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Cardiff and Vale
University Health Board

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VIRAL GASTROENTERITIS (NOROVIRUS) INFECTION CONTROL IN UNIVERSITY HEALTH BOARD HOSPITALS PROCEDURE

INTRODUCTION

Norovirus

Norovirus is one of the most common causes of outbreaks of gastro-enteritis in hospitals and can lead to ward closures and major disruption in hospital activities.

Norovirus can be spread by several routes: faecal-oral, vomiting/droplets, food and water.

Outbreaks normally occur during the winter months but are increasingly seen throughout the year. Outbreaks can be sudden and explosive at their outset particularly when projectile vomiting is a prominent feature.

Symptoms include nausea, vomiting, diarrhoea, abdominal pains/cramps and low grade fevers that characteristically last 24 - 48 hours.

Rotavirus

Rotaviruses are the most frequent enteric pathogens found in young children and infants but can also affect adults e.g. on wards with a large number of elderly patients. The mode of transmission is faecal-oral but contact and respiratory spread are possible.

Symptoms include sudden onset of fever, abdominal pain and vomiting, and continues with moderate or severe watery diarrhoea that usually lasts for 3-8 days.

The guidance given in this procedure refers essentially to Norovirus infection but can also be utilised for Rotavirus infection.

AIM

To provide a structure and appropriate advice to staff for the management of viral gastro-enteritis at all UHB hospitals.

Objectives

- To describe the actions required on the admission of a patient with known or suspected viral gastro-enteritis.

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- To provide the actions required when a case develops in a UHB hospital.
- To provide advice on the action required during an infectious incident or outbreak situation caused by viral gastroenteritis (see also the Infection Control Procedure for Infectious Incidents and Outbreaks 2025).
- To provide advice on the communications necessary whenever a cluster of cases of viral gastroenteritis develops amongst patients and/or staff.

Scope

This procedure applies to all of our staff in all locations, including those with honorary contracts and students.

Cardiff and Vale University Health Board (UHB) accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to viral gastroenteritis in patients, staff, and other persons working at or using its premises.

To prevent the possible spread of viral gastroenteritis amongst patients and staff, it is recognised that the UHB requires a procedural document to ensure effective management of infection. This is especially necessary in the case of an infectious incident/outbreak, as detailed in the Infection Control Procedure for Infectious Incidents and Outbreaks 2016.

Equality Impact Assessment	<i>An Equality Impact Assessment has been completed. The Equality Impact Assessment completed for the policy found here to be no impact.</i>
Documents to read alongside this Procedure	National Infection prevention and control Manual (NIPCM) NIPCM - Public Health Wales Hand Hygiene infection control Procedure (2026) Infectious incidents and Outbreaks procedure (2025) NHS Wales National Standards of Healthcare Cleanliness August (2025) https://nhswales365.sharepoint.com/sites/CAV_News/SiteAssets/SitePages/Page(102)/Cardiff-and-Vale-UHB-Dress-Code-Policy---May-2025.pdf?web=1
Approved by	<i>IPC Group</i>
Accountable Executive or Clinical Board Director	<i>Director of Nursing</i>
Author(s)	<i>Director of IP&C, Clinical Nurse Specialist in IP&C, Microbiology registrar.</i>

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	09/2004	11/2004	<i>Original Procedure created</i>
2	2009	2009	<i>Revised Document- Updated guidance</i>
3	02.12.2014	22.01.2015	<i>Revised Document- Updated guidance</i>
4	01.02.2018	Feb 2018	<i>Revised document- Updated guidance, links, and appendices</i>
5	10.12.2021	Dec 2021	<i>Revised document, updated guidance, and links</i>
6	09.06.2026	29.09.2026	<i>Revised document, updated links, and appendices</i>

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1. SUMMARY

1.1 NOROVIRUS

- 1.1.1 Noroviruses are one of the most common causes of outbreaks of gastro-enteritis in hospitals (and schools, nursing homes, semi-closed environments). Most people with Norovirus do not access Health Care, but in peak season, it can lead to ward closure and major disruption in hospital activities.
- 1.1.2 The faecal–oral route is the most common mode of transmission. However, the virus can also spread through vomiting and droplet exposure, as well as via contaminated food or water. Once introduced into the ward environment by any of these routes, it can then spread from person to person through direct contact or droplet transmission.
- 1.1.3 Outbreaks normally occur during the winter months but are increasingly being seen throughout the year. Diagnosis can usually be made rapidly and confidently on clinical and epidemiological grounds, especially if vomiting is a prominent symptom. Diarrhoea tends to be short-lived and less severe than with other causes of gastro-enteritis. Outbreaks can be explosive at their outset, particularly if projectile vomiting is a prominent feature. The duration of the illness is usually between 24 and 48 hours, with an incubation period of between 12 and 72 hours, and both staff and patients can be affected. A person remains infectious while they have symptoms and for 48–72 hours after their last episode of diarrhoea or vomiting.
- 1.1.4 Symptoms include nausea, vomiting, diarrhoea, abdominal pains/cramps, myalgia, headache, malaise, chills, low-grade fever, or a combination of these symptoms. Gastrointestinal symptoms characteristically last for 24 - 48 hours but can be longer in the elderly and immunocompromised. Persons of all ages are at risk of infection, but the elderly and young are at greater risk of dehydration. Recovery is usually rapid thereafter. It is recognised that Norovirus infection results in short-term immunity only (up to approximately 14 weeks), and one strain does not protect against other strains of Norovirus.

