



Infection Prevention and Control Resource for Adult Social Care:

8b. Managing suspected infectious diarrhoea and/or vomiting in adult social care settings

This guidance is for care and support workers working in adult social care (ASC) and provides support and guidance to manage suspected infectious diarrhoea and/or vomiting in ASC settings before the cause is known. If the cause (pathogen) is confirmed, follow specific guidance for that pathogen.

Diarrhoea and/or vomiting can be caused by infectious or non-infectious agents; however, all cases of new onset diarrhoea and/or vomiting should be regarded as infectious unless good evidence suggests otherwise.

The term 'individual' is used throughout this guidance to refer to people who access care and support in care homes for older adults, homes for younger adults with learning disabilities, day centres, extra care services, supported living and care provided at home (domiciliary care).

Care and support workers providing care and support to individuals should follow the infection prevention and control (IPC) principles set out below to minimise the risk of spreading suspected infectious diarrhoea and/or vomiting within ASC settings.

20 **Safeguarding statement**

21 In keeping with the Mental Capacity Act 2005, care and support workers must presume
22 capacity unless assessed otherwise, provide tailored support to enable understanding, and
23 document any capacity assessments clearly. Where a person lacks capacity, decisions or
24 protective measures must be made in their best interests and be proportionate, necessary,
25 and least restrictive, with involvement from relevant professionals and those close to the
26 individual wherever appropriate.

27 Always ensure any information sharing about an infectious individual is done so in a
28 compassionate but proportionate way.

29 **Definitions**

30 Infectious diarrhoea and/or vomiting is caused by pathogens (such as viruses, bacteria or
31 parasites) that can spread from person to person, usually through the faecal-oral route.
32 Some of these infections can also spread through contact with contaminated equipment,
33 surfaces, food or water. Examples of pathogens that can cause vomiting or diarrhoea are
34 norovirus, rotavirus, Clostridioides difficile, Salmonella, or Cryptosporidium.

35 Suspected infectious diarrhoea and/or vomiting is when the cause is not yet known, but it
36 is suspected to be infectious based on symptoms and risk factors.

37 Diarrhoea is 3 or more loose stools in 24 hours. The [Bristol stool chart](#) is a medical tool
38 that identifies stool into 7 types from hard lumps (Type 1, constipation) to mushy or watery
39 liquid (Type 6 and 7, diarrhoea).

40 Other symptoms may include stomach cramps or pain, fever, nausea, vomiting, or signs of
41 dehydration (such as dry mouth or less urine).

42 Vomiting (throwing up or being sick) is the forceful removal of stomach contents.

43 **How to identify infectious diarrhoea and vomiting**

44 As soon as an individual is having diarrhoea and/or vomiting symptoms, complete a risk
45 assessment to identify a possible source or explanation for the symptoms. Using the
46 [diarrhoea and vomiting decision-making tool for adult social care](#) may help to consider:

- 47 • foods that could have caused illness, or food that may have been prepared by
48 someone who is unwell

49 • recent close contact with someone who has similar symptoms, including staff, other
50 individuals receiving care and support, and visitors

51 • any underlying conditions

52 • recent gastrointestinal procedures

53 • presence of nasogastric tube

54 • use of laxatives

55 Complete the risk assessment with support from a healthcare professional if needed.

Question 1: Is completing a risk assessment (with or without support) something you would do in your role? If not, what is the process when a risk assessment is required?

56 Tell the care setting manager straight away if someone has symptoms of infectious
57 diarrhoea and vomiting. Always follow the care setting's usual policy and local process
58 when reporting this.

59 **Notify healthcare providers**

60 Seek clinical advice as needed for the management of the symptomatic individual.

61 Tell a healthcare professional (for example GP practice or NHS 111) if the individual needs
62 medical care or if their condition is getting worse. Share details about diarrhoea and/or
63 vomiting with health care professionals where required, including if and when the individual
64 is attended by ambulance staff, so that they can apply the necessary IPC precautions.

65 Follow local policies for escalation.

66 **Definition of an Outbreak**

67 An [outbreak](#) is defined as two or more confirmed or suspected cases, which are linked in
68 time (often within a 24 to 48-hour period) or place (care setting), with a common suspected
69 or confirmed source. This could include care and support workers and/or individuals
70 receiving care and support and other visitors. It can be much harder to identify an outbreak
71 in ASC settings outside of care homes.

72 If an outbreak of diarrhoea and/or vomiting is suspected or confirmed, make sure it is
73 reported to the care setting's local health protection team (HPT), local authorities and local

74 IPC teams as per local arrangements and follow IPC advice to minimise spread (See
75 Section 7: Managing outbreaks in ASC settings).

