

Summer Norovirus Alert !



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Norovirus causes on average 80 deaths/year in >65 yr olds in UK

normally a winter bug

Norovirus has the potential to overwhelm local hospitals

Norovirus outbreaks have been occurring across our patch over the last few months

Due to the pandemic, care homes currently have:

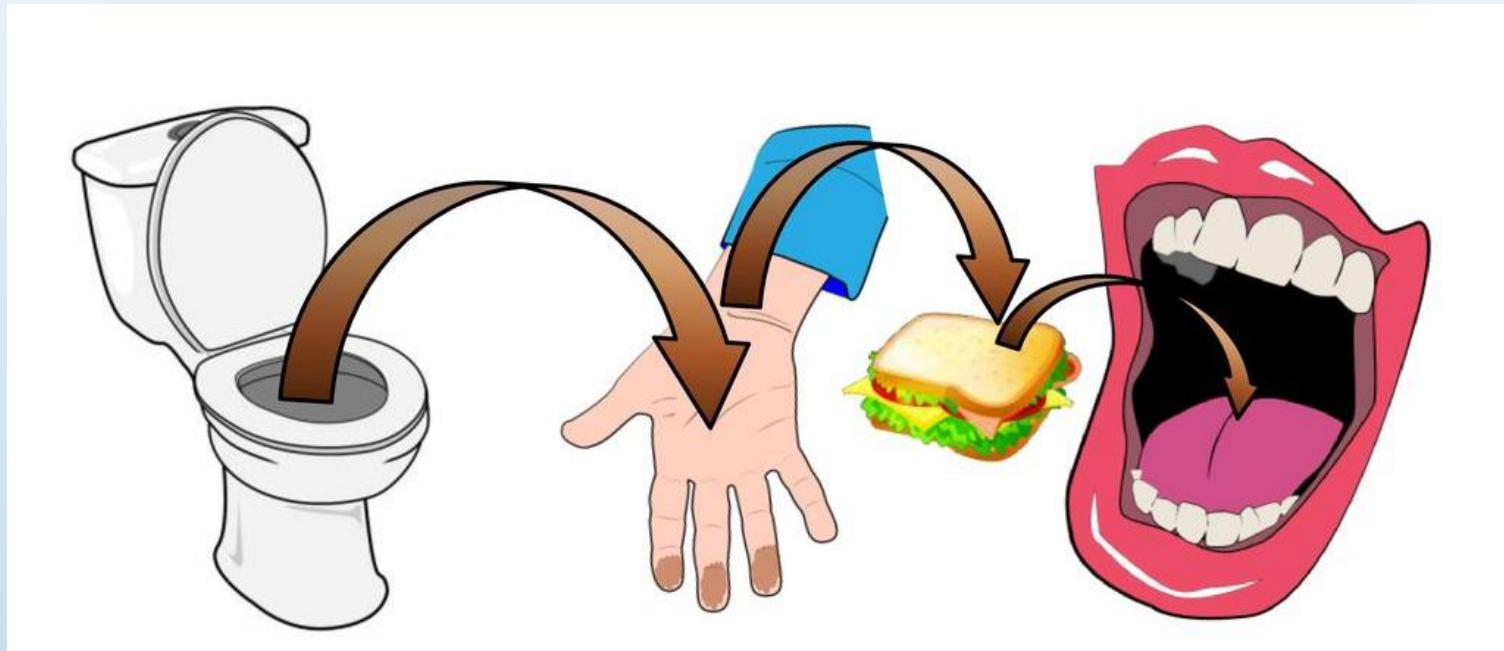
- Enhanced cleaning with Milton
- Staff trained in donning and doffing PPE
- Regular hand hygiene audits
- Social distancing between residents

Ward closures at York Hospital after cases of vomiting bug



What will happen when restrictions are eased?

