



Public Health  
England

Protecting and improving the nation's health

# **Controlling Viral Gastroenteritis** In hotels and other accommodation providers

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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This is an update of a manual originally produced by Community Safety at Torbay Council.

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## Executive summary

Outbreaks of viral gastroenteritis are particularly common in situations where large numbers of people live in close proximity eg hotels, hospitals, residential care homes and nursing homes. The virus causing most of these outbreaks is Norovirus.

Norovirus infection can be extremely unpleasant and can severely disrupt a business trip or holiday not only for the sufferer but also for their travelling party. It can cause significant disruption to the running of a hotel as the infection can be easily spread if there is not a co-ordinated action plan in place to ensure the highest of hygienic standards are in place. It is possible through prompt action to control and minimise an outbreak.

This publication is an update of a manual originally produced by Community Safety at Torbay Council.

# Causes and symptoms

## What causes norovirus illness?

Norovirus particles are microscopic. Norovirus only affects humans 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.

The virus enters the body via the mouth. This can happen by:

- eating food or drinking liquids contaminated with the virus
- touching surfaces or objects contaminated with the virus before putting fingers in mouths
- being in contact with someone who is infected with the virus, eg sharing food with them

Norovirus and other viruses causing gastroenteritis can be found in the following sources:

1. 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.
2. In the environment after someone has vomited. For example on horizontal surfaces.
3. In food that has been handled by someone with symptoms.
4. Live foods such as contaminated shellfish eg mussels, clams, oysters. All shellfish should be purchased from reputable suppliers and be correctly handled. It should be thoroughly cooked wherever possible.
5. Sewage contaminated water has been implicated in outbreaks. Salad foods irrigated with waste water are a potential source of infection.

Norovirus is resistant to some cleaning chemicals and may survive within the environment for several days.

## What are the symptoms of norovirus?

Prompt recognition of an outbreak can save considerable time and effort in helping prevent the spread of the illness. Symptoms usually occur 24-48 hours after ingesting the virus and generally last between one and 3 days. Recovery is usually rapid thereafter.

The main symptoms are:

- vomiting - onset can be extremely sudden, and may be projectile resulting in widespread environmental contamination
- diarrhoea - this tends to be short-lived and less severe than with other causes of gastro-enteritis
- nausea, abdominal cramps, headache, muscle aches, chills and fever can also occur
- dehydration, especially in the elderly and very young, can occur through loss of body fluids and may need special medical treatment
- the stress caused may also be detrimental to persons with other underlying diseases or conditions

All age groups can be affected, although spread is more rapid where large groups gather eg children attending children's clubs or group activities at a hotel.

Norovirus infection results in only short-term immunity against subsequent infection.

## How is it spread?

Norovirus is predominantly spread from the vomit of a sick person and transmitted by the following routes:

1. Droplets produced following violent projectile vomiting and profuse diarrhoea. This liberates an aerosol of viral particles into the air that spread readily to others in a wide area.
2. Environmental contamination from both vomit and diarrhoea can occur with subsequent transfer of the virus onto the hands of guests and staff and then into their mouths.
3. Poor hand washing after using the WC can leave hands contaminated and they can then contaminate anything they come into contact with such as food, surfaces etc. Therefore toilets and bathrooms are a major risk area for environmental contamination.
4. Coming into contact with surfaces contaminated with viruses as described above.
5. Eating food that has become contaminated by an infected person either directly or indirectly.

Only a very small number of viral particles are needed to produce symptoms and this usually takes between 24 and 48 hours (average 36 hours) to take effect.

A 30 ml bolus of vomit contains 30 000 000 viral particles and the particles can be spread up to 3 metres away. The infective dose is thought to be less than 100 particles.

# Control of outbreaks

## Action needed before an outbreak, develop an action plan.

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

### 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.

### Train staff

Train staff in the recognition of and 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.

### Create an Outbreak Control Team

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 control of the outbreak. It is more likely to be effective when staff can turn to one person for advice.

### 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.

### 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 concern if an outbreak does occur. The Hit Squad must not include any food handlers.



