

Acute Gastrointestinal Illness Outbreak Management Checklist for All Residential Facilities (rev. 12/2021)

Thank you for reaching out to Contra Costa Public Health for assistance and guidance for your facility.

This document details local reporting requirements and guidance summaries from the Centers for Disease Control and Prevention (CDC), the California Department of Social Services (CDSS) and California Department of Public Health (CDPH) in the event of a suspected gastrointestinal illness outbreak.

Please review and quickly implement this checklist of outbreak control measures. Rapid implementation will help prevent additional illness among residents and staff members and reduce overall facility disruptions.

The following situations are **reportable to Contra Costa Public Health and should trigger a facility response**:

1. One resident with laboratory-confirmed, acute gastrointestinal illness*, OR
2. A cluster of acute gastrointestinal illness* (2 or more residents and/or staff members) within 48-hours (2 days)

***Acute Gastrointestinal Illness = 1 or more of the following symptoms: nausea, vomiting, non-bloody diarrhea, or abdominal discomfort**

Please review the material and provide real-time training with all staff involved in carrying out the job duties. The checklist below is grouped by focus area. Please initial next to each item on the checklist once it is implemented at your facility and the date of implementation.

Step 1: Complete Page 2 and the Preliminary Report (Page 7) and fax to (925) 313-6465 as soon as possible
Step 2: Review and promptly implement checklist (Pages 3-5)
Step 3: Complete the white "When Outbreak Detected" checklist column (Pages 3-5) and submit by fax
Step 4: Monitor facility daily and update Public Health
Step 5: When outbreak has ended, complete the gray "When Outbreak Has Ended" checklist column (Pages 3-5); sign and date "When Outbreak Has Ended" section on Page 6; complete the final report on Page 8; and fax all pages

Your signature on each document indicates that your facility has implemented the recommended measures.

If you need to report a COVID19 event, please click [here](#).

Thank you,
Acute Communicable Disease Program
Contra Costa Public Health

Prior to implementing and faxing the checklist, please complete this page and the Preliminary Report (Page 7) and fax to Public Health.

Facility Name:	Facility Contact Name (s):
Phone #1: Phone #2:	CDPH/CDSS License Number, if applicable:
Fax #:	E-Mail:
Facility Address:	
Facility City:	Facility Zip Code:

Please check one box below for your facility type:

<input type="checkbox"/> Alcohol & Drug Rehab Center	<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Board & Care
<input type="checkbox"/> Congregate Living Health	<input type="checkbox"/> General Acute Care / Acute Psychiatric Care	<input type="checkbox"/> Independent Living	<input type="checkbox"/> Intermediate Care
<input type="checkbox"/> Long-term Care Facility	<input type="checkbox"/> Memory Care	<input type="checkbox"/> Pediatric Day Health	<input type="checkbox"/> Residential Care for Persons with Special Health Needs/Chronically Ill
<input type="checkbox"/> Respite Care	<input type="checkbox"/> Skilled Nursing Facility	<input type="checkbox"/> Shelter	<input type="checkbox"/> Other:

- 1) How many licensed beds do you have? # _____
- 2) What is your current patient/resident census? # _____
- 3) First date affected individuals started to feel sick? (mm/dd/yy): _____
- 4) How many symptomatic patient(s)/resident(s) do you have? # _____
- 5) How many total staff do you have? # _____
- 6) How many symptomatic staff do you have? # _____
- 7) Is your facility experiencing any staffing shortages? No Yes: please describe: [Click or tap here to enter text.](#)
- 8) Do any staff work at other facilities? No Yes: please describe: [Click or tap here to enter text.](#)
- 9) Has testing already been done for affected individuals for the cause of their symptoms? (circle answer): Yes / No

If Yes, provide the information below but if not known, write in "pending". If you circled No, proceed to checklist on the next page.

Information requested	Answer
Testing dates (mm/dd/yy)	
What were they tested for? (list organism{s}):	
If results available, what are they? (list organism{s}):	
Name of the laboratory you used for testing:	

