



Guidance for the prevention and control of outbreaks of Norovirus in hotels and restaurants

Acknowledgement:

This guidance is based on “The Control of Viral Illness in Hotels and Other Accommodation Providers”, North Devon District Council, 2004 and the leaflet “Handling of Live Oysters at Retail”, Colchester Borough Council, 2010

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Background

Outbreaks of viral gastroenteritis are commonly caused by Norovirus and sometimes referred to as 'winter vomiting disease'. This illness is particularly common in situations where large numbers of people live in close proximity e.g. hotels, restaurants, hospitals, residential care homes and nursing homes. An outbreak of Norovirus can cause significant disruption to the running of a hotel or restaurant as the infection can be easily spread if there is not a co-ordinated action plan to ensure the highest of hygienic standards are in place. Whilst there may be a limited amount you can do to prevent a single case of norovirus infection starting at your premises, it is possible through prompt action to control and minimise the spread and consequences of an outbreak. This guidance has been developed in the absence of nationally agreed guidance and tries to supply as much detail as is possible. The list of advice is unlikely to be exhaustive. It is hoped that the information given will assist in controlling and preventing the spread of any cases of viral gastrointestinal illnesses that may occur.

What causes Norovirus illness?

Norovirus particles are microscopic and cannot be seen or tasted in foods. Unlike food poisoning bacteria they do not grow on food but can survive in foods and use the food as a vehicle to gain access to living tissue. Norovirus is a purely human pathogen and infected individuals will excrete the virus in their stools and vomit. Affected persons will continue to excrete viruses for several days after symptoms have ceased and in some cases for up to 2-3 weeks. Norovirus is resistant to some cleaning chemicals and may survive within the environment for several days. Norovirus and other viruses causing gastroenteritis can be found in the following sources.

- Human cases - they may be a guest, member of staff or a visitor. They may be unaware they are infected, only becoming ill once they are in the hotel.
- Live foods such as contaminated shellfish e.g. mussels, clams, oysters. All shellfish should be purchased from reputable suppliers and be correctly handled. It should be thoroughly cooked wherever possible (see also appendix 6).
- Sewage contaminated water has been implicated in outbreaks. Salad foods irrigated with wastewater are a potential source of infection.

Outbreaks amongst guests can often follow an outbreak amongst staff

What are the symptoms of Norovirus?

The most common symptoms are nausea, vomiting and diarrhoea. Symptoms often start with the sudden onset of nausea followed by projectile vomiting and watery diarrhoea. However, not all of those infected will experience all of the symptoms. Some people may also have a raised temperature, headaches and aching limbs. Symptoms usually begin around 12 to 48 hours after becoming infected. The illness is self-limiting and the symptoms will last for 12 to 60 hours. 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.

How does Norovirus spread?

The virus is found in the vomit and faeces of an infected person and is easily transmitted from one person to another. A single vomit can spray tiny particles through the air. Although these will not be generally visible they can travel quite far within a room before settling to contaminate surfaces and objects some distance from the individual.

It can therefore be spread by:

- Direct contact with an infected person (especially when caring for someone who is ill or sharing foods or utensils);
- Consuming contaminated food or water including e.g. shared boxes of biscuits, chocolates and fruit.
- Contact with contaminated surfaces or objects. Touching a contaminated surface and then placing the hand in the mouth can cause infection.
- Poor hand washing after using the toilet leaves hands contaminated with the virus. Hands will then contaminate any surface they come in contact with. Toilets and bathrooms become a major risk area for environmental contamination.
- Equally food is very easily contaminated by direct contact with an ill person, or being prepared on contaminated surfaces.

Billions of Norovirus particles are shed by an infected person but swallowing as few as 10 - 100 virus particles may be enough to cause illness.

The prevention and control of Norovirus outbreaks

Don't wait for several cases of sickness and diarrhoea to occur before you put controls in place to prevent the spread of an outbreak.

Action needed before an outbreak

Develop an action plan. Be prepared! If an outbreak occurs swift and effective action is essential to prevent more people becoming exposed to Norovirus and to prevent an outbreak increasing in size. This is best achieved with some forward planning. A flow chart summary is available in Appendix 1.

1) Create an Outbreak Control Group

This will consist of key personnel including Senior Management, Heads of Department, cleaning supervisors, etc. The aim is to develop an "Action Plan". Designate one person to be in overall charge of co-ordinating the outbreak. It is more likely to be effective when staff can turn to one person for advice.

2) Develop an "Action Plan"

Develop procedures and strategies to deal with an outbreak. This is the preparation you will need to ensure you can handle an outbreak quickly.

3) Train staff

Train staff in the procedures for dealing with an outbreak. All staff (including cleaners, chambermaids, night staff, waiting staff, coach drivers, etc) should be trained to immediately notify management of any instances of sickness or diarrhoea in private rooms and public areas, or about general comments made by residents or guests about feeling ill. In this way you are likely to be aware of suspected cases at the earliest opportunity.

4) Create a Cleaning Hit Squad

Put together a Hit Squad of cleaning staff who are ready to go into action at the first signs of an outbreak. This will help prevent confusion and panic if an outbreak does occur. The Hit Squad must not include any food handlers.

5) Ensure Adequate Chemical Supplies

Ensure you have a stock of chemicals on site that can be used to clean up incidents of vomiting and diarrhoea. Ensure that you are aware of the necessary dilutions required to ensure a 0.1% hypochlorite solution (1000ppm) can be achieved.

6) Laundry Facilities

Ensure your laundry facilities are capable of achieving hot water temperatures in excess of 60°C. Where practicable, provide soluble alginate linen bags. These can be placed directly into washing machines and open up at warm water temperatures. This minimises the risk of further handling of soiled laundry.

7) Contract Cleaner

Identify a contract cleaner who will be able to provide cleaning staff at short notice, to provide cover in case of significant staff illness.

Action needed when an outbreak occurs

How do I know if I've got an outbreak?

If you have two or more cases of illness of diarrhoea or vomiting reported to the hotel or restaurant in the same week occurring in either guests or staff then the premises should inform Environmental Health at the local authority.

If, following discussion with the Environmental Health Officer it appears that the numbers of cases increase the following day or during the week such that:

1. there are a large number of people with diarrhoea and vomiting reporting illness to the hotel or restaurant (or directly to PHE Y&H or EH)
2. over half have vomiting
3. the onset of illness is sudden and occurs a short time after the visit or during the stay (average incubation period is 24 to 48 hours)
4. recovery of illness is quick (average duration 12 to 60 hours)
5. no one with illness has submitted a faecal sample that has grown a different organism in the laboratory

then it is likely that there is an outbreak of viral gastroenteritis linked to the premises. The EHO should then discuss the outbreak with PHE Y&H.

Clearly, with a large hotel, you may expect a certain number of cases of vomiting or diarrhoea each week depending on the characteristics of the client group. However, when it becomes apparent that the number of cases exceeds the norm then this should trigger your Action Plan.

1) Contact Environmental Health at your Local Authority (see Appendix 2 for contacts list)

Do not assume that an outbreak of vomiting and diarrhoea is viral in origin; it might be caused by bacteria e.g. *Salmonella*, *E. coli* or *Campylobacter*.