## Ensure adequate supplies

Ensure you have a stock of cleaning and disinfection products 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 (1000 ppm) can be achieved.

## Cleaning supplies

- personal Protective Equipment (disposable gloves and aprons)
- steam cleaner

## Contacting local medical practitioners

Contact your local GP practice to determine if they are able to offer assistance and medical advice in the event of an outbreak.

## 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.

## 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. It is advisable that these staff undertake normal cleaning duties releasing hotel staff for the hit squad.

## Action needed when an outbreak occurs - implement the action plan

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.

## Contact your Environmental Health Department

Do not assume that an outbreak of vomiting and diarrhoea is viral in origin; it might be caused by food borne bacteria eg Salmonella, E. coli or Campylobacter. Contact the Environmental Health Department (EHD) as soon as possible in order for an initial investigation to be made. EHD officers 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 2.

### Assemble the Outbreak Control Team

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

### 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. Ensure thorough training is given to all night staff that may be called upon to clean affected areas.

This should include enhanced cleaning of public and staff areas, including toilets with particular attention to frequent touch items such as door handles.

### Collect information and faecal specimens

The EHD will leave a number of faecal specimen pots, labels and forms for you to distribute to affected guests and staff. They will also require you to complete an Outbreak Summary Sheet giving details of all the guests/staff who have been ill. An example is given in Appendix 5. It may be possible for the samples to be posted directly to the laboratory. The environmental health officers will advise you on this.

### Determine the severity of the outbreak

Proprietors of hotels and other accommodation providers 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?

If it is evident that the infection is going to be persistent ie more than a few days, then it would be prudent, wherever possible, to inform tour operators and pre-booked guests of the situation. There may be legal consequences of failing to control an outbreak. This would include giving prospective guests sufficient information to make an informed choice.

## What is the legal position?

We live in an increasingly litigious world where people are quick to reach for the phone to call a lawyer or solicitor if they feel they have been wronged in some way. Whilst it is not always possible to prevent an initial infection coming into the premises, 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'. Compensation may be claimed for pain and suffering, and for loss of money with regard expenditure and income. It is likely that the damage will be greater if the hotelier was aware of the problem and did nothing to resolve it.

It should be noted that a good Norovirus protocol and Action Plan may reduce the hotel's liability.

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

# Guest illness

## Managing ill guests

### Illness Report Form

Complete an Illness Report Form for each affected person. An example is found in Appendix 3. One form should be FULLY completed for each ill person. This will help you see if there are any common links between sufferers.

### Obtain a faecal specimen

Ask each affected person to provide a faecal specimen which can then be sent to the laboratory for testing. Where a person declines or is unable to provide a specimen then this should be clearly noted at the end of the Illness Report Form. Specimen pots are available from the general practitioners or EHD. 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. EHD officers may be prepared to collect sample pots in the initial days of the outbreak in order to speed up the detection process.

Ensure the label on each pot and accompanying request form is fully completed as advised by your environmental health officer to ensure the sample is appropriately tested.

### Stress good personal hygiene

Instruct guests, staff and other visitors on the importance of good personal hygiene especially handwashing. This is particularly important before eating. In severe cases, it may be appropriate to provide hand wash facilities at the entrance of the restaurant. NB alcoholic hand rubs do not effectively inactivate norovirus. It is advisable to cease self-service buffets.

### Isolate affected persons

Actively encourage affected people to stay in their rooms and avoid all public areas. Where a room is being shared with people who have not experienced symptoms then they should also be encouraged to remain isolated.

Food and drink should be taken up to rooms rather than affected persons attending communal dining areas.

Visitors to the premises eg contract workers, or friends and relatives visiting ill people should be discouraged. It is through contact with affected persons that an outbreak is likely to grow in size.

### Provide information to guests

Information should be provided to guests in the rooms 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 is given in Appendix 4.

### Provide extra facilities for ill guests

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

### Do not send symptomatic guests or staff to the GP

It is advisable to request the GP to visit if required, rather than send affected persons to the Medical Centre. This will reduce the risk of spread of infection. Alternatively, contact NHS 111 for information and advice.

