








HEALTH SERVICES
PUBLIC HEALTH

Deschutes County Health Department
*Gastroenteritis Outbreak Tool Kit for Long Term
Care Facilities*

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Gastroenteritis Outbreak Response Checklist for Long-Term Care Facilities

To Do	Reference
NOTIFY: <input type="checkbox"/> Notify Deschutes County Health Department (DCHD), Communicable Disease Services of possible outbreak within 24 hours.	Page 2
TRACK: <input type="checkbox"/> Keep track of cases by filling out the case log	Page 3 Appendix 1
 Case Log.x  Itcflog.pdf Case Log.pdf	
SPECIMENS: <input type="checkbox"/> Have 3-5 stool or vomit specimens tested at a lab (your lab or the Oregon State Public Health Lab).	Page 3
EDUCATE: <input type="checkbox"/> Educate facility staff and residents of the outbreak, symptoms and preventive measures	Page 4 Appendix 2
 keyfacts-sp.pdf  keyfacts.pdf	
CONTROL MEASURES: <input type="checkbox"/> Stop all transfers and new admissions <input type="checkbox"/> Isolate ill cases <input type="checkbox"/> Limit visitors and post notices on all entrances of the facility <input type="checkbox"/> Restrict/exclude sick employees from work <input type="checkbox"/> Cancel group activities and group dining <input type="checkbox"/> Deep clean all equipment and frequently touched surfaces <input type="checkbox"/> Enforce hand washing and personal protective equipment among staff	<div style="text-align: center; padding: 5px;">  ControlMeasuresReport.pdf </div> Page 5 Appendix 2 Appendix 3 Appendix 4
OUTBREAK STATUS: <input type="checkbox"/> After the facility is symptom-free for 4 days, agree with DCHD to declare the outbreak over.	Page 6
REPORT: <input type="checkbox"/> Complete the “Control Measures Report” with DCHD	Page 6 Appendix 5
INFECTION CONTROL: <input type="checkbox"/> Meet with staff and the Infection Control Practitioner in your facility	Page 6
Appendicis: Appendix 1: Gastroenteritis Case Log Appendix 2: Norovirus Illness: Key Facts (CDC) Appendix 3: Facility Outbreak Notice Appendix 4: Gastroenteritis Clean-up and Disinfection Guidelines Appendix 5: Control Measures Report <div style="text-align: right; padding-right: 50px;">Appendix 6: Infection Prevention Video for Staff</div>	



Notify Deschutes County Health Department (DCHD) of possible outbreak within 24 hours.

Single cases of suspected gastroenteritis (i.e. someone experiencing vomiting and/or diarrhea) are not reportable but Oregon Administrative Rule 333-018 requires all *outbreaks* to be reported and investigated by the Local Health Department (LHD).

An outbreak is defined as two or more cases with unexplained symptoms at the same time and location. If there are two or more people showing symptoms of norovirus or other gastroenteritis illness in your facility within a short period of time, it must be reported to DCHD within 24 hours.

You should encourage staff members to report gastroenteritis illnesses among residents immediately to their supervisor and/or DCHD. For a list of common symptoms, see page 4.

Practice active gastroenteritis surveillance within your facility to detect outbreaks promptly:

- Keep accurate, daily health records of each resident to be able to identify early symptoms of gastroenteritis or other illnesses.
- Review resident health data over time to identify trends that are signs of outbreaks.
- Alert the designated Infection Control Practitioner in your facility (if available) of staff or residents with gastroenteritis symptoms.

**Deschutes County Health Department
24 hour disease reporting line
541-322-7418**



Keep track of cases by filling out the case log.

DCHD will instruct you to complete and submit the “Gastroenteritis Case Log”. You may also be asked to provide periodic updates on the information. Please select a point person at your facility who will track and update the case log.

The log is available as a fillable pdf (Appendix 1) which you should complete and return by secured email. You may also choose to print a copy and fax it to DCHD.



Have 3-5 stool or vomit specimens tested at a lab (your lab or the Oregon State Public Health Lab).

If you haven’t already done so, DCHD encourages you to collect 3-5 stool or vomit samples from ill staff and/or residents. Testing can be done through your facility’s laboratory or through public health. If you would like assistance with testing through public health or need testing supplies, please coordinate with DCHD. The Oregon State Public Health Laboratory (OSPHL) will test stool and vomit during gastroenteritis outbreaks. DCHD can provide Stool Collection Kits and help prepare and send specimens to the OSPHL laboratory.

