Mid Essex Hospital Services NHS Trust

Norovirus Policy	**Policy** **Register No: 10037** **Status: Public**

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CQC Fundamental Standards:	12

Consulted With:	**Individual/Body:**	**Date:**
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Professionally Approved By:		
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Policy to be followed by (target staff)	All staff
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Related Trust Policies (to be read in conjunction with)	04071 Standard Infection Prevention Precautions 09033 Cleaning Policy 04072 Hand Hygiene Policy 09047 Commodes and Bedpans Policy 08021 Linen Policy 04070 Decontamination Policy 10047 Steam Cleaning SOP 04077 Outbreak Policy

Document Review History:

Version No:	**Authored/Reviewed by:**	**Active Date:**
1.0	Infection Prevention Nurses	27th May 2010
2.0	Katheryn Hobbs / Amanda Kirkham	March 2014
3.0	John Swanson Matron for Infection Prevention	12 February 2018

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1.0 Purpose

1.1 The purpose of this policy is to ensure all staff understand the significance and impact of Norovirus within the acute health care environment, provide guidance on the management of affected individuals and to describe how deal with a potential outbreak.

2.0 Background

2.1 Norovirus is accepted as the most important cause of epidemic non-bacterial gastroenteritis in humans.

2.2 The incubation period is relatively short at up to 48 hours.

2.3 The inoculating dose required to cause symptoms is very low, as little as 10-100 viral particles are required to infect a susceptible individual. (30mls of vomit can contain as many as 30,000,000 viral particles)

2.4 Norovirus can survive on food and on surfaces for lengthy periods of time.

2.5 Shedding of the virus in stools can occur prior to and after symptoms have resolved.

2.6 Immunity is strain specific. Therefore individuals can be vulnerable to repeat attacks from different strains during an outbreak.

3.0 Aims

3.1 To guide the control of the spread of Norovirus within the Trust.

3.2 To prevent unnecessary closure of wards and reduce the adverse effect on service provision.

4.0 Scope

4.1 This policy applies to all healthcare staff employed by the Trust on a substantive or temporary basis.

5.0 Equality and Diversity

5.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

6.0 Responsibilities

6.1 Chief Executive

- The Chief Executive has overall responsibility for ensuring that the Trust has the necessary management systems in place to enable the effective implementation of this policy and overall responsibility for the health and safety of staff, patients and visitors

6.2 Director of Nursing

- The Director of Nursing has strategic responsibility for ensuring systems are in place to facilitate the nursing staff's awareness of this policy, and appropriate support is given to enable staff in delivering this policy

- The Director of Nursing or Associate Director of Nursing is a core member of the Outbreak Control Group

- Chairs the Outbreak Control meetings in the absence of the DIPC or the Matron from Infection Prevention

6.3 Director of Infection Prevention and Control (DIPC)

- Has operational responsibility for the effective implementation of this policy

- The DIPC is a member of the Outbreak Control Group and will chair the outbreak meetings and advise the executive on call if a ward needs to be closed

- The DIPC will include in the monthly and annual DIPC report the wards closed and bed days lost for discussion at the Infection Prevention and Control Group meeting

- Enlist the help of outside agencies if the situation warrants this i.e. Public Health England

6.4 Executive On-Call

- To make the decision based on the advice of the DIPC and Infection Prevention Team as to whether a ward should close

- To make the decision, based on the advice of the DIPC and Infection Prevention Team, as to when a ward should re-open following closer due to an infection outbreak

- A decision to re-open a ward when advice to the contrary has been received will only be permissible in exceptional circumstances (i.e. in the event of a Major Incident, where the need for capacity outweighs any infection risk)

6.5 Infection Prevention Team (IPT)

- The Matron for Infection Prevention will inform the Commissioners of the outbreak

- The IPT will ensure all staff are made aware of this policy and to offer expert advice for the risk assessments required to prioritise the use of single rooms / cohort nursing

- Promptly investigate reported cases of diarrhoea and/or vomiting. This information will determine whether the cases are potentially epidemiologically linked and infectious in nature and involves liaison with the medical and nursing teams involved

- Collate all the necessary information (Appendix 1) in collaboration with the senior nurse in charge of the ward and feed this back to the DIPC and Executive on call so an informed decision can be made on actions required

- Advise the ward staff on control measures and guide them to the necessary documentation which can be found on the intranet

- Inform the Director of Nursing, Clinical Operations Team, Domestic Services Manager, Associate Directors of Nursing and Matron for the area of the situation

