NHS Greater Glasgow & Clyde

Norovirus Escalation Plan

Winter Planning Group
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1. **Introduction**

Gastroenteritis caused by Norovirus is highly infectious and can cause outbreaks of gastroenteritis in places where people congregate, e.g. schools, hospitals, nursing homes, cruise ships, etc. Norovirus is usually self-limiting, mild to moderate in severity and commonly occurs during the winter months. As well as nausea, vomiting and diarrhoea, other symptoms include abdominal pain, myalgia, headache, malaise and low grade fever. Norovirus outbreaks require closure of wards to prevent onward spread and as a consequence outbreaks can severely disrupt the delivery of healthcare services.

This document outlines a strategy to reduce the operational impact of Norovirus by identifying triggers and processes to try and contain outbreaks in hospital settings. It includes triggers which should initiate an escalation process for the containment of Norovirus and guidance on the assessment of patients within A&E and the community.

Once NHSGGC has a clear indication that the Norovirus season is about to commence, due consideration should be given to the possibility of ‘ring fenced’ beds for patients presenting with symptoms of Norovirus. It is accepted that this is extremely challenging operationally but may lessen the overall impact on services.
2. Patient Management Algorithm (Acute Operating Division)

- **All suspected Norovirus patients are placed in isolation (side room)**
- **Patients removed from isolation. Single rooms available.**

- **No Side Rooms available**
- **ICT will review all patients in isolation and remove if possible. This applies Monday-Friday 8.30am–4.30pm if out-of-hours contact the on-call microbiologist and the on-call site manager.**

- **Local Bed Managers/ Clinical Co-ordinators will alert local ICT**
- **Decision taken by on-call GM/ICT with regards to the admission of the patient to a ward already closed with suspected/confirmed Norovirus (must be with patients consent and into S/R). If no wards closed, admission options should be reviewed to limit onward spread.**

- **NB: patients should be informed prior to admission that this area has suspected cases**

- **Service Managers/ Bed Managers and ICT review numbers and location of all positive and suspected Norovirus patients across sector and implement the escalation plan if trigger has been reached.**
3. Escalation Plan

When Norovirus Control Measures cannot be applied or the hospital has three wards closed due to Norovirus:

Convene an Outbreak Control Team (OCT)

- Convene an outbreak control team (OCT) including bed management, general management (all bed holding directorates), risk management, infection control, clinical services, and site facilities manager or their deputy.
- The group should meet at least daily to monitor the changing impact of Norovirus on the hospital, its staff and patients, and to assess the success or otherwise of their actions.

Monitor the Situation/ Plan for Additional Measures

- Monitoring of the Norovirus situation in the community by using the HPS Norovirus Point Prevalence data may help the decision making.
- Undertake an asset assessment of all ward facilities possibly available for reconfiguring that would ease pressure on the service, e.g. number of empty beds in closed wards.
- Agree ward configurations for optimal patient safety and optimal maintenance of services.
- To reduce the number of closed wards, consider opening a ward for all patients with diarrhoea on admission and patients with possible or confirmed Norovirus infection.
- Issue Assessment Algorithm to A&E departments.
- Issue patient/ visitor information regarding Norovirus and visiting hospital. Consider issuing a public health media statement.
- Consider whether staff who are returning from being on sick leave with Norovirus could work in Norovirus affected wards rather than in wards that have not yet been affected.
- Medical staff and those who work in both affected and non-affected wards should consider how they can best work so that they reduce the potential for cross-transmission, i.e. can these staff work only in affected or unaffected areas until the situation is over.
- Consider extending the ward closure time to 72 hours after last vomit/ diarrhoeal episode.
- Assess the situation daily using the Hospital Infection Incident Assessment Tool (HIIAT – Previously know as the Watt Risk Matrix) - Appendix H.
- Consider restricting all but essential visitors if the situation is being exacerbated by visitors with symptoms attending the hospital.
- Maintain effective communication with patients, staff, visitors and the community.
- Consider drafting a media statement.
4. Assessment in A&E when:

4. A. No dedicated Norovirus Ward available:

Norovirus Patient Assessment Flow Chart

Ask all patients about symptoms of viral gastroenteritis:
two or more episodes of non-bloody diarrhoea and/or two or more
episodes of vomiting without having any other obvious cause for
symptoms or contact with someone with unexplained symptoms.

YES: two or more episodes of non-bloody diarrhoea and/or two or more
episodes of vomiting without having any other obvious cause for
symptoms.

YES: Explained GI symptoms due to medical or surgical conditions but
not thought to be viral in origin.

NO: symptoms of vomiting or diarrhoea for 48 hours but contact
with symptomatic individual within previous 48 hours.

NO: symptoms of vomiting or diarrhoea for 48 hours and no contact with
symptomatic individual within previous 48 hours.

Admit to medical or surgical ward.

Admit to single room in appropriate receiving/general ward

Inform Infection Control Team
(out-of-hours the Consultant Microbiologist On-Call)

Discharge home.

Is patient well enough to go home?

ONLY if no single room available
(Inform Infection Control Team
(out-of-hours, the on-call Consultant Microbiologist)
If the decision is taken to transfer into a closed ward,
patients and relative/carer must be informed that
the ward is closed and why.

If patient is unfit to be nursed in a single room,
inform ICT.
(out-of-hours, the on-call Consultant Microbiologist)
4. B. Temporary Norovirus Ward available:

Norovirus Patient Assessment Flow Chart

Ask all patients about symptoms of viral gastroenteritis: Two or more episodes of non-bloody diarrhoea and/or two or more episodes of vomiting, without having any other obvious cause for symptoms or contact with someone with unexplained symptoms.

**YES:** Two or more episodes of non-bloody diarrhoea and/or two or more episodes of vomiting without having any other obvious cause for symptoms.

- **Is patient well enough to go home?**
  - **YES:** Discharge home.
  - **NO:** Admit to medical or surgical ward.
    - **Inform Infection Control Team** (out-of-hours the Consultant Microbiologist on-call)
      - **NO:** Symptoms of vomiting or diarrhoea for 48 hours and no contact with symptomatic individual within previous 48 hours.
      - **YES:** Explained GI symptoms due to medical or surgical conditions but not thought to be viral in origin.

