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Ref: IPC01

VIRAL GASTRO-ENTERITIS (INCLUDING NOROVIRUS)

Executive Sponsor & Function	Executive Director of Nursing, AHP's and Health Sciences
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Approved by:	Infection Prevention and Control Management Group
Approval Date:	13 th March 2025
Date of Equality Impact Assessment:	December 2024
Equality Impact Assessment Outcome:	<i>This policy has been screened for relevance to equality. No potential negative impact has been identified.</i>
Review Date:	March 2028
Version:	6

CONTENTS

1. Policy Statement	3
2. Scope of Policy	3
3. Aims and Objectives	3
4. Roles and Responsibilities.....	3
4.1 Chief Executive.....	3
4.2 Directors and Senior Managers.....	3
4.3 Infection Prevention and Control Team	3
4.4 Healthcare Workers	4
5. Gastroenteritis	4
5.1 Clinical Features	4
5.2 Routes of Transmission	4
6. Management of Patients with Gastroenteritis	4
7. Outbreak control measures – key points	4
7.1 In patient departments.....	4
7.2 Healthcare Workers	5
7.3 Patient and Visitors Information	5
7.4 Clinical Practice	5
8. Patients Discharge	7
9. Equality.....	8
10. Training.....	8
11. Review.....	8
12. Legislation	8
13. Getting Help.....	8
14. References.....	9
Appendix 1	10
Appendix 2	11
Appendix 3	12

1. Policy Statement

Managing cases of gastroenteritis is a common event in hospitals, especially during the winter months. An outbreak is two or more patients with diarrhoea and / or vomiting, or more than the expected number, within 48 hours. The early detection and appropriate management of episodes is therefore essential to minimise service disruption.

This policy is based on the principle of minimising disruption to essential services and maximising the ability of the Trust to deliver appropriate care to patients safely and effectively.

2. Scope of Policy

This policy covers infection prevention and control management issues and applies to all healthcare workers employed by the Trust that undertake patient care, or who may encounter affected patients. This is to:

- prevent and minimise the risk of transmission of viral gastroenteritis.
- ensure that each patient with viral gastroenteritis is cared for effectively and appropriately.
- outline the roles and responsibilities of staff involved in the care of a patient with viral gastroenteritis.
- prompt and effective measures are essential in controlling the spread of infection between patients, staff, and visitors.

3. Aims and Objectives

The aim of this policy is to ensure that staff have sufficient information to enable early detection of possible cases of Norovirus (NV). This will help staff to:

- Identify possible cases
- Manage cases correctly
- Manage and cascade information effectively
- Reduce incidents
- Contain any incidents of Norovirus
- Detect outbreaks quickly and initiate outbreak measures promptly.
- Report to managers when symptoms have ceased

4. Roles and Responsibilities

4.1 Chief Executive

The Trust Board, via the Chief Executive, is ultimately responsible for ensuring that systems are in place that effectively manage the risks associated with Infection Control. Their role is to support a zero-tolerance approach to healthcare-associated infections.

4.2 Directors and Senior Managers

Directors and senior managers must ensure that all relevant staff are informed of the policy and trained on the use of Personal Protective Precautions and the management of infected patients.

4.3 Infection Prevention and Control Team

The Infection Prevention and Control Team (IPCT) is responsible for providing expert advice following this policy, for supporting staff in its implementation and assisting with risk assessment where complex decisions are made.

4.4 Healthcare Workers

All relevant clinical staff are responsible for keeping their up to date with policies and procedures. Reporting any signs of gastroenteritis infection to their line manager.

The policy is intended to ensure that all members of clinical and non-clinical staff including non-permanent members of staff working within the Trust adhere to and follow this policy.

5. Gastroenteritis

Viral gastroenteritis can spread very quickly within a hospital/healthcare environment causing ward closures in some cases. The most common cause of diarrhoea and vomiting outbreaks in hospitals is from small round structured viruses (SRSVs) such as Norovirus. These viruses are more common during the winter months and affect both patients and staff.

