

## Welcome to our November 2024 Newsletter! This month we cover Norovirus, RSV (Respiratory syncytial virus) and IM Injections.

**Definition of healthcare outbreak:** an incident in which 2 or more people experiencing a similar illness are linked in time or place.

### How to Report an Outbreak:

1. Send an email to UKHSA at london.region@ukhsa.gov.uk for general queries, or use phe.london.region@nhs.net for sending patient identifiable information (PII).
2. Be sure to copy (CC) the NEL IPC team email (nelondonicb.ipc.@nhs.net).
3. The NEL IPC Team will follow up with you promptly to provide further assistance.

**Please notify the following people/stakeholders:** NEL IPC Team, UKHSA, PHE London Region, Service Clinical Lead/Manager, Clinical Staff, Patients and Families for awareness, external providers (including staff who may visit the service for example: physiotherapist).

**NEL ICB IPC Team: The NEL IPC Team can provide support and guidance during in-hours. Moreover, training is arranged on a regular basis for the staff members. We are part of the NHS and our services are free of charge!**

## Norovirus

As colder months approach, the risk of viral infections like influenza, norovirus, and COVID-19 rises. Recognising symptoms early and implementing IPC measures is vital. Norovirus, a highly contagious virus causing vomiting and diarrhoea, can survive on surfaces for hours and often leads to outbreaks in care homes, hospitals, schools, and other shared spaces.

### You can get norovirus from:

- Person-to-person contact (particularly if hands are not washed thoroughly)
- Drinking water or eating food contaminated with the virus
- Contact with contaminated surfaces such as door handles, railings, taps, keyboards, phones.
- Contact with infected stool or vomit.
- A person usually develops symptoms 12 to 48 hours (typically 1-2 days) after being exposed to norovirus.
- Most people with norovirus illness get better within 1 to 3 days.

Don't forget: Alcohol hand sanitiser is not effective at killing viruses that cause diarrhoea/vomiting. Hands MUST be washed using soap and water.

### Symptoms:

- Sudden onset of nausea
- Projectile vomiting
- Watery diarrhoea
- Raised temperature (in some cases)
- Headaches and aching limbs

Norovirus can also lead to dehydration, especially in older adults and people with other illnesses.

### To ensure residents stay hydrated:

- **Track Intake:** Monitor daily fluid intake and set hydration goals.
- **Offer Drinks Regularly:** Provide a variety of fluids every 1-2 hours.
- **Accessible drinks:** Ensure easy access to drinks stations and personalized cups easy to hold and that can contain at least 200mls of drink.
- **Hydrating Meals:** Include fluids like soups and fruits in meals.
- **Watch for Dehydration:** Recognize and address symptoms promptly.
- **Encourage Participation:** Involve residents in drink choices and make hydration social.
- **Train Staff:** Educate staff on hydration and its importance.
- **Adjust for Needs:** Tailor hydration for residents with special conditions.

These steps promote consistent hydration and overall health.

### Actions to be taken upon identification of suspected norovirus outbreak (UKHSA 2021)

- Wash hands thoroughly with liquid soap and warm water, especially after toileting and before eating. Alcohol gel is ineffective against gastro illnesses.
- Symptomatic residents and staff should be excluded until symptom-free for 48 hours.
- Clean frequently touched surfaces with a chlorine-based disinfectant at least 3 times daily. Deep clean 72 hours after symptoms clear.
- Isolate cases and provide dedicated toilets or commodes. Cohort cases and staff to minimise spread.
- Use appropriate PPE and ensure its availability. Restrict visitors and display outbreak notices.
- Inform GPs, CQC, and hospital staff of the outbreak if a resident is admitted.
- Close care home to admissions/discharges until 48-72 hours symptom-free and after a deep clean.




**UK Health Security Agency** **Norovirus**

**If you catch it, stay home for 48 hours after your symptoms clear**

**DO** ✓

- Wash clothes and bedding at 60°C
- Clean surfaces with bleach-based disinfectants

**DON'T** ✗

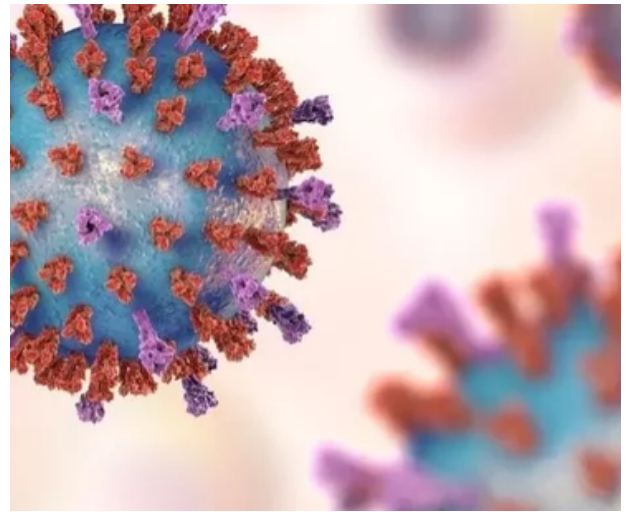
- Go to work or school, visit care homes or hospitals
- Prepare food for others

### Specific cleaning advice:

- Disinfection should be carried out with a solution of 0.1% sodium hypochlorite (1000 ppm available chlorine) – e.g. Chlorclean and Chlor Plus – taking into account manufacturer's guidance with regards to preparation, usage, contact times, storage and disposal of unused solution.
- Curtains: remove and wash at 60°C / steam clean, DO NOT DRY CLEAN; bedding should be washed at 60°C.

