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Past victims of Norovirus attacks include the Queen (there have been outbreaks on the Royal Yacht Britannia), George Bush Senior (famously captured on camera vomiting into the lap of the Japanese Prime Minister in 1992), and British troops serving in Afghanistan who had to be airlifted home before the puzzle of their 'mystery illness' could be solved.

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This information has been produced by the Isle of Wight Council, Environmental Health Department and is aimed at giving essential advice and information when dealing with incidents of this nature. Whilst it has been developed to supply as much detail as possible, the advice is unlikely to be exhaustive, however it is hoped that the information provided will assist in preventing and controlling the spread of cases of viral illness.

Introduction – about the virus

What is Norovirus?

There has been a considerable amount of media attention recently concerning outbreaks of viral gastroenteritis. This illness is particularly common in situations where large numbers of people are in close proximity. Norovirus is the most common cause of gastroenteritis (stomach bugs) in England and Wales. Past names for the Norovirus have been the 'Winter vomiting virus', 'Small round structured viruses' or 'Norwalk-like viruses'.

It is almost impossible to prevent an outbreak of Norovirus, but swift actions to control the outbreak may minimise it, and prevent it travelling further. The infection spreads most readily when no action plan and/or low standards of hygiene are present. The aim of this document is to inform you about the virus, and provide flowcharts that may be used to prevent/minimise an outbreak.

The key indicators of a viral outbreak are:

- The sudden onset of vomiting or diarrhoea – the victim will often not have sufficient warning to reach a toilet.
- A rapidly increasing attack rate (the number of people suffering from the symptoms).

What causes Norovirus?

Norovirus infection originates from ingesting contaminated food/water, or from person-to-person contact. Aerosolised vomit droplets is also an important mode of transmission. The virus is fairly resistant to the environment, being able to survive freezing temperatures, temperatures as high as 60°C, and 10ppm chlorine solutions (well in excess of levels routinely present in public water systems). This means the virus can survive in the environment for days. Only a small number (approximately 100 particles) are needed for a person to develop symptoms.

The infective dose for Norovirus is believed to be less than 100 particles, yet a 30 ml bolus of vomit contains approximately 3×10^7 viral particles. That is 30,000,000 particles!

Norovirus is a human pathogen and requires a living host to multiply, meaning it is incapable of multiplying in food, unlike other pathogens (including bacteria) that may cause food poisoning. Although the virus cannot multiply on foods, it can live in them, using food as a way of entering the body, and accessing living tissue. Norovirus is microscopic, and cannot be tasted in foods.

Norovirus can be found in the following sources:

- Human cases – for instance a guest in a hotel, member of staff, or a visitor, may be unaware they have contracted the virus, and only become ill when they have checked into the hotel. Please note also that affected persons continue to excrete viruses for several days after symptoms have ended. Foods can also become contaminated if satisfactory hygiene procedures are not adopted in food preparation areas. It is possible for a food handler to contaminate foods with the virus.
- Sewage contamination - if (in the case of salad ingredients, or fruit), the food has been irrigated in water contaminated by sewage, it is likely to be considered a source of infection. Similarly, if contaminated water is ingested, it is likely to become a source of infection.
- Live foods - such as shellfish (Mussels, Clams, and Oysters etc) should be purchased from a reputable supplier, and thoroughly cooked wherever possible, to minimise the risk of contamination through infection.

Symptoms of Norovirus

Recognition of the symptoms of the virus can save considerable time when identifying that you have an outbreak and will assist in taking prompt action.

Symptoms usually occur between 24-48 hours (average 36 hours) after the virus is ingested, and generally last between one and three days, with recovery usually being rapid.

The main symptoms are as follows:

- **Vomiting** – Onset can be extremely sudden, and is often projectile resulting in widespread environmental contamination through aerosolised droplets.
- **Diarrhoea** – Usually short-lived, and less severe than with other causes of Gastro-enteritis.
- **Nausea, abdominal cramps, headaches, muscle aches, chills, and fever** (occasionally occur)
- **Dehydration**, especially in the elderly and very young (occurs through loss of fluid), therefore medical attention may be necessary. It is important to drink lots of fluid (especially water). Lemonade has also been recommended as it will also boost sugar levels.
- **Stress** caused may be detrimental to people with other diseases or conditions.

All age groups are at risk of contracting the infection, and the spread is more rapid where large groups congregate, for example care homes, hotels, or children's clubs. People can be contagious before symptoms are present and to at least two days after symptoms cease. Therefore, it is important that good hygiene practices are adopted at all times.

'I am told you can vomit straight for about a yard' – Dr John Cowden, Consultant Epidemiologist at the Scottish Centre for Infection and Environmental Health.

How is Norovirus spread?

Norovirus is mainly spread from the vomit and/or stools of an infected person, and transmitted by the following routes:

- **Aerosolised droplets** produced by violent, projectile vomiting, and profuse diarrhoea. The viral particles hang in the air in a fine mist, which may be inhaled by people in the immediate area.
- **Hand to mouth (faecal-oral route)** – contact surfaces may be contaminated by vomit and/or diarrhoea. Guests/staff may touch the contaminated surface (E.g. flush on a toilet, or table), and touch their mouths, thus transferring the virus, and leaving themselves vulnerable to the virus.
- **Poor hand-washing** can leave hands contaminated, which subsequently means anything they come into contact with may also become contaminated, i.e. food, surfaces etc. Toilets and bathrooms are major risk areas for contracting the virus.
- **Contact** with surfaces contaminated by the virus, by either; faecal-oral, or droplet routes. It is less common for the virus to spread person-to-person, unless there is intimate contact.
- **Eating contaminated food** – either prepared by an infected person, or using infected utensils.

Contaminated hands are the single most common factor in the spread of Norovirus.

Preventing an outbreak

It is not always possible to completely prevent an outbreak, although the following precautions will greatly minimise the risk of the spread of infection:

- Cautious monitoring of guests' complaints.
- Careful monitoring of persons ill on coach trips, or on excursions. It is advisable that you request knowledge from the coach driver of any known incidents of illness.
- Vigilant monitoring of vomit and diarrhoea on the premises – staff/housekeepers should report any incidents of soiling, vomiting etc., observed, or found anywhere in the premise.
- Early identification of the signs of an outbreak is essential.
- Staff training and awareness of their role. (i.e. part of a cleaning hit-squad)
- Staff should be made aware of the importance of not reporting for work if suffering from sickness or diarrhoea. Staff members should not report for work until 48 hours after symptoms cease.
- Thorough cleaning procedures for hand contact surfaces.

Controlling the Outbreak

Do not wait for several cases of sickness and diarrhoea to occur before you put controls in place to prevent the spread of an outbreak. Organisation and understanding of what is required is essential if the outbreak is to be controlled. Please see *appendix one* for the flowchart of the action needed before an outbreak.

The action plan should be activated when the incidents of sickness/diarrhoea significantly increases in an establishment. With a large hotel, you may expect a certain number of cases of vomiting or diarrhoea each week, however if it becomes apparent that the number of cases exceeds the norm then this should trigger your action plan.

However, incidents of vomiting and/or diarrhoea, do not necessarily mean there is a viral outbreak, as the symptoms could be caused by food poisoning. Food poisoning is caused by other bacteria, such as; *Salmonella*, *E.coli*, *Listeria* and *Campylobacter* etc, which is why the Environmental Health Unit should be contacted as soon as practicable.

Who should be informed?

