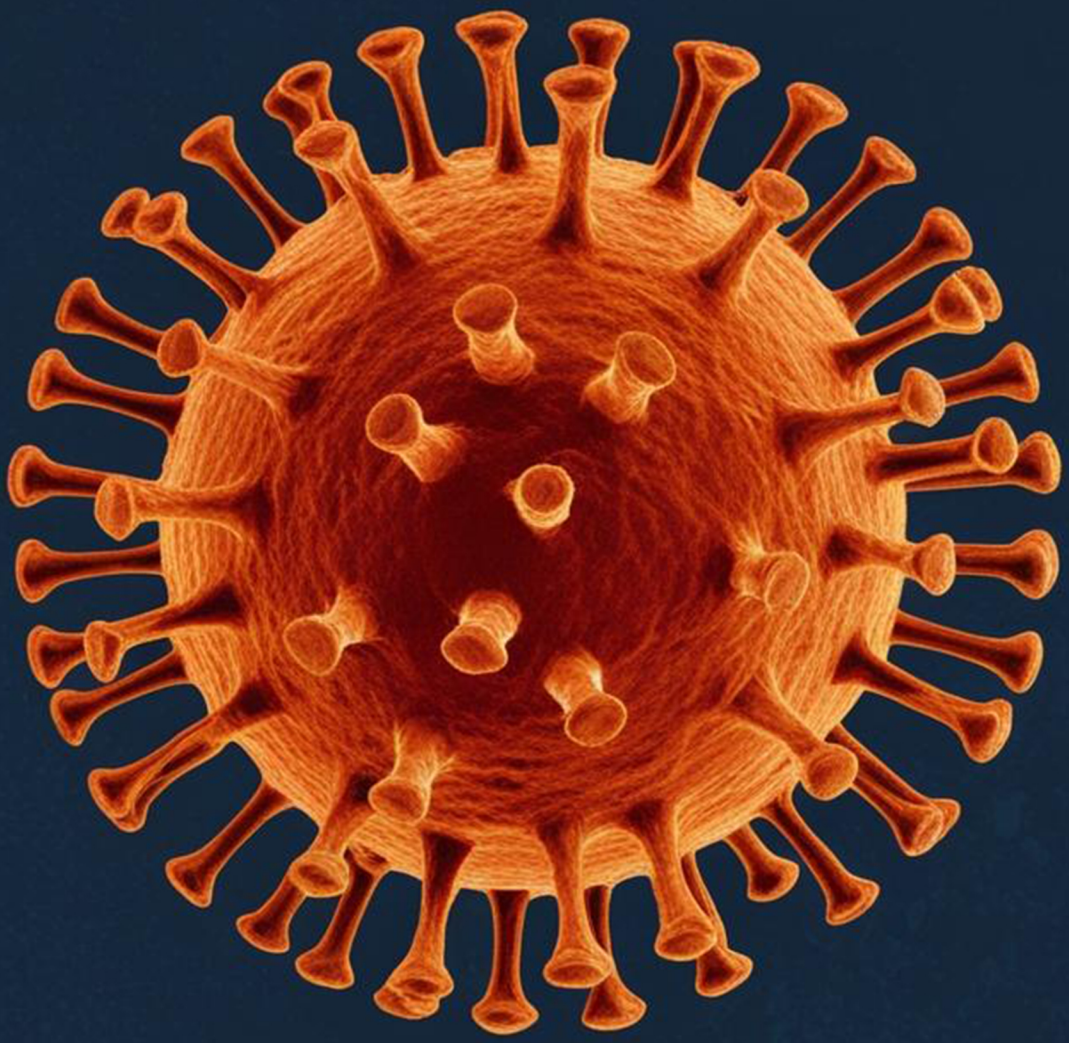
2025 Norovirus Toolkit



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Table of Contents

Norovirus Fact Sheet 2
Prevention of Person-to-Person 3
Gloves and Handwashing Policy and Procedure 7
Hand Hygiene Technique 9
Employee Illness 10
Employee Illness Tracking Log 12
Dietary Sanitation 13
Norovirus: Facts for Food Handlers 15
Environmental Rounds 17
Environmental Rounds Tool 18
Visitor Restrictions 19
Norovirus Reporting in CaliciNet 22

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Norovirus General Information Fact Sheet

The most reported setting for norovirus outbreaks in the United States and other industrialized countries are healthcare facilities. This includes long-term care facilities and hospitals. Over half of all norovirus outbreaks reported in the United States occur in long-term care facilities.