Contact your Environmental Health Officer as soon as possible in order for an initial investigation to be made. EHOs will try to give an indication of the likely cause of illness as being either bacterial or viral in origin. Confirmation can take a few days as samples of food or faeces will need to be analysed in a laboratory. Where it is evident that the likely source of the outbreak is Norovirus, then the following action should be taken. A Flow Chart summary

is available in Appendix 3 showing the roles for the premises as well as EHO's and HPU.

2) Assemble the Outbreak Control Group

Call the Outbreak Control Group together to go over your Action Plan including the responsibilities and duties of key personnel. This includes the verification of cleaning and disinfection procedures and protocols to ensure good personal hygiene amongst both guests and staff.

3) Activate the Cleaning Hit Squad

Incidents of sickness may occur at any time of the day and so the 'Hit Squad' of trained cleaning staff should be available at very short notice 24 hours a day. This should continue until the outbreak has ceased and until at least 48 hours have passed without any further incidents arising.

Consider the introduction of a shift rota during the period of an outbreak and ensure thorough training is given to all night staff that may be called upon to clean affected areas.

4) Collect Information & Faecal Specimens

The EHO will leave a number of faecal specimen postal kits including pots, labels, forms and postal packaging for you to distribute to affected guests and staff (see appendix 4 and 5). They will also require you to complete an Outbreak Summary Sheet giving details of all the guests/staff who have been ill. Examples are given in appendix 9 and 10

5) Determine the Severity of the Outbreak

Proprietors of hotels and restaurants should consider whether closing part or the whole of the premises, or phasing/suspending the arrival of new guests is appropriate to enable a full programme of environmental cleaning and disinfection to take place. In theory, a 48-72 hour closure may be adequate, provided no more guests and staff are ill and a cleaning and disinfecting programme is undertaken as described.

Should I Inform Tour Operators and Guests who have not yet arrived?

Where an outbreak occurs PHE Y&H or the Environmental Health Officer may advise that tour operators and pre-booked guests should be informed of the situation. It is important that prospective guests are given sufficient information to make an informed choice and are able to avoid the possibility of exposure to illness if they wish to do so (see Appendix 3).

What is the Legal Position?

Whilst it is not always possible to prevent an initial infection being brought into a hotel it is possible to take reasonable precautions and show due diligence to avoid the risk of harm to customers. Failure to take immediate and effective action may result in a reasonable claim. The fact that a number of guests were ill as a result of a known outbreak is all the proof that is generally needed for a “class action” and compensation may be received for pain and suffering, and for loss of money with regard to expenditure and income. It is likely that the damage will be greater if the manager was aware of the problem and did nothing to resolve it. Often guests feel most aggrieved if they feel they have not been adequately informed and this can be avoided through early action.

N.B. This is not a definitive legal opinion and the Courts remain the final arbiter of legislation

Dealing with illness in guests or residents

1) Illness Report Form

Complete an Illness Report Form for each affected person. An example is found in Appendix 9. One form should be FULLY completed for each ill person. This will help you see if there are any common links between sufferers.

2) Obtain a Faecal Specimen

It is not necessary for each ill person to submit a faecal specimen for testing in order to confirm an outbreak but specimens from at least six different individuals are requested for this purpose (Appendix 4). Specimen pots are available from the EHO or by ill staff or guests seeking medical attention directly. The earlier that specimens can be submitted for analysis, the greater the chances of identification of the virus, and therefore being able to advise residents or guests positively. EHOs may collect sample pots in the initial days of the outbreak in order to speed up the detection process but this may also be done by provision of postal kits. Ensure the label on each pot is fully completed and a Faecal Specimen Request Form accompanies each specimen as without these it is unlikely specimens will be analysed. An example of a completed label and a blank form is provided as Appendix 5.

3) Stress Good Personal Hygiene

Instruct guests, staff and other visitors in the importance of good personal hygiene especially hand-washing. This is particularly important before eating. In severe cases, it may be appropriate to provide hand wash facilities prior to the entrance to the restaurant. It would be advisable to cease self-service buffets

4) Isolate Affected Persons

For hotel guests, actively encourage affected people to stay in their rooms and avoid all public areas. Food and drink should be taken up to rooms rather than affected persons attending communal dining areas. Visitors to the premises e.g. contract workers, or friends and relatives visiting ill people should be discouraged.

5) Provide Information to Guests

Information should be provided to guests and to new arrivals. You should notify them of the symptoms of the illness and the procedures in place to prevent a spread of infection. Quick reporting of illness is vital to ensure that a clean up can be done as soon as possible. An example leaflet is given in Appendix 7 and 8 which could also be posted up in public areas. The use of leaflets and posters should only be used as part of a process of face to face informing of guests.

A hand washing poster is also available to download from http://www.who.int/gpsc/clean_hands_protection/en/ and is shown in appendix 8

6) Provide Extra Facilities for Ill Hotel Guests

This should include drinking water, towels and a bucket, sick bag or other receptacle in case of sickness.

7) Do Not Send Symptomatic Guests or Staff to the GP

It is advisable to ring the GP rather than directing guests to go straight to the surgery. This will reduce the risk of spread of infection, and the GP may choose to visit depending on circumstances. This will reduce the risk of spread of infection. Alternatively, contact NHS 111 for information and advice.

8) Give Prior Warning if Hospital Attendance is Required

If an affected person requires hospital treatment you must give prior notification as this will allow the hospital to make arrangements on arrival to ensure that the risk of further infection is minimised.

Dealing with staff illness

In the event of a member of staff reporting that they have vomiting, diarrhoea, abdominal pains or nausea, they must immediately be sent home. Unwell individuals are likely to be most infectious at the onset of the illness.

- An Illness Report Form should be completed. (Appendix 9)
- Faecal specimens should be obtained from any infected staff. (Appendices 4 and 5)
- Staff should refrain from work until at least 48 hours after the last episode of diarrhoea or vomit. In exceptional circumstances or where standard interventions are not successful in controlling the outbreak advice may be given by PHE Y&H or EHOs to extend the exclusion period.
- An outbreak summary sheet should also be completed for staff for the premises to share and discuss with EHOs/PHE Y&H.

Staff who live on the premises or share communal facilities should be transferred, wherever possible, to single accommodation with en-suite facilities. Where such accommodation does not exist then regular (ideally hourly) cleaning of affected areas should be arranged.

Ensure staff areas including bathrooms, toilets and communal areas are included in the cleaning and disinfection programme. If a member of staff is sick within the kitchen or food preparation areas then the potential for illness to spread will increase significantly. All foods in the area which may have become contaminated must not be used for human consumption and must be promptly disposed of in a safe manner.

The same detailed cleaning programme (see “Cleaning and Disinfection Procedures”) will need to be introduced within the kitchen and food areas with frequent changing of cleaning cloths and paper towels. It must be assumed that all surfaces may be contaminated. Consideration may need to be given to the use of an outside caterer in this situation. Thorough cleaning and a 72 hour period prior to the reuse of the kitchen should be ensured.

Cleaning and disinfection procedures

Cleaning and disinfection is the single most important factor in preventing the spread of the virus and if carried out effectively it should reduce the risk of further spread of infection.

1) Ensure the Hit Squad is Readily Available

Ensure the “Hit Squad” of trained cleaning staff is on hand at very short notice 24 hours a day. This should continue until the outbreak has ceased until at least 48 hours have passed without any further incidents arising.

