GIG CYMRU NHS WALES
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Public Health Wales

NHS

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

Preventing Infection Workbook

Guidance for Domiciliary Care staff 2nd Edition

Name

Job Title

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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 individuals who require domiciliary care. We gratefully acknowledge their work and collaboration in developing a bespoke version for Wales.

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

For those workers that need to complete the All Wales Induction Framework for Health and Social Care, completion of this Workbook will provide evidence for completion of section 7.6 (infection prevention and control) https://socialcare.wales/learning-and-development/induction-for-health-and-social-care-awif.

By applying the principles within the Workbook, you will demonstrate commitment to high quality care, promoting health and safeguarding of individuals. 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 and mental health and emotional well-being. Good IPC practices should be used to support individuals to achieve positive outcomes and "what matters" in their lives rather than act as a barrier, IPC should never be at the expense of compassionate care. Strategies for controlling infection can restrict autonomy, freedom of movement and contact with family and friends and, therefore, IPC decisions and risk assessments should be underpinned by equality and human rights legislation.

The Workbook is suitable for a wide range of staff providing care at home, such as domiciliary and rehabilitation teams who undertake personal care or assist with daily living activities. It 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 of the Workbook, your Manager/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 (it is portable and you can take with you as you advance in your career). It will also be a helpful on-going reference to provide you with easily accessible advice for day-to-day care of individuals and your own evidence of IPC training. It may also be used to demonstrate compliance with your employer's policies and procedures as well as helping the organisation demonstrate compliance in relation to any contract monitoring or sector standards and legislation.

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. https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/.

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* states that there are a number of 'Standard Infection Control Precautions' (SICPs), see table below. These underpin routine safe practice and break the chain of infection which in turn protects individuals and staff. There is often no way of knowing who is infectious, so by applying SICPs to all individuals 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 individuals or contact with their 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
Individual assessment and assessment for infection risk
Personal protective equipment
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

Effective hand hygiene decreases the incidence of healthcare associated infection (HCAI) leading to a reduction in morbidity (disease) and mortality (death).

Hand hygiene is the single most important way to prevent the spread of infection. Hands may look visibly clean, but microorganisms, such as bacteria and viruses, are always present, some harmful, some not.

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

Removal of microorganisms is the most important factor in preventing them from being transferred to others.

Hand cleaning methods

The use of liquid soap, warm running water, and paper towels, is best practice. This removes dirt, organic matter, e.g. faeces, body fluids, and most microorganisms, acquired through direct contact with an individual or the environment. Bars of soap can harbour microorganisms, so should not be used.

Ensure all areas of the hands are cleaned thoroughly, using the technique on page 13. If paper towels are not available, the use of kitchen roll or clean linen towel for use by the care only and laundered daily is acceptable.

Antibacterial hand soap

Antibacterial hand soap are not required for routine hand hygiene. They can also dry the skin which can cause damage.

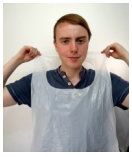
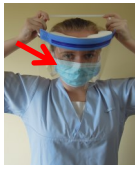
Alcohol handrub

The use of alcohol handrub offers a practical and acceptable alternative to handwashing in most situations, provided hands are **not visibly** dirty or soiled. It should be applied to all areas of the hands, using steps 2-8 on page 13, until the solution dries. Do not use paper towels to dry.

is a risk of splashing of blood and/or body fluids to the nose or mouth. Worn where a microorganism is spread by the droplet route, e.g. influenza, COVID-19, and not for general use.

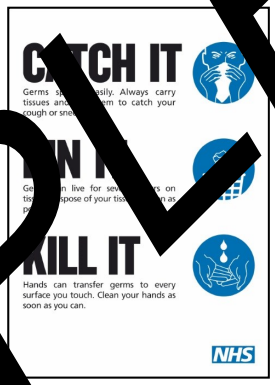
- Hands should be washed or alcohol handrub applied after removing facial protection.

