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### SOP Objective

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

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

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


### KEY CHANGES FROM THE PREVIOUS VERSION OF THIS POLICY

- Updated wording in Section 1. Responsibilities
- Updated wording in section 2. General Information on Norovirus
- Updated wording in Section 3. Transmission Based Precautions for patients with Norovirus
- Removal of Marking Notes and Decolonisation from Section 3. Transmission Based Precautions for patients with Loose Stools
- Updated references in Section 4. Evidence Base

### Document Control Summary


Approved by and date	Board Infection Control Committee 25 <sup>th</sup> July 2016
Date of Publication	25 <sup>th</sup> July 2016
Developed by	Infection Control Policy Sub-Group
Related Documents	National IPC Manual NHSGGC Hand Hygiene SOP NHSGGC Loose Stools SOP NHSGGC SOP Terminal Clean of Isolation Rooms NHSGGC SOP Twice Daily Clean of Isolation Rooms NHSGGC SOP Terminal Clean of Ward
Distribution/Availability	NHSGGC Infection Prevention and Control Manual and the Internet <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">www.nhsggc.org.uk/your-health/infection-prevention-and-control/</a>
Implications of Race Equality and other diversity duties for this document	This SOP must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

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## 1. Responsibilities

### Healthcare Workers (HCWs) must:

- Follow this SOP.
- Inform their line manager if this SOP cannot be followed.

### Senior Charge Nurse (SCN) / Managers must:


- Support HCWs and Infection Prevention & Control Teams (IPCTs) in following this policy.
- Cascade new policies to clinical staff after approval by the Board Infection Control Committee (BICC).

### IPCTs must:

- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.
- Alert accident and emergency departments and receiving wards and Facilities Depts when indications suggest that the season is about to begin, and provide appropriate support and information.


### Occupational Health must:

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

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## 2. General Information on Norovirus


<b>Communicable Disease/ Alert Organism</b>	<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 2015).</p> <p>Noroviruses cause gastrointestinal infection which is characterised by acute onset of diarrhoea and/or vomiting, and other symptoms include abdominal pain, myalgia, headache, malaise and low-grade fever. Norovirus outbreaks may usually require closure of wards to prevent onward spread and as a consequence outbreaks can severely disrupt the delivery of healthcare services.</p>
<b>Clinical Condition</b>	<p><b>Gastroenteritis:</b> Gastro-intestinal symptoms, e.g. nausea, vomiting, non-bloody watery diarrhoea; characteristically lasting 12-48 hours. Also present may be abdominal cramps, myalgia, headache, malaise and low grade fever which can be present in up to 50% of cases.</p> <p>Vomiting is a predominant symptom but cases occur where vomiting is infrequent or absent. Norovirus can cause rapid dehydration particularly in elderly patients therefore symptomatic patients should have their fluid balance monitored.</p>
<b>Mode of Spread</b>	<p><b>Direct Contact:</b></p> <ul style="list-style-type: none"> <li>• Hands come into contact with faecal matter/ vomit and subsequently touch the mouth.</li> </ul> <p><b>Indirect Contact:</b></p> <ul style="list-style-type: none"> <li>• Hands come into contact with contaminated equipment or contaminated surfaces and subsequently touch the mouth.</li> <li>• Consumption of faecally contaminated food or water.</li> </ul> <p><b>Droplet Dissemination:</b></p> <ul style="list-style-type: none"> <li>• Patients with projectile vomiting can disseminate large quantities of virus laden aerosols which can contaminate extensive areas of the ward environment. Cross transmission can then occur when patients and staff inhale and subsequently ingest these virus laden aerosols or consume</li> </ul>

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	food on which these aerosols have landed. 30mls of vomit may contain up to 30,000,000 virus particles (HPS 2015) <b>NB:</b> Norovirus can survive on any surface for a week; on foods in a refrigerator up to 10 days; and freezing indefinitely.		
<b>Incubation period</b>	Usually 12-48 hours. Median 33 hours. Reported as early as 10 hours after exposure.		
<b>Notifiable disease</b>	No.		
<b>Period of communicability</b>	During the acute stage of the disease and up to 48 hours after symptoms have resolved.		
<b>Persons most at risk</b>	All. Susceptibility is widespread. It should be noted that mortality associated with Norovirus can occur and does occur particularly in elderly patients with co-morbidities. (HPS 2015)		
<b>High-risk environment</b>	All.		