76 **Managing an individual who has infectious** 77 **diarrhoea or vomiting using SIGHT**

78 Manage an individual who has diarrhoea or vomiting using the well-recognised protocol
79 called SIGHT.

80 The SIGHT protocol is an easy way to remember what to do if someone has diarrhoea
81 and/or vomiting.

82 **S - Suspect**

83 Suspect that an individual may be infectious where there is no clear cause for the
84 diarrhoea or vomiting.

85 Use the [diarrhoea and/or vomiting decision-making tool](#) to help follow the SIGHT steps
86 with support from the individual's GP.

87 **I - Individual**

88 Encourage the individual to stay away from others whilst symptomatic with diarrhoea
89 and/or vomiting and until they are free from symptoms for 48 hours. Balance staying away
90 from others with their overall safety

91 They should also avoid preparing food or drinks until they are free for symptoms for 48
92 hours.

93 Explain that diarrhoea and vomiting can spread easily, so staying apart helps protect
94 others from getting diarrhoea and vomiting.

95 **At Home:**

- 96 • make sure individuals have easy access to a toilet and handwashing facilities (liquid
97 soap and warm water or hand wipes) to clean their hands after each episode (See
98 Section 3: SCPs for Hand Hygiene)
- 99 • support individuals with keeping the environment clean as diarrhoea and/or vomiting
100 can easily spread by contaminated surfaces and linen (See Section 3. Standard
101 Infection Control Precautions)

102 **In care homes:**

- 103 • encourage individuals to rest in their own room until they have had no diarrhoea
- 104 symptoms for 48 hours
- 105 • always balance separation with safety (for example falls risk, mental wellbeing)
- 106 • monitor other individuals and staff for symptoms
- 107 • put infection prevention measures in place if complete separation isn't possible (See
- 108 Section 4. Transmission based precautions)
- 109 • review and enhance cleaning for all individuals affected and the setting they are in,
- 110 with special attention to high touch points, communal areas including flooring, and
- 111 shared equipment (for example commodes)

112 **In day centres and for social activities:**

- 113 • individuals should avoid attending until they have had no diarrhoea and vomiting
- 114 symptoms for 48 hours
- 115 • if symptoms occur at the centre, follow the same guidance as in care homes
- 116 • avoid social gatherings until individuals have had no symptoms for 48 hours

117 Staying apart doesn't mean no contact. [Safe visiting](#) supports individuals wellbeing when

118 infectious diseases occur.

119 Infectious diarrhoea and vomiting usually doesn't last long. Once the individual has been

120 symptom free for 48 hours, they can resume normal contact with others unless specified

121 otherwise by a healthcare professional, a local IPC advisor or HPT.

122 **Symptomatic staff**

123 Care and support workers who develop symptoms of vomiting and/or diarrhoea should be

124 excluded from work until they have been symptom free for 48-hours. This should include

125 maintenance, reception, food handlers, activities co-ordinators or other workers within the

126 ASC setting.

127 Staff whose symptoms do not improve should seek medical advice.

128 **G - Gloves and Aprons**

129 Wear gloves and aprons for all contact with the individual and their environment.

130 Explain to the individual that you are wearing gloves and aprons to help prevent spreading
131 infection.

132 Wear non-sterile impermeable gloves and aprons to protect your hands and clothing from
133 faeces or vomit.

134 Assess if a fluid resistant mask and eye protection are needed in case of any body fluids
135 splashing to the face. Wear face protection when very close to a person who is vomiting.

136 Always remove gloves and aprons immediately after contact with the individual or their
137 environment and change them between tasks and after each episode of contact, even with
138 the same individual. This includes removing gloves and aprons after leaving the affected
139 person's room, environment, or home.

140 **H - Hand washing**

141 Wash hands with liquid soap and warm water before and after each contact with the
142 individual and their environment (home, bedroom, bathroom, or toilet).

143 Remember, alcohol-based hand gels do not work against all diarrhoea or vomiting
144 pathogens. Always wash your hands with soap and water immediately after removing
145 personal protective equipment (PPE) like gloves and aprons.

146 When visiting someone's home, have a supply of liquid soap and disposable paper towels
147 in case these are not available. Always avoid using the individual's fabric towels. Kitchen
148 roll can be used as a simple and safe way to dry hands, is a common household item, and
149 will help reduce the spread of infection.

