University Hospitals of Morecambe Bay NHS Foundation Trust

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Replaces: Version 5.2, Norovirus Outbreak, Corp/Pol/036	**Head of Department:** Sue Smith, Chief Nurse/ Director of Infection Prevention & Control
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Which Principles of the NHS Constitution Apply? **Please list from principles 1-7 which apply** 3,4,5 Principles	**Which Staff Pledges of the NHS Constitution Apply?** **Please list from staff pledges 1-7 which apply** 1,2,3,4 Staff Pledges

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? **Yes**

Document for Public Display: Yes

Reference Check Completed by……Frances Sim……..Date……5.10.15…….

To be completed by Library and Knowledge Services Staff

CONTENTS

BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations 'at a glance'

1. SUMMARY

Norovirus is estimated to cost the NHS in excess of £100 million per annum (2002-2003 figures) in years of high incidence approximately 3000 people a year are admitted to hospital with Norovirus in England with the incidence in the community thought to be about 16.5% of the 17 million cases of Infectious Intestinal Disease in England per year. There is evidence that this burden has increased over the past decade.

2. PURPOSE

This procedure is based on a principle of minimising the disruption to important and essential services and maximising the ability of University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) to deliver appropriate care to patients safely and effectively. There is a shift of focus towards a balance between the prevention of spread of infection and maintaining organisational activity. In effect, this means a move away from the traditional approach of complete ward closure and an adoption of a pragmatic, escalatory system of isolation using single rooms and cohort nursing without compromising patient care both for Norovirus itself and other essential healthcare.

3. SCOPE

This procedure is intended to guide practice of all members of staff within UHMB. The purpose of the procedure is to identify and manage an outbreak of Norovirus (confirmed or suspected) in order to prevent and control the spread of infection and to promote effective evidence based patient care.

This procedure should be read in conjunction with the following UHMB policies, procedures and clinical guidelines (see Section 6):

- Hand hygiene and the use of gloves
- Personal protective equipment (PPE)
- Isolation
- Decontamination
- Blood and Body Fluid Spillage
- Waste
- Occupational Health

3.1 Responsibilities

The nurse in charge on the ward must notify the infection prevention team immediately when an outbreak of Norovirus is suspected. If out of hours leave a message on IPC answer phone (FGH 51121, WGH & RLI 53796) **and** inform the Consultant Medical Microbiologist on-call via switchboard.
The Nurse in charge must inform Patient Environment Services that there is a suspected or confirmed outbreak of Norovirus.
The clinical site manager to notify Site Manager On Call (SMOC) of suspected or confirmed outbreak.
IPC team will attend bed flow meetings, where possible, in order to communicate strategy with SMOC and Bed Managers.
On call Consultant Medical Microbiologist will dial in or attend bed flow meetings at weekends to support and provide advice regarding bed closure.

For details of duties, see:

- Appendix 1 – Ward Manager / Coordinator Duties
- Appendix 2 – All Ward Staff Duties
- Appendix 3 – General Cleaning Advice
- Appendix 4 – Catering Staff and food Handlers

4. PROCEDURE

4.1 Definition

An outbreak of norovirus is defined as an occurrence of two or more similar illnesses resulting from a common exposure that is either suspected or laboratory-confirmed to be caused by Norovirus. (CDC)

4.2 Period of Increased Incidence (PII)

- Careful clinical assessment of the causes of vomiting or diarrhoea is important. Even in an outbreak there will be patients who have diarrhoea and/or vomiting due to other underlying pathologies.
- During a PII of diarrhoea and/or vomiting, affected patients should be isolated in isolation rooms (as should happen for single cases) or cohort nursed in bays.
- At this stage, inform the IPC Team, Patient Environment Services alert appropriate managers and clinicians to the potential outbreak. IPC surveillance, interventions and communications with the ward staff should be intensified during this period and the situation monitored to avoid a full ‘outbreak’.
- IPC team will liaise with bed managers and attend the bed management meetings to update accordingly.

4.3 Admission Avoidance

A rise in the incidence of cases and outbreaks of norovirus in institutions often reflects a similar increased incidence in the wider community. It is important to keep the numbers of patients admitted to hospital with norovirus to an absolute minimum.