# Respiratory syncytial virus (RSV) - Key facts

- RSV is transmitted by large droplets produced in the coughs and sneezes from an infected individual
- The virus can survive on surfaces or objects for about 4 to 7 hours. The incubation period - the delay between infection and the appearance of symptoms - is 3 to 5 days.
- RSV infection causes symptoms similar to a cold, including rhinitis (runny nose, sneezing or nasal congestion), cough, and sometimes fever.
- Transmission can be reduced through standard infection control practices such as respiratory hygiene, hand washing with soap and warm water, and cleaning of surfaces.
- The very young (under 1 year of age) and the elderly are at the greatest risk.



## INFANTS / CHILDREN

- Bronchitis
- Pneumonia
- Irritable
- Fatigue
- Fever
- Cough
- Wheezing
- Difficulty breathing

## ADULTS

- Typical cold symptoms
- Cough
- Runny nose
- Sore throat
- Fatigue
- Fever
- Decreased

## ELDERLY

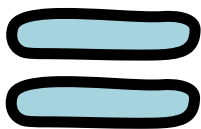
- Dry cough
- Headache
- Fever
- Bronchitis
- Pneumonia
- Sore throat
- Aggravating pre-existing asthma

## Intramuscular (IM) injection technique

'Intramuscular' is another way to say 'into the muscle'. An intramuscular injection is a dose of medicine given into a muscle of an arm, leg or bottom. The medicine is put inside a syringe, which has a needle attached to it. The needle goes through the skin and into the muscle. The medicine is then injected into the muscle by pushing the plunger of the syringe.

All vaccinators must be competent in IM injection technique. Note: COVID-19 vaccine should be given IM only.

Swift needle entry  
Slow injection of medication  
Swift needle withdrawal



Less pain

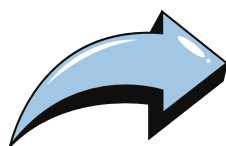
**"Swift needle entry, slow injection of medication, and swift needle withdrawal"** are techniques used to make injections more comfortable and efficient.

1. **Swift Needle Entry:** Quickly inserting the needle to minimize pain and tissue damage.
2. **Slow Injection of Medication:** Injecting the medication slowly to ensure proper absorption and reduce discomfort.
3. **Swift Needle Withdrawal:** Quickly removing the needle to minimize irritation and discomfort.

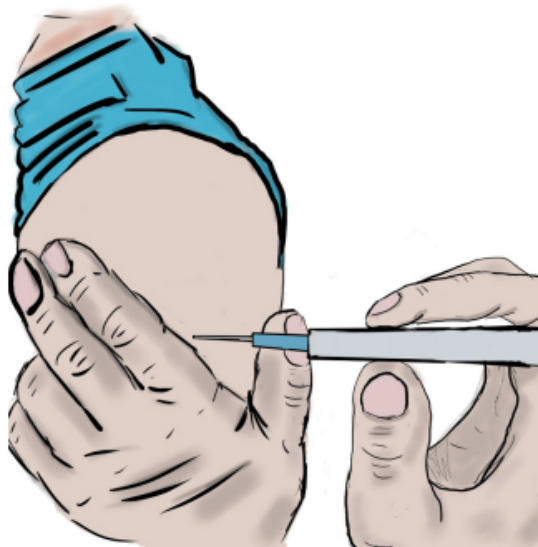
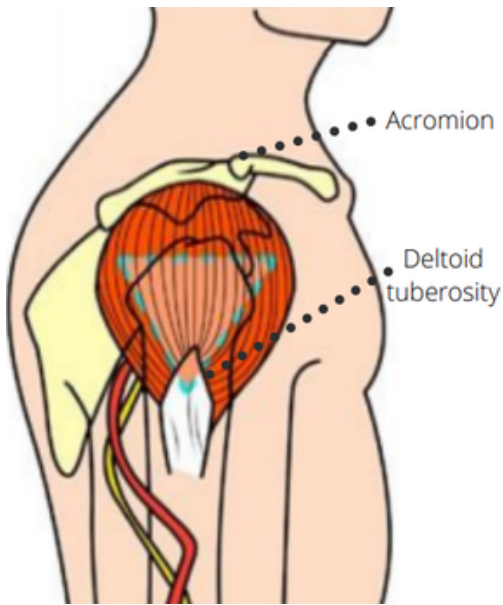
These practices help ensure a smoother, less painful injection process while effectively delivering the medication.