### 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.

# Staff illness

## Managing 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 off duty:

1. An Illness Report Form should be completed.
2. Faecal specimens should be obtained from any infected staff.
3. Staff should refrain from work until at least 48 hours, preferably 72 hours, have passed after symptoms cease.
4. 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.
5. 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

## Cleaning and disinfection procedures

Cleaning and disinfection is an important factor in preventing the spread of the virus and if carried out effectively it should reduce the risk of further spread of infection. 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 and until at least 48 hours have passed without any further incidents arising.

## 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.

## Changing/washing facilities

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

## 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 solution eg bleach or virucidal multi-purpose cleaner
- 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
- hazard warning tape

## Protective equipment

Provide protective equipment for cleaning staff. This includes:

- single use latex gloves
- single use disposable plastic aprons



## 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 episodes of sickness or 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.

### Hard surfaces

For hard surfaces carry out the following steps:

1. Clean away gross contamination

Paper towels should be used to cover and remove any gross contamination of vomit or faecal material and these should be placed in a plastic bag that is securely sealed, either by tying or using wire tags.

2. 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.

3. Disinfect with hypochlorite solution

- Disinfect with a freshly prepared 0.1% hypochlorite solution (1000ppm). It is important to check the label for concentrations.
- Recommended hypochlorite solutions at a concentration of 1,000 ppm include:
  - 50mls of Milton added to 950mls of water
  - Chlor-Clean, Haz tabs, or Presept tablets, as per manufacturer's instructions using a diluter bottle where applicable
  - Others may be available.
  - 100 ml of household bleach (5% - concentration varies) added to 4900 ml of water
- It is essential that the correct concentration of the solution is made up to ensure that it is effective in killing the virus.

- A fresh solution of hypochlorite should be made every 24 hours as the concentration becomes less effective after this time period. The date and time should be recorded when the solution is made up.

NEVER MIX CHEMICALS as this can affect the efficiency of the chemicals and/or become hazardous to the users.

#### 4. Cleaning of fixtures and fittings

Ensure thorough cleaning of all fixtures and fittings takes place eg 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.

#### 5. Cleaning techniques

Use separate cleaning cloths and disposable paper towels for each area eg 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.

Drinks glasses, cups and crockery should never be washed in rooms but returned to the kitchen and washed in the dishwasher.

#### 6. Contamination in bedrooms

Any used hypochlorite 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 bagged and removed and washed separately from other hotel crockery.

## 7. Cleaner's equipment

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

## Soft furnishings

### 1. Avoid Use of bleach solution

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

### 2. Removal of contaminated items

Any removable soft furnishings eg towels, bedspreads, cushions, curtains, etc., 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 to the virus. These materials can be adequately washed on a hot wash cycle. This must be greater than 60°C.

### 3. 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. Ensure they are capable of achieving a 60°C hot wash cycle in order to disinfect the linen.

### 4. 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 materials 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.**

### Rooms occupied by ill guests

1. Clean and disinfect contaminated areas/objects as per Cleaning and Disinfection Procedures.
2. 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.
3. Remove bedding and towels for laundering.
4. Make sure all laundry items from affected rooms are bagged separately before transfer to the laundry.
5. Mattresses and soft furnishings, which have not been contaminated, should be steam cleaned.
6. If possible, duvets and pillows should be removed for cleaning.
7. All hard surfaces and hand contact surfaces should be cleaned then wiped down with a 0.1% Hypochlorite solution eg 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.
8. Ensure separate disposable cloths are used for 'dirty' areas such as toilets.
9. All tea making facilities and provisions, cups, glasses, teapots and other crockery. All items should be washed separately from other hotel crockery etc.
10. After room service the guest should collect the crockery, cutlery, glassware etc. And pass them through the doorway. Staff should not enter the room.
11. Dispose of teabags, coffee sachets, biscuits and other consumables.
12. Replenish drinking water supplies where needed.
13. Dispose of all toilet rolls and other toiletries.
14. Hand towels should be changed at least daily in rooms where affected persons are staying, although the use of disposable paper towels is recommended.