OSPHL Specimen Collection Guidelines

- Stool specimens should be collected as soon as possible after the onset of illness (typically within 48-72 hours after onset).
- Collect whole stool (about walnut size stool) or 10ml of watery stool from at least three sick residents.
- Specimens should be stored in a refrigerator until ready to transfer. Do not freeze or leave stool at room temperature.
- Store stool in a tightly closed container and away from food or medication.
- Correctly label each specimen with the date of collection, and the name and date of birth of the ill person.
- Specimens should be sealed in a bag and transferred in an insulated, waterproof container with cold packs to ensure appropriate temperature during transfers.
- If needed, contact DCHD to arrange pick up and transfer of the specimen to the lab.



Educate all facility staff and residents of the outbreak, symptoms and preventative measures

Share key facts about the illness with all staff and residents (or see Appendix 2 to print a copy): <http://www.cdc.gov/norovirus/downloads/keyfacts.pdf>

A person infected with norovirus (the most common gastroenteritis illness) will begin to shed the virus a few hours before symptoms begin and can continue shedding the virus for 2 weeks. Peak viral shedding occurs at 2 to 3 days after symptom onset. Norovirus symptoms typically present 12–48 hours after exposure to the virus.

Primary symptoms include:

- vomiting
- diarrhea- typically watery and without blood.

Secondary symptoms include:

- nausea
- low-grade fever
- abdominal cramps
- malaise
- chills

There is no treatment for norovirus infection but precautions should be taken to avoid dehydration, especially in the very young and very old.

Encourage frequent hand washing among staff, food handlers, and residents in the facility. Staff members should use proper personal protective equipment (PPE) to protect themselves from illness and to prevent further person-to-person transmission.

The use of gloves, masks, and gowns should be highly encouraged for staff members working with ill patients and cleaning bodily fluids.

Sick staff members should not be allowed to work until they are symptom free for 48 hours.



Implement facility-wide control measures

The quickest way to prevent new cases in an outbreak is by identifying and stopping transmission. Control measures should be implemented once your facility suspects an outbreak; do not wait for DCHD to declare an outbreak.

Effective control measures include:

STOP ADMISSIONS & TRANSFERS

Inform and limit the facility’s visitors to protect the facility residents. Stop all transfers within and out of the facility; or provide a descriptive symptom profile to the receiving facility prior to any transfer. Do not accept new admissions into the infected facility until the outbreak is declared over by DCHD. Post notices on the entrance of the facility warning them of the outbreak and its highly communicable nature (refer to *Facility Outbreak Notice*, Appendix 3).

STOP GROUP ACTIVITIES

Stop group activities until the outbreak has been declared over. Communal meals and social and recreational groups should be stopped to prevent further person-to-person transmission.

LIMIT EQUIPMENT USE

If your facility has the resources, dedicate the usage of specific lifts, shower chairs, and other communal equipment to the ill residents. If not possible, it is imperative to clean the shared equipment thoroughly before using it with another resident. Ensure cleaning solution meets requirements for killing norovirus.

IMPLEMENT COHORTING

If your facility has the capacity and resources, place all sick patients into the same area or wing and assign staff to work with those patients only (staff cohorting). Restrict staff movement from sick residents to well residents. If that is not possible, staff should work with well patients first before moving to sick patients. Isolate cases until asymptomatic for 48 hours. Consider excluding non-essential staff, students and volunteers during an outbreak.

CLEAN

Clean up vomit and diarrhea first, then disinfect all affected surfaces with an Environmental Protection Agency-registered commercial virucide. If one is not available, prepare a bleach solution (3/4 cup concentrated bleach per 1 gallon of water) to disinfect all affected surfaces as well as nearby surfaces: chair handles and backs, door handles, counters, hand railings, bed linens and frequently used items (food trays, combs, remote controls, etc.)

See Appendix 4, “*Gastroenteritis Clean-up and Disinfection Guidelines*” for complete instructions.



With DCHD, declare the outbreak over after the facility has been symptom-free for 4 days / 96 hours.

DCHD will declare the outbreak over after your facility has been symptom-free for four days or 96 hours, which is two incubation periods. You will be notified when it is safe to resume normal operations, with normal ongoing gastroenteritis surveillance at your facility. Using enhanced precautions is recommended in the two weeks following the end of an outbreak. DCHD can provide advice on what enhance precautions you should follow.



With DCHD, complete the “Control Measures Report.”

DCHD and the Oregon Health Authority use the Control Measures Report to track the control measures implemented during outbreaks across the state.

