St George's Healthcare NHS
NHS Trust

Protocol for the Prevention and Management of Norovirus

Policy Profile			
Policy Reference:	*CCP22* – Appendix to Clin 2.0 Infection Control policy		
Version:	2		
Author:	Lead Nurse Infection Control		
Executive sponsor:	Director of Infection Prevention and Control		
Target audience:	All Trust Staff		
Date issued:	04 January 2012		
Review date:	January 2015		
Consultation			
Key individuals and committees consulted during drafting	Infection Control Committee	**Dates**	Dec 2011
		Dates	
		Dates	
Approval			
Approval Committee:	Infection Control Committee		
Date:	December 2011		
Ratification			
Ratification Committee:	Policy Ratification Group		
Date:	December 2011		

Document History			
Version	**Date**	**Review date**	**Reason for change**
V1	2007	2009	
V2	December 2011	December 2014	Reviewed and revised to take account of latest guidance.

Contents

Executive Summary

This protocol provides information on infection prevention and control precautions for Norovirus. It includes information on prevention of transmission, the transfer and discharge of infected patients and management of affected staff and the management of outbreaks of Norovirus.

Scope

This policy applies to all staff (temporary or permanent) **working in all the locations registered by St George's Healthcare NHS Trus**t with the Care Quality Commission, to provide its regulated activities.

This also includes volunteers, contractors, students and/or trainees.

This protocol is an appendix to the Infection Control Policy. Refer to the Infection Control Policy for information on the criteria, responsibilities and systems required to prevent and control Healthcare Associated Infections (HCAIs).

1. Introduction

Norovirus outbreaks occur most winters (sometimes known as Winter Vomiting Disease) but also in other seasons. The illness is usually self-limiting, but cases can spread very rapidly (vomitus is thought to be infectious via the airborne route and via contamination of the environment). Institutions such as hospitals are vulnerable to large outbreaks involving staff and patients – this can seriously disrupt the work of the hospital.

This protocol is to help staff minimise spread – within wards and between wards. A draconian approach to quarantining infected areas is required to counter the natural tendency for staff and patients to move between wards and potentially infect the whole hospital.

- The **incubation** of illness can be up to 72 hours, but for practical purposes and to reduce the disruption to the Trust, in terms of lost bed days, bays and wards may be re-opened after **48 hours** free of symptoms.

- Cases are deemed to be **infectious** for up to **48 hours** after their symptoms have resolved.

- If nursing or medical staff suspect cases of Norovirus infection in patients or other staff members, during normal working hours they should inform.

  Infection Control: 0208 725 2459 / Ext 2459

or

  Medical Microbiology 0208 7251970 / Ext 1970

  Outside normal working hours they should inform the Microbiologist on call via Switchboard: 0208 672 1255

  Stool samples for Microbiology and Virology (M, C and S, CDT and Virology), should be sent as directed.

- **Members of the public** should be advised not to visit the hospital if they have had diarrhoea and vomiting within the last 48 hours.

2. Precautions in A&E & Urgent Care and Admission to Wards

Precautions must be taken as soon as possible to prevent spread. Therefore:-

- Patients presenting to A&E or other emergency and urgent care departments with **acute vomiting** and/or diarrhoea should be triaged and moved straight into an isolation room. During a Norovirus outbreak, a specific room may be designated for suspected cases: they should be moved to that room without delay, and the **door kept shut** (spread can be airborne if patient is vomiting).

- **Patients should be assessed as rapidly as possible, by an A&E SHO.** They should be *sent home* if this is clinically appropriate – not every case of Norovirus infection needs admission.

- **All staff dealing with D&V patients should observe strict source isolation precautions**, including wearing gloves and aprons when with the patient, and diligent

hand-washing with **soap and hot water** (alcohol gel is insufficient in this situation– it does not kill the virus).

- If the patient requires admission, and the diagnosis is presumptive Norovirus infection, the patient should be referred to the doctor on duty. At St George's Hospital (SGH) this will be the Clinical Infection Unit for adults and General Paediatrics for children.

- Patients being admitted should go into a single room. At SGH this should be on McEntee ward in the first instance, with strict isolation as above. Children should be admitted to a single room, preferably on Pinckney) Non-infectious patients may have to be moved to allow this to happen.

- If McEntee ward has no beds available, the situation should be reviewed: a ward or bay may be designated as an isolation area, rather than risk dispersing cases through the hospital.

- The priority order when allocating patients to side-rooms for isolation is set out in the Isolation Policy.

Highest priority	TB (confirmed or suspected), Influenza, Measles, Chickenpox
⇩	**Suspected Norovirus,** *Clostridium difficile*
	MRSA, VRE, Resistant Coliforms
Lowest priority	Non-infectious patients

3. Ward precautions

- **Send stool samples to Microbiology,** (staff and patients), even if the symptoms are vomiting without diarrhoea, and indicate the suspected diagnosis on the request form.

At QMR inform Microbiology at Kingston Hospital (0208 546 7717) of suspected cases of Norovirus.

- Following discussions with Microbiology/ Infection Control, if it is agreed that single cases, or more than one case of diarrhoea and or vomiting are possibly due to Norovirus, then the bay or ward will be closed or 'quarantined' (admit no transfers). The following actions must be taken, as advised by Microbiology / Infection Control;

    - In the first instance if the index case is still there consider **and symptomatic consider closing the bay or ward to transfers out and admissions.**

    - Patients can be admitted if the index case has moved out or been asymptomatic for 48 hours and the bay has been deep cleaned and the curtains changed.

    - If Norovirus is strongly suspected and there are **ongoing cases of**, **close the bay or ward to transfers out AND to admissions** (other than those already symptomatic with likely Norovirus).

