PUBLIC HEALTH DIVISON
Acute and Communicable Disease Prevention
Kate Brown, JD, Governor

Oregon Health Authority

GASTROENTERITIS CONTROL MEASURES REPORT

OUTBREAK #_____ **FACILITY NAME** _____

CORPORATION NAME _____

Completed by:_____ **Date:** ____/____/_____ **County:**_____

FACILITY POPULATION QUESTIONS

_____ 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 staff hired during this outbreak (enter 0 if temporary staff were not used).
Total number of patient care staff during the outbreak.

FACILITY QUESTIONS *(please include dates)*

	Y	?	N	NA	
A	☐	☐	☐	☐	Is the facility Medicare certified?
B	☐	☐	☐	☐	Is the facility Medicaid certified?
C	☐	☐	☐	☐	Is the facility owned by a corporation?
D	☐	☐	☐	☐	Does the facility have written procedures for contact isolation of patients?
E					When were facility control measures first implemented? ___/___/_____
F					When were control measures lifted and typical procedures resumed? ___/___/_____
G					What type of facility is it? (*check all that apply*)

☐ Skilled nursing ☐ Residential Care ☐ Assisted Living ☐ Adult Foster Care ☐ Memory Care

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

	Y	?	N	NA	
H	☐	☐	☐	☐	Were admission discontinued until the outbreak was over? *If yes,* what date were the admissions discontinued?___/___/_____ and resumed? ___/___/_____
I	☐	☐	☐	☐	Were sick patients confined to their rooms until they were symptom free for 48 hours or more? *If yes,* when were patients confined? ___/___/_____ through ___/___/_____
J	☐	☐	☐	☐	Were group activities discontinued until the outbreak was over? ___/___/_____ through ___/___/_____
K	☐	☐	☐	☐	Were ward transfers discontinued during the outbreak? ___/___/_____ through ___/___/_____
L	☐	☐	☐	☐	Were visitors restricted during the outbreak? ___/___/_____ through ___/___/_____
M	☐	☐	☐	☐	Was patient care equipment dedicated to a single sick patient, or shared among similarly sick patients?
N	☐	☐	☐	☐	Were patients with vomiting or diarrhea put on contact precautions? ___/___/_____ through ___/___/_____
O	☐	☐	☐	☐	Were patients with vomiting or diarrhea moved to private rooms or to rooms with other patients with vomiting or diarrhea (cohorting)? ___/___/_____ through ___/___/_____

CONTROL MEASURES FOR STAFF *(please include Start and End dates*

	Y	?	N	NA	
P	☐	☐	☐	☐	Are sinks, soap and paper towels within or just outside each residents room?
Q	☐	☐	☐	☐	Were the same staff-to-resident assignments maintained throughout the outbreak (cohort nursing)?
R	☐	☐	☐	☐	Do employees have paid sick leave? *If yes, (check only one box)* ☐ all permanent staff or ☐ some permanent staff
S	☐	☐	☐	☐	Were there any employees with vomiting or diarrhea restricted from work until symptom-free for 48 hours? Number of restricted employees:_____
T					What did patient caregivers use while caring for a patient with vomiting or diarrhea (*choose one)*?

☐ gloves only ☐ gloves & gown both ☐ gloves, gown & mask ☐ no equipment

U What preparation(s) were used to clean up fecal and vomit accidents (*choose all that apply)*?

☐ Bleach & water ☐ Other:_____

V	☐	☐	☐	☐	Were non-essential staff excluded from outbreak units? ___/___/_____ through ___/_____
W	☐	☐	☐	☐	Was staff education on the cause of the outbreak and control measures? When? ___/___/_____