1.2 ROTAVIRUS

- 1.2.1 Rotaviruses are the most frequent enteric pathogens found in young children and infants and are a major cause of nosocomial diarrhoea of newborns and infants. However, following the introduction of the rotavirus vaccine for infants in 2014, there has been a decline in laboratory-confirmed rotavirus infections. Since the introduction of the vaccine, the total number of laboratory-confirmed rotavirus infections each season has remained low compared with the pre-vaccine period. Infection in adults is usually subclinical, but outbreaks of clinical disease can occur in older persons' units. Infection rates tend to follow a seasonal pattern with peak incidence in winter and spring and lowest incidence

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in the summer months. Susceptibility is greatest between the ages of 6 and 24 months; by 3 years of age, most individuals have acquired Rotavirus antibodies.

- 1.2.2 The mode of transmission is faecal-oral, but contact (through contaminated surfaces/hands) and respiratory droplet spread is also possible. The incubation period is between 24 and 72 hours.
- 1.2.3 Symptoms usually begin with sudden onset of fever, abdominal pain, and vomiting, along with moderate to severe watery diarrhoea that usually lasts between 3 and 8 days.
- 1.2.4 Other viral causes also include Adenovirus and Astrovirus; these viruses are often transmitted through the faecal-oral route and can lead to outbreaks in healthcare environments. The guidance given in this procedure refers essentially to Norovirus infection but can also be used for Rotavirus infection and other virus-induced diarrhoea.

1.3 **ACTIONS**

- 1.3.1 Transmission-Based IP&C Precautions should be commenced immediately when viral gastroenteritis is suspected. The Infection Prevention and Control Team (or on-call Microbiology, out of hours) should be informed immediately for assessment and advice on patient placement. If the patient is moved to a cubicle, the cubicle should preferably have its own toilet facilities. If no toilet facilities are available, then use a designated commode and ensure it is cleaned after each use, with a combined detergent and chlorine-releasing product at a dilution of 1,000 ppm.
- 1.3.2 Strict compliance with the hand hygiene procedure, using soap and water, must always be maintained.
- 1.3.3 Remove exposed food, for example, fruit, from the area and discard it.
- 1.3.4 Exclude affected staff immediately and until **48 hours symptom-free** (after last episode of vomiting and/or diarrhoea)
- 1.3.5 Clean and disinfect vomit/faecal spillages promptly using a combined detergent and chlorine-releasing product at a dilution of 1000ppm.
- 1.3.6 Increase the frequency of routine ward, bathroom, and toilet cleaning above the normal routine on advice from the IP&C team. If equipment/environment is visibly contaminated, then these would need to be cleaned immediately; ensure

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adequate supplies of cleaning materials on the ward/unit, and that housekeeping staff are aware of the situation.

- 1.3.7 Avoid patient movement to unaffected areas unless medically urgent and consult with IP&C/on call Microbiology in this instance.
- 1.3.8 Staff must not consume food and drink in clinical areas **at any time**, and this must be reinforced during clusters or outbreak situations.
- 1.3.9 Collect fresh faecal samples from first diarrhoeal episodes if possible and immediately submit one sample for medical bacteriology (Microbiology).
- 1.3.10 Wear appropriate personal protective equipment at all times: a facemask with integral visor, or a mask with separate goggles when there is a risk of splashing from vomiting; an orange plastic apron for close patient contact; and gloves when handling body fluids

2. CONTROL MEASURES

2.1 ADMISSION OF KNOWN OR SUSPECTED CASES

- 2.1.1 It is important to place patients admitted with possible infective diarrhoea in a single room as soon as possible. Admission units should be triaging patients using the **clinical risk assessment tool** and ensuring patient placement is appropriate.
- 2.1.2 A patient with known or suspected viral gastro-enteritis infection admitted from home or transferred from another ward or hospital should be admitted directly to a single room (preferably with its own toilet facilities) and transmission-based IP&C precautions instituted immediately, ensuring emphasis on hand hygiene with soap and water.

2.2 CASE REPORTED AFTER ADMISSION

- 2.2.1 If a patient develops diarrhoea, transmission-based IP&C precautions should be commenced immediately, and the patient should be isolated as soon as possible in a single room (preferably with toilet facilities) whenever available.
- 2.2.2 If a patient develops **diarrhoea and vomiting** and they are not in a single room, restrict patient movement from that area, inform the Infection Prevention and Control team for assessment of the situation, and immediately commence Transmission-Based IP&C Precautions. The presence of a single case on an open ward can be problematic; isolation of the index case will not necessarily

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prevent a secondary case in the immediate vicinity of the original bed space, and so ward/room closure is still required after isolation of the index case (seek IP&C advice).

2.3 PATIENT ISOLATION

2.3.1 Transmission-based IP&C Precautions should be commenced immediately. A single room, preferably with its own toilet facilities, should be used; if no toilet facilities are available, then use a designated commode and ensure it is cleaned after each use, with a combined detergent and chlorine-releasing product at a dilution of 1000ppm.

2.3.2 If there are several affected patients, the Infection Prevention and Control Department should be informed as soon as possible (If Out of Hours – Microbiology). They will consider cohorting, as grouping these patients in an individual ward with designated staff is preferable to side-rooms of different wards.

Transmission-based precautions should be of the same standard whether the patient is in a single room or a ward area. If a patient cannot be isolated, then a DATIX will need to be submitted.

2.3.3 All visitors and members of staff from other departments must report to the Nurse-in-Charge before entering any infected area.

Appropriate signage must be displayed to inform visitors and staff of the infectious incident and to ensure they follow required precautions.

Signs are available in Appendix 2

Consider staff and visitor restrictions in cases of outbreaks. If restrictions are not applicable, inform visitors about the control measures that they are expected to follow – Appendix 5 provides visitor information.

2.3.4 If the patient is in a single room, the door of the room should be kept closed at all times unless the clinical need of the patient dictates otherwise; in this case, a risk assessment should be undertaken.