- The IPC team is notified of increased activity related to Norovirus in the wider community via Public Health England, IPC Nurse at Cumbria CCG and IPC Nurse at Lancashire County Council.
- The IPC team will inform the bed managers and Emergency Department (ED) of any outbreak in care homes that have been notified.
- Senior nurse / duty manager on site to contact communications team to inform General Practitioners about the outbreak.
    - Immediate triaging of patients with vomiting and/or diarrhoea to an isolation room. If several admissions occur with D&V consider zoned area.
    - Rapid clinical assessment of the patient by a doctor with full competence to decide on the destination of the patient and whether admission is necessary.
    - Consideration may be given to the deployment of React to the patient’s home to manage rehydration in those cases for which simple discharge home is not sufficiently safe
    - The admission of patients to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely

4.4 Clinical Treatment of Norovirus

The mainstay of the clinical treatment of norovirus is the avoidance or correction of dehydration.

- **Rehydration**: This may be achieved through any standard oral rehydration regimen in patients who can tolerate oral fluids. For those who cannot, subcutaneous or intravenous administration of appropriate fluids is indicated. These measures are particularly important in the elderly and in those who have underlying conditions or illnesses which render them more vulnerable to the effects of dehydration.
- **Antiemetic drugs**: **These are not recommended** routinely. There is no evidence for the efficacy of these drugs in adults and conflicting evidence for their use in children for whom side-effects may be an issue. There is also the risk of compromising IPC measures through masking the infectivity of patients.
- **Anti-diarrhoeal drugs: These are not recommended** in cases of infective diarrhoea. They can be dangerous in some conditions such as Clostridium difficile disease and may also mask the infectivity of patients

4.5 Patient Discharge

4.5.1 Discharge to own home

- Patients can be discharged to their own homes as soon as it is safe to do so
- This can take place at any time irrespective of the stage of the patient's Norovirus illness. It is not necessary to delay the discharge of symptomatic patients or those who may be incubating norovirus

4.5.2 Discharge to residential or nursing home

- Discharge to a care home known not to be affected by an outbreak of vomiting and/or diarrhoea should not occur until the patient has been asymptomatic for at least 48h.
- However, discharge to a home known to be affected by an outbreak at the time of discharge should not be delayed providing the home can safely meet the individual's care needs.
- Those who have been exposed but asymptomatic patients may be discharged if the patient has had greater than 72 hours exposure and remains asymptomatic.

4.5.3 Discharge / transfer to hospital or community based institutions (e.g. Prison)

- **Urgent** transfers to other hospitals or within hospitals need an individual risk assessment and discussion with the receiving hospital IPC team. Urgent and necessary treatment should not be delayed due to Norovirus.
- Patients can be transferred within hospitals, between hospitals or to other community-based institutions (e.g. prisons) when they are 48h symptom-free. An exception to this will be the transfer of patients between affected clinical areas (e.g. by use of a decant ward) in order to manage an outbreak
- Information regarding the outbreak should be shared with the receiving institution and the ambulance transport.

4.6 Personal Protective Equipment

Selection of protective equipment must be based on an assessment of the risk of transmission of microorganisms to the patient, and the risk of contamination of the healthcare workers' clothing and skin by patients' blood, body fluids, secretions or excretions. (NICE, 2012)[1]

4.6.1 Gloves

There are two main indications for the use of gloves in preventing spread of infection.

- To protect hands from contamination with organic matter and microorganisms
- To reduce the risks of transmission of microorganisms to both patients and staff
- Gloves should not be worn unnecessarily as their prolonged and indiscriminate use may cause adverse reactions and skin sensitivity
- Choice of gloves should be appropriate for the task. In terms of leakage, gloves made from natural rubber latex performed better than vinyl gloves in laboratory test conditions (NICE, 2012)[1.] In health care, gloves are usually made of latex or a non-latex material such as nitrile, neoprene or vinyl. The European standard for medical gloves for single use in EN455. Gloves manufactured to EN455 are tested for protection against liquid penetration and micro-organisms so are suitable and in accordance with Trust latex management policies, non-latex gloves should be selected unless there are individual circumstances which preclude this.
- Gloves must be worn as single-use items. They must be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed
- Gloves must be changed between caring for different patients, and between different care or treatment activities for the same patient
- The use of gloves as a method of barrier protection reduces the risk of contamination but does not eliminate it and hands must be cleaned immediately after removal

4.6.2 Aprons / Gowns

Following the PPE risk assessment, aprons or gowns should be worn if contact with an infected patient and/or their surroundings is anticipated

- Wear a disposable plastic apron if there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions
- Wear a long-sleeved fluid-repellent gown if there is a risk of extensive splashing of blood, body fluids, secretions or excretions, onto skin or clothing. (NICE, 2012)[1]
- Aprons must be used as single-use items, for one procedure or one episode of direct patient care
- Ensure they are disposed of correctly in clinical waste bin

4.6.3 Face Masks / Visors

Face masks and eye protection must be worn where there is a risk of blood, body fluids secretions or excretions splashing into the face and eyes.

