

Norwalk-like viruses (previously known as SRSV)

These viruses are very contagious. They can be spread by the faecal-oral route, through contact with fomites or by airborne transmission. They produce symptoms of vomiting and/or diarrhoea. These symptoms are usually mild and last between 24 and 48 hours.

As Norwalk-like viruses may be spread by these three routes, it is important to follow the procedures and controls documented in this leaflet.

People are the only known reservoir for this virus and therefore spread is not possible from either birds or animals. In addition, whilst the Norwalk virus can contaminate the immediate environment of an infected person, there is no evidence that the virus is carried in the wind to infect people in distant locations. An infected team member or visitor can bring the infection into a residential institution, whereupon it will spread from person to person.

Dealing with a resident who vomits

Staff should all be trained to deal immediately with a resident who vomits. The first priority is the resident's well being. One staff member should remain with the resident and call for assistance. This staff member should put on disposable gloves and a disposable apron.

Other team members should be called in to carry out a vigorous cleaning programme.

The following equipment should be made available to them to carry out the cleaning – an emergency box should be kept containing: -

Paper towels, disposable wipes, disposable gloves, disposable apron, yellow clinical waste bag, red soluble linen bag, bowl, detergent, bleach

Procedure for cleaning

- Wear disposable gloves and apron
- Use paper towels to soak up excess liquid and solid matter and dispose of these into a clinical waste bag
- Clean the soiled area with detergent and warm water using a disposable cloth
- Disinfect the contaminated area with freshly made 1000ppm (0.1%) hypochlorite solution (bleach).
- Dispose of gloves, apron and cloths into the clinical waste bag.
- Wash hands thoroughly using soap and water and dry them.

Precautions and Procedures

Isolation

Affected residents should be requested to stay in their rooms during illness and for **48 hours** afterwards.

A separate toilet area should be allocated for the use of ill residents without en suite facilities. **Healthy residents** should be requested not to visit friends who are ill. **Partners** of ill residents should be advised not to mix with other residents.

Staff

Staff who are affected and show signs and symptoms of vomiting and/or diarrhoea should be sent home immediately. They should remain off duty for **48 hours** after symptoms have ceased. All employees should be encouraged to report **any symptoms** that develop whilst on duty as soon as possible. Staff with symptoms should each submit one stool specimen for investigation. The employee can return to work if there have been no symptoms for 48 hours. Staff with dual roles e.g. working in another care home, should be requested not to do so during the course of an outbreak.

Control Measures

Hand washing

Careful hand washing is probably the single most important control measure. It is therefore essential to have good hand washing facilities. All staff should be instructed regarding good technique. Residents should also be encouraged to wash their hands.

Hand washing technique

- Wet hands under running warm water
- Apply liquid soap.
- Rub all parts of the hands vigorously, without applying more water, using the six-step technique
- Rinse hands under running water
- Dry thoroughly using disposable paper towels.

Hands need to be washed after:

- Assisting ill residents
- Carrying out personal care for any resident
- Cleaning
- Handling linen
- Using the toilet
- Before and after serving food
- Before and after work

Protective clothing

Disposable gloves and an **apron** should be worn when cleaning surfaces or equipment in affected areas and when handling soiled linen.

Cleaning

A vigorous cleaning programme is essential.

Hard surfaces, especially the toilet area, should be cleaned with detergent and warm water, then with 1000ppm (0.1%) **bleach** (check manufacturers instructions for dilution to the correct concentration, 0.1% is 1 part of bleach in 1000 parts of water). Particular attention should be paid to toilet flush handles, sink taps and toilet door handles.

All communal toilet areas should be cleaned **four times** daily and **after contamination**. En suite toilets of affected guests should be cleaned **twice daily** and **after contamination**.

Separate mops and buckets should be used for each floor of the home.

Separate equipment should be used to clean rooms of affected and unaffected residents.

Care and Use of Equipment

Mop heads and buckets should be stored **dry** between use.

Non-disposable mop heads should be disinfected in a washing machine (hot cycle).

Disposable mop heads – change daily or if contaminated.

Cleaning cloths should be disposable.

Chlorine based disinfectants (bleach) are inactivated by organic matter e.g. dirt, dust, etc. Though cleaning with detergent and warm water is therefore essential before using bleach products.

Carpeted areas

Carpeted areas should be steam cleaned following each episode of contamination. Consideration should be given to purchasing a steam cleaner both for this purpose and for regularly cleaning carpeted areas. Vacuum cleaning carpets and buffing floors during an outbreak can potentially re-circulate the virus.

Laundry

Used linen should be placed in a **red dissolvable bag (Alginate)** prior to transportation to the laundry. Alginate or hot water soluble bags are designed to separate and release their contents into the washing machine at an early stage in the cycle.

Isolation procedure

Precautions to be taken to reduce the spread of infection.

1. Bedroom doors should be kept closed.
2. Protective clothing (aprons and gloves) must be worn and removed prior to leaving the room.
3. Clean contaminated surfaces as soon as possible.
4. Place all protective clothing and rubbish into yellow clinical waste bags. Seal with a knot when **three-quarters** full.
5. Place all used linen in a red alginate linen bag.
6. Wash hands prior to leaving.

At all times it is important, where possible, to try and break the person to person chain, and good personal hygiene and environmental cleaning are vitally important.

Dealing with visitors

At some stage you will need to make a decision on informing relatives of the outbreak. This can be achieved by sending out a letter to relatives, (please contact the CDC team on telephone number for support with this). It is advisable to ask relatives to contact the home before visiting. This enables the staff to assess each individual case and decide if the relative should visit the home that day or whether the visit could be postponed for a few days.

Movement of residents

Resident's movements for non-essential activities or investigations should be cancelled or postponed. Residents should not be discharged to other institutions until 72 hours after the last documented case.

If a resident needs to be admitted to hospital in an emergency then the Ward or Department and the Hospital Infection Control Team should be informed.

Reports and Reporting

It is vitally important to keep clear records, including:

- Which residents/staff had symptoms?
- What the symptoms were i.e. diarrhoea/vomiting.
- What dates were the residents/staff ill?
- Is there a particular area of the home that has been affected?
- Who has been seen by their doctor?

It is **important**, when reporting, that all information and numbers given to the local authorities are as accurate as possible