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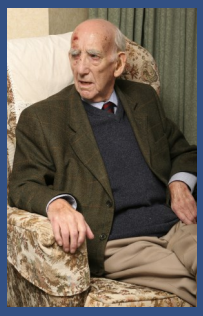
Infection.
Prevention.
Control.
You're in safe hands

Preventing Infection Workbook

Guidance for Care Homes

2nd Edition



Name

Job Title

Contents

1. Introduction

The Community Infection Prevention and Control Team (IPC) at Public Health Wales have teamed up with the NHS Community IPC Team based in North Yorkshire to develop their existing Workbook to prevent infection in Care Homes for adults. We gratefully acknowledge their work and collaboration in developing a bespoke version for Wales.

We share the aim to support care homes in promoting best practice in IPC. This Workbook complements a range of resources and guidance developed by Social Care Wales, including digital learning resources for IPC as well as induction. Modules for IPC can be accessed on the Social Care Wales website https://socialcare.wales/learning-and-development/infection-prevention-and-control.

By applying the principles within the Workbook, you will demonstrate commitment to high quality care and safeguarding of residents. The central concept of *The Social Services and Well-being (Wales) Act 2014* is *"putting the individual's well-being at the heart of decision making"*, this includes physical, mental health and emotional well-being. Good IPC practices should be used to support residents to achieve positive outcomes and 'what matters' in their lives, IPC should never be at the expense of compassionate care. Strategies for controlling infection can restrict autonomy, freedom of movement and contact and, therefore IPC decisions and risk assessments should be underpinned by equality and human rights legislation.

The Workbook is aimed at all staff working in a care home, clinical and non-clinical and includes receptionists, volunteers, students and housekeeping staff, and is designed to be undertaken in stages. This will allow you to complete the 'test your knowledge' sections before moving on to the next section. On completion, your Mmanager/Supervisor will check your responses and when you have achieved 100% competency in your infection prevention and control knowledge, they will sign and give you the 'Certificate of completion'. You should keep the Workbook as evidence of learning and accessible advice for day-to-day care of residents. It may also be used to demonstrate compliance with your employer's policies and procedures as well as helping the organisation demonstrate any compliance requirements.

The Workbook is based on evidence and research by Health Protection Scotland and produced in the National Infection Prevention and Control Manual (NIPCM) adopted in Wales.

This Workbook has been endorsed by Sue Tranka, Chief Nursing Officer, and Albert Heaney CBE, Chief Social Care Officer, Welsh Government.

3. Standard Infection Control Precautions

The National Infection Prevention and Control Manual (NIPCM) states that there are a number 'Standard Infection Control Precautions' (SICPs), see table below. These underpin routine safe practice and break the chain of infection which in turn protects residents, visitors and staff. There is often no way of knowing who is infectious, so by applying SICPs to all residents and at all times, best practice becomes second nature and the risk of infection is minimised.

All care staff in all situations involving the care of residents or contact with the resident's environment must use SICPs.

- In most cases, without a laboratory test, it is impossible to tell who has or is carrying an infection. Since every person is a potential infection risk, it is essential that all staff apply safe systems of working at every opportunity.
- Safe working practices take the guesswork out of protecting yourself and others as you provide care.

Standard Infection Control Precautions
Hand hygiene
Personal protective equipment
Resident placement and assessment for infection risk
Respiratory and cough hygiene
Safe disposal of waste
Safe management of blood and body fluid spillages
Safe management of care equipment
Safe management of linen
Safe management of the care environment
Safe sharps management and prevention of exposure injury

4. Hand hygiene

Hand hygiene refers to the process of hand decontamination where there is physical removal of dirt, blood, body fluids and the removal or destruction of microorganisms from the hands.

Hands may become contaminated by direct contact with a resident, handling equipment and contact with the general environment.

Hand hygiene is the single most important way to prevent the spread of infection. Hands may look visibly clean, but microorganisms are always present, some harmful, some not. Removal of transient microorganisms is the most important factor in preventing them from being transferred to others.