Direct and indirect transmission via the Faecal – Oral Route



Aerosol transmission

Highlights:

- how far vomit particles can spread
- the importance of cleaning
- how self contamination can occur



Vomiting Larry

<https://www.bing.com/videos/search?q=vomiting+larry+youtube&view=detail&mid=E935582A2FDCB10BB229E935582A2FDCB10BB229&FORM=VIRE>

Steps to take this summer

1. Identify symptoms of Norovirus infections early
2. Isolate affected residents
3. Report an outbreak early
- 4a. Break the chain of infection and Stop the Spread – Hand washing
- 4b. Break the chain of infection and Stop the Spread – PPE
- 4c. Break the chain of infection and Stop the Spread - enhanced cleaning

1. Identify symptoms of Norovirus infections early

Remind all staff about Norovirus and ensure they know the symptoms.

- Nausea, vomiting - often projectile (not everyone has vomiting)
- Abdominal pain or cramps
- Diarrhoea
- Viral 'picture' - headache, muscle aches
- Low grade fever (50%)

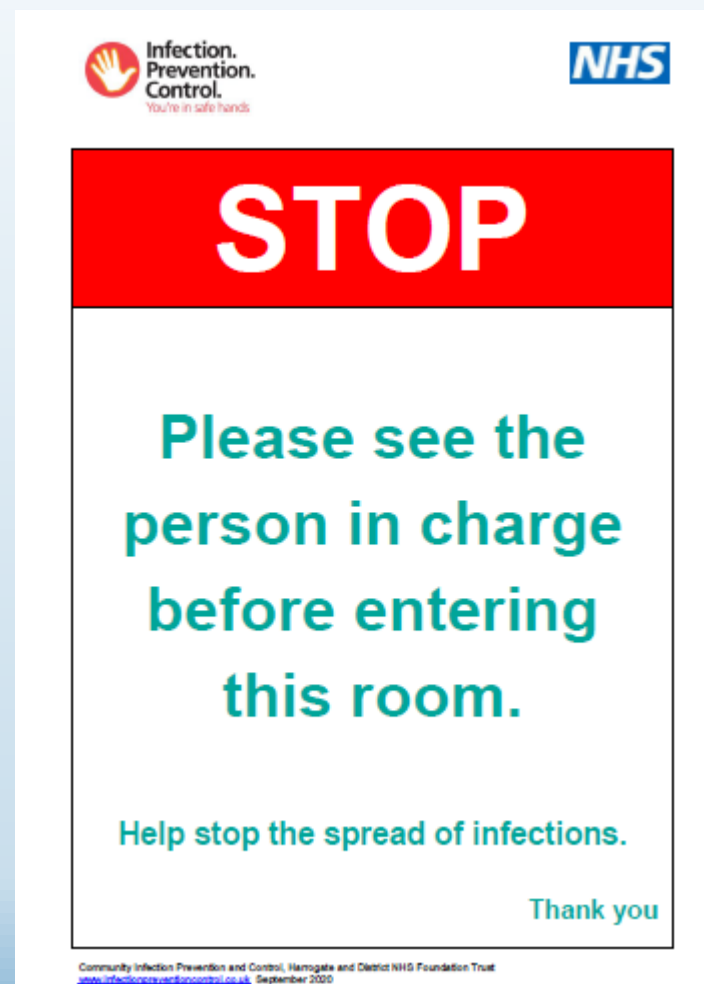


When reporting diarrhoea first check other factors e.g. overflow from constipation, new antibiotics, use of laxatives, enteral feeds, ileostomy or food related.