2) Cleaning Facilities

A cleaning sink with hot and cold water should be designated for the exclusive use of Hit Squad cleaning staff. It must NOT be within any food preparation area.

3) Changing/Washing Facilities

Designate specific changing and washing facilities for Hit Squad cleaning staff, including hot and cold water, liquid soap, and paper towels.

4) Cleaning Equipment and Supplies

Ensure your supplies of cleaning equipment and cleaning chemicals are adequate. Where necessary, ensure that it is thoroughly cleaned, disinfected and stored in a dry condition.

Equipment needed can include:

- Hypochlorite-based disinfectant solution;
- 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.

5) Protective Equipment

Provide protective equipment for cleaning staff.

This includes:

- Single use latex gloves;
- Single use disposable plastic aprons;
- A supply of medicated wipes.

6) Removal of Waste

After cleaning each affected area or room, all waste including the protective equipment should be removed, placed in a secure plastic bag and removed carefully to a designated storage area. Thorough hand washing with soap and hot water should then be carried out. Clean latex gloves and plastic aprons should be used for each affected area to be cleaned.

How do I clean up after an incidence of sickness and diarrhoea?

Immediate action must be taken to clean up any sickness or diarrhoea. Cleaning and disinfection can be divided into the cleaning of hard surfaces, soft furnishings, rooms occupied by ill guests, public areas and swimming pools.

1) Hard surfaces

For hard surfaces carry out the following steps:

a. Clean Away Gross Contamination

Paper towels should be used to cover any gross contamination of vomit or faecal material. Bleach should be soaked into the towels and then this should be removed to a plastic bag that is securely sealed, either by tying or using wire tags.

b. Wash with Hot Water and Detergent

When all gross contamination has been securely bagged then affected surfaces must be cleaned with hot water and detergent.

c. Disinfect with Hypochlorite Solution

- Disinfect with a freshly prepared 0.1% hypochlorite bleach solution (1000ppm). A domestic bleach solution at a dilution of 1:10 or a Milton Fluid solution of 1:10 should satisfy the above requirement. It is important to check the label for concentrations.
- For areas of gross contamination use a freshly prepared 1% hypochlorite solution (10,000ppm) to disinfect.
- NEVER MIX CHEMICALS as this can affect the efficiency of the chemicals and/or become hazardous to the users.

d. Cleaning of Fixtures and Fittings

Ensure thorough cleaning of all fixtures and fittings takes place e.g. the bath, basin, toilet, the floor, walls, toilet paper holders, towel rails, flush handles, light switches, and shelving. The same cleaning routine must be undertaken in any affected bedroom or other area. Clean an area of at least 3 metres in all directions from the vomiting incident.

e. Cleaning Techniques

- Use separate cleaning cloths and disposable paper towels for each area e.g. one for a bathroom and another for the bedroom.
- Ensure you clean the toilet bowl last to prevent the risk of spreading contamination.

- Used bathroom towels must not be used to dry off wet surfaces as this may only re-contaminate areas that have been effectively disinfected.
- Toilet brushes and holders should be cleaned in a separate container or bucket with a bleach solution.
- Cleaned and disinfected surfaces should be dried with disposable paper towels. Leave windows open to allow air-drying.

f. Contamination in Bedrooms

Any used bleach solution should be flushed away after each room has been cleaned to minimise the potential for cross contamination. Where a contamination incident has occurred, all tea making provisions, cups, glasses, teapots or other crockery should be sprayed with a hypochlorite-based disinfectant spray, bagged and removed. It should be washed separately from other hotel crockery.

g. Cleaners' Equipment

Ensure all cleaners' equipment is thoroughly disinfected in the same way after use in each room.

Please note:

***Viral particles can survive up to 12 days on soft furnishings.**

***An aerosol of viral particles can reach 3 metres from an incident of vomiting (and possibly as far as 7-8 metres).**

2) Soft furnishings

a. Avoid Use of Bleach Solution

The use of bleach solution to disinfect soft furnishings should be avoided as this may damage these materials.

b. Removal of Contaminated Items

Any removable soft furnishings e.g. towels, bedspreads, cushions, curtains, and tablecloths should be changed. Place contaminated items in plastic bags for removal to the laundry. It is strongly recommended that you use soluble alginate laundry bags that can be placed directly into the washing machine thereby avoiding the risk of further exposure of the virus.

These materials can be adequately washed on a hot wash cycle. This must be as per instructions under 3)d.

c. Outside Laundry Service

If an outside laundry service is used then they should be advised of the outbreak in order that their cleaning routines do not put themselves at risk.

d. Steam Cleaning

Carpeting and fixed seating should be cleaned, after removal of the gross contamination, using a professional steam cleaner that includes a hot water and detergent extraction system. Check that they are heat tolerant before starting.

Domestic type or standard steam cleaners will not normally be effective against viruses. The more extensive the area of cleaning the lower risk of the virus surviving in the environment, however a minimum of at least 3 metres in all directions from the vomiting incident is recommended.

Do not dry vacuum carpets or other affected soft furnishings - this will only spread the virus further by making it airborne.

3) Rooms occupied by ill guests

- a. Clean and disinfect contaminated areas/objects as per Cleaning and Disinfection Procedures.
- b. Rooms should be thoroughly cleaned when the guests depart. These rooms should be cleaned before other rooms so that they remain empty of guests for the longest possible time.
- c. Remove bedding and towels for laundering.
- d. When handling used, soiled, fouled or infected linen, a disposable apron and gloves should be worn. Laundry should be placed immediately in a red water soluble (alginate) bag tied securely and placed in a linen bag identified as infected linen for transfer to the laundry. The outer bag for infected linen should be washed at the same time as the contents. Linen should be laundered at a temperature of 71°C maintained for not less than 3 minutes or 65°C maintained for not less than 10 minutes. Clothing should be washed at the highest temperature recommended by the manufacturer. After handling used, soiled, fouled or infected linen remove gloves then apron and washed hands thoroughly..

- e. Mattresses with wipe clean plastic covers, which have not been contaminated, should be treated with a disinfectant or viricidal agent and then aired in bright sunlight for a few hours if possible.
- f. If possible duvets and pillows should be removed for cleaning. Where this is not practicable they should be treated with a viricidal agent.
- g. All hard surfaces and hand contact surfaces should be cleaned then wiped down with a 0.1% Hypochlorite solution e.g. wash hand basins, work surfaces, washable floors, taps, toilet and bath rails, telephones and banisters, furniture, waste bins, door and toilet flush handles, window frames and bathroom fittings. (This solution will bleach fabrics so should not be used on soft furnishings or carpets).
- h. Ensure separate disposable cloths are used for 'dirty' areas such as toilets.
- i. All tea making facilities and provisions, cups, glasses, teapots and other crockery should be initially sprayed with a disinfectant or viricidal spray and bagged. Thereafter the bag is sprayed over the exterior with the viricidal spray prior to removal for cleaning and disinfection. This procedure should also be followed when removing crockery etc after the guest has had room service. All items should be washed separately from other hotel crockery etc.
- j. After room service the guest should collect the crockery, cutlery, glassware etc and pass them through the doorway. Staff should not enter the room.
- k. Dispose of teabags, coffee sachets, biscuits and other consumables.
- l. Replenish drinking water supplies where needed.
- m. Dispose of all toilet rolls and other toiletries.
- n. Hand towels should be changed at least daily in rooms where affected persons are staying, although the use of disposable paper towels is recommended.
- o. Where possible ventilate the room.
- p. If possible, affected rooms should be left unoccupied for 72 hours after cleaning.