- Ensure that outbreak meetings are arranged and are members of the outbreak control group

- Collate the outbreak data required for the monthly and annual DIPC report

- Offer advice to staff if symptomatic and liaise closely with Occupational Heath Manager

- Liaise with the Public Health England regarding outbreaks within the acute Trust and in the community

- Ensure that a daily brief of an outbreak situation is provided for patients and relatives

- Provide daily updates to the plan and any actions required to the outbreak control group

6.6 **Clinical Operations Management Team**

- Lead on the risk assessment regarding placement of patients out of hours and where necessary liaise with the Microbiologist for advice

- To initiate control measures when an outbreak is suspected

- To communicate any decisions made to the Infection Prevention Team as soon as possible

- Is a member of the Outbreak Control Group

- Acts as a point of contact for advice to staff out of hours

- Jointly with Lead Nurse and Domestic Services Manager signs off deep clean prior to re-opening of ward

6.7 **Matron for clinical area**

- Is a member of the Outbreak Control Group

- Is responsible for collecting data alongside the ward manager on symptomatic patients for outbreak meetings in the event of a major outbreak with several wards closed

- Ensures the level of staffing on the ward is sufficient for dealing with an outbreak
- Liaises with the Infection Prevention Team and the Ward Manager to ensure the safe discharge of patients from an outbreak ward
- Jointly with IPT and Domestic Services Manager signs off deep clean prior to re-opening of ward

6.8 **Ward Manager for clinical area**

- Ensures the prompt reporting of suspected outbreaks to the IPT
- Ensures that affected patients are isolated as advised by the IPT and an isolation sign is displayed to ensure appropriate patient care and cleaning precautions are taken
- Will ensure that stool charts of all patients affected by the outbreak are kept up to date
- Will monitor practice on the ward to ensure that all infection control measures are being adhered to
- Ensures the provision of appropriate resources (e.g. protective clothing)
- Contacts relatives in the event of ward closure or restricted visiting and ensures both patients and relatives are kept up to date on a daily basis
- Restricts non-essential personnel from entering a closed area, whilst ensuring that staff required to treat or assess patients are informed of precautions to be taken.
- Ensures that staff affected by symptoms contact Occupational Health

6.9 **Occupational Heath**

- Is a member of the Outbreak Control Group
- Collates statistics for staff sickness involved in the outbreak
- Offers expert advice to affected staff in relation to appropriate return to work

6.10 **Domestic Services Manager**

- Leads on daily cleaning of the ward and arranges the necessary deep clean at the end of the outbreak, prior to the ward re-opening
- Jointly with the IPT and Lead Nurse signs off the deep clean prior to the ward re-opening
- Is a member of the Outbreak Control Group

6.11 **All staff**

- Ensure that any patient admitted with diarrhoea and/ or vomiting is isolated until infection has been ruled out
- Comply with this policy and act in a responsible manner if they become symptomatic themselves
- Liaise with the IPT in a timely manner either by bleeping or leaving an answer phone message so that patients can be assessed and prioritised regarding their placement
- Employ outbreak control measures as advised by the IPT
- Ensure that infection prevention is embedded into their everyday practice and applied consistently at all times

7.0 Symptoms of Norovirus

- Abrupt onset of vomiting, often projectile in nature. However vomiting is not always the predominant symptom
- Nausea
- Sudden onset of diarrhoea/watery stool (type 6 or 7 on Bristol Stool chart)
- Headache, stomach cramps, myalgia, chill and fever
- Short incubation period 10 - 50 hours
- Illness duration of 12 - 60 hours
- The illness is usually self-limiting and short lived. However, more vulnerable patients are at higher risk of severe illness, causing rapid dehydration

8.0 Case Definition for Suspected Norovirus

- Sudden onset of gastro-intestinal symptoms which are unexplained.
- Projectile vomiting and/or explosive diarrhoea (type 6 or 7 on Bristol Stool Chart).
- High attack rate of patients and staff (i.e. numbers with symptoms).
- High levels of known cases in the local population.
- Recent contact with an individual displaying classic symptoms

9.0 Modes of Transmission

- Faecal – oral spread
- Direct contact -person to person via contaminated hands
- Indirect contact – as a result of contact with contaminated surfaces
- Airborne - patients with projectile vomiting can disseminate large numbers of viral particles as aerosols which can be easily ingested by others

10.0 Initial Control Measures

10.1 Initial control measures for one patient with signs of unexplained projectile vomiting and/or diarrhoea (type 6 or 7 Bristol Stool Chart) without an underlying cause (see flow chart - Appendix 2);

