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The most up-to-date version of this guidance can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

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 <u>only</u> 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

Document control summary	
Approved by and date	Board Infection Control Committee 15 th December 2022
Date of Publication	27 th January 2023
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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-
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Lead Manager	Director Infection Prevention and Control
Responsible Director	Executive Director of Nursing



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NOROVIRUS GUIDANCE TRANSMISSION BASED PRECAUTIONS

The most up-to-date version of this guidance can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

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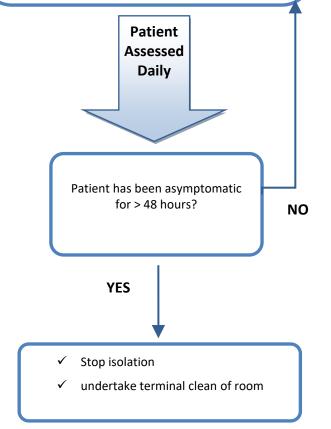
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Norovirus Aide Memoire

Consult guidance and 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



Norovirus Guidance - Guidelines for patients in isolation:

<u>Hand Hygiene:</u> Liquid Soap and Water

<u>PPE:</u> Disposable gloves, yellow apron and fluid resistant surgical mask. Staff should risk assess the need for eye/face protection.

<u>Patient Environment:</u> Twice daily chlorine clean

<u>Patient Equipment:</u> Chlorine clean after use and at least on a twice daily basis

Laundry: Treat as infected

<u>Waste:</u> Dispose of as Clinical / Healthcare waste

<u>Disease Symptoms:</u> Diarrhoea and

vomiting

Incubation Period: 12 – 48 Hours

Period of Communicability: While symptomatic and up to 48hours

after symptoms.

Notifiable disease: No

<u>Transmission route:</u> Direct contact, indirect contact, droplet contact



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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

	I
Communicable	Norovirus is highly infectious and causes outbreaks of
Disease/	gastroenteritis in places where people congregate, e.g. schools,
Alert Organism	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).
	Norovirus outbreaks usually require closure of wards to prevent
	onward spread
Clinical Condition	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.
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 faecal contamination in food or water.
	Droplet Dissemination:
	Patients with excessive or projectile vomiting can disseminate
	large quantities of virus in droplets which can contaminate
	extensive areas of the ward/department.
	NB: Norovirus can survive on any surface including equipment
	and on refrigerated food for up to 10 days.
Incubation period	Usually 12-48 hours.
Notifiable disease	No.
Period of	During the acute stage of the disease and up to 48 hours after
communicability	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)
	C.G.C., patients with co morbidities. (in 5 2010)

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3. Transmission Based Precautions for Norovirus

	Precautions for Norovirus
Accommodation	All patients symptomatic of unexplained vomiting and/or
(Patient Placement)	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	Yes.
available	Loose Stools Care Checklist
Clinical / Healthcare	Waste should be designated as clinical/ healthcare waste and
Waste	placed in an orange waste bag. Please refer to the NHSGCC
	Waste Management Policy
Domestic Advice	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 <u>Terminal</u>
	Clean of Ward/Isolation Room
	<u>Clean of Ward/Isolation Room</u>
Equipment	Patient equipment must be dedicated as far possible, while
	patient remains symptomatic and during infectious period.
	Patient care equipment should be cleaned after use or twice
	daily with chlorine based detergent or immediately if visibly
	contaminated.
	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.
	Please also refer to NHSGGC <u>Decontamination Guidance</u>
Hand Hygiene (HH)	Hand hygiene is the single most important measure to
	prevent cross-infection with Norovirus.
	prevent cross infection with Nordvillas.



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WWW.III.Day.c.scot	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 Visitors must also be encouraged to wash their hands with soap and water after visiting a patient with loose stools.	
Individual precautions	Please refer to NHSGGC <u>Hand Hygiene Guidance</u> Patient has been asymptomatic for 48 hours.	
required until	Tatient has been asymptomatic for 46 hours.	
Last Offices	No special requirements.	
Linen	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. Please refer to National Guidance on the safe management of linen 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.	
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.
	Disposable yellow aprons and disposable gloves must be worn if
Personal Protective	in contact with an infected patient or their environment. Where
Equipment (PPE)	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.
0. 101 .	
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	Refer to Terminal Clean of Ward/Isolation Room SOP
Room	
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)

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 I-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