### 3. Transmission Based Precautions for Norovirus


<b>Accommodation (Patient Placement)</b>	Patients referred to hospital with symptoms suggestive of Norovirus infection, especially if there is a household history of other cases, should be admitted directly into a side room with ensuite facilities. If ensuite facilities are not available ensure access to own commode. Enteric precautions should be followed. Loose Stools SOP should be followed. . Once an outbreak has been confirmed in a hospital setting there may not be enough isolation facilities available. Advice from ICT must be sought regarding patient placement in this situation.
<b>Care Plan available</b>	Yes. <a href="#">Loose Stools Care Plan</a> .
<b>Clinical / Healthcare Waste</b>	Waste should be designated as clinical/ healthcare waste and placed in an orange bag. Please refer to the NHSGCC <a href="#">Waste Management Policy</a> .
<b>Discharges</b>	During ward closure, patients may be discharged to their own homes provided their relatives/carers are aware of; the Norovirus situation in the ward, the personal risk to themselves, and how this risk can be minimised, e.g. hand hygiene, washing

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of personal laundry, Norovirus information provided. Patients should be advised that if symptoms develop after discharge they should inform their GP of the situation on the ward. See also ***Moving Patients*** (page 8) for additional advice.

<b>Domestic Advice</b>	<ul style="list-style-type: none"> <li>• Domestic services into the area should be increased to twice daily as per <a href="#">NHSGGC Twice Daily Clean of Isolation Rooms SOP</a> Domestic staff should pay particular attention to frequently touched surfaces, e.g. bed tables, lockers, toilet areas.</li> <li>• Chlorine based detergents should be used for routine and terminal cleaning of the area.</li> <li>• Blood and/ or body fluid contamination of the environment should be dealt with as per the <a href="#">NHSGGC Decontamination SOP</a></li> <li>• There is no requirement to clean walls after an outbreak of Norovirus. However, obvious body fluid contamination of walls should be dealt with as per <a href="#">NHSGGC Decontamination SOP</a>. Domestic staff should be dedicated to that area as far as practicably possible, until the outbreak is over.</li> <li>• Suction cleaning with a vacuum cleaner should not be carried out during outbreaks.</li> <li>• If domestic staff share a DSR, consideration should be given to separating or moving cleaning equipment into the closed ward to avoid sharing equipment with other wards.</li> </ul>
<b>Environment</b>	Any uncovered food could be potentially contaminated during a Norovirus incident, e.g. uncovered fruit and sweets on patients lockers should be discarded, after discussion with patient or carer.
<b>Equipment</b>	<p>Norovirus can survive on any surface for at least a week. All equipment should be frequently decontaminated with a chlorine based detergent both during the outbreak and when the terminal clean of the area is carried out.</p> <p>Where possible, equipment in isolation rooms should be there for the duration of the patient’s admission. Generally where possible there should be minimal movement of equipment around the ward area.</p> <p>Frequently touched surfaces and patient care equipment, e.g.</p>


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	<p>toilets, door handles, lockers, tables, PC keyboards and telephones etc should be cleaned at least twice daily with a chlorine based detergent. Commodes must be cleaned after each use with chlorine based detergent.</p> <p>During outbreaks, fans should be removed from use and should be thoroughly wiped with chlorine based detergent before being returned to use. Body fluid spills should be decontaminated immediately as per <a href="#">NHSGGC Decontamination SOP</a></p>		
<b>Hand Hygiene (HH)</b>	<p>Alcohol hand rubs/ gels should <b>not</b> be used after contact with a patient with loose stools. Soap and water should be used after direct contact with body fluids, e.g. diarrhoea, vomit, etc or direct contact with a potentially contaminated environment. Patients should be offered hand hygiene facilities after using the toilet or commode and before meals, hand wipes should be offered to those patients unable to use hand hygiene facilities</p> <p>Visitors must also be instructed to wash their hands with soap and water after visiting a patient with loose stools. Hands are the most important means of transmission of micro-organisms from patient-to-patient. Hand hygiene should be performed:</p> <ul style="list-style-type: none"> <li>• before and after every contact with a patient</li> <li>• before any clean or aseptic technique is undertaken</li> <li>• after body fluid exposure risk</li> <li>• after touching their equipment or environment</li> <li>• before handling food or drink</li> <li>• on leaving an affected clinical area</li> </ul> <p>During outbreaks the ICT should consider carrying out an audit of hand hygiene practices. See NHSGGC <a href="#">Hand Hygiene Policy</a>.</p>		
<b>Individual precautions required until</b>	Patient has been asymptomatic for 48 hours.		
<b>Last Offices</b>	No special requirements.		
<b>Linen</b>	All laundry from a closed ward or from a patient with presumed or confirmed Norovirus should be treated as infected and placed		