You must complete the report. You may enter the information in one of the following formats:

- Online. DCHD will send you a link to an online form for you to complete and submit.
- Electronic fillable pdf form (Appendix 5). Fill it out, save and email it back to DCHD by secure email. You may also choose to print it, fill it out by hand and fax it back to DCHD.



Meet with staff and the Infection Control Practitioner

Arrange a meeting with your staff and Infection Control practitioner, if available, to discuss lessons learned and how to prevent future outbreaks at your facility. Please contact DCHD if you have any questions or would like additional guidance.

Norovirus Illness: Key Facts

Norovirus—the stomach bug

Norovirus is a highly contagious virus. Norovirus infection causes gastroenteritis (inflammation of the stomach and intestines). This leads to diarrhea, vomiting, and stomach pain.

Norovirus illness is often called by other names, such as food poisoning and stomach flu. Noroviruses can cause food poisoning, as can other germs and chemicals. Norovirus illness is not related to the flu (influenza). Though they share some of the same symptoms, the flu is a respiratory illness caused by influenza virus.



Anyone can get norovirus illness

- Norovirus is the most common cause of acute gastroenteritis in the U.S.
- Each year, norovirus causes 19 to 21 million cases of acute gastroenteritis in the U.S.
- There are many types of norovirus and you can get it more than once.

Norovirus illness can be serious

- Norovirus illness can make you feel extremely sick with diarrhea and vomiting many times a day.
- Some people may get severely dehydrated, especially young children, the elderly, and people with other illnesses.
- Each year, norovirus causes 56,000 to 71,000 hospitalizations and 570 to 800 deaths, mostly in young children and the elderly.

Norovirus spreads very easily and quickly

- It only takes a very small amount of norovirus particles (fewer than 100) to make you sick.
- People with norovirus illness shed billions of virus particles in their stool and vomit and can easily infect others.
- You are contagious from the moment you begin feeling sick and for the first few days after you recover.
- Norovirus can spread quickly in enclosed places like daycare centers, nursing homes, schools, and cruise ships.
- Norovirus can stay on objects and surfaces and still infect people for days or weeks.
- Norovirus can survive some disinfectants, making it hard to get rid of.

Norovirus can spread in many ways

Norovirus can spread to others by—

- having direct contact with an infected person, for example, touching an infected person while caring for them,
- eating food or drinking liquids that are contaminated with norovirus,
- touching objects that have norovirus on them and then putting your fingers in your mouth, for example, touching a countertop that has vomit droplets on it and then putting your fingers in your mouth and
- sharing utensils or cups with people who are infected with norovirus.

There's no vaccine to prevent norovirus infection and no drug to treat it

- Antibiotics will not help with norovirus illness because antibiotics do not work on viruses.
- When you have norovirus illness, drink plenty of liquids to replace fluid loss and prevent dehydration.
- If you or someone you are caring for is dehydrated, call a doctor.



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 “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under running water.
5. Dry your hands using a clean towel or air dry them.

See Handwashing: Clean Hands Saves Lives
(www.cdc.gov/handwashing/)

5 Tips to Prevent Norovirus From Spreading

1. Practice proper hand hygiene

Always wash your hands carefully with soap and water—

- after using the toilet and changing diapers, and
- before eating, preparing, or handling food.

Alcohol-based hand sanitizers can be used in addition to hand washing. But, they should not be used as a substitute for washing with soap and water.

2. Wash fruits and vegetables and cook seafood

thoroughly Carefully wash fruits and vegetables before preparing and eating them. Cook oysters and other shellfish thoroughly before eating them.

Be aware that noroviruses are relatively resistant. They can survive temperatures as high as 140°F and quick steaming processes that are often used for cooking shellfish.

Food that might be contaminated with norovirus should be thrown out. Keep sick infants and children out of areas where food is being handled and prepared.

3. When you are sick, do not prepare food or care for others

You should not prepare food for others or provide healthcare while you are sick and for at least 2 to 3 days after you recover. This also applies to sick workers in schools, daycares, and other places where they may expose people to norovirus.