What about fogging?

Fogging involves the atomising of stabilised chlorine dioxide using a fogging machine. This should be undertaken by suitably trained personnel in order to ensure that the dosage and application is correct. The time necessary for effective treatment is unclear but may run to several hours.

Evidence to support the use of fogging is still largely anecdotal, however it would appear that fogging may be of value if susceptible organisms are suspended in the air and for the disinfecting of clean horizontal surfaces. It is NOT to be regarded as a substitute for good, thorough cleaning. Fogging must be carried out when rooms are unoccupied and all wardrobes, drawers, chests etc are open during the process. Adequate ventilation of rooms after fogging is essential.

4) Public areas

- a. When sickness occurs in public areas e.g. public toilets, reception, dining rooms, corridors etc. they must be cordoned off prior to cleaning being undertaken. Some form of hazard warning tape is recommended to prevent access to guests, residents or other members of staff.
- b. Remember viral particles can travel a long way, so don't confine the cordoned off area to just the immediate area of contamination. Where possible the areas to be cleaned and cordoned off should extend to at least 3 metres around the area of vomit.
- c. Advise staff on the methods to prevent other persons gaining access into these areas until the cleaning staff can ensure the area is properly cleaned.
- d. Signs stating that toilets are out of use may need to be used during the cleaning process and for a period afterwards to allow for surfaces to dry.
- e. During an outbreak routine cleaning of public toilets, staff toilets and shared bathrooms will need to be increased in frequency to at least four times per day, preferably hourly, and after any incidence of soiling or contamination. This may need to increase if there is evidence that the outbreak is not under control.
- f. Designate a member of staff to undertake a regular tour of all public areas as this may identify areas needing urgent cleaning. Do not wait for a member of the public to notify staff of an incident of sickness.
- g. Ensure that paper towels are available in public toilet areas and foot operated pedal bins for disposal in preference to hand dryers

- h. Turn off ceiling fans in public areas (this can also assist in the dispersal of viral particles in large spaces)
- i. Consider closing areas to non residents (e.g. bar and swimming pool areas are sometimes open for use by non hotel guests)
- j. Cover cutlery and crockery (pre use) in dining areas and consider including alcohol hand gels at dining room entrances
- k. Remove communal newspapers and magazines from public areas.

5) Swimming pools

If a vomiting or diarrhoea incident occurs in or close to the pool:

- a. Clear the pool of bathers immediately.
- b. Ensure that disinfectant levels are maintained at the top of the range.
- c. Use a coagulant and filter the water for six turnover cycles.
- d. Backwash the filter throughout this operation.
- e. Subject to clarity of water and satisfactory pH and chlorine levels the pool can then be re-opened.
- f. Records should be maintained of the incident and all subsequent actions taken.
- g. Instructions for cleaning and disinfection (i.e. instructions as detailed in Cleaning and Disinfection Procedures) should be followed for pool surrounds and communal areas.
- h. The areas to be cleaned and cordoned off should extend to at least 3 metres around the area of gross contamination.

Precautions to take for guests on departure/ before arrival

In order to prevent the spread of infection from a departing group to another arriving at the premises you should ensure that:

- Departing guests are separated from arriving guests either by using separate entrances or by time.
- Ill guests should not be put on transfer coaches but rather sent home independently.

Procedures for coach travel

Many hotels will deal with the arrival of coach parties on a regular basis. This includes the initial journey to a hotel, local coach trips within a resort area and the return journey home. Incidents of sickness can affect any of these trips.

A procedure should be set up to deal with incidences of sickness that may be attributed to Norovirus. In order to reduce the risks of infection to others the following guidelines should be followed:

1) Where a passenger is sick on a journey then the coach should park and allow all passengers to disembark, prior to any cleaning operation. This will help reduce the risk of further infection.

2) The coach tour operator should have an 'Action Pack' on board. This can include a supply of the following:

- Adequate supply of water (preferably hot) for cleaning
- Pre-diluted bleach of a 0.1% Hypochlorite solution
- Single-use latex gloves
- Disposable aprons
- Disposable foot covers
- Dustbin bags in a distinctive colour
- Metal/ plastic tags to close the bags
- Sick bags
- Hypochlorite-based disinfectant
- Detergent

- Absorbent granules
- Disposable cloths
- Mop, bucket, dustpan and plastic scraper
- Disposable paper towels

The Action Pack should be stored in a designated place on the coach. The hotel/ tour operator should ensure that adequate supplies of these materials are on board and should assist in providing further materials as required.

3) Designate a separate area for the storage of contaminated waste away from personal belongings and foodstuffs. These materials should be handed over at the end of the journey or tour to either the coach tour operator or the hotel management for its safe disposal.

4) The same cleaning procedures should be followed as stated in “Cleaning and Disinfection Procedures”.

5) If sickness occurs in the toilet compartment it should be locked or taken out of use until thorough cleaning and disinfection can take place at the end of the journey. All contaminated waste within the storage tanks on board must be carefully disposed of to the drainage system upon return from the journey.

6) Isolate the air conditioning system and do not reintroduce until the coach has been cleaned.

7) At the early stages of an outbreak local tours may need to be cancelled to prevent the risk of further spread of infection. It is vital to prevent cross infection with parties from other hotels.

