

Gastrointestinal Infection in Aberdeenshire Schools

General Information for Raising Awareness, Infection Prevention and Control

Statement

The gastrointestinal infection control document will not be altered, unless instructed by the NHS Grampian Health Protection Team and Aberdeenshire Council's Internal Occupational Health Nurse Advisor (Derrick Strong). Although, names and contact details from the flow chart can be altered if there are changes within the service.

The enclosed gastrointestinal infection control documents will be under the ownership of Health and Safety (Wellbeing Services). These will be working documents, and regularly updated (where necessary)

Purpose

The purpose of this document is to provide Education Services with guidance for the effective management of staff and/or pupils suffering from possible norovirus, the prevention of transmission to others and the prevention of further contamination.

It will be the responsibility of the Head Teacher to ensure they have read and understood this document and that it is made available as a reference tool to all staff within their school. It will then be the responsibility of the Head Teacher to ensure a comprehensive risk assessment is carried out for their school (updated regularly) and that all staff are aware of their roles and responsibilities. An example [risk assessment](#) is included within this guidance.

The guidance will be updated on a regular basis, in response to feedback received and lessons learned from actual outbreaks in schools. This will be the responsibility of the Wellbeing Team. The latest version of the document is available on Arcadia. (Health, Safety, and Wellbeing Policies and Procedures.

GENERAL INFORMATION

This document is divided into 3 sections:

- Section 1: General information on norovirus
How to prepare for norovirus outbreaks
What to do if staff/pupils develop symptoms
- Section 2: Key information on infection control measures
- Section 3: Additional control measures

Section 1

What is Norovirus?

Noroviruses can cause diarrhoea and/or vomiting and often cause outbreaks in schools. These infections are sometimes called winter vomiting disease.

The symptoms caused by noroviruses are usually a sudden onset of non-bloody, watery diarrhoea and/or vomiting which can be projectile. Other symptoms may include abdominal cramps, muscle aches, headache, a feeling of weakness and a slightly raised temperature. Staff/pupils can become symptom free then relapse with more symptoms a few days later.

Norovirus **should always be suspected** if any of the staff/pupils develops diarrhoea with or without vomiting and without any other obvious cause (underlying medical condition).

Norovirus infection can occur throughout the year but is most common from mid-October to April.

The virus is highly contagious; therefore, isolation is key in stopping the spread of infection by limiting the contact between sick staff/pupils and those who could contract the illness. Staff/pupils who are sick should stay home from school until they have recovered.

Those who are infected with Norovirus, or suspect they are infected should **STAY AT HOME FOR 48 HOURS AFTER SYMPTOMS GO AWAY.**

This means that if you get sick on Saturday, and your last symptom is Sunday night, you shouldn't return to the school until WEDNESDAY (48 hours after Sunday night would be Tuesday night). This ensures that sick or contagious staff/pupils are not coming into the school and further spreading the infection.

How is Norovirus Spread?

By direct contact transmission (touching someone)

The virus is passed directly from an infected person to another person who transfers the virus to their mouth e.g. by not washing their hands after contact with faeces. **Hands may be contaminated with norovirus without appearing visibly soiled.**

By indirect contact transmission (touching something)

This takes place when a person has contact with a contaminated object such as a toilet, furniture or Educational Teaching Aids/Equipment. The person can then transfer the virus from the object to their mouth. Eating food contaminated with norovirus can also cause infection. Norovirus can be present in either cooked or uncooked food, but the food will not look or smell bad.

By droplet transmission (spreading in the air)

People with excessive vomiting can spread large quantities of virus in droplets which can contaminate surfaces of the school. These droplets can remain in the air, travel over a distance and still be infectious. Spread of norovirus can then occur when others inhale and then swallow these droplets. The spreading of norovirus via the air can contaminate any unwrapped food or surfaces in the school setting potentially leading to indirect contact transmission as described.

Section 2

Preventing the spread of Norovirus

Norovirus is very easily spread – you can catch it simply by touching contaminated surfaces or objects. Early year's staff, teachers, school staff, pupils and parents can help prevent the spread of Norovirus by:

- Strictly adhering to good hand hygiene. Staff and pupils should be encouraged to wash their hands with soap and water frequently, especially after using the toilets or changing nappies, and before eating or preparing food.

It is also important to note that although hand sanitizers are a good complement to washing with soap and water, it is not an appropriate replacement. **Hand sanitizers are not effective against Norovirus, so washing with soap and water is crucial.**

- Ensuring any infected pupil is not sharing things (for example in the nurseries) such as toys, blankets etc
- Keeping any staff/pupil with Norovirus symptoms home from school and away from other staff/pupils where possible – staff/pupils with Norovirus should also avoid contact with vulnerable adults, such as elderly relatives

It is also important that schools and nurseries thoroughly disinfect all surfaces an infected person may have come into contact with whenever possible. **Alcohol-based hand gels or wipes are not effective against Norovirus.**

You may wish to talk to your school nurse about infection control and materials that can be used in schools to increase staff/pupil and parent awareness.

