

## Information for Care Home Staff

### What is norovirus?

Norovirus, also known as ‘winter vomiting disease’, belongs to the *Caliciviridae* family of viruses and is a common gastrointestinal infection.

Norovirus infection can occur throughout the year but is most common from mid October through to April.

### What is a norovirus outbreak?

**Norovirus should be suspected in any resident (or staff member) who develops diarrhoea with or without vomiting and without any other obvious cause**

If 2 or more people develop these symptoms within 2 days of each other, it could be an outbreak.

Care homes should start infection control measures as soon as they suspect an outbreak is possible and should not wait until results are back from the laboratory. Staff should use the [Norovirus Outbreak Checklist](#).

### What are the symptoms?

Sudden onset of **non-bloody watery diarrhoea and/or vomiting**, which if present is often ‘projectile’. Also present may be:

- abdominal cramps
- headache
- muscle aches/pain
- tiredness
- fever/high temperature.

### How long do symptoms last?

Symptoms usually resolve within 2-3 days but 40% of people can still be symptomatic 4 days after onset of symptoms. Loss of life is rare and usually only happens when people have serious underlying conditions or a weakened immune system. The elderly are at particular risk of dehydration and often require hospital admission.

### How is it treated?

There is no specific treatment apart from supportive care. Residents should be encouraged and helped to drink fluids and/or given fluid rehydration; dehydration can increase the risk of urinary tract infections (UTIs) and hospitalisation.

Stool (faecal) samples may need to be taken from residents with diarrhoea.

## How is it spread?

Norovirus is **highly infectious** and transmitted easily from person to person, from contaminated food or water, or by contact with contaminated surfaces, objects and equipment.

Norovirus can survive on any surface for at least a week and even on refrigerated food for up to 10 days.

Norovirus can be detected in stools (faeces) even after symptoms have returned to normal. People with weakened immune systems (i.e. the very elderly, those with cancer or other chronic conditions) can excrete the virus for a long period of time however the impact of this on transmission to other people is unknown.

Residents (and staff) should be considered infectious whilst they have symptoms and until they are symptom-free for a minimum of 48 hours, or until their bowel movements (stools/faeces) have returned to their normal (pre-infection) pattern for 48 hours.

## How can you reduce the risk of a norovirus outbreak happening?

Being able to recognise the signs and symptoms will allow rapid implementation of infection control measures to prevent the virus spreading.

- **Planning:** clear and accessible plans for outbreak situations should be in place and staff should be aware of the measures required
- **Residents:** all residents should be assessed for gastrointestinal symptoms on entry to the home. The Norovirus Prevention Flowchart for Care Homes will help guide decision making from admission onwards.
- **Staff:** any staff member reporting symptoms of gastrointestinal infection must be sent home and not be permitted to return to work until symptom free for ≥48 hours.
- **Visitors:** any visitor experiencing symptoms of gastrointestinal infection should be sent home and not be permitted to visit until they are symptom free for ≥48 hours.
- **Information:** The [HPS Norovirus outbreak guidance poster](#) for care homes is available for downloading and printing and should be displayed in highly visible areas.

## What should you do if you suspect an outbreak of norovirus in your care home?

If there are **two or more** symptomatic residents (or staff members) in a short period of time (48 hours), immediately report this to the person in charge.

Contact your local Health Protection Team who will advise on what samples/tests are needed and the appropriate infection control actions. A full checklist of actions is provided in the [Norovirus Outbreak Checklist](#).

The most effective way to respond is to reinforce good hygiene measures including frequent hand washing (staff, residents and visitors), use of personal protective equipment (disposable gloves and aprons), and increased cleaning of equipment and disinfection of contaminated areas. Staff should use the [Norovirus Outbreak Daily Actions Checklist](#).

**Hand washing is the single most important measure in preventing further infection.**

Staff must wash their hands with liquid soap and warm water after every episode of care, procedure, or cleaning, and before and after entering residents' rooms. Alcohol based hand rubs (ABHR) may not be effective against norovirus so should only be used after (and not be used in place of) liquid soap and water.

Symptomatic residents must be asked to remain in their bedrooms whilst they are having symptoms and be discouraged from using common areas. Residents unable to follow this advice (i.e. residents with dementia) will require extra attention and care.