- **YES:** Explained GI symptoms due to medical or surgical conditions but not thought to be viral in origin.
  - **Admit to medical or surgical ward.**

- **NO:** Symptoms of vomiting or diarrhoea for 48 hours but contact with symptomatic individual within previous 48 hours.
  - **Admit to medical or surgical ward.**

**Transfer to a single room in the designated ward and obtain sample as soon as possible, and follow policy (patients and relatives of carers must be informed that they are being admitted into a ward closed due to Norovirus).**

- **If patient is unfit to be nursed in a single room, inform ICT.** (out-of-hours the Consultant Microbiologist on-call)
## 5. Dedicated Isolation Ward

### 5. A. Guidance when setting up an Isolation Ward

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAFFING</strong></td>
<td>Designated staff should be appointed to the area where possible</td>
</tr>
<tr>
<td><strong>CRITERIA FOR ADMISSION TO COHORT AREA</strong></td>
<td>All patients with confirmed or suspected Norovirus as per definitions above.</td>
</tr>
<tr>
<td><strong>COMMUNICATION</strong></td>
<td>Any staff attending the area to carry out procedures, i.e. x-ray should be made fully aware of required precautions and any personal protective clothing that should be donned must be made available.</td>
</tr>
<tr>
<td></td>
<td>Notices should be placed on all doors leading into the ward instructing visitors and staff not to enter area before speaking to nurse in charge of area.</td>
</tr>
<tr>
<td></td>
<td>Information for patients, staff and members of the public will be available from the Infection Control Team.</td>
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<tr>
<td></td>
<td>A record of information given to patients and relatives should be recorded in the patients nursing notes.</td>
</tr>
<tr>
<td><strong>HAND HYGIENE</strong></td>
<td>Each area must have hand washing facilities within easy access.</td>
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<tr>
<td></td>
<td>Virocidal alcohol hand gel should be placed at all bed spaces and entrances (unless risk assessed otherwise).</td>
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<tr>
<td></td>
<td>Hands must be decontaminated following contact with patient, equipment or patient environment with soap and water or virocidal hand gel.</td>
</tr>
<tr>
<td></td>
<td>All staff and visitors must carry out strict hand hygiene prior to entering or leaving the area.</td>
</tr>
<tr>
<td></td>
<td>Hand decontamination must be carried out after removing personal protective clothing.</td>
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<tr>
<td></td>
<td>For hand decontamination technique refer to NHSGGC Prevention &amp; Control of Infection Manual or Hand Hygiene posters.</td>
</tr>
<tr>
<td></td>
<td>Provide clear instructions for all visitors to enable correct hand decontamination to be carried out.</td>
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<tr>
<td></td>
<td>Patients should be encouraged or assisted to perform hand hygiene.</td>
</tr>
<tr>
<td><strong>PERSONAL PROTECTIVE EQUIPMENT (PPE)</strong></td>
<td>Where patient contact is anticipated staff should wear gloves and aprons.</td>
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<tr>
<td></td>
<td>Staff must decontaminate their hands after removal of PPE.</td>
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<tr>
<td></td>
<td>Visitors should be encouraged to decontaminate their hands before entering and after leaving the cohort area.</td>
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<tr>
<td></td>
<td>All PPE used should be discarded into a clinical waste bag situated within the cohort area.</td>
</tr>
<tr>
<td><strong>PATIENT RELATED EQUIPMENT</strong></td>
<td>Equipment must not be shared between patients where possible.</td>
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<tr>
<td></td>
<td>Only essential equipment should be taken into the ward.</td>
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<tr>
<td></td>
<td>Actichlor Plus or a solution containing 1,000ppm hypochlorite should be used for decontamination of re-usable equipment.</td>
</tr>
<tr>
<td></td>
<td>Further advice on the decontamination of equipment can be sought from the ICT and the Infection Control Decontamination Policy.</td>
</tr>
<tr>
<td><strong>LINEN</strong></td>
<td>Used linen should be placed in a red alginate bag within the cohort and then into a clear polythene bag then into a white laundry bag and then closed and labelled.</td>
</tr>
<tr>
<td><strong>WASTE</strong></td>
<td>An orange clinical waste bag will be available in the area for non-sharp items.</td>
</tr>
<tr>
<td></td>
<td>Staff should remove this bag with care and decontaminate hands after disposal.</td>
</tr>
</tbody>
</table>
5. B. Admission Criteria - Temporary Norovirus Ward

Emergency Admission:

If patients can be managed in their own home they should not be admitted.

Admissions to the ward will come following an assessment in A&E. Only patients who fit the case definition and are highly suspicious of having viral gastroenteritis may be admitted to a Single Room in ward X.

Assessment Criteria for Suspected Norovirus Patient

- Two or more episodes of non-bloody diarrhoea and/or two or more episodes of vomiting without having any other obvious cause for symptoms.
- Cardiovascular and respiratory stable.
- Not requiring cardiac monitoring.

(A loose stool is a stool which conforms to the receptacle it is contained in)

NB: It must be remembered that patients with Norovirus may present with other clinical conditions. All potential hospital admissions should be assessed for Norovirus.

Patients requiring continuous monitoring (unfit for single room)

Very ill patients who also have vomiting and diarrhoea and are deemed unfit for a single room in ward X to be assessed by a Consultant Physician prior to being moved to an appropriate ward.

All admissions including GP referrals must be assessed by the middle grade medical staff in the A&E Department before transfer to ward X.

Symptomatic patients in ward X:

- Stool sample to be sent for C&S

In-patients from other wards:

- A symptomatic patient in an open ward, who fulfils the Norovirus admission criteria and are deemed fit to be cared for in a single room should be moved to a single room in ward X.
- When there are two symptomatic patients in an open ward who fulfil the Norovirus admission criteria, the ward will be closed and outbreak procedures put in place, i.e. there will be no transfers to ward X.
5. C. Discharge Criteria - Temporary Norovirus Ward

Ward X staff to assess each patient in the ward each morning to determine if they are suitable for transfer to the 4-bed bays or to another ward. The discharge sheet should be completed on a daily basis and the bed manager informed of patients ready for transfer to another ward.

Discharge to own domestic home:
- Physically fit for discharge
- On advice from medical staff

Exit criteria from ward X:
Transfers to other wards from unit patients must have:
- 48 hours free of symptoms and passed a normal bowel motion

Moving patient from single side room to 4-bed bay in ward X:
- Stool sample negative for bacterial pathogens (if no sample obtained discuss with infection control nurse/doctor).

Transfers to ICU/CCU:
If patient’s condition dictates that urgent transfer to ICU/CCU is required then this takes priority over symptoms of vomiting/diarrhoea.

Discharges to other healthcare settings:
Discharges including nursing, residential homes or care in community settings must be fully discussed with an infection control nurse/doctor. Consideration may be given to transferring a patient once 48 hours symptom-free and they have passed a normal bowel motion.
6. **Standing down Isolation Ward**

When the number of clinical cases are such that they can be managed within a normal ward environment, the OCT will advise that the Isolation Ward should be terminally cleaned and re-opened to normal activity.