Evidence and national guidance identifies that effective hand hygiene results in a significant reduction in the carriage of harmful microorganisms, such as bacteria and viruses, on the hands. Effective hand hygiene decreases the incidence of healthcare associated infection (HCAI) leading to a reduction in morbidity (disease) and mortality (death).

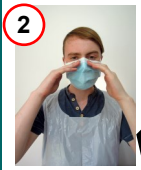
There are two categories of microorganisms present on the skin of the hands	
Transient	Transient bacteria are found on the surface of the skin. They are called 'transient' as they do not routinely live on the hands. They are transferred to hands after contact with residents or the environment and are easily removed by routine handwashing with liquid soap and warm running water.
Resident	Resident bacteria are found on the hands in the deep layers and crevices and live on the skin of all people. They play an important role in protecting the skin from harmful bacteria and are not easily removed by routine handwashing with liquid soap and warm running water.

on' care with a resident. Aprons should be disposed of between residents and as soon as the activity is completed and hands cleaned.

Masks

A fluid repellent surgical mask should be worn when there a risk of splashing of blood and/or body fluids to the nos or mouth, and hands cleaned on removal. Worn where a microorganism is spread by the droplet route and not for general use, see page 69 for definition.

Correct order for putting on and removing Personal protect equipment (PPE)

Order for putting on PPE	Ord r rem ng PPE
1  Ensure you are 'Bare Below the Elbows' and hair is tied back. Clean your hands. Pull apron over your head and tie at back of your waist.	1  rasp outside of e glove h opp e oved ha off, olding the ved glove in the gloved hand. e fingers of the ungloved and u the remaining glove at the ist and el off. Discard. Clean ds.
2  **Elasticated sks:** Position loo nd ears. **Tied masks:** P ition upper straps on wn of your hea ower t the nape our ck. **For both mas** With both hand mould ible over the b ge our n	2  Break apron strap at the neck, allow the apron to fold down on itself. Break waist straps at your back and fold apron in on itself. Fold or roll into a bundle taking care not to touch the outside surface. Discard. Clean hands.
3  ing the eye p ection by the sides, pl e over your eyes.	3  Handle eye protection only by the headband or the sides. Discard disposable eye protection. Reusable eye protection must be decontaminated after each use. Clean hands.
4  Put on gloves and extend to cover your wrists.	4  **Elasticated masks:** Pull loops over ears. **Tied masks:** Untie or break lower straps followed by upper straps. **Both masks:** Holding only by the loops or straps, discard. Clean hands.

Here are some steps to consider when communicating with those you support:

- How does the infection prevention and control procedure affect the individual?
- Have you communicated with the individual, and in the way they will understand?
- Are communication aids, someone who understands the individual well or an interpreter required?
- Have you provided adequate time for the individual to understand your procedures, what is required of them, to ask questions and make a decision?
- How have you reassured the individual?
- Has the person given consent, are there any mental capacity or best interest considerations for this procedure?
- Do they have an 'Attorney' or other decision maker who needs to be included in care and support planning?

For further guidance and training (including the Collaborative Communication Skills Programme) please refer to the Social Care Wales website:

- https://socialcare.wales/resources/effective-communication-checklist
- All Wales Standard – accessible communication for people with sensory loss

Test your knowledge *Please tick the correct answer*	True	False
1. When a resident has a suspected infection they may require isolating.	☐	☐
2. It is not necessary to inform the resident's infectious status to the ambulance service.	☐	☐
3. Communication includes non-verbal communication and behaviour.	☐	☐

7. Respiratory and cough hygiene

Good respiratory and cough hygiene is essential to reduce the risk of spreading respiratory infections, e.g. TB (pulmonary tuberculosis) and more commonly, viruses such as COVID-19, influenza (flu) and the common cold; which in vulnerable people can cause severe illness such as pneumonia.