With proper background knowledge of Norovirus and by following these steps before and during an outbreak, you can much more effectively control an outbreak of Norovirus and, ideally, stop the outbreak before it happens.

Notes for teachers and school nurses

- Information (posters, leaflets) on hand washing techniques, norovirus can be sourced from NHS Grampian Health Information Resource Services on www.washyourhandsoften.com/ and www.nhsghcpat.org/HPAC/Index.jsp or by e-

mailing Grampian.resources@nhs.net to promote within the school. This should also be promoted on the schools website to help raise awareness to staff, pupils, parents and guardians.

- Research suggests parents/guardians are a key group to target with Norovirus information as they are among the most likely to take their child to a GP or hospital with symptoms of the virus – a major cause of infection spread.
- General understanding of the term “Norovirus” is low, and it may be more helpful to refer to the symptoms (diarrhoea and vomiting) in communications with parents/guardians.
- NHS Grampian Health Protection Team has suggested continual promotion on Norovirus within your schools during the following school term times:

- (1) After the Easter Holidays
- (2) After the Summer Holidays
- (3) After the Christmas Holidays

[Copy of Sample Letter](#)

Section 3

Guidance on cleaning for use by schools during outbreaks of diarrhoea/vomiting illness

Please be aware that if a school has a permanently based janitor, they will be contacted first in relation to any bodily fluid spillage. If a school does not have a permanently based janitor, it is the responsibility of the head teacher to identify support staff to manage the bodily fluid spillage.

IMMEDIATE actions if an outbreak is suspected

An outbreak should be suspected whenever there is an increased level of absence from school of pupils and/or staff suffering with the same/similar symptoms. The head teacher should be made aware of the occurrence of more than one case of sickness/diarrhoea in any particular class.

More than one instance would be worth considering increasing cleaning to prevent escalation.

Depending upon the number of pupils/staff in a school, 3 or more cases could potentially be considered as an outbreak.

Responding to a Possible Outbreak

There are various steps to take when responding to a potential outbreak of Norovirus, each being important in preventing the spread of the infection and stopping the outbreak before it occurs. The first step is to communicate the situation to the appropriate people. The first people that should be notified of a case of Norovirus are listed in the Flow Chart Document. Parents/Guardians of the pupils should also be notified of an outbreak, to seek treatment for their children and to keep ill pupils at home rather than at school spreading the infection.

[Communications Flowchart during school outbreak of gastrointestinal illness](#)

Guidance on cleaning for use by schools/other buildings during outbreaks of gastrointestinal illness (continued)

IMMEDIATE actions if an outbreak is suspected:

The nature of ALL absences should be recorded routinely as this will assist in identifying a potential outbreak.

An outbreak of illness should be suspected whenever there is an increased level of absence from school of pupils and/or staff suffering with the same or similar symptoms. Even if there is only a slight increase in numbers, it is worth considering increasing cleaning to help prevent further escalation.

Other control measures:

- Attendance at school – staff and pupils should stay away from school until they are 48 hours symptom free.
- Regular, thorough hand washing using liquid soap and running water, followed by drying thoroughly with paper towels/air dryer. Alcohol hand rubs are NOT required.
- Increased cleaning/disinfection – toilet areas including flush, tap and door handles, toilet seats, high touch areas such as banisters. This enhanced cleaning should be undertaken 3 times daily (i.e. after morning break, lunchtime and at the end of the day).
- Minimise the amount of “clutter” in classrooms etc.

If an outbreak is suspected contact the Health Protection Team - 01224 558520

The team will provide detailed advice on the management of the outbreak and provide schools with a letter for parents.

Schools should maintain regular contact with the Health Protection Team for the duration of the outbreak.

Following discussion with the Health Protection Team, the other departments that should be contacted are listed in the flowchart.

DEFINITIONS

Spill Kit Cleaning

This refers to the removal of organic matter (e.g. contaminated dirt, vomit, urine, faeces, blood etc.) using Oxivir RTU (ready to use) or Oxivir SD (Smart Dose)/spill kit. The surface must be visibly clean before any attempt is made to disinfect a surface/item, therefore repeat the cleaning phase until surface is visibly clean. Clean a 3m area around every spill.

Disinfection

The process of reducing the number of infectious organisms to a level where they are not harmful. This can be achieved by heat (e.g. dishwasher/washing machine) or by chemicals e.g. Oxivir SD. It is important that the product is in contact with the surface being disinfected for the length of time stated by the manufacturer. Disinfect a 3m area around every spill.

Enhanced Clean

Three times daily carried out in schools during outbreaks – after mid-morning break, after lunch and at the end of the day. Initiated following advice from the Health Protection Team. Frequencies for other buildings will be determined after discussion with the Health Protection Team.

