

BEST PRACTICES: CONTROL OF VIRAL GASTROENTERITIS OUTBREAKS IN GROUP RESIDENCE FACILITIES

NOTIFICATION AND CONSULTATION

Review the document, <i>Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in California Long-Term Care Facilities (CDPH, Oct 2006)</i>
Keep a line list of ill residents and staff using the case log at the back of the guidelines mentioned above. <ul style="list-style-type: none"> ▪ List ill staff on separate pages (state work location and job title)
Notify the facility medical director, director of nursing or infection control, supervisors, staff, and residents.
Notify the appropriate California Licensing and Certification district office.
Notify Community Epidemiology Branch (CEB) and submit the following: <ul style="list-style-type: none"> ▪ Line list of ill residents and staff (to be maintained throughout the outbreak) ▪ Site map with location of ill residents and staff indicated
Notify CEB of any of the following events while the outbreak is ongoing: <ul style="list-style-type: none"> ▪ Sudden increase in number of cases over a 24-hour period ▪ A symptomatic food handler is identified ▪ A death is potentially linked to the outbreak

BASIC INFECTION CONTROL AND EDUCATION

Educate staff, residents, and visitors about proper hand washing practices. Distribute written materials about proper hand hygiene. Do not rely on alcohol-based hand sanitizers.
Ensure the facility has adequate supplies of hand washing products (liquid soap) and paper towels, and that these items are replenished in a timely fashion. Hand washing products should be easily accessible for staff and residents.
Post contact precaution signs on ill residents' rooms.
Post signs prominently in affected areas discouraging non-essential visitation.
Educate staff and resident about viral gastroenteritis and norovirus via handouts and/or signs.
Discontinue staff potlucks and parties until at least 7 days after last case onset.

INFECTION CONTROL: ISOLATION AND COHORTING

- **Goal of Isolation:** Limit the spread of organisms from a contaminated area to an uncontaminated area.
- **Method:** Cohorting. Requires modification of resident movement and staff work practices, initiation of contact precautions, and dedication of equipment and supplies for at least 7 days after last case onset. Cohorting modifications apply to an affected area.
- **Affected Area:** May be a group of rooms, a hallway, a ward, a unit, a floor, or a building where symptomatic individuals reside or where symptomatic staff worked and exposed residents or other staff. Affected area may change during the course of the outbreak.

INFECTION CONTROL: RESIDENTS

Request all ill residents stay in their rooms until symptom-free (no diarrhea or vomiting) for 48-72 hrs.
<i>(As needed)</i> Request all residents in affected areas (ill <i>and</i> well) stay in their rooms until all residents are symptom free for 48-72 hrs.
Minimize movement of residents between units whether the unit is affected or not.
Serve meals to residents in affected areas in their own rooms.
<i>(As needed)</i> Discontinue group meal service facility-wide when more than one unit is affected.
Discontinue group social and therapy activities in the affected unit, or facility-wide as appropriate, until at least 7 days after last case onset (in residents or staff).
Remove all food items shared among residents, staff, visitors (coffee pots, bowls/bags of candy, cookies, popcorn, etc.).
Discontinue all new admissions and transfer of residents between units and to other facilities until 7 days after last onset.
Dedicate the use of patient care equipment to a single resident within the affected unit. If this is not possible, clean and disinfect equipment before use with another resident. Equipment includes, but is not limited to: <ul style="list-style-type: none"> ▪ BP Cuffs ▪ Bedside Commodes ▪ Stethoscopes ▪ Wheelchairs ▪ Thermometers ▪ Therapy Equipment
Ensure that residents' personal items are not shared and not left in common areas. Label items such as cups and pitchers.

INFECTION CONTROL: ALL STAFF

Inform all staff immediately of the outbreak and their specific role in containing it.
Ensure staff are not responsible for multiple task types; e.g., caregivers should not be involved in food preparation.

Exclusion from Work

Identify symptomatic staff throughout the facility and exclude them from work until they are symptom-free for 48-72 hrs.
Instruct symptomatic staff to notify supervisors of their illness immediately. Update staff illness log.
Do not assign staff returning to work after illness to non-affected areas for at least 7 days after their symptom onset and ensure that they observe strict hand washing precautions.
Discourage ill and exposed staff from working in patient care or food handling at other facilities.