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	into a water soluble alginate bag then into a clear plastic bag before being put into the laundry bag.  Any soiled clothing for home laundering should be placed into a domestic water soluble alginate bag then into a patient clothing bag before being sent home. All soiled clothing for home laundering should be accompanied with a <a href="#">Home Laundering Information Leaflet</a> and staff should alert relatives/ carers to the condition of the laundry.		
<b><i>Moving Patients between wards, hospitals and departments (including theatres)</i></b>	Movement of patients should be restricted for the duration of the outbreak. Movement of patients must only occur if there is a clinical need and this should be discussed with the ICT / on-call microbiologist and receiving unit however the care of the individual patient should be paramount and if required to attend other departments urgently, e.g. radiology, precautions can be put in place to reduce the exposure of other patients and HCWs. Please contact the ICT/ on-call microbiologist for advice.  Patients should not be discharged to nursing or residential homes until the ward has been re-opened.  Transfers to other healthcare facilities should be postponed unless absolutely necessary, in which case the receiving unit <b>MUST</b> be notified that the patient has come from a closed ward and where possible patient should be placed into a single side room.		
<b><i>Notice for Door</i></b>	Yes, including ward doors if ward is closed.		
<b><i>Outbreak</i></b>	<b>Ward Closures:</b> Norovirus outbreaks are normally diagnosed presumptively on clinical grounds from their characteristic epidemiological features. When an outbreak is suspected, the ward must contact the ICT or on-call microbiologist for advice. Control measures should be put in place immediately, without waiting for virological confirmation, although early liaison with a virology laboratory is recommended to facilitate early definitive diagnosis from specimens.  The IPCT will advise that the ward is closed and will inform the organisation as per Section 10 in the <a href="#">NHSGGC Outbreak SOP</a> . The decision to admit to a closed ward against the IPCTs advice should be taken at director level. Reason for this should be fully		


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	<p>documented via the clinical incident reporting structure.</p> <p>Daily Check List and Data Record: Appendices 2 and 3 should be completed daily by nurse in charge of ward. Ward and single side room doors should be closed at all times.</p>		
	<p><b>Definition of a Case:</b> A patient who within a 24-hour period has had 2 or more episodes of non-bloody *diarrhoea and/ or 2 or more episodes of vomiting without having any other obvious cause for symptoms. *Does not include loose stools induced by laxative or enemas.</p>		
	<p><b>Definition of an Outbreak/ Criteria for Ward Closure:</b> Two or more possible Norovirus HAI cases in a single ward, unit or department within 24 hours.</p>		
<b>Outbreak (cont/...)</b>	<p><b>Outbreak Control Team (OCT):</b> An OCT should be convened if three or more wards on a single site are closed due to presumed Norovirus. The OCT may also be convened if the type of area closed will result in a significant impact on clinical activity. At this point the main Outbreak Policy should be implemented.</p> <p>If an OCT is convened an outbreak report should be prepared after the outbreak has been declared over. HIIAT must be completed each time the OCT meet and this must be recorded in the minutes of the meeting.</p>		
	<p><b>Staff Movement:</b> Every effort must be made to prevent all staff movement between affected and unaffected areas. The use of bank and agency staff should be avoided but if they have been in an affected area they should be advised not to work in any other clinical area for at least 48 hours. Restricting the movement of medical and allied health professionals (AHPs) may be impractical. They must rigidly adhere to advice regarding SICPs, specifically PPE and hand hygiene, and must remove themselves from work if they experience any symptoms of Norovirus. .</p>		
	<p>No healthcare professional can refuse to attend to a patient because they are in a closed ward. Further advice can be sought from the IPCT and Occupational Health Service (OHS).</p>		