4.7 Environmental Decontamination

A clean and safe environment is essential for effective IPC. Routine environmental cleaning in accordance with national standards and specifications should be enhanced during an outbreak of Norovirus. Key control measures include increased frequency of cleaning, environmental disinfection and prompt clearance of soiling caused by vomit or faeces.

4.7.1 Increased Cleaning

- Use dedicated domestic staff where possible and avoiding transfer of domestic staff to other areas

- Clean from unaffected to affected areas, and within affected areas from least likely-contaminated areas to most highly contaminated areas
- Use disposable cleaning materials including mops and cloths
- The frequency of cleaning and disinfection of patient care areas, shared equipment and frequently touched surfaces should be increased during outbreaks of norovirus. Contaminated fingers can transfer norovirus sequentially to up to seven clean surfaces
- Frequently touched surfaces include bed tables, bed rails, bedside chairs, taps, call bells, door handles and push plates.
- The frequency of cleaning and disinfection of toilet facilities should also be increased to three times a day; including flush handles, toilet seats, taps, light switches and door handles.
- The use of shared equipment should be avoided wherever possible through the use of disposables and reusable equipment dedicated for single patient use for the duration of the outbreak.
- National colour coding for PPE and cleaning equipment should be adhered to, in order to avoid cross contamination

4.7.2 Disinfection

- Effective cleaning with a neutral detergent and removal of organic soiling prior to disinfection is essential to maximise the effectiveness of surface disinfectants. Disinfection should be carried out with a solution of 0.1% sodium hypochlorite (1000 ppm available chlorine*)
- Follow manufacturer's guidance with regards to preparation, usage, contact times, storage and disposal of unused solution.
- Sodium hypochlorite has a bleaching effect and will degrade environmental surfaces with repeated use. It should not be prepared or used in poorly ventilated areas.
- Disposable cleaning cloths and machine washable mop heads or disposable mop heads should be used.
- Thoroughly decontaminate mop handles and buckets between uses

4.7.3 Spoiling and spillages

The vomit and faeces of a symptomatic norovirus patient are highly infectious. To prevent exposure to the virus and minimise the likelihood of transmission, environmental contamination with vomit and faeces should be cleared immediately whilst using appropriate PPE

- Expelled body fluids MUST be removed and the area must be thoroughly cleaned immediately. This is particularly important in cases of projectile vomiting, as aerosolised particles will contaminate other patients, staff and the immediate environment.
- Protective clothing i.e. disposable gloves and aprons are intended as single use items. They must be discarded as soon as they have been used once and hands washed. Do not wash and reuse gloves or aprons.
- Any carpeted areas that have been soiled by body fluids must be steam cleaned.
- Where a patient has vomited then not only the spillage, but a much wider area around it should be cleaned to remove micro-organisms from the environment.
- Follow the Trust Management of Blood and Body Fluid spillage procedure.
    - Wear appropriate PPE including disposable gloves and apron
    - Clear up bulk of spillage using paper towel and discard immediately into dedicated waste bag
    - Use fresh paper towel/disposable cloth to clean the area with neutral detergent

and hot water. Dry the area
  - Disinfect the area using a solution of 0.1% sodium hypochlorite (1000ppm available chlorine*) Chlor-clean, in accordance with manufacturer's instructions
  - Dry the area thoroughly
  - Discard all PPE and disposable materials into the dedicated waste bag
  - Wash hands with liquid soap and warm water

4.7.4 Laundry

- Linen should be segregated into a standard or enhanced laundry process. All linen from a Norovirus outbreak should be dealt with by the enhanced process and placed into a Red Alginate Bag
- Staff should follow standard infection control precautions including the use of PPE when handling used and soiled linen to minimise the risk of personal exposure to the virus. Linen and other items of laundry should not be held close to the chest to prevent contamination of the uniform (an apron must be worn)
- Staff should carefully handle used and soiled linen from symptomatic patients or residents avoiding unnecessary agitation of sheets during bed making to avoid dispersal of the virus into the environment.
- Unused linen stored in an affected area e.g. isolation room or cohort bay, should be laundered before use by another patient or resident.
- Staff uniform should be changed daily and laundered at 60° C preferably in a biological washing powder.