- The nurse in charge of the affected ward must inform the Infection Prevention team (IPT) during the working day and the service co-ordinator out of hours. Leave a message on the IPT phone out of hours
- Move patient to a side room with en suite bathroom facilities. Put isolation notice on door
- IPT will investigate, discuss with DIPC and inform bed office
- Terminally clean bay and associated bathroom facilities
- All remaining patients in the bay to be commenced on stool chart
- The IPT will monitor the rest of the ward on a regular basis
- If no more patients or staff develop symptoms during the next 72 hours the IPT will stop observing the ward and normal activity to be resumed
- If situation deteriorates or more than one patient presents matching the case definition, outbreak control measures will be initiated
- Ward staff should ensure that a patient suspected or confirmed to have Norovirus receives an information leaflet
  (Refer to Appendix 3)

10.2 Where more than one patient with symptoms of diarrhoea and /or vomiting present simultaneously;

- The IPT must be informed as soon as possible so that an assessment can be made and appropriate infection prevention measures can be initiated

- Patients should not be moved until advised by the IPT unless they can be isolated without using the bed area they have vacated

11.0 Period of Increased Incidence

11.1 At the start of a suspected outbreak there is often a period of diagnostic uncertainty while the situation is investigated. These initial stages should be regarded as a 'Period of Increased Incidence' (PII) and during this time the IPT will increase monitoring, interventional and communication activities, but a full organisational outbreak response will not be raised until the IPT have sufficient information to decide this is required (Norovirus Working Party 2012).

11.2 During a PII enhanced touch point cleaning will be implemented.

12.0 Definition of an Outbreak

12.1 An outbreak should be suspected if two or more patients or staff within 72 hours who are epidemiologically linked show similar gastro-intestinal symptoms which cannot otherwise be explained.

13.0 Control Measures for Declaration and Duration of an Outbreak

13.1 Management arrangements are:

- Infection Prevention and Control Team will investigate reported cases
- The IPT will discuss findings with the DIPC and Executive on call and if an outbreak is suspected a decision will be made regarding the best way to manage the situation
- Wherever possible cases will be isolated in single rooms and bays as opposed to closing the complete ward. This allows flexibility of response and early terminal cleaning and re-opening of affected areas
- Only when there is evidence or an anticipation of a failure of containment within side rooms and cohort bays will the whole ward closure be considered
- Infection control measures (based on Norovirus Working Party Guidelines 2012) will be applied to closed areas (e.g. whole wards or selected areas within a ward). These can be seen in Appendix 4

14.0 Outbreak Control Group

14.1 **The purpose of the Outbreak Control Group is to:**

- Monitor and advise on the prevention of spread of the virus
- Manage communications internally and externally
- Make decisions about ward opening/closure
- Ensure policies and procedures are followed
- Review control measures i.e. visiting restrictions

14.2 **Outbreak Meetings**

- An outbreak meeting will be held daily, chaired by the DIPC or Director of Nursing. The meeting will generally be held in the Majax Room
- An Action Log is to be completed accurately following each meeting and distributed to all members of the outbreak control team

14.3 **Membership of the Outbreak Control Group will include:**

- Director of Infection Prevention and Control
- Executive On Call
- Director of Nursing
- Associate Director of Nursing (area specific)
- Consultant Microbiologist
- Occupational Health Manager
- Service co-ordinator / Member of the Bed Management Team
- Matron from the affected area
- Infection Prevention Nurse(s)
- Domestic Services Manager
- Clinician Director / Lead Consultant from affected area when appropriate
- Communications representative

15.0 Re-opening of a Ward/areas within a Ward

15.1 The decision to re-open a ward will be made by the outbreak control group. This should be 48 hours after the last symptoms and at least 72 hours after the initial onset of the last new case.

15.2 A ward may be opened earlier by the outbreak control group following a Trust wide assessment around the risks to the organisation if a ward remains closed.

15.3 There is often a small number of patients with persistent symptoms. This will not delay re-opening of the ward provided these patients can be segregated from others and there has been discussion with the IPT.

15.4 Prior to opening, a deep clean of the whole ward is to take place and be signed off by the IPT, Domestic Services Manager and Matron for the area in accordance with the Cleaning Policy and Deep Clean Protocol.

15.5 Fogging (with Hydrogen Peroxide Vapour) of certain areas may be carried out with due regard to safety, on the advice of the IPT and in accordance with the Decontaminating with Hydrogen Peroxide Vapour Technology (fogging) standard operating procedure.

