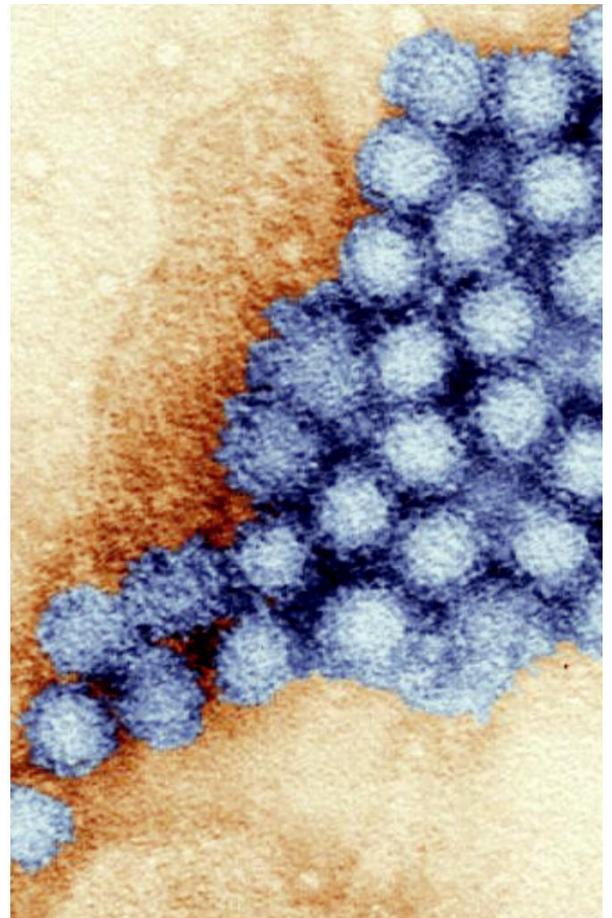


# Norovirus Toolkit

A set of resources for staff in schools and nurseries



# Introduction

Norovirus, also called 'winter vomiting disease' because it usually occurs during the winter months, is the most frequent cause of infectious gastro-enteritis in England and Wales and affects 600,000 to one million people in the United Kingdom every year.

Cases usually start to appear during the autumn, peaking during January. The symptoms usually last from 12 to 60 hours and will start with the sudden onset of nausea followed by projectile vomiting and diarrhoea.

This toolkit has been developed to help you prevent and control future outbreaks of Norovirus in your school or nursery. The toolkit has been put together so that you can lift out the sections you need, when you need them.

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# Norovirus - frequently asked questions

## **What are noroviruses?**

Noroviruses are a group of viruses that are the most common cause of gastroenteritis (stomach bugs) in England and Wales. In the past, noroviruses have also been called 'winter vomiting viruses', 'small round structured viruses' or 'Norwalk-like viruses'.

## **How does norovirus spread?**

The virus is easily transmitted from one person to another. It can be transmitted by contact with an infected person; by consuming contaminated food or water or by contact with contaminated surfaces or objects.

## **What are the symptoms?**

The symptoms of norovirus infection will begin around 12 to 48 hours after becoming infected. The illness is self-limiting and the symptoms will last for 12 to 60 hours. They will start with the sudden onset of nausea followed by projectile vomiting and watery diarrhoea. Some people may have a raised temperature, headaches and aching limbs. Most people make a full recovery within 1 -2 days, however some people (usually the very young or elderly) may become very dehydrated and require hospital treatment.

## **Why does Norovirus often cause outbreaks?**

Norovirus often causes outbreaks because it is easily spread from one person to another and the virus is able to survive in the environment for many days. Because there are many different strains of norovirus, and immunity is short-lived, outbreaks tend to affect more than 50% of susceptible people. Outbreaks usually tend to affect people who are in semi-closed environments such as hospitals, nursing homes, schools and on cruise ships.

## **How can these outbreaks be stopped?**

Outbreaks can be difficult to control and long-lasting because norovirus is easily transmitted from one person to another and the virus can survive in the environment. The most effective way to respond to an outbreak is to disinfect contaminated areas, to institute good hygiene measures including hand-washing and to provide advice on food handling. Those who have been infected should be isolated for up to 48 hours<sup>1</sup> after their symptoms have ceased.