Arrival at base/destination

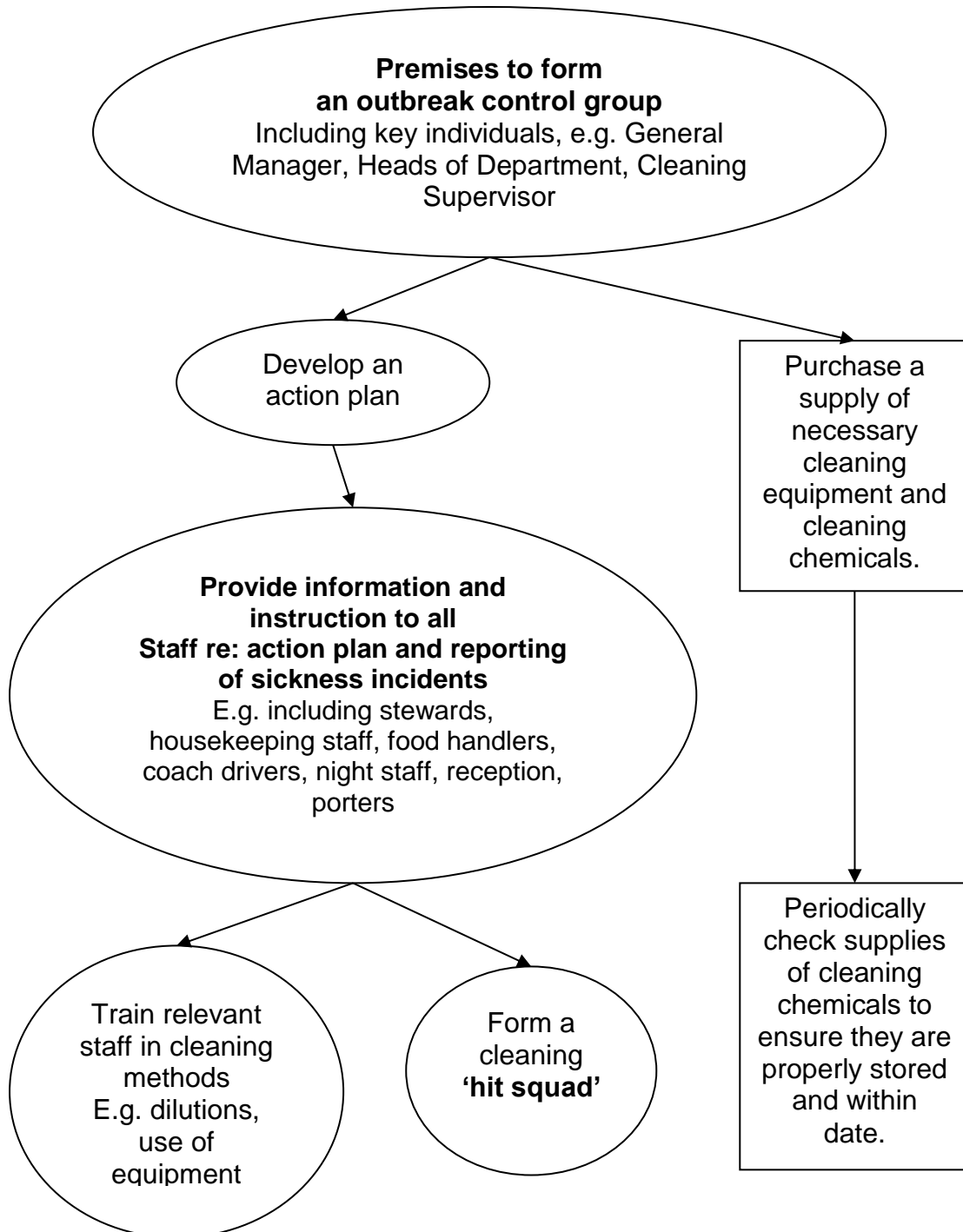
The coach tour operator will need to have a procedure for cleaning and quarantining an affected coach at the earliest opportunity either upon the completion of a return journey to a home area or during a stay. This will include:

- The steam cleaning of seats and other soft furnishings.
- Thorough cleaning and disinfection of hard surfaces.
- The removal of headrest covers, cushions etc. for laundering above 60°C.
- Removal and proper disposal of consumables e.g. paper cups.
- Where fogging is to take place, cleaning should be carried out first and then the disinfectant allowed to permeate the vehicle, including the air conditioning system, which should be switched on to recirculate.

A period of 72 hours is recommended between the cleaning/disinfecting of a coach and it being brought back into use.

Advanced warnings and information should be given to drivers and coach tour operators to ensure the most appropriate course of action is undertaken.

Appendix 1: Flow chart showing action plan for premises before an outbreak of viral gastroenteritis occurs



Appendix 2 – Contacts list for Environmental Health Officers in North Yorkshire and York

Craven District Council:

Environmental Health Unit, 1 Belle Vue Square, Broughton Road, Skipton, BD23 1FJ. Tel no: 01756 706347

Hambleton District Council

Civic Centre, Stone Cross, Northallerton, BL6 2UU
Tel no: 01609 779977

Harrogate Borough Council

Safer Communities, PO Box 787, Harrogate, HG1 9RW
Tel no: 01423 500600

Richmondshire District Council

Mercury House, Station Road, Richmond, North Yorkshire, DL10 4JX
Tel no: 01748 829100

Ryedale District Council

Environment, Ryedale House, Old Malton Road, Malton, YO17 7ZG
Tel no: 01653 600666