- Hygiene areas e.g. toilets and kitchen areas, and **any frequent points of contact** such as door handles and facings, light switches and handrails. At the third/routine clean classroom tables and chair backs should be cleaned throughout the school/building as well as a priority to items above. Clean any visible soil from surfaces before disinfecting. When cleaning and disinfecting, work from top to bottom and from cleaner to more heavily soiled surfaces.
- Use Oxivir RTU or Oxivir SD as per manufacturer's instructions.

Post Outbreak Deep Clean

REFER TO NHS FLOWCHART – NHS HPT will advise IF a post outbreak deep clean is required.

Usually a “one-off” clean conducted towards the end of an outbreak. A deep clean involves all of the following:

- Cleaning and then disinfection using Oxivir RTU/SD of all frequent point of contact surfaces listed in enhanced cleans including pc's, telephones and water fountains.
- Cleaning and then disinfection using Oxivir RTU/SD of all horizontal surfaces (including hard floors)

- Cleaning and disinfection of all communal items (e.g. scissors, pencils, rulers) using Oxivir RTU/SD or washed in a dishwasher at the hottest possible temperature for the items being washed. School staff to clean.
- Laundering of Council owned clothing and soft furnishings (e.g. dress up clothes, cushion covers, curtains) at the hottest temperature for the items being washed using biological powder where possible, use laundry bags if available. Personal clothing should be sent home for washing. School staff to clean and arrange.
- Clean carpets with visible contamination by hot water extraction. Pre spray traffic and heavily soiled areas with appropriate pre spray product mixed as per manufacturer's instructions. Extract with appropriate carpet extraction product mixed as per manufacturer's instructions. Clean carpets without visible contamination by encapsulation or extraction.

Immediate Management of ALL spillages

- Remove children/persons from the area and highlight and protect the hazard area with caution signs.
- Incident should be cleaned up promptly (unless crime scene) and only persons involved in the clean up should be in the area to prevent cross contamination
- Contact the Janitor. School without an on-site janitor should have a suitably trained member of staff on site to deal with the spill. Advise them of:
 1. The type of body fluid spilled and number of instances
 2. whether or not there is blood present in the fluid
 3. what type of surface has been contaminated
 4. the size of the spillage

Spillages with no blood present

- Ventilate the area.
- Put on Personal Protective Equipment (PPE).
- Use spill kit as per manufacturer's instructions **or** if no kit immediately available cover the spill using disposable paper towels and spray with a suitable disinfectant (care should be taken to not handle the contaminated wet towels). Use only approved absorbent powder on urine spills if available (not chlorine releasing).
- **DO NOT** use vacuum cleaner to clean up used absorbent powder. Follow instructions on spillage kit.

- Clean the area with Oxivir RTU/SD and if a wet spill using the approved absorbent powder/Oxivir until the surface is visibly clean. Then disinfecting the area using Oxivir RTU/SD following the manufacturers guidance on contact time.
- Discard waste and used PPE into waste bag in the kit and arrange safe disposal. If not using a spillage kit, double bag all waste and dispose of carefully.

Always wash hands thoroughly afterwards with soap and water.

Spills on carpets may need extraction cleaned (a 3m area around the spill) to flush any residue AFTER spill kit has been used – arrange with Mobiles Area Supervisor (see flowchart).

Management of blood spillages

- Ventilate the area.
- Put on PPE.
- Use spill kit as per manufacturer's instructions. If no kit immediately available, cover the spill using disposable paper towels sprayed with a suitable disinfectant (care should be taken to not handle the contaminated wet towels).
- Clean a 3m area around the spill with Oxivir RTU/SD and if a wet spill using the approved absorbent powder/Oxivir until the surface is visibly clean.
- **DO NOT** use vacuum cleaner to clean up used absorbent powder. Follow instructions on spillage kit.
- Disinfect the area using Oxivir RTU/SD or Titan Chlor Plus (for significant blood spills too large for the spillage kits) following the manufacturers guidance on contact time.
- Chlorine releasing agents such as Titan Chlor Plus may remove the colour from carpets and fabrics and some other surfaces. Care should be taken when using such products.
- Following the manufacturer's guidance on contact time or leave for a minimum of 3 minutes.
- Discard waste and used PPE in to clinical waste bag in the kit and arrange disposal. If no kit is available double bag the waste and dispose of carefully. Spills on carpets may need extraction cleaned (a 3m area around the spill) to flush any residue. Arrange with Mobiles Area Supervisor (see flow chart).

Always wash hands thoroughly afterwards with soap and water after removing and disposing of all waste including PPE.

Training

- (1) Aldo E-Learning Module- Bodily Fluids and Spill Kit [ALDO](#)
- (2) Face To Face Spill Kit Training- contact Rab Birnie (Training Co-Ordinator, Business Services, rab.birnie@aberdeenshire.gov.uk Telephone- 01467 536337

Question and Answer Section

[Q&A For Education Services](#)