The virus can be introduced into healthcare facilities by infected patients, staff, visitors, or contaminated foods. Outbreaks in these settings can sometimes last months. Compared with healthy people, norovirus illnesses can be more severe and occasionally even deadly in patients in hospitals or long-term care facilities.

Norovirus is a very contagious virus that causes vomiting and diarrhea.

It is sometimes called the "stomach flu" or the "stomach bug." However, norovirus illness is not related to the flu. The flu is caused by the influenza virus. Norovirus causes acute gastroenteritis, an inflammation of the stomach or intestines.

Most people with norovirus illness get better within 1 to 3 days; but they can still spread the virus for a few days after.

A person usually develops symptoms 12 to 48 hours after being exposed to norovirus.

- **Most common symptoms:** Diarrhea, vomiting, nausea, stomach pain
- **Other symptoms:** Fever, headache, and body aches

How Norovirus Spreads

Norovirus spreads very easily and quickly in different ways. You can get norovirus by:

- **Having direct contact with someone** with norovirus, like caring for them, sharing food or eating utensils with them, or eating food handled by them.
- **Eating food or drinking liquids** that are contaminated with norovirus.
- **Touching contaminated objects or surfaces** and then putting your unwashed fingers in your mouth.

You can still spread norovirus for 2 weeks or more after you feel better.

https://www.cdc.gov/norovirus/about/

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Norovirus – Prevention of Person-to-Person Transmission
Policy and Procedure

Policy:

It is the policy of this center to institute infection control practices to assist in preventing the spread of gastrointestinal infection.

Procedure:

1. The general orientation process will include training on appropriate infection control practices that adhere to the Centers for Disease Control guidelines

2. Annual training on Infection Control principles and practices will be provided as mandatory for employees.

3. The following Contact Precautions will be implemented immediately when a resident is suspected of or diagnosed with Norovirus:

a. Place residents with norovirus gastroenteritis on Contact Precautions for a minimum of 48 hours after the resolution of symptoms.

b. When symptomatic residents cannot be accommodated in single occupancy rooms, efforts will be made to separate them from asymptomatic residents.

c. These efforts may include placing residents in multi-occupancy rooms or designating resident care areas or contiguous sections with the facility to allow for resident chorting.

d. Staff who have recovered from recent suspected norovirus infection associated with an outbreak may be best suited to care for symptomatic residents until the outbreak resolves.

e. Minimize resident movements within a unit during norovirus outbreaks.

f. Restrict symptomatic and recovering residents from leaving the resident care unit unless it is for essential care or treatment.

g. Suspend group activities (i.e., dining events) for the duration of a norovirus outbreak.

h. Closure of the center for new admissions or transfers may be considered as a measure to attenuate the magnitude of a norovirus outbreak.

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i. The center may postpone transfers within and outside of the center until residents are no longer required to maintain contact precautions.

Hand Hygiene

j. Actively promote adherence to hand hygiene among healthcare personnel, residents, and visitors in resident care areas affected by outbreaks of norovirus gastroenteritis.

k. Use soap and water for hand hygiene after providing care or having contact with residents suspected or confirmed with norovirus gastroenteritis.

l. Per the CDC, ***Hand sanitizer does not work well against norovirus***.

i. You can use hand sanitizers in addition to hand washing, but hand sanitizer is not a substitute for handwashing, which is best. [1]

m. For all other hand hygiene indications (i.e., before having contact with infected residents) FDA compliant alcohol-based hand sanitizer is appropriate.