Symptoms can be acute but self-limiting and recovery normally takes place within 72 hours.

5.1 Clinical Features

There is an incubation period of 12-48 hours and the symptoms may last 24-72 hours on average. Symptomatic individuals are infectious for up to 48 hours after the last episode of diarrhoea and/or vomiting. Other symptoms may include abdominal cramps and/or nausea, headaches, muscle aches and fever. Recovery is usually rapid.

A note should be made of any members of the family who have had any of these symptoms, or if a service user has been transferred from another healthcare setting that may be experiencing an outbreak.

5.2 Routes of Transmission

- Airborne – inhalation or ingestion of virus particles when a patient vomits.
- Contact via the hands.
- Person to person via faecal-oral route.
- Ingestion of contaminated food and drink.
- Environmental contamination from faeces or vomit.

6. Management of Patients with Gastroenteritis

A patient with symptoms of gastroenteritis should be isolated in a single room (preferably ensuite) with appropriate infection control measures until at least 48 hours symptom free. Refer to IPC 05 - National Infection Prevention and Control Manual (NIPCM).

In an outbreak situation the numbers of affected individuals may be high. If an outbreak is suspected, it is essential to implement appropriate infection control measures immediately to prevent the spread of infection. During the outbreak you must regard all patients, staff and visitors who present with symptoms as infectious.

7 Outbreak control measures – key points

7.1 In patient departments

- Inform a member of the IPCT as soon as possible. During office hours, contact IPCT or out of hours contact the on-call Consultant Microbiologist (via switchboard), who will carry out a risk assessment and advise the ward of further infection control measures to be implemented.
- **Isolate patients as soon as they become symptomatic.** All patients admitted with or who develop diarrhoea and/or vomiting, should be nursed in a single room and remain isolated until asymptomatic for 48 hours.

- Strict Transmission based precautions should be adhered to including hand washing with soap and water as per World Health Organisation (WHO) 5 moments of hand hygiene (*Appendix 1*), the use of Personal Protective Equipment (PPE). (Facemasks may be considered if there is a risk of droplets or aerosol contamination).
- Where the number of symptomatic patients exceeds the number of single rooms, the IPCT will provide advice.
- In some cases, bays or the entire ward will need to be closed to new admissions. This will only occur after consultation with the IPCT and discussion with other relevant personnel.
- Close affected bay(s) to admissions and transfers.
- Keep doors to single room(s) and bay(s) closed.
- Place signage at ward entrance informing all visitors of the closed status and restricting visits to essential staff.
- Daily assessment will take place to ascertain earliest date for terminal clean and reopening.
- Seek advice from IPCT if a patient needs to leave the ward for investigations in other departments. A patient's treatment must not be compromised whilst the ward is closed, but risk assessments must take place to reduce the risk of cross infection. **Communication with the receiving department is essential.** The IPCT can be consulted to advise to minimise the risk of spread of infection.

7.2 Healthcare Workers

- Ensure all staff are aware of the outbreak situation and how viral gastroenteritis is transmitted.
- Staff are often affected during an outbreak of viral gastroenteritis. Affected staff should be immediately excluded from work if they are experiencing symptoms of diarrhoea and/or vomiting until 48 hours symptom free.
- Unless unavoidable wherever possible allocate staff to duties in either affected or non-affected areas of the ward.
- Visiting staff such as Physiotherapists, Occupational Therapists and Phlebotomists should if possible, visit the affected ward(s) last or allocated an individual to visit affected wards. Only essential procedures should be carried out on symptomatic patients.