- **The local Environmental Health Unit** should be informed, so they may undertake an investigation to determine the cause/source of the outbreak. They will also be able to advise on preventative measures, controlling the outbreak, and good hygiene practices. They may take samples, faecal and/or food.
- **The Health Protection Team** will be able to co-ordinate responses in large outbreaks, advise on infection control measures, assist the Local Authority, consider and document the epidemiology of cases, ensure stool samples are submitted as soon as possible, and necessary arrangements are made for their analysis. They will also be able to advise on preventative measures, controlling the outbreak, and good hygiene practices.
- If hospital treatment is required then the hospital should be pre-warned before arrival, so necessary precautions to avoid the spread to others can be made.
- **Tour operators and guests that have not yet arrived** should be notified if the infection is likely to be persistent. There may be legal consequences to not controlling the outbreak, which includes notifying prospective guests, and giving them sufficient information to allow them to make an informed choice.

The legal position.

Although it is not possible to prevent an outbreak occurring, it is possible to take precautions, and implement action plans to avoid the risk to others. Failure to do this may result in a reasonable claim by someone who feels 'wronged'. The only proof needed for a 'class action' is that a number of people fell ill with the same illness, which means that compensation **may** be received for pain and suffering, and for loss of money regarding expenses and earnings. If the hotelier was aware of the problem and did nothing to resolve it, it is likely that the cost implication will be greater. It should be noted that a good Norovirus action plan may reduce the premise's liability.

Note: This is not a definitive legal opinion and the courts remain the final arbiter of legislation.

How to deal with guests and their illness.

- **Complete an outbreak summary sheet (*Appendix two*)** – details of the affected persons, their symptoms, and which rooms they are in. This allows staff to keep a track on these rooms, and ensures thorough cleaning occurs.
- **Fill in an illness report form (*Appendix three*)** – for each affected person. One form should be completed for each ill person, which enables any links between sufferers to be noticed.
- **Obtain faecal specimen** – to be sent to hospital for testing. Specimen pots are available from the Doctor, Local Hospital, or Environmental Health Unit. The sooner specimens are obtained, the sooner they may be sent to the laboratory for sampling, and therefore, the sooner the cause of illness may be identified. The label on each pot should be completed, and a faecal specimen report form filled in to accompany each specimen. It is unlikely specimens will be analysed without the forms. Examples of how to collect a stool sample may be found in *appendix four*.
- **Good personal hygiene** – Guests, staff and other visitors should have the importance of good personal hygiene stressed to them. This is particularly essential before eating. It may be appropriate to provide hand wash facilities at the entrance of the restaurant, and it is advisable that self-service buffets are not provided.
- **Isolate affected persons** – Actively encourage infected persons to stay in their rooms, away from communal areas. If the guest is sharing a room, and the other person has not experienced symptoms, it may also be an idea to isolate them for 24 hours, as they may be infectious too. Food and drink should be provided for infected guests in their rooms, (preferably using disposable plates, crockery etc) avoiding communal dining areas. Contract workers, friends and relatives should be discouraged from visiting.
- **Extra facilities** – should be provided for those infected. These should include; drinking water, towels, sick bags, or other receptacles.
- **Infected persons and the GP** – do not send persons still experiencing symptoms to the GP. Request that a GP visits the premises. Alternatively, contact the NHS Direct or Health Protection Agency for information and advice.
- **Hospital attendance** – If hospital treatment is required, give the hospital prior notification, to allow them to make arrangements on arrival, to ensure the risk of the further spread of infection is avoided.

Note: It has been recommended that infectious and symptomatic persons are given flat lemonade to drink, to keep their sugar levels up, and avoid dehydration.

Dealing with staff illness.

If any staff member reports vomiting, diarrhoea, abdominal pains, or nausea, they must be sent off duty immediately, and:

- An illness report form should be completed.
- Faecal specimens should be obtained from selected affected staff.
- Staff should refrain from work until at least 48 hours, after symptoms have ceased.
- Staff living on the premises, or sharing communal facilities should be transferred wherever possible to single accommodation, with en-suite facilities. If this is not possible, regular (ideally hourly) cleaning is recommended.
- Staff areas, including bathrooms, toilets, and communal areas should be included in the cleaning and disinfection programme.

If the ill member of staff, works in food preparation areas, then all handled foods must be disposed of immediately, as the potential for the illness to spread is significantly increased. Thorough cleaning and disinfection procedures, described in the following page, would need to be introduced in the kitchen/food preparation areas, with cleaning cloths and paper towels changed frequently. It must be assumed that all work surfaces are contaminated, and therefore need thorough cleaning and disinfection.

A food handler was suddenly caught ill in the kitchen and had to vomit in a sink. Even after cleaning as best as he thought he should, 250 guests became ill after he handled bread rolls.

Note. If the number of new cases of staff or guest illness rises daily, further measures **must** be considered. The cleaning and disinfection procedures may not be being utilised effectively, so extra training may be needed.

If staff/guests develop symptoms after no immediate contact with initial cases, it is likely that Norovirus is within the environment of the premises. More thorough cleaning may be required.

Cleaning and disinfection procedures

The most important factor in preventing the spread of the virus is thorough cleaning and disinfection of contaminated surfaces (whether visibly contaminated or not).

To do this effectively you should:

- **Ensure the hit squad is readily available** – The trained cleaning staff should be available at very short notice 24 hours a day, continuing until the outbreak has passed, when there have been no incidents for 48 hours.
- **Cleaning facilities** – Cleaning sink with hot and cold water should be designated for the exclusive use of the 'hit squad'. Liquid bacterial soap, and paper towels should also be available. *Appendix eighteen* shows how to wash hands effectively.
- **Changing/washing facilities** – The supplies of cleaning equipment and cleaning chemicals should be adequate. Areas should be thoroughly cleaned, and disinfected, and chemicals should be stored in a dry condition.

It is recommended that equipment includes;

- Hypochlorite solution (bleach or virucidal multi-purpose cleaner)
 - Disposable paper towels
 - Plastic scrapers/dust pans
 - Detergent
 - Disposable cloths
 - Disposable mop heads
 - Soluble alginate laundry bags
 - Buckets
 - Bag tags
 - Plastic bags (in a distinctive colour)
 - Disinfectant wipes
 - Sick bags
 - Absorbent granules
 - Disposable foot covers
 - Hazard warning tape
 - Air freshener
- **Protective equipment** – for cleaning staff should include; Single use disposable gloves and aprons. Masks are not essential as they have been found to not offer protection from virus aerosolised during vomiting.
 - **Removal of waste** – After cleaning **each infected area/room**, all waste, (including the protective equipment) should be removed, and placed in a secure plastic bag, and taken to a designated storage area. Thorough hand washing with soap and hot water should then be carried out. The latex gloves and plastic aprons should be changed in each affected area/room.

The procedures needed for cleaning up after sickness and diarrhoea may be found;

- **On hard surfaces, *appendix six, Page 14***
- **On soft furnishings, *appendix seven, page 15***
- **In rooms occupied by ill guests, *appendix eight, page 16***
- **In public areas, *appendix ten, page 18***

Please note: It is not essential to 'fog' rooms, though it can be beneficial. Fogging atomises stabilised chlorine dioxide using a fogging machine, undertaken by trained personnel. The exact time needed for effective treatment is unknown, but it may take several hours. If susceptible organisms are suspended in the air, then fogging would be valuable, although it is not regarded as a good substitute for thorough cleaning/ventilation. If fogging is carried out, all wardrobes, drawers, etc should be emptied, and left open during the process, and the room should remain unoccupied. Adequate ventilation of rooms **after** fogging is essential. The best ways of preventing any further infection is by thorough cleaning, and/or steaming.

Precautions to take for guests on departure/before arrival.