150 Encourage the individual receiving care and support to wash their hands too, especially:

- 151 • before eating and drinking
- 152 • after using the toilet
- 153 • after any episodes of vomiting or diarrhoea

154 Care and support workers should also wash their hands:

- 155 • at the start and end of the shift
- 156 • before taking a break
- 157 • before eating or drinking

158 • before preparing food or drinks

159 • immediately after leaving an individual's room and just before leaving an individual's
160 own home

161 • after using the toilet

162 This helps protect both care and support workers and the individuals that receive care and
163 support.

164 **T – Test**

165 Take a stool sample if there are 3 or more loose stools, between type 5 and 7 on the
166 [Bristol stool chart](#), within 24 hours to find out which pathogen is the cause.

167 Speak to the individual's GP to get a specific stool sample pot/container. In a care home,
168 these may already be available. In domiciliary care, inform the manager and ensure
169 support is available to get a container and enable testing.

170 Collect the stool in the sample pot, secure it, and take it to the GP surgery for transport to
171 the hospital laboratory. Care homes may have their own collection arrangements, so follow
172 local policy.

173 Try to collect and send the sample quickly, ideally within 24 hours of symptom onset for
174 the most accurate results.

175 Stool samples are still valid if contaminated with urine.

176 The GP or nurse practitioner should request the appropriate microbiological investigations,
177 (specifically requesting norovirus or C. difficile testing if required as these are not routinely
178 done) on the microbiology request form. Make sure the request forms are fully completed
179 by the requesting clinician, including clinical symptoms, date of onset, and any other
180 relevant information.

181 Once the cause (pathogen) is confirmed on the results and the diagnosis shared by a
182 healthcare professional, follow specific guidance for that pathogen.

183 **IPC measures to use alongside the SIGHT** 184 **approach**

185 Always use standard infection control precautions for all individuals, at all times. These are
186 the basic precautions that protect the individuals and care and support workers.

187 Transmission-based precautions are extra precautions that should be used in addition to
188 standard infection control precautions and are to be used whenever an individual has
189 symptoms of diarrhoea and/or vomiting. (See Section 3. Standard Infection Control
190 Precautions and Section 4. Transmission based precautions)

191 **Communicating suspected or known infectious diarrhoea**

192 Clear and timely communication is important in all care settings.

193 If care and support workers are visiting individuals receiving homecare with suspected or
194 known infectious diarrhoea or vomiting make sure other staff, healthcare professionals,
195 and family members know the individual has symptoms. This allows everyone to take the
196 right infection control precautions.

197 In care homes, signs may be placed outside the person's room to make sure visitors and
198 staff speak to care staff before entering to understand what precautions are needed.

199 **Visitors**

200 [Visiting should be facilitated](#) unless there are exceptional circumstances, where facilitating
201 a visit would pose a significant risk to the health or wellbeing of someone in the care home
202 premises which cannot be mitigated through other precautions.

203 Always let visitors know about the risk of spread so they can decide whether to continue
204 the visit safely and explain how they can reduce their risk of exposure.

205 Ask all visitors to wash their hands when entering and leaving the room of someone with
206 diarrhoea or vomiting as alcohol-based hand rub is not effective against pathogens that
207 cause diarrhoea and vomiting. Visitors who have entered the affected individual's room
208 should be asked to inform the care manager if they develop diarrhoea or vomiting
209 symptoms within 3 days of their visit.

210 If visitors have diarrhoea or vomiting themselves, they should be advised not visit until they
211 have been symptom-free for 48 hours.

212 Reschedule non-essential visitors (for example, hairdressers) until the individual has been
213 symptom-free for 48 hours.

214 **Cleaning and decontamination during suspected infectious diarrhoea** 215 **or vomiting**

216 In care homes, day centres, and other communal care settings, increase cleaning as soon
217 as infectious diarrhoea or vomiting is suspected. Focus on frequently touched surfaces like
218 door handles, light switches, and shared areas such as bathrooms, toilets, and dining
219 rooms. [Appendix 4 of the NHS England National standards of healthcare cleanliness 2025](#)
220 includes a useful list of frequently touched areas, which can help care providers prioritise
221 cleaning.

222 The exact cleaning protocol will depend on the number of cases and how fast cases are
223 increasing, which will suggest contamination of the care environment.

224 In any setting, first clean up vomit or diarrhoea immediately. Then use chlorine-based
225 disinfectants (bleach) if possible, following the manufacturer's dilution instructions.
226 Products that clean and disinfect in one step are helpful because they reduce the time it
227 takes to effectively clean and disinfect the area. (See Section 3. Standard Infection Control
228 Precautions).

229 Soft furnishings like carpets or delicate items are often found in ASC settings. They are
230 hard to clean and usually can't be cleaned with chlorine disinfectants as these will
231 discolour the soft furnishing.

