NHS Greater Glasgow & Clyde

Norovirus Escalation Plan

Winter Planning Group
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1. Introduction

Gastroenteritis caused by Norovirus is highly infectious and can cause outbreaks of gastroenteritis in places where people congregate, e.g. schools, hospitals, nursing homes, cruise ships, etc. Norovirus is usually self-limiting, mild to moderate in severity and commonly occurs during the winter months. As well as nausea, vomiting and diarrhoea, other symptoms include abdominal pain, myalgia, headache, malaise and low grade fever. Norovirus outbreaks require closure of wards to prevent onward spread and as a consequence outbreaks can severely disrupt the delivery of healthcare services.

This document outlines a strategy to reduce the operational impact of Norovirus by identifying triggers and processes to try and contain outbreaks in hospital settings. It includes triggers which should initiate an escalation process for the containment of Norovirus and guidance on the assessment of patients within A&E and the community.

Once NHSGGC has a clear indication that the Norovirus season is about to commence, due consideration should be given to the possibility of ‘ring fenced’ beds for patients presenting with symptoms of Norovirus. It is accepted that this is extremely challenging operationally but may lessen the overall impact on services.
2. Patient Management Algorithm (Acute Operating Division)

- **SITE ISSUE**: All suspected Norovirus patients are placed in isolation (side room)

- **SITE ISSUE**: Patients removed from isolation. Single rooms available.

- **SITE ISSUE**: No Side Rooms available

- **SITE ISSUE**: Local Bed Managers/Clinical Co-ordinators will alert local ICT

- **SITE ISSUE**: ICT will review all patients in isolation and remove if possible. This applies Monday-Friday 8.30am–4.30pm. If out-of-hours contact the on-call microbiologist and the on-call site manager.

- **SITE ISSUE**: Decision taken by on-call GM/ICT with regards to the admission of the patient to a ward already closed with suspected/confirmed Norovirus (must be with patients consent and into S/R). If no wards closed, admission options should be reviewed to limit onward spread.

- **SITE ISSUE**: NB: patients should be informed prior to admission that this area has suspected cases

- **SITE ISSUE**: Unable to remove any patients from isolation

- **SITE ISSUE**: Service Managers/Bed Managers and ICT review numbers and location of all positive and suspected Norovirus patients across sector and implement the escalation plan if trigger has been reached.
3. Escalation Plan

When Norovirus Control Measures cannot be applied or the hospital has three wards closed due to Norovirus:

Convene an Outbreak Control Team (OCT)

- Convene an outbreak control team (OCT) including bed management, general management (all bed holding directorates), risk management, infection control, clinical services, and site facilities manager or their deputy.
- The group should meet at least daily to monitor the changing impact of Norovirus on the hospital, its staff and patients, and to assess the success or otherwise of their actions.

Monitor the Situation/ Plan for Additional Measures

- Monitoring of the Norovirus situation in the community by using the HPS Norovirus Point Prevalence data may help the decision making.
- Undertake an asset assessment of all ward facilities possibly available for reconfiguring that would ease pressure on the service, e.g. number of empty beds in closed wards.
- Agree ward configurations for optimal patient safety and optimal maintenance of services.
- To reduce the number of closed wards, consider opening a ward for all patients with diarrhoea on admission and patients with possible or confirmed Norovirus infection.
- Issue Assessment Algorithm to A&E departments.
- Issue patient/ visitor information regarding Norovirus and visiting hospital. Consider issuing a public health media statement.
- Consider whether staff who are returning from being on sick leave with Norovirus could work in Norovirus affected wards rather than in wards that have not yet been affected.
- Medical staff and those who work in both affected and non-affected wards should consider how they can best work so that they reduce the potential for cross-transmission, i.e. can these staff work only in affected or unaffected areas until the situation is over.
- Consider extending the ward closure time to 72 hours after last vomit/ diarrhoeal episode.
- Assess the situation daily using the Hospital Infection Incident Assessment Tool (HIIAT – Previously know as the Watt Risk Matrix).
- Consider restricting all but essential visitors if the situation is being exacerbated by visitors with symptoms attending the hospital.
- Maintain effective communication with patients, staff, visitors and the community.
- Consider drafting a media statement.
4. Assessment in A&E when:

4. A. No dedicated Norovirus Ward available:

Norovirus Patient Assessment Flow Chart

Ask all patients about symptoms of viral gastroenteritis:
two or more episodes of non-bloody diarrhoea and/ or two or more episodes of vomiting without having any other obvious cause for symptoms.