7. **Management of Staff**

Staff returning to work from being on sick leave with Norovirus should work in Norovirus affected wards rather than in wards that have not yet been affected. Infection with Norovirus will confer short term immunity in the individual.

8. **Scottish Ambulance Service**

If a patient has been transported to A&E by the Scottish Ambulance Service (SAS) and if then they are assessed and considered to be a possible or probable Norovirus case, the SAS should be contacted by staff in A&E to enable them to assess the need for a deep clean in line with SAS Norovirus Policy. (Emergency Medical Dispatch Centre, Cardonald 0141 891 5950)
Appendix A  NHSGGC Norovirus Policy

The most up-to-date version of this policy can be viewed at the following website:  www.nhsggc.org.uk/infectioncontrol

Policy Objective
To provide Healthcare Workers (HCWs) with details of the precautions necessary to minimise the risk of Norovirus.

This policy applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

This policy applies to both confirmed and suspected outbreaks of Norovirus.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS POLICY

• National SICPS policy referenced in related documents
• Persons most at risk updated to emphasise the potential harm to the elderly

Document Control Summary

<table>
<thead>
<tr>
<th>Approved by and date</th>
<th>Board Infection Control Committee 23 September 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Publication</td>
<td>23 September 2013</td>
</tr>
<tr>
<td>Developed by</td>
<td>Infection Control Policy Sub-Group 0141 211 2526</td>
</tr>
<tr>
<td>Related Documents</td>
<td>Standard Infection Control Precautions (SICPs) (HPS National IPC Policy)</td>
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<tr>
<td></td>
<td>NHSGGC Hand Hygiene Policy</td>
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<tr>
<td></td>
<td>NHSGGC Loose Stools Policy</td>
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<tr>
<td></td>
<td>NHSGGC SOP Terminal Clean of Isolation Rooms</td>
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<tr>
<td></td>
<td>NHSGGC SOP Twice Daily Clean of Isolation Rooms</td>
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<tr>
<td></td>
<td>NHSGGC SOP Terminal Clean of Ward</td>
</tr>
<tr>
<td>Distribution/Availability</td>
<td>NHSGGC Infection Prevention and Control Policy Manual and the Internet  <a href="http://www.nhsggc.org.uk/infectioncontrol">www.nhsggc.org.uk/infectioncontrol</a></td>
</tr>
<tr>
<td>Implications of Race Equality and other diversity duties for this document</td>
<td>This policy must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.</td>
</tr>
<tr>
<td>Lead Manager</td>
<td>Board Infection Control Manager</td>
</tr>
<tr>
<td>Responsible Director</td>
<td>Board Medical Director</td>
</tr>
</tbody>
</table>

The most up-to-date version of this policy can be viewed at the following website:  www.nhsggc.org.uk/infectioncontrol
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The most up-to-date version of this policy can be viewed at the following website: [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)
1. Responsibilities

**Healthcare Workers (HCWs) must:**
- Follow this policy.
- Inform their line manager if this policy cannot be followed.

**Managers must:**
- Support HCWs and Infection Control Teams (ICTs) in following this policy.
- Cascade new policies to clinical staff after approval by the Board Infection Control Committee (BICC).

**ICTs must:**
- Keep this policy up-to-date.
- Provide education opportunities on this policy.
- Alert accident and emergency departments and receiving wards when indications suggest that the season is about to begin, and provide appropriate support and information.
## 2. General Information on Norovirus

### Communicable Disease/Alert Organism

Norovirus is highly infectious and causes outbreaks of gastroenteritis in places where people congregate, e.g. schools, hospitals, nursing homes, cruise ships etc. Gastroenteritis caused by Norovirus is usually self-limiting, mild to moderate in severity and normally occurs during winter and early spring but can occur throughout the year.

As well as nausea, vomiting and diarrhoea other symptoms include abdominal pain, myalgia, headache, malaise and low-grade fever. Norovirus outbreaks require closure of wards to prevent onward spread and as a consequence outbreaks can severely disrupt the delivery of healthcare services. One gram of faeces can contain up to 5 billion infectious doses of Norovirus (HPS 2012).

### Clinical Condition

**Gastroenteritis:** Gastro-intestinal symptoms, e.g. nausea, vomiting, non-bloody watery diarrhoea; characteristically lasting 12-48 hours. Also present may be abdominal cramps, myalgia, headache, malaise and low grade fever which can be present in up to 50% of cases.

Vomiting is a predominant symptom but cases occur where vomiting is infrequent or absent. Norovirus can cause rapid dehydration particularly in elderly patients therefore symptomatic patients should have their fluid balance monitored.

### Mode of Spread

- **Direct Contact:**
  - Hands come into contact with faecal matter/ vomit and subsequently touch the mouth.

- **Indirect Contact:**
  - Hands come into contact with contaminated equipment or contaminated surfaces and subsequently touch the mouth.
  - Consumption of faecally contaminated food or water.

- **Airborne Dissemination:**
  - Patients with projectile vomiting can disseminate large quantities of virus laden aerosols which can contaminate extensive areas of the ward environment. Cross transmission can then occur when patients and staff inhale and subsequently ingest these virus laden aerosols or consume food on which these aerosols have landed. (HPS 2012)

**NB:** Norovirus can survive on any surface for a week; on foods in a refrigerator up to 10 days; and freezing indefinitely.

The most up-to-date version of this policy can be viewed at the following website: [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)
Incubation period | Usually 12-48 hours. Median 33 hours. Reported as early as 10 hours after exposure.
Notifiable disease | No.
Period of communicability | During the acute stage of the disease and up to 48 hours after symptoms have resolved.
Persons most at risk | All. Susceptibility is widespread. It should be noted that mortality associated with Norovirus can occur and does occur particularly in elderly patients with co-morbidities. (HPS 2012)
High-risk environment | All.

3. Transmission Based Precautions for Norovirus

Accommodation (Patient Placement) | Patients referred to hospital with symptoms suggestive of Norovirus infection, especially if there is a household history of other cases, should be admitted directly into a side room. In-patients with loose stools should be isolated as per Loose Stools Policy. Once an outbreak has been confirmed in a hospital setting there may not be enough isolation facilities available. Advice from ICT must be sought regarding patient placement in this situation.