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

Order for putting on PPE	Order for removing
 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.	 Grasp the outside of the glove with opposite gloved hand, peel off, holding the removed glove in the gloved hand. Slide the fingers of the ungloved hand under remaining glove at the wrist and peel off. Discard. Clean hands.
 **Elasticated masks:** Position loops behind ears. **Tied masks:** Position upper straps on the crown of your head, lower straps at the nape of your neck. **Both masks:** With both hands, mould the flexible band over the bridge of your nose.	 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.
 Hold the eye protection by the sides, place over your eyes.	 Handle eye protection only by the headband or the sides. Discard disposable eye protection. Reusable eye protection must be decontaminated. See note opposite. Clean hands.
 Put on gloves and extend to cover your wrists.	 **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.

sneezing or coughing and using a disposable tissue for wiping and blowing their nose

- Ensure the individual has access to tissues (clean toilet roll can be used) for wiping and blowing the nose and a plastic bag or waste bin nearby for disposing of used tissues into
- Advise washing hands or using a skin wipe after coughing, sneezing, wiping or blowing their nose
- On any occasion when there is not a tissue available, advise coughing or sneezing into the crux of the elbow not into their hands, or into the air



A poster can be downloaded at www.nipcm.hps.scot.nhs.uk/resources/respiratory-hygiene-catch-it-bin-it-kill-it/

Test your knowledge *Please tick the correct answer*	**True**	**False**
1. Good respiratory and cough hygiene is essential to reduce the risk of spreading infections such as COVID-19, TB.	☐	☐
2. Cover the nose and mouth with a disposable tissue when sneezing.	☐	☐
3. Advise individuals to wash hands or use a skin wipe after coughing, sneezing, wiping or blowing their nose.	☐	☐
4. If you do not have a tissue available, sneeze into your hand.	☐	☐

Dealing with body fluid spillages (not blood/blood stained)

Clean up body fluids, such as urine, faeces and vomit, promptly. The affected area should be disinfected and then cleaned to reduce the risk of infection spreading.

Best practice is to use a chlorine-based solution, such as household bleach, following the manufacturer's instructions on the bottle where available, or prepare as below.

*** See note on page 28 regarding solution use on unsuitable surfaces**

Action for body fluid spillages ***Dilution of 1,000 parts per million (ppm) available chlorine***
Preparation of a household bleach solution dilution of 1 in 100, e.g. 10 ml of household bleach in 1 litre of cold water.
1. Wear disposable apron and gloves (and mask if risk of splashing).
2. Ventilate the area, e.g. open windows/doors, as fumes will be released from the chlorine.
3. Soak up excess spillages using disposable paper towel, e.g kitchen towel, and dispose of by putting in a plastic bag.
4. Disinfect the area with household bleach solution. Follow manufacturer's instructions on contact time.
5. Wash the area with disposable paper towels or cloth and detergent and warm water. Dry area or allow to air dry.
6. Dispose of cloth and paper towels in the plastic bag.
7. Remove gloves, clean hands, remove apron. Dispose of in the plastic bag, tie the plastic bag and place into the waste bin.
8. Wash hands with liquid soap and warm running water, rinse and dry thoroughly to prevent the transmission of infection.

Comment

- Regularly check household bleach products to ensure they are within the expiry date.

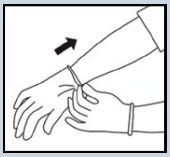
Cleaning and disinfecting a commode

Best practice is to always:

- Use disposable cleaning cloths and dispose of after use as household waste
- Use 1,000 ppm chlorine-based disinfectant solution, e.g. 10 ml of household bleach in 1 litre of cold water
- Ensure pans are replaced when scratched, stained or the handle is rusted

1. Wash hands thoroughly with liquid soap, warm running water, dry with paper towels and dispose of.

2. Put on disposable apron.



3. Put on disposable gloves.

4. Start from the top, clean the back rest and arms (remember to clean under the arms).

5. Remove the lid and clean the underside of the commode, topside first then underside.

6. Remove the seat, if the design allows, and clean the top then underside.

7. Clean the seat frame, legs and then foot pedals and wheels if there are any. Dispose of cloth. Then repeat steps 4-7 using the appropriate disinfectant solution. Dispose of cloth.

8. Remove gloves (these should be removed before your apron) and dispose of. Clean hands.

9. Remove apron and dispose of.

10. Wash hands with liquid soap and warm running water, rinse and dry thoroughly with paper towels.

11. Safe management of linen

Used laundry, e.g. individual's linen (sheets, bedding, towels), clothing, and staff uniforms or workwear, can be soiled with urine, faeces or other body fluids and microorganisms, such as bacteria and viruses. Care should be taken to reduce the risk of spreading infection when handling used linen.