When a person with a respiratory illness coughs, sneezes, talks, millions of bacterial or viral particles are released from the nose and mouth predominantly in the form of droplets which travel in the air, contaminating people and surfaces within a short distance (1 metre).

Respiratory infections can spread easily from an infected person to another person if the bacteria or virus lands on mucous membranes, such as the eyes, nose and mouth, it will then enter the body.

If the environment is contaminated during coughing, sneezing or by contaminated hands touching surfaces, it can spread to others who touch the area and then touch their eyes, nose or mouth.

Microorganisms, such as bacteria and viruses, can survive in the environment from hours to months, e.g. influenza virus up to 24 hours, COVID-19 up to 72 hours.

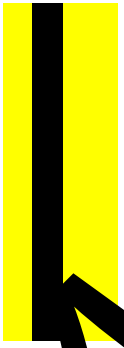
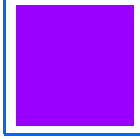
Preventing the spread

Ventilation is very important to reduce the amount of microorganisms in the air which will contaminate surfaces. Staff should ensure rooms are well ventilated. Windows should be opened regularly, e.g. 10 minutes every hour.

Staff should promote good respiratory and cough hygiene, encouraging, assisting and advising residents to:

- Cover their nose and mouth with a disposable tissue when

Waste stream guide for Care Home settings

Colour*	Description
Orange 	**Infectious waste:** items contaminated with urine, faeces, vomit, sputum, pus or wound exudate, from a **confirmed, suspected or at risk of infection source**. Items may include personal protective equipment (PPE), incontinence pads, urine bags, single use items, single use bowls and dressings. • Waste from blood and/or body fluid spillages. • Infectious waste may be treated to render it safe prior to disposal, or alternatively incinerated in a licensed facility.
Yellow and black 	**Offensive/hygiene waste:** items contaminated with urine, faeces, vomit, sputum, pus or wound exudate, from residents **with no risk of, confirmed or suspected infection**. Items may include PPE, continence pads, urine bags, single use items, single use bowls, dressings, feminine hygiene, nappies and any other items assessed to be non-infectious, such as uncontaminated PPE. • Liquids, e.g. urine, faeces, vomit, should be discarded into foul sewer via toilet. They can, however, be absorbed onto a disposable cloth, e.g. paper towel, and placed in the offensive waste stream, ensuring there is no free flowing liquid present, absorbent gel may be used. • Offensive/hygiene waste may be land filled in a permitted or licensed facility.
Black 	**Domestic waste:** items which do not contain infectious material, sharps or medicinal products, e.g. paper towels from handwashing, packaging, newspapers. • Clear or opaque waste bags can also be used for domestic waste. • Recycling options should be considered where available. • Domestic waste may be land filled in a permitted or licensed facility.
Purple 	This waste stream is rarely used in care home settings. **Cytotoxic and cytostatic waste:** items contaminated with hormone or oxytocin-based agents. • Cytotoxic and cytostatic waste must be incinerated in a permitted or licensed facility.

9. Safe management of blood and body fluid spillages

As blood and body fluids may contain a large number of microorganisms, spillages should be made safe immediately by staff trained to do so. Dealing with a spillage may expose the member of staff to infection, therefore, appropriate personal protective equipment (PPE) must be worn.

Dealing with blood/blood stained body fluid spillages

Wearing the appropriate PPE, disinfect spillages promptly and clean the affected area. All products must be in date. Spillage waste should be disposed of as infectious waste.

Best practice is to use a blood spillage kit, which should be used following the manufacturer's guidance. Alternatively, prepare a chlorine-based disinfectant and use as below.