Care Plan available | Yes. Loose Stools Care Plan.
Clinical Waste | As per NHSGGC Waste Policy.
Crockery/ Cutlery | No special precautions.
Decolonisation/ Treatment Application | Not required.
Discharges | During ward closure patients may be discharged to their own homes provided their relatives/ carers are aware of; the Norovirus situation in the ward, the personal risk to themselves, and how this risk can be minimised, e.g. hand hygiene, washing of personal laundry, Norovirus information provided. Patients should be advised that if symptoms develop after discharge they should inform their GP of the situation on the ward. See also Moving Patients (page 8) for additional advice.
**Domestic Advice**

- Domestic services into the area should be increased to twice daily. Domestic staff should pay particular attention to frequently touched surfaces, e.g. bed tables, lockers, toilet areas.
- Chlorine based detergents should be used for routine and terminal cleaning of the area.
- There is no requirement to clean walls after an outbreak of Norovirus.
- Obvious body fluid contamination of walls should be dealt with as per the local Decontamination Policy.
- Domestic staff should be dedicated to that area as far as practically possible, until the outbreak is over.
- Suction cleaning with a vacuum cleaner should not be carried out during outbreaks.
- If domestic staff share a DSR, consideration should be given to separating or moving cleaning equipment into the closed ward to avoid sharing equipment with other wards.

**Environment**

Any uncovered food could be potentially contaminated with Norovirus, e.g. uncovered fruit and sweets on patients lockers should be discarded, after discussion with patient and ward staff.

**Equipment**

Norovirus can survive on any surface for at least a week. All equipment should be frequently decontaminated with a chlorine based detergent both during the outbreak and when the terminal clean of the area is carried out.

Where possible, equipment in isolation rooms should be there for the duration of the patient’s admission. Generally where possible there should be minimal movement of equipment around the ward area.

Frequently touched surfaces and patient care equipment, e.g. toilets, door handles, lockers, tables etc should be cleaned at least twice daily with a chlorine based detergent. Commodes must be cleaned after each use.

During outbreaks, fans should be removed from use and should be thoroughly wiped with chlorine based detergent before being returned to use. Body fluid spills should be decontaminated immediately as per the Decontamination of Equipment and the Environment Policy.
<table>
<thead>
<tr>
<th><strong>Hand Hygiene (HH)</strong></th>
<th>Alcohol hand rubs/gels should not be used after contact with a patient with loose stools. Soap and water should be used after direct contact with body fluids, e.g. diarrhoea, vomit, etc or direct contact with a potentially contaminated environment.</th>
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<tbody>
<tr>
<td></td>
<td>Hand hygiene should be performed:</td>
</tr>
<tr>
<td></td>
<td>• before and after every contact with a patient</td>
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<td></td>
<td>• before any clean or aseptic technique is undertaken</td>
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<td></td>
<td>• after body fluid exposure risk</td>
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<td></td>
<td>• after touching their equipment or environment</td>
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<td></td>
<td>• before handling food or drink</td>
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<td></td>
<td>• on leaving an affected clinical area</td>
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<td></td>
<td>Patients should be offered hand hygiene facilities after using the toilet or commode and before meals.</td>
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<tr>
<td></td>
<td>During outbreaks the ICT should consider carrying out an audit of hand hygiene practices. See Hand Hygiene Policy.</td>
</tr>
</tbody>
</table>

| **Individual precautions required until** | Patient has been asymptomatic for 48 hours.                                                                 |
| **Last Offices**                          | No special requirements.                                                                                           |

| **Linen**                                | All laundry from a closed ward or from a patient with presumed or confirmed Norovirus should be treated as infected and placed into a water soluble alginate bag then into a clear plastic bag before being put into the laundry bag. |
|                                          | Any soiled clothing for home laundering should be placed into a domestic water soluble alginate bag then into a patient clothing bag before being sent home. All soiled clothing for home laundering should be accompanied with a Home Laundering Information Leaflet and staff should alert relatives/carers to the condition of the laundry. |

| **Marking Notes**                         | No.                                                                                                               |
## NOROVIRUS POLICY
### TRANSMISSION BASED PRECAUTIONS

**Moving Patients between wards, hospitals and departments (including theatres)**

Movement of patients should be restricted for the duration of the outbreak. Movement of patients must only occur if there is a clinical need and this should be discussed with the ICT / on-call microbiologist and receiving unit however the care of the individual patient should be paramount and if required to attend other departments urgently, e.g. radiology, precautions can be put in place to reduce the exposure of other patients and HCWs. Please contact the ICT/ on-call microbiologist for advice.

Patients should not be discharged to nursing or residential homes until the ward has been re-opened.

Transfers to other healthcare facilities should be postponed unless absolutely necessary, in which case the receiving unit **MUST** be notified that the patient has come from a closed ward.

**Notice for Door**

Yes, including ward doors.

**Outbreak**

**Ward Closures:** Norovirus outbreaks are normally diagnosed presumptively on clinical grounds from their characteristic epidemiological features. When an outbreak is suspected, the ward must contact the ICT or on-call microbiologist for advice. Control measures should be put in place immediately, without waiting for virological confirmation, although early liaison with a virology laboratory is recommended to facilitate early definitive diagnosis from specimens.

The ICT will advise that the ward is closed. The ICT will inform the organisation as per Section 10 in the NHSGGC Outbreak Policy. The decision to admit to a closed ward against the ICTs advice should be taken at director level. Reason for this should be fully documented via the clinical incident reporting structure.

Daily Check List and Data Record: Appendices 2 and 3 should be completed daily. Ward and side room doors should be closed at all times.

**Definition of a Case**

A patient who within a 24-hour period has had 2 or more episodes of non-bloody *diarrhoea and/ or 2 or more episodes of vomiting without having any other obvious cause for symptoms. *Does not include loose stools induced by laxative or enemas.

**Definition of an Outbreak/ Criteria for Ward Closure:** Two or more possible Norovirus infection cases in a single ward, unit or department within 24 hours.

The most up-to-date version of this policy can be viewed at the following website: [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)
**Outbreak (cont/...)**

**Outbreak Control Team (OCT):** An OCT should be convened if three or more wards on a single site are closed due to presumed Norovirus. The OCT may also be convened if the type of area closed will result in a significant impact on clinical activity. At this point the main Outbreak Policy should be implemented.

If an OCT is convened an outbreak report should be prepared after the outbreak has been declared over. HIIAT must be completed each time the OCT meet and this must be recorded in the minutes of the meeting.

**Staff Movement:** Every effort must be made to prevent all staff movement between affected and unaffected areas. The use of bank and agency staff should be avoided but if they have been in an affected area they should be advised not to work in any other clinical area for at least 48 hours. Restricting the movement of medical and allied health professionals (AHPs) may be impractical. If this is the case they must rigidly adhere to advice regarding SICPs, specifically PPE and hand hygiene, and must remove themselves from work if they experience any symptoms of Norovirus. AHPs can visit the area but should do so at the end of the day where possible.