15. Where possible ventilate the room.
16. If possible, affected rooms should be left unoccupied for 72 hours after cleaning.

## Public areas

1. When sickness occurs in public areas eg 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.
2. 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 gross contamination.
3. 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.
4. 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.
5. During an outbreak routine cleaning of public toilets, staff toilets and shared bathrooms will need to be increased in frequency to at least 4 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.
6. 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.

## Swimming pools

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

1. Clear the pool of bathers immediately.
2. Ensure that disinfectant levels are maintained at the top of the range.
3. Use a coagulant and filter the water for 6 turnover cycles.
4. Backwash the filter throughout this operation.

5. Subject to clarity of water and satisfactory pH and chlorine levels the pool can then be re-opened.
6. Records should be maintained of the incident and all subsequent actions taken.
7. Instructions for cleaning and disinfection (ie Instructions as detailed in Cleaning and Disinfection Procedures) should be followed for pool surrounds and communal areas.
8. The areas to be cleaned and cordoned off should extend to at least 3 metres around the area of gross contamination.
9. Consider the closure of pools during outbreaks.

## Precautions for guests on arrival and departure

During an outbreak, 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 use 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
  - Disinfectant/virucidal agent
  - 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.

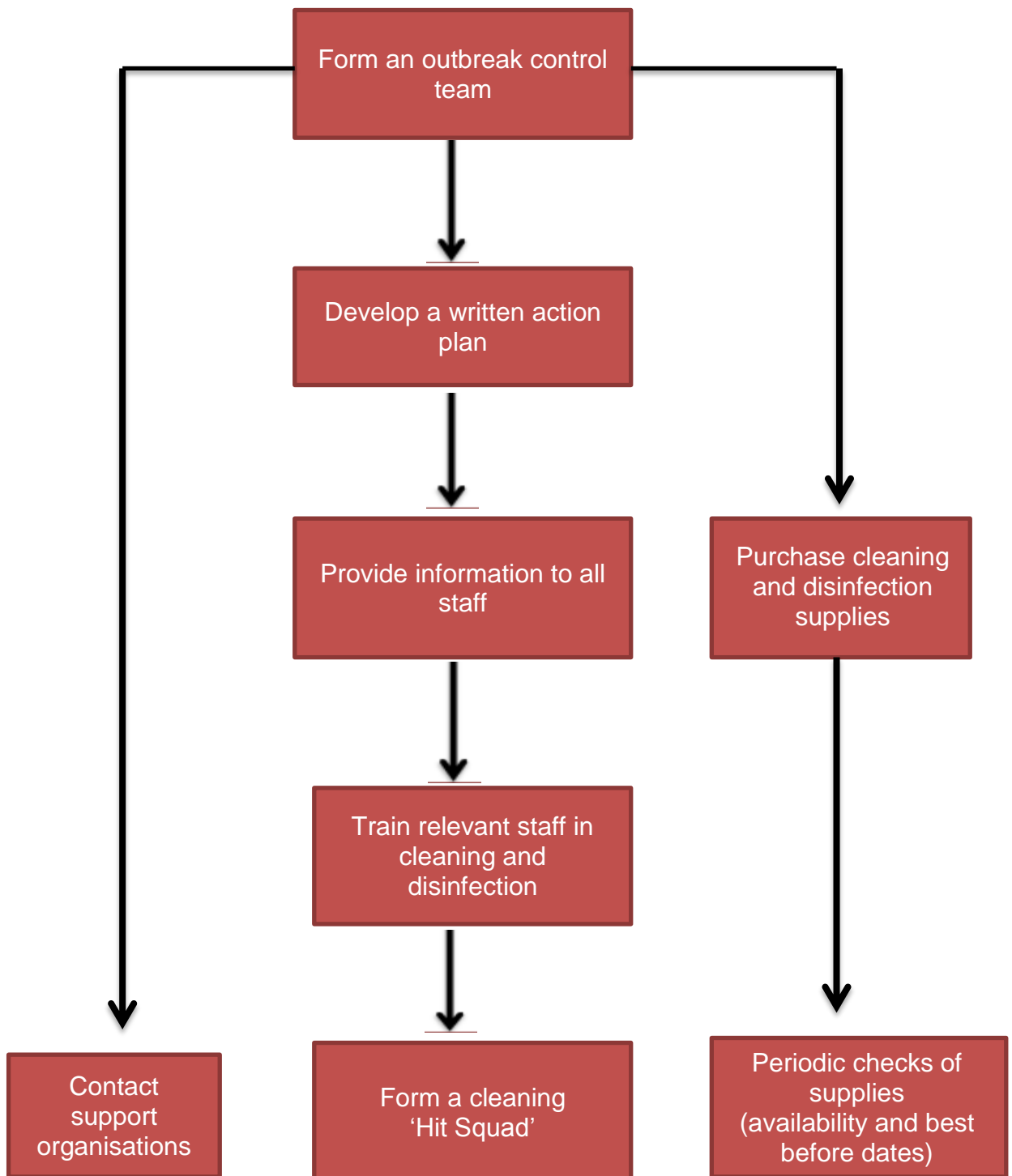
3. Designate a separate area for the storage of contaminated waste away from personal belongings and foodstuffs. These materials should be handed over at the end of the journey or tour to either the coach tour operator or the hotel management for its safe disposal.
4. The same cleaning procedures should be followed as stated in 'Cleaning and Disinfection Procedures'.
5. If sickness occurs in the WC 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

