

Norovirus – Guidance for Care Homes

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1. Introduction

The Norovirus Guidance for Care Homes has been developed to provide key information to assist with prevention and control of cases of Norovirus in care homes. The checklists included in this pack should be used in addition to the Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) as per the National Infection Prevention and Control Manual (NIPCM). This pack comprises:

- Roles and Responsibilities – to guide decision making
- Information for Care Home staff
- A prevention checklist – to be completed prior to the season starting
- A checklist of everything that needs to be done on the first day
- A daily checklist for every day until the outbreak is over
- Outbreak record sheet – for tracking cases and symptom onset
- Information for visitors and residents
- Prevention and outbreak posters

Norovirus should be suspected in any person who develops diarrhoea with or without vomiting and without any other obvious cause (i.e due to laxatives)

If 2 or more people have these symptoms with onset within 2 days of each other, **it could be an outbreak.**

If you consider an outbreak of norovirus is likely:

- Contact your local health protection team (HPT) immediately
- Start the Norovirus Outbreak Checklist

2. Roles and responsibilities

Person in charge of Care Home

- Ensure ongoing compliance with Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs).
- Report all residents with suspected norovirus symptoms to the GP.
- Report to your HPT if you and the GP are clinically suspicious of 2 or more cases of gastrointestinal infection (norovirus).
- Work with the HPT in completing the daily assessments and keeping the HPT updated.
- Ensure there are sufficient staff available to deal with the residents' needs.

GP

- Provide clinical assessment to determine outbreak status.
- Provide advice to person in charge of Care Home to inform HPT.
- Offer specific advice regarding treatment options for residents and staff.

Health Protection Team (HPT)

- Advise on the control measures required and specimens to be collected.
- Advise on discontinuation of control measures and actions prior to re-opening of the Care Home if closed at any time.

3. Information for Care Home Staff

What is norovirus?

Norovirus, also known as ‘winter vomiting disease’, belongs to the Caliciviridae family of viruses and is a common gastrointestinal infection.

Norovirus infection can occur throughout the year but is most common from mid October through to April.

What is a norovirus outbreak?

Norovirus should be suspected in any resident (or staff member) who develops diarrhoea with or without vomiting and without any other obvious cause.

If 2 or more people develop these symptoms within 2 days of each other, it could be an outbreak.

Care homes should start infection control measures as soon as they suspect an outbreak is possible and should not wait until results are back from the laboratory. Staff should use the Norovirus Outbreak Checklist.

What are the symptoms?

Sudden onset of **non-bloody watery diarrhoea and/or vomiting**, which if present is often ‘projectile’. Also present may be:

- abdominal cramps
- headache
- muscle aches/pain
- tiredness
- fever/high temperature.

How long do symptoms last?

Symptoms usually resolve within 2-3 days but 40% of people can still be symptomatic 4 days after onset of symptoms. Loss of life is rare and usually only happens when people have serious underlying conditions or a weakened immune system. The elderly are at particular risk of dehydration and often require hospital admission.

How is it treated?

There is no specific treatment apart from supportive care. Residents should be encouraged and helped to drink fluids and/or given fluid rehydration; dehydration can increase the risk of urinary tract infections (UTIs) and hospitalisation.

Stool (faecal) samples may need to be taken from residents with diarrhoea.

How is it spread?

Norovirus is **highly infectious** and transmitted easily from person to person, from contaminated food or water, or by contact with contaminated surfaces, objects and equipment.

Norovirus can survive on any surface for at least a week and even on refrigerated food for up to 10 days.

Norovirus can be detected in stools (faeces) even after symptoms have returned to normal. People with weakened immune systems (i.e. the very elderly, those with cancer or other chronic conditions) can excrete the virus for a long period of time however the impact of this on transmission to other people is unknown.

Residents (and staff) should be considered infectious whilst they have symptoms and until they are symptom-free for a minimum of 48 hours, or until their bowel movements (stools/faeces) have returned to their normal (pre-infection) pattern for 48 hours.

How can you reduce the risk of a norovirus outbreak happening?

Being able to recognise the signs and symptoms will allow rapid implementation of infection control measures to prevent the virus spreading.