4. Clean and disinfect contaminated surfaces

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

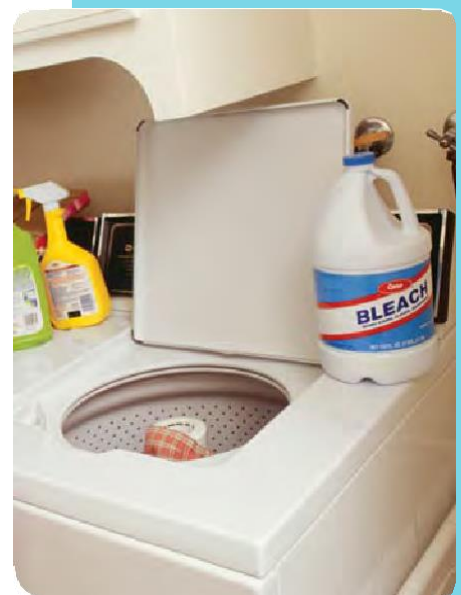
5. Wash laundry thoroughly

Immediately remove and wash clothes or linens that may be contaminated with vomit or stool (feces).

You should—

- handle soiled items carefully without agitating them,
- wear rubber or disposable gloves while handling soiled items and wash your hands after, and wash the items with detergent at the maximum available cycle length then machine dry them.

Visit CDC’s Norovirus Web site at www.cdc.gov/norovirus for more information



Gastroenteritis Outbreak Notice

NOTICE!

We are currently experiencing many cases of gastroenteritis among our staff and residents.

We are working with the Local Health Department and State Public Health Division to contain and control this highly communicable disease.

Please, for the safety of our residents and their visiting friends and family, we ask that visiting your loved ones be limited as much as possible. Please refrain from bringing young children and elderly to visit; as they are most susceptible to intestinal infections.

If you do decide to visit, please check in at the front desk, and take an outbreak fact sheet for your reference.



Gastroenteritis Clean-up and Disinfection Guidelines

1. Clean up all vomit or diarrhea right away!

- Wear protective clothing such as disposable gloves, apron and mask and wipe up vomit or diarrhea with paper towels. Throw away used paper towels in a plastic bag or biohazard bag.
- Use cat litter, baking soda or other absorbant material on carpets and upholstery to absorb liquid. Do not vacuum.
- Use soapy water to wash surfaces and all nearby surfaces such as door knobs and handles. Rinse with plain water and wipe dry with clean paper towels before disinfecting.

2. Disinfect with chlorine bleach solution

- Prepare solution:

IF HARD SURFACES ARE AFFECTED...
e.g., non-porous surfaces, vinyl, ceramic tile, sealed counter-tops, sinks, toilets

3/4 CUP OF CONCENTRATED BLEACH + **1 GALLON WATER**

CONCENTRATION ~3500 ppm

IF USING REGULAR STRENGTH BLEACH (5.25%), INCREASE THE AMOUNT OF BLEACH TO 1 CUP.

Source: cdc.gov

- Wipe affected surfaces and leave wet for at **least 5 minutes.**
- Rinse all surfaces intended for food or mouth contact v

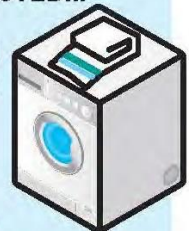
3. Wash your hands with soap and water

Remember:

- Chlorine percentages in commercially available bleach range from 3.5% to 12.5%. Check the label.
- Follow the manufacturer's instructions for dilution, application, and contact time.
- Bleach solution loses its concentration level of chlorine the longer it has been opened. **Routinely change the solution.**
- Do not use scented or splash-proof bleach.
- Cleaning solutions must be properly labeled at all times.
- Hand sanitizer and wipes are generally not effective for killing norovirus.

IF CLOTHING OR OTHER FABRICS ARE AFFECTED...

- Remove and wash all clothing or fabric that may have touched vomit or diarrhea
- Machine wash these items with detergent, hot water and **bleach** if recommended, choosing the longest wash cycle
- Machine dry



Source: cdc.gov

Appendix 4.

Do not mix soap or other chemicals with bleach solution!



CONTROL MEASURES REPORT

OUTBREAK # _____ FACILITY NAME _____

CORPORATION NAME _____

Completed by: _____ Date: ___ / ___ / ___ County: _____

FACILITY POPULATION INFORMATION

- _____ Total number of residents in the facility during the outbreak.
 _____ Total number of employees (not including staff from "temp" agencies) during the outbreak.
 _____ Total number of temporary agency staff hired during this outbreak (enter 0 if agency staff were not used).
 _____ Total number of patient care staff during the outbreak.