*** See page 28 regarding use on soft furnishings and carpets.**

Action for blood/blood stained body fluid spillages ***10,000 parts per million (ppm) available chlorine***
Chlorine-based disinfectant should be within the expiry date and used as per manufacturer's instructions.
Wear disposable apron and gloves (and mask if risk of splashing).
Ventilate the area, e.g. open windows and doors, as fumes will be released from the chlorine.
Cover the spill with paper towels.
Pour the disinfectant solution on top of the paper towels, leave for minutes contact time or as specified on the container.
Clear away paper towels and spillage and dispose of as infectious waste.
With detergent wipes or detergent and warm water and disposable cloth, clean the area, then leave to air dry or dry with paper towels.
Dispose of cloth and paper towels as infectious waste.
Remove PPE and dispose of as infectious waste.
Wash hands with liquid soap and warm running water, rinse and dry thoroughly to prevent the risk of transmission of infection.

10. Safe management of care equipment

Cleaning, disinfection and sterilisation is known as decontamination. Safe decontamination of equipment after use on each resident is an essential part of routine infection control to prevent the transmission of infection.

There are 3 levels of decontamination:	
1. Cleaning	Is a process which removes dust, dirt, including soiling, body fluids and large numbers of microorganisms such as bacteria and viruses
2. Disinfection	Is a combination of processes that removes or destroys microorganisms
3. Sterilisation	Is a process that further reduces the number of microorganisms to a level at which they are not harmful

1. Cleaning

Cleaning with detergent and water physically removes dirt and microorganisms from surfaces or equipment. The process does not necessarily remove all microorganisms, but it lowers their numbers and the risk of spreading infection.

Detergent and warm water or detergent wipes should be used for the cleaning of any equipment that has been in contact with intact skin*, e.g. walking frame, wheelchair. Steam cleaners can also be used effectively for cleaning equipment.
(*Intact skin can be defined as skin in which there are no breaks, grazes, cuts, etc.)

11. Safe management of linen

Providing clean linen is a fundamental requirement of care. Linen, e.g. bedding, towels, clothing, can become soiled with blood, urine, faeces or other body fluids containing micro-organisms, such as bacteria and viruses. Therefore, when handling linen, care should be taken to reduce the risk of spreading infection.

Standard process*
(Soiled and fouled linen and clothing)
Items should be placed into a water soluble bag and then into a white cotton sack or in a white plastic bag. Heavily soiled items should have any **solid** removed prior to being placed into the bag. In larger premises, residents clothing may sometimes be bagged separately to soiled linen.

Enhanced process*
(Infected linen and clothing)
Items should be sealed in a red water-soluble bag immediately. This should then be placed in a plastic or nylon/polyester outer bag.

The outer bag should be labelled 'infectious linen'.

(* See Welsh Health Technical Memorandum 01-04 for Social Care)

Handling linen and clothing

- Disposable apron and gloves should be worn when handling used, soiled or infected linen and clothing.
- Used linen and clothing should not be placed on the floor, but put directly into a laundry bag which should be removed from the resident's room immediately.
- Securely fasten laundry bags when no more than 3/4 full.
- Laundry bags awaiting collection should be stored in a secure designated storage area.

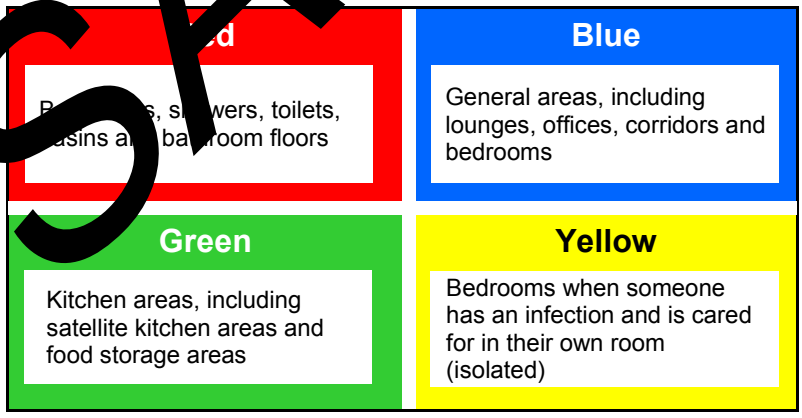
12. Safe management of the care environment

The cleanliness of the environment is important to support infection prevention and control, help reduce the incidence of healthcare associated infection and ensure confidence. All staff, and in particular cleaning staff, play an important role in improving the quality of the environment and maintaining standards. Dust and dirt can allow microorganisms to multiply and spread, effective cleaning is, therefore, essential.