2.3.5 A contact isolation sign should be displayed on the room door or at the entrance to the bay (see Appendix 2).

2.3.6 Patients should not leave the room/ward area to attend other departments without prior arrangement/notification to the receiving department. Ongoing care should not be hindered where possible, but in instances of projectile vomiting or profuse diarrhoea, this care may need to be delayed except in emergency circumstances.

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2.3.7 Gloves and orange plastic aprons should be worn for all contact with an affected patient or the contaminated environment. Hands should be washed with soap and water after removal.

2.3.8 Facemasks with integral visor (or equivalent – masks and separate goggles/visors) should be worn when in close proximity to or in contact with affected patients. This is particularly important if the patient is vomiting as there is risk of splashing.

2.3.9 Hands must be washed with soap and water before entering the room, after patient contact, after contact with potentially infected materials, after removal of disposable gloves, and after leaving the patient's environment. Please refer to the 5 moments of hand hygiene in 2.3.13

2.3.10 Waste should be treated as infectious waste and disposed of as per health board policy for disposal of infectious waste. Hands must be decontaminated after handling any waste.

2.3.11 Bristol stool charts should be maintained with times of episodes recorded. Vomiting must also be recorded; see the patient symptom tracker chart in Appendix 7 during outbreaks. Charts must be kept outside of affected areas.

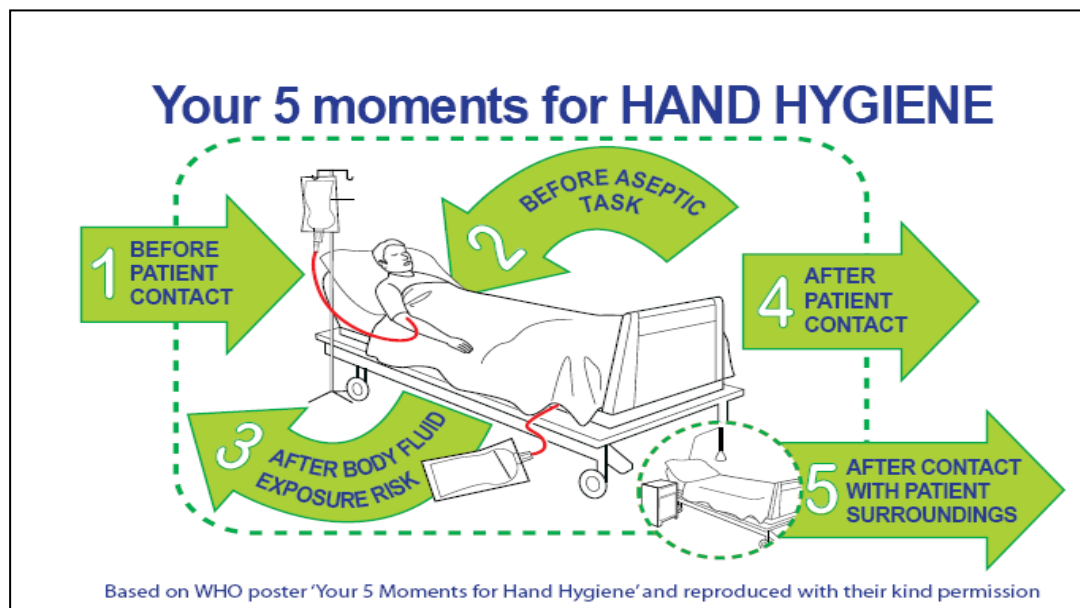
2.3.12 Materials in Appendix 1-7 can be used to facilitate management of the situation with support from IP&C team.

2.3.13 **STRICT COMPLIANCE WITH HAND HYGIENE TECHNIQUES USING SOAP AND WATER MUST BE OBSERVED AT ALL TIMES**

The key time for general hand decontamination is at the point of care, applying the 5 moments for hand hygiene:

- Before entering an isolation room
- Before and after contact with the patient and environment
- After contact with potentially infected materials/removal of gloves
- Before leaving the room

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2.4 Additional measures for cluster and outbreak situations

- 2.4.1 Inform the Infection Prevention and Control Team immediately of any suspected cases or, if out of hours, the on-call Microbiologist.
- 2.4.2 Wear appropriate personal protective equipment (PPE) when in contact with the contaminated environment or a patient, especially if vomiting is present or likely to occur; a fluid repellent mask and integrated visor or separate visor should be worn.
- 2.4.3 Wash hands with soap and water before and after contact with affected patients or their environment and after removing gloves and apron.
- 2.4.4 Remove exposed food, e.g., fruit, and de-clutter the bed area to facilitate effective cleaning. Disposable cutlery and crockery are not required whilst in isolation. Cutlery can be washed in the same way as usual.
- 2.4.5 Any affected staff must exclude themselves immediately upon development of symptoms and until 48 hours symptom-free. Affected members of staff should contact Occupational Health, who may request a stool for sampling.
- 2.4.6 Exclude non-essential personnel, e.g., WRVS/hospital volunteers.
- 2.4.7 Wear appropriate PPE to deal with spillages. Soak up spillages of vomit/faeces promptly using paper towels or blue roll, then clean with a combined detergent and chlorine releasing product at a dilution of 1,000 ppm. Discard all PPE and disposable materials into the dedicated waste bags and wash your hands with soap and water. For information regarding dilution and contact times, refer to Appendix 5.

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2.4.8 Commodes should be cleaned/ disinfected by ward nursing staff, after each use, with a combined detergent and chlorine-releasing product at a dilution of 1,000 ppm.