FACILITY QUESTIONS *(please include dates)*

- | Y | ? | N | |
|---|--------------------------|--------------------------|---|
| A | <input type="checkbox"/> | <input type="checkbox"/> | Is the facility Medicare certified? |
| B | <input type="checkbox"/> | <input type="checkbox"/> | Is the facility Medicaid certified? |
| C | <input type="checkbox"/> | <input type="checkbox"/> | Is the facility owned by a corporation (as opposed to an individual business)? |
| D | <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have written procedures for contact isolation of patients? |
| E | <input type="checkbox"/> | <input type="checkbox"/> | When were facility control measures first implemented? ___ / ___ / ___ |
| F | <input type="checkbox"/> | <input type="checkbox"/> | What type of facility is it? <i>(check all that apply)</i>
<input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Residential Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Memory Care |

CONTROL MEASURES FOR RESIDENTS & PATIENTS *(please include dates)*

- | Y | ? | N | |
|---|--------------------------|--------------------------|--|
| G | <input type="checkbox"/> | <input type="checkbox"/> | Were admissions discontinued until the last sick patient was symptom-free for 48 hours or more?
<i>If yes, what date were admissions discontinued? ___ / ___ / ___ and resumed? ___ / ___ / ___</i> |
| H | <input type="checkbox"/> | <input type="checkbox"/> | Were sick patients confined to their rooms until they were symptom free for 48 hours or more?
<i>If yes, when were patients confined? ___ / ___ / ___</i> |
| I | <input type="checkbox"/> | <input type="checkbox"/> | Were group activities discontinued until the outbreak was over? When? ___ / ___ / ___ |
| J | <input type="checkbox"/> | <input type="checkbox"/> | Were transfers from one ward to another discontinued during the outbreak? When? ___ / ___ / ___ |
| K | <input type="checkbox"/> | <input type="checkbox"/> | Were visitors restricted during the outbreak? When? ___ / ___ / ___ |
| L | <input type="checkbox"/> | <input type="checkbox"/> | Was patient care equipment dedicated to a single sick patient, or shared among similarly sick patients? |
| M | <input type="checkbox"/> | <input type="checkbox"/> | Were any patients with vomiting or diarrhea placed on contact precautions? When? ___ / ___ / ___ |
| N | <input type="checkbox"/> | <input type="checkbox"/> | Were patients with vomiting or diarrhea moved to private rooms or to rooms with other patients with vomiting or diarrhea (cohorting)? When? ___ / ___ / ___ |

CONTROL MEASURES FOR STAFF *(please include dates)*

- | Y | ? | N | |
|---|--------------------------|--------------------------|--|
| O | <input type="checkbox"/> | <input type="checkbox"/> | Are sinks, soap and paper towels within or just outside each resident's room? |
| P | <input type="checkbox"/> | <input type="checkbox"/> | Was the same staff to resident assignments maintained throughout the outbreak (cohort nursing)? |
| Q | <input type="checkbox"/> | <input type="checkbox"/> | Do employees have paid sick leave?
<i>If yes (check only one box):</i> <input type="checkbox"/> all permanent staff or <input type="checkbox"/> some permanent staff |
| R | <input type="checkbox"/> | <input type="checkbox"/> | Were there any employees with vomiting and diarrhea restricted from work until symptom-free for 48 hours? When? ___ / ___ / ___
What did patient caregivers use while caring for a patient with vomiting or diarrhea (choose one)?
<input type="checkbox"/> gloves only <input type="checkbox"/> gloves & gown both <input type="checkbox"/> gloves, gown & mask <input type="checkbox"/> no equipment |
| | | | What preparation(s) were used to clean up fecal and vomit accidents (choose all that apply)?
<input type="checkbox"/> Bleach & water <input type="checkbox"/> Other: _____ |
| S | <input type="checkbox"/> | <input type="checkbox"/> | Was non-essential personnel excluded from outbreak-affected units? When? ___ / ___ / ___ |
| T | <input type="checkbox"/> | <input type="checkbox"/> | Was staff educated on the cause of the outbreak and control measures? When? ___ / ___ / ___ |

Infection Prevention Training Videos

The Oregon Patient Safety Commission and the Oregon Healthcare Associated Infections Program at the Oregon Health Authority are collaborating to create infection prevention training videos. These videos can be used as a refresher during an outbreak. Videos are available in English and Spanish. Use the following links to access the videos:

English Infection Prevention Videos: www.bitly.com/IPTrainingVideos

Spanish Infection Prevention Videos: www.bitly.com/IPTrainingVideosEspanol



Environmental Hygiene: Best Practices to Use When Cleaning and Disinfecting Patient Rooms



Higiene Ambiental: Las Mejores Prácticas para Limpiar y Desinfectar Habitaciones de Pacientes



Norovirus: Training for Environmental Cleaning Staff



Norovirus: Formación para Personal Higiene Ambiental