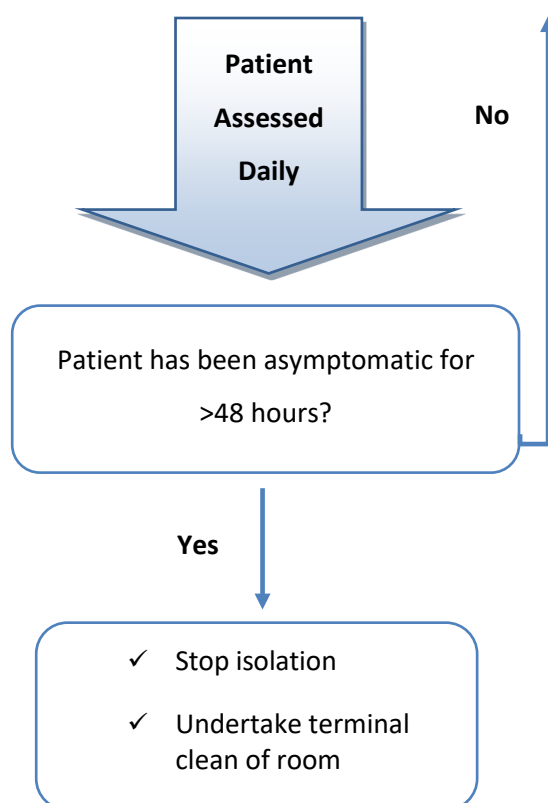
	BOARD INFECTION CONTROL COMMITTEE	Effective From	December 2025
	NOROVIRUS AIDE MEMOIRE	Review Date	December 2027
		Version	1
The most up-to-date version of this document can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control			

Norovirus Aide Memoire

Isolate in a single room with:

- ✓ ensuite / own commode
- ✓ door closed
- ✓ IPC yellow sign on door
- ✓ dedicated equipment
- ✓ Bowel Movement Record
- ✓ Loose Stools Care Checklist completed daily



Guidance for patients in isolation:

Hand Hygiene: Liquid Soap and Water

PPE: Yellow apron for routine care of the patient.

Gloves are required when it is anticipated that there is contact with or exposure to blood, bodily fluids, secretions, excretions, non-intact skin or mucous membranes or contaminated surfaces.

Mask/visor should be worn if there is a risk of facial contamination with aerosols.

Patient Environment: Twice daily clean with chlorine based detergent

Patient Equipment: Chlorine clean immediately after use and at least twice daily.

Laundry: Treat as infected


Waste: Dispose of as Clinical / Healthcare waste

Disease Symptoms: Diarrhoea and vomiting, abdominal cramps, myalgia, headache, malaise and fever

Incubation Period: 12 – 48 hours

Period of Communicability: While symptomatic and up to 48 hours after symptoms

Transmission Route: Direct contact, indirect contact, droplet contact

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Additional Information

<i>Clinical Condition</i>	<p>Norovirus, belongs to the Caliciviridae family of viruses and is a common gastrointestinal infection. Symptoms include acute onset of non-bloody watery diarrhoea and/or vomiting, often accompanied with abdominal cramps, myalgia, headache, malaise and low grade fever. Symptoms can last between 1 – 3 days but patients can still shed the virus for 2 – 3 days after symptoms resolve.</p> <p>Incubation period is typically between 12 – 48 hours and period of infectivity is while the person is symptomatic and for a further 48 hours after cessation of symptoms. Prolonged shedding of the virus can occur in persons that are immunocompromised and young children.</p>
<i>Mode of Spread</i>	<p>Direct Contact:</p> <ul style="list-style-type: none"> Hands come into contact with faecal matter/ vomit and subsequently touch the mouth. <p>Indirect Contact:</p> <ul style="list-style-type: none"> Hands come into contact with contaminated equipment or contaminated surfaces and subsequently touch the mouth. Consumption of faecal contamination in food or water. <p>Droplet Dissemination:</p> <ul style="list-style-type: none"> Patients with excessive or projectile vomiting can disseminate large quantities of virus in droplets which can contaminate extensive areas of the ward/department. <p>NB: Norovirus can survive on any surface including equipment and on refrigerated food for up to 10 days.</p>
<i>Outbreak</i>	<p>If an outbreak is suspected, contact a member of the IPCT and refer to the NHSGGC Outbreak Incident Management Plan for further guidance.</p> <p>Appendices 2 and 3 can be used to gather information during the outbreak.</p>
<i>Specimens required</i>	<p>Specimens of faeces must be obtained for microbiology and virology at the earliest possible opportunity. Both faecal and vomit specimens can be sent to virology.</p> <p>If Norovirus is suspected, please send the following :-</p> <ul style="list-style-type: none"> 3 stool specimens sent to Microbiology and 1 stool / vomit specimen sent to Virology. Specimens should be taken at least 24 hours apart

Loose Stools Care Checklist can be found here - [Loose Stools Care Checklist - NHSGGC](#)

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