2.4.9 Increase the frequency of routine ward, bathroom, and toilet cleaning above the normal routine on advice from the IP&C team. Use a combined detergent and chlorine-releasing product at a dilution of 1,000 ppm. If curtains are soiled, they must be changed immediately. Curtains will need to be changed if the patient is moved/discharged/once the Incident or Outbreak is declared over.

Enhanced environmental cleaning must be implemented, with particular attention to high-touch surfaces such as bed rails, call bells, door handles, commodes and shared equipment. Cleaning frequency must be increased to a minimum of twice daily and additionally as required based on contamination or clinical risk.

2.4.10 The IP&C team will determine the need for Bed/ ward closure and/or re-opening in conjunction with clinical staff of the affected area.

2.4.11 If part or all of the ward is closed, thorough cleaning of the ward with a combined detergent and chlorine-releasing product at a dilution of 1,000 ppm, followed by change of bed curtains (a “terminal clean”) should be undertaken before re-opening. The timing of this terminal cleaning process should be no less than 48 hours post-resolution of the last case.

Terminal cleaning: For occupied single rooms, delay terminal cleaning until at least 48hours after the patient’s symptoms of norovirus have resolved. For occupied, shared patient areas or multi occupancy rooms, undertake terminal cleaning a minimum of 48hours after symptoms in the last case of norovirus have resolved.

2.4.12 All linen associated with Norovirus outbreak must be processed using an enhanced laundering procedure. Alginate bags should be used for the transport of soiled/infected linen; Linen bags should not be overfilled.

2.4.13 Alginate bags designed for patient clothing should also be given to relatives to take home any soiled linen from the patient and advise on the appropriate laundering process that can reduce the number of viable microorganisms on contaminated fabrics – see Appendix 8.

2.4.14 Staff working in affected areas should not work in unaffected areas for 48 hours after the last exposure. This includes staff who work for Bank and Agency.

2.4.15 Avoid patient movement to unaffected areas unless medically urgent and after consultation with the IP&C Team.

2.4.16 Staff must not consume food and drink in clinical areas at any time, and this must be reinforced during outbreak situations.

2.4.17 Outbreak messaging at ward entrances should encourage visitors to wash their hands with soap and water on arrival and leaving the ward.

2.4.18 Medical and paramedical staff (e.g., physiotherapists) should, wherever possible, be dedicated to the affected ward(s) during an outbreak and not work

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in other areas. When this is not possible, unaffected wards should be visited first before affected ward areas.

- 2.4.19 If staff shortages require the use of outside/agency staff, they should be booked to work for a block of several days or more to anticipate staffing requirements, even though this may result in direct early costs. It is the responsibility of the Ward Manager or nurse-in-charge of the ward to ensure that all bank or agency staff are aware of the UHB procedure on viral gastroenteritis.

2.5 COMMUNICATION

- 2.5.1 The Infection Prevention and Control Department should be informed immediately whenever there is a suspected case of gastroenteritis, especially if the patient is in a bay with other patients or if there is a cluster of suspected gastroenteritis cases (e.g. two or more cases) which of unexplained vomiting and/or diarrhoea, among patients and/or staff - this will allow rapid institution of control measures after assessment by the Team.
- 2.5.2 The Infection Prevention and Control (IP&C) Team will ensure that the Health Protection Team is informed of all incidents and outbreaks. Notification will be provided through a daily report distributed via email. In addition, the Health Protection Team will be notified of, and invited to attend where appropriate, any incident or outbreak meetings. Please refer to the Infection control Procedure for infectious incidents and Outbreaks (2025)
- 2.5.3 The following departments will be informed by the IPCT. This will be done by the distribution of the incident and outbreak table, which will be sent daily by email:
- Bed management if there is a possible/probable/imminent ward closure
 - Temporary Staffing Department
 - Occupational Health should be alerted for potential symptoms among staff
 - All other relevant departments should be informed in accordance with the Infection Control Procedure for Infectious Diseases Incidents and Outbreaks.
 - The Virology Department should be informed of suspected cluster/outbreak.

2.6 FAECAL SAMPLES

- 2.6.1 In situations where there is a suspected case or cluster of cases or an outbreak, collect fresh faecal samples from first diarrhoeal episodes if possible, and send in one sample to medical bacteriology (Microbiology) and submit immediately for: -

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- Routine Microbiology/Virology investigation, including *Clostridium difficile*.
- Request forms should be completed on Welsh clinical portal and printed off.
- Ensure form is clearly marked as coming from a possible outbreak and with date of onset

Faecal samples can be submitted at any time, including on the weekend; these will be stored ready for testing at the beginning of normal laboratory hours.

Faecal samples can also be submitted if contaminated with urine.

2.6.2 PCR (Single or Multiplex) is the preferred method for confirmation of the presence of Norovirus infection. Faecal samples are the best samples for screening. Vomit should not be submitted.

3. RESOURCES

3.1 The necessary resources for the management, training, risk assessment, monitoring and auditing for Viral Gastroenteritis are already in place and the implementation of this procedure will not entail additional expenditure.

4. TRAINING

4.1 Mandatory Infection and Prevention and Control training updated every two years.

4.2 Further department-based training as identified by training needs analysis.

5. IMPLEMENTATION

5.1 Cardiff and Vale UHB Board is responsible for the approval of the Infection Control Procedure for Viral Gastroenteritis (Norovirus) in UHB hospitals.

5.2 Individual directorates will be responsible for the implementation of the procedure document in clinical areas.

5.3 Distribution of the procedure document will be through the UHB intranet site/ IP&C SharePoint page.

6. FURTHER INFORMATION

6.1 This guidance is still current and has been used in the preparation of this procedure, which also takes into account local circumstances within the UHB.