Scarborough Borough Council

Town Hall, Scarborough, YO11 2HG
Tel no: 01723 232323

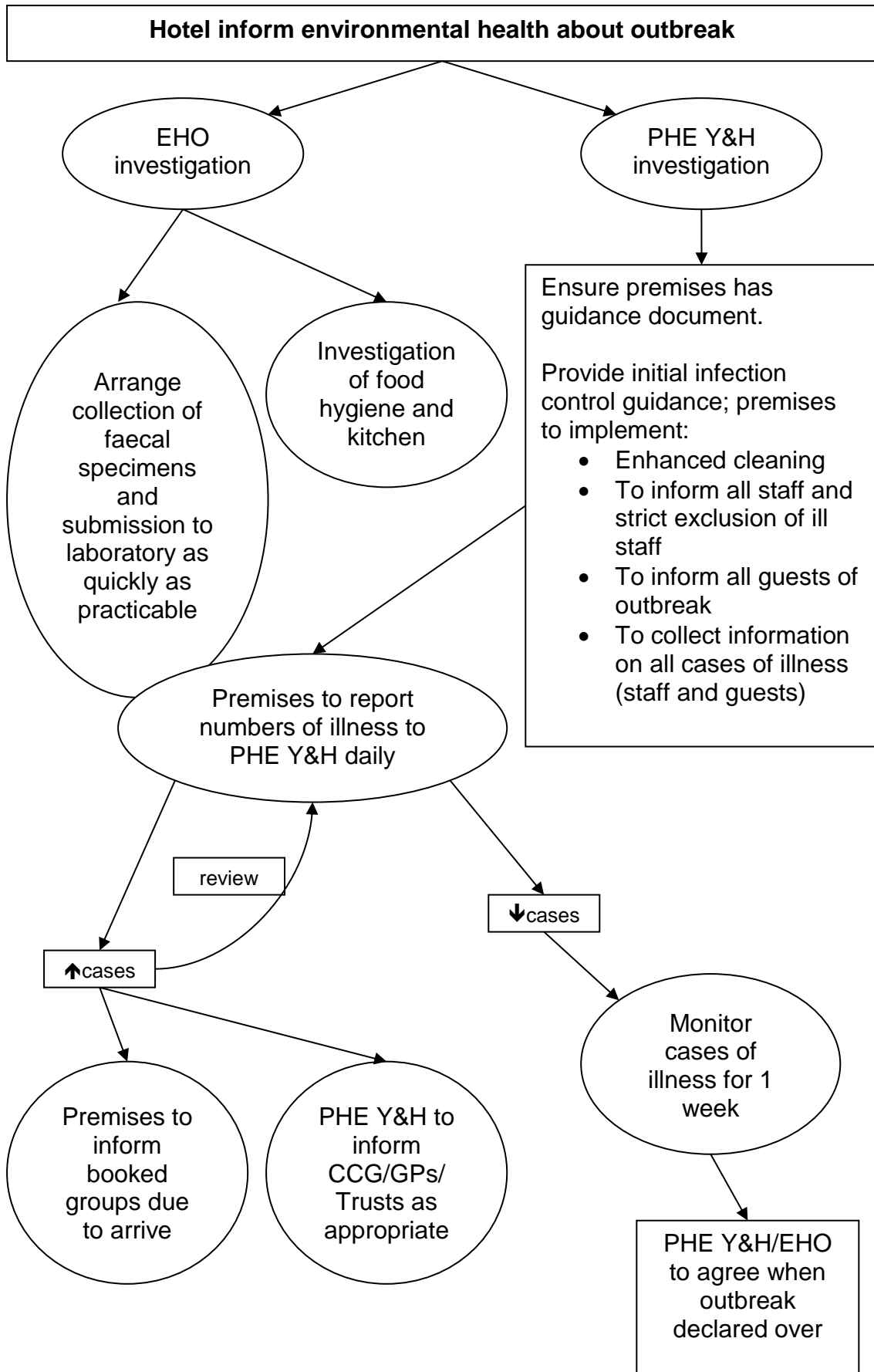
Selby District Council

Environmental Health, Doncaster Road, Selby, YO8 9FT
Tel no: 01757 705101

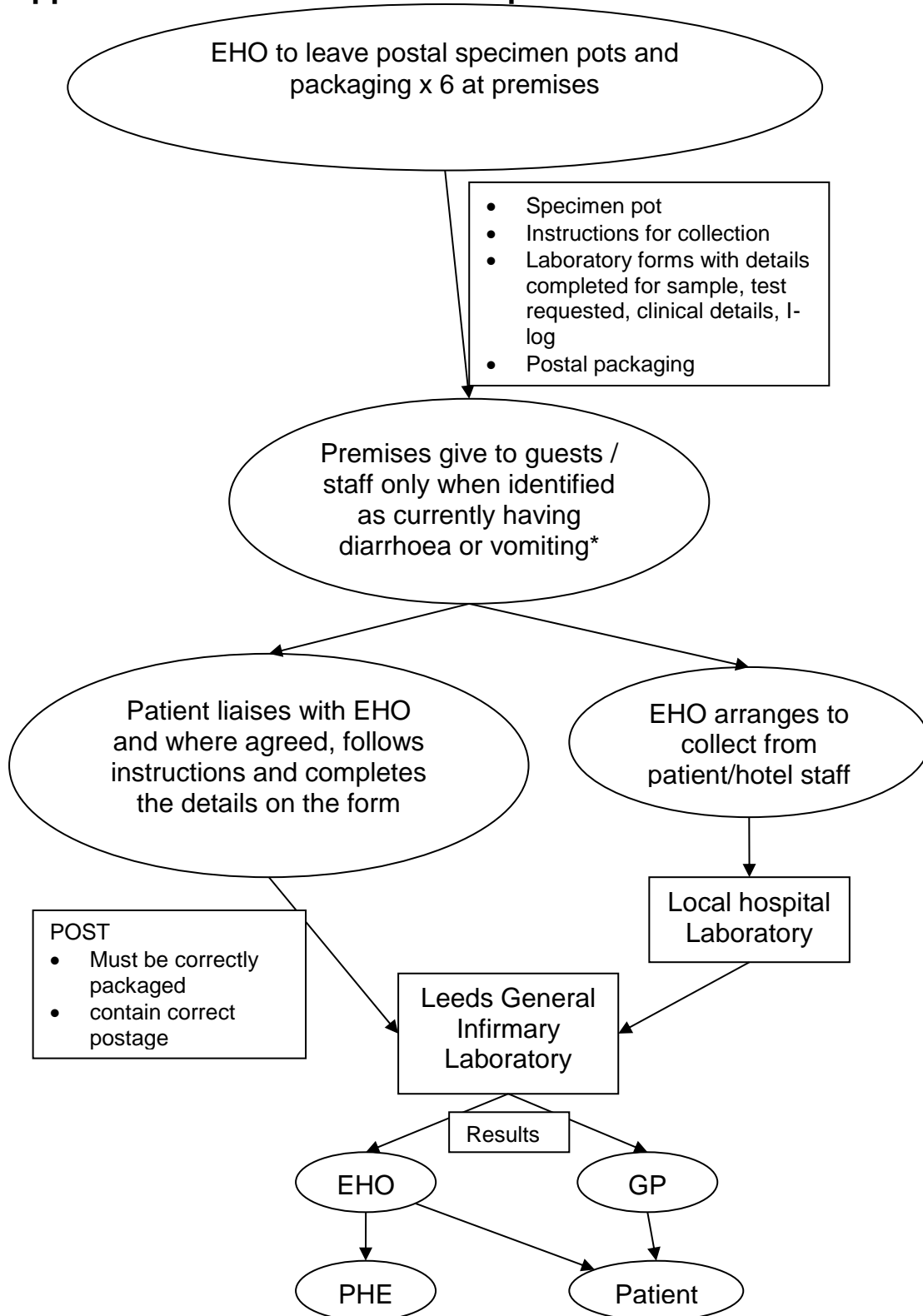
City of York Council

Public Protection, Hazel Court, James Street, York, YO10 3DS
Tel no: 01904 551525

Appendix 3: Flow chart showing action plan where an outbreak of gastroenteritis occurs



Appendix 4: Collection of faecal specimens



***the test is unlikely to give an accurate answer if the symptoms have ceased even though someone might still feel generally tired and unwell following illness. Testing should only be given to those who have symptoms of diarrhoea or vomiting on that day. The testing is done for public health purposes to identify the outbreak, it is not necessary to confirm Norovirus in all individuals once this has been established.**

Appendix 5: Faecal specimen request form – example and blank copy

Forename	James	Date of Birth	05/10/64
Surname	Brown	Telephone/mobile number	07812 345678
Address	5 Park Road, Kingston	GP name, address and postcode (if known)	Dr Smith and Partners, Carlisle Street Practice, Kingston, KT5 3LP
Post code	KT5 4JA		
Temporary address (e.g. hotel) and postcode	Palm Springs Hotel, York	It is very important to put on all these details otherwise the specimen may not be processed by the laboratory	
Specimen type (e.g. faeces)	Faeces		
Date of specimen	08/08/2011	Time of specimen	3.45pm
Tests required	Microscopy, culture and sensitivities plus virology		
Clinical details	?Norovirus infection	This must be written clearly otherwise the laboratory may not test the specimen	
Requesting Authority	Public Health England Yorkshire and the Humber		
I log number	YH56789	This can be provided by the EHO or PHE Y&H	

Please send a copy of the result to the PHE Yorkshire and the Humber, Block 2, National Agri-food Innovation Campus, Sand Hutton, York, YO41 1JD tel. no: 01904 687100

Faecal specimen request form

Forename		Date of Birth	
Surname		Telephone/mobile number	
Address		GP name, address and postcode (if known)	
Post code			
Temporary address (e.g. hotel) and postcode			
Specimen type (e.g. faeces)			
Date of specimen		Time of specimen	
Tests required			
Clinical details			
Requesting Authority			
I log number			

Please send a copy of the result to the PHE Yorkshire and the Humber, Block 2, National Agri-Food Innovation Centre, Sand Hutton, York, YO41 1LZ tel. no: 01904 687100

Appendix 6: Specific note on oysters

Handling and serving live oysters in your hotel or restaurant is different to other ready to eat foods. You need to look after a live animal and ensure that it remains alive until it is either eaten or cooked. Where oysters are eaten raw the main health controls will have occurred at the place of depuration and dispatch. In the event of an incident or recall it is essential to be able to trace oysters back to the dispatch centre they came from. Records kept there will be able to trace the oysters further back to the actual harvesting bed they came from. This will allow individual beds to be closed if necessary to protect the health of consumers. These notes will help you to maintain traceability and maintain your oysters in the best condition so that the health and satisfaction of your customers is safeguarded.