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<sup>1</sup> A 48 hour exclusion period is advised in current clinical guidance; however, preference may be to practice a 72 hour exclusion period.

## **How is norovirus treated?**

There is no specific treatment for norovirus apart from letting the illness run its course. It is important to drink plenty of fluids to prevent dehydration.

## **If I'm suffering from norovirus, how can I prevent others from becoming infected?**

Good hygiene is important in preventing others from becoming infected – this includes thorough hand washing before and after contact. Food preparation should also be avoided until 48 hours<sup>2</sup> after the symptoms have subsided.

## **Who is at risk of getting norovirus?**

There is no one specific group who are at risk of contracting norovirus – it affects people of all ages. The very young and elderly should take extra care if infected, as dehydration is more common in these age groups. Outbreaks of norovirus are reported frequently in semi-closed institutions such as hospitals, schools, residential and nursing homes and hotels. Anywhere that large numbers of people congregate for periods of several days provides an ideal environment for the spread of the disease. Healthcare settings tend to be particularly affected by outbreaks of norovirus. A recent study done by the Health Protection Agency shows that outbreaks are shortened when control measures at healthcare settings are implemented quickly, such as closing wards to new admissions within four days of the beginning of the outbreak and implementing strict hygiene measures.

## **How common is norovirus?**

Norovirus is not a notifiable disease so reporting is done on a voluntary basis. The Health Protection Agency only receives reports of outbreaks and we see anywhere between 130 and 250 outbreaks each year. It is estimated that norovirus affects between 600,000 and a million people in the UK each year.

## **Are there any long-term effects?**

No, there are no long-term effects from norovirus.

## **What can be done to prevent infection?**

It is impossible to prevent infection; however, taking good hygiene measures (such as frequent hand washing) around someone who is infected is important. Certain measures can be taken in the event of an outbreak, including the implementation of basic hygiene and food handling measures and prompt disinfection of contaminated areas, and the isolation of those infected for 48 hours<sup>2</sup> after their symptoms have ceased.

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<sup>2</sup> A 48 hour exclusion period is advised in current clinical guidance; however, preference may be to practice a 72 hour exclusion period.

# Guidance on Infection control in schools and other child care settings

## **Hand washing: the simplest and most important infection control measure**

In schools and nurseries of the most recognised ways that childhood infections are easily spread is through hands touching children, staff and physical surfaces such as tabletops, taps toilet seats and handles. Examples of these infections include:

- Diarrhoea and vomiting; including Norovirus infection and that caused by *E. Coli* O157, one of the most serious gastro-intestinal infections
- Germs causing upper respiratory tract infections and influenza
- Other childhood infections including impetigo and hand, foot and mouth disease.

Hand washing remains the most important step in preventing such infections. Hand washing, under supervision, should also take place on arrival and departure so children do not bring infection to school or take it home.

It is important that hands are washed correctly, please see over page for washing technique, but also remember to wet hands before applying one push of liquid soap. Liquid soap is preferred rather than bar soap, which increases the risk of cross contamination i.e. the germs of the previous user(s) stay on the soap. For the same reason nail brushes should not be used.

Commercial products to clean hands are currently being marketed directly at schools and nurseries. These products are similar to hand decontaminants used in hospitals. It is important to note that only those products with an alcohol concentration of 70% and over are effective. Some are being sold as a replacement to hand washing, particularly in bathrooms and washrooms. Please be aware that following visits to the toilet or any other activity **where hands may be physically soiled, hand washing with soap and water remains the only recommended method of cleaning hands.** Products such as these will be rendered useless in the presence of dirt and soiled hands. They may have a place during outbreaks of gastro-intestinal infection (i.e. diarrhoea and vomiting), in addition to physical hand washing, but not to replace it. **These products cannot replace the need for hand washing.**

# Immediate action in an outbreak of diarrhoea and gastro-enteritis

**The winter months are traditionally the time when viral outbreaks of diarrhoea and vomiting are most common. Those affected may have diarrhoea or vomiting alone or both diarrhoea and vomiting. It is highly infectious and symptoms may come on rapidly. In order to contain the situation, the following steps are recommended.**