15.6 A review meeting will take place after the outbreak is over to reflect on the outbreak progression and the lessons learnt. Any actions will be fed into the DIPC monthly and annual report.

16.0 Admission Avoidance

16.1 When there is an increased incidence in the community it is important to keep numbers of patients admitted to hospital with norovirus to a minimum.

16.2 Measures taken to avoid unnecessary admission will include;

- Liaison with the Clinical Commissioning Group regarding messages given to the general public and timely information for general practitioners
- Discussion between clinicians and referring general practitioners prior to patients being accepted by the Emergency Assessment Unit

17.0 Audit and Monitoring

17.1 Outbreak summaries are reported at Directorate Governance Meetings. Outbreaks are also included in the DIPC report which is monitored by the Infection Prevention and Control Group.

17.2 An outbreak table outlining the wards closed and bed days lost to be included in the monthly and annual DIPC report for discussion at the Infection Prevention and Control Group meeting.

18.0 Implementation and Communication

18.1 This policy will be issued to the following staff groups to disseminate and ensure their staff are made aware of the policy:

- Ward Sisters/Charge nurse – issue to all staff within their ward
- Clinical Directors are to ensure all Consultants are made aware of this policy.
- Departmental Managers - issue to all relevant staff.
- Bed Management Team / Service Co-ordinators
- Directorate Managers & Director of Operations
- Associate Directors of Nursing and Matrons
- Head of Hotel Services
- Communications Manager

- Occupational Health Manager

18.2 The guideline will also be notified to all staff via Focus and made available on the Intranet and website.

19.0 References

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Chadwick PR, Beards G, Brown D, Caul EO, et al (2000)
Management of hospital outbreaks of gastro-enteritis due to small round structured viruses, Journal of Hospital Infection 45(1): 1-10.

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Department of Health (2006) The Health Act: Code of Practice for the Prevention and Control Health Care Associated Infections. London

National Patient Safety Agency (2007) updated 2010. The national specifications for cleanliness in the NHS; a framework for setting and measuring performance outcomes. NPSA, London.

Loveday, H. P. Wilson, J. A. Pratt, R. J. Golsorkhi, M. Tingle, A. Bak, A. Browne, J. Prieto, J. Wilcox, M. (2014) EPIC 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England.
http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf (Accessed May 2017)

Pratt RJ, Pellow CM, Wilson JA, Loveday HP et al (2007) epic2: National Evidence-Based Guidelines for Preventing Healthcare associated Infections in NHS Hospitals in England. Journal of Hospital Infection 65 (supplement)

The Norovirus Working Party (2012) Guidelines for the management of Norovirus outbreaks in acute and community health and social care settings
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/131713163

Appendix 1

Infection Prevention Ward/Department Closure Pack
Investigation / Assessment sheet