To prevent infection spreading from a departing group, to a group arriving at the premises, you should:

- Separate departing guests from arriving guests by either using separate entrances, or by a time delay.
- Ill guests should not be put on transfer coaches, instead be sent home separately.

If a ferry crossing is required, it is recommended that ferry companies are notified, so they are aware of the situation, and can be prepared for any sickness/diarrhoea.

Procedures for the following may be found at:

- **Procedures for coach travel, *appendix eleven, page 19***
- **Coach procedure for cleaning/quarantine, *appendix twelve, page 20***

The appendix section also provides individual guide sheets for;

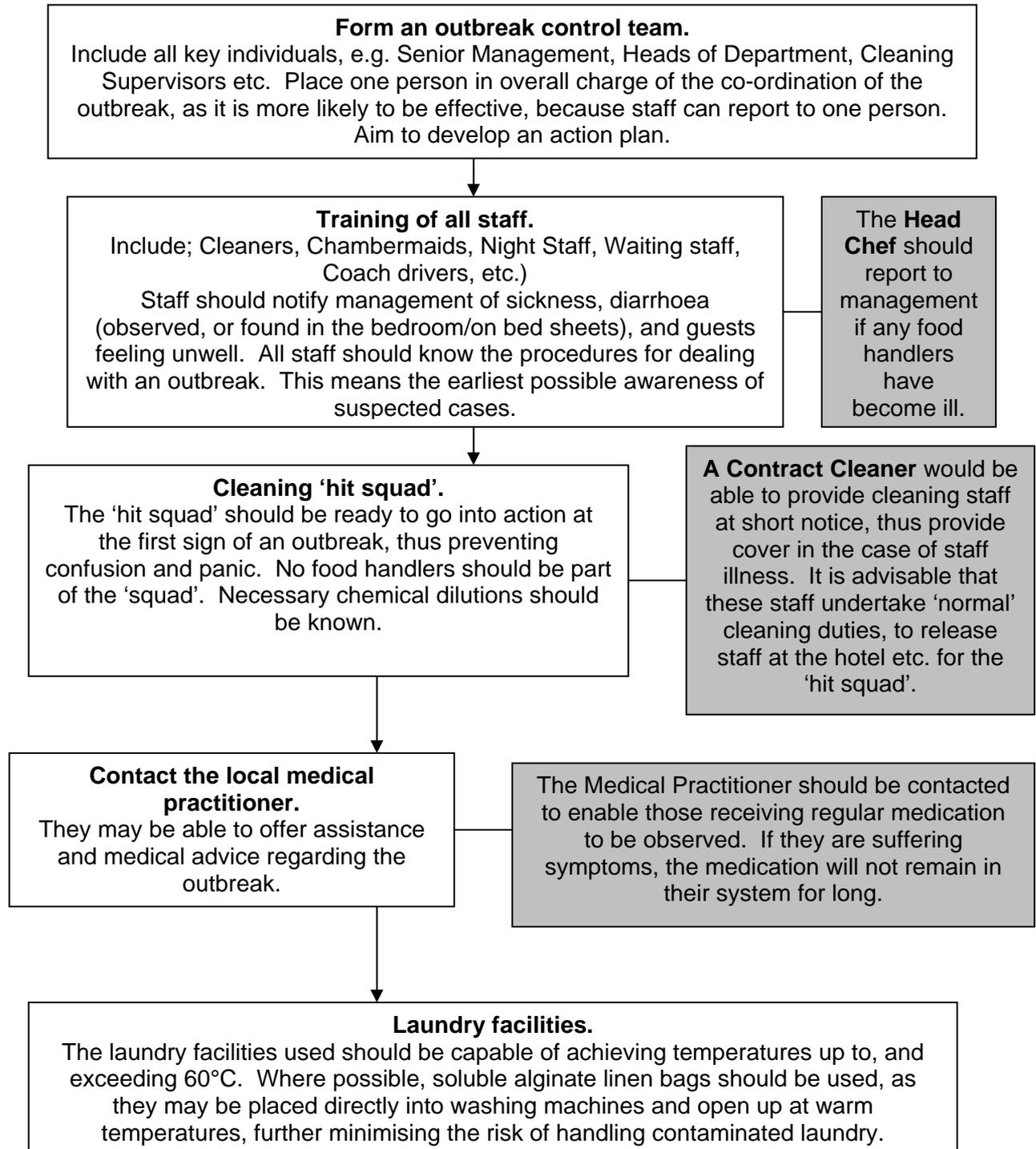
- **The management, *appendix thirteen, page 21 and 22***
- **Staff, *appendix fourteen, page 23***
- **Relative and friends, *appendix fifteen, page 24***
- **Guest and holidaymakers. *appendix sixteen, page 25***

It is advisable all new guests are informed about the infection. An example of a notice that could be displayed may be found in *appendix seventeen (page 26)*. See also *appendix eighteen (page 27)* and *nineteen (page 28)*, for a guide to effective hand washing, and useful contacts respectively.

Appendix One

Action needed before an outbreak.

Although it is not possible to prevent an outbreak, the likelihood of an outbreak becoming established may be significantly reduced where equipment, staffing, and resources are readily available. The risk is also minimised by an effective action plan.



Appendix Three

ILLNESS REPORT FORM

Premises Name and address:
 Person coordinating incident:

Outbreak No.:

Full Name:

Home Address of Person:

Room No.:

Home Tel. No.:

Home GP
 and Surgery:

Date of birth:

Symptoms	Yes/No	Onset Date/Time	Exact location of person when ill (e.g. in own room, by reception, in dining area, etc.)	Duration of symptoms (approx. in hours)
Vomiting				
Diarrhoea				
Abdominal pain				
Others				

Has the Duty Doctor been involved? YES/NO
 If yes, provide name and advice given

History of foods eaten over 48 hours prior to symptoms

Date	Last 24 hours	Time eaten	Foods Eaten	Where Eaten
Date	24-28 hours	Time eaten	Foods eaten	Where eaten
Stool specimen offered and pot given:		Date:	Pot returned:	Date:
Offer of sample YES/NO refused:		Advice given (remain in room, avoid all other people):		YES/NO:
Date and time of public area cleaned after incident:			Date:	Time:

Appendix Four

How to collect a stool sample

The microbiological laboratory may request a small sample of an infected person's stool in order to carry out tests to determine the cause of illness. Below are guidelines to assist putting the sample in the pot.

Method one.

If you have diarrhoea (unformed, liquid stools), hold the sample pot under your bottom, and catch a small amount directly in the pot. When this has been done, secure the lid and wash the outside of the pot carefully with very hot, soapy water.

Method two.

If the stools are solid, or semi-solid, it will not be possible to collect a sample directly into the pot. Instead, make a thick 'wad' of toilet paper, and 'catch' some faeces onto the wad. Have the specimen pot beside you. Use the spoon (attached to the lid) to 'scoop' a small amount of faeces into the pot.

Note: Take care not to include any toilet paper, and flush away the remainder of the toilet paper. Also remember, don't put too much into the pot, as the spoon will not fit into the pot when it is closed.