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6.2 Guidelines for the management of Norovirus outbreaks in acute and community and social care settings (2012)

7. EQUALITY

7.1.1 This procedure has had an equality impact assessment and has shown there has been no adverse effect or discrimination made on any particular individual or group.

8. AUDIT

8.1 Audit of compliance with the procedure document will be carried out by the Infection Prevention and Control Department as part of their procedure audit programme.

9. REVIEW

9.1 This procedure will be reviewed every three years or sooner if the national guidelines are updated.

10. REFERENCES

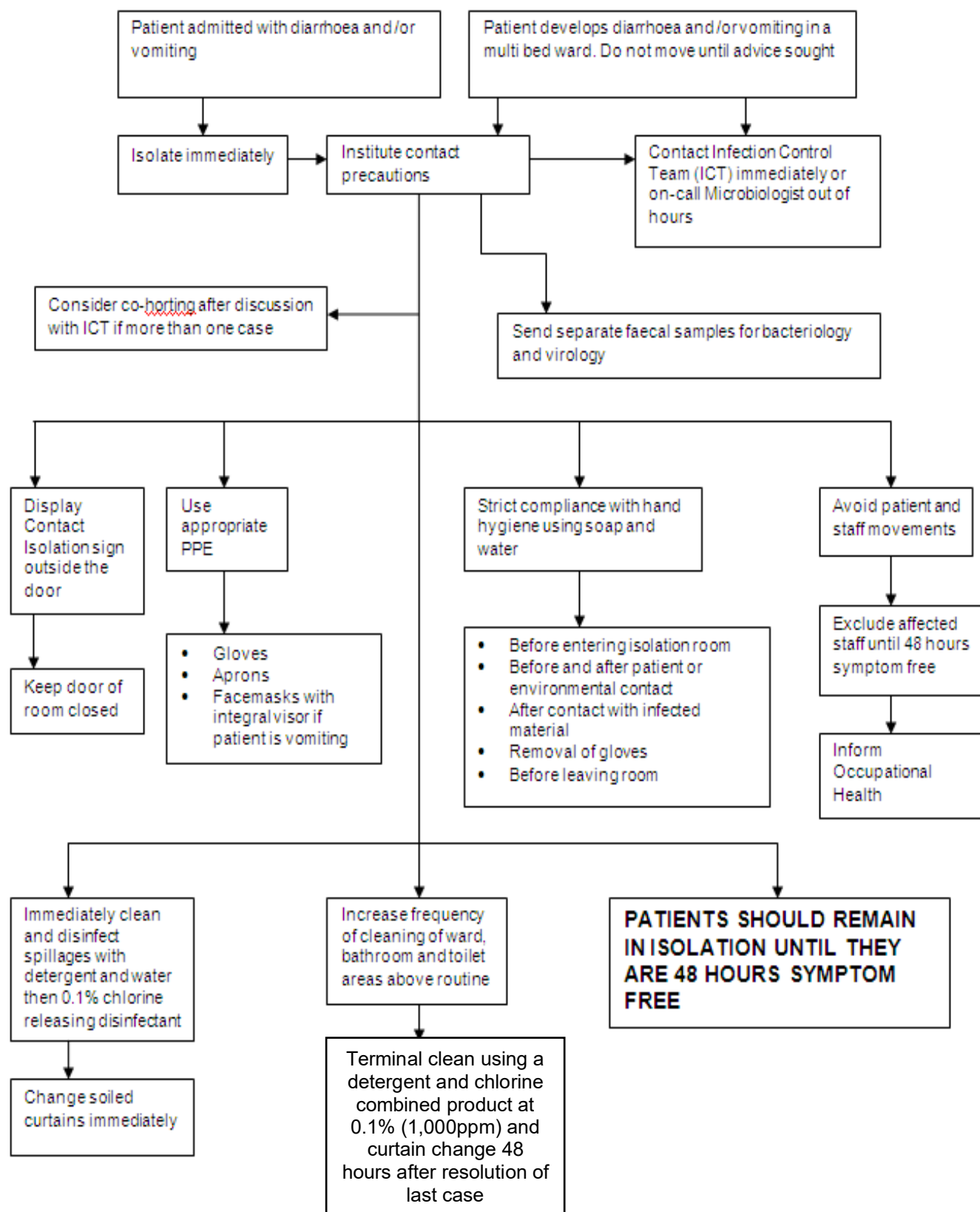
- 10.1 Management of hospital outbreaks of gastro-enteritis due to small round structure viruses: Journal of Hospital Infection (2000); 45:1-10.
- 10.2 Cardiff and Vale Infection Control Procedure for Infectious Incidents and Outbreaks (2025).
- 10.3 Health and Safety at Work Act 1974
- 10.4 Control of Substances Hazardous to Health Regulations 2002, SI 2002 No 2677, HMSO
- 10.5 Guidelines for the management of norovirus outbreaks in acute and community health and social care settings. March (2012)
- 10.6 Recommendations for the Public Health Management of Gastrointestinal Infections. Joint guide from Public Health England and the Chartered Institute for Environmental Health (2019)
- 10.7 NHS Wales National Standards of Healthcare Cleanliness August (2025)
- 10.8 Cardiff and vale Health board waste management procedure Feb (2026)
Wastehttps://nhswales365.sharepoint.com/:b:/r/sites/CAV_Controlled%20Document%20Library/Shared%20Documents/UHB%20038%20-%20Waste%20Management%20Policy.pdf?csf=1&web=1&e=o5LkC4

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10.9 UKHSA Norovirus: Infection Prevention control guidance

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APPENDIX 1 – Flowchart for known or suspected Norovirus



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APPENDIX 2

STOP

Contact isolation **KEEP DOOR CLOSED**

unless ward sister/charge nurse instructs otherwise








Instructions for all staff and visitors

Hands must be washed
when entering and before leaving room

↓

Wear orange plastic apron
when entering the room

↓

Wear gloves when risk of contamination
from blood, body fluids or secretions

↓

Wear Goggles/Visor
if there is a risk of splashing from blood or body fluids

↓

PPE disposal:
Dispose of gloves, apron and face protection
into orange labelled waste bin before leaving room.