4.7.5 Terminal Clean

- At the end of the outbreak (48hrs after all staff & residents have been symptom free) a 'Terminal Clean' must be undertaken – this is a thorough deep clean of all affected areas – before normal business resumes.
- A terminal clean can take place in the presence of recovered asymptomatic patients although it is preferable to empty a clinical area of patients beforehand. The principles of terminal cleaning cover the rigour of cleaning, the disposal of all unused equipment that cannot be effectively cleaned (e.g. Gloves, paper towels etc.), the disinfection of equipment and surfaces, the removal of curtains and the precise order in which individual tasks are carried out.
- For Terminal cleaning standard operating procedure see Appendix 5

4.8 Waste

Healthcare waste must be segregated immediately by the person generating the waste into appropriate colour-coded storage or waste disposal bags or containers defined as compliant with current national legislation and UHMBT Waste Management Policy.
All waste deemed contaminated by infected patient and/ or blood or body fluid should be disposed of in Yellow clinical waste bag.

4.9 Visitors

The visitor who has Norovirus is a transmission risk and the visitor who does not have Norovirus is at risk of contracting it during a visit. Restrictions on visiting (other than by symptomatic persons) are mainly intended to assist ward staff in outbreak control by reducing the distractions caused by having to attend to visitors.

A patient information leaflet on Norovirus / gastroenteritis is available on NHS Choices

website[2]

- **Visitors who have vomiting and/or diarrhoea:** Visitors who are symptomatic should not visit until at least 48h after the resolution of their symptoms.
- **All other, non-infected, visitors**: Visits by children of school age should be discouraged for the duration of an outbreak because of the risk of infection spread to schools.
- **All visitors** should be discouraged from visiting other patients outside the outbreak restricted area unless the closed area is visited last. For example, ministers of religion should arrange visits in this way.
- **Extenuating circumstances**. Visitors should be allowed in extenuating circumstances on the decision of the senior manager in the ward. Terminally ill patients, children, vulnerable adults and those for whom visiting is an essential part of recovery should be allowed visitors at the discretion of the senior manager. Clinical and social judgment needs to be applied sensitively and compassionately whilst recognising the duty of care for the health and well-being of all patients, staff and visitors. Those who have travelled a long distance, taken time off work, or in other ways have been significantly inconvenienced, may be allowed to visit patients on outbreak restricted areas provided that they observe IPC measures.
- **Non-essential visitors**. Visits from newspaper vendors, hairdressers, mobile libraries and similar should not be allowed to an outbreak restricted area until the outbreak is declared over and terminal cleaning successfully completed. However, provision of reading materials such as newspapers can be an important part of recovery and can be provided to patients in other ways which do not jeopardise outbreak control. Used reading materials should be disposed of as clinical waste
- **Contractors**. Appropriate instructions should be given to contractors before they enter a closed area. However, only work that cannot be postponed until after re-opening of the closed area should be allowed.

4.10 Staff

- **Exclusion of symptomatic staff**: must be excluded from work for 48 hours after the resolution of symptoms. Once personnel return to work, the importance of performing frequent hand hygiene should be reinforced.
- **Staff cohorting**: Establish protocols for staff cohorting in the event of an outbreak of Norovirus. Ensure staff care for one patient cohort on their ward and do not move between patient cohorts (e.g., patient cohorts may include symptomatic, asymptomatic exposed, or asymptomatic unexposed patient groups).
- **Exclude non-essential staff, students, and volunteers** from working in areas experiencing outbreaks of norovirus.
- **Bank and agency staff**. The use of these in outbreak-restricted areas should be kept to a minimum. Such staff working in affected areas should be advised of the risk of norovirus transmission, the specific precautions that must be adhered to, and the importance of reporting any symptoms. Staff who have worked in an affected area may work in other areas if they have no symptoms of infection but not during the same shift.