Mid Essex Hospital Services NHS
NHS Trust

Ward/Department: ……

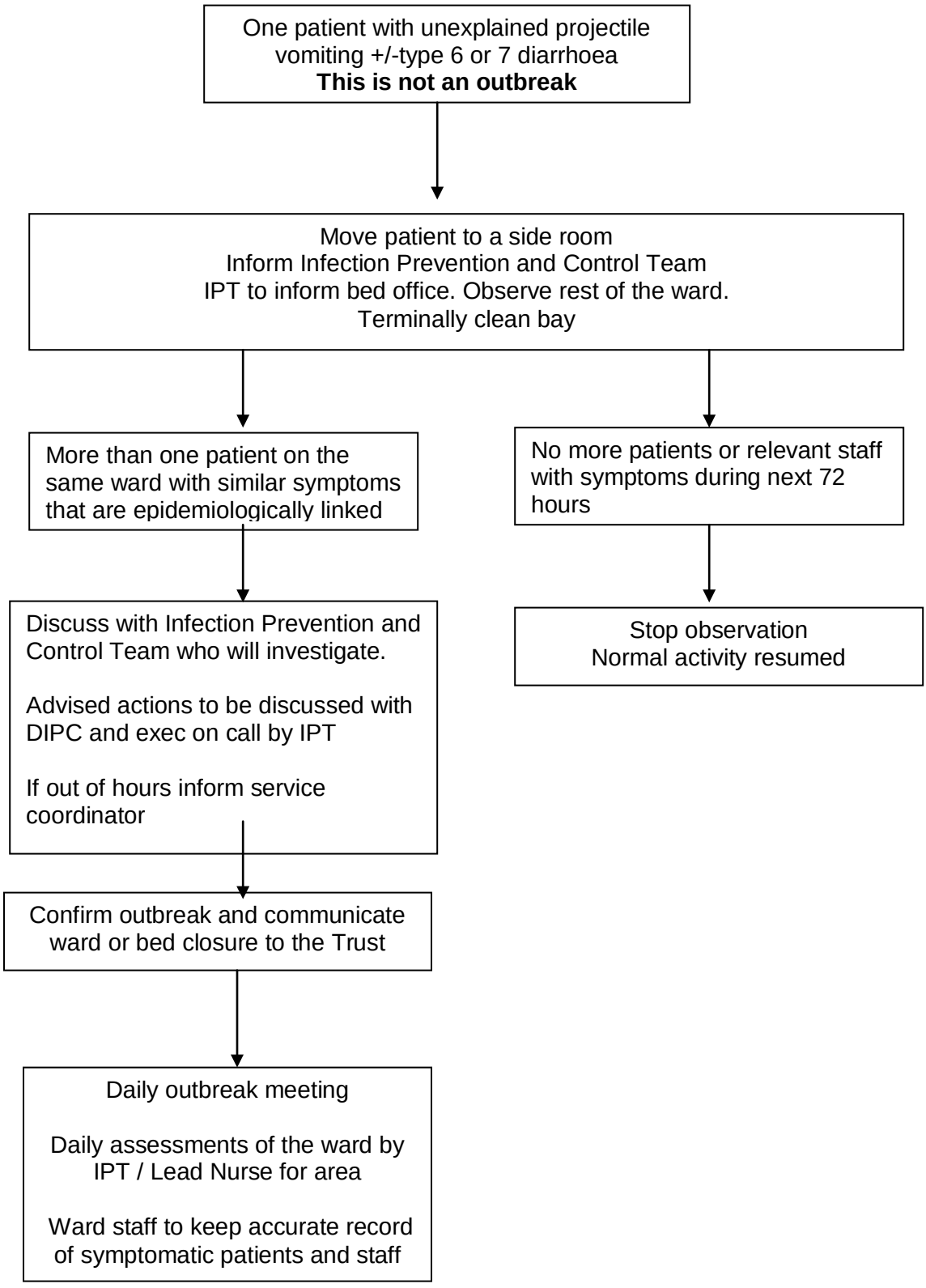
Ward : Closed / Observation

Date: ……

Reopened Date: ……. ……

Bay / Bed No	Name and Hospital No:	Date of Admission	Date of onset/ Symptoms	Date & record on no. episode/s D & V										Comments Abx, Laxatives, PMH
Bay …… Bed ……														
Bay …… Bed ……														
Bay …… Bed ……														
Bay …… Bed ……														

Initial Control Measures – Flow Chart



Appendix 3

Norovirus Patient Information Leaflet

How does norovirus spread?
The virus is easily transmitted from one person to another. It can be transmitted by contact with an infected person; by consuming contaminated food or water or by contact with contaminated surfaces or objects. The infectious dose is very low, swallowing as few as 10 - 100 virus particles may be enough to cause illness.

Why does norovirus often cause outbreaks?

Norovirus often causes outbreaks because it is easily spread from one person to another and the virus is able to survive in the environment for many days. There are many different strains of norovirus, immunity is short-lived and infection with one strain does not protect against infection with another strain. Outbreaks commonly occur in semi-closed environments such as hospitals, nursing homes, schools and on cruise ships, where people are in close contact with one another for long periods.

What are the Symptoms?
The most common symptoms are nausea, vomiting and diarrhoea. Symptoms often start with the sudden onset of nausea followed by projectile vomiting and watery diarrhoea. However, not all of those infected will experience all of the symptoms. Some people may also have a raised temperature, headaches and aching limbs.

Symptoms usually begin around 12 to 48 hours after becoming infected. The illness is self-limiting and the symptoms will last for 12 to 60 hours. Most people make a full recovery within 1-2 days, however some people (usually the very young or elderly) may become very dehydrated and require hospital treatment.

How can Outbreaks be stopped?

Outbreaks can be difficult to control because norovirus is easily transmitted from one person to another, its low infectious dose and because the virus can survive in the environment for lengthy periods. The most effective way to respond to an outbreak is to institute good hygiene measures such as strict adherence to hand-washing especially when handling food, after contact with infected people, and after using the toilet; disinfecting contaminated areas promptly; not allowing infected people to prepare food until 48 hours after symptoms have elapsed and isolating ill people for up to 48 hours after their symptoms have ceased.