- **Planning:** clear and accessible plans for outbreak situations should be in place and staff should be aware of the measures required

- **Residents:** all residents should be assessed for gastrointestinal symptoms on entry to the home. The Norovirus Prevention Flowchart for Care Homes will help guide decision making from admission onwards.
- **Staff:** any staff member reporting symptoms of gastrointestinal infection must be sent home and not be permitted to return to work until symptom free for ≥ 48 hours.
- **Visitors:** any visitor experiencing symptoms of gastrointestinal infection should be sent home and not be permitted to visit until they are symptom free for ≥ 48 hours.
- **Information:** The HPS Norovirus outbreak guidance [poster](#) for care homes is available for downloading and printing and should be displayed in highly visible areas.

What should you do if you suspect an outbreak of norovirus in your care home?

If there are **two or more** symptomatic residents (or staff members) in a short period of time (48 hours), immediately report this to the person in charge.

Contact your local Health Protection Team who will advise on what samples/tests are needed and the appropriate infection control actions. A full checklist of actions is provided in the Norovirus Outbreak Checklist.

The most effective way to respond is to reinforce good hygiene measures including frequent hand washing (staff, residents and visitors), use of personal protective equipment (disposable gloves and aprons), and increased cleaning of equipment and disinfection of contaminated areas. Staff should use the Norovirus Outbreak Daily Actions Checklist.

Hand washing is the single most important measure in preventing further infection.

Staff must wash their hands with liquid soap and warm water after every episode of care, procedure, or cleaning, and before and after entering residents' rooms. Alcohol based hand rubs (ABHR) may not be effective against norovirus so should only be used after (and not be used in place of) liquid soap and water.

Symptomatic residents must be asked to remain in their bedrooms whilst they are having symptoms and be discouraged from using common areas. Residents unable to follow this advice (i.e. residents with dementia) will require extra attention and care.

4. Checklist to prepare for Norovirus Season

| | 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 are displayed in highly visible areas. | | |
| 11 | The HPS Norovirus Prevention Flowchart is displayed in staff areas. | | |

Your local Health Protection Team (HPT) contact details:

Completed by:

Designation:

Date:

5. Norovirus Outbreak Checklist

Complete as soon as a norovirus outbreak is suspected

Date the outbreak was identified.....

| DAY 0 ACTIONS | ✓ |
|---|---|
| PATIENT PLACEMENT, TRANSFERS & ADMISSIONS: | |
| Symptomatic residents asked to remain in their rooms with doors closed and discouraged from using communal areas until symptom-free for ≥48 hours | |
| Discuss suspension of non-essential care home admissions with the Health Protection Team (HPT) | |
| Following HPT advice, all inter-care transfers/medical appointments suspended unless clinically essential and receiving units (ambulances/hospitals) informed of the situation | |
| INFORMATION/ADVICE | |
| Local Health Protection Team (HPT) contacted and informed of the situation | |
| Symptomatic residents' GPs contacted, and clinical advice sought if required | |
| All staff members (housekeeping, catering, care) have been informed of the situation | |
| All residents/visitors informed and given 'Norovirus – Information for residents and visitors' Sheet and Washing Clothes at Home Leaflets | |
| Appropriate posters displayed in highly visible locations on entry to the home and affected areas | |
| The Norovirus Outbreak Daily Actions Checklist is in place and being used by care staff | |
| CLINICAL | |
| Stool samples collected and sent to laboratory (on advice of HPT) | |
| Stool chart started for all symptomatic patients and daily hydration checks in place | |
| STAFF | |
| Any staff member reporting symptoms have been sent home immediately and referred to their GP for stool sampling (on advice from HPT) (Recovering staff can return to work once symptom-free for ≥48 hours) | |
| Non-essential staff have been contacted and advised not to attend | |