Personal Protective Equipment (PPE)

n. If norovirus infection is suspected, adherence to PPE use according to Contact and Standard Precautions is recommended for individuals entering the resident care area (i.e., gowns and gloves)

o. Per CDC Standard Precautions, wear gloves (clean, nonsterile gloves are adequate) when entering the room.

p. While providing care for a resident, change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material, vomit, etc.).

q. Remove gloves before leaving the resident's room and wash hands immediately with soap and water.

r. After glove removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the resident's room to avoid transfer of microorganisms to other residents or environments.

s. In addition to wearing a gown as outlined under Standard Precautions, wear a gown (a clean, nonsterile gown is adequate) when entering the room if you anticipate that your

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clothing will have substantial contact with the resident, environmental surfaces, or items in the resident's room.

t. If the resident is incontinent or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing, gown should be used when providing care.

u. Remove the gown before leaving the resident's environment.

v. After removal of a gown, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other residents or environments.

Resident Care Equipment

w. When possible, dedicate the use of non-critical resident care equipment to a single resident (or cohort of residents infected or colonized with the pathogen requiring precautions).

x. If use of common equipment or items is unavoidable, adequately clean and disinfect the items before use for another resident.

Environmental Cleaning

y. Perform routine cleaning and disinfection of frequently touched environmental surfaces and equipment in isolation and cohorted areas as well as high traffic clinical areas. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand/bedrails, telephones, door handles, computer equipment, and kitchen preparation surfaces.

z. Increase the frequency of cleaning and disinfection of resident care areas and frequently touched surfaces during outbreaks of norovirus (i.e., increase unit level cleaning twice daily to maintain cleanliness, with frequently touched surfaces cleaned and disinfected three times daily using EPA-approved products for healthcare settings).

aa. Clean and disinfect surfaces starting from the areas with a lower likelihood of norovirus contamination (i.e., tray tables, counter tops) to areas with highly contaminated surfaces (i.e., toilets, bathroom fixtures).

bb. Change mop heads when new solutions are prepared or after cleaning large spills of emesis or fecal materials.

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cc. No additional provisions for using disposable resident service items such as utensils or dishware are suggested for residents with symptoms of norovirus infection. Silverware and dishware may undergo normal processing and cleaning using standard procedures.

dd. Use Standard Precautions for handling soiled resident service items or linens, which includes the appropriate use of PPE.

ee. Consider changing privacy curtains routinely and upon resident discharge or transfer.

Staff Leave Policy

ff. Exclude personnel who are ill from work for a minimum of 48 hours after the resolution of symptoms. Once personnel return to work, the importance of performing frequent hand hygiene should be reinforced.

gg. Do not move staff between units, if possible, assign accordingly to cohorted areas and symptomatic residents.

hh. Exclude non-essential staff, students, and volunteers from working in areas experiencing outbreaks of norovirus.

Communication and Notification

ii. Notify appropriate local and state health departments if an outbreak of norovirus gastroenteritis is suspected or confirmed.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____ _____

Key Infection Control Recommendations
[1]*https://www.cdc.gov/norovirus/prevention/index.html*

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Norovirus – Gloves and Handwashing
Policy and Procedure

Policy:

It is the policy of this center to institute infection control practices to assist in preventing the spread of gastrointestinal infection.

Procedure:

1. The general orientation process will include training on appropriate infection control practices that adhere to the CDC guidelines.

2. Annual training on Infection Control principles and practices will be provided as mandatory training.

3. In addition to wearing gloves as outlined in the facilities Standard Precautions policy, direct care staff are required to wear gloves (clean, non-sterile gloves) when entering the room of a resident being maintained in an isolation environment.

4. During the course of providing care for the resident, change gloves after having contact with infective material that may contain high concentrations of microorganisms (used tissues, pillowcases, sheets, etc.)

5. Remove gloves before leaving the resident's room and wash hands immediately with soap and water.

6. After glove removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the resident's room to avoid transfer of microorganisms to other residents or environments.

7. Hands should be washed each time direct contact is made with any resident and/or resident belongings. Hands should also be washed immediately after using restrooms, sneezing, blowing nose, providing direct care and when gloves are removed.

8. Nurse managers or designee will monitor compliance for appropriate use of gloves and handwashing. Areas identified as non-compliant will be addressed immediately and a summary of findings and outcomes will be presented to the Quality Assurance Committee for review.

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Hand Hygiene Technique - Norovirus
Policy and Procedure

Policy:

It is the policy of this center to institute infection control practices to assist in preventing the spread of gastrointestinal infection.

