



Interim Guidance Note on Managing Norovirus in Residential Care Settings (March 2023)

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What is Norovirus?

Norovirus is a virus that causes infectious vomiting and diarrhoea. It is sometimes called the “winter vomiting bug”, although it can occur all year round. Vomiting can be very forceful (‘projectile vomiting’). A fever often develops. The infection is usually mild, with symptoms lasting 12-72 hours. A person will become sick within 24 hours (range 12 to 48 hours) of becoming infected. **Norovirus is extremely infectious.** It takes only a tiny number of norovirus particles to produce illness.

Norovirus infection is very common, and outbreaks occur anywhere people gather together, such as in hospitals, residential care facilities (RCFs), hostels, reception centres or hotels. In enclosed or congregate settings, norovirus can - if not quickly brought under control - spread rapidly to the majority of people in a facility or building. When two or more people in the same building/area/room/group develop vomiting - within a day or so of one another - there is a high likelihood that this may be due to norovirus.

Although norovirus infection is usually mild, vomiting, very occasionally, can be severe or prolonged, especially if accompanied by diarrhoea. If this happens, dehydration can quickly become a problem, leading - in the most severe cases - to kidney failure and other serious complications. This is most likely to happen in young children, elderly people, those with underlying medical conditions, and patients with weakened immune systems.



How is it spread?

Noroviruses are primarily spread by the faeco-oral route – generally person-to-person or by direct or indirect contact with infectious vomit or faeces. Spread can also occur through contaminated food or water.

Person-to-person: is the main method of spread of norovirus. The virus is present in the vomit and stool of an infected person. When a person with norovirus vomits, the vomit can be sprayed over a large area. If a person has norovirus on their hands, they can easily pass it on to another person. If food, water or the environment becomes contaminated with infected vomit or stool, it can easily spread to other people. Food handlers and other staff members who are sick, or recovering with norovirus can also pass the virus on.

Airborne: when someone vomits forcefully, it creates an aerosol (mist) of liquid that can settle on surfaces such as door handles, tables, sideboards etc. This mist can travel quite some distance before settling quickly on exposed surfaces. If anyone touches the contaminated surfaces, and then touches their mouth with their fingers, they are likely to become infected.

Foodborne: any food item can become contaminated through handling (especially from staff infected with norovirus who handle food) or if the food is exposed to environmental contamination.

How is Norovirus prevented?

The principles of prevention and control of norovirus in acute healthcare settings and RCFs are laid out in the [National Guidelines on the Management of Outbreaks of Norovirus Infection in Healthcare Settings \(2003\)](#)

Prevention and control of norovirus in RCFs depends on:

1. Ensuring that appropriate cleaning protocols, and plans to prevent norovirus, are in place and strictly adhered to
2. Having a high index of suspicion that any episode of vomiting may be due to norovirus
3. Assuming that all vomit is potentially infectious, even vomit that appears to have a plausible, non-infectious origin such as vomiting associated with medication/chemotherapy, pregnancy, post-operative, trauma, etc.
4. Immediate cleaning and decontamination of all vomit and faecal soiling



5. Calling your local Public Health Area, and seeking advice from them, and your local CHO Infection Control team, if there is any suspicion that there may be an outbreak of norovirus occurring, and
6. Ensuring that heightened cleaning and disinfection is implemented during outbreaks, as laid out in the National Guidelines on the Management of Outbreaks of Norovirus Infection in Healthcare Settings.

The following preventive factors are key:

- **Regular [hand-washing with soap and warm running water](#)** for at least 15 seconds (the time it takes to sing 'Happy Birthday' twice), then drying with a disposable paper towel, is the most effective way of reducing spread. **Remember: alcohol hand gels do not work against norovirus.**

Hands should be washed:

- After using or cleaning the toilet
 - After attending to anyone with diarrhoea or vomiting
 - After touching anything contaminated by diarrhoea or vomiting
 - After handling contaminated clothing or bedding (including nappies)
 - Before handling, preparing, serving, or consuming food or drink
 - Whenever healthcare is provided, the [World Health Organization's 5 Moments for Hand Hygiene](#) apply.
- **Regular, routine environmental cleaning:**
 - With warm water and detergent; followed by disinfection with the recommended concentration (0.1%) of bleach (hypochlorite) solution.¹
 - Noroviruses are very resistant to cleaning and disinfection. Temperatures of a **minimum** of 60°C, or a 0.1% bleach solution are required to destroy the virus.
 - When applying 0.1% bleach solution, it is important to allow sufficient contact time to ensure effective disinfection.
 - **Strict attention to routine hygiene** in the kitchen, and in toilets and bathrooms. If a toilet has been used by someone who has vomiting or diarrhoea:

¹ In general, to make a 0.1% bleach solution, add 1 part of normal household bleach to 50 parts of tap water. However, the concentration of supermarket domestic bleach solutions can vary and the dilution recommended by the manufacturer for disinfection of surfaces should be used. Always allow sufficient contact time to ensure effective disinfection.



- When cleaning the toilet, always wear appropriate vinyl or nitrile gloves and a plastic apron
 - Disinfect the toilet seat with hot water followed by 0.1% bleach solution using a disposable cloth.
 - Wash and disinfect with 0.1% bleach solution the flush handle, toilet door handle, wash hand basin taps, towel dispenser and light switches/pulls after use
 - Clean the toilet bowl using a toilet brush and a 0.1% bleach solution
 - Always flush the toilet with the seat and lid down, and
 - Dispose of PPE appropriately once cleaning is complete, and carry out hand hygiene.
- **Rapid cleaning/disinfection** following any episodes of vomiting especially in toilets, communal and food preparation areas (see below). The focus of cleaning should be on the immediate area of contamination, and on surfaces and items regularly touched by hand e.g. door handles, lift buttons, wardrobe/drawer handles, toilet flush handles, hand towel dispensers, taps, anglepoise lamps, light switches, TVs, TV remotes, laptops, bannisters, handrails, drug/food trolley handles, counter tops, work surfaces, etc.