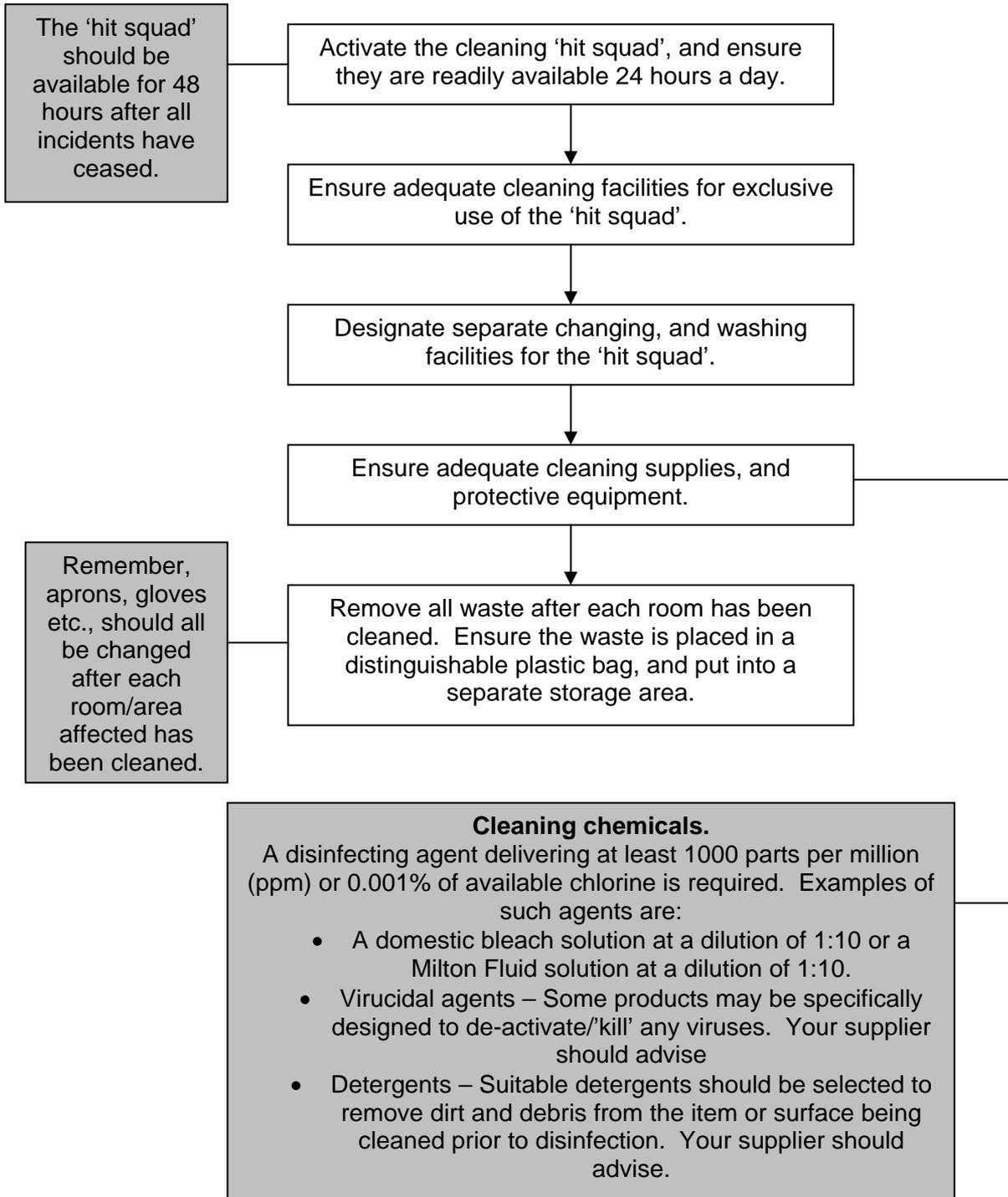
Method three.

Find a suitable container to 'deposit' faeces into, e.g. a child's potty, an old jam jar, or a dish (best to use a disposable dish such as; a metal foil dish, or an old yoghurt/ice cream carton). Whatever is used, it must be clean, and dry. 'Scoop' or decant a small amount of faeces into a specimen pot. When this is complete, dispose of the container. If a potty that is not disposable has been used, thoroughly wash it using very hot water, and detergent. Dry thoroughly.

After using any of the three methods, wash your hands thoroughly in hot soapy water, and dry them to prevent any infection spreading. An example of how to thoroughly wash your hands may be found in *appendix nineteen*.

Appendix Five

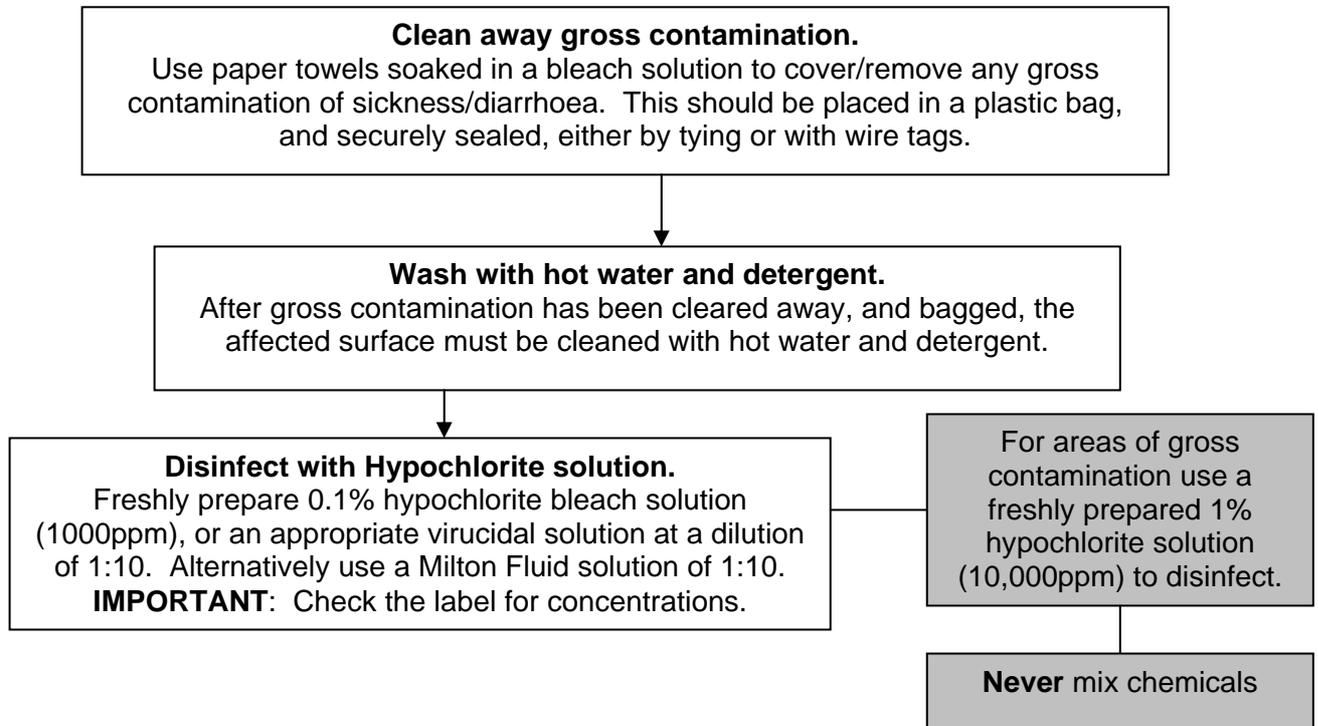
Cleaning and Disinfection procedures.



An aerosol of viral particles can reach up to approximately 7-8 metres. For this reason, it is recommended that an area of 3 metres around the sickness incident should also be thoroughly cleaned.

Appendix Six

Cleaning up sickness and diarrhoea on hard surfaces.



Note.

