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Guidance Objective

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

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

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


KEY CHANGES FROM THE PREVIOUS VERSION OF THIS GUIDANCE

Important Note: The version of this policy found on the Infection Prevention & Control (eIPC Manual) on the intranet page is the only version that is controlled. Any other versions either printed or embedded into other documents or web pages should be viewed as uncontrolled and as such may not necessarily contain the latest updates, amendments, or linkages to other documents.

Document Control Summary


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Related Documents	National IPC Manual NHSGGC Hand Hygiene Guidance NHSGGC Loose Stools Guidance NHSGGC SOP Terminal Clean of Ward/Isolation Room NHSGGC SOP Twice Daily Clean of Isolation Rooms
Distribution/Availability	NHSGGC Infection Prevention and Control web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control
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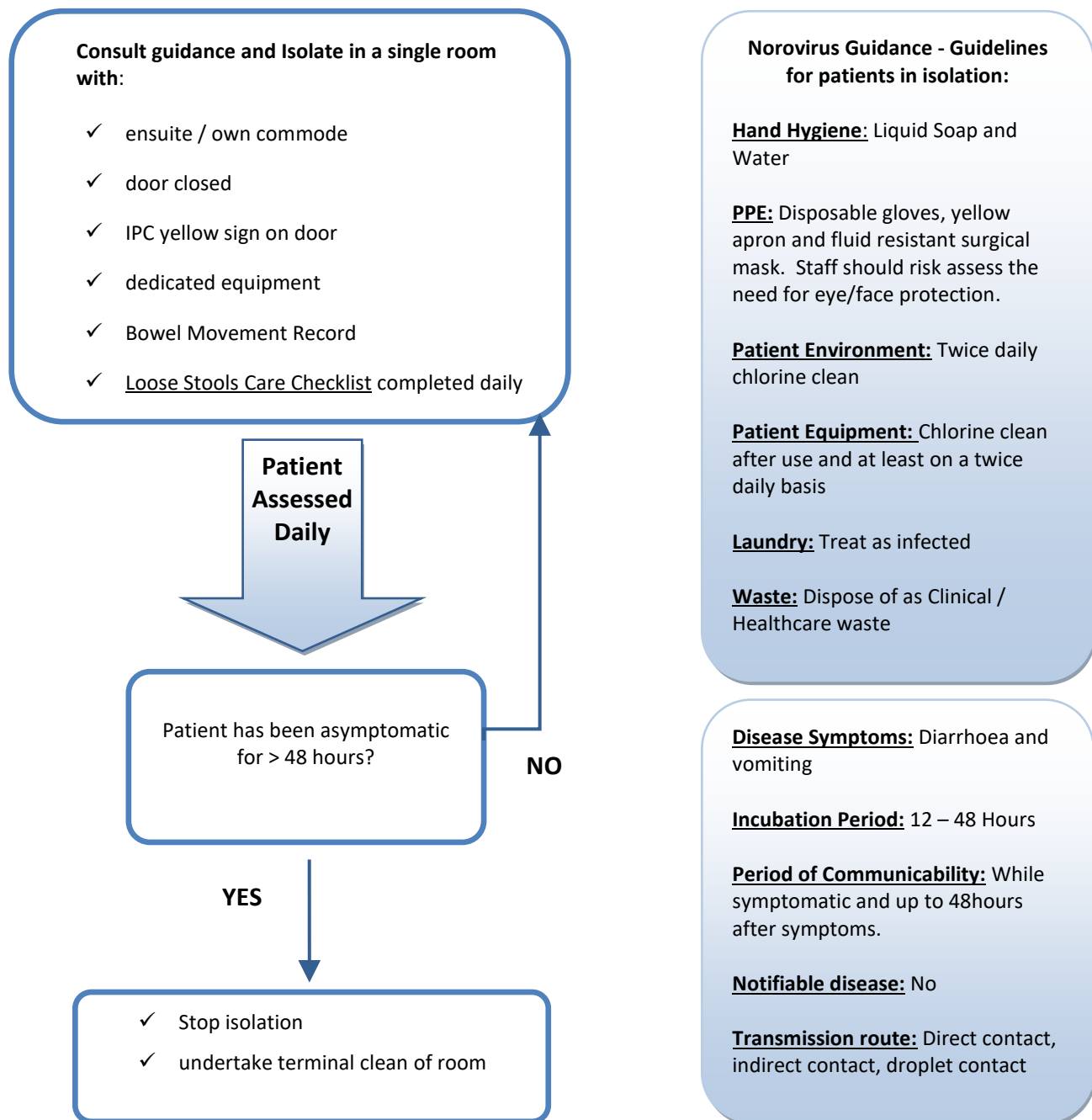
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Norovirus Aide Memoire