Procedure:

1. The general orientation process will include training on appropriate infection control practices and hand hygiene techniques that adhere to the Centers for Disease Control guidelines.

2. Annual training on Infection Control principles and practices will be provided as mandatory.

3. During norovirus outbreaks, the CDC recommends using soap and water for hand hygiene. Wet hands first with water, apply an amount of product as recommended by the manufacturer and rub hands together vigorously for at least 20 seconds or as recommended by the manufacturer, covering all surfaces of the hands and fingers.

4. Rinse hands with water and dry thoroughly with a disposable towel. Use a clean disposable towel to turn off the water. Avoid using hot water unless it is recommended by the manufacturer as repeated exposure to hot water may increase the risk of dermatitis.

5. Antimicrobial soap is recommended in addition to hand washing.

6. Multiple-use cloth towels of the hanging or roll type **are not recommended** by CDC and will not be used in the center.

7. Direct care staff will be monitored for compliance with recommended hand-hygiene practices and identified areas of non-compliance will be addressed immediately.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____ _____

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** Norovirus Toolkit*

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Employee Illness
Policy and Procedure

Policy:

It is the policy of this facility to institute infection control practices to assist in preventing the spread of gastrointestinal infection.

Procedure:

1. The general orientation process will include training on expectations of employees when illness occurs, and appropriate infection control practices based on the CDC guidelines
2. Annual training on Infection Control principles and practices will be provided as mandatory.
3. Employees will not report to work when ill to prevent the spread of infection.
4. Employee illness/call-ins will be logged on the "Employee Illness Tracking Log" by the shift supervisor/facility manager.
5. Documentation on the log will include the date and time the employee called off, employee name, department, date of onset, type of symptoms, and the supervisor's initials.
6. The Employee Illness Tracking Log will be maintained in a confidential manner and only be reviewed by designated managers during periods of disease outbreaks.
7. Patterns of illness shall be reported to the Medical Director immediately to assist in developing a plan of action to protect residents, other employees, and visitors from contagious disease processes.
8. The health department will be notified of any contagious disease outbreak at the direction of the Medical Director.
9. The Quality Assurance Committee will review and update protocols as necessary to meet the needs of the center throughout the emergency period.

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Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____ _____

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Employee Illness Tracking Log

Date	Time	Employee Name	Department	Date of Onset	Symptoms	Supervisor Initials

This log is maintained for the purpose of tracking employee illness and per HIPAA regulations is considered a confidential document. Reviewing the information provided on this log is prohibited unless approved by the facility Administrator and/or the Quality Assurance Committee.

*Supervisor Initials = manager of building at time of call-in

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Dietary Sanitation
Policy and Procedure

Policy:

It is the policy of this center to institute infection control practices to assist in preventing the spread of gastrointestinal infection.

Fundamental Information:

Employees who are ill with suspected or confirmed Norovirus should not report to work. Per the CDC, **if you are sick do not** prepare, handle food, or care for others. Wait for at least 2 days (48 hours) after symptoms stop. This is important if you work in a restaurant, school, daycare, long-term care facility, or other places where you may expose people to norovirus. In addition,

- Noroviruses are relatively resistant to heat and can survive temperatures as high as 145°F.
- Quick steaming processes will not heat food enough to kill noroviruses.
- Food contaminated with norovirus may look, smell, or taste normal.

Procedure:

1. The general orientation process for dietary personnel will include training on appropriate infection control practices that adhere to the Centers for Disease Control guidelines.
2. Annual training on Infection Control principles and practices will be provided as mandatory.
3. All food handling will be performed using disposable gloves, utensils that prevent direct contact with hands and container covers to prevent the spread of infection.
4. All utensils will be sanitized per manufacturer's recommendations with special attention to cutting boards, knives, and other utensils used to handle or store raw poultry.
5. Temperatures of wash and rinse cycles of dish machines will be logged at each meal. Requirements for temperatures needed to reach adequate sanitation per the manufacturer's recommendations will be printed on individual machines.
6. The sanitizing agent used in the 3-compartment sink will be verified with a test strip and logged with each use (as parts per million).
7. Refrigerator and freezer temperature logs will be completed daily for all units that store resident food. Freezers should be ≤ 0 degrees F. Refrigerators will be ≤ 41 degrees F.