YES:
two or more episodes of non-bloody diarrhoea and/ or two or more episodes of vomiting without having any other obvious cause for symptoms.

YES: Explained GI symptoms due to medical or surgical conditions but not thought to be viral in origin.

NO: symptoms of vomiting or diarrhoea for 48 hours but contact with symptomatic individual within previous 48 hours.

NO: symptoms of vomiting or diarrhoea for 48 hours and no contact with symptomatic individual within previous 48 hours.

Is patient well enough to go home?

Admit to medical or surgical ward.

Admit to medical or surgical ward.

Inform Infection Control Team
(out-of-hours the Consultant Microbiologist On-Call)
Admit to single room in appropriate receiving/ general ward

IF patient is unfit to be nursed in a single room,
inform ICT.
(out-of-hours, the on-call Consultant Microbiologist)

If the decision is taken to transfer into a closed ward, patients and relative/ carers must be informed that the ward is closed and why.

YES: Discharge home.

Only if no single room available
 bed manager to assess
Inform Infection Control Team
(out-of-hours, the on-call Consultant Microbiologist)
4. B. **Temporary Norovirus Ward available:**

**Norovirus Patient Assessment Flow Chart**

Ask all patients about symptoms of viral gastroenteritis: Two or more episodes of non-bloody diarrhoea and/or two or more episodes of vomiting, without having any other obvious cause for symptoms or contact with someone with unexplained symptoms.

- **YES:** Two or more episodes of non-bloody diarrhoea and/or two or more episodes of vomiting, without having any other obvious cause for symptoms.
- **YES:** Explained GI symptoms due to medical or surgical conditions but not thought to be viral in origin.
- **NO:** Symptoms of vomiting or diarrhoea for 48 hours **but contact** with symptomatic individual within previous 48 hours.
- **NO:** Symptoms of vomiting or diarrhoea for 48 hours **and no contact** with symptomatic individual within previous 48 hours.

**Is patient well enough to go home?**

- **YES:** Discharge home.
- **NO:** Inform Infection Control Team (out-of-hours the Consultant Microbiologist on-call)

**Inform Infection Control Team**

- Admit to medical or surgical ward.
- Transfer to a single room in the designated ward and obtain sample as soon as possible, and follow policy (patients and relatives of carers must be informed that they are being admitted into a ward closed due to Norovirus).

**If patient is unfit to be nursed in a single room, inform ICT.**

(out-of-hours the Consultant Microbiologist on-call)
5. **Dedicated Isolation Ward**