			When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Intervention	N/A	Date Initiated	Date Completed
1. Communication				
a.	Notify facility Administration and/or Medical Director and/or Corporate			
b.	Notify facility Infection Control, if applicable			
c.	Report Outbreak of Acute Gastrointestinal (GI) illness to Contra Costa Public Health @ 925-313-6740 (phone tree options: press 1, then 2).			
d.	Report Outbreak to your regulatory agency (CDPH or CDSS) www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx www.cdss.ca.gov/Portals/9/CCLD/ASC.pdf			
e.	Do not transfer patients out of your facility unless a <u>higher level of care</u> is needed. If transfer needed, notify the transporting agency and receiving facility of your outbreak.			
f.	No new admissions and transfers to your facility until there are no new cases in residents and employees for at least 4 days (96 hours) .			
g.	Post signs at all entrances for visitors and staff stating gastroenteritis outbreak and recommend washing hands with soap and water when they arrive and leave. Sample signage at: cchealth.org/norovirus			
h.	Designate a restroom where visitors can wash their hands.			
i.	“Well Checks” on ill residents 2-3 times per day is recommended. Alert family/conservator if resident’s condition worsens.			
2. Infection Control				
a.	Confine symptomatic residents to their isolation room until 2 days (48 hours) at minimum after symptoms cease.			
b.	<p>i. Healthcare Facilities: Place symptomatic residents in ‘Contact Precautions’. Personal Protective Equipment (PPE) should be worn by all employees when entering isolation rooms: 1) Gown and gloves when entering resident’s room, 2) Wear a mask if resident is vomiting or if you are cleaning or disposing of vomit or stool, and 3) Remove gown and gloves at the resident’s door and wash hands. Sample Isolation Sign: www.cdc.gov/hai/pdfs/ppe</p> <p>ii. Non-Healthcare Congregate Living Facilities Persons entering room/apartment for cleaning and/or assisting with activities of daily living need to observe the following steps: 1) Wear protective apron and gloves when entering resident’s room, 2) Wear a mask if resident is vomiting or if you are cleaning or disposing of vomit or stool, and 3) Remove protective apron and gloves at the resident’s door, place in laundry hamper and wash hands before continuing with other activities.</p>			
c.	Perform hand hygiene (washing) using soap and water immediately before putting on gloves and after removing gown and gloves.			

			When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Intervention	N/A	Date Initiated	Date Completed
	d. Place dedicated equipment in isolation rooms, when able. If not possible, clean and disinfect equipment before use with another resident. ***Equipment includes, but is not limited to the following: <input checked="" type="checkbox"/> BP Cuffs <input checked="" type="checkbox"/> Commodes <input checked="" type="checkbox"/> Stethoscopes <input checked="" type="checkbox"/> Wheelchairs <input checked="" type="checkbox"/> Thermometers <input checked="" type="checkbox"/> Therapy Equipment ***			
3. Facility Control Measures				
	a. Discontinue community dining until 4 days (96 hours) after the last identified case; serve meals to resident's rooms. Avoid serving meals to visitors.			
	b. Cancel or postpone <u>all</u> group activities until at least 4 days (96 hours) after the last identified case.			
	c. Screen visitors, volunteers and employees for GI symptoms. If symptomatic, instruct them to stay home until symptom-free for at least 2 days (48 hours) .			
	d. Remove <u>all</u> symptomatic employees from work.			
	e. Assist residents in hand washing with soap and water before meals and after toileting.			
	f. Asymptomatic residents that have been exposed should not be moved (from an affected to an unaffected unit).			
	g. Discontinue the "floating" of all employees from the affected (ill) unit to an unaffected (not ill) unit.			
4. Daily Reporting	Public Health will assist you with using SharePoint			
	a. Complete a line list using SharePoint for all symptomatic patient/residents and staff/employees.			
	b. Update the line list with new symptomatic persons and email to Public Health daily.			
5. Management of Kitchen & Food Handlers	NOTE: Complete the following section if a kitchen employee (food handler) worked while symptomatic.			
	a. Remove <u>all</u> symptomatic kitchen employees from work. Instruct them to stay home until symptom-free for at least 2 days (48 hours) .			
	b. Dispose of <u>all</u> ready-to-eat food that may have been contaminated or handled by a symptomatic kitchen employee.			
	c. Temporarily close kitchen when a symptomatic food handler is identified. Sanitize with the below solution.			
	d. Use a chlorine bleach solution with concentration of 1000-5000 ppm (5 tablespoons to 25 tablespoons of household bleach {5%-8%} per gallon of water. This is called a 1:5 bleach solution. *Bleach solution shelf life is 24 hours.			
6. Environmental Cleaning & Laundry	NOTE: Norovirus can survive in a dried state on surfaces at room temperature for up to 21-28 days <ul style="list-style-type: none"> See Environmental Cleaning Resource: waterandhealth.org/resources/posters/#norovirus 			
	a. Clean and disinfect vomit and fecal spillages promptly. Employees need to wear proper PPE/protective clothing (i.e. isolation gown, gloves and mask). If not available, call Public Health for assistance.			