Dedicated Staffing

Discontinue "floating staff" between affected and non-affected units.
Maintain work assignments: staff exposed in an affected area should continue to work only within that area.
Exclude non-essential personnel, including volunteers, from rooms of symptomatic residents and affected units.

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Contact Precautions and Personal Protective Equipment (PPE)

- Observe contact precautions in rooms of ill residents. Contact precautions should be observed by *all* staff (professional/caregiving, housekeeping, kitchen, administrative).
- Wear gloves, gown, shoe covers, and a surgical or procedure mask when in contact with feces or vomitus and the immediate or contaminated environment.
- Fully train all staff in the use of contact precautions and PPE.
- Ensure that sufficient supplies for contact precautions (disposable gowns, gloves, mask or faceshield, shoe covers) are accessible near point of use to facilitate usage requirements. Access to gloves in resident rooms must be unobstructed.
- Place used PPE in sealable, preferably biohazard, containers after use and before exiting the area.

INFECTION CONTROL: HOUSEKEEPING AND MATERIALS

- Inform housekeeping staff immediately of the outbreak and their specific role in containing it.
- Dedicate housekeeping staff to an affected unit and do not rotate them to other units.
- If possible, make housekeeping staff with appropriate PPE available 24/7 to respond to ‘clean-up’ calls in a timely manner and to provide more frequent routine sanitation during the outbreak.
- Sanitize common and residential areas at least twice daily with a disinfectant effective against norovirus (see *Norovirus Cleaning and Disinfection*). Common and residential areas include cafeterias/dining areas, restrooms, activity rooms, libraries, waiting rooms/lobbies, lounges, computer rooms, staff break rooms, bedrooms. Particular emphasis should be given to “high touch” surfaces within these areas, such as:
 - Bathroom Surfaces
 - Drinking Fountains
 - Doorknobs & Handles
 - Recreation Equipment
 - Light Switch Plates
 - Telephones
 - Computer Keyboards
 - Railings
 - Elevator Buttons
 - Tables & Chairs
 - Wheelchairs & Walkers
 - Remote Controls
- Wear gloves at all times when cleaning. Gloves should be changed after each task, from area to area.
- Clean rooms of asymptomatic residents in affected areas before cleaning rooms of symptomatic residents.

Emergency or Stat Cleaning

- Treat as a biohazard any vomiting or fecal accident, especially in a food service area or other common area.
- Close or cordon off the area immediately and clean and disinfect according to the instructions in *Norovirus Cleaning and Disinfection*. Full personal protective equipment (PPE) should be used (see above).

Cleaning Supplies and Equipment

- Dedicate cleaning equipment and materials to the affected area.
- Use disposable cleaning cloths and mop heads whenever possible. Ideally, use one wipe/cloth per one surface.
- Launder cleaning supplies according to *Norovirus Cleaning and Disinfection* (when laundry is done onsite).
- Sanitize cleaning carts and equipment after use in contaminated areas. Store separately.

Waste Handling and Removal

- Provide sealable, preferably biohazard, waste disposal containers in ill residents’ rooms for disposal of contaminated waste.
- Empty waste promptly. Use gloves. Do not allow waste bags or containers to come into contact with clothing.
- Transport biohazard waste safely; do not contaminate clean areas.

Laundry

- Store and launder contaminated and uncontaminated laundry items separately.
- Treat as biohazards contaminated linens and clothing. When laundry is done onsite, staff should observe biohazard precautions when handling, transporting, and laundering. See *Norovirus Cleaning and Disinfection*.
- Consider using a laundry service during an outbreak if residents typically share a common laundry area.

INFECTION CONTROL: KITCHEN

- Inform food service management and staff of the outbreak and their specific role in containing it.
- Clean up vomitus and feces immediately from kitchen and dining areas following instructions in *Norovirus Cleaning and Disinfection*. Full PPE should be worn (see above).
- Mandate glove use for all kitchen staff during an outbreak. Wash hands and change gloves between tasks.
- Discontinue all self service of food items, including salad bars, drink stations, family-style dining, and any other self-service practices until at least 7 days after last case onset.
- When group meal service is continued during an outbreak:
 - Stringently clean high touch surfaces in the dining room after each meal service. This is critical.
 - Wear gloves, protect clothing, and use disposable cleaning supplies when cleaning kitchen/food service areas.
- When meals are served in rooms:
 - Serve well residents first (when all residents are served in rooms).
 - Clean and disinfect promptly any utensils, serving items, and delivery carts returned from affected areas.