

Hygiene management in case of noroviruses

Norovirus outbreaks require healthcare facilities to adhere to appropriate hygiene measures to effectively control the pathogen. The following checklist includes measures based on the recommendations of CDC and WHO and supports healthcare workers in implementing a successful outbreak management.

Sources:

MacCannell T et al. (2011) Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings. Atlanta, GA: US Department of Health and Human Services, CDC.
 WHO (N.N.) System change - changing hand hygiene behaviour at the point of care. - http://www.who.int/gpsc/tools/faqs/system_change/en/ (accessed on 25 September 2014).

Checklist (part 1)

Measures	Yes	No
Diagnostics		
Are there measures/strategies implemented to quickly clarify suspicious cases by clinical and virological tests?		
If there are no clinical laboratory data yet: Have you applied Kaplan's clinical and epidemiologic criteria to identify a norovirus outbreak?		
1) Explosive vomiting in more than half of symptomatic cases		
2) Mean incubation time of 24 to 48 hours		
3) Mean duration of illness of 12 to 60 hours		
4) No bacterial pathogen isolated from stool culture		
In case of a suspected outbreak: has the laboratory examined specimens obtained from stool (alternatively, vomitus)?		
Patient isolation/cohorting precautions		
Have symptomatic patients been separated from asymptomatic patients? (Preferably in single rooms. If this is not possible: cohorting in shared rooms or separated patient care areas)		
Have patients infected with norovirus gastroenteritis been isolated for at least 48 hours after resolution of symptoms?		
Did you consider to minimize patient movements within a ward during the outbreak?		
Did you consider to suspend group activities during the outbreak (e.g. joint dinners)?		
Is it necessary to temporarily close the unit or ward to new admissions or transfers?		

On page 2 of this checklist, you will find further hygiene management measures in the event of noroviruses.

Checklist (part 2)

Measures	Yes	No
Staff leave / cohorting		
Have employees infected been excluded from work for at least 48 hours after symptoms have subsided?		
Have protocols for staff cohorting in case of outbreaks been established?		
Did you ensure that staff care for one patient cohort (e.g. symptomatic or asymptomatic patients) only?		
Have non-essential staff, students and volunteers been excluded from working in areas experiencing an outbreak?		
Hand Hygiene		
Have patients, staff and visitors been asked to consistently perform hand hygiene measures during the norovirus outbreak?		
Are hands disinfected with an alcohol-based hand disinfectant and in accordance with WHO's Five Moments?		
Is hand disinfection performed with an ethanol-based hand disinfectant?		
Surface Hygiene		
Isolated and cohorted areas: are frequently touched surfaces and objects cleaned and disinfected with EPA-approved products (e.g. toilets, bedframes, door handles)?		
Wards and patient care areas: are frequently touched near-patient surfaces cleaned and disinfected three times a day?		
Is the cleaning and disinfection carried out in the right order? a) Areas with low likelihood of contamination; b) Areas with high likelihood		
Are mop heads changed when new solutions are prepared and after cleaning organic materials (stool, vomitus)?		
Are curtains in patient rooms changed when visibly soiled or upon patient discharge/transfer?		
Personal Protective Equipment (PPE)		
Do all persons wear appropriate protective clothing (e.g. protective gown, protective gloves) when entering patient care areas with patients suspected to have norovirus infection?		
Do healthcare workers wear face masks/eye protection during patient care when excretions may be spilled (particularly with vomiting patients)?		
Notification and communication		
Did you notify the competent authorities of the suspected norovirus outbreak?		

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