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	<p><b>Re-Opening Ward</b>  Following terminal clean wards can be re-opened 48 hours after the last identified case and a risk assessment has been carried out by the IPCT provided patients who are still symptomatic are nursed in isolation or in a closed cohort area. IPCT will assist in risk assessment</p>		
<b>Patient Assessment</b>	<p>Any patients admitted with symptoms of gastroenteritis suggestive of Norovirus (especially if the patient is vomiting) should be nursed in a side room with enteric precautions until 48 hours after symptoms have resolved.</p>		
<b>Patient Clothing</b>	<p>Personal clothing may be taken home. Soiled clothing must be put into a domestic alginate bag/ alginate bag and accompanied with a <a href="#">Home Laundry Information Leaflet</a>.</p>		
<b>Patient / Visitor Information</b>	<p>Once a ward has been closed with suspected/ confirmed Norovirus a notice should be placed at the entrance to the ward to alert visitors to the ward closure. Information leaflets should be available for patients, staff and visitors. Visitors should be encouraged to seek advice from staff within the area if they have any questions. In some instances family members/ contacts of patients can also be symptomatic. If this is the case they should be advised not to visit relatives in hospital and stay away until 48 hours after their last symptom.</p> <p>Click on the link to access information on <a href="#">Norovirus</a>.</p> <p><b>NB:</b> It should be recorded in the nursing notes that the information leaflet has been issued. ICTs are available to speak to patients or relatives/ carers if required.</p> <p>It may be necessary during outbreaks of Norovirus to restrict visiting. This will be decided by the OCT / ICT. If this is considered necessary the OCT should identify what the criteria would be for returning to normal visiting. Before closing the hospital to all but essential visitors the board should ensure communications internally and externally have been put in place, e.g. Communications, Scottish Government Health Directorates (SGHD). Whenever possible visitors should be advised of this decision before they arrive for visiting.</p>		
<b>Personal Protective</b>	<p>Disposable yellow aprons and disposable gloves must be worn if in contact with an affected patient or their environment. HCWs</p>		

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<b>Equipment (PPE)</b>	<p>decontaminating a spillage of faeces or vomit may in addition to gloves and apron, wear a surgical masks to minimise the risk of splash decontamination or inhalation of the virus.</p> <p>Eye protection or a full face shield should be worn if there is an anticipated risk of splashes to the face during direct patient care, e.g. patient actively vomiting.</p> <p>Visitors do not require PPE unless they are participating in patient care.</p>		
<b>Risk Assessment required – Tertiary or Regional Care Facilities</b>	<p>A clinical risk assessment may be required in areas that provide tertiary or regional care for a specific group of patients. If this is required the risk assessment must be documented and agreed by the ICT. If patients are admitted to closed areas they should be informed of the status of the ward and the rationale for admission.</p>		
<b>Screening HCWs</b>	<p>Not required.</p>		
<b>Specimens required</b>	<p>Specimens of faeces must be obtained for microbiology and virology at the earliest possible opportunity. Both faecal and vomit specimens can besent to virology.</p>		
<b>Specimens – Mark as “Danger of Infection”</b>	<p>No.</p>		
<b>Staff</b>	<p>Symptomatic staff should not return to work until they have been free of symptoms for 48 hours. Staff who become symptomatic whilst on duty should be sent off duty as soon as possible. The area should be cleaned with chlorine based detergent.</p>		
<b>Stool Charts</b>	<p>It is the responsibility of staff within the area to record type/frequency of stool, using the appropriate stool chart. See <a href="#">Appendix 1</a> Bowel Movement Record (adapted from the Bristol Stool Chart).</p>		
<b>Terminal Cleaning of Room</b>	<p>Refer to <a href="#">SOP Terminal Clean of Isolation Rooms</a>.</p>		
<b>Visitors</b>	<p>Visitors are not required to wear aprons and gloves, unless they are participating in patient care, in which case they should wear disposable yellow aprons and disposable gloves. They should be</p>		

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		advised to decontaminate their hands with liquid soap and water on leaving the room/ patient. Visitors should be advised not to sit on beds. In some instances family members/ contacts of patients can also be symptomatic; if this is the case, they should be advised not to visit relatives in hospital until they have been asymptomatic for 48 hours. Visitors should be limited as far as possible whilst the patient is symptomatic and vulnerable people such as young children should be discouraged from visiting If ward is closed It may be necessary to exclude visitors from a ward or site; this will be the decision of the OCT.	

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#### 4. Evidence Base

HPS (2015) Norovirus Outbreak Guidance (Preparedness, control measures and practical considerations for optimal patient safety and service continuation in hospitals).


CDC (2007) The Healthcare Infection Control Practices Advisory Committee. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents 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. (2008) Control of Communicable Diseases Manual. 19<sup>th</sup> ed. The official report of the American Public Health Association. Washington DC.