No healthcare professional can refuse to attend to a patient because they are in a closed ward. Further advice can be sought from the ICT and Occupational Health Service (OHS).

Consideration should be given to deploying staff who have returned from sick leave with Norovirus to work in Norovirus affected wards rather than in wards that have not yet been affected.

**Re-Opening Ward**

Wards can be re-opened 48 hours after the last identified case and a risk assessment has been carried out by the ICT provided patients who are still symptomatic are nursed in isolation or in a closed cohort area and the ward has been terminally cleaned.

**NB:** Symptoms can last up to 4 days.

**Patient Assessment**

Any patients admitted with symptoms of gastroenteritis suggestive of Norovirus (especially if the patient is vomiting) should be nursed in a side room with enteric precautions until 48 hours after symptoms have resolved.

The most up-to-date version of this policy can be viewed at the following website:

www.nhsggc.org.uk/infectioncontrol
<table>
<thead>
<tr>
<th><strong>Patient Clothing</strong></th>
<th>Personal clothing may be taken home. Soiled clothing must be put into a domestic alginate bag/alginate bag and accompanied with a <a href="#">Home Laundry Information Leaflet</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient / Visitor Information</strong></td>
<td>Once a ward has been closed with suspected/confirmed Norovirus a notice should be placed at the entrance to the ward to alert visitors to the ward closure. Information leaflets should be available for patients, staff and visitors. Visitors should be encouraged to seek advice from staff within the area if they have any questions. In some instances family members/contacts of patients can also be symptomatic. If this is the case they should be advised not to visit relatives in hospital and stay away until 48 hours after their last symptom. Click on the link to access information on <a href="#">Norovirus</a>. <strong>NB:</strong> It should be recorded in the nursing notes that the information leaflet has been issued. ICTs are available to speak to patients or relatives/carers if required. It may be necessary during outbreaks of Norovirus to restrict visiting. This will be decided by the OCT/ICT. If this is considered necessary the OCT should identify what the criteria would be for returning to normal visiting. Before closing the hospital to all but essential visitors the board should ensure communications internally and externally have been put in place, e.g. Communications, Scottish Government Health Directorates (SGHD). Whenever possible visitors should be advised of this decision before they arrive for visiting.</td>
</tr>
<tr>
<td><strong>Personal Protective Equipment (PPE)</strong></td>
<td>Gloves and aprons must be worn if in contact with an affected patient or their environment. HCWs who clean areas contaminated with faeces or vomit should wear surgical masks during the procedure since the virus can be aerosolised from these body substances. Eye protection or a full face shield should be worn if there is an anticipated risk of splashes to the face during direct patient care, e.g. patient actively vomiting. Community staff visiting patients with symptoms should also follow the PPE guidance. Visitors do not require PPE unless they are participating in patient care.</td>
</tr>
</tbody>
</table>

The most up-to-date version of this policy can be viewed at the following website: [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)
| **Risk Assessment** | A clinical risk assessment may be required in areas that provide tertiary or regional care for a specific group of patients. If this is required the risk assessment must be documented and agreed by the ICT. If patients are admitted to closed areas they should be informed of the status of the ward and the rationale for admission. |
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|**Screening HCWs** | Not required. |
| **Specimens required** | Specimens of faeces must be obtained for microbiology and virology at the earliest possible opportunity. If faecal specimen cannot be obtained sample of vomit should be sent to virology. If a patient continues to be symptomatic and there are any concerns that this may be due to other causes, send a further sample to microbiology. |
| **Specimens – Mark as “Danger of Infection”** | No. |
| **Staff** | Symptomatic staff should not return to work until they have been free of symptoms for 48 hours. Staff who become symptomatic whilst on duty should be sent off duty as soon as possible. |
| **Stool Charts** | It is the responsibility of staff within the area to record signs and symptoms of infection as appropriate, e.g. stools charts (refer to Bristol Stool Chart). |
| **Terminal Cleaning of Room** | Refer to SOP Terminal Clean of Isolation Rooms. |
| **Visitors** | Visitors are not required to wear aprons and gloves. Visitors should be advised to decontaminate their hands with liquid soap and water on leaving the room/patient. Visitors should be advised not to sit on beds. Visitors should be limited as far as possible whilst the patient is symptomatic. It may be necessary to exclude visitors from a ward or site; this will be the decision of the OCT. |
4. Evidence Base


CDC (2011) Updated Norovirus Outbreak Management and Disease Prevention Guidelines. MMWR 60(RR03); 1-15.


5. Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AHP</td>
<td>Allied Health Professionals</td>
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<tr>
<td>BICC</td>
<td>Board Infection Control Committee</td>
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<tr>
<td>HCWs</td>
<td>Healthcare Workers</td>
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<td>HPS</td>
<td>Health Protection Scotland</td>
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<td>ICN</td>
<td>Infection Control Nurse</td>
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<td>ICT</td>
<td>Infection Control Team</td>
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<td>OCT</td>
<td>Outbreak Control Team</td>
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<td>OHS</td>
<td>Occupational Health Service</td>
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<td>PPE</td>
<td>Personal Protective Equipment</td>
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<td>SGHD</td>
<td>Scottish Government Health Directorates</td>
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<tr>
<td>SICPs</td>
<td>Standard Infection Control Precautions</td>
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<tr>
<td>SOPs</td>
<td>Standard Operating Procedures</td>
</tr>
</tbody>
</table>

The most up-to-date version of this policy can be viewed at the following website: [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)
Norovirus Policy
Transmission Based Precautions

The most up-to-date version of this policy can be viewed at the following website: www.nhsggc.org.uk/infectioncontrol

Appendix 1 – Bowel Movement (adapted from the Bristol Stool Scale)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<th>Type 1</th>
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<td>S</td>
<td>Separate hard lumps like currants (hard to pass)</td>
<td>Sausage-shaped but lumpy</td>
<td>Long strip of soft stool</td>
<td>-like a sausage but with cracks on surface</td>
<td>Soft balls with clear-cut edges (passed easily)</td>
<td>Flattened pieces with ragged edges, a sausage stool</td>
<td>Watery, no solid pieces (entirely liquid)</td>
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Adapted from the Bristol Stool Scale developed by KW Heaton and SJ Lewis at the University of Bristol, 1997

The most up-to-date version of this policy can be viewed at the following website: www.nhsggc.org.uk/infectioncontrol
**NOROVIRUS POLICY**

**TRANSMISSION BASED PRECAUTIONS**

The most up-to-date version of this policy can be viewed at the following website:  
[www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)

**Appendix 2 - Norovirus Outbreak Daily Checklist**

Both the checklist and data record to be completed and updated by the ward staff.