- To facilitate effective cleaning of the environment, surfaces should be smooth, damage free and wipeable.
- The environment should be well maintained and in a good state of repair.
- The environment should be routinely cleaned in line with the *National Standards for Cleaning in NHS Wales (2009).*

National colour coding scheme

All care homes are recommended to adopt the national colour code for cleaning materials (see below). All cleaning items, e.g. cloths (reusable and disposable), mops, buckets, aprons and domestic gloves should be colour coded.



Procedure following a splash or inoculation injury

In the event of a splash injury to eyes, nose or mouth

1. Rinse affected area thoroughly with copious amounts of warm running water.

In the event of a bite or skin contamination

1. Wash affected area with liquid soap and warm running water, dry and cover with a waterproof dressing.

In the event of a needlestick/sharps injury

1. Encourage bleeding of the wound by squeezing under running water (do not suck the wound).
2. Wash the wound with liquid soap and warm running water and dry (do not scrub).
3. Cover the wound with a waterproof dressing.

In all cases

4. Report the injury to your manager immediately.

If the injury is caused by a used sharp, sharp of unknown origin, splash to non-intact skin or mucous membrane or a bite has broken the skin

5. Immediately contact your GP or Occupational Health department. Out of normal office hours, attend the nearest Emergency Department (ED).
6. If you have had a needlestick or sharps injury from an item which has been used on a resident (source), the doctor in charge of their care may take a blood sample from the resident to test for hepatitis B, hepatitis C and HIV (following counselling and agreement of the resident).
7. At the GP Practice/Occupational Health/ED:

- A blood sample will be taken from you to check your hepatitis B vaccination/antibody levels and you will be offered immunoglobulin if they are low. The blood sample will be stored until results are available from the resident's blood sample. If the source of the sharps injury is unknown, you will also have blood samples taken at 6, 12 and 24 weeks for hepatitis C and HIV
- If the resident (source) is confirmed or suspected to be HIV positive, you will be offered Post Exposure HIV Prophylaxis (PEP) treatment. This should ideally **commence within 1 hour of the injury,** but not recommended beyond 72 hours post-exposure

- Complete appropriate documentation.

Aseptic Non-Touch Technique can also be used for:

- Removal of a urinary catheter
- Changing a catheter drainage bag
- Attaching a catheter night bag

Good practice

- Use Standard Infection Control Precautions.
- Dispose of single use items after use.
- Store sterile equipment in clean, dry [illegible] off the floor and away from potential damage.

Note

- Safe aseptic technique is [illegible] effective staff training and the environment and equipment being fit for purpose.
- If the procedure [illegible] be undertaken without touching the key site or key part such as a wound, with your hands, then non-sterile gloves can be worn. If you need to touch the key site or key part with your hands, then sterile gloves must be worn.

Test your knowledge *Tick the correct answer*	**True**	**False**
1. Asepsis means the absence of [illegible] organisms that can cause infection.	☐	☐
2. Use of an aseptic technique prevents micro-organisms being introduced.	☐	☐
3. [illegible] non-ANTT technique can be used for significant wounds.	☐	☐
4. An Aseptic Non-Touch Technique can be used when attaching a catheter night bag.	☐	☐

15. Specimen collection

A specimen is a sample of body fluid, e.g. urine, faeces. All specimens are a potential infection risk so must be collected using Standard Infection Control Precautions and transported in a sealed rigid container.

Taking routine specimens **should be avoided** to help reduce inappropriate prescribing of antibiotic treatment. Specimens should only be taken on direction of a GP or nurse.