↓

Wash your hands before leaving room



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University Health Board

Cardiff and Vale UHB

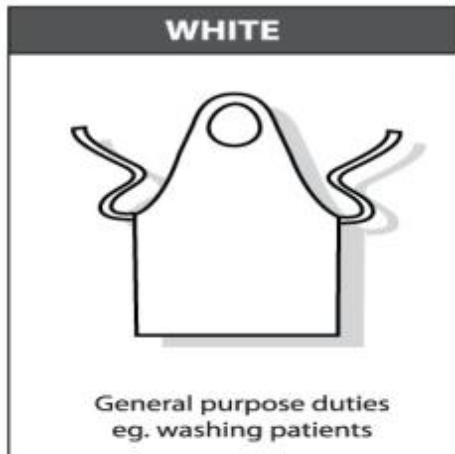
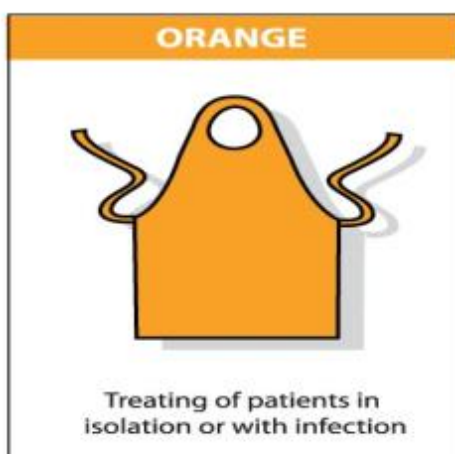


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APPENDIX 3

Cardiff and Vale UHB Colour coding for aprons



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APPENDIX 4

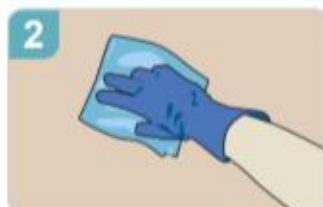


ACTICHLOR™ PLUS GENERAL ENVIRONMENT

DISINFECTS AND CLEANS IN ONE EASY STEP



1
Wear disposable gloves and apron. Safety glasses with side shields are required whilst handling the tablets only



2
Remove any gross contamination including urine, vomit and faeces with a paper towel before applying Actichlor Plus



3
Dissolve Actichlor Plus tablets (according to dilution instructions below) in cold water to make your solution. Leave lid off dilution bottle until tablets have dissolved.



4
Use solution according to your hospital policy. When disinfecting commodes and mattresses, allow the solution to dry fully before rinsing. Actichlor Plus solution must not be sprayed.



5
Keep solution for no longer than 24 hours. Dispose of remaining solution into appropriate drains with running water e.g. disposal sink, sluice



6
Dispose of gloves and apron as clinical waste. Wash hands after removing gloves and apron

DILUTION INSTRUCTIONS

DISINFECTION OF THE ENVIRONMENT (1,000PPM AVAILABLE CHLORINE)			CONTACT TIME
Actichlor Plus 1.7g Tablets	1 Tablet per 1L	Disinfection of the Environment	5 minutes
		Sporicidal – C.difficile	10 minutes

WARNINGS & PRECAUTIONS

AVOID contact with skin and eyes. DO NOT breathe dust/fumes/powder/self vapour/spray.	DO NOT use directly on urine or vomit. Mixing this product with acid or ammonia releases chlorine gas.	AVOID prolonged contact with stainless steel or clothing	ALWAYS dispose used materials as clinical waste. Wash hands thoroughly after handling	ALWAYS keep container tightly closed. Store in a secure dry place in suitable labelled containers	ALWAYS keep out of the reach of children	ALWAYS dispose of each solution after 24 hours, refer to your SDS and hospital policy	USE ONLY with adequate ventilation

USE BIOCIDES SAFELY, ALWAYS READ THE LABEL & PRODUCT INFORMATION BEFORE USE
PLEASE REFER TO THE SAFETY DATA SHEET AND HOSPITAL POLICY

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University Health Board

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APPENDIX 5

ATTENTION!!

IMPORTANT INFORMATION ON DIARRHOEA & VOMITING

This is the time of year when we see patients coming into the hospital with diarrhoea and vomiting, usually caused by Norovirus

Even with the best infection control arrangements in place, this type of infection can spread quickly in hospital settings as it is highly infectious.

To protect our patients we have robust infection prevention and control procedures in place, however we all need to ensure we maintain good practice.

For IP&C purposes and to keep you and the hospital safe :

- **DO NOT VISIT** if you are experiencing diarrhoea and vomiting, if you feel unwell or have cold like symptoms
- Wash your hands with soap and water inside the ward on arrival and when leaving the ward.
- **DO NOT** sit on beds or use patient toilet facilities
- **DO NOT** bring in food from home
- Limit the number of visitors to patients on affected wards

Also as a general rule:

If you or a family member are experiencing Diarrhoea and/ or vomiting:

- Do not prepare food if at all possible until you have been symptom-free for at least 48 hours
- Do not go to work, school or nursery n until you have been symptom-free for at least 48 hours
- Do not visit hospitals or any other healthcare establishments until you have been symptom free for at least 48 hours.