Norovirus Outbreak Daily Checklist to ensure Norovirus Control Measures are in place.

<table>
<thead>
<tr>
<th>Hospital:</th>
<th>Ward:</th>
<th>ICT informed date:</th>
<th>Date:</th>
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</thead>
</table>

- **The ward is closed** due to admissions and transfers – until **48** hours after last new case.
- **The ward (and side-room) doors are closed** and there is an approved notice on the ward door advising visitors of necessary actions.
- **All Healthcare Workers (HCWs)**
  - Aware of the status of the ward and how Norovirus is transmitted.
  - Norovirus system free.

**All patients (and relatives)** on the ward are aware of the Norovirus situation and have been given information leaflets on Norovirus and the need for hand hygiene, and safe handling of personal laundry.

**All patients** with symptoms of Norovirus have been assessed today for symptom severity and assessed for signs of possible dehydration (Stool and Fluid Balance charts).

- **Norovirus Outbreak Data Record** (Appendix 3). The outbreak data collection record has been updated – including any new cases, the symptoms patients are experiencing today and laboratory data. (Stool samples have been requested from all symptomatic patients).
- **Patient Placement Assessment:** A patient placement assessment and any advised/suggested moves have been made today.
- **Personal Protective Equipment (PPE)** – gloves, apron, surgical (mask/visor – if risk of facial contamination with aerosols).
  - There are sufficient supplies of PPE in the ward:
    - Is used for single tasks and once removed hand washing is performed using liquid soap and warm water.
    - Is used before contact with the patient or the patient’s immediate environment or before any dirty task.

**Hand hygiene** is being carried out with liquid soap and warm water – this can be followed by alcohol based hand rub.

**Hand hygiene:** Patients are encouraged and given assistance to perform hand hygiene before meals and after attending the toilet.

**Environment:** The environment is visibly clean – including curtains – there is increased cleaning which includes decontamination of frequently touched surfaces with detergent and 1000ppm av cl. (cleaning records are up-to-date).

**Environment:** There are no exposed foods in the ward area – even if unexposed all fruit should be washed before eating.

**Equipment:** Where possible single patient use equipment is used and communal patient equipment avoided. All re-usable equipment is decontaminated after use. There are sufficient other sundries on the wards to enable the control measures to be implemented.

**Spillages:** All faecal and vomit spillages are decontaminated by staff wearing PPE. The spillage is removed with paper towels, and then the area is decontaminated with an agent containing 1000 pp, av cl. All waste arising is discarded as healthcare waste. PPE is then removed and hands washed with liquid soap and warm water.

**Advice and Guidance:** HCWs have access to and follow NHS Board guidance on:
  - The decontamination of body fluid spills, equipment, soft furnishings.
  - What to do if uniforms become contaminated.

**Today the ICT** has made an assessment of the outbreak and the continuing need for ward closure.

- **In preparation for re-opening** – empty beds have been cleaned but left unmade.
- **In preparation for re-opening** – the curtains in empty rooms have been taken down.
- **In preparation for re-opening** – consider if pre-booking a terminal clean and pre-booking clean curtains being hung is possible.
- **Before re-opening:** a terminal clean has been performed following ICT recommendation and following the hospital procedure.
### Appendix 3 - Norovirus Outbreak Data Record Ward

**Possible Norovirus Infection:** A person (patient or staff) who, within a 24 hour period has, 2 or more episodes of non-bloody diarrhoea*, and/or, 2 or more episodes of vomiting, without having any other obvious cause or symptoms.

**Confirmed Norovirus Infection:** A person (patient or staff) who, within a 24 hour period has, 2 or more episodes of non-bloody diarrhoea*, and/or, 2 or more episodes of vomiting, without having any other obvious cause for symptoms AND who has tested positive for Norovirus in RT-PCR.

#### Tick if symptoms present (Antibiotics is abbreviated as [Abx])

<table>
<thead>
<tr>
<th>Names/numbers of all symptomatic patients (diarrhoea and/or vomiting)</th>
<th>D=Diarrhoea</th>
<th>V=Vomiting</th>
<th>Abx Y or N</th>
<th>Laxatives/Enemas Y or N</th>
<th>Specimen date</th>
<th>Possible or Confirmed*</th>
<th>Other Info</th>
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</table>

**Does the patient meet the definition of a Possible or Confirmed case?**

<table>
<thead>
<tr>
<th>Date (agree a time of day to be done)</th>
<th>Comment</th>
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*Does the patient meet the definition of a Possible or Confirmed case?*
Appendix B   SOP Terminal Clean of Ward

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

**SOP Objective**
To minimise the risk of healthcare associated infection (HAI) from the environment.

**KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP**
- None

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The most up-to-date version of this policy can be viewed at the following website:

[www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)
Aim
To minimise the risk of healthcare associated infection (HAI) from the environment.

Statement
An increased burden of infection in a ward is a potential source of infection for patients.

Communication
The Infection Control Nurses (ICNs) will inform the domestic and nursing staff when a terminal clean is required.

Requirements
A co-ordinated approach and agreed schedule needs to be in place between domestic staff and ward staff.

Equipment needed
- Disposable or launderable mop head and bucket – appropriate colour coded (yellow) for use in terminal cleaning
- Dust control mop (disposable cover)/ suction cleaner (HEPA filter)
- Small bucket or bowl
- Single-use cloths - colour coded as per terminal clean
- Single-use scourer
- Non-sterile single-use gloves
- White single-use apron
- Clinical waste bag (orange)
- Chlorine based detergent (1000ppm)
- Alginate bags

Where possible, individual cleaning equipment should be used per isolation room unless there are two or more in an individual bay, then the same isolation equipment may be used.

All re-usable equipment must be cleaned with a chlorine based detergent after use, including suction cleaners.

The mop heads and cleaning solution must be changed between rooms. Cloths used in sanitary areas must be discarded immediately after use and a fresh cloth must be used for the general area.
**Procedure** | **Prior to the terminal clean**
--- | ---
• The supervisor will ensure that the cleaning team have the necessary equipment.  
• The nurse in charge will make sure that the nursing staff are aware of their cleaning responsibilities and that there are enough staff to carry out their part in the terminal clean.  
• The Senior Charge Nurse (SCN) or nurse in charge will liaise with the domestic supervisor to ensure that it is convenient for cleaning to start and to receive any special instruction.  
• Put on a disposable white plastic apron and disposable vinyl gloves (check with the nurse in charge if any other protective clothing is required).  
• Prepare a fresh solution of a chlorine based detergent (1000ppm).