    - **There must be no patient movement** to other wards/departments even into single rooms unless medically urgent even into single rooms. **Asymptomatic patients** may still go elsewhere for necessary investigations or treatment, but should spend as little

time as possible off the ward. **Symptomatic patients** should also not be denied any essential treatment/investigation, but if possible this should happen on the ward.

- **Minimise the number of visitors to the ward** – this includes patient visitors, as well as medical staff, allied health professionals, administrative staff, etc. Signs to this effect must be displayed prominently on the doors. Medical ward rounds should visit affected wards **last**. Everyone to wash hands with **soap and water** on leaving the ward.

- **The bay or ward must stay closed until 48 hours after the last episode of vomiting or diarrhoea.** The bay/ ward should be deep cleaned and the curtains changed prior to reopening.

3.1 Minimising spread within the ward:-

- Isolate or cohort nurse ill patients; wear gloves & aprons for contact with patient or nearby environment.

- **Wash hands with soap & water** after each contact with patient or environment and after removing gloves & apron (Alcohol gel is thought to be insufficient for Norovirus).

- Insist on diligent hand hygiene by all visitors (including other staff).

- Areas where vomiting and/or diarrhoea has occurred should be rapidly cleaned and disinfected with Chlor-clean – this includes toilets, bedpans (and bedpan holders for disposable bedpans) and commodes.

- Increase frequency of general ward cleaning, using Chlor-clean.
- **All** equipment and rooms vacated by ill patients should be thoroughly deep cleaned with Chlor-clean before they are used again.

- Remove curtains before cleaning bays or ward. Carry out cleaning and replace curtains.

- Open bowls of fruit and other uncovered food should be removed, as they may become contaminated and a source for more cases.

4. Staff Considerations

- **Staff** who become ill with D&V should go off duty *immediately* (and inform Occupational Health), and submit a stool sample to the microbiology laboratory. Staff must not return to work until they have been symptom free for 48 hours.

- **Staff** working in affected areas should not work in other unaffected areas until at least 48 hours after last contact with an infectious case.

- The use of **Bank and Agency Staff** in outbreak areas should be kept to a minimum. Bank and agency staff should be advised of the infection control precautions required to prevent Norovirus transmission. Bank and agency staff can work in other areas if they are symptom free but not during the same shift.

5. Transfers to St George's Healthcare Trust from other hospitals where there is a Norovirus outbreak

Transferring a patient to the Trust from a ward with an ongoing outbreak of Norovirus, or who was in contact with a case, carries the risk of introducing Norovirus into St George's Trust and causing an outbreak here. This is the case even if the patient being transferred does not actually have diarrhoea or vomiting – they may be incubating the infection. Therefore:

- For patients who have been **EXPOSED** to Norovirus but have **NOT** (yet) had the illness and may be incubating it;

    1. If the transfer is **NOT** clinically urgent, and can be delayed without harm or danger to the patient, the transfer must then be delayed until at least 48 hours after the last exposure.
    2. If the transfer is **CLINICALLY URGENT** for medical reasons, despite the risks, the patient must then be isolated in a side-room or closed bay until 48 hours after exposure.

- **Patients who have had Norovirus infection** are regarded as infectious for 48 hours after the end of their illness – they can be accepted for transfer after they have been free of symptoms for 48 hours.

For further questions or problems, please contact Infection Control/Microbiology: Infection Control: 0208 725 2459 / Ext 2459

or

Medical Microbiology 0208 7251970 / Ext 1970

Outside normal working hours they should inform the Microbiologist on call via Switchboard: 0208 672 1255.

(There is always a Microbiology doctor on call to give Infection Control advice).

6. Outbreak Management

Close liaison is required between Hospital Staff, Bed Management and Infection Control to ensure that outbreaks are managed effectively, with minimal disruption to hospital services. During the Norovirus season the following will be carried out;

- Posters to be displayed at the entrances to the Trust asking the general public not to visit if they have symptoms of diarrhoea and vomiting.

- Posters to be displayed at the entrance to wards or bays requesting that staff and visitors comply with isolation precautions.

- A **daily out-break meeting** with relevant ward/department staff, a bed manager, infection control doctor, infection control nurse, facilities staff and other staff, as necessary.

- **Ward staff to complete daily diarrhoea and vomiting checklist** (available on the Infection Control intranet website) of cases of diarrhoea and/or vomiting on their ward,

with a copy to be given the infection control nurse or faxed to 0208 725 5694 or e-mailed to infectioncontrolnurses@stgeorges.nhs.uk.

- **Daily minutes** of meetings to be circulated to relevant Trust staff, by infection control nurse.

7. Associated Documentation

Infection Control Policy

Discharge Policy

Hand Hygiene Policy

Communicable Infections - Control of Outbreaks

Protocol for the Isolation of Patients

Staff /Student Occupational Health Service Policy

Transfer of Patients

Decontamination Policy

8. References

Management of Hospital Outbreaks of Gastro-enteritis due to Norovirus (SRSV), Journal of Hospital infection Vol. 45, issue 1, May 2000

Health Protection Agency (2011) *Guidelines for the management of norovirus outbreaks in acute and community health and social care settings.* London: HPA.

Health Protection Agency (2011) *Prevention of infection and communicable disease control in prisons and places of detention.* London: HPA.

Southwest London Health Protection Unit. (2010) *Guidelines on Prevention and Management of Probable/ Confirmed Viral Outbreaks of Diarrhoea and Vomiting in Care Homes, Schools, Nurseries and other Child Care Settings*. London: SWLHPU