| DAY 0 ACTIONS | ✓ |
|--|---|
| Where possible, care staff allocated to symptomatic or non-symptomatic residents, but not both | |
| VISITORS | |
| Temporary suspension of visiting has been discussed with the HPT | |
| Any visitors reporting symptoms have been sent home immediately and discouraged from visiting until symptom-free for ≥48 hours | |
| HAND HYGIENE | |
| Staff/visitors/residents have been advised to use liquid soap and warm water | |
| Residents encouraged and assisted to wash hands before meals and after using the toilet | |
| Staff advised to wash hands after every episode of care, after cleaning, and prior to entering or leaving a residents room | |
| PERSONAL PROTECTIVE EQUIPMENT (PPE) | |
| Disposable aprons and gloves are worn during direct care, when cleaning and changing bed linen | |
| Fluid resistant surgical face masks (FRSM) worn if vomiting is present and when cleaning up spills of vomit/diarrhoea | |
| Hand hygiene is performed before putting on, and after taking off, PPE | |
| PPE used for one procedure/episode of care then discarded as healthcare waste | |
| CARE EQUIPMENT | |
| Single use care equipment is in use wherever possible; other care equipment (<i>such as commodes, wash bowls, lifting equipment</i>) is dedicated to a single patient | |
| All reusable care equipment is decontaminated between each use using a cleaning agent with 1000 parts per million (ppm) available chlorine (av cl.) as per Appendix 7 of the NIPCM | |
| CLEANING | |
| Staff to commence enhanced cleaning of symptomatic residents rooms preferably at least twice daily (use combined detergent/disinfectant containing 1,000 ppm av cl; include all hard surfaces, equipment, and frequently touched surfaces e.g. door handles, light switches, bed rails) | |
| Spillages of vomit/diarrhoea cleaned immediately as per Appendix 9 of the NIPCM (spillage removed with paper towels; area disinfected using a cleaning agent containing 1,000 ppm av cl. Include a 3 metre circumference; treat all waste arising from cleaning as infectious) | |

| DAY 0 ACTIONS | ✓ |
|---|---|
| Bed linen treated as infectious and placed in a water-soluble bag for laundering as per Appendix 8 of the NIPCM | |
| Carpets and soft furnishings decontaminated with hot soapy water (or carpet shampoo) and steam cleaned (if available) according to manufacturer instructions as per Appendix 9 of the NIPCM | |
| Disposable cloths and washable mops are in use in affected areas | |
| A terminal clean of residents rooms performed once resident is symptom-free for ≥48 hours; curtains, linen, carpets and soft furnishings included | |
| A terminal clean of the wider facility performed once all residents and staff have been symptom-free for ≥48 hours (i.e. once the outbreak is over, with HPT agreement) | |

Further information on Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) can be found in the [National Infection Prevention and Control Manual \(NIPCM\)](#)

6. Norovirus Outbreak Daily Actions Checklist

For ongoing monitoring until the outbreak is under control.

Name of Care Home/Care area.....

Person in charge:

Date of first symptoms:

| Action | Date/Shift | | | | | | |
|--|------------|--|--|--|--|--|--|
| All residents with symptoms assessed for symptom severity (GP contacted if concerned) Initial: | | | | | | | |
| Anti-sickness medication considered for symptomatic residents (checked first with GP) | | | | | | | |
| All residents with symptoms assessed for signs of dehydration | | | | | | | |
| Stool chart completed for all symptomatic residents | | | | | | | |
| Date of start and end of symptoms recorded for all residents/staff (use Norovirus Outbreak Data Record) | | | | | | | |
| Doors to symptomatic residents rooms are closed whenever possible | | | | | | | |
| Symptomatic residents rooms have been disinfected as per enhanced cleaning protocol | | | | | | | |
| Residents and visitors have been updated about any changes to visiting (if necessary) | | | | | | | |
| Posters have been displayed informing all visitors of temporary suspension of visiting (if necessary) | | | | | | | |

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| Action | Date/Shift | | | | | | |
|--|------------|--|--|--|--|--|--|
| Receiving units (ambulances/hospitals) have been informed of the outbreak if transferring today | | | | | | | |
| Carers of residents discharged to home care have been informed of infection control requirements | | | | | | | |
| Any changes to outbreak status have been communicated to all staff/residents/visitors | | | | | | | |
| A terminal clean of the wider facility has been organised with the HPT once all persons have been symptom-free for at least 48 hours | | | | | | | |
| Number of new cases (residents): | | | | | | | |
| Number of new cases (staff): | | | | | | | |
| Total number of cases (residents): | | | | | | | |
| Total number of cases (staff): | | | | | | | |

7. Norovirus Outbreak Data Record

For monitoring of all residents symptoms. Complete for all symptomatic cases (See over page for example)

Name of care area:.....

| Name of resident/staff member | DOB | Symptom (D, V) | Antibiotic (Y or N) | Laxatives enemas (Y or N) | Stool Specimen date (X) | Specimen result (+ or -) | Date of start and end of symptoms (Identify start and end date with a dot as below and link dates with a line) | | | | | | | |
|-------------------------------|-----|----------------|---------------------|---------------------------|-------------------------|--------------------------|--|--|--|--|--|--|--|--|
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(D= diarrhoea, V= vomiting, Y= yes, N=no) X=date when specimen taken