7.3 Patient and Visitors Information

- Provide all affected patients with information on the outbreak and control measures they should adopt.
- Patients'/visitors information leaflets on relevant organisms are available from the IPCT. Copies of these will be issued to ward staff which is then the responsibility of the nurse in charge to make sure these are distributed to patients and visitors.
- Visitors may contribute to an outbreak of viral gastroenteritis and should be advised to refrain from visiting if they are symptomatic or have not been free of symptoms for 48 hours.
- People with protected characteristics may be more susceptible to infection and should be advised to refrain from visiting during the outbreak.
- Visitors should be encouraged to decontaminate their hands prior to, and after visiting their relative/friend using the ward facilities.
- Visitors should be discouraged from sitting on beds, nor should they use patient toilets.

7.4 Clinical Practice

Hand Hygiene

- Hand hygiene is essential in the prevention of cross infection and hand decontamination is compulsory before and after contact with all patients and their immediate environment. The use of antiviral alcohol hand gel should be encouraged on physically clean hands between patients.

- Patient hand washing should not be forgotten. All patients should be reminded about good hand washing practices and help should be offered if their physical or mental condition makes it difficult for them to wash their hands. Non ambulant patients must be offered means of decontaminating their hands before eating and after using bedpans/commodes, for example.

Personal Protective Equipment (PPE)

- Personal protective equipment must be used when handling faeces and/or vomit, other body fluids and for direct patient contact. Disposable aprons and gloves must be removed before leaving the patients room and disposed of as clinical waste. Hands should be decontaminated immediately using soap and water.

Environment

- It is essential that environmental cleaning is performed to a high standard and cleanliness is maintained. The operational services department should be notified at the earliest point when an outbreak occurs (*Appendix 2*).
- Supervisors & Housekeeping staff responsible for undertaking the cleaning must liaise with the ward manager & the IPCT.
- Cleaning procedures should be undertaken twice daily to reduce the buildup of bacteria in the environment. Special attention must be paid to toilet and bathroom areas, commodes, all high touch surfaces such as door handles, flush handles, sinks, taps and nurse call systems.
- Remove exposed foods e.g. fresh fruit in bowls on lockers.
- Staff should not consume food or drink at the nurses' station during an outbreak of viral gastroenteritis. Any exposed food and drink are likely to have been contaminated.

Equipment

- Use single-patient use equipment wherever possible
- Decontaminate equipment immediately after use i.e. commodes
- Dispose of soiled bedpans/vomit bowls immediately

Linen

- While clinical area is closed, discard all linen in a water soluble (alginate) bag and then a secondary bag
- Leave empty beds unmade

Spillages

- Excreta/vomit must be covered immediately, removed and the area decontaminated. Decontamination of all vomit or faecal spillage is vital to ensure viral particles are destroyed.

Reducing the risk of spread of infection to other areas

- It is the responsibility of the nurse-in-charge to make sure that a ward closure notice is placed at the entrance/exits to the ward and that patients and visitors are kept informed of the situation.
- Alcohol hand sanitiser should be accessible at point of care and visitors encouraged to perform hand decontamination prior to entering the ward and on leaving.
- An IPC Practitioner will visit the ward every weekday to review and reassess the situation. Out of hours the ward will be reviewed by telephone by the on-call Consultant Microbiologist who can be contacted via switchboard.
- Do not accept admissions while the ward is closed unless approved by the IPCT or medical director.
- Do not transfer symptomatic to other hospitals or care institutions (nursing, residential homes etc.) whilst they are symptomatic or exposed to symptomatic patients.

- If there is a clinical necessity for a patient to be transferred to another ward or hospital (e.g. to ICU or theatre) advice must be sought from a member of the IPCT prior to transfer. A risk assessment will be performed, and the receiving unit can then be informed, and appropriate precautions taken.
- A patient's treatment must not be compromised whilst the ward is closed, but risk assessments must take place to reduce the risk of cross infection. Communication with the receiving department is essential. The IPCT can be consulted to give advice to minimise the risk of spread of infection.
- During the working shift, where possible do not transfer staff to other wards if they are working on an affected ward. Agency staff must not work on other wards once exposed to an outbreak ward situation.
- Leaflets are available for patients with Norovirus from the IPCT. The leaflets give details of the action that is being taken and why.