5. ATTACHMENTS	
Number	**Title**
1	Ward Manager / Coordinator Duties
2	All Ward Staff Duties
3	General Cleaning Advice
4	Catering Staff and food Handlers
5	Terminal Cleaning Checklist
6	Ward Outbreak Record
7	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**
Corp/Proc/008	Hand hygiene procedure UHMB http://uhmb/cs/tpdl/Documents/CORP-PROC-008.docx
Corp/Pol/068	Personal protective equipment (PPE) UHMB http://uhmb/cs/tpdl/Documents/CORP-POL-068.docx
Corp/Pol/126	Infection Prevention Precautions http://uhmb/cs/tpdl/Documents/CORP-POL-126.docx
Corp/Proc/059	Blood and body fluid spillage procedure UHMB http://uhmb/cs/tpdl/Documents/CORP-PROC-059.docx
Corp/Pol/031	Waste Management UHMB http://uhmb/cs/tpdl/Documents/CORP-POL-031.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS References in full	
Number	**References**
1	NICE guidelines (CG139) (2012) Infection: Prevention and control of healthcare-associated infections in primary and community care. [Online] Available at: https://www.nice.org.uk/guidance/cg139/chapter/guidance (accessed 5.10.15)
2	NHS Choices. Patient information leaflet on Norovirus / gastroenteritis [Online] Available at: http://www.nhs.uk/conditions/norovirus/Pages/Introduction.aspx (accessed 5.10.15)
3	Guidelines for the management of norovirus outbreaks in acute and community health and social care settings, March 2012 http://www.his.org.uk/files/9113/7398/0999/Guidelines_for_the_management_of_norovirus_outbreaks_in_acute_and_community_health_and_social_care_settings.pdf (accessed 5.10.15)

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	**Definition**

9. CONSULTATION WITH STAFF AND PATIENTS Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	**Job Title**	**Date Consulted**
Anna Smith	Health & Safety Manager	
Gillian O'Connell	Associate Specialist - Anaesthetics	

10. DISTRIBUTION PLAN	
Dissemination lead:	IPC team
Previous document already being used?	Yes
If yes, in what format and where?	Pdf Heritage
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Cascaded through Matrons at IPOG and IPCC meetings, Senior Nurse and Midwifery Group, Procedural Documents and Information Leaflet Group Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING Is training required to be given due to the introduction of this procedural document? No		
Action by	**Action required**	**Implementation Date**

12. AMENDMENT HISTORY				
Version No.	**Date of Issue**	**Page/Selection Changed**	**Description of Change**	**Review Date**
5	18/11/2015	Whole document	Rewritten in line with UHMBT template and national guidance	Sept 2018 or any changes in National Guidance
5.1	17/10/2017	Page 3	BSF page added	01/09/2018
5.2	09/01/2019	Front cover	Review date extended. Form No. 001/2019	01/05/2019
5.3	13/02/2019	Page 1	Review Date extended – form 027/2019	01/08/2019

Appendix 1

WARD MANAGER / COORDINATOR

ACTION
• Complete a list of affected residents and staff. Update daily with details of new cases and when cases become asymptomatic. **SEE APPENDIX 6 – Must be completed daily.** • Share this list daily with the Infection Prevention & Control team
• Isolate all symptomatic patients until they are symptom free from vomiting and/or diarrhoea for 48 hours. • Liaise with the Infection Prevention & Control team (IPC) to discuss restrictions and bay / ward closures. • If 'out of hours' / weekends contact the Consultant Microbiologists via switchboard for further advice.
• Symptomatic staff must stay off work until they are symptom free for 48 hours. • Restrict movement of staff between affected and non-affected areas. • If a member of staff is ill at work then the contaminated area must be cleaned as per terminal clean standard operating procedure (SOP)
• Place signage on the door informing all visitors of the closed status and restricting visits to essential staff and essential social visitors only. • Visitors should be made aware of the correct procedure for washing their hands on entry and exit from the home.
• The ward manager must contact the Pathology Lab and inform them that a specimen is being sent for virology testing • Send samples of diarrhoea (type 6 or 7), not formed stool, from symptomatic patients and staff as soon as possible after the onset of symptoms. Ensure specimens are sent promptly to the lab for virology testing • Do not submit specimens of vomit. • Complete a laboratory request form for each sample as advised by the IPC team including the antibiotic history. • Ensure that the label states "Stool for virus testing – possible Norovirus outbreak". Include patient/sample details on the sample pot label along with lab request form. • Record details of all samples submitted and the results on outbreak record sheet Appendix 6.
• **Remember: A negative Norovirus result does not mean that it is not an outbreak. The testing of stools for virus is not 100% accurate. It is important that all precautions remain in place until stepped down by the IPC team or Consultant Medical Microbiologist.**