Specimen collection and storage

- Wash hands before and after specimen collection.
- Wear appropriate personal protective equipment.
- Specimens must be labelled correctly, including relevant clinical details and any recent antibiotic history.
- Wherever possible, collect a fresh specimen. Specimens should be sent in the correct container as soon as possible and within 24 hours.

Specimen	Container
Urine	Urine sample should be to the 'fill line' on the container, and must be more than 5 ml. The container should have boric acid preservative (red top*), which prevents bacteria from multiplying in the container 
Faeces (p…	Blue top* 'stool' specimen container 
Respiratory	Specimens should only be taken if there are signs of a clinical infection as decided by a GP or Senior/ Clinical Lead
* The colour of the specimen container top may vary depending on the manufacturer	

- Remove disposable gloves and apron and wash hands.
- Always record when the catheter bag is changed.

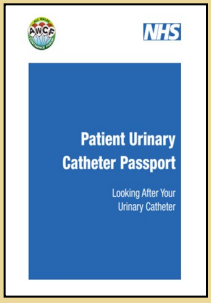
Overnight drainage bags

If a resident has a leg bag during the day, an additional larger linked drainage bag (night bag) should be used for overnight use. The night bag should be attached to the leg bag to keep the original system intact.

- Always wash hands and wear disposable apron and gloves when attaching a night bag.
- Wipe the leg bag drainage tap with an alcohol wipe to reduce the risk of infection.
- Attach the night bag to a stand to ensure that the drainage tap is not touching the floor to prevent contamination of the tap.
- When removing the cap from the new night bag tube, to prevent contamination and infection do not touch the end before attaching it to the drainage tap on the leg bag.
- Night bags are single use only and should not be reused. Empty the urine from the night bag and dispose of the bag as offensive waste.
- Remove disposable gloves and apron and wash hands.

Catheter

The use of a 'Patient Urinary Catheter Passport' is good practice to help provide continuity of care between healthcare settings. For further details visit https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/



Colours 1-3 suggest normal urine	
	1. Clear to pale yellow urine suggests that the resident is well hydrated.
	2. Light/transparent yellow urine suggests an ideal level of hydration.
	3. A darker yellow/pale honey coloured urine suggests that the resident may need to hydrate soon.
Colours 4-8 suggest the resident needs to rehydrate	
	4. A yellow, cloudier urine colour suggests the resident is ready for a drink.
	5. A darker yellow urine suggests the resident is starting to become dehydrated.
	6. Amber coloured urine is not healthy. The resident requires more fluid (all fluids count).
	7. Orange/yellow urine suggests the resident is becoming severely dehydrated.
	8. If the urine is this dark, or darker than this, red or brown, it may not be due to dehydration. Seek advice from their GP.

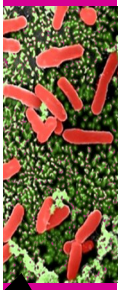
When to send a specimen

For non-catheterised residents who are over 65: Consider sending a specimen if there is new onset dysuria (pain on urination) and/or 2 or more symptoms of a UTI (see page 53). Visit https://www.nwales.nhs.wales/services-and-teams/harp/infection-prevention-and-control-toolkits-and-resources/.

Catheterised residents: Consider sending a specimen if they have shaking chills (rigors), pain or tenderness in the back (area overlying the kidneys), new or worsening delirium or confusion.

Specimen collection

Collect a mid-stream or 'clean catch' specimen. If the resident is catheterised, a sample should be taken from the sample port, not from the drainage tap. Send a sample **before** starting antibiotics. Use a specimen container with boric acid (red top) as it preserves bacterial numbers for up to 72 hours. Fill with urine to the 'fill line' on the container, see pages 46 and 48.



- When a resident is symptom free for 48 hours and has passed a formed stool (Type 1 to 4 - see below) or their bowel habit has returned to normal, they are no longer infectious and isolation precautions are no longer required. A negative stool specimen is not required.