232 Laundry or steam cleaning can be used if it's safe after the initial clean. Always discuss
233 options with the owner first.

234 Cleaning cloths and mop heads should be disposable or washed at 60°C or higher. Make
235 sure the washing process disinfects properly: either 65°C that is maintained for at least 10
236 minutes or 71°C for at least 3 minutes. Other time and temperature combinations are
237 suitable if they are equally effective. The [Health Technical Memorandum 01-04:](#)
238 [Decontamination of linen for health and social care](#) provides details on the requirements
239 for handling, and laundering of these and other items within the ASC sector.

240 Toilets used by an individual with suspected or confirmed infectious diarrhoea should be
241 cleaned and disinfected at least twice a day, and immediately if visibly soiled, using 1,000
242 parts per million (ppm) chlorine solution (follow product instructions).

243 If possible, the individual should have their own ensuite or commode. If they have to use a
244 communal toilet, care and support workers or a designated domestic staff member should
245 clean it after each use.

246 Ensure commodes (including frames and undersides) and bedpans are cleaned after each
247 use. In residential care homes or day centres, use a washer-disinfector if available; if not,
248 use disposable bedpans. In domiciliary care, first disinfect the used bedpan or commode,
249 clean the sink and then disinfect with 1,000ppm chlorine solution, a bleach-based product
250 if this is available, or a standard household disinfectant.

251 Once the individual has been 48 hours symptom-free, carry out a deep clean (link to
252 section 4). In residential care homes, this includes the individual's room, surfaces, floors,
253 soft furnishings, and reusable equipment. Wash or steam-clean carpets, curtains, and
254 other soft furnishings as soon as possible. In domiciliary care, a family member or friend
255 should clean these areas if the individual is unable to do this themselves, including
256 communal spaces, following the same guidance.

257 **Waste and linen**

258 Always treat soiled linen and waste from an individual with diarrhoea and or vomiting as
259 infectious, including used gloves and aprons. Handle them carefully, ensuring separation
260 of clean from dirty or used items at all times. Follow the care settings infection control
261 procedures for disposal including for domiciliary care (See Section 3: SCPs for Waste and
262 linen)

263 **Record keeping**

264 The care manager should maintain detailed records of all suspected and confirmed
265 infectious diarrhoea and or vomiting cases using an outbreak spreadsheet that includes
266 case identifiers, date and time of symptom onset, type of symptoms, Bristol Stool Chart
267 classification, confirmed laboratory results, and IPC measures implemented.

268 A structured risk assessment should be included to evaluate patient vulnerability, potential
269 opportunities for transmission from contact between individuals, symptom severity,
270 hydration and nutritional status, and environmental factors.

271 Ensure care planning includes hydration, nutrition, stool monitoring, and any other relevant
272 clinical information. Timely communication with the local UKHSA health protection team,
273 GP and other key stakeholders should also be recorded to support a coordinated
274 response.

275 **Training**

Question 2: Would it be helpful to reference the NHSE IPC educational framework in this training section? Is it a document you use?

276 All care and support workers should undergo IPC training that includes the recognition and
277 management of infectious diarrhoea and/or vomiting, and the use of standard and
278 transmission-based IPC precautions.

279 Training should be documented and updated annually or in response to changes in
280 national guidelines.

281 **Evaluation and auditing for improvement**

282 Regular IPC audits of hand hygiene practices, PPE use and cleaning practices will enable
283 assessment of the effectiveness of the content of this guidance document. More
284 information on auditing is available in the [NHS England National Standards of healthcare](#)
285 [cleanliness 2025](#).

286 Incident reports can be used to review the management of suspected and confirmed
287 infectious diarrhoea and/or vomiting cases.

Diarrhoea and vomiting decision-making tool for adult social care staff

Purpose

To assist care and support workers in assessing if an individual's episode of diarrhoea and/or vomiting may be due to an infection or other causes, guiding appropriate action.

Initial observation and information gathering

Symptom onset: When did the diarrhoea start? Has the individual recently experienced vomiting, nausea, fever, or stomach pain?

Pattern and frequency: How many times has diarrhoea occurred in the past 24 hours?

Stool characteristics: Observe and note if the stool is watery, bloody, or unusually foul-smelling.

Other symptoms: Fever, chills, abdominal cramping, vomiting, muscle and body aches, bloody diarrhoea.

Non-infectious indicators: Bloating, general constipation history, recent gastrointestinal procedure, nasogastric tube presence, use of laxatives, or food intolerance.