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EXAMPLE:

| Name of resident/staff member | DOB | Symptom (D, V) | Antibiotic (Y or N) | Laxatives enemas (Y or N) | Stool Specimen date (X) | Specimen result (+ or -) | Date of start and end of symptoms (Identify start and end date with a dot as below and link dates with a line) | | | | | | | |
|-------------------------------|--------|----------------|---------------------|---------------------------|-------------------------|--------------------------|--|------|------|------|------|------|------|---|
| | | | | | | | 19/9 | 20/9 | 21/9 | 22/9 | 23/9 | 24/9 | 25/9 | |
| Joe Bloggs | 1/1/32 | D + V | N | N | 20/9 | | ● | X | — | | | | | ● |
| Jane Brown | 5/9/44 | V | N | Y | | | | | ● | — | | | | ● |
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(D= diarrhoea, V= vomiting, Y= yes, N=no) X=date when stool specimen taken

8. Norovirus - Information Sheet for Residents and Visitors

What is norovirus?

It is a highly contagious virus, also called 'winter vomiting bug', and causes vomiting or diarrhoea (or both). Outbreaks are common in the UK in hospitals, care homes and in the community and a large number of people can be affected.

What are the symptoms?

Symptoms include nausea, vomiting (often projectile), and watery diarrhoea. Some people have stomach cramps, muscle aches and pains, a fever/high temperature and headaches.

What treatment will I have for norovirus?

There is no available treatment apart from letting it run its course and making sure you drink plenty of fluids. It cannot be treated with antibiotics because antibiotics fight bacteria, not viruses.

How is norovirus spread?

Norovirus is found in the vomit and faeces (poo) of infected people. When people vomit or have diarrhoea the virus can be sprayed into the air and land on surfaces. Norovirus can survive on practically any surface including carpets and soft furnishings. The virus is highly infectious and spreads quickly.

People become infected in the following ways:

- Touching contaminated surfaces (e.g. door handles, toilets, sinks, bedding)
- Eating food or drinks that are contaminated with norovirus
- Having close contact with an infected person that has symptoms

Why is norovirus a problem?

Sometimes people may become very dehydrated due to the amount of fluid they have lost. This can be a problem for the elderly and people with poor health, and some people may require admission to hospital.

How do care homes control norovirus?

