

Guidance on outbreaks of norovirus in care homes

Do 2 or more residents (or staff) have the following symptoms?

Sudden onset of diarrhoea (non-bloody, watery) and/or vomiting

Also present may be:

- Abdominal cramps
- Muscle aches
- Headache
- Feeling of weakness
- Slightly raised temperature

If you notice two or more residents in the care home with these symptoms occurring within two days of each other, not due to another reason (i.e. use of aperients) then,

It could be an outbreak

Contact your local Health Protection Team (HPT) and implement the control measures below, monitor the situation and ensure early samples are taken.

The Health Protection Team (HPT) will:

- work with care home staff and GPs to investigate/manage the outbreak
- advise on control measures and what tests are needed

Infection Prevention and Control Measures

Routes of Transmission

The main ways to get norovirus are as follows:

- Hands come into contact with vomit or faecal matter and subsequently touch the mouth.
- Hands come into contact with contaminated equipment or contaminated surfaces and subsequently touch the mouth.

Vomit can also spread norovirus through the air!

- The environment (including surfaces, equipment and food) can be contaminated when someone vomits. This can spread norovirus through the air on tiny droplets. Such contamination will cover a wide area.
- Cross transmission then occurs when residents and staff inhale and subsequently ingest norovirus, or consume food on which these particles have landed.
- Flushing lidless toilets can also contaminate the surrounding environment.

NB. 30mls of vomit may contain as many as 30 million virus particles.

A short film shows how the environment becomes contaminated when an individual infected with norovirus projectile vomits.

<http://www.hsl.gov.uk/resources/case-studies/vomiting-larry-visualising-contamination>.

All of the necessary control measures are discussed in full in the HPS norovirus outbreak guidance for care homes: <http://www.hps.scot.nhs.uk/haic/ic/resourcedetail.aspx?id=165>.

Summary of Control measures

Separating residents with symptoms from those without symptoms

- Ask residents who have symptoms to stay in their room, with the door kept closed.
- Discourage residents with symptoms from using common areas.
- Inform residents and relatives of the situation, precautions, restrictions and risks.
- Assign staff to care for either symptomatic or asymptomatic residents.
- Ensure non-emergency hospital visits are rearranged.
- If a resident needs to be admitted please call the receiving hospital.

Hand Hygiene and PPE

- Wash hands thoroughly using liquid soap and water before and after contact with residents.
- Staff should wear single-use, disposable plastic aprons and gloves when caring for symptomatic residents or cleaning spills. Consider eye protection if there is a risk of splash or spray.

Cleaning and waste disposal

- De-clutter the environment and dispose of any exposed foodstuffs.
- Clean and disinfect all frequently touched surfaces (e.g. lockers, door handles, chairs) at least daily using a chlorine releasing agent diluted to 1,000ppm available chlorine.
- Clean and disinfect any body fluid spills (e.g. vomit) using a chlorine releasing agent diluted to 1,000ppm available chlorine.
- Provide resident-dedicated care equipment wherever possible (e.g. commodes, washbowls, lifting equipment).
- Clean and disinfect communal care equipment (e.g. lifting equipment, baths) thoroughly between residents.