*NB: please see SOP Cleaning of Near Patient Equipment*

The domestic staff will:
• First remove all screens in the ward/ area (ICT will advise regarding window curtains). Remove screens, shower curtains and window curtains (if appropriate) and bag as infected laundry, i.e. placed into an alginate (water soluble) bag and then into a clear plastic bag then into a laundry bag.  
• Gather large items of rubbish including locker bag and bin liners and place in orange clinical waste bag.  
• Wipe all horizontal surfaces first with the solution chlorine based detergent (1000ppm). Cleaning should start at the top and finish on the lower surfaces. Curtain tracts should be damp dusted.  
• Clean all wash hand basins, showers and toilets using chlorine based detergent (1000ppm) then dry using disposable colour coded cloth/paper. Discard into orange bag after use. Toilets may be pre-cleaned with a sanitiser.  
• Dry mop/ suction clean the floors (hepafilter) working from furthest point towards the door. The floor should then be damp mopped using dedicated equipment and a chlorine based detergent (1000ppm). Mop heads used must be discarded as clinical waste or placed in a bag and sent for laundering.  
• Clean and remove all cleaning equipment, materials and rubbish from room/area.
| Procedure (cont/ ...) | • Check all cleaning procedures are complete.  
• Remove apron and gloves, discard as clinical waste.  
• **WASH HANDS with liquid soap and water.**  
• Wearing fresh PPE remove waste and equipment to either the DSR or sluice. Dispose of waste.  
• PPE should then be removed and disposed of as clinical waste.  
• **WASH HANDS using liquid soap and water.**  
• Storage of equipment should be in accordance with local infection control advice.  
• Replenish supplies (e.g. paper towels, soap) within the ward if required.  
• Replace clean bags onto lockers where applicable.  
• Replace screens, shower curtains and window curtains (if appropriate).  
• After a terminal clean the ward can be opened immediately once all the surfaces are clean and dry.  

**Nursing Staff will clean:**  
• All patient related equipment  
• All computing equipment  
• All commodes  
• Every bed including all 6 sides of the mattress, the part of the bed on which the mattress lies and the bed rails  
• Lockers and bed tables at all bed spaces  
• Patient call buzzers  

**Nursing Staff** will make up all beds with clean linen, and complete bed space checklist.

| After Care | • Storage of equipment should be in accordance with local infection control advice.  
• Where mop heads are laundered this should be done as per local guidance/policy.  
• Inform the nurse in charge that the clean has been completed. |

The most up-to-date version of this policy can be viewed at the following website:  
[www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)
WHAT IS NOROVIRUS?
Norovirus is a frequent cause of diarrhoea and vomiting in the community and is most common during the winter. It is sometimes called 'winter vomiting disease'.

HOW DOES IT AFFECT ME?
Norovirus causes symptoms of 'gastric flu'. It lasts 2-4 days and the person will have diarrhoea and/ or vomiting. Some people may have a raised temperature, headache and aching limbs. The illness is usually mild in nature and gets better without antibiotics.

WHY IS NOROVIRUS A PROBLEM?
Norovirus spreads very easily in healthcare settings; this is due to the close contact between patients. Norovirus is very infectious. There are several ways that Norovirus can spread:

- When people vomit, the virus is dispersed over a wide area and people close-by may then acquire the infection;
- Hands and surfaces may become contaminated by the virus which can then become a source for further spread of infection.

This is why during an outbreak we increase the cleaning and ask everyone entering and leaving the ward to wash their hands thoroughly.

WILL I NEED TREATMENT?
Antibiotics are not needed to treat Norovirus. The main treatment is making sure you drink plenty of fluid. If you develop diarrhoea and vomiting, a stool sample may be sent to the laboratory for testing. Once the illness is over no further action is necessary and your treatment will continue as before.

CAN I HAVE VISITORS?
Yes you can have visitors. Although the symptoms are mild, children should not come to visit you, as they may be particularly prone to the virus. Friends or relatives that are unwell or suffering from diarrhoea and vomiting themselves must not visit. If you have any concerns at all about someone visiting please discuss this with a doctor or nurse. To prevent the spread of infection your visitors should avoid visiting other wards where possible. It may also be necessary during outbreaks to restrict visitors.

DO VISITORS NEED TO TAKE PRECAUTIONS WHEN VISITING ME?
Visitors should wash their hands thoroughly with soap and water both before and after visiting you. It is also advisable to keep your number of visitors to a minimum as they may pick up the virus when on the ward. The nursing staff will advise if anything further is necessary.
Appendix D  Memo to Wards and Departments

To:  All Senior Charge Nurses and Consultants

NOROVIRUS SEASON

We are writing to highlight the approaching Norovirus season. In recent years we have seen an increasing number of Norovirus outbreaks and these cause considerable difficulties throughout our hospitals. We are therefore writing to ask for your assistance and to remind you of the importance of being vigilant for diarrhoea and vomiting (D&V) episodes/ outbreaks. It is recommended that all patients admitted should be assessed for Norovirus regardless of the reason for admission.

Assessment Criteria for Suspected Norovirus Patient

Sudden onset loose stools* +/- vomiting (x 2 episodes of sudden unexplained loose stools +/- 1 episode of unexplained sudden onset vomiting without having any other obvious cause for symptoms) within 24-hour period. Patients who have diarrhoea as a result of Norovirus do not normally present with bloody diarrhoea.

*A loose stool is a stool which conforms to the receptacle it is contained in.

If you suspect that a patient has Norovirus you should isolated them as soon as possible - preferably in a single room with their own toilet, dedicate equipment to them as far as possible and contact a member of your Infection Control Team for further advice. Please remember to use soap and water to decontaminate your hands if you suspect Norovirus.

More information on Norovirus can be found by clicking or typing in the following link:


Isolation, hand hygiene and the use of appropriate personal protective equipment is the key to controlling Norovirus and reducing the impact on patients on your ward.

Kind Regards

Infection Control Team
Appendix E  Letter to GPs/ Out of Hours Service

To: All GPs and Out-of-Hours Services (please disseminate to all practice staff)
cc: Nursing and Residential Homes

Dear Colleagues

NOROVIRUS SEASON

We are writing to highlight the approaching Norovirus season. In recent years we have seen an increasing number of Norovirus outbreaks and these cause considerable difficulties throughout the ‘healthcare community’. We are therefore writing to ask for your assistance and to remind you of the importance of being vigilant for diarrhoea and vomiting (D&V) episodes/outbreaks.