When is the patient/ward clear of infection?

- Patients are usually but not always deemed non-infectious 48 hours after their last episode of diarrhoea or vomiting. In the elderly or immunocompromised patient, they may continue to excrete the virus for a longer duration.
- Further stool specimens are not required once a confirmed positive sample has been detected or to check if an agent has cleared.
- Usually, the ward can be opened when the last patient with symptoms has had no diarrhoea or vomiting for 48 hours. A thorough terminal clean of the ward (environment and equipment) must take place prior to beds being re-opened.
- The Infection Prevention and Control Practitioner will issue the ward with a cleaning check list which is the responsibility of the nurse in charge to make sure this is completed prior to the ward re-opening and undertaken to a satisfactory level (*Appendix 3*).
- Following each outbreak a multidisciplinary evaluation should take place to review the outbreak and learn lessons to strengthen future plans.

What happens if symptoms recur?

- Contact a member of the IPCT immediately for a further risk assessment.

8. Patients Discharge

Patients discharge to their own home

This can take place as long as they are medically fit for discharge and do not require nursing or social care at home. It is not necessary to delay the discharge of symptomatic patients or those who may be incubating gastroenteritis. Advise them to inform the admitting Doctor/ Nurse if they are readmitted within 48 hours of discharge. Patients from closed wards should be discharged directly from the ward. **Please note:** if a patient is being 'fast tracked' home for palliative care contact the IPCT for advice.

Patients discharge to nursing or residential homes

Discharge to a home known not to be affected by an outbreak of diarrhoea and or vomiting should not occur until the patient has been asymptomatic for more than 48 hours. However, discharge to a home known to be affected by an outbreak at the time of discharge should not be delayed providing the home can safely meet the individual's care needs. Those who have been exposed but asymptomatic patients may be discharged only on the advice of the IPCT.

Please note: if a patient is being 'fast tracked' to a care home for palliative care contact the IPCT for advice.

9. Equality

- The Trust is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its Employees reflects their individual needs and does not discriminate against individuals or groups.
- The Trust has undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. The Trust wanted to know of any possible or actual impact that this procedure may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues) race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.
- The assessment found that there was no impact to the equality groups mentioned. Where appropriate the Trust will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.

10. Training

- Staff will receive instructions and direction regarding infection prevention and control practice and information from a number of sources: -
- Trust Induction
- Trust Policies and Procedures available on the intranet
- Infection Prevention & Control pages on the intranet
- Ward/departmental/line managers
- As part of the mandatory infection control education sessions that Trust staff attend
- Infection Prevention and Control Educational displays/ posters
- Trust Infection Prevention and Control Team

11. Review

The IPCT will review the operation of the policy as necessary and at least every 3 years.

12. Legislation

Health and safety at Work Act (1974)

The Management of Health and Safety at work Regulations (1999)

Control of Substances Hazardous to Health (COSHH) Regulations (2002) (as amended 2003 & 2004)

Management of Health and safety at Work regulations (1999)

Personal Protective Equipment (PPE) at Work Regulations 1992 (as amended 2002)

13. Getting Help

Further information and support is available from the Infection Prevention & Control Team on Tel No/ ffon: 02920 196129.