Thank you for your cooperation – Infection prevention & control team – Cardiff & Vale UHB

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APPENDIX 6

INFECTION PREVENTION & CONTROL

DO NOT ENTER

THIS AREA HAS BEEN CLOSED

PLEASE SPEAK TO A MEMBER OF STAFF BEFORE ENTERING

DATE CLOSED: / /

Thank you for your cooperation

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APPENDIX 8

Cardiff and Vale University Health Board Escalation Procedure for Management / Communication of suspected Norovirus outbreak/s

ALERT	TRIGGERS	ACTION	BY WHOM	RESPONSE
GREEN	Pre-Season Preparation	If there is no activity noted in the community at 1 st November send out preparatory information anyway.	IP&C team / Local Public Health Team / Health Protection Team (PHW HPT)/ PCIC Clinical Board	Include information in daily bed meetings from 1 st November if not previously informed of community activity. Information to Public on minimising the spread of GI illness to be clearly signposted and made available on the C&V UHB website or via Public Health Wales website.
	Known outbreaks in community.	Information on community cases of <u>norovirus</u> to be communicated to Health Board.	PHW HPT	PHW HPT to inform IP&C team and PAT of the location of <u>norovirus</u> clusters (2 or more cases) in the community.
	No outbreaks within hospital setting.	Raise awareness that <u>norovirus</u> is present in the community to ensure all patients admitted with D&V or who have had contact with someone with D&V in preceding 48 hours are isolated. Initiate Responsible Visiting (Visitors asked not to visit if have had symptoms or contact with someone with symptoms within last 48 hours) Keep reviewing surveillance data on <u>norovirus</u> activity, e.g. reports from Public Health Wales / Health Protection Teams	IP&C team / Local Public Health Team / Health Protection Team (PHW HPT)/ PCIC Clinical Board and Communications Team IP&C team.	Send out Preparatory Information (letters in toolkit). Cascade information to Admission areas. All patients that present a risk of <u>norovirus</u> (e.g. present with symptoms of diarrhoea and/or vomiting or have been in contact with others with D&V within the previous 48 hours) are admitted DIRECTLY TO A SINGLE ROOM and ISOLATED . Inform Communications team. Draft media release in preparation Production and placement of posters at entrances to hospital / wards. All wards informed that Responsible Visiting is in place. (Within 1 working day) If patients admitted with symptoms are contained and there is no spread to existing in patients status remains at GREEN .
YELLOW	Suspected cases on 1 or 2 wards.	Follow actions / response in GREEN and IN ADDITION: Affected bay restricted admissions. Can still admit to rest of ward. Individual risk assessment by ward staff and the IP&C team is required prior to arranging transfer of patients from non-closed areas to other clinical or care areas. Transfer of patients to Nursing Homes to be discussed with IP&C team	IP&C team	Inform relevant operational staff (Bed Managers, Microbiology team, Sister / Charge nurse, Clinical Board Management Team/s, Communications manager, DIPIC, Operational Services / Housekeeping Team Managers). Inform local health protection team (PHW HPT).
	Cases confined to bays on the wards.	Escalation of Community Messages to prevent unnecessary admissions	IP&C team / Ward Managers	
		Enhanced Cleaning in affected bay as per Norovirus Outbreak Policy	PCIC Clinical Board / PHW HPT / Communications team	Liaison between UHB Communications Team, PCIC clinical board and PHW HPT to escalate community messages to prevent admissions with <u>norovirus</u> unless clinically necessary and minimise imports via visitors / relatives.
		Enhanced Cleaning in affected bay as per Norovirus Outbreak Policy	Operational Services / Housekeeping	Instigate enhanced <u>cleaning</u> , consider need for agency staff if insufficient staff to carry out required additional cleaning.
		IP&C nursing and Operational Services representation at bed management meetings.	IP&C team / Operational Services	
		Report outbreaks to Public Health Wales HCAI surveillance team and to Welsh Government via "no surprises" reports	IP&C team / DIPIC / Exec Nurse	 If cases contained and resolve without spread return to GREEN . If cases spread out of bays to the rest of the ward move to AMBER

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AMBER	Suspected cases on 2 wards.	Follow actions / response in GREEN & YELLOW, IN ADDITION: Restrict admissions to affected ward (s) and instigate Norovirus Outbreak Policy.	IP&C Team /Ward staff	Liaise with PHW HPT/CCDC and Directorate Managers Assess ward (s) affected and likely duration of outbreak
	Not confined to one bay area on the wards.	Convene Outbreak meetings and establish actions to reduce impact on bed capacity:	IPC Team / Patient Access team (PAT)	Assess current Health Board-wide bed state.
		Provide information on current situation: ☐ IP&C details of ward restrictions ☐ Health Board wide Bed state ☐ If bed capacity is at Amber or Red initiate appropriate section of the Health Board Bed management escalation plan	IP&C team / PAT	All relevant personnel to provide feedback to PAT with outcomes of identified actions as per Health Board Bed Management escalation plan
		Information on ward closures cascaded to wider Health community	PAT Communications Team	Instigate Alert Email to group members: All Clinical Board management teams of Health Board, PHW HPT and Local Public Health Team. Escalate to Chief Operating Officer / Clinical Board Leads
		Raise public awareness of outbreak to reduce unnecessary visitors to the HB on next working day.	Comms/PHW HPT / Local Public Health Teams	Include information on HB public website regarding wards affected by <u>norovirus</u> Daily update on ward restrictions on intranet and IP&C webpage Use of escalation letters to be sent out to key stakeholders.
		Information on ward restrictions closures cascaded across the HB.	Comms / IPC Team PAT	Send e mail to peripatetic clinical staff regarding precautions needed at beginning of outbreak and as restrictions change Inform Switchboard, Primary Link, Ambulance service, ward co-ordinators on and MAU which wards are closed with <u>norovirus</u> . Daily updates on handover to hospital at night and on-call staff
		Admissions to the HB retained for patients who need acute care for whom use of other healthcare facilities or admission avoidance is clinically inappropriate	PCIC Clinical Board	Inform Acute Care GPs which wards are affected by <u>norovirus</u> . Cascade letters to GPs to facilitate admission avoidance where clinically appropriate If wards are resolved without further spread return to GREEN . If spread to further wards move to RED