Minimising the adverse impact on local hospitals

Norovirus outbreaks can cause major service disruption (staff shortages, ward closures, cancelled operations, increased waiting times). In previous years the virus has been introduced to local hospitals by symptomatic individuals attending/visiting from the community. We recognise that vomiting can be a feature of many serious illnesses and a fear of spreading Norovirus should not jeopardise the appropriate management of those conditions in which vomiting is a non-specific feature. However we are requesting that suspected Norovirus cases from individuals attending GP surgeries and care home settings are only sent to A&E if their symptoms are severe/prolonged (longer than 48 hours) or if they have other complicating factors. If patients are sent to A & E the Scottish Ambulance Service must be alerted so that they can don personal protective equipment and have arrangements in place to deep clean the ambulance after transport (Emergency Medical Dispatch Centre, Cardonald 0141 891 5950).

Controlling outbreaks in community settings

Early recognition of diarrhoea and/or vomiting outbreaks in community institutional settings is vital so that effective control measures can be put in place. If you think you have recognised an outbreak of D&V then report it promptly to the Public Health Protection Unit 0141 201 4917. If specimens are required they must be sent for bacteriological and virological analysis. Thorough hand washing with liquid soap and water (alcohol hand gel is not effective against Norovirus), robust environmental cleaning and prompt exclusion of affected healthcare staff/isolation of affected residents are vital infection control measures during an outbreak of D&V and should be encouraged within the care home setting.

The community

Lastly, in attempting to lessen the impact of Norovirus in the community overall, we are requesting that suspected cases in individuals attending GP surgeries, particularly those from healthcare settings, should be excluded from work until they have been symptom-free for 48 hours and are only sent to A&E if their symptoms are severe/prolonged. If you have any queries about this letter, or need to report a diarrhoea and/or vomiting outbreak, please do not hesitate to call the Public Health Protection Unit Tel: 0141 201 4917.

We thank you for your co-operation.

Yours sincerely

Infection Control Team
Appendix F  Infection Control Guidance for GPs and Out of Hours Service regarding PPE and Hand Hygiene (Home Visits)

Introduction
Gastroenteritis caused by Norovirus is highly infectious and can cause outbreaks of gastroenteritis in places were people congregate, e.g. schools, hospitals, nursing homes, cruise ships etc. Symptoms include abdominal cramps and nausea followed by vomiting and/or diarrhoea. Forceful vomiting is a common characteristic. Diarrhoea is usually mild with no blood mucus, or white blood cells in the stool. Other symptoms may include anorexia, lethargy, myalgia, headache, and fever. Illness may be debilitating in elderly patients. The duration of illness is usually between 1-4 days (normally 2-3). The infectious period lasts until 48 hours after the last episode of vomiting and/or diarrhoea.

Humans are the only known reservoir of Norovirus infection. Spread may occur as a result of infected food handlers contaminating food during preparation. Person-to-person spread is the most common means of transmission, often as a result of environmental contamination by vomit or faeces. Norovirus may remain viable for many days on carpets, soft furnishings and inanimate objects. Airborne transmission can occur from suspended viral particles, particularly following vomiting.

Assessment Criteria for Suspected Norovirus Patient
Sudden onset loose stools* +/- vomiting (x 2 episodes of sudden unexplained loose stools +/- 1 episode of unexplained sudden onset vomiting without having any other obvious cause for symptoms) within 24 hour period. Patients who have diarrhoea as a result of Norovirus do not normally present with bloody diarrhoea.

*A loose stool is a stool which conforms to the receptacle it is contained in.

Infection Control Precautions to Limit Spread in GPs and OOH Services

Before the visit:
• Advise the patient/ family that the visiting healthcare worker will be using protective equipment, i.e. apron and gloves.
• Consider what equipment may be used in the home and as far as practical take single use disposable equipment.
• Ensure that you have a supply of soap and disposable paper towels.

During the visit:
• On entering the house don gloves and aprons.
• Provide the patient with advice on preventing spread within the home – Appendix C.
• NB HAND HYGIENE MUST BE PERFORMED AFTER ALL PPE IS REMOVED AND AFTER LEAVING THE PREMISES.
• Hand Hygiene must be performed with soap and water.

Decontaminating equipment:
• Remember single-use equipment is preferable
• Equipment such as stethoscopes can be decontaminated using detergent and water and drying thoroughly.
Appendix G  Information for District Nurses / GPs / Out of Hours Service regarding Norovirus

You may be aware that there is an outbreak of gastroenteritis affecting patients and staff on several wards and hospitals across NHSGGC and also in some residential/ nursing home(s) within the area. The cause is thought to be Norovirus, which causes vomiting and diarrhoea.

Clinical Features
Norovirus symptoms include abdominal cramps and nausea followed by vomiting and/or diarrhoea. Forceful vomiting is a common characteristic. Diarrhoea is usually mild with no blood mucus, or white blood cells in the stool. Other symptoms may include anorexia, lethargy, myalgia, headache, and fever. Illness may be debilitating in elderly patients. The duration of illness is usually between 1-4 days (normally 2-3). The infectious period lasts until 48 hours after the last episode of vomiting and/or diarrhoea.

Transmission
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Prevention of Spread
Hand washing with soap and water is essential to help prevent spread of this virus. Alcohol gel is not effective against Norovirus and plain soap and water should be used.

- Good standards of personal and environmental hygiene.
- Good standards of infection control in residential settings and schools.
- Cases in residential settings must be cared for in isolation until 48 hours after the last episode of vomiting and/or diarrhoea.
- Individual cases should remain off work until 48 hours after the last episode of vomiting and/or diarrhoea.

Further information can be obtained from:

Public Health Protection Unit    Tel: 0141 201 4917
Appendix H  HIIAT Risk Assessment

Hospital Infection Incident Assessment (HIIA) Tool (Watt Risk Matrix Replacement)
Objective: To provide all those who manage and need to know about hospital infection incidents with a simple impact assessment tool.

Step 1 – Assess the infection impact on: Patients, Services, Public Health and Public Anxiety as Minor, Moderate or Major

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Step 2 Calculate the Impact:  All Minor = GREEN; 3 Minor and 1 Moderate = GREEN; No Major and 2-4 Moderate = AMBER; Any Major = RED;

Step 3 Take actions are in line with HIIA Tool colour

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* Public Anxiety: If a press statement was released today summarising the situation what would be the likely impact on public anxiety.
**Consider others who may be of assistance in managing hospital infection incidents: Food Standards Agency, Scottish Environmental Protection Agency (SEPA), Water Authority, Dental Public Health Consultant, Health and Safety Executive, etc.
*** As far as is practicable, patients and elatives should be informed of an incident prior to press statement release. All press statements should be shared with SGHD and Health Protection Scotland.

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