4. Decontamination

- Ensuite toilets should be decontaminated after each episode of diarrhoea with a chlorine-based disinfectant solution, (see page 31).
- If a commode is used, this should be decontaminated after each episode of diarrhoea with a solution as above, ensuring all areas, e.g. arms, underside of seat, are cleaned.
- Wash laundry from an infected resident as infected linen.
- All equipment must be cleaned before removal from the room with a chlorine-based disinfectant solution.
- Clean the resident's room at least daily with a chlorine-based disinfectant solution made within the last 24 hours.
- Deep clean the room including curtains and soft furnishings when the resident has been symptom free for 48 hours and their bowel habit has returned to normal. This will help prevent reinfection.

Definition of diarrhoea: An increased number (2 or more) of watery or liquefied stools, Types 5, 6 and 7 only, within a duration of 24 hours. Disposable gloves must be worn: hands must be washed with liquid soap and warm running water when caring for residents with diarrhoea.

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

19. MDROs, including ESBL and CPE (Specific infection)

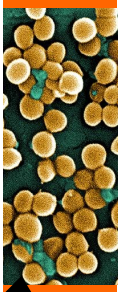
Note

- Giving antibiotics to asymptomatic (colonised) residents to clear the organism is not recommended because it is not actually causing an infection. Treatment is only required for people with clinical signs of infection.
- If transfer to hospital is required, the ambulance service and hospital department should be informed of the resident's MDRO status.

Remember

- Hand hygiene using liquid soap and warm running water or an alcohol handrub is essential.
- Medical advice should be sought if a person has clinical signs of an infection.
- The resident's room should be cleaned at least daily with a chlorine-based disinfectant solution.
- Crockery and cutlery should be washed as normal.

Test your knowledge *Please tick the correct answer*	True	False
1. MDROs are not usually a problem to people who are healthy.	☐	☐
2. When MDROs causes an infection, it is very easy to treat.	☐	☐
3. If a resident has a MDRO in a wound, it should be covered with a dressing.	☐	☐
4. Medical advice should be sought if a person has clinical signs of an infection.	☐	☐



20. MRSA (Meticillin Resistant *Staphylococcus Aureus)*

MRSA is a variety of a common bacteria *Staphylococcus aureus* which live harmlessly on the skin and in the nose and throat of about 1/3 of people. MRSA is resistant to some of the commonly used antibiotics, e.g. Flucloxacillin.

Where is MRSA found?

MRSA prefers to live in the nose, armpit, groin and wounds people. It can also be found in the environment, in dust and has been found in hospitals and in the community.

How is MRSA spread?

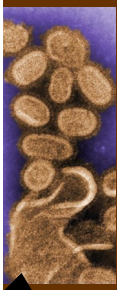
From person-to-person by direct skin contact, surfaces or contaminated equipment. MRSA can be spread to the next person on hands that have not been washed thoroughly.

MRSA colonisation

People carrying MRSA bacteria e.g. on their skin, in their nose or in long-standing wounds, such as leg ulcers, who do not have clinical signs of infection, are said to be colonised, but not infected. The MRSA bacteria are simply 'hitching a ride' on the surface of the body without causing an infection or illness and are not usually harmful to healthy people. These people are usually unaware that they are carrying the bacteria. Colonisation may be long-term.

MRSA infection

People can become infected with MRSA when the bacteria enters the body and causes illness, e.g. abscess, boil, local skin infection. It may cause serious illness such as a blood infection (bacteraemia). Signs of infection include fever, redness, pain and increased wound discharge. Urgent



- If the care home is classed as having an outbreak, the care home should be closed to admissions and follow outbreak management procedures.
- Care homes should contact their local HP Team (see note on page 76) for further support or advice.

