

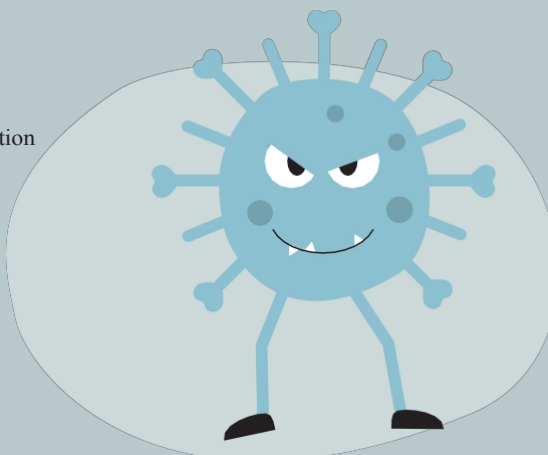
# The norovirus

Noroviruses are among the most common causes of infectious gastrointestinal diseases. They occur frequently, especially in the autumn and winter months – not only in inpatient facilities, but also in outpatient care. Care clients who are looked after in day care centres or who return home after a hospital stay can also transmit the virus. Vigilance is therefore required, as is the consistent implementation of all hygiene measures initiated by the PDL, residential area management or nursing staff.

## How is norovirus transmitted?

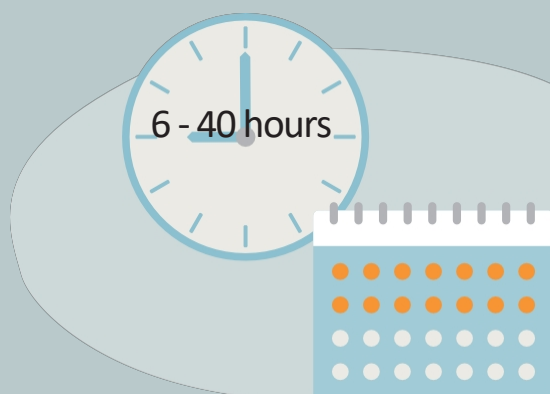
The viruses are excreted in faeces and vomit. Infection occurs mainly through:

- direct contact with infected persons
- contaminated surfaces
- or tiny droplets in the air when vomiting



## incubation period

- Symptoms can appear as early as 6 to 50 hours after infection.
- The acute phase of the disease is particularly contagious, but even after this phase, the virus be excreted in the stool for up to 14 days. Therefore, hygiene remains important even after the symptoms have subsided.



## The disease manifests itself as follows:



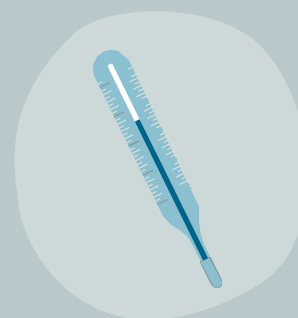
sudden, violent vomiting,



severe diarrhoea



abdominal pain, nausea,  
headaches, fatigue



sometimes accompanied  
by a high  
temperature.



**CAUTION:** Fluid loss is the greatest danger, especially in older people. Make sure that the person you are caring for drinks enough. If not, please inform the responsible nurse.



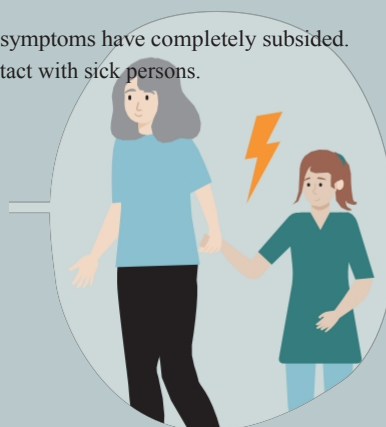
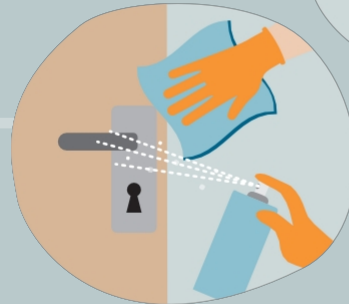
### Your task as a caregiver: Implement hygiene measures

If a norovirus infection is suspected, the PDL or a nurse will order appropriate measures. Your task as a nurse is to implement these guidelines

carefully and consistently – for the protection of the sick care recipient, other care recipients and, of course, for your own protection.

#### Please note:

- gloves, protective gowns and FFP2 masks must be worn consistently and only for individual patients.
- Always practise hand hygiene according to plan – continue even after symptoms have subsided (for at least 4–6 weeks!).
- Surface hygiene: Door handles, toilets and washbasins should be disinfected regularly.
- Only use care utensils for one person and disinfect them thoroughly.
- Always transport laundry in a closed bag and wash at a minimum temperature of 60 °C.
- Keep cohabitants, relatives and, if applicable, pets at a distance.
- If you experience any symptoms (e.g. nausea or diarrhoea), please inform management immediately and seek medical advice  
You may only resume work at the earliest 48 hours after the symptoms have subsided.
- If the care recipient needs to be transferred (e.g. to hospital), it is essential to inform the transport service and the facility in advance.
- Sick persons should not receive visitors until 2 days after the symptoms have completely subsided. Children and immunocompromised persons should not have contact with sick persons.
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#### Note on the obligation to report

According to the Infection Protection Act, infection with noroviruses is notifiable (Sections 6 and 7 IfSG). This applies in particular to people who work in communal facilities or are under 6

Special regulations apply to persons aged 16 and under. Please note: Registration is carried out by the attending physicians – if you have any questions, please contact your PDL.