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1. Responsibilities

Healthcare Workers (HCWs) must:

- Follow this guidance.
- Inform their line manager if this guidance cannot be followed.
- Be vigilant for increased number of cases with similar symptoms and notify IPCT
- Implement care checklist

Senior Charge Nurse (SCN) / Managers must:


- Support HCWs and Infection Prevention and Control Teams (IPCTs) in following this guidance.

Infection Prevention and Control Teams (IPCTs) must:

- Keep this guidance up-to-date.
- Provide education opportunities on this guidance.
- Provide advice during outbreaks and incidents


Occupational Health Service (OHS) must:

- Advise HCWs regarding possible infection exposure and return to work issues as necessary

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2. General Information on Norovirus


Communicable Disease/ Alert Organism	<p>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. The infective dose is very small, between 10 – 100 virus particles. (HPS 2016).</p> <p>Norovirus outbreaks usually require closure of wards to prevent onward spread</p>
Clinical Condition	<p>Gastroenteritis: Gastro-intestinal symptoms, e.g. nausea, vomiting (often projectile), non-bloody watery diarrhoea; characteristically lasting 12-48 hours. Also present may be abdominal cramps, myalgia (muscle pain), headache, malaise and low grade fever.</p>
Mode of Spread	<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>
Incubation period	Usually 12-48 hours.
Notifiable disease	No.
Period of communicability	During the acute stage of the disease and up to 48 hours after symptoms of diarrhoea and vomiting have resolved or stools have returned to their normal (pre-infection pattern).
Persons most at risk	All. Susceptibility is widespread. It should be noted that mortality associated with Norovirus can occur particularly in elderly patients with co-morbidities. (HPS 2016)


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3. Transmission Based Precautions for Norovirus

Accommodation (Patient Placement)	All patients symptomatic of unexplained vomiting and/or diarrhoea must be placed in a single room with en suite (or own dedicated commode). If the patient is clinically unsuitable for isolation, a risk assessment must be undertaken by the clinical team. Failure to isolate must be documented in the IPC Care Checklist and reviewed daily. If a single room is not available, after consulting bed manager, staff must inform a member of the IPCT to allow further assessment.
IPC Care Checklist available	Yes. Loose Stools Care Checklist
Clinical / Healthcare Waste	Waste should be designated as clinical/ healthcare waste and placed in an orange waste bag. Please refer to the NHSGGC Waste Management Policy
Domestic Advice	<ul style="list-style-type: none"> Patients room/bed space should be cleaned twice daily as per NHSGGC SOP Twice Daily Clean of Isolation Rooms Chlorine based detergents should be used for routine and terminal cleaning of the area. Blood and/ or body fluid contamination of the environment should be managed as per the NHSGGC Decontamination Guidance. On resolution of symptoms (more than 48 hours asymptomatic) or discharge home, patient room/ bed space must be terminally cleaned see NHSGGC SOP Terminal Clean of Ward/Isolation Room
Equipment	<p>Patient equipment must be dedicated as far possible, while patient remains symptomatic and during infectious period.</p> <p>Patient care equipment should be cleaned after use or twice daily with chlorine based detergent or immediately if visibly contaminated.</p> <p>Where possible equipment such as commodes, call buttons, washbowls, chairs, hoist slings, BP cuffs, thermometers etc. should be kept for use by individual, symptomatic patients. If equipment is taken out of the room it must be cleaned with 1000ppm chlorine based detergent.</p> <p>Please also refer to NHSGGC Decontamination Guidance</p>
Hand Hygiene (HH)	Hand hygiene is the single most important measure to prevent cross-infection with Norovirus.

