# Checklist to prepare for Norovirus Season

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| **Actions to prepare for norovirus season** | | | **√** | x |
| **1** | This guidance document has been read by all staff. | |  |  |
| **2** | Staff have been educated on the importance of hydration for care home residents; staff can list the signs and symptoms of dehydration and know how to respond. | |  |  |
| **3** | Staff education has been reinforced for hand hygiene (using liquid soap and water) *(Alcohol based hand rubs (ABHRs) may not be effective against norovirus so should not be used alone for hand hygiene).* | |  |  |
| **4** | Liquid soap and disposable paper hand towels are available in all toilets/bathrooms within the facility including residents’ rooms/ensuites. | |  |  |
| **5** | Personal protective equipment (PPE) i.e. disposable gloves, aprons and fluid resistant surgical facemasks (FRSM), is available in sufficient quantities and stored in a clean/dry area until required for use | |  |  |
| **6** | A segregation system is in place for infectious linen and water-soluble laundry bags are available. | |  |  |
| **7** | Waste disposal systems are in place including foot operated bins. | |  |  |
| **8** | Sufficient quantities of cleaning materials are in place including a cleaning agent that contains 1000 parts per million available chlorine. | |  |  |
| **9** | Appropriate measures are ready for residents with symptoms for a minimum of 2 days after the onset of symptoms or until fully recovered.  *(*including a safety risk assessment for keeping resident’s room doors closed whilst symptomatic; planning for care provision for symptomatic residents in a separate area of the home has been considered if possible/appropriate*)* | |  |  |
| **10** | HPS Norovirus prevention [posters](https://www.hps.scot.nhs.uk/guidelines/detail.aspx?id=1597) are displayed in highly visible areas. | |  |  |
| **11** | The HPS [Norovirus Prevention Flowchart](#Noroflowchart)is displayed in staff areas. | |  |  |
|  | **Your local Health Protection Team (HPT) contact details:** | | | |
|  | **Completed by:**  **Designation:** | **Date:** | | |