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8. Each menu item will be temped before meal service. Hot food will be held at ≥ 140 degrees F. Cold foods will be held at ≤ 41 degrees F.

9. Food will be stored appropriately to avoid cross contamination (i.e., raw meats are not thawing above items that will not be cooked before service).

10. Prepared food items will be labeled and dated and discarded on the fourth day.

11. Scheduled, documented, sanitation rounds will be performed by the Director of Food Service or designee to maintain compliance with sanitation expectations.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____ _____

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Norovirus: Facts for Food Workers

Norovirus spreads easily and can make you very sick with diarrhea, vomiting, and stomach pain. All food workers should know how to prevent the spread of norovirus.



Foods contaminated with norovirus can make people sick.

Norovirus is the leading cause of foodborne illness outbreaks in the United States. Norovirus causes about half of all outbreaks of food-related illness. Most reported norovirus outbreaks are caused by people who touch or prepare food when they are sick, or sometimes by food that comes from contaminated water. Because the virus is very tiny and spreads easily, it only takes a very small amount of virus to contaminate food and make someone sick.

Food can get contaminated with norovirus when—

- Infected people who have feces (poop) or vomit on their hands touch the food.
- Food is placed on counters or surfaces that have tiny drops of feces (poop) or vomit on them.
- Tiny drops of vomit from an infected person spray through the air and land on the food or surfaces, like countertops.
- Feces (poop) or vomit is in areas where food is grown or harvested.

Food workers with norovirus illness can spread the virus to others.

People who are infected with norovirus can shed billions of norovirus particles in their feces (poop) or vomit. You are most contagious—

- When you feel sick with norovirus, and
- During the first few days after you feel better.

If you work with food when you have norovirus, you can easily contaminate the food and drinks you touch. People who have the contaminated food or drinks you touched can also get norovirus and become sick.

Norovirus causes about half of all outbreaks of food-related illness.

Any food served raw or handled after being cooked can get contaminated with norovirus.



National Center for Immunization and Respiratory Diseases
Division of Viral Diseases

NCIRDwt | Revised: 03/20/24

4 Tips to Prevent Norovirus from Spreading

1. **When you are sick, do not prepare, serve, or touch food for others**

   Food workers should stay home when sick and for at least 48 hours after symptoms stop. This also applies to sick workers in schools, daycares, healthcare facilities, and other places where they may expose people to norovirus.

   Food workers should inform managers if they have any symptoms of norovirus illness or were recently sick. Even when returning to work, it is especially important that food workers continue to take precautions like frequent handwashing.

   For more information, see the FDA Food Code: (http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/)

2. **Practice proper hand hygiene**

   Always wash hands carefully with soap and water, especially—

   - After using the toilet and
   - Before eating, preparing, or handling food.

   Alcohol-based hand sanitizers can be used in addition to hand washing. However, they should not be used as a substitute for washing with soap and water. In addition, food workers should avoid touching food, especially ready-to-eat food, with bare hands, and use gloves or tongs instead. Hands should still be washed before and after use of gloves in order to prevent cross-contamination.

3. **Wash fruits and vegetables and cook seafood well**

   Carefully wash fruits and vegetables before preparing and eating them.

   Cook oysters and other shellfish thoroughly before eating.

   Thorough cooking is important because noroviruses can survive temperatures as high as 145°F. Quick steaming processes that are often used for cooking shellfish won't kill the virus.

   Food that might be contaminated with norovirus should be thrown out.

4. **Clean and disinfect contaminated surfaces**

   After throwing up or having diarrhea, immediately clean and disinfect contaminated surfaces like countertops. Use a chlorine bleach solution with a concentration of 1000 to 5000 ppm (5 to 25 tablespoons of household bleach [5.25%] per gallon of water) or other disinfectant registered as effective against norovirus by the Environmental Protection Agency (EPA).

   See EPA's list of registered disinfectants effective against norovirus: (https://www.epa.gov/pesticide-registration/list-g-antimicrobial-products-registered-epa-claims-against-norovirus-feline)

What is the Right Way to Wash Your Hands?

