Infection Prevention & Control considerations for transfer of patients with suspected or confirmed Norovirus from CDHB acute care to LTCF or ARC

Background

Patients involved in Norovirus outbreaks on acute wards commonly experience a delay in their transfer to rehabilitation or their discharge back to their home LTCF/ARC. The risk of introducing Norovirus to a facility and transmission to other residents must be balanced against the patient's best interests, provider capacity and interruptions to the bed flow within the acute care sector.

This paper discusses these issues and makes some infection prevention and control recommendations for all CDHB funded healthcare facilities to use when dealing with patient transfers or discharges in a Norovirus outbreak situation.

Norovirus disease

Norovirus gastroenteritis is a highly infectious disease which is frequently implicated in outbreaks in healthcare facilities and care homes. The virus is transmitted primarily via direct contact, with some droplet and airborne transmission if the patient has projectile vomiting. Only a very small amount of the virus is needed to cause infection and thus it is very easy for cross infection to occur.

Norovirus outbreaks are frequent in healthcare facilities and due to the short immunity period, outbreaks within the same facility may occur several times a year. Older patients are particularly vulnerable to serious complications of the disease. In addition staff frequently acquire the disease which leads to staff shortages and potential increase in cross infection.

The patient journey

Norovirus outbreaks in acute hospital wards and LTCF/ARC facilities can affect the patient journey with sub-optimal outcomes. Individual patient recovery, transfer to rehabilitation or discharge home may be delayed. Outbreaks may close beds or wards and in LTCF/ARC facilities visiting is often restricted during an outbreak.

Infection prevention and control measures

Local, national and international guidelines for the management of Norovirus outbreaks are consistent in their infection prevention and control measures. These include:

- Contact Precautions for symptomatic patients. Droplet Precautions may be added if the patient is actively vomiting
- Contact Precautions for contacts until 48 hours from last exposure
- Dedicated patient care equipment
- Dedicated toilet facilities for symptomatic patients
- Restrictions on patient movement while symptomatic
- Sodium hypochlorite solution for routine disinfection of surfaces and equipment
- Guidelines for staffing and visiting health professionals and other staff to the ward

The CDHB has comprehensive Norovirus guidelines for an outbreak situation which include the measures above and incorporate a traffic light categorisation of patients when multi bed rooms are involved.

Optimal patient discharge and transfer time frames

In a LTC/ARC facility, the principle control measure is to isolate the patient in their own room and restrict their movements to shared areas. This includes a dedicated ensuite bathroom or toilet facility for that person's sole use. LTC/ARC facilities do not always have these facilities and this must be considered when arranging discharge or transfer.

The following table outlines infection prevention and control transfer and discharge guidance for patients involved in a Norovirus outbreak in a CDHB hospital back to their own residential home.

Patient Status	**Norovirus outbreak in LTCF/ARC**	**Norovirus outbreak in acute ward**	**Discharge back to LTCF/ARC (In consultation with the ARC facility)**
Asymptomatic Contact	Yes	No	At any time with facility IP&C precautions
Symptomatic	Yes	No	At any time with facility IP&C precautions in place
Asymptomatic Contact	No	Yes	At any time if patient has own room and toilet facilities After 48hrs of no contact with a symptomatic patient
Symptomatic	No	Yes	At any time if patient has own room and toilet facilities After 48hrs with no S&S

If the patient is being discharged to a new LTCF/ARC then the facility has the option of not accepting the patient until they have had 48 hours of being symptom free or non-exposure to a symptomatic patient. However Infection Prevention and Control (IP& C) should liaise with and advise the facility before this decision is made.

Summary

- Patients should be transferred back to their residential facility when they are clinically well to discharge, and following discussion and information sharing between the ward and the ARC clinical manager's agreement.
- The transfer will be dependent on the facility's ability to implement appropriate infection prevention and control measures if required for the remainder of the patient's isolation period.
- The CDHB Community IP&C Service is available to provide advice to residential facilities.