Handling used linen and clothing

- Disposable apron and gloves should be worn when handling used, soiled or infected linen and clothing.
- Do not shake used linen when making or stripping beds as microorganisms will be dispersed into the air and contaminate the environment. Instead, fold sheets inwards and roll up to avoid spreading microorganisms.
- After handling used laundry ensure that hands are washed after removing PPE, e.g. gloves, apron.

Laundering an individual's linen and clothing

- To reduce the risk of transmission of infection, staff should not rinse soiled bedding and clothing by hand as this may cause splashing of body fluids onto the skin or into the eyes, nose or mouth. Items should be washed on a pre-wash cycle in the individual's washing machine or communal washing machine at the highest temperature stated on the washing label.
- If the washing machine and drier are in the kitchen, do not load/unload dry and prepare food at the same time.

Staff uniforms or workwear

- A clean uniform or workwear should be worn daily.
- Uniforms or workwear are a potential reservoir for micro-organisms and a possible source of infection.
- Uniforms and workwear should be washed separately from

household bleach in 1 litre of cold water). See 'Note' on page 28 for use of chlorine-based disinfectants.

Best practice for cleaning	
1. Work from clean to dirty areas	Start cleaning in the cleanest areas and finish in the dirtier areas, e.g. when cleaning the bathroom leave the toilet until last and use a separate cloth
2. Work from high to low areas	This helps to prevent cross-infection as it stops contamination of clean areas from dirty areas. Clean all surfaces using an 'S' shaped pattern, taking care not to go over the same area twice
3. Leave all surfaces clean and dry	It is important to leave cleaned surfaces as dry as possible. This helps prevent mould and bacterial growth
4. Change cleaning solutions and cloths often	One of the main causes of contamination is the use of one cloth for all cleaning. Change the cleaning solution and cloth when it looks dirty so that you are removing dust and dirt and are not just moving it from one area to another. Separate cloths should be used for cleaning bathrooms and toilets. These cloths should **not** be used to clean other areas e.g. kitchen
5. Wash your hands often	Dirty hands and dirty gloves contaminate clean surfaces. Wash your reusable domestic gloves after use and then wash your hands

Test your knowledge *Please tick the correct answer*	True	False
1. Wash and leave mops and cloths to air dry after each use.	☐	☐
2. Disposable gloves should be worn when cleaning toilets.	☐	☐
3. Separate cloths should be used for cleaning kitchens and toilets/bathrooms.	☐	☐
4. Dirty hands and dirty gloves contaminate clean surfaces.	☐	☐

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, a 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/sharps injury from an item which has been used on an individual in your care (source), the GP in charge of their care may take a blood sample from the individual to test for hepatitis B, hepatitis C and HIV (following counselling and agreement of the individual)
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 individual'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 individual (source) is confirmed or suspected to be HIV positive, you will be offered Post Exposure HIV Prophylaxis (PEP) treatment ideally **commencing within 1 hour of the injury,** but not recommended beyond 72 hours post-exposure

Note

- The risk of acquiring a blood-borne virus from an infected individual depends on the type of injury and is approximately 1 in 3 for hepatitis B, 1 in 30 for hepatitis C and 1 in 300 for HIV.
- There is currently no vaccine available for hepatitis C.
- An individual only needs to have one sharps container, e.g. if the individual is an insulin dependent diabetic lancets can be disposed of in a yellow lidded sharps container.
- The use of a needlestick or sharps injury flowchart is good practice. For further details on sharps injuries please visit the HSE website below: https://www.hse.gov.uk/healthservices/needlesticks/.

Remember

- All individuals who use needles should be disposing of them in a sharps container.
- Always replace the lid opening to the temporary closed position after use to prevent the risk of spillage.

Test your knowledge *Please tick the correct answer*	**True**	**False**
1. Needles should be recapped or removed from the syringe before disposing of.	☐	☐
2. The lid should be put in the temporary closed position after disposing of sharps.	☐	☐
3. The first action after a needlestick/sharps injury is to suck the wound.	☐	☐
4. The risk of acquiring hepatitis C after an inoculation injury is 1 in 30.	☐	☐

14. Specimen collection

All specimens are a potential infection risk. Therefore, all specimens must be collected using Standard Infection Control Precautions. Specimens should be transported in a sealed bag provided by the GP, or use a rigid container, see note on page 42.

