis, even if they are asymptomatic, as they could be incubating the illness. The ambulance service and receiving hospital should be notified prior to the transfer.
- An Inter-Health and Social Care Infection Control Transfer Form (see Appendix 1) or equivalent should be completed for any patient requiring hospital admission from their own home or a care home and should accompany the patient to hospital. The Bristol Stool Form Scale (see Appendix 2) should be used to indicate type of stool passed.

4. Control measures

Standard precautions should always be followed.

- When assessing a patient with suspected viral gastroenteritis, disposable apron and gloves should be worn. 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.

5. If a patient vomits at the Practice

Spillages should be cleaned up promptly.

- Wear PPE, e.g. apron and gloves.

- Ventilate the area by opening doors, windows if possible.
- Clean up vomit with paper towels.
- Use an appropriate body fluid spillage kit to clean the affected area.
- Do not use a chlorine-based disinfectant in a carpeted area, clean with detergent and warm water, a carpet cleaning machine or steam cleaner.
- 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 (see 'Environmental cleanliness guidance'). After use, the mop head should be disposed of immediately as infectious waste and the bucket washed with detergent and warm water and then wiped with a chlorine-based disinfectant at 1,000 parts per million and stored upside down.
- All cloths used must be single use and disposed of after use.

6. Specimens

Faecal specimens from affected patients in a care home are required to determine the cause of the outbreak. Testing for culture and virology should be requested and the 'I log' number provided to the care home by the local Community IPC or PHE Team documented on the request form.

7. 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 Practice in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 20 IPC Guidance documents (Policies) for General Practice
- 'Preventing Infection Workbook for General Practice'
- 'IPC CQC Inspection Preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Advice Bulletin for GP Practice Staff'

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.

8. 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*

9. Appendices

Appendix 1: Inter-Health and Social Care Infection Control Transfer Form

Appendix 2: Bristol Stool Form Scale

Infection. Prevention. Control.
You're in safe hands

NHS

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 ☐ N/A ☐

Is the patient an infection risk:
Please tick most appropriate box and give details of the confirmed or suspected organism

☐ Confirmed risk Organisms: .....

☐ Suspected risk Organisms: .....

☐ No known risk

Patient exposed to others with infection, e.g., D&V, Influenza: Yes ☐ No ☐ Unaware ☐

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 ☐ No ☐ Unknown ☐

Relevant specimen results if available

Specimen:				
Date:				
Result:				

Treatment information:

Is the patient aware of their diagnosis/risk of infection? Yes ☐ No ☐

Does the patient require isolation? Yes ☐ No ☐

If the patient requires isolation, phone the receiving facility in advance: Actioned ☐ N/A ☐

Additional information:

Name of staff member completing form: .....

Print name: .....

Contact No: ..... Date .....

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust April 2017
www.infectionpreventioncontrol.co.uk

Infection. Prevention. Control.
You're in safe hands

NHS

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

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.