			When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Intervention	N/A	Date Initiated	Date Completed
b.	Clean and disinfect vomit and fecal spillages promptly. Employees need to wear proper PPE/protective clothing (i.e. isolation gown, gloves and mask). If not available, call Public Health for assistance.			
c.	Increase cleaning frequency of hard non-porous, high-touch surfaces to three times per day with a commercial disinfectant or use a chlorine bleach solution, see below. ***High-touch surfaces include, but not limited to: door knobs, bed rails, call lights, bedside tables, commodes, toilets, phones, keyboards/mouse, hallway rails, elevator buttons and faucets***			
d.	Use a chlorine bleach solution with concentration of 1000-5000 ppm (5 tablespoons to 25 tablespoons of household bleach {5%-8%} per gallon of water. This is called a 1:5 bleach solution. *Bleach solution shelf life is 24 hours. (www.epa.gov/pesticide-registration/list-g-epas-registered-antimicrobial-products-effective-against-norovirus)			
e.	Soiled carpets and soft furnishings: clean with hot water and detergent or steam clean. Dry vacuuming is not recommended (it can aerosolize the virus).			
f.	Hold soiled (contaminated) laundry away from your clothing to prevent contamination and transmission. Place immediately into dirty laundry hamper.			
g.	Use disposable cleaning cloths and mop heads. Ideally, use one wipe/cloth per one surface.			
7. Lab Testing				
a.	Specimens should be collected as soon as possible after the onset of illness up to 7 days.			
b.	Collect stool samples from at least 3 symptomatic residents and/or employees.			
c.	Specimens should be stored at refrigeration temperature until ready to transport to a lab. Store stool in a tightly closed container. Do not place specimen where food or medication is stored. (Contact Public Health for assistant if this is problematic.)			
8. Outbreak Resolution				
a.	Date facility or unit reopened to new admissions and transfers, if applicable.			
b.	Monitor for symptoms of new GI illness among all residents and employees until at least one week following the last onset of illness.			
c.	Handwashing should continue with soap and water for employees and residents before eating and after using the bathroom. The virus may be present in stool for two or more weeks after recovery.			

[When the outbreak has been detected]

My signature indicates that I have read, reviewed, and implemented these recommendations and had the opportunity to ask questions.

_____ Date: _____
 (Signature of Facility Representative)

[When the outbreak has ended]

As a facility, we monitored all patients and staff for symptoms of acute gastrointestinal illness for a total of 7 days following the last date of illness onset. Our facility outbreak has resolved.

_____ Date: _____
(Signature of Facility Representative)

Preliminary Report

I have read these recommendations and had the opportunity to ask questions, on behalf of the affected facility.

Facility Name: _____

Facility Baseline Metrics (Preliminary Report)	Count Indicators	Count
	Patient Census	
	Staff Census	
	Number of ill (symptomatic) residents	
	Number of ill (symptomatic) staff	
	Date Indicators	Date
	Date facility implemented the use of EPA approved disinfectant effective against Norovirus (EPA List G)	
	Date facility temporarily closed to new admissions	
	Date facility temporarily closed to new visitors	
	Date facility temporarily closed group dining	
	Date facility temporarily postponed group activities	

Signature: _____
 (Facility Administrator)

Date: _____

Page Break

Final Report

As a facility, we monitored all patients and staff for symptoms of acute gastrointestinal illness for a total of 7 days following the last date of illness onset.

Facility Name: _____

Outbreak Resolution Metrics (Final Report)	Count Indicators	Count
	TOTAL number of ill (symptomatic) residents	
	TOTAL number of ill (symptomatic) staff	
	Date Indicators	Date
	Date facility re-opened to new admissions	
	Date facility re-opened to all visitors	
	Date facility group dining re-opened	
	Date normal group activities restarted	

Signature: _____ Date: _____
 (Facility Administrator)

Resources

Educational & Training Materials:

- 1) Real-Time Training Video: Clean Up After Someone with Norovirus Vomits or Has Diarrhea (CDC)
youtu.be/TAkH4jakLYA
- 2) Registered List of Products Effective Against Norovirus (List G) (EPA)
www.epa.gov/pesticide-registration/list-g-epas-registered-antimicrobial-products-effective-against-norovirus
- 3) Poster: Stop Norovirus – For Elderly Residents (CDC)
www.cdc.gov/norovirus/images/stop-norovirus-lg.jpg
- 4) Other Posters: Norovirus
 - Cleaning-up and Disinfection for Norovirus,
 - Helping the Spread of Norovirus,
 - Help Prevent the Spread of Norovirus (“Stomach Bug”),
 - Clean-up and Disinfection for Norovirus (“Stomach Bug”)waterandhealth.org/resources/posters/#norovirus
- 5) Norovirus – Fact Sheet for Food Handlers www.cdc.gov/norovirus/downloads/foodhandlers.pdf

Guidance Documents:

- 1) Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in California Long-Term Care Facilities - California Department of Public Health (CDPH, 2006)
www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/PCofViralGastroenteritisOutbreaks_ADA.pdf