How is norovirus treated?

There is no specific treatment for norovirus apart from letting the illness run its course. It is important to drink plenty of fluids to prevent dehydration.

If I'm suffering from norovirus, how can I prevent others from becoming infected?

Good hygiene is important in preventing others from becoming infected – this includes thorough hand washing after using the toilet. Food preparation should also be avoided until 48 hours after the symptoms have subsided.

Who is at risk of getting norovirus?

There is no one specific group who are at risk of contracting norovirus – it affects people of all ages. The very young and elderly should take extra care if infected, as dehydration is more common in these age groups.

Outbreaks of norovirus are reported frequently anywhere that large numbers of people congregate for periods of several days. This provides an ideal environment for the spread of the disease. Healthcare settings tend to be particularly affected by outbreaks of norovirus. A recent study by the Agency shows that outbreaks are shortened when control measures at healthcare settings are implemented quickly, such as closing wards to new admissions within 4 days of the beginning of the outbreak and implementing strict hygiene measures.

How common is norovirus?

Norovirus is not a notifiable disease so reporting is voluntary. The HPA only receives reports of outbreaks and we see anywhere between 130 and 250 outbreaks each

Are there any long-term effects?

No, there are no long-term effects from norovirus.

What can be done to prevent infection?

It is impossible to prevent infection, however, good hygiene measures (such as frequent hand washing) around someone who is infected is important. Certain measures can be taken in the event of an outbreak, including the implementation of basic hygiene and food handling measures and prompt disinfection of contaminated areas, and the isolation of those infected for 48 hours after their symptoms have ceased.

Last reviewed: 21 July 2009

Appendix 4

Precautions/ actions to be taken during a suspected or confirmed outbreak

Ward	• During normal working hours the IPT will assess and advise regarding closure of the affected bay / ward to admissions and the transferring / discharge of patients .Out of hours, the service coordinator is to liaise with on call microbiologist. • Stool samples to be sent on advice of IPT and Consultant Microbiologist. • Patients should be left where they are (unless they can be isolated without having to use the vacated bed area) until advised otherwise by IPT • Affected bays and side rooms should have their doors kept closed. • Signage must be placed appropriately to denote isolated areas. • Where only specific areas of a ward appear to be affected, cohort nursing may be advised to reduce the risk of spread from one area to another. • The nurse in charge of the shift is to inform medical teams of concerns regarding a suspected outbreak. • The League of Friends should not visit the affected area(s) with their trolleys.
Patients	• All non urgent investigations are to be postponed, this decision is to be made by the clinician caring for the patient. • If an urgent investigation is required, the status of the patient must be communicated to the receiving department prior to the investigation taking place. • If urgent transfer to another ward or specialist area is required, the status of the patient must be communicated to the receiving area and the patient transferred into a side room. • Patients admitted to the emergency floor with norovirus symptoms may only be transferred to other wards after assessment by the IPT. • Patients are to be monitored closely for signs of dehydration due to symptoms of Norovirus. • Antibiotics and laxatives must be reviewed on all patients in the affected area. • Although there is no evidence that anti-emetics prevent spread, the trust recommends that patients experiencing vomiting are given anti-emetics for this distressing symptom. • All patients must be advised (and assisted if necessary) to wash their hands after using the toilet and before eating • Patients may be discharged from an affected area irrespective of the stage of their Norovirus illness providing they are going to their own home. • Care providers of patients being transferred to their own home must be informed of the infection status of the patient (e.g. has had the illness and recovered or has not had the illness [and therefore could develop symptoms within 72 hours]) • Patients who reside in care homes are not to be discharged from an outbreak ward / area unless they have had the illness and have been