1. If a member of staff suspects a higher than normal rate of diarrhoea or gastro-enteritis consult the guidance found in “*Guidance on Infection Control in Schools and other Child Care Settings (December 2006)*”  
[http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1203496946639?p=1158945066455](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1203496946639?p=1158945066455).
2. Contact the parent/carers of children who are off from school or nursery with out a reason and find out if they have symptoms.
3. Collate a list of absent staff and children and include the child's: name, address, contact phone number, GP, date of onset or reported days of absence. Information on recent farm visits or contact with animals should also be noted. In addition to this the following teams should also be informed:
  - Your local Health Protection Unit
  - School Nurse
  - Environmental Health Office.
4. Parents/carers of children that are ill whilst at school should be contacted and requested that they come to collect their child from school or nursery.
5. Affected children should be isolated, if possible from their class mates until collected by their parents/carer.
6. Symptomatic staff and pupils should not return to school or nursery until they have been free of symptoms for 48 hours<sup>3</sup>.
7. Staff movements between classrooms and joint class activities in school, e.g. assembly should be restricted.
8. Good hand hygiene should be enforced for all pupils and staff. A hand-washing programme should be put into place that encourages children to wash their hands at the start of the school day, after using the toilet, after play, before and after eating, after touching pets and animals, and encouraging parents to let their children wash their hands at the end of the school day.
9. Liquid soap via a soap dispenser should be made available and there should be a plentiful supply of paper towels.

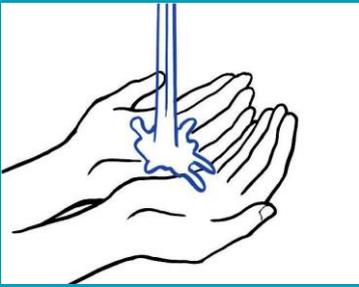
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<sup>3</sup> A 48 hour exclusion period is advised in current clinical guidance; however, preference may be to practice a 72 hour exclusion period.

10. Disposable aprons and gloves should be worn when cleaning touch points, cleaning and disinfecting potties, changing nappies, toileting a child or cleaning up vomit or diarrhoea. Staff should wash their hands after the removal of gloves or aprons.
11. Soiled children's clothing should be sealed in a plastic bag to go home. It should not be washed on site.
12. The frequency of toilet cleaning should be increased, e.g. clean after each break time and after a child has been sick or had diarrhoea.
13. Touch points, e.g. taps, toilet flush handles, door handles, should be cleaned regularly with a hypochlorite (bleach based) solution 1,000 parts per million. Read manufacturer's instructions and do not use on fabrics and carpets.
14. Potties should be cleaned and disinfected after use and should only be used by the same child. If this is not possible they should be cleaned and disinfected after use with 1000 parts per million hypochlorite (bleach based solution)
15. Toys used by the children should be washed and if possible disinfected. Soft toys should be machine washable; hard surface toys are more easily washed and disinfected.
16. Stop sand and water play, use of play dough / plastercine, and cookery lessons. Sand, play dough and plastercine should be thrown away.
17. Group visits in and out of school should be stopped until 48 hours<sup>4</sup> after the last person has stopped having symptoms.
18. Visitors to the school should be postponed or if their visit is necessary then they should be informed of the outbreak and any control measures in place.
19. Food should be either prepared by canteen staff or brought in by a child and consumed by that child only, i.e. no sharing of food.

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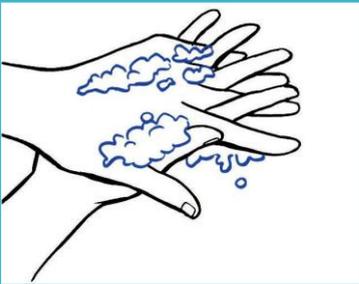
<sup>4</sup> A 48 hour exclusion period is advised in current clinical guidance; however, preference may be to practice a 72 hour exclusion period.



# Wet



# Soap



# Wash



# Rinse



# Dry

**Stop germs spreading.  
The power is in your hands.**

Have you washed your germs away? Wash your hands.