Assessing infectious diarrhoea risk

Recent contact: Has the individual had contact with anyone who has recently had diarrhoea or vomiting? This might be other individuals receiving care and support, family members, visitors or care support workers that have looked after individuals over the previous 2 to 3 days.

Recent travel: Has the individual travelled, especially to areas with a higher reported risk of infectious diarrhoea and vomiting incidence/outbreaks?

Food intake: Does the individual have any food intolerances? Or has the individual eaten food not properly prepared, unusual or high-risk foods (for example, undercooked meat, unpasteurised dairy, seafood)? If more than one individual has developed symptoms, are there any foods or meals that they all have in common?

Medication changes: Any recent changes in medications that might affect the gut? For example, broad-spectrum antibiotics like amoxicillin, magnesium-based antacids, laxatives

316 such as lactulose, NSAIDs like ibuprofen, chemotherapy drugs, or diabetes medications
317 like metformin - this list is not exhaustive.

318 Personal hygiene and facility risks: Are there any personal cleanliness considerations that
319 may contribute to potential spread of diarrhoea and/or vomiting?

320 **Considerations for deciding if diarrhoea and/vomiting is infectious or**
321 **not**

322 The diarrhoea is likely to be infectious if there is:

- 323 • diarrhoea with fever, vomiting, or abdominal pain
- 324 • sudden onset following contact with symptomatic or recently recovered individuals
- 325 • presence of blood or mucus in stool

326 The diarrhoea is likely to be non-infectious if there is:

- 327 • no fever or vomiting
- 328 • recent change in medication, diet, or a stressful event
- 329 • known conditions like irritable bowel syndrome or food intolerance

330 Monitor symptoms closely for any changes that may indicate infectious diarrhoea and/or
331 vomiting.

332 **Immediate actions if infectious diarrhoea is suspected**

333 If infectious diarrhoea is suspected:

- 334 • encourage the individual to stay away from others and explain why
- 335 • notify a healthcare professional if there are any clinical concerns. The local health
336 protection team should be informed if an outbreak is suspected or IPC provider as per
337 local process.
- 338 • follow IPC principles to prevent the spread of infectious diarrhoea (link to TBP).

339 **Monitoring and documentation**

340 Record details of episodes of diarrhoea and/or vomiting, noting symptoms, frequency,
341 stool type, and actions taken.

342 Continue to observe and monitor symptoms for 48 hours. If the individual is clear from
343 symptoms for 48h without fever, vomiting, or diarrhoea, resume normal protocols.

344 **Escalate if symptoms worsen or do not improve**

345 Seek medical advice if the individual has or develops severe symptoms, for example,
346 blood in stool, severe dehydration, confusion, severe abdominal pain, or high fever, or the
347 symptoms do not improve within 48 hours.

Question 3: Would a poster like this be helpful for your setting, and if so, would you find it useful for us to redesign it into a more visually appealing format?

348

APPENDIX ONE: SIGHT POSTER

SIGHT: Managing Diarrhoea & Vomiting 349

S – SUSPECT

- Suspect infection if there is no clear cause
- Use the Diarrhoea & Vomiting Decision Tool (LINK)
- If unsure, contact the GP

350

I – INDIVIDUAL (STAY APART)

- Stay away from others until 48 hours symptom-free
- Explain symptoms spread easily
- Balance separation with safety & wellbeing

By setting

- **Home:** separate if possible, toilet & handwashing access
- **Care homes:** stay in own room, monitor others, enhance cleaning
- **Day centres:** do not attend until 48 hours symptom-free

Staying apart doesn't mean no contact – support wellbeing

G – GLOVES & APRONS

- Wear gloves & aprons for all contact
- Use mask/eye protection if splash risk
- Remove PPE after each task or contact

H – HANDWASHING

- Wash with liquid soap & warm water
- Alcohol gel may not work
- Wash hands before & after care, after removing PPE and after toilet use

T – TEST

- Stool sample if 3+ loose stools in 24 hours
- Contact GP for sample pot
- Request Norovirus / C. difficile if needed

IMPORTANT

- Normal contact after 48 hours symptom-free
- Staff must not work until symptom-free for 48 hours

Protect others • Stop the spread • Follow SIGHT

351 **Summary of questions for** 352 **stakeholders**

353 Question 1: Is completing a risk assessment (with or without support) something you
354 would do in your role? If not, what is the process when a risk assessment is required?

355 Question 2: Would it be helpful to reference the NHSE IPC educational framework in this
356 training section?

357 Question 3: Would a poster like this be helpful for your setting, and if so, would you find it
358 useful for us to redesign it into a more visually appealing format?