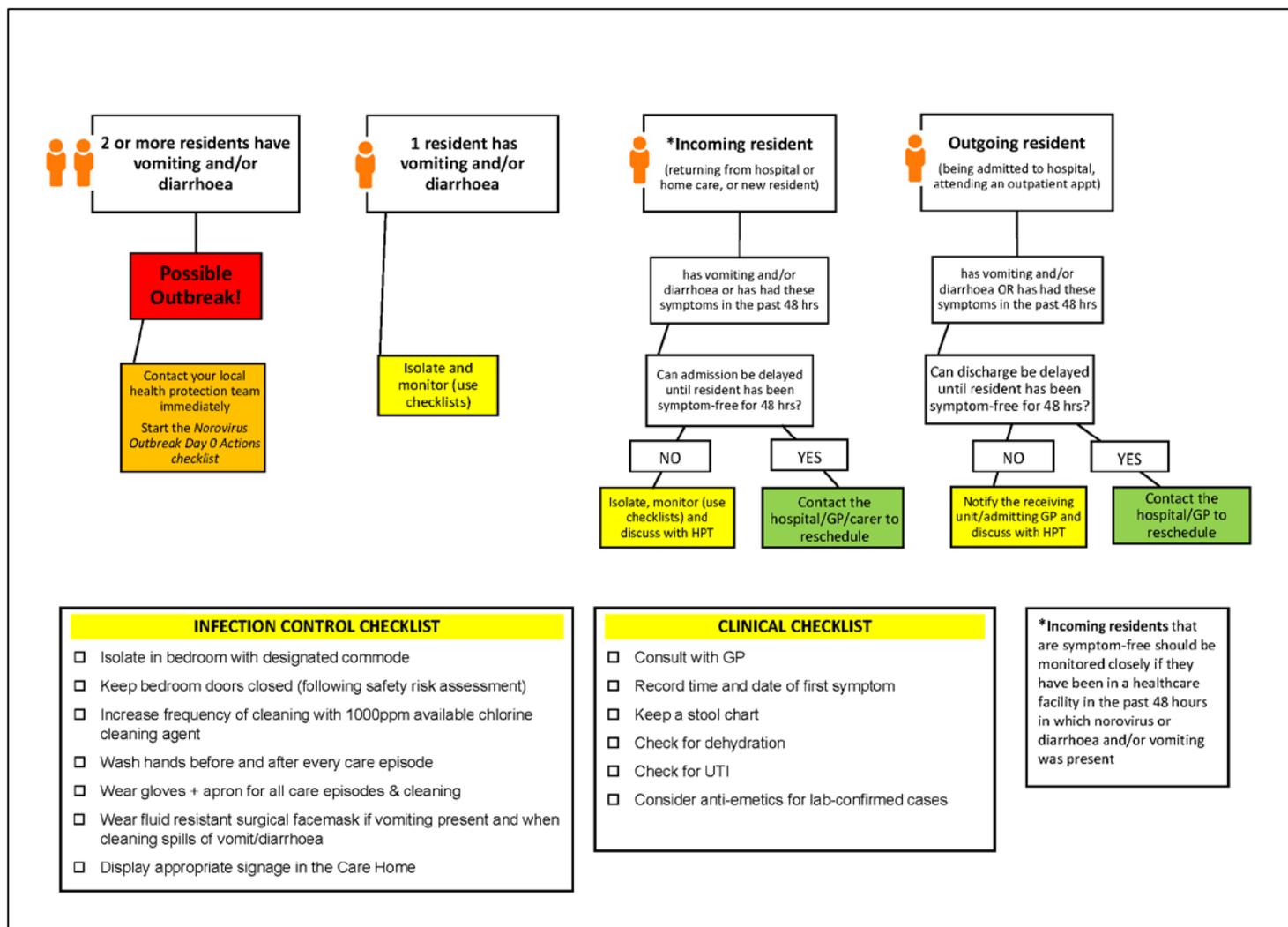
- Staff will wear protective clothing (disposable gloves and aprons)
- Visitors will not be expected to wear protective clothing unless helping a resident with personal care.
- Cleaning and disinfection of contaminated areas will be increased.
- If many residents are affected, a restriction on admissions and on visiting may be put in place.
- You will be kept up-to-date of any changes to visiting policy and can ask a member of staff if you are concerned.

How can I help to prevent the spread of norovirus?

- If you think you have norovirus, please do not visit!
- If you have symptoms and have visited in the last 2 days, please tell us - you can start visiting again when you have been symptom-free for at least 48 hours.
- The most important way to prevent the spread is with frequent hand washing.
- Wash hands with soap and warm water before and after eating, after using the toilet, and before entering and leaving a resident's room.
- Alcohol based hand rubs (ABHR) may not be effective against norovirus so should only be used after you have washed your hands with liquid soap and water i.e. between washes.
- Do not share towels or flannels.

- Flush away any vomit or faeces (poo) in the toilet with the lid down, then disinfect the toilet and the surrounding area.
- Wash any clothing or bedding that could have been contaminated – wash the items separately on as hot a wash as possible for the linen type.
- Do not leave food open and exposed as it could become contaminated and spread infection.

9. Norovirus Prevention Flowchart – an aide memoire to support decision



10. Posters for use during outbreaks

ATTENTION!



This toilet has been reserved for residents who are experiencing symptoms of norovirus

ATTENTION ALL VISITORS



We are currently
experiencing vomiting and
diarrhoea!

**Please wash your hands
before and after visiting.**

See a member of staff for more
information



Help protect our residents

**Please do not visit if you
have sickness or diarrhoea**



If you have recently had sickness or diarrhoea please do not visit until you have been **symptom-free for 48 hours**

All visitors please:

- Wash your hands after arriving and before leaving
- Use the visitor-designated toilets

**If you are unwell and you must visit
please talk to a member of staff first**



ATTENTION ALL VISITORS

Norovirus outbreak!

Due to an outbreak of norovirus we are applying some infection control measures to help us stop the virus spreading.

Please see a member of staff before visiting to ensure it's safe to visit and to find out what you need to do.

Please remember to wash your hands before you leave the building.

If you have norovirus, please don't visit for at least 48 hours after your symptoms stop – you could still pass the virus on