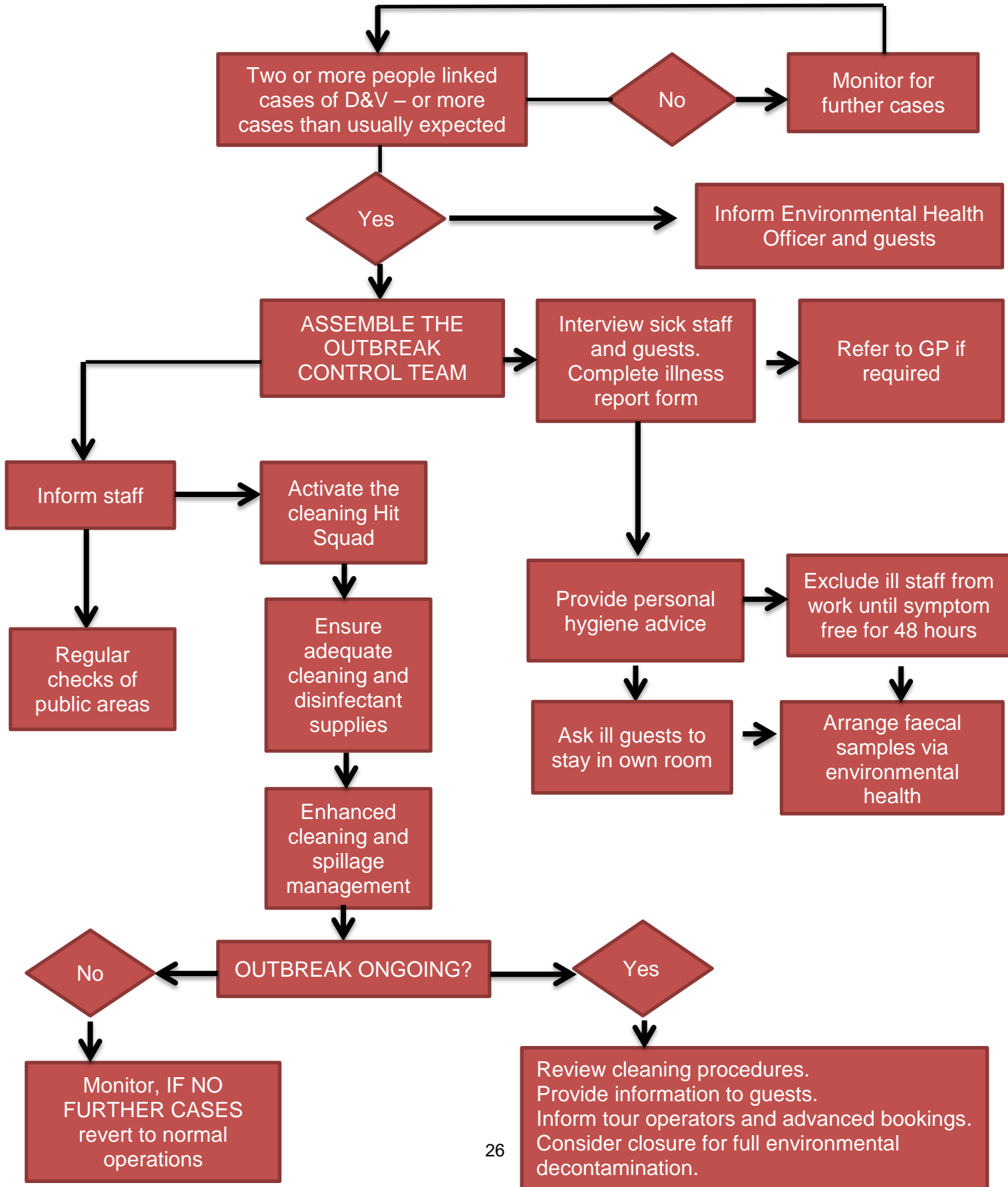
8. The coach tour operator will need to have a procedure for cleaning and quarantining an affected coach at the earliest opportunity either upon the completion of a return journey to a home area or during a stay at a hotel. This will include:
  - the steam cleaning of seats and other soft furnishings
  - thorough cleaning and disinfection of hard surfaces
  - the removal of head rest covers, cushions etc. for laundering above 60°C
  - removal and proper disposal of consumables eg 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 re-circulateA period of 72 hours is recommended between the cleaning/disinfecting of a coach and it being brought back into use.
9. 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 for action to prepare for viral gastroenteritis outbreaks