Appendix 2

ALL STAFF

ACTION
• Start outbreak record sheet – full details including accurate date, time and significant history (laxatives, abx, bowel history, date symptoms started) • Reinforce the practice of correct hand hygiene
Isolation • Where possible segregate affected patients until symptom free for 48 hours. • Clean over bed table with Clinell disinfectant wipe prior to placing food tray in the room. • Offer hand washing to patient. • Designate equipment for single patient use where possible. • Designated toilet for affected patients. • Always use gloves and apron; cover bedpan etc. whilst in transit. • Daily cleaning of ward/bay with Chlorclean. And up to three times daily for high touch point areas. For some equipment use Clinell disinfectant wipes as per manufacturer's guidance
Personal Protective Equipment • Ensure that disposable gloves are worn when delivering direct care to all patients. • Put on a disposable apron when delivering direct care to all patients. • Gloves must be changed after contact with every patient and/or their environment. • Gloves and aprons should be removed inside the patient's room and the hands washed and dried thoroughly prior to leaving the isolation room / closed bay. • Equipment and supplies in the patient's room to be kept for their sole use.
Specimens • Send samples of diarrhoea (type 6 or 7), not formed stool, from symptomatic residents and staff as soon as possible after the onset of symptoms. Ensure specimens are sent promptly to the lab for virology testing • Do not submit specimens of vomit. • Complete a laboratory request form for each sample as advised by the IPC team including the antibiotic history. • Ensure that the label states "Stool for virus testing – possible Norovirus outbreak". Include patient/sample details on the sample pot label along with lab request form. • Record details of all samples submitted and the results on outbreak record sheet Appendix F.
Laundry • Soiled linen should be placed in red alginate bags to remove the need for further handling of contaminated articles. • Disposable gloves and plastic apron must be worn when handling soiled linen.
All staff who have symptoms of diarrhoea, vomiting or nausea, must be excluded from duties until they have been free of symptoms for 48 hours

Appendix 3

GENERAL CLEANING ADVICE
ALL STAFF

ACTION
Expelled body fluids MUST be removed and the area must be thoroughly cleaned immediately. This is particularly important in cases of projectile vomiting, as aerosolised particles will contaminate other residents, staff and the immediate environment. • Protective clothing i.e. disposable gloves and aprons are intended as single use items. They must be discarded as soon as they have been used once. Wash hands immediately after removal.
• All communal areas e.g. toilets and bathrooms etc. to be thoroughly cleaned at least three times daily with chlorclean (as per manufactures guidance) • The cleaning schedule should include all fittings, e.g. door handles, door frames, sinks, taps and handrails.
All cleaning chemicals MUST contain 1000ppm available chlorine. • Hypochlorite solution (Chlorclean) should be diluted to 1,000 ppm. • Care must be taken to ensure adequate ventilation whilst Chlorine products are being used. • Disposable cleaning cloths and machine washable mop heads should be used. • The cleaning equipment trolley should remain outside the room. New cloths used for each area in each room **and <u>importantly</u>** gloves changed and hands washed prior to leaving the affected room.
• Affected patient rooms to be thoroughly cleaned daily and when physically soiled.
• Where a patient, visitor or member of staff has vomited in a communal area then not only the spillage, but a much wider area around it, must be cleaned to remove micro-organisms from the environment. (vomit spillage kits are available)
End of Outbreak / Terminal Clean At the end of the outbreak (48hrs after all staff & patients have been symptom free, <u>and</u> it is greater than 72 hours after initial exposure) a 'Deep Clean' must be undertaken. This is a thorough deep clean of all areas before new patients can be admitted to the bay or ward. The decision to start a deep clean will be made by the IPC team or Consultant Medical Microbiologist. This must include all rooms (sluice, nurses station, day rooms etc.) • Patient Environment Services and Ward Manager should coordinate this so that all areas and equipment are removed and cleaned at the same time • Radiator covers should be removed and behind radiators cleaned. • Portable fans and extractor air fans cleaned.

