



NOROVIRUS OUBREAK –

AT-A-GLANCE

Definition	• The average incubation period is 24 hours (between 12-48 hours) • Symptoms include acute onset non-bloody watery diarrhoea and/or vomiting, often accompanied with abdominal cramps, headache, malaise and low-grade fever (lasting 24-48 hours). • An outbreak is declared by the IPC team when there are two or more cases of Norovirus linked in time and place.
Diagnostic	• Contact Infection Prevention & Control Nurses - bleep 1747/4124/9794 and inform about suspicion of Norovirus infection. • Send stool sample for Norovirus PCR screening. DO NOT SEND VOMIT SAMPLES. • Inform patient, relatives and staff.
Management	• Isolate at onset of symptoms: ○ Single room or cohort with other patients with same symptoms. ○ Identify designated toilet or commode (must stay in the room). ○ Place an OUH approve contact precaution sign on door. Change the sign to an OUH approved droplet precautions in case of vomiting episodes • Maintain Bristol Stool Chart, symptoms progress and fluid balance chart. • PPE: Apron and Glove to be worn for all contact with the patient and their immediate environment. Surgical mask to be worn if patient is vomiting. Eye protection if risk of blood and/or bodily fluid risk to face. • Ensure tiger strip bags are replaced with orange bags. • Staff to wash hands with soap and water following the WHO 5 Moments • Patients must wash their hands before eating and after using the bathroom facilities. If patient is unable to practice handwash, facilitate patient's access to hand wipes. • Place used linen in red alginate bag. Close red bag before placing inside white bag. Place the red bag inside a white plastic bag and close before removal from the room. Avoid shaking bed linen when placing in the bag. • Cover patient's meals while transporting then to patient. • Remove exposed food/drink (e.g. staff mugs, and water bottles located in clinical area).
Cleaning	• All patient equipment must be cleaned with Green Clinell wipes. Continue using Red Clinell wipes for commodes and bed pans. • IPC team will request regular Actichlor cleaning for the whole ward while patients remain symptomatic. • The ward team must request a second enhanced clean for room/bay and toilets where affected patients are nursed. Request terminal clean when patient is discharged/transferred. • Increase frequency of cleaning for frequently touched surfaces.
End of Isolation/ Outbreak	• Isolation can be stopped after 48 hours from symptom cessation. • Prolonged isolation can occur in immunocompromised patients. • The end of an outbreak can be declared by IPC team after 48 hours from the resolution of symptoms in the last known case and at least 72 hours after the initial onset of the last new case.

Additional Information	• Patients may go to essential clinical investigations/treatment provided the receiving department is aware of infectious status. Patient should be last in the list where possible. • May be discharged home if medically fit. • For transfer to other healthcare settings, the healthcare setting must be informed and WILLING to accept patient. • Unless clinically urgent do not transfer to other clinical areas until patient has been asymptomatic for 48 hours (longer if immunocompromised), if needed, it must be to a side room
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