## Appendix 2 - Flow chart for action when a viral gastroenteritis outbreak occurs



## Appendix 3 - Illness Report Form

Premises name		Address
---------------	--	---------

Affected person		Date of birth	
Staff or guest		Date of arrival	
Date of onset		Symptoms	
Room		Locations when unwell	

Home address	
Phone number	
General practitioner	

Food history before onset

24 hours before onset

Date	Time eaten	Foods eaten	Where eaten or purchased

1 day before start of symptoms

Date	Time eaten	Foods eaten	Where eaten or purchased

2 days before onset

Date	Time eaten	Foods eaten	Where eaten or purchased

Stool specimen offered:		Pot returned	
Result		Date symptoms resolved	

## Appendix 4 - Information for guests

### Suggested content for an information sheet

#### Illness precautions

- you may be aware that this hotel is currently implementing special arrangements following reports that some of our guests have become unwell with diarrhoea and vomiting
- be assured that this 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 hotel management as soon as possible
- you may be required to submit a sample for analysis

#### What should you do now?

Observe a strict hygiene routine:

- regular hand washing with soap and water will reduce the likelihood of contracting the illness (Alcohol hand rubs are not effective against some viruses commonly causing D&V)
- utilise your own rooms WC facilities rather than those in public areas

#### Special health precautions

If your health practitioner has previously advised that you are immunocompromised, 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 symptom free
- try to be considerate to fellow customers
- often symptoms will last for only a day or two
- hotel staff will attempt to make you as comfortable as possible during any period of illness
- ventilate your room with fresh air where possible
- observe strict hygiene precautions for approximately 3 weeks after your illness

# Appendix 5 - Summary sheet

Name of Person	Address of Person	Date of Birth	Room No	Onset	Symptoms	Duration of Symptoms	Date containers given	Date collected by EH Dept.	Date sample sent to PHE	Bacterial Results (+ or -)	Viral Results (+ or -)