RED	3 to 5 wards closed	Follow GREEN, YELLOW & AMBER and IN ADDITION: Convene Daily Outbreak Meetings and establish actions to address reduced bed capacity.	IP&C Team	Invite Chief Operating Officer, Clinical Directors, Lead Nurses, Directorate Managers, local public health team, PHW HPT.
		Draw up plans for patient management in context of ongoing outbreak.	IP&C team / Ward Managers / Clinical Teams	Categorise patients on closed wards into: 1. Confirmed <u>norovirus</u> & resolved 2. Currently symptomatic 3. Never had symptoms & incubating Categorise patients on closed wards into: 1. Those who must remain within the specialty 2. Those who may move to another specialty
		Daily assessment of wards with restrictions in place.	IP&C Team	IPC Team to review ward restrictions daily including weekends.
		Initiate Bed escalation plan according to shortfall	PAT / Chief Operating Officer	All relevant personnel to provide feedback to PAT with outcomes of identified actions as per HB Bed Management escalation plan
		Restricted Visiting to be initiated on next working day: ☐ No visitors on wards with restrictions in place without prior agreement with nurse in charge ☐ Visiting to all wards restricted to immediate family or close friends	Comms / IPC Teams / Ward Managers	Production and placement of Restricted Visiting posters at entrances to hospital and wards Public announcement via local radio / and possibly social media Update public website with information
		Report as Serious Incident to Welsh Government	Executive Nurse Director	Complete Serious Incident form and initiate accompanying investigation
				If wards resolved without spread to any further wards return to GREEN . If spread continues to further wards move to initiating MAJOR INCIDENT PLAN .

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Equality & Health Impact Assessment for

VIRAL GASTROENTERITIS (NOROVIRUS) INFECTION CONTROL IN UNIVERSITY HEALTH BOARD HOSPITALS PROCEDURE

1.	Title	VIRAL GASTROENTERITIS (NOROVIRUS) INFECTION CONTROL IN UNIVERSITY HEALTH BOARD HOSPITALS PROCEDURE Reference UHB 075
2.	Name of Corporate Directorate and title of lead member of staff, including contact details	Clinical Nurse Specialists, Infection Prevention and Control (ext. 46703), Corporate Directorate
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The objectives of this policy are to provide all staff working within Cardiff and Vale UHB with a comprehensive understanding of patients with confirmed (or suspected) Viral Gastroenteritis.
4.	Evidence and background information considered.	Guidelines for the management of Norovirus outbreaks in acute and community health and social care settings https://www.nss.nhs.scot/publications/general-information-to-prepare-for-and-manage-norovirus-in-care-settings/ https://www.gov.uk/government/publications/norovirus-managing-outbreaks-in-acute-and-community-health-and-social-care-settings Outbreak data.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This procedure applies to all UHB staff involved with the care of patients who may have suspected or confirmed Viral Gastroenteritis.

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age	No evidence to suggest a positive or negative impact on any age group.	N/A	N/A
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	No evidence to suggest a positive or negative impact on any disability group.	N/A	N/A
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	No evidence to suggest a positive or negative impact on people of different genders.	N/A	N/A
6.4 People who are married or who have a civil partner.	No evidence to suggest a positive or negative impact on people who are married or have a civil partner.	N/A	N/A
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	No evidence to suggest a positive or negative impact on women who are pregnant, on	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	maternity leave or breastfeeding.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	No evidence to suggest a positive or negative impact on different races, nationalities, colour, culture or ethnic origin.	N/A	N/A
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No evidence to suggest a positive or negative impact on people with/without a religious belief.	N/A	N/A
6.8 People who are attracted to other people of: - the opposite sex (heterosexual); - the same sex (lesbian or gay); - both sexes (bisexual)	No evidence to suggest a positive or negative impact on a person who is heterosexual/bisexual/lesbian or gay.	N/A	N/A
6.9 People who communicate using the Welsh language in terms of correspondence, information	No evidence to suggest a positive or negative impact on people who use the Welsh language.	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
leaflets, or service plans and design			
6.10 People according to their income related group:	No evidence to suggest a positive or negative impact on people according to their financial or employment status.	N/A	N/A
6.11 People according to where they live:	No evidence to suggest a positive or negative impact on people according to where they live.	N/A	N/A
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A	N/A	N/A

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

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How will the strategy, policy, plan, procedure and/or service impact on: -	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered:	Appears to not have any impact.	N/A	N/A
7.2 People being able to improve /maintain healthy lifestyles:	Appears to not have any impact.	N/A	N/A
7.3 People in terms of their income and employment status:	Appears to not have any impact.	N/A	N/A
7.4 People in terms of their use of the physical environment:	Appears to not have any impact.	N/A	N/A
7.5 People in terms of social and community influences on their health:	Appears to not have any impact.	N/A	N/A
7.6 People in terms of macro-economic, environmental and sustainability factors:	Appears to not have any impact.	N/A	N/A

Please answer question 8.1 following the completion of the EHIA and complete the action plan

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8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Positive impacts from this procedure are that all staff across C&V UHB would have the ability to manage Viral Gastroenteritis in an appropriate and timely manner.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	There are no significant impacts to note.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?	No.			
8.4 What are the next steps?				