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## 5. Glossary

AHP	Allied Health Professionals
BICC	Board Infection Control Committee
HCWs	Healthcare Workers
HIIAT	Hospital Infection Incident Assessment Tool
HPS	Health Protection Scotland
IPCN	Infection Prevention & Control Nurse
IPCT	Infection Prevention & Control Team
OCT	Outbreak Control Team
OHS	Occupational Health Service
PPE	Personal Protective Equipment
SGHD	Scottish Government Health Directorates
SICPs	Standard Infection Control Precautions
SOPs	Standard Operating Procedures








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		Effective From	Jul 2016
	<b>STANDARD OPERATING PROCEDURE</b> <b>NOROVIRUS SOP</b> <b>TRANSMISSION BASED PRECAUTIONS</b>	Review Date	Jul 2018
		Version	4
The most up-to-date version of this SOP can be viewed at the following website: <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">www.nhsggc.org.uk/your-health/infection-prevention-and-control/</a>			

**Appendix 1 – Bowel Movement (adapted from the Bristol Stool Scale)**

**BOWEL MOVEMENT RECORD**


Month: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_

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

The most up-to-date version of this policy can be viewed at the following website:  
[www.nhsggc.org.uk/your-health/infection-prevention-and-control/](http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/)

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		Effective From	September 2013
	<b>NOROVIRUS POLICY</b> <b>TRANSMISSION BASED PRECAUTIONS</b>	Review Date	September 2016
		Version	3
The most up-to-date version of this policy can be viewed at the following website: <a href="http://www.nhsggc.org.uk/infectioncontrol">www.nhsggc.org.uk/infectioncontrol</a>			

## 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:								
<b>The ward is closed</b> due to admissions and transfers – until <b>48</b> hours after last new case.											
<b>The ward (and side-room) doors are closed</b> and there is an approved notice on the ward door advising visitors of necessary actions.											
<b>All Healthcare Workers (HCWs) on the ward are:</b> <ul style="list-style-type: none"> <li>Aware of the status of the ward and how Norovirus is transmitted.</li> <li>Norovirus system free.</li> </ul>											
<b>All patients</b> (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.											
<b>All patients</b> with symptoms of Norovirus have been assessed today for symptom severity and assessed for signs of possible dehydration (Stool and Fluid Balance charts).											
<b>Norovirus Outbreak Data Record</b> (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).											
<b>Patient Placement Assessment:</b> A patient placement assessment and any advised/suggested moves have been made today.											
<b>Personal Protective Equipment (PPE)</b> – gloves, apron, surgical (mask/visor – if risk of facial contamination with aerosols). There are sufficient supplies of PPE in the ward: <ul style="list-style-type: none"> <li>Is used for single tasks <b>and once removed hand washing is performed using liquid soap and warm water.</b></li> <li>Is used before contact with the patient or the patient’s immediate environment or before any dirty task.</li> </ul>											
<b>Hand hygiene is being carried out with liquid soap and warm water</b> – this can be followed by alcohol based hand rub.											
<b>Hand hygiene:</b> Patients are encouraged and given assistance to perform hand hygiene before meals and after attending the toilet.											
<b>Environment:</b> 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).											
<b>Environment:</b> There are no exposed foods in the ward area – even if unexposed all fruit should be washed before eating.											
<b>Equipment:</b> 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.											
<b>Linen:</b> Whilst the ward remains closed, categorise all discarded linen as “infected”.											
<b>Spillages:</b> 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.											
<b>Advice and Guidance:</b> HCWs have access to and follow NHS Board guidance on: <ul style="list-style-type: none"> <li>The decontamination of body fluid spills, equipment, soft furnishings.</li> <li>What to do if uniforms become contaminated.</li> </ul>											
<b>Today the ICT has made an assessment of the outbreak and the continuing need for ward closure.</b>											
<ul style="list-style-type: none"> <li><b>In preparation for re-opening</b> – empty beds have been cleaned but left unmade.</li> <li><b>In preparation for re-opening</b> – the curtains in empty rooms have been taken down.</li> <li><b>In preparation for re-opening</b> – consider if pre-booking a terminal clean and pre-booking clean curtains being hung is possible.</li> <li><b>Before re-opening:</b> a terminal clean has been performed following ICT recommendation and following the hospital procedure.</li> </ul>											