Traceability

All packages of live oysters must be accompanied by a health mark on an indelible, water resistant label. This shows the identification number of the establishment from which they have come and a batch number. These two details should be sufficient to identify the actual bed from which the oysters were harvested. By law the retailer or caterer must keep the health mark for at least 60 days in case this information is needed. The easiest way to do this is to staple the label into a large diary at the day of delivery (Do this in a non-food area to avoid contaminating food with staples). If any of your customers inform you that they have been ill as a result of eating oysters at your premises, contact the Environmental Health Officer at once and give them the details from the relevant label.

Try to avoid using oysters from different suppliers at the same time but, if this is unavoidable, devise your own method of being able to identify who ate oysters from which supplier. The health mark also states "These animals must be alive when sold". You have to make sure they are alive when sold or cooked. If they are not tightly closed or do not rapidly close tightly when tapped – they are dead and should not be used.

Reception and Handling of Oysters

Reception

- Check the health mark. If there is no health mark reject the consignment.

- Check that the vehicle is clean and that the oysters have not been mixed with raw fish or kept in hot and dirty conditions.

Storage

- Always keep the oysters stored with the curved (convex) side downwards. This helps to retain the fluid in the shell and keep them alive.
- Store the oysters in a deep bowl (to prevent leaks) and away from other open foods.
- Keep them cool (4°C – 8°C is good). Remember, these are live animals so you don't want to freeze them.
- Do NOT re-immerses oysters in water. They will have been properly purified at the depuration centre and any further immersion risks recontaminating them.
- If stored as shown above the oysters should last at least 5 days.

Handling

- Wash your hands thoroughly before opening the oysters.
- Ensure that the knives and other equipment (including gloves if you wear them) used for opening the oysters and the area you are working in are all clean before you start.
- Check that the outside shells of the oysters are clean and avoid pushing any mud or bits of shell into the oyster as you open it.
- Use a cleaned or different shucking knife for each batch
- Serve promptly

Information on oysters and other shellfish can be found on the internet at: <https://www.food.gov.uk/business-industry/fish-shellfish>

Appendix 7: Information for hotel guests

Illness precautions

You may be aware that this hotel is currently implementing special arrangements following reports that some of our guests have become unwell recently. Be assured that the premises has a comprehensive action plan in place, aimed at minimising the spread of illness to fellow guests.

If you are unfortunate enough to become unwell with symptoms of sickness and/or diarrhoea, please notify the management as soon as possible. You may be required to submit a sample for analysis.

What should you do now?

- Regular hand washing will reduce the likelihood of contracting the illness.
- Use the toilet facilities in your own room rather than those in public areas.
- Report any spillages or vomiting to reception.

Special health precautions

If your GP has previously advised that you must avoid environments that may risk compromising your immunity, please notify the hotel management, who will attempt to make alternative arrangements for you.

If you become unwell during your stay

- Notify hotel management as soon as possible
- Stay in your room and do not attend public gatherings until at least 48 hours from your last episode diarrhoea or vomiting. Try to be considerate to fellow customers. Often symptoms will last for only a day or two.
- Discourage any friends or family from visiting you even though they may wish to.
- Do not share food from open packets with anyone else (e.g. biscuits)
- Hotel staff will attempt to make you as comfortable as possible during any period of illness.

Appendix 8: General information for the public

Norovirus, which causes diarrhoea and vomiting, is one of the most common stomach bugs in the UK. It's also called the "winter vomiting bug" because it's more common in winter, although you can catch it at any time of the year. Norovirus can be very unpleasant but it usually clears up by itself in a few days. You can normally look after yourself or your child at home.

Try to avoid going to your GP, as Norovirus can spread to others very easily. Call your GP or NHS 111 if you're concerned or need any advice.

Symptoms of Norovirus

You're likely to have Norovirus if you experience:

- suddenly feeling sick
- projectile vomiting
- watery diarrhoea

Some people also have a slight fever, headaches, painful stomach cramps and aching limbs. The symptoms appear one to two days after you become infected and typically last for up to two or three days.

What to do if you have Norovirus

If you experience sudden diarrhoea and vomiting, the best thing to do is to stay at home until you're feeling better. There's no treatment for Norovirus, so you have to let it run its course. You don't usually need to get medical advice unless there's a risk of a more serious problem.

To help ease your own or your child's symptoms:

- **Drink plenty of fluids to avoid dehydration. You need to drink more than usual to replace the fluids lost from vomiting and diarrhoea** – as well as water, adults could also try fruit juice and soup. Avoid giving fizzy drinks or fruit juice to children as it can make their diarrhoea worse. Babies should continue to feed as usual, either with breast milk or other milk feeds.
- **Take paracetamol for any fever or aches and pains.**
- **Get plenty of rest.**
- **If you feel like eating, eat plain foods**, such as soup, rice, pasta and bread.
- **Use special rehydration drinks** made from sachets bought from pharmacies if you have signs of dehydration, such as a dry mouth or dark urine.
- **Adults can take antidiarrhoeal and/or anti-emetic (anti-vomiting) medication** – these are not suitable for everyone though, so you should check the medicine leaflet or ask your pharmacist or GP for advice before trying them.

Babies and young children, especially if they're less than a year old, have a greater risk of becoming dehydrated.

Norovirus can spread very easily, so you should wash your hands regularly while you're ill and stay off work or school until at least 48 hours after the symptoms have cleared, to reduce the risk of passing it on.

When to get medical advice

You don't normally need to see your GP if you think you or your child has Norovirus, as there's no specific treatment for it. Antibiotics won't help because it's caused by a virus.

Visiting your GP surgery with Norovirus can put others at risk, so it's best to call your GP or NHS 111 if you're concerned or feel you need advice.

Get medical advice if:

- your baby or child has passed six or more watery stools in the past 24 hours, or has vomited three times or more in the past 24 hours

- your baby or child is less responsive, feverish, or has pale or mottled skin
- you or your child has symptoms of severe dehydration, such as persistent dizziness, only passing small amounts of urine or no urine at all, or reduced consciousness – babies and elderly people have a greater risk of becoming dehydrated
- you have bloody diarrhoea
- your symptoms haven't started to improve after a few days
- you or your child have a serious underlying condition, such as kidney disease, and have diarrhoea and vomiting

Your GP may suggest sending off a sample of your stool to a laboratory to confirm whether you have Norovirus or another infection.

How is Norovirus spread?

Norovirus spreads very easily in public places such as hospitals, nursing homes and schools.

You can catch it if small particles of vomit or poo from an infected person get into your mouth, such as through:

- **close contact with someone with Norovirus** – they may breathe out small particles containing the virus that you could inhale
- **touching contaminated surfaces or objects** – the virus can survive outside the body for several days
- **eating contaminated food** – this can happen if an infected person doesn't wash their hands before handling food

A person with Norovirus is most infectious from when their symptoms start until 48 hours after all their symptoms have passed, although they may also be infectious for a short time before and after this.

You can get Norovirus more than once because the virus is always changing, so your body is unable to build up long-term resistance to it.

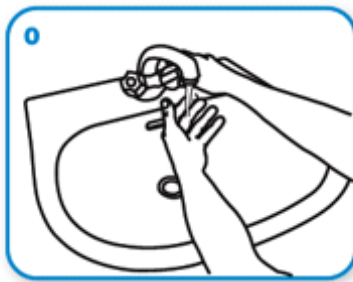
Preventing Norovirus

It's not always possible to avoid getting Norovirus, but following the advice below can help stop the virus spreading.