### 5. A. Guidance when setting up an Isolation Ward

| **STAFFING** | • Designated staff should be appointed to the area where possible |
| **CRITERIA FOR ADMISSION TO COHORT AREA** | • All patients with confirmed or suspected Norovirus as per definitions above. |
| **COMMUNICATION** | • Any staff attending the area to carry out procedures, i.e. x-ray should be made fully aware of required precautions and any personal protective clothing that should be donned must be made available.  
• Notices should be placed on all doors leading into the ward instructing visitors and staff not to enter area before speaking to nurse in charge of area.  
• Information for patients, staff and members of the public will be available from the Infection Control Team.  
• A record of information given to patients and relatives should be recorded in the patients nursing notes. |
| **HAND HYGIENE** | • Each area must have hand washing facilities within easy access.  
• Virocidal alcohol hand gel should be placed at all bed spaces and entrances (unless risk assessed otherwise).  
• Hands must be decontaminated following contact with patient, equipment or patient environment with soap and water or virocidal hand gel.  
• All staff and visitors must carry out strict hand hygiene prior to entering or leaving the area.  
• Hand decontamination must be carried out after removing personal protective clothing.  
• For hand decontamination technique refer to NHSGGC Prevention & Control of Infection Manual or Hand Hygiene posters.  
• Provide clear instructions for all visitors to enable correct hand decontamination to be carried out.  
• Patients should be encouraged or assisted to perform hand hygiene. |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE)** | • Where patient contact is anticipated staff should wear gloves and aprons.  
• Staff must decontaminate their hands after removal of PPE.  
• Visitors should be encouraged to decontaminate their hands before entering and after leaving the cohort area.  
• All PPE used should be discarded into a clinical waste bag situated within the cohort area. |
| **PATIENT RELATED EQUIPMENT** | • Equipment must not be shared between patients where possible.  
• Only essential equipment should be taken into the ward.  
• Actichlor Plus or a solution containing 1,000ppm hypochlorite should be used for decontamination of re-usable equipment.  
• Further advice on the decontamination of equipment can be sought from the ICT and the Infection Control Decontamination Policy. |
| **LINEN** | • Used linen should be placed in a red alginate bag within the cohort and then into a clear polythene bag then into a white laundry bag and then closed and labelled. |
| **WASTE** | • An orange clinical waste bag will be available in the area for non-sharp items.  
• Staff should remove this bag with care and decontaminate hands after disposal. |
5. B. Admission Criteria - Temporary Norovirus Ward

Emergency Admission:

If patients can be managed in their own home they should not be admitted.

Admissions to the ward will come following an assessment in A&E. Only patients who fit the case definition and are highly suspicious of having viral gastroenteritis may be admitted to a Single Room in ward X.

Assessment Criteria for Suspected Norovirus Patient

- Two or more episodes of non-bloody diarrhoea and/or two or more episodes of vomiting without having any other obvious cause for symptoms.
- Cardiovascular and respiratory stable.
- Not requiring cardiac monitoring.

(A loose stool is a stool which conforms to the receptacle it is contained in)

NB: It must be remembered that patients with Norovirus may present with other clinical conditions. All potential hospital admissions should be assessed for Norovirus.

Patients requiring continuous monitoring (unfit for single room)

Very ill patients who also have vomiting and diarrhoea and are deemed unfit for a single room in ward X to be assessed by a Consultant Physician prior to being moved to an appropriate ward.

All admissions including GP referrals must be assessed by the middle grade medical staff in the A&E Department before transfer to ward X.

Symptomatic patients in ward X:

- Stool sample to be sent for C&S

In-patients from other wards:

- A symptomatic patient in an open ward, who fulfils the Norovirus admission criteria and are deemed fit to be cared for in a single room should be moved to a single room in ward X.
- When there are two symptomatic patients in an open ward who fulfil the Norovirus admission criteria, the ward will be closed and outbreak procedures put in place, i.e. there will be no transfers to ward X.
5. C. Discharge Criteria - Temporary Norovirus Ward

Ward X staff to assess each patient in the ward each morning to determine if they are suitable for transfer to the 4-bed bays or to another ward. The discharge sheet should be completed on a daily basis and the bed manager informed of patients ready for transfer to another ward.

Discharge to own domestic home:
- Physically fit for discharge
- On advice from medical staff

Exit criteria from ward X:
Transfers to other wards from unit patients must have:
- 48 hours free of symptoms and passed a normal bowel motion

Moving patient from single side room to 4-bed bay in ward X:
- Stool sample negative for bacterial pathogens (if no sample obtained discuss with infection control nurse/doctor).

Transfers to ICU/CCU:
If patient’s condition dictates that urgent transfer to ICU/CCU is required then this takes priority over symptoms of vomiting/diarrhoea.

Discharges to other healthcare settings:
Discharges including nursing, residential homes or care in community settings must be fully discussed with an infection control nurse/doctor. Consideration may be given to transferring a patient once 48 hours symptom-free and they have passed a normal bowel motion.

6. Standing down Isolation Ward
When the number of clinical cases are such that they can be managed within a normal ward environment, the OCT will advise that the Isolation Ward should be terminally cleaned and re-opened to normal activity.

7. Management of Staff
Staff returning to work from being on sick leave with Norovirus should work in Norovirus affected wards rather than in wards that have not yet been affected. Infection with Norovirus will confer short term immunity in the individual.