The same cleaning schedule should be adapted for fixtures and fittings, e.g. bath, basin, toilet, walls, toilet paper holders, towel rails, flush handles, light switches, and shelving. Remember, the toilet should be washed last, because it harbours the most germs, and therefore, one is more likely to spread contamination. If the sickness/diarrhoea incidents occurred in a bedroom, remove all tea/coffee making facilities (including cups, glasses, teapots, crockery etc.), and wash separately from other hotel crockery.

Also, for each affected area, you should:

- Use separate cleaning cloths/disposable paper towels
- Clean the toilet bowl last to avoid spreading contamination.
- Used bathroom towels **must not** be used to dry off wet surfaces.
- Toilet brushes/holders should be cleaned in a separate container/bucket of bleach solution.
- Dry cleaned/disinfected surfaces with disposable paper towels. Leave windows open to allow air-drying.
- Disinfect all cleaning equipment after cleaning each room/area affected.
- Dispose of personal protective equipment, and cleaning equipment after **each** area has been cleaned.

Appendix Seven

Cleaning up sickness and diarrhoea on soft furnishings.

Remove contaminated items.

Any removable soft furnishings (e.g. towels, bedspreads, cushions, curtains etc.), should be removed and replaced. Contaminated items should be placed in a distinguishable plastic bag, and removed to the laundry, where they should be washed separately from other items at a temperature exceeding 60°C. It is strongly recommended that soluble alginate laundry bags are used, to avoid further exposure to the virus.

Outside laundry service.

If an outside laundry service is used, they should be notified about the viral outbreak, so their cleaning routines do not put themselves at risk. They should be able to achieve 60°C on a hot wash cycle in order to adequately disinfect linen.

Steam cleaning.

Carpeting, and fixed seating etc should be cleaned after removal of gross contamination by steam cleaning. A professional steam cleaner that includes hot water, and a detergent extraction system should be used. Domestic steam cleaners will not normally be effective against viruses.

Note: check the material is heat tolerant before engaging in steam cleaning. If the materials are not heat tolerant, they need to be disposed of in a safe way. (E.g. distinguishable plastic bags).

Note: Do not dry vacuum carpets or other affected areas/soft-furnishings, as it will spread the virus further, by making it airborne.

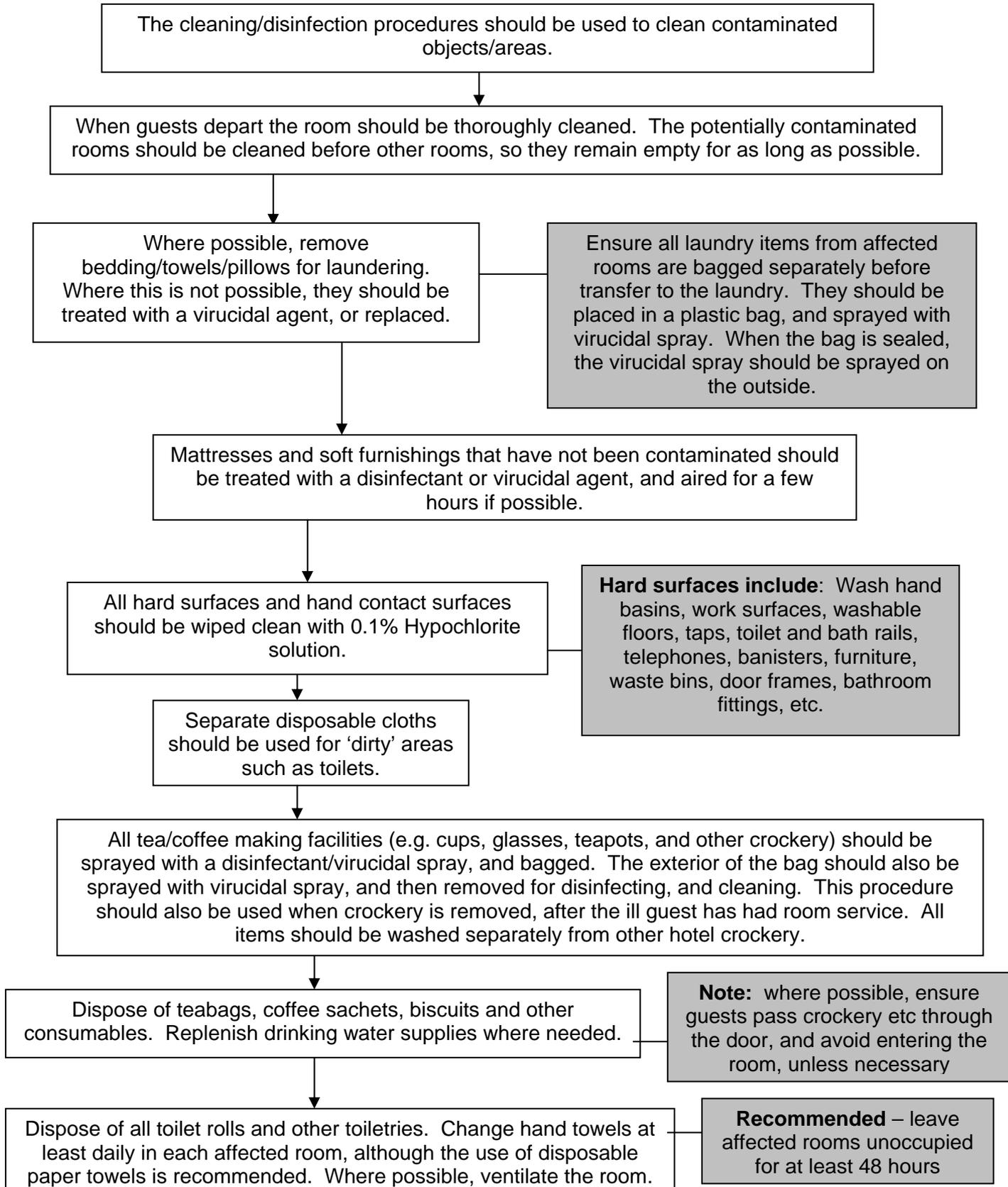
The more extensive the area of cleaning, the lower the risk of the virus surviving is. It is recommended that a minimum of 3 metres in all directions from the sickness/diarrhoea is cleaned. **Note:** An aerosol of viral particles can reach up to approximately 7-8 metres.

Remember:
Bleach solutions may damage/discolour furnishings.

Tests have indicated that viral particles can survive up to 12 days on soft furnishings.

Appendix Eight

Cleaning up sickness and diarrhoea in rooms occupied by ill guests.



Appendix Nine

Cleaning and Disinfection room checklist.

Room Number:

Date:

Bedroom - Strip and remove all bed linen, and place in a distinguishable bag. Spray the outside and inside of the bag with disinfectant/virucidal spray. Remove all tea/coffee-making facilities, (e.g. cups, teaspoons, tea trays, and containers), and spray them with disinfectant/virucidal spray. Spray the outside of the bag with disinfectant/virucidal spray. Remember to wash all crockery/linen separately from that provided by non-infected guests.