**National Immunisation Advisory Committee** recommends the following:

- **Gloves:** Not necessary for vaccine injections unless contact with infectious body fluids is possible or if the healthcare worker has an infected hand lesion.
- **Glove Usage:** Change gloves for each patient if worn, if worn.
- **Cleaning the Injection Site:** Clean visibly dirty skin with soap and water; no need for disinfectants like alcohol swabs.
- **Alcohol Swabs:** If used, wait  $\geq 30$  seconds for alcohol to evaporate before injecting.



**Read the guidelines**



**\*ANTT (Aseptic Non-Touch Technique)** is a set of procedures used to prevent contamination during medical procedures. It ensures that only sterile items touch sterile areas, minimizing the risk of infection. ANTT is commonly used in tasks like injections, wound care, and catheter insertions.

#### Key Points of ANTT for IM Injections:

- Maintain sterility of all equipment (syringe, needle, medication).
- Use gloves and other PPE if necessary to prevent cross-contamination.
- Limit the number of touches to sterile surfaces and equipment.
- Clean the skin at the injection site with alcohol wipes.
- Dispose of contaminated items immediately to avoid re-contamination.

By adhering to ANTT, you ensure that the injection process is as sterile as possible, minimizing the risk of infection and complications.

#### Box 2. Five rights of medicines administration

Right patient / Right drug / Right time / Right dose / Right route

1. Maintain an **Aseptic Non-Touch Technique (ANTT\*** see definition below)
2. Explain the procedure and gain consent.
3. Ensure privacy during the procedure.
4. Before drug administration, check whether the patient has any allergies.
5. Check the prescription is correct, following the 'five rights' of drug administration (Box 2) and local medicines administration policy to reduce the risk of error.
6. Wash and dry hands to reduce the risk of infection.
7. Assemble the syringe and needle, and withdraw the required amount of drug from the ampoule. Some medicines are available in pre-filled syringes and manufacturer's instructions should be followed.
8. Disperse air bubbles from the syringe.
9. Change the needle. Doing so will ensure the needle used for the injection is sharp, thereby reducing pain (Agac and Günes, 2011). A safety-engineered needle should be used to reduce the risk of sharps injury.
10. Dispose of the used needle in a sharps container according to local policy.
11. Place the filled syringe in a tray and take it to the patient, along with a sharps bin so the used sharps can be disposed of immediately after the procedure.
12. Check the patient's identity, according to local medicines management policy.
13. Position the patient comfortably with the injection site exposed. The site is influenced by the assessment of the patient, the drug and the volume to be injected (Lister et al, 2020).
14. Check the site for signs of oedema, infection or skin lesions. If any of these are present, select a different site.
15. Wash and dry hands.
16. If, after the risk assessment, gloves are deemed necessary, these should be donned.
17. Ensure the skin is clean and follow local policy on skin cleansing.
18. If skin cleansing is considered necessary, swab for 30 seconds with isopropyl alcohol and allow to dry for 30 seconds (Lister et al, 2020).
19. Tell the patient you are going to carry out the procedure. Use distraction or relaxation techniques to reduce pain if needed.
20. Hold the syringe and needle in your dominant hand and gently stretch the skin around the injection site using your non-dominant hand. This displaces the subcutaneous tissue and aids needle entry (Lister et al, 2020).
21. Insert the needle at a 90-degree angle using a dart-like action. This prevents accidental depression of the plunger during needle insertion (Malkin, 2008) (Fig 3).
22. Follow local policy about aspiration of the syringe. If aspiration is indicated, pull back on the plunger; if blood appears, withdraw the needle and start the procedure again (Lister et al, 2020).
23. Depress the plunger slowly at a rate of 1ml/10 seconds; this aids absorption of the drug and reduces pain (Lister et al, 2020).
24. Wait for 10 seconds to allow the drug to diffuse into the tissue, then quickly withdraw the needle (Lister et al, 2020). Apply a plaster over the puncture site if required.
25. Dispose of the sharps directly into the sharps bin, and the syringe according to local policy.
26. Ensure the patient is comfortable, dispose gloves if used any, and decontaminate your hands.
27. Record the administration on the prescription chart; also document the administration site as repeated injections into the same site can lead to induration and abscesses.
28. Monitor the patient for any effects of the prescribed medicine and any problems with the injection site.

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**References:**

- [IM Injections.pdf](#)
- <https://www.england.nhs.uk/long-read/general-practice-respiratory-syncytial-virus-rsv-vaccination-programme-contractual-guidance/>
- <https://www.nhs.uk/conditions/norovirus/>
- <https://library.sheffieldchildrens.nhs.uk/giving-an-intramuscular-injection/>