Taking routine specimens **should be avoided** to help reduce inappropriate prescribing of antibiotic treatment. Specimens should only be taken if there are signs of a clinical infection.

Urine and faeces specimen collection

- Wash hands before and after specimen collection.
- Wear appropriate personal protective equipment.
- Specimen containers must be labelled correctly, including individual's name, date of birth and time taken.
- Specimens should be taken to the GP surgery in the correct specimen container as soon as possible after collection and within 24 hours.
- Do not store specimens in the individual's fridge.

Specimen	Container
Urine	Urine samples should be to the 'fill line' on the container and must be more than 5 ml (check local policy). The container should have boric acid preservative (red top*), which prevents bacteria from multiplying in the container 
Faeces (poo)	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
Please note: *The colour of the specimen container top may vary depending on the manufacturer	

Note

- Always position the urine drainage bag below the level of the bladder to allow good drainage. Incorrect positioning, even, for a short time, is linked to back flow (urine in the tube or bag flowing back into the bladder) and higher rates of infection.
- When disposing of catheter care waste, place in plastic bag, tie the bag and dispose of as household waste. Always wash hands after disposing of catheter care waste.

It's a fact

- The word 'catheter' comes from Greek, meaning to let or send down'.
- Early catheters were hollow tubes made from various materials, including straw, rolled palm leaves, hollow tops of onions, gold, silver, copper, brass or lead.
- Latex catheters with a balloon to hold them in place were first introduced in the 1930s.

Test your knowledge *Please tick the correct answer*	True	False
1. Breaking the closed system provides an opportunity for infection to be introduced.	☐	☐
2. 80% of UTI's are due to urinary catheters.	☐	☐
3. The area around the catheter should be washed daily.	☐	☐
4. Catheter drainage bags should be positioned below the level of the bladder.	☐	☐

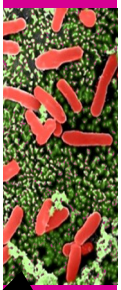
36°C or greater than 38°C, they have a new or increased confusion or loss of diabetic control.

Specimen collection

Collect a mid-stream or 'clean catch' specimen. If the individual 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.

Colours 1-3 suggest normal urine	
	1. Clear to pale yellow urine suggests that the individual is well hydrated
	2. Light/transparent yellow urine suggests a clear level of hydration
	3. A darker yellow/pale honey coloured urine suggests that the individual may need to hydrate soon
Colours 4-8 suggest the individual needs to rehydrate	
	4. A yellow, cloudier urine colour suggests the individual is ready for a drink
	5. A darker yellow urine suggests the individual is starting to become dehydrated
	6. Amber coloured urine is not healthy. The individual requires more fluid (all fluids count)
	7. Orange/yellow urine suggests the individual 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

Test your knowledge *Please tick the correct answer*	True	False
1. The diagnosis of a UTI in older people is clear.	☐	☐
2. It is extremely important to prevent an individual from acquiring a UTI.	☐	☐
3. Encourage individuals to drink 2-4 glasses of fluid a day.	☐	☐
4. A yellow, cloudier urine colour suggests the individual is ready for a drink.	☐	☐



or clothing by hand. Wash items on a pre-wash cycle in the individual's or communal washing machine.

- Wash soiled linen or clothing separately as soon as possible in the individual's or communal washing machine at the highest temperature advised on the label.
- The individual should have a shower or bath daily, as *C. difficile* spores may be on other areas of their body.
- Encourage the individual to drink plenty of fluids to prevent dehydration, unless fluid restricted.
- Staff are not usually at risk of acquiring *C. difficile* infection.

The Bristol Stool Form Scale

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. Please remember, after removing gloves, hands must be washed with liquid soap and water (running water) when caring for individuals 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

18. MDROs, including CPE (Multidrug-resistant organisms, including carbapenemase-producing Enterobacterales)

Some types of bacteria have developed the ability to be resistant to many commonly used antibiotics. Appropriate use of antibiotics will slow down antibiotic resistance. This means, antibiotics should always be taken as prescribed, never saved for later or shared.

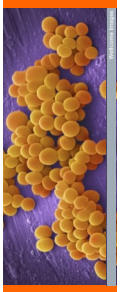
Some bacteria can also pass on resistance to other types of bacteria. The types of bacteria that most commonly develop this ability live naturally in the gut and if they get into the wrong place such as the bladder or blood stream, they can cause infection such as a urinary tract infection or blood stream infection. These infections are very difficult to treat as they are resistant to many antibiotics.