Window frames		Window handles	
All skirting boards		Bed legs/feet	
Wooden headboards		Bedside lights (Do not spray with liquid)	
Telephone (Lift/receiver)		Kettles	
Bedside tables			
Drawers			
Front		Handles	
Inside			
Wardrobe			
Fronts		Handles	
Inside		Television	
Mirror		Dressing table	
Tops		Draw handles	
Inside draws		Draw fronts	
Stool legs		Light switches	
Radiators		Door frames	
Door handles – inside/outside			
Bathroom			
Door handles – inside/outside		Glass shelf	
Light cords		Shaver light	
Shaver light cord		Basin	
Taps		Pedestal	
Bath		Bath handles	
Bath taps		Shower screen	
Showerhead		Towel rails	
Toilet roll dispenser		All tiles	
Floor		Toilet	

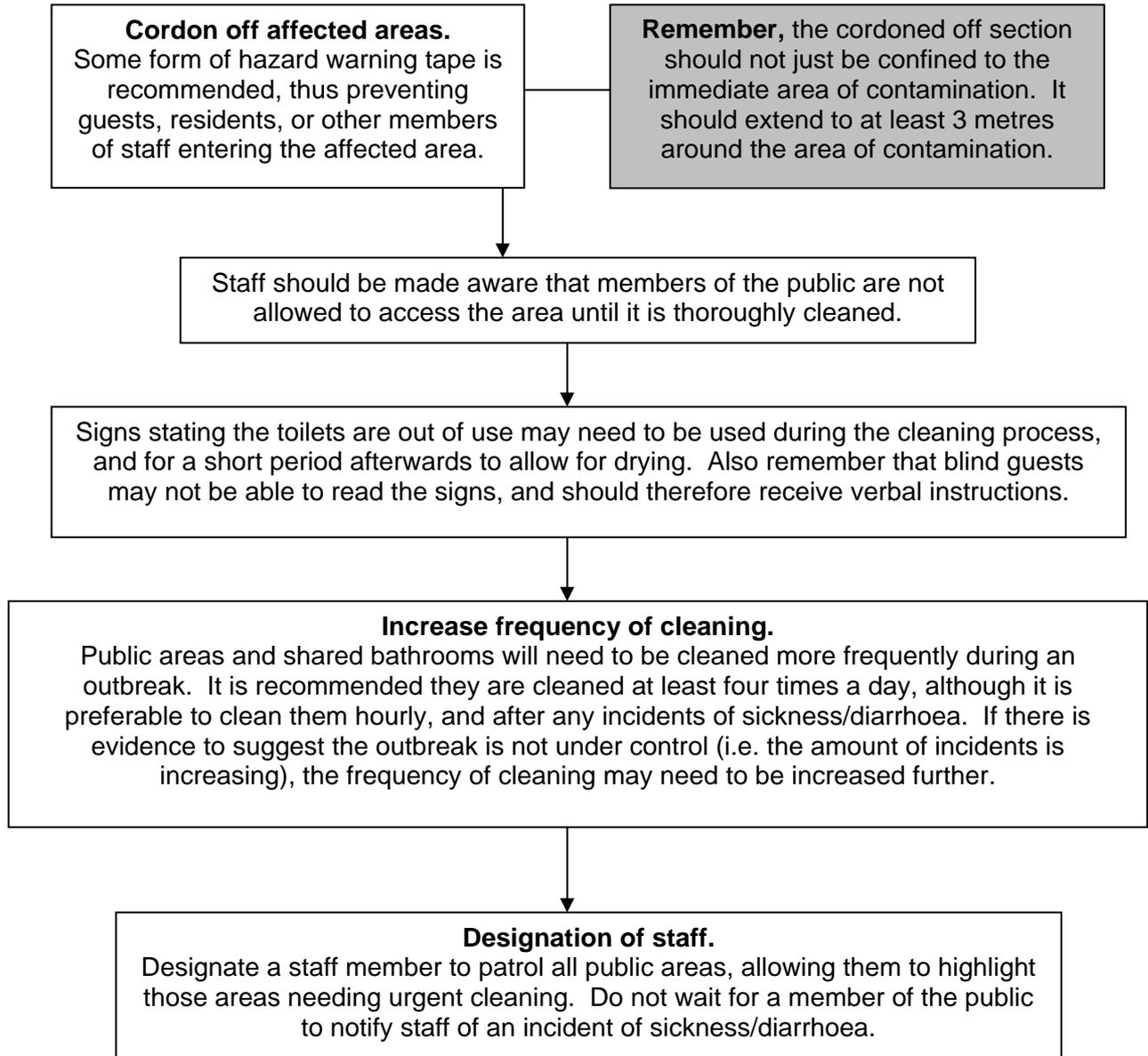
The toilet bowl must be cleaned last to prevent the risk of contamination spreading.

Then clean all carpets. Then use a steaming method/fogging method. Please state:.....

All staff must ensure gloves and aprons are worn when cleaning contaminated rooms. They must dispose of these items after each individual room is cleaned.

Appendix Ten

Cleaning up after sickness and diarrhoea in public areas. e.g. Public toilets, reception, dining rooms, corridors etc.



Appendix Eleven

Procedures for coach travel.

These procedures should be followed not only when the coach party arrives, or leaves, but on any local trips/excursions as well. Rapid action by the coach driver may significantly reduce the risk of the virus spreading.

Preparation.

- Body spillage kits – to include products necessary to safely clean up
- Face mask – to wear whilst cleaning
- Sick bags – may be kept in a locker and only put in the seatback pockets in times of high alert.
- Virucidal air freshener – spray it around any incidents of sickness to kill any airborne virus
- Virucidal surface cleaner – use for the toilet, when someone has been sick/had diarrhoea. Also useful to clean hand holds at the entrance to the coach, and along the aisle.
- An action pack – to include; water (preferably hot) for cleaning, pre-diluted bleach of a 0.1% Hypochlorite solution, single-use latex gloves, disposable aprons and foot covers, dustbin bags in a distinctive colour, metal/plastic tags to close the bags, sick bags, disinfectant/virucidal agent, detergent, absorbent granules, disposable cloths, mop, bucket, dustpan and plastic scraper, disposable paper towels.

Guests affected on the coach.

If you have body spillage kits, make use of them. If you do not have one on board, the hotel may loan you one, but it will need to be returned before departure.

- Turn off the air-conditioning if a person is sick, to avoid re-circulating the air.
- If the passenger was sick in the toilets; ensure no-one uses the toilets until the toilets have been thoroughly cleaned and disinfected. Use a virucidal surface cleaner/spray where possible. Couriers should clean the WC at lunch stops, evening stops, and changeovers.
- At the earliest opportunity, stop the coach, and decontaminate the area using the body spillage kit and virucidal spray.
- If still close to home, arrange transportation home for those affected.
- If on a day excursion, organise a taxi back to the hotel for anyone affected.

Sickness in the WC compartment.

The WC compartment should be locked and taken out of use until the cleaning and disinfection procedure has been completed. All contaminated waste in the storage tanks on board must be carefully disposed of to the drainage system upon returning from the journey.

In any cases of sickness on the coach, the air-conditioning unit should be isolated, and not turned back on until the sickness incident has been completely cleaned and disinfected. Any local tours persons are due to travel on should be advised of the situation, though they may need to be cancelled in the early stages of the outbreak, to avoid the infection spreading.