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Appendix 1 - Bowel Movement Record

BOWEL MOVEMENT RECORD

Month:

Year:

Name: Type 2 Sausage shaped but lumpy Type 1 Type 3 Type 4 Type 5 Type 6 Type 7 Separate hard lumps like nuts Like a sausage but with cracks on Soft blobs with clear-cut edges Fluffy pieces with rugged edges, a mushy stool Watery, no solid Like a sausage or snake, smooth and Date Time Size Staff pieces (entirely liquid) Initials (hard to pass) (passed easily) surface soft S-small M-medium L-large M L am pm am pm am am pm am pm am pm am pm am pm am pm. am pm am pm am pm am

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.

Date commenced:

Tick if done, X if not done, N/A for not applicable.

Hospital:	Ward:	ICT informed date:	Date:					
The ward is closed due to admissions and tra	ansfers – until 48 hours after last new case.							
The ward (and side-room) doors are closed a	and there is an approved notice on the ward door advising visitors of necess	sary actions.						
All Healthcare Workers (HCWs) on the	 Aware of the status of the ward and how Norovirus is transmitted. 							
ward are: • Aware of their duty to report when they have symptoms of gastrointestinal infection and not return or continue to work until they								
	are symptom free for 48 hours.							
All patients (and relatives) on the ward are a	ware of the Norovirus situation and have been given information leaflets or	n Norovirus and advised on the need for	nand hygiene, and safe					
handling of personal laundry.								
All patients with symptoms of Norovirus have	re been assessed today for symptom severity and assessed for signs of possi	ible dehydration (Stool and Fluid Balance	charts).					
Norovirus Outbreak Data Record (Appendix 3	3). The outbreak data collection record has been updated – including any r	new cases, the symptoms patients are exp	periencing today and					
laboratory data. (Stool/vomit samples have b	been requested from all symptomatic patients).							
Patient Placement Assessment: A patient placement	lacement assessment and any advised/suggested moves have been made to	oday.						
Personal Protective Equipment (PPE) – glove	es, apron, surgical (mask/visor – if risk of facial contamination with aerosols).						
There are sufficient supplies of PPE in the wa	rd and staff are using it appropriately.							
Hand hygiene is being carried out with liquic	d 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	g the toilet.						
Environment : The environment is visibly clea	an including curtains and there is increased cleaning which includes deconta	amination of frequently touched surfaces	with detergent and					
1000ppm av cl. (cleaning records are up-to-d	date).							
Environment : There are no exposed foods in	n the ward area – even if unexposed all fruit should be washed before eating	g.						
Equipment : Where possible single patient us	se equipment is used and communal patient equipment avoided. All re-usa	able equipment is decontaminated after u	se. There are sufficient					
other sundries on the wards to enable the co	introl measures to be implemented.							
Linen: Whilst the ward remains closed, categ	gorise all discarded linen as "infected".							
Spillages: All faecal and vomit spillages are d	decontaminated by staff wearing PPE. The spillage is removed with paper to	owels, and then the area is decontaminat	ed with an agent					
containing 1000 pp, av cl. All waste arising is	s discarded as healthcare waste. PPE is then removed and hands washed w	rith liquid soap and warm water.						
Advice and Guidance: HCWs have access to	and follow NHS Board guidance on: • The decontamination	on of body fluid spills, equipment, soft fur	nishings.					
	 What to do if unifor 	ms become contaminated.						
Today the ICT has made an assessment of the	e outbreak and the continuing need for ward closure.							
• In preparation for re-opening – em	npty beds have been cleaned but left unmade.							
In preparation for re-opening – the	e curtains/bed screens in empty rooms have been taken down.							
	nsider if pre-booking a terminal clean and pre-booking clean curtains/scree	ns being hung is possible.						
	an has been performed following ICT recommendation and following the ho							П
· -	<u> </u>							



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Appendix 3 - Norovirus Outbreak Data Record Ward

<u>Possible Norovirus Infection</u>: 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.

<u>Confirmed Norovirus Infection</u>: 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])

V=Vomiting	Y or N	Enemas Y or N	date	or Confirmed*	Info			
								<u> </u>
		1						
								
								
								<u> </u>
								
								

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

Date (agree a time of day to be done)					Comment
No. of patients symptomatic					
No. of patients <48 hrs symptomatic free					
No. of empty beds					
No. of new HCWs off duty with symptoms					