The most recent type of MDRO identified is known as CPE. Carbapenems are a powerful group of antibiotics used in hospitals to treat serious infections. These bacteria are capable of producing enzymes that destroy the action of these antibiotics called carbapenemase-producing Enterobacterales (CPE), this means that the antibiotic will no longer work. In the UK, over the last number of years, there has been a rapid increase of infection and colonisation (present but not causing harm and sometimes referred to as 'carriage') by CPE bacteria causing a number of outbreaks.

Individuals who have been colonised or infected with a MDRO will normally have been identified in the hospital setting through screening (testing). Knowing this information will help doctors to treat any infections appropriately.

How are MDROs spread?

MDROs can be passed to others by direct contact on hands



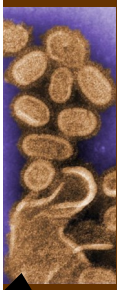
Note

- MRSA colonisation may be long-term, this should not affect an individual's daily activities and they can socialise with other people, friends and family.
- There are no restrictions for individuals in shelte[illegible]d accommodation and all communal facilities ca[illegible]e used.
- If transfer to hospital is required, the ambulance s[illegible]ce and hospital department should be informed of the individual's MRSA status.

Remember

- MRSA colonisation mean[illegible]hat MR[illegible]A is pre[illegible]t on the body, but is not caus[illegible]g an[illegible]fec[illegible]n or illness.
- MRSA infection mea[illegible]s[illegible]at M[illegible]SA is present in the body and is causing illness.
- Staff shou[illegible]aware[illegible]hat [illegible]an individual has MRSA in a wound, it sh[illegible]ld[illegible] co[illegible]ered [illegible]th a dressing.

Tes[illegible]r kno[illegible]ledge *Please[illegible]k the[illegible]ct answ[illegible]*	**True**	**False**
1. MR[illegible]A prefers to live in the nose, armpit and[illegible]roin and wounds of people.	☐	☐
2. [illegible]div[illegible]uals with MRSA can socialise in and [illegible]utside of their home.	☐	☐
3. Crockery and cutlery should be disinfected after use.	☐	☐
4. MRSA is a risk to healthy people.	☐	☐



taken when removing to avoid contaminating hands and surfaces, see page 20.

Gloves

Gloves should be used when there is anticipated exposure t blood and body fluids including contact with respiratory secretions. They should be changed after each care ep ode and not worn between individuals. Gloves should alway e removed first, and it should be remembered they should n be worn as a substitute for hand hygiene.

1. Communication	3. Ventilation/ olation
2. Hand hygiene	4. De nta ina n.

1. Communication

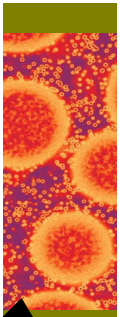
- All staff providing care to the i divi l sh d be aware of the precautions to take when pr ng ca a person with a confirmed or suspected resp y illne and follow local policy.
- Provide advice and guidance th ndivi al on the precautions to take to help pre the spre d o fection to others, including ambulance and hos tal partments.

2. Hand h iene

- Clean ha ds ng liquid oap and warm running water or alcohol ha drub, er eac task and after removal of PPE.
- Visitors sh ld e adv d to clean their hands on entering and leaving the rson's home, separate facilities, e.g. hand towel, should be p vided.

ntila on solation

- Good ve tilation is important to remove microorganisms from the air dvise opening windows regularly, e.g. 10 minutes every Advise individuals if possible to open windows half an hour before a visit.
- Individuals with symptoms should be advised to remain at home until they are symptom free or at least not had a raised temperature for 48 hours.



21. Viral gastroenteritis/Norovirus

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.

What does viral gastroenteritis cause?

Signs of viral gastroenteritis include:

- Sudden onset of diarrhoea* and/or vomiting
- Vomiting - can be projectile (forceful)
- Nausea
- Abdominal/stomach cramps
- Headache and/or low-grade fever

Symptoms usually begin around 12-48 hours after being infected with the virus. (see 'Bristol Stool Form Scale' on page 53 for the definition of diarrhoea)

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 tend to affect people in hospitals, schools, care homes, supported living or sheltered housing complex or where there are a large group of people.

Key references

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