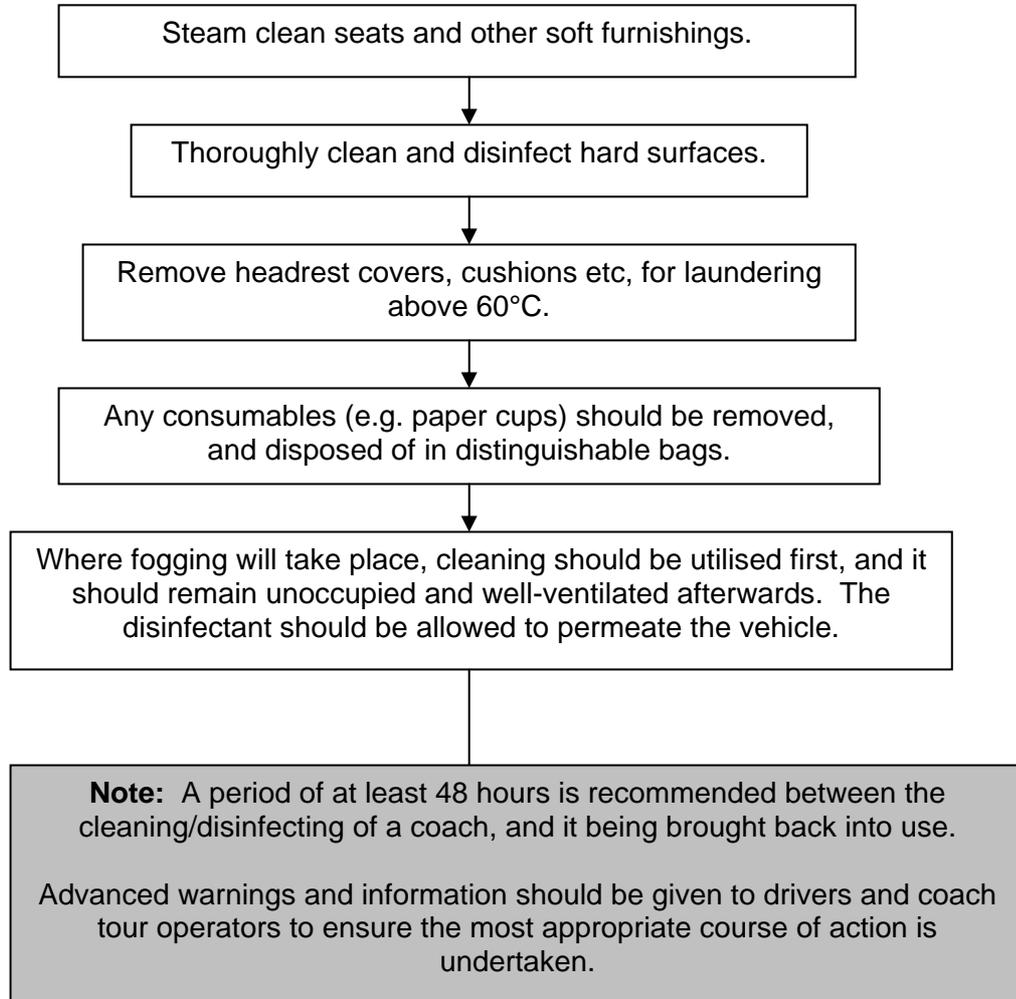
Decontaminate the coach.

As soon as the cases have been diagnosed, the coach may be fogged by trained personnel, or steam cleaned. A thorough cleaning operation should take place before new passengers are picked up.

Appendix Twelve

Coach procedure for cleaning/quarantine.

The coach tour operator needs to have a procedure for cleaning and quarantine on an affected coach at the earliest opportunity. This should include:



Appendix Thirteen

Information for the Management.

Identify the possibility of an outbreak, and report it to the Environmental Health Unit as soon as practicable. It may be necessary to close all/part of the premises, and delay new guests' arrival. New guests should be advised of the situation. In most cases, it is advised that the intake of new guests ceases completely until all illness stops, and a thorough cleaning and disinfection routine has taken place.

Outbreak coordinator.

Nominate yourself and/or other staff members to:

- Maintain a record of resident cases
- Liaise with the Environmental Health Unit
- Maintain a record of staff cases
- Implement control measures.

Ill guests and staff.

Ill guests and staff should be provided with medical care where necessary. Infectious staff/guests should be isolated where possible, and meals should be taken to them. Where possible only serve hot plated foods, and stop buffets. If this is not practicable, reduce the potential for accidental food contamination, and have food served by a member of staff, rather than keeping it as self-service. Guests should be encouraged to wash their hands before eating. If there are incidents of sickness near uncovered food/drink, it should be discarded immediately, as there is a risk of viral, aerosolised droplets contaminating food.

Coaches, drivers, and locations due to be visited by ill guests should be notified of the situation. Illness among staff should be observed (especially if they are part of the cleaning 'hit squad'). Staff must not return to work until at least 48 hours after symptoms have ceased.

Cleaning and disinfection.

Any incidents of sickness should be cleaned up immediately, and surfaces aired for at least an hour. Where possible, the area should be evacuated during this time. Please refer to the relevant appendix in this document for detailed information.

Transferal.

If infected persons, or persons associated with the outbreak are transferred to another location/accommodation, the management of the intended destination **must** be informed of the outbreak situation.

Going home.

Ill guests (still suffering with symptoms) must not be allowed on the coach. They should either remain in the hotel until they are well, or be transported by car/taxi. Air conditioning should be switched off, and professional advice should be taken to decontaminate the system before it is re-used. If someone vomits on the coach, every effort should be made to take the coach out of circulation for thorough cleaning. If this is not possible, then the area should be thoroughly cleaned, and the whole coach should be cleaned before new passengers board.

Appendix Thirteen Continued....

Training.

Training should be given to staff so they are aware of their role in controlling the outbreak. Training should also be given to the cleaning 'hit squad' so they are fully aware of how to utilise the cleaning schedule effectively. Staff servicing the effected rooms must also be trained, so the risk of contracting the infection is minimised.

Dealing with guests.

Guests in residence during an outbreak should be advised of the situation, and calmed. They should be made aware that the condition is very common in the UK. Those who feel unwell should be encouraged to stay in their rooms, and those who have not yet arrived should be made aware of the situation, especially if the virus is not under control. (i.e. the number of cases is rising daily).

Responsibilities to ill residents.

- Ensure adequate access to medical care when requested, particularly if they are unable to keep essential medication down. **Note.** Do not visit the surgery, ask the doctor to visit the premises.
- Highlight the importance of hand washing, and drying.
- Ensure guests are aware of their responsibilities towards other residents, regarding the spread of their illness.
- Ensure where practicable that infected persons are isolated within their accommodation, and meals are provided to them.
- Ensure free access to fresh drinking water (to avoid dehydration).
- Ensure guests are informed of the situation, and kept up-to-date.
- Provide a receptacle to vomit into.
- Ensure ill/recovering residents are kept away from incoming residents, e.g. have separate check out and check in areas, or, have staggered times to check out/in.
- Discourage guests from leaving the hotel until 24 hours after recovery.
- Ensure ill residents do not travel on transfer coaches.

Responsibilities to well residents.

- Prevent the spread of illness to them, by implementing adequate procedures.
- Ensure they are given necessary information regarding the illness.
- Control the spread of infection from ill residents to staff by implementing sufficient control measures.
- Provide regular updates, e.g. via the hotel notice board.

Note: Residents who appear well may still be infected, but symptoms may not have developed yet.

Dealing with staff.

All staff suffering with vomiting or diarrhoea must stay off work. If the staff do not stay in the hotel, they should return home immediately, and remain for at least 48 hours after symptoms have stopped. Also, although not a requirement, it may be considered that those in a household with persons vomiting or suffering from diarrhoea may have been exposed to a virus, and may therefore need to be asked to stay-off work.

Appendix Fourteen

A Guide for staff.

Norovirus has a very quick onset period, and the main symptoms include diarrhoea and vomiting, which can be projectile. Other symptoms include muscle aches, headaches, and fever. The infection is usually mild, and symptoms usually last between 12-72 hours. During this time it is important to replenish water, as an infected person can become dehydrated very quickly.

Norovirus is spread by three different routes. These are:

- Aerosolised spread (if an ill person vomits near other people)
- Failure to wash hands after using the toilet, and before eating food.
- Eating food contaminated by the virus.