2. Hand hygiene

- Clean hands using liquid soap and warm running water or alcohol handrub if hands are visibly clean.
- All resident's rooms should be fully equipped with liquid soap and disposable paper towels.
- Encourage and assist residents with respiratory and cough hygiene.
- Visitors should clean their hands on entering and leaving the care home.

3. Isolation

- Good ventilation is important to remove microorganisms from the air, open windows regularly, e.g. 10 minutes every hour.
- Symptomatic residents should be cared for in single rooms.
- Ensure the resident's bedroom door is closed if safe to do so.
- Residents with the same confirmed respiratory virus may be cohorted on designated separate floors or wings of the home, to minimise the spread to asymptomatic residents. The Health Protection Team will advise on the correct management.
- Staff must use appropriate PPE as per national guidance, e.g. type IIR fluid resistant surgical face masks, eye protection, gloves and apron, when caring directly for affected residents and set up PPE stations outside resident's rooms.
- The period of isolation differs with the type of virus, so advice should be sought from their local HP Team.

22. Viral gastroenteritis/Norovirus

The most common cause of viral gastroenteritis in the UK is caused by the virus known as Norovirus. Many people refer to it as a stomach bug, gastric flu or winter vomiting. It is important to use Standard Infection Control Precautions as viral gastroenteritis is highly infectious and can spread easily from person-to-person.

What does viral gastroenteritis cause?

Signs of infection include sudden onset of diarrhoea* and/or vomiting, nausea (feeling sick), abdominal (stomach) cramps, headache and/or low-grade fever. Symptoms usually begin around 12-48 hours after being infected with the virus. (*Diarrhoea is generally defined as frequent and watery bowel movements.)

Illness is usually of a short duration and most people are better within 48 hours with no long-term effects. However, some people, especially the elderly and those with existing long-term illness, may have symptoms that last longer.

Why does viral gastroenteritis cause outbreaks?

Viral gastroenteritis often causes outbreaks because it is easily spread from person-to-person and without effective cleaning, the virus is able to survive in the environment for many days.

Outbreaks often to affect people in hospitals, care homes, or where there are large groups of people.

An outbreak is defined as 2 or more residents and/or staff within the same area, who have similar symptoms of diarrhoea and/or vomiting within a 48 hour time period. See note on page 76.

Key references and resources

All Wales Infection Prevention and Control Training, Learning and Development Framework for health, social care, early years and childcare. https://heiw.nhs.wales/files/ipc-framework-final-nbsp/

All Wales Induction Framework for Health and Social care. https://socialcare.wales/learning-and-development/induction-for-health-and-social-care-awif

Effective communication with people with dementia. https://socialcare.wales/service-improvement/effective-communication-with-people-with-dementia

Principles and values of health and social care (adults) (healthandcarelearning.wales)

https://www.scie.org.uk/dignity/care/communication#effective

https://socialcare.wales/service-improvement/the-mental-capacity-act-and-deprivation-of-liberty-safeguards-dols

Health and Social Care Services - Sharps Injuries (HSE). https://www.hse.gov.uk/healthservices/needlesticks/

National Infection Prevention Control Manual (NIPCM). https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/

National Standards for Cleaning in NHS Wales (2009) NHS Wales

Statutory Guidance for service providers (gov.wales)

Surveillance and Reports (Healthcare associated infections - HCAIs) including HARP study on prevalence of HCAIs on Long-Term Care Facilities 2017. https://phw.nhs.wales/services-and-teams/harp/healthcare-associated-infections-hcai/

Urinary Tract Infection Toolkits and Resources. https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/toolkits-and-resources

Welsh Government, The Regulation and Inspection of Social Care Act (Wales) https://gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf

Welsh Health Technical Memorandum WHTM 01-04: Decontamination of linen for health and social care. Management and provision

Welsh Health Technical Memorandum WHTM 07-01: Safe management of healthcare waste

WHO Roadmap to improve and ensure good indoor ventilation in the context of COVID-19. https://www.who.int/publications/i/item/9789240021280