1. Wet your hands with clean, running water (warm or cold) and apply soap.
2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "ABC" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.
6. Use a paper towel or your elbow to open the bathroom door.

See CDC's handwashing website: (www.cdc.gov/handwashing/)



Visit CDC's norovirus website at www.cdc.gov/norovirus for more information.

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Environmental Rounds
Policy and Procedure

Policy:

It is the policy of this facility to institute infection control practices to assist in preventing the spread of gastrointestinal infection.

Procedure:

1. The general orientation process for Environmental Services will include training on appropriate infection control practices that adhere to the CDC guidelines.
2. Annual training on Infection Control principles and practices will be provided as mandatory training.
3. Regularly scheduled environmental rounds will be performed by the housekeeping supervisor or designee and outcomes shall be documented on the "Environmental Rounds Tool".
4. During outbreaks of norovirus, the housekeeping supervisor or designee shall perform environmental rounds daily to ensure necessary equipment/supplies are readily available in all resident rooms.
5. Rounds shall be documented daily on the "Environmental Rounds Tool" and areas identified as non-compliant will be addressed immediately.
6. Environmental rounds will be discussed at the interdisciplinary stand-up meeting daily until the Medical Director has indicated that the norovirus outbreak has subsided.
7. The Quality Assurance Committee shall review the outcomes of Environmental Rounds and assist in defining criteria and corrective actions.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____ _____

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Environmental Rounds Tool

Date: _____ Signature:_____

Room #	Tissues at Bedside	Waste Basket Available	Hand Sanitizer Available	Soap/Water/ Paper Towel Available	Disposable Gloves in Room	Call Light in Reach	Fresh Ice Water with Lid

Any area identified as "no" or "N/A" requires documentation of corrective action.

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Visitor Restrictions
Policy and Procedure

Policy:

It is the policy of this facility to institute infection control practices to assist in preventing the spread of gastrointestinal infection.

Procedure:

1. The general orientation process will include training on expectations of employees when illness occurs and appropriate infection control practices that adhere to the CDC guidelines.

2. Annual training on Infection Control principles and practices will be provided as mandatory training.

3. In the event an outbreak of norovirus has been confirmed by the Medical Director in conjunction with the Department of Health, visitors to the facility may be limited or prohibited.

4. Visitation during the "Visitor Restricted" period will be limited to emergency personnel, medical staff, hospice providers, and family members of acutely ill residents requiring transfer to acute care or end of life care.

5. Postings will be located at all entrances and exits indicating the onset date of restriction, estimated length of restriction, emergency contact information of Administrator and/or designee, and Medical Director contact information.

6. All questions regarding visitor restrictions or general facility policy and procedures shall be addressed by the facility Administrator, Director of Nursing, and/or design, during off hours.

7. Visitors refusing to maintain compliance with visitor restriction orders shall be asked to meet with the Medical Director to discuss potential risks associated with non-compliance.

8. The Quality Assurance Committee is responsible for monitoring the outcomes of all unusual occurrences including those related to visitor restrictions.

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Norovirus Reporting in CaliciNet

SPECIMENS COLLECTED

Health department collects epidemiologic data and specimens

NOTIFICATION

Health department notified and begins an investigation

EXPOSURE

People exposed to norovirus; some get sick and seek treatment

SPECIMENS SHARED

Specimens shared with public health lab participating in CaliciNet

SPECIMENS TESTED

CaliciNet-certified lab personnel extract viral RNA from specimen and tests for norovirus using RT-PCR

NOROVIRUS+

Specimen tests positive for norovirus

STRAIN IDENTIFIED

CaliciNet-certified lab personnel determines the sequences of the specimen to type the norovirus strain

DATA UPLOADED

Health department lab uploads outbreak and sequence data into CaliciNet

DATA COMPARISON

Genetic sequence data compared with existing sequences to identify trends in norovirus disease outbreaks

DATA ANALYZED

- Verifies CaliciNet data for quality and accuracy
- Links information linked to NORS when possible
- Compare with existing sequences

DATA PUBLISHED

CDC and CaliciNet labs summarize and publish data

RESULTS USED TO

- Better understand norovirus outbreaks
- Develop recommendations and guidance to prevent future outbreaks

May 12, 2014