## Treatment

There is no specific treatment for norovirus, nor is there a vaccine. It is particularly important to compensate for fluid and electrolyte loss. If your care recipient is not drinking enough or is severely weakened,

please inform the responsible specialist or PDL **immediately**. They will consult with the doctor to decide whether, for example, an intravenous infusion is necessary or whether the patient needs to be transferred to hospital.

## How you can support your care recipient

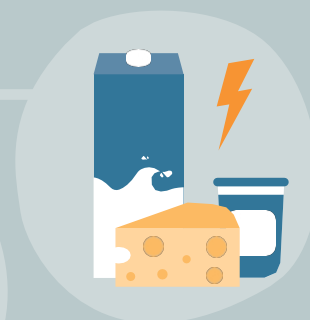
A norovirus infection often leaves the person you are caring for feeling weak, unsteady and helpless – older people and those with pre-existing conditions are particularly at risk. Even

there is no specific treatment, as a caregiver you can do a lot to ensure that your care recipient feels well looked after and safe.

## What can the care recipient eat and drink?

Please always follow the instructions of the nursing staff and, if necessary, the doctor's advice. As a general guideline,

- **Drinking is essential:** offer small amounts of liquid regularly – preferably still water, herbal teas (e.g. chamomile, fennel) or lightly salted broth.  
herbal teas (e.g. chamomile, fennel) or lightly salted broth.
- **No dairy products or fruit juices:** these can make diarrhoea worse – please avoid them at all costs.
- **Easily digestible food when appetite returns:** rusks, pretzel sticks, steamed carrots,  
Rice, porridge or banana – offer small portions and keep a close eye on what your child can tolerate. Avoid fatty or spicy foods that are difficult to digest.
- **What else can you do?** Feel free to ask:  
"What would you like to drink?" or "What work well for you in the past when you had stomach ache?" This builds trust and sometimes yields surprisingly good suggestions.
- **Offer a hot water bottle** – but please never without consulting a nurse and only if there are no contraindications.
- **Create a calm environment** – TV, mobile phones or loud noises cause unnecessary stress.



## Assistance if the care recipient vomits or has diarrhoea

Vomiting and diarrhoea are not only physically stressful for care recipients, but often also embarrassing.

This makes it all the more important that you, as a caregiver, respond calmly, respectfully and confidently in such moments.



## Here is what you can do if your care recipient vomits:

- **Ensure safety immediately:** Position the care recipient upright or in a safe side position – this will prevent the risk of choking.
- **Remove vomit quickly and hygienically:** Use disposable gloves, a wash bowl, disposable towels or cellulose. Then offer careful oral care.
- **Calm them down gently:** "It's okay, these things happen. I'm here." – A calm tone conveys a sense of security.
- **Feeling fresh:** Warm water for rinsing or

A damp washcloth can be soothing and restore a feeling of freshness.

*"Don't worry. I'm here.  
You're not alone."*

## What to do about unpleasant odours?

Odours can also be stressful – both for the care recipient and for you as a caregiver. Therefore, pay close attention to the following:

- Open windows or briefly ventilate the room without creating a draught
- Place odour-absorbing cloths or special room fresheners (e.g. lavender, lemon) around the room – choose subtle, not irritating.
- Use fragrance-free cleaning cloths or wash gloves.
- Work with a pleasant scent, e.g. a few drops of essential oil (e.g. orange or mint) on the inside of the FFP2 mask – but only if permitted and tolerated.
- Speak in a calm and respectful manner, because nothing is worse for care recipients than feeling ashamed of their own body odour. A sentence such as, "Don't worry – I'll take care of everything now," can take a lot of pressure off.

## Small gesture – big impact

In these moments, you are often the only person close to the care recipient. Your attitude – caring, calm, unruffled – is the most important thing. Because you are not only helping physically, but also emotionally, so that your care recipient feels safe and accepted again. Explain calmly, kindly and in simple terms what is happening – this will reassure them: "You have caught a stomach virus. We will take good care of you now and



## What you can do if your care recipient has diarrhoea:

- accompany toilet visits or repositioning quickly, always with an eye on skin protection and privacy.
- Gentle cleansing (e.g. with lukewarm water or special care wipes) and skin protection creams prevent to avoid irritation.
- Change clothes and bedding immediately – discreetly, calmly and without rushing.
- Observe exactly how often diarrhoea occurs – and document it if necessary, or inform the nurse in charge.



will help you get back on your feet quickly. An encouraging look, a warm smile or a short conversation about the past can also provide support. Show them: "I am here. You are not alone."

In difficult moments like these, it's not just what you do that counts – it's how you do it. Your calmness, understanding and loving care make all the difference to the care recipient.