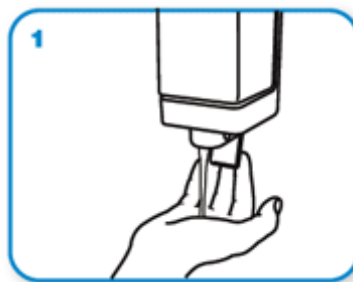
- **Stay off work or school until at least 48 hours after the symptoms have passed.** You should also avoid visiting anyone in hospital during this time.
- **Wash your hands frequently and thoroughly with soap and water,** particularly after using the toilet and before preparing food. Don't rely on alcohol hand gels, as they do not kill the virus.
- **Disinfect any surfaces or objects that could be contaminated.** It's best to use a bleach-based household cleaner.
- **Wash any items of clothing or bedding** that could have become contaminated separately on a hot wash to ensure the virus is killed.
- **Don't share towels and flannels.**
- **Flush away any infected poo or vomit in the toilet** and clean the surrounding area.
- **Avoid eating raw, unwashed produce** and only eat oysters from a reliable source, as oysters can carry Norovirus.

Taken from [nhs.uk/conditions/Norovirus/Pages/Introduction.aspx](https://www.nhs.uk/conditions/Norovirus/Pages/Introduction.aspx) July 2017

Handwashing technique



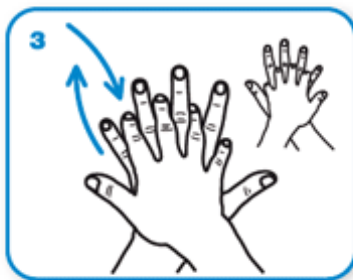
Wet hands with water



apply enough soap to cover all hand surfaces.



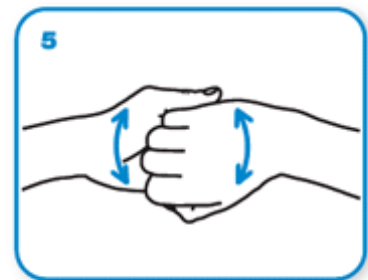
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



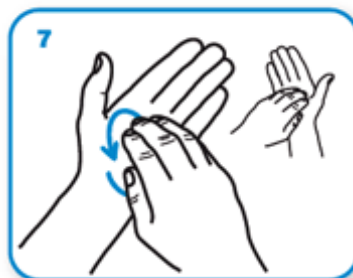
palm to palm with fingers interlaced



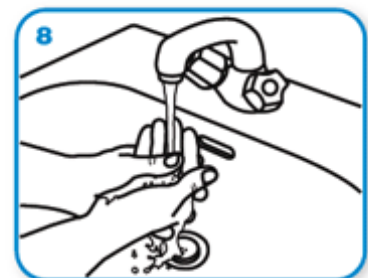
backs of fingers to opposing palms with fingers interlocked



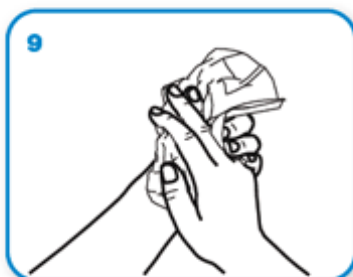
rotational rubbing of left thumb clasped in right palm and vice versa



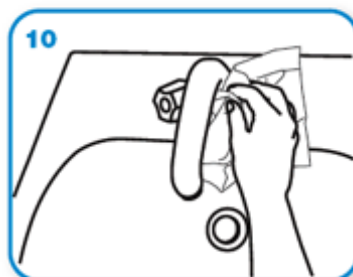
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



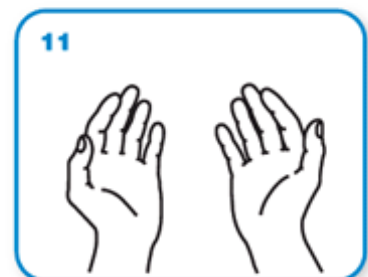
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

Appendix 9: Illness report form (for hotel guests)

PLEASE COMPLETE ONE FORM PER ILL PERSON*

Your details					
Name					
Date of birth					
Home address					
Post code		Phone number			
GP name and address					
GP contact telephone number (if known)					
Room details					
Room number		Date arrived		Date departed/ due to leave	
Details of party travelling with (if applicable)					
Symptoms (please tick)					
Diarrhoea		Vomiting			
Abdominal pain		Nausea			
Bloody diarrhoea		Loss of appetite			
headache		tiredness			
fever		Other			
If other, please specify					
Onset and duration					
Onset (first episode of either diarrhoea or vomiting)		Date		Time (approx)	Am/pm
Last episode of diarrhoea or vomiting		Date		Time (approx)	Am/pm
Stool specimen details					
Sample taken		Date			
Laboratory/ hospital submitted to					
Details of food or drink in last 48 hours (where eaten and what food?)					
On day of illness					
Day before illness					
Two days before illness					

Illness report form (for restaurant guests only)

PLEASE COMPLETE ONE FORM PER ILL PERSON*

Your details					
Name					
Date of birth					
Home address					
Post code				Phone number	
GP name and address					
GP contact telephone number (if known)					
Date eaten					
Date eaten					
Details of food eaten					
Details of food eaten					
Symptoms (please tick)					
Diarrhoea				Vomiting	
Abdominal pain				Nausea	
Bloody diarrhoea				Loss of appetite	
headache				tiredness	
fever				Other	
If other, please specify					
Onset (first episode of either diarrhoea or vomiting)					
Onset (first episode of either diarrhoea or vomiting)		Date		Time (approx)	Am/pm
Last episode of diarrhoea or vomiting		Date		Time (approx)	Am/pm
Stool specimen details					
Sample taken		Date			
Laboratory/ hospital submitted to					

Illness report form (for staff)

PLEASE COMPLETE ONE FORM PER ILL PERSON*

Your details					
Name					
Date of birth					
Home address					
Post code		Phone number			
GP name and address					
GP contact telephone number (if known)					
Job title					
Did you develop any symptoms of diarrhoea or vomiting while at work?					Yes/no
Did you report this immediately to your line manager?					Yes/no
Did you leave work immediately?					Yes/no
When did you return to work?		Date		Time (approx)	Am/pm
Symptoms (please tick)					
Diarrhoea		Vomiting			
Abdominal pain		Nausea			
Bloody diarrhoea		Loss of appetite			
headache		tiredness			
fever		Other			
If other, please specify					
Onset (first episode of either diarrhoea or vomiting)		Date		Time (approx)	Am/pm
Last episode of diarrhoea or vomiting		Date		Time (approx)	Am/pm
Stool specimen details					
Sample taken		Date			
Laboratory/ hospital submitted to					

Appendix 10: outbreak summary sheet (for hotel guests)

Name	Room number	Date arrived	Date departed/ due to leave	Date of onset (first episode of diarrhoea or vomit)	Date of last episode of diarrhoea or vomit	Stool sample submitted (yes/no)

Outbreak summary sheet (for restaurant guests only)

Name	Date eaten	Symptoms of vomiting present (yes/no)	Symptoms of diarrhoea present (yes/no)	Date of onset (first episode of diarrhoea or vomit)	Date of last episode of diarrhoea or vomit	Stool sample submitted (yes/no)