	asymptomatic for at least 48 hours. The IPT will be involved in this decision. • Transfers to other hospitals should be delayed until the patient has been asymptomatic for at least 48 hours. Urgent transfers within the hospital or to other hospitals will need individual assessment.
All staff (including Domestic and Catering)	• Ensure all staff are aware of the status of the ward. • Ensure all staff understand how Norovirus can be transmitted. • Staff are to clean hands with alcohol gel on entering an affected area and use soap and water on leaving and in between each direct patient contact. • Staff should be allocated to affected or non-affected areas of the ward but not both unless unavoidable (e.g. therapists) • Aprons and gloves must be used to prevent personal contamination with faeces or vomitus • Staff based on the ward or in affected bays may also be advised to wear scrub suits during the outbreak. The IPT will decide if this action is appropriate according to circumstances. • Members from the multi disciplinary team should visit affected areas after all others and only if the visit is essential to the current management of the patient. • When a whole ward area is closed, visiting staff should wear protective clothing and take precautions according to anticipated contact with patients (see Appendix 4). • The use of bank and agency staff must be kept to a minimum and must be advised of the risk of norovirus transmission. Such staff may work in other areas if they have no symptoms of infection, but not on the same day. • Staff must not eat or drink on the ward. • Ward staff are to maintain an accurate reflection of the ward status on the Extramed system. • Staff with symptoms of diarrhoea and vomiting are to contact the occupational health department who will complete an assessment in order to decide the likelihood of the symptoms being Norovirus. • Any affected staff member is to remain off work until they are **48** hours clear of symptoms because of the risk of viral shedding and transmission. • If staff have symptoms at work they must go home immediately and the toilet / area where the symptoms occurred disinfected.
Patient and relative information	• Relatives should be requested not to visit if they have had diarrhoea and/or vomiting in the previous 48 hours • Visiting to the affected area may be restricted during an outbreak, as advised by the Outbreak Control Group; but will be allowed in exceptional circumstances at the discretion of the Nurse in charge of the shift • Where relatives are allowed to visit on compassionate grounds etc, they must be informed of the risk to themselves and of the precautions required to prevent transmission around the ward. • Patients are to be given a verbal explanation of why visiting may be restricted or stopped all together for a period of time by the ward team with support from the IPT. • Relatives are to be contacted by telephone and informed of the situation and reducing the risk of spread of infection by the ward team.

	• A daily update of the situation, provided by the IPT will be given to patients (and any visiting relatives) • Where a patient deteriorates, immediate relatives can be informed by telephone (e.g. with the use of a password), so that they can be kept informed. • Information leaflets are to be given to patients. (Appendix 3) • Next of kin are to be kept informed of the progress of their relative by telephone when unable to visit. • Appropriate signage is to be placed at the entrance to the ward giving information on any restrictions to visitors.
Continuous monitoring and communication	• Staff on the affected ward will maintain an accurate record of all patients and staff with symptoms. • All patients are to have an accurately maintained stool chart. • The IPT will assess the affected area twice daily, (more frequently if necessary) and communicate findings at the Outbreak Control Meeting. • In instances where several wards are closed at the same time, Lead Nurses for those areas will assist in gathering the information for the Outbreak Control Meeting • Daily briefings to be provided by the communications team across the organisation and externally as appropriate.
Environment	• Food must be removed from exposed areas such as the tops of bedside lockers. Any uncovered food must be discarded. • Food tray collections should be taken from infected areas/side rooms last. • Cleaning and disinfection of the affected area is to be increased with a focus on frequently touched points and toilet areas. • Faecal/ vomit spillages are to be cleaned up promptly to reduce the risk of spread of viral particles. • Vacuum cleaners are not be used for cleaning during an outbreak situation. • Immediately prior to reopening the ward, a deep clean is to be carried out, including the steam cleaning of beds, chairs, lockers etc. • The Domestic Services Manager, IPT and Lead Nurse will carry out an inspection and sign off a Deep Clean Sign Off Sheet (Appendix 5) prior to the ward reopening.
Equipment	• Must be decontaminated after use and documented as such with appropriate labels. • Use single patient use equipment whenever possible. • Steam clean equipment where practicable. • Blue food trolleys must not be taken into a ward which is closed because of infection. The food must be decanted at the entrance to the ward onto service trolleys. All trolleys (including wheels) must be sanitised after use.
Linen/ Waste	• Linen for the whole area is to be treated as infected and must be handled using protective clothing • All waste is to be disposed of as clinical waste

Precautions to be taken when a ward that closed because of an outbreak of suspected Norovirus

When a ward is closed to admissions, certain restrictions are applied to prevent the spread of infection to vulnerable patients on other wards.

However, it is essential that even during an outbreak patients continue to receive treatment to help their recovery and prepare them for discharge from hospital.

The level of direct contact a member of staff has with patients will affect the precautions that need to be applied and **the table on the next page aims to guide staff accordingly;**

Visiting staff are requested to ring the bell at the entrance to the ward and wait to be admitted. As always, alcohol gel should be used to decontaminate hands on entry to and leaving the ward.

Note that this guidance only applies to diarrhoea and vomiting – precautions may be different for other types of outbreak.

Please remember that when outbreaks occur in the hospital, it is a reflection of the prevalence of infection in the general community especially in schools and care homes and that hospital staff often pick it up outside the hospital.