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	<p>Hands must be decontaminated with liquid soap and water before and after each direct patient contact, after contact with the environment, after exposure to body fluids and before any aseptic tasks. Patients should be encouraged/ assisted to use the hand hygiene facilities after using the toilet or commode and before meals. Hand wipes should be provided to those patients unable to use hand hygiene facilities</p> <p>Visitors must also be encouraged to wash their hands with soap and water after visiting a patient with loose stools.</p> <p>Please refer to NHSGGC Hand Hygiene Guidance</p>		
Individual precautions required until	Patient has been asymptomatic for 48 hours.		
Last Offices	No special requirements.		
Linen	<p>Treat used linen as soiled/ infected, i.e. place in a water soluble bag, then into a clear plastic bag (brown bag used in Mental Health areas), tied, then into a white laundry hamper bag. Some wards and departments may use red laundry hamper bags as the outer bag.</p> <p>Please refer to National Guidance on the safe management of linen</p> <p>Any soiled clothing for home laundering should be placed into a domestic water soluble bag then into a patient clothing bag before being sent home. All soiled clothing for home laundering should be accompanied with a Washing Clothes at Home Leaflet and staff should alert relatives / carers to the condition of the laundry. NB it should be recorded in the nursing notes that both advice and the information leaflet has been issued.</p>		
Moving Patients between wards, hospitals and departments (including theatres)	Movement of patients should be restricted until they have been asymptomatic for 48 hours. Movement of patients while symptomatic must only occur if there is a clinical need and this should be discussed with the IPCT and the receiving area.		
Notice for Door	The yellow IPC isolation sign must be placed on the door to the patient’s room. In Mental Health Services, on advice of the IPCT. The door should remain closed and if the door cannot be closed		

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	then an IPCT risk assessment should be completed and reviewed frequently.		
Outbreak	If an outbreak is suspected, contact a member of the IPCT and refer to the NHSGGC Outbreak Incident Management Plan for further guidance. Appendices 2 and 3 can be used to gather information during the outbreak.		
Personal Protective Equipment (PPE)	Disposable yellow aprons and disposable gloves must be worn if in contact with an infected patient or their environment. Where there is a risk of blood and / or body fluid splash to the face, a fluid resistant surgical mask and eye protection must be considered.		
Specimens required	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.		
Stool Charts	It is the responsibility of staff within the area to record type/frequency of stool, using the appropriate stool chart. See Appendix 1 Bowel Movement Record		
Terminal Cleaning of Room	Refer to Terminal Clean of Ward/Isolation Room SOP		
Visitors	Visitors are not required to wear aprons and gloves, unless they are participating in patient care. Visitors must be advised to decontaminate their hands with liquid soap and water on leaving the room/ patient. Symptomatic visitors should be advised not to visit patients in hospital until they have been asymptomatic for 48 hours. Staff should consider restricting the number of visitors to two and advising visitors not to bring young children and babies to visit whilst the patient is symptomatic.		

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4. Evidence Base

HPS (2016) General information to prepare for and manage norovirus in care settings.
[HPS Website - General information to prepare for and manage norovirus in care settings \(scot.nhs.uk\)](http://www.scot.nhs.uk/hps/prepare-for-and-manage-norovirus-in-care-settings)


CDC (2017) Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings

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

Chadwick P.R. et al (2000) Management of hospital outbreaks of gastro-enteritis due to small round structured viruses. Report of the Public Health Laboratory Service Viral GastroEnteritis Working Group. Journal of Hospital Infection. 45 pp 1-10

Heymann D.L. (2022) Control of Communicable Diseases Manual. 21st ed. The official report of the American Public Health Association. Washington DC.

[ARHAI \(2022\) National Infection prevention and Control Manual](http://www.arhai.org/national-infection-prevention-and-control-manual)








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Appendix 1 – Bowel Movement Record

BOWEL MOVEMENT RECORD


Month: _____ Year: _____

Name: _____

Date	Time	Size S-small M-medium L-large S M L	Type 1 Separate hard lumps like nuts (hard to pass) 	Type 2 Sausage shaped but lumpy 	Type 3 Like a sausage but with cracks on surface 	Type 4 Like a sausage or snake, smooth and soft 	Type 5 Soft blobs with clear-cut edges (passed easily) 	Type 6 Huffy pieces with ragged edges, a mushy stool 	Type 7 Watery, no solid pieces (entirely liquid) 	Staff Initials
	am									
	pm									
	am									
	pm									
	am									
	pm									
	am									
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Adapted from the Bristol Stool Scale developed by KW Heaton and SJ Lewis at the University of Bristol, 1997

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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.

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Appendix 3 - Norovirus Outbreak Data Record Ward

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.

[illegible]

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