If a guest shows symptoms you should;

- Report such guests to your Manager without delay
- Your manager should arrange for the ill guest to be isolated where possible.
- Arrange the clean up squad to deal with any contaminated areas.
- Do not attempt to clean contaminated areas by yourself unless you have been trained to do so, and are wearing protective equipment.
- Hygiene is essential during outbreaks of diarrhoea and vomiting, so **always wash your hands after using the toilet, and before handling or eating food. Hands should also be washed after dealing with any contamination.**

If you develop symptoms whilst at work, report it to your manager immediately. If you are unwell you should not work. If you have had diarrhoea, or vomiting, you should remain off work for at least 48 hours, after symptoms have ceased. If you become unwell whilst at home, stay at home and phone in 'sick'. Do not come into work.

If someone in your accommodation is suffering from vomiting and/or diarrhoea, then you are at risk of developing symptoms. You should not go into work, and should phone your manager to report this. Your manager should keep in contact by phone until the ill person in your family is well, and for at least 48 hours afterwards. If you have not become unwell during this period, you can return to work.

Appendix Fifteen

A guide for relatives and friends.

Norovirus has a very quick onset period, and the main symptoms include diarrhoea and vomiting, which can be projectile. Other symptoms include muscle aches, headaches, and fever. The infection is usually mild, and symptoms usually last between 12-72 hours. During this time it is important to replenish water, as an infected person can become dehydrated very quickly.

It is very easy for Norovirus to spread where people are in close proximity, i.e. a hotel, cruise ship, or on coaches. To prevent the spread of Norovirus, it is necessary to restrict visiting, and maintain high levels of hand hygiene.

If your relative/friend is well, they will be able to join the rest of the group for meals, and other communal activities including coach trips. However, this is strongly advised against where a person is still suffering from symptoms. Therefore, where symptoms persist, they will be advised to stay in their rooms, and be fed there until they are well.

In most cases persons do not need treatment, though they will be recommended to drink plenty of fluids. It has been recommended that flat lemonade is provided, as it not only replenishes water, but also maintains the sugar levels. However, water is sufficient to stay hydrated. If the infected person is unclear about the illness, or are receiving regular medical supervision, or treatment, a GP should be asked to visit. The infected person may be asked for a stool sample to be sent to the laboratory for testing, and some personal information such as; history of where they have been/what they have eaten. They may also be visited by an Environmental Health Officer, or Infection Control Nurse, who will investigate this illness if others are affected. Once the symptoms cease, no further treatment will be required.

You should avoid visiting, through risk of contracting the illness, and continuing the spread of infection. Where visits are needed, they should be kept minimal, and precautions should be taken. These precautions include;

- Always maintain a high level of personal hygiene, by washing your hands thoroughly after using the toilet, and before eating/drinking.
- Avoid visiting their bedroom, and keep contact minimal
- Avoid sitting on the ill persons bed, or eating/drinking in the room
- Do not touch soiled linen/clothing, or attempt to clean up vomit/faeces. Contact the management/reception.

Remember, if you feel unwell, or experience any symptoms contact the manager/receptionist as soon as practicable, and do not participate in any communal activities.

If you require further advice, please contact the manager/receptionist, on _____.

Appendix Sixteen

A guide for guests and holidaymakers.

Norovirus has a very quick onset period, and the main symptoms include diarrhoea and vomiting, which can be projectile. Other symptoms include muscle aches, headaches, and fever. The infection is usually mild, and symptoms usually last between 12-72 hours. During this time it is important to replenish water, as an infected person can become dehydrated very quickly. It is recommended flat lemonade is given to infected persons, as this will also keep sugar levels high, though water would be sufficient. It is very easy for Norovirus to spread where people are in close proximity, i.e. a hotel, cruise ship, or on coaches. To prevent the spread of Norovirus, it is necessary to restrict visiting, and maintain high levels of hand hygiene.

While you are on holiday, the district you have visited will want to promote a healthy and pleasant environment for all visitor to enjoy. Simple precautions may minimise the chance of you becoming unwell, and help to ensure you enjoy a healthy holiday.

If you become unwell, you should:

- Inform your guide, who will arrange transport to take you back to the hotel.
- If you are in the hotel, return to your room, and contact reception. If there is no phone available in your room, go to reception, or, preferably, ask someone to go for you.
- You will be visited to ensure you have everything you require, and are properly looked after. If you require medical attention, staff will arrange for a doctor to visit you.
- Whilst you are unwell, you must wash your hands after being sick, or using the toilet. If you vomit in a communal area/toilet, please inform management/a receptionist immediately, so the area may be cleaned for other users.

If you become unwell, you should expect:

- A member of staff to contact you, and collect details of your illness.
- A steady supply of fresh drinking water, and food in your room. The toilet you use should also be kept clean.
- You will be advised to remain in your room until symptoms have ceased for 24 hours.
- An Environmental Health Officer, or Infection Control Nurse may visit you. They will attempt to determine the cause of illness. i.e. food borne, or viral. Therefore, you may be asked to give details of where you have visited, and what food you have eaten.
- You may be asked to provide a faecal specimen, to be sent to the laboratory, in an attempt to determine the cause of illness.
- If you are still unwell and due to travel home, the tour operator will make special arrangements for you.

Appendix Seventeen

I N F O R M A T I O N F O R G U E S T S

CUSTOMER AWARENESS

You may be aware that this hotel is currently implementing special arrangements following reports of illness amongst guests.

Please feel assured that we are doing everything possible to minimise the spread of this virus.

SYMPTOMS

- Vomiting
- Diarrhoea
- Nausea
- Abdominal cramps

MAY CAUSE

- Headache
- Muscle Ache
- Chills
- Fever
- Dehydration
- Stress

Please inform management as soon as practicable if you are unfortunate enough to experience any of the above symptoms. We will endeavour to make your stay as comfortable as possible.

OBSERVE STRICT HYGIENE MEASURES

- Regular hand-washing, especially before eating, and after using the WC.
- Use facilities available in your room rather than public ones where possible.

SPECIAL HEALTH PRECAUTIONS

If your Health Practitioner has advised you must avoid environments that risk compromising your immunity, please notify management immediately. An attempt will be made to make alternative arrangements for you.

IF YOU BECOME UNWELL YOU SHOULD:

- Notify management as soon as practicable
- Stay in your room, and do not attend any public gatherings until 48 hours after symptoms have passed.
- Observe strict hygiene precautions for approximately 3 weeks after symptoms because you may still be infectious.

If you have any questions, please do not hesitate to contact a member of staff who will assist you in any way they can. We appreciate your patience and understanding at this time.

Appendix Eighteen

Effective Hand-washing.

1. Wet hands before applying soap, and rub palm to palm, until a lather forms.



2. Rub each palm over the back of each hand.



3. Rub in-between fingers on both hands



4. Clean underneath nails, and the backs of fingers by rubbing your hands with fingers together.



5. Rub around each of your thumbs and wrists.



6. Lather fingertips and nails by rubbing your fingertips into the palms of your hands.

Rinse and dry your hands thoroughly.

Please note that evidence has shown alcohol hand gels have little or no effect on Norovirus therefore it is important to ensure that hand washing must replace decontamination with alcohol hand gels.

Appendix Nineteen

Useful contacts in the event of an outbreak.

Contact Name	Contact Details
Environmental Health Unit	01983 823000
Health Protection Unit's Consultant in Communicable Disease Control (CCDC)	01983 814281 Out of hours – 02 380 777222 (ask for public health on-call)
Local Medical Practitioner	
Contract Cleaner	
NHS Direct	0845 4647
Manager (If away from premise)	
Ferry companies (If applicable).	
Coach companies	
Tour operators	