If a member of staff has symptoms of diarrhoea and / or vomiting they should;

- Not come to work
- Contact the Ward / Department Manager and Occupational Health (01245 514089)
- Only return to work **48 hours** after the last episode of diarrhoea or vomiting

For any further advice, please contact the infection prevention team on Ext 6398 / 5488 or bleeps #6555 2227 / 2229 / 2209

	Precautions to be followed
Nursing staff working on the affected ward (including bank and agency)	• Nursing staff to wear scrubs • Wear a clean apron for each episode of direct contact with a patient or with the patient's immediate surroundings (e.g. bedding) • *Wash hands with soap and water* in between patient contact • Change out of scrubs in order to leave the ward • Do not work on other wards on the same day
Medical staff	• Where possible, a dedicated team should work on the ward • If necessary (to see outliers etc) other wards should be visited before going to the affected ward • Medical teams to wear scrubs whilst on the ward • Wear a clean apron for each episode of direct contact with a patient or with the patient's immediate surroundings (e.g. bedding) • Use the stethescopes provided for each patient or ensure their own stethoscope is cleaned with a detergent wipe in between examinations • *Wash hands with soap and water* in between patient contact • Change out of scrubs in order to leave the ward
Therapists	• Therapists should be allocated to work on the ward and visit that ward last • Scrubs to be worn whilst on the ward • Wear a clean apron for each episode of direct contact with a patient or with the patient's immediate surroundings (e.g. bedding) • *Wash hands with soap and water* in between patient contact • Change out of scrubs before leaving the ward
Phlebotomy	• Phlebotomists should be allocated to work on the ward and visit that ward last • Scrubs to be worn whilst on the ward • Wear a clean apron for each episode of direct contact with a patient or with the patient's immediate surroundings (e.g. bedding) • *Wash hands with soap and water* in between patient contact • Change out of scrubs before leaving the ward
Domestic services staff	• Domestic staff should be allocated to work on the ward • Scrubs to be worn whilst on the ward • Wear a clean apron for each episode of direct contact with a patient or with the patient's immediate surroundings (e.g. bedding) • *Wash hands with soap and water* in between patient contact • Change out of scrubs before leaving the ward

	Precautions to be followed
Imaging	• Imaging Department must be informed of any potential infection risk when requesting the procedure • Non-urgent imaging requests should be postponed until the outbreak has ended • Urgent imaging requests must still be performed – where possible this should be undertaken on the ward using dedicated equipment • Staff performing diagnostics must wear a clean apron (this must be changed if seeing more than one patient) • *Wash hands with soap and water* in between patient contact • In the Radiology department, patients from the affected ward should be left until the end of the day *if possible* • Equipment in contact with the patient should be cleaned according to advice from Infection Prevention Team
Pharmacists	• The ward pharmacist should visit the affected ward last • They should wear a clean apron to enter each bay (this must be changed if they have direct contact with the patient or their bedding) • They should use alcohol gel in between looking at different patient's charts at the bedside • They should discard the apron wash their hands with soap and water before leaving the bay
Social services / Reablement	• Must wear a clean disposable apron at the patient's bedside • Must discard their apron and wash their hands with soap and water after assessment of patients
Other staff visiting patients (but not carrying out physical care – e.g dieticians, chaplaincy, pain relief nurse etc)	• Must wear a clean disposable apron when seeing patients • Must wash hands with soap and water in between patients
Voluntary workers / mealtime companions	• Should avoid entering ward whilst the outbreak is ongoing • Staff with the newspaper trolley should ring the bell to see if any patients want to purchase anything

Deep clean sign-off sheet

Ward / Department; **Date;**

Reason for deep clean;

	Description / Task	Tick box
Processes;		
1	All curtains have been changed	
2	Radiator covers have been removed	
3	Beds /tables and lockers have been cleaned / disinfected	
4	Floors have been cleaned and buffed	
Check cleanliness of;		
5	Bedframes	
6	Mattresses	
7	Bed tables	
8	Lockers	
9	Patient line screens	
10	Chairs	
11	Curtain rails	
12	Floors	
13	Radiator covers	
14	Waste bins	
15	Toilets	
16	Showers	
17	Bathrooms	
18	Commodes	
19	Bedpans	
20	Hoists	
21	CPR trolley	
22	Dressing trolleys	
23	Nurses station	
24	Linen stores	
25	Sphygmomanometers	

Signed off by;

Ward Manager / Nurse in Charge……..

Infection Prevention Nurse……

Lead Nurse for ward……

Domestic Services Manager……