It is important to be aware of the risk of cross contamination from all surfaces and materials in the near vicinity of bathrooms, where virus may have been aerosolised e.g. laundry storage, food trolleys near bathrooms etc. This is essential to prevent cross contamination. Food handlers must **never** be allowed to be involved in cleaning or decontamination following episodes of vomiting.

NB: Full information on cleaning in a healthcare setting is available in [Box 3 - General Guidance on Cleaning \(p12\) of the National Guidelines on the Management of Outbreaks of Norovirus Infection in Healthcare Settings](#). **Strict adherence to these principles is necessary to ensure prevention of outbreaks of norovirus in healthcare settings**

- **Cohort/isolate ill residents** and keep them separate from other residents. Residents can mix as normal, 48 hours after their vomiting and diarrhoea has stopped. Public Health will advise in relation to necessary exclusion times.
- **Exclude ill staff** from work for 48 hours after their vomiting and diarrhoea has stopped. People who have been ill will pass norovirus out of their bodies (shedding) for at least two days after



they have recovered from their vomiting and diarrhoea. Allowing staff to return to work within 48 hours is very likely to reintroduce infection into the RCF. **Strict exclusion is especially important in the case of food handlers.**

- **Early recognition of norovirus outbreaks:** If two or more residents or members of staff develop sudden onset vomiting within a day or so of one another, it is very likely to be a norovirus outbreak. If this happens, immediately call your local [Public Health Area](#) and ask for advice.

What to do if someone vomits in a residential care facility

In general, if a resident in a RCF vomits once and subsequently feels well, they may not necessarily have norovirus but the [vomit should be treated as potentially infectious](#), and disposed of properly. However, if the resident continues to feel unwell, or vomits repeatedly, norovirus illness must be suspected.

If any resident vomits, the staff member who witnesses, or is called to deal with the episode, should immediately:

1. **Cover** the area of vomit
2. **Clear** other residents away
3. **Cordon** off the immediate area, and
4. **Clean** and decontaminate the area **wearing appropriate PPE**. When cleaning, pay special attention to the area where the person vomited, and all hand-touch surfaces (counter tops, toilet flush handles, light switches, etc) that the person may have touched. You will find comprehensive advice and guidance [here](#) on how to clean up and decontaminate after someone has vomited.

In the event that other residents develop vomiting – at the same time or within a day or so - then urgently inform your local [Public Health Area](#) – they will advise you on the immediate steps you need to take.

NB: if any person who develops vomiting, becomes very unwell, call their GP or Emergency Department [by telephone](#) for advice.



Managing a norovirus outbreak

Following episodes of vomiting, Public Health staff may - depending on the situation - decide that an outbreak is occurring. If an outbreak of norovirus is identified, Public Health staff will review the situation, and provide advice as to what should be done. They may also undertake a risk assessment to inform admission/visiting policy while the outbreak is ongoing. Management of RCFs should ensure that they contact from CHO Infection Control teams to receive advice and support. Strict cleaning and disinfection regimes must be put in place immediately an outbreak is identified (see reference below to Box 2 - Controls Measures Checklist - National Guidelines on the Management of Outbreaks of Norovirus Infection in Healthcare Settings).

If Public Health staff decide that an outbreak is occurring, they will take advise on the steps necessary to prevent the outbreak from spreading further and bringing it under control. The essential early steps in control of an outbreak will include:

- Immediate cleaning and environmental decontamination of soiled areas,
- Frequent hand washing with warm water and soap for all staff and patients,
- Segregation of those who are ill from those who are not (cohorting), with limitation of movement of staff and patients,
- Exclusion of ill staff from work for 48 hours after their last episode of vomiting and/or diarrhoea
- Effective terminal cleaning (which can begin as soon as an affected area has been vacated), and
- Sensible management of visiting. If warranted by circumstances, a decision may be required to limit visiting for the duration of the outbreak.

Once an outbreak is declared by Public Health, a series of conditions will have to be met, before the outbreak can be declared over. These will normally include, at a minimum:

- A period of at least 48h having elapsed since the resolution of vomiting and/or diarrhoea in the last known case, and at least 72h after the initial onset of the last new case (whether a resident or staff member), and
- The satisfactory of completion of terminal cleaning.



A return to normal activity may be possible, even if a small number of residents with persistent symptoms remain, if these are effectively segregated from the main body of residents. Public Health will advise in relation to this.

NB: A necessary control measures checklist in a healthcare setting is available in [Box 2 - Controls Measures Checklist \(p11\) of the National Guidelines on the Management of Outbreaks of Norovirus Infection in Healthcare Settings](#). **Strict adherence to these principles is necessary to ensure control of outbreaks of norovirus in healthcare settings.**

Further information on norovirus can be found below:

HPSC: [Factsheets on norovirus](#)

HPSC: [Norovirus](#)

HPSC: [National Guidelines on the Management of Outbreaks of Norovirus Infection in Healthcare Settings \(2003\)](#)

HPSC: [Other norovirus guidance](#)

HSE: [Norovirus](#)