2. Isolate affected residents

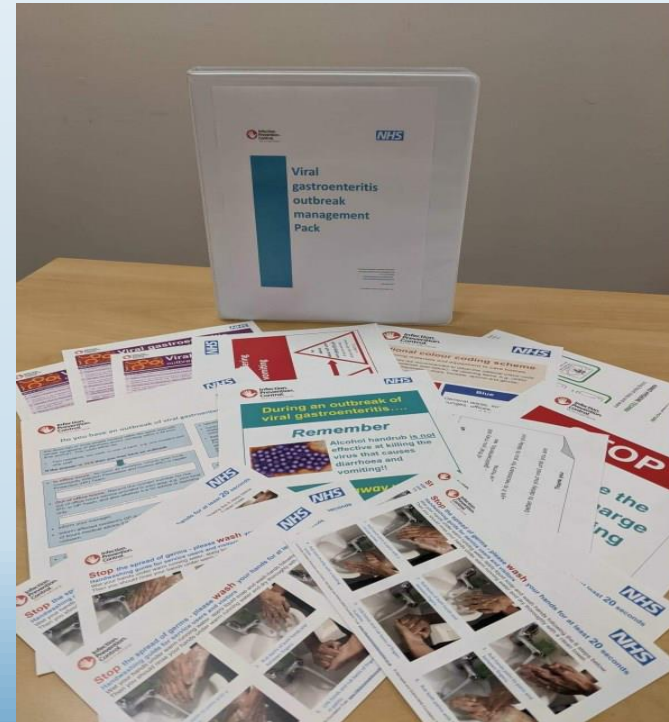
Ensure all staff know what to do and where to find the outbreak policy

- Isolate residents who show symptoms of norovirus as soon as possible.
- Residents with diarrhoea or vomiting should remain in isolation until symptom free for 48hours.
- New admissions to care homes are isolated for 14 days (covid guidance) and during this time observe the residents bowel pattern



3. Report an outbreak early

- Inform Community Infection Prevention Control Team 01423 557340
out of hours:
Public Health England 0114 304 9843
- Inform relatives, visitors, visiting health care workers and trades people
- Ensure all staff are aware of and are following local policy and guidelines
- Ensure the Outbreak Management Pack is available.



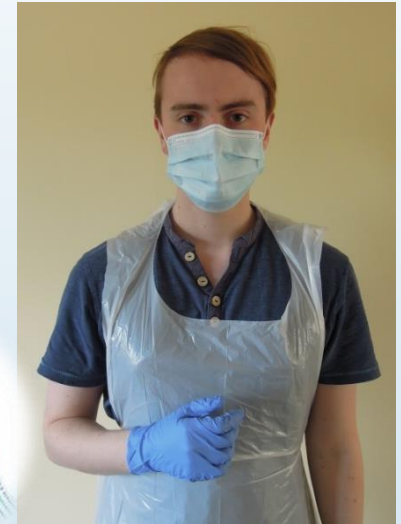
4a. Break the chain of infection and Stop the Spread – Hand washing

- It is the single most important way to prevent the spread of infection
- Staff should wash their hands with soap and water, in the resident's room after removing PPE
- **Alcohol handrub should NOT be used as it has limited effectiveness for norovirus**
- Encourage residents to wash their hands before meals and after using the toilet



4b. Break the chain of infection and Stop the Spread - PPE

- Single use aprons and gloves when in contact with body fluids
- If you are with a resident vomits, the face mask will prevent the inhaling of vomit particles but will be contaminated on the outside – it is essential that this mask is removed and replaced as soon as possible.
- Removal of PPE in correct order to minimise risk of self contamination
- Washing hands after each PPE item is removed



4c. Break the chain of infection and Stop the Spread - enhanced cleaning

- Cleaning at least twice daily to include all communal items regularly touched by service users (hand rails, tables, door knobs, TV remote)
- Recommended hypochlorite solutions at a concentration of 1,000 ppm include:
 - Milton 2% (available at chemists/supermarkets) at a dilution of 1 in 20 (50 mls Milton added to 1litre water)
 - Household bleach diluted to 1 in 100 (10 mls bleach in 1litre water)
 - Chlor-Clean, Haz tabs, or Presept tablets, as per manufacturer's instructions using a diluter bottle where applicable
- Make up hypochlorite solution daily



Hospital discharge to care home

Ward has closed bays
but
the patient is not in
closed bay



Patient is in a closed Bay.
Patient had symptoms
and is now 48 hrs
symptom free



Patient is in a closed Bay.
Patient has not had symptoms.
Generally should not be discharged until the bay is
reopened. However can be assessed on an
individual basis (need to be in isolation for 48 hrs)

