Appendix 2 - Norovirus Outbreak Daily Checklist

Date commenced:	

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.

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 transfers – until 48 hours after last new case.				
The ward (and side-room) doors are closed and there is an approved notice on the ward door advising visitors of necessary actions.				
All Healthcare Workers (HCWs) • Aware of the status of the ward and how Norovirus is transmitted.				
on the ward are: • Norovirus system free.				
All patients (and relatives) on the ward are aware of the Norovirus situation and have been given information leaflets on Norovirus and the need for hand				
hygiene, and safe handling of personal laundry.				
All patients with symptoms of Norovirus have been assessed today for symptom severity and assessed for signs of possible dehydration (Stool and Fluid				
Balance charts).				
Norovirus Outbreak Data Record (Appendix 3). The outbreak data collection record has been updated – including any new cases, the symptoms patients				
are experiencing today and laboratory data. (Stool samples have been requested from all symptomatic patients).				
Patient Placement Assessment: A patient placement assessment and any advised/suggested moves have been made today.				
Personal Protective Equipment (PPE) – gloves, apron, surgical (mask/visor – if risk of facial contamination with aerosols).				
There are sufficient supplies of • Is used for single tasks and once removed hand washing is performed using liquid soap and warm water.				
PPE in the ward: • Is used before contact with the patient or the patient's immediate environment or before any dirty task.				
Hand hygiene is being carried out with liquid 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 the toilet.				
Environment : The environment is visibly clean – including curtains – there is increased cleaning which includes decontamination of frequently touched				
surfaces with detergent and 1000ppm av cl. (cleaning records are up-to-date).				
Environment : There are no exposed foods in the ward area – even if unexposed all fruit should be washed before eating.				
Equipment : Where possible single patient use equipment is used and communal patient equipment avoided. All re-usable equipment is decontaminated				
after use. There are sufficient other sundries on the wards to enable the control measures to be implemented.				
Linen : Whilst the ward remains closed, categorise all discarded linen as "infected".				
Spillages: All faecal and vomit spillages are decontaminated by staff wearing PPE. The spillage is removed with paper towels, and then the area is				
decontaminated with an agent containing 1000 pp, av cl. All waste arising is discarded as healthcare waste. PPE is then removed and hands washed with				
liquid soap and warm water.				
Advice and Guidance: HCWs have access to and • The decontamination of body fluid spills, equipment, soft furnishings.				
follow NHS Board guidance on: • What to do if uniforms become contaminated.				
Today the ICT has made an assessment of the outbreak and the continuing need for ward closure.				
 In preparation for re-opening – empty beds have been cleaned but left unmade. 				
In preparation for re-opening – the curtains in empty rooms have been taken down.				<u> </u>
• In preparation for re-opening – consider if pre-booking a terminal clean and pre-booking clean curtains being hung is possible.				
Before re-opening: a terminal clean has been performed following ICT recommendation and following the hospital procedure.				