Appendix 4

CATERING STAFF

ACTION
In certain cases if food borne outbreak is suspected, the Environmental Health Officers may request the following information: • Copies of all menus for the previous three days • Copies of all hot and cold temperature records. • Access to all employees' food hygiene training records. • Access to any in house management food safety audit. • Access to kitchen/food storage cleaning schedules.
• Inform the IPC team of any catering staff with symptoms just before or during the outbreak.
• The catering trolley carts should only be taken to the entrance of the ward where possible. This is limited to areas where an electrical outlet is located close to the entrance doors to the ward. • 'Clean' Clinical staff from unaffected bays should carry the food trays and hand off to 'dirty' clinical staff working in affected bays where possible. • This should be reversed when removing used trays and returning to the kitchens. • Food trolley 'touch points' should be wiped with a disinfectant wipe before being removed from the ward. • Serve food to unaffected bays prior to affected bays where possible.
• All catering staff who have symptoms of diarrhoea, vomiting or nausea, **must** be excluded from duties until they have been free of symptoms for 48 hours

Appendix 5 **Terminal Cleaning Checklist** **WARD**_____ **Site**

ROOM /BED No_____

The nurse in charge must check the room and √ (tick) complete or incomplete.

The environment must be free from all body fluid spillage. All surfaces including furniture and fittings must be free from dust, debris and soiling.

Isolation rooms must be cleaned & disinfected promptly after the patient is transferred or discharged.

A copy of the terminal clean check list must be held on the ward and a second copy held by the PES supervisors

Please note actions 1 - 8 must be undertaken before any cleaning takes place.

Date:	Completed	Incomplete	Comments
Nurses duties commence with:-			
1.Patient property removed and wardrobe emptied			
2.Remove all single use items			
3.Remove and clean medical equipment			
4.Remove suction equipment			
5.Remove oxygen tubing and equipment			
6.Dispose of overhead earphones			
7.Strip bed, remove linen from the area			
Domestic duties:			
8. Remove curtains including shower curtains			
Nurses Duties:			
9.Clean mattress, bed frame, cot sides, head and foot boards			
10.Clean patient locker inside and out			
11.Clean patient bed table, underside and base			
Domestic duties:			
Complete in line with Terminal Clean SOP			
12.Dispose of all rubbish bags			
13.Remove curtains including shower curtains			
14.Clean control panel, patient TV and bed light			
15.Clean all chairs, legs and underneath			
16.Clean window ledges and all other ledges			
17.Clean any spillages, marks from walls			
18.Wash all walls			
19.Clean sink, splashbacks/back boards and mirrors			
20.If side rooms with toilets, clean toilets/shower rooms			
21.Clean fixtures and fittings e.g. light sockets			
22.Clean doors, door handles and windows in doors			
23.Clean bins, including lids and pedals			
24.Mop floors			
25.Replace curtains including shower curtain			
26.Replace toilet brush			
27.Replenish stores			
Nurses Duties:			
28.Make bed			

Action Agreed with Domestic Supervisor:

It is responsibility of the nurse in charge to assess the room/bed space following the cleaning/disinfection of the room/ bay. Any concerns must be raised and addressed with the domestic/nurse

Signature of Nurse in Charge: _____ **Time complete:** _____

Signature Domestic: _____

PLEASE RETAIN THIS COPY ON THE WARD

Appendix 6

Ward Outbreak Record

HOSPITAL SITE: WARD/ DEPARTMENT: DATE:

Phone No.: Ward Manager full name:

Bay/ bed	Patient name	DOB	Onset date & time of d&v	Sample date, time result	Significant history	Ongoing symptoms date	Ongoing symptoms date	Ongoing symptoms date	Ongoing symptoms date	Ongoing symptoms date	Ongoing symptoms date	Date/ time of recovery
example												
Bay 2/ bed 6	Smith J	1.1.21	2.3.15/ 14:35	2.3.15/ 15:05 Noro +	Pt admitted on 2.3.15 with 1/7 history of d&v. wife also ill with d&v. no abx, no lax	2.3.15 16:10 d&v 17:30 d 18:55 d	3.3.15 02:30 d&v 05.30 d&v	4.3.15 none	5.3.15 none	6.3.15 none	7.3.15 none	3.3.15 08:30

Appendix 7 - EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?**		
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
4a	**If so can the impact be avoided?**		
4b	**What alternative are there to achieving the policy/guidance without the impact?**		
4c	**Can we reduce the impact by taking different action?**		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the HR Equality & Diversity Specialist, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the HR Equality & Diversity Specialist, Extension 6242.