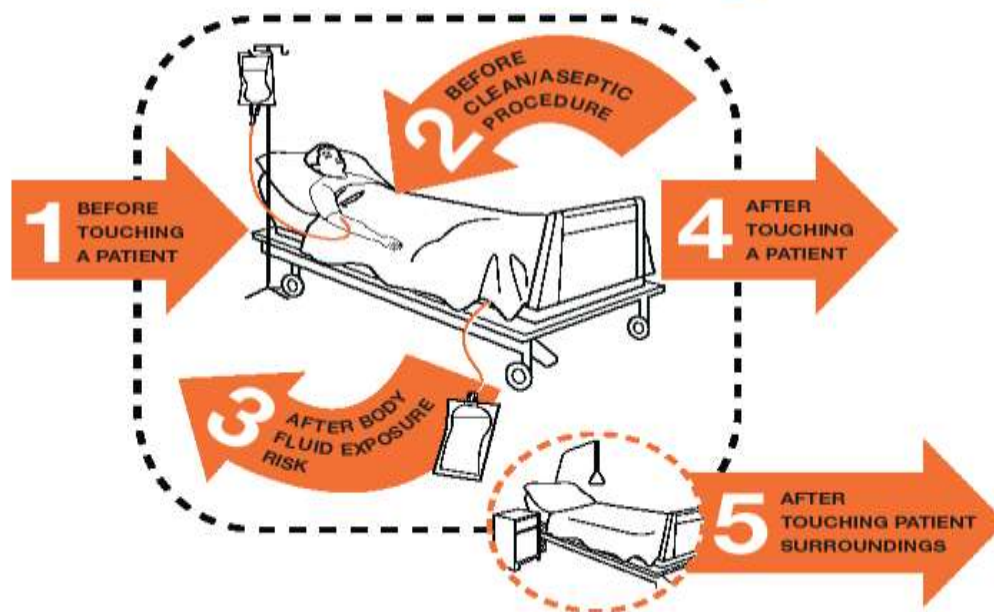
14. References

- IPC 05 – National Infection Prevention and Control Manual
- Immunotherapy [Guidelines](#) for the Management of Immunotherapy Induced Diarrhoea
- [Management of Systemic Anti-cancer Therapy or Clostridioides difficile – Induced Diarrhoea in Adult Patients](#)
- The Communicable Disease [Outbreak](#) Plan for Wales

APPENDIX 1

Five Moments for Hand Hygiene

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and his/her immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

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May 2009

APPENDIX 2

Environmental Cleaning Recommendations during an Outbreak

Environmental decontamination during an outbreak

- Increase frequency of cleaning using dedicated domestic staff where possible and avoiding transfer of domestic staff to other areas, as directed by the Infection control team.
- Clean from unaffected to affected areas, and within affected areas from least likely contaminated areas to most highly contaminated areas
- Use disposable cleaning materials including mops and cloths
- Where reusable microfibre cloths suitable for use with chlorine releasing disinfectants are in use, the system must be supported by a robust laundry service and adherence to manufacturer's instructions
- Dedicate reusable cleaning equipment to affected areas and thoroughly decontaminate between uses e.g. mop handles and buckets
- After cleaning, disinfect with 0.1% sodium hypochlorite (1000ppm available chlorine - Chlorclean)
- Pay particular attention to frequently touched surfaces such as bed tables, door handles, toilet flush handles and taps
- Cleaning staff and other staff who undertake cleaning tasks should follow standard infection control precautions and wear appropriate personal protective equipment (PPE) including disposable gloves and apron
- National and local colour coding for PPE and cleaning equipment should be adhered to, in order to avoid cross contamination

APPENDIX 3

Deep Cleaning Following Discharge of Patient or Completion of Outbreak

Deep Cleaning following Discharge of Patients or Completion of Outbreak

1. Discard unused disposable patient-care items
2. If items cannot be appropriately cleaned, consider discarding these items
3. Remove window and privacy curtains avoiding unnecessary agitation and send for laundering
4. Change disposable curtains place into orange bags.
5. Remove bed linen and unused linen and send for laundering as per Velindre policy.
6. Place all waste into an orange bag.
7. Decontaminate all equipment in accordance with manufacturer's instructions
8. Thoroughly clean all surfaces with a neutral detergent.
9. Cleaning of furniture & bed mattresses present in rooms upon patient discharge is suggested. Check mattress on discharge for integrity & strikethrough.
10. After cleaning, disinfect with 0.1% sodium hypochlorite (1000 ppm available chlorine*).
11. Liaise with Operational Services to decontaminate cubicles with Ultraviolet/ Hydrogen Peroxide Vapour Technology as per manufacture guidance.