

# Gastrointestinal Outbreak Response Checklist

## Long-Term Care Facilities

<p><b>Notify:</b></p> <ul style="list-style-type: none"> <li>Notify Multnomah County Health Department of a possible outbreak within 24 hours.</li> </ul>	<p><a href="#">Page 2</a></p>
<p><b>Track:</b></p> <ul style="list-style-type: none"> <li>Keep track of cases by filling out the case log.</li> </ul>	<p><a href="#">Page 2</a></p>
<p><b>Specimens:</b></p> <ul style="list-style-type: none"> <li>Have 3-5 stool or vomit specimens tested at a lab</li> </ul>	<p><a href="#">Page 3</a></p>
<p><b>Educate:</b></p> <ul style="list-style-type: none"> <li>Educate staff, residents, and visitors on symptoms and infection control measures</li> </ul>	<p><a href="#">Page 4</a></p>
<p><b>Implement Infection Control Measures:</b></p> <ul style="list-style-type: none"> <li>Isolate or cohort residents with symptoms (<a href="#">link</a>)</li> <li>Use Contact Enteric Precautions with sick residents (<a href="#">link</a>)</li> <li>Ensure easy access and use of personal protective equipment (<a href="#">link</a>)</li> <li>Restrict sick employees until 48 hours without symptoms (<a href="#">link</a>)</li> <li>Cancel group activities and group dining (<a href="#">link</a>)</li> <li>Stop all transfers and new admissions (<a href="#">link</a>)</li> <li>Increase cleaning and disinfection throughout facility (<a href="#">link</a>)</li> <li>Enforce hand washing throughout facility (<a href="#">link</a>)</li> <li>Take extra caution with restrooms and incontinent care (<a href="#">link</a>)</li> <li>Defer non-urgent visitation and post outbreak notices (<a href="#">link</a>)</li> <li>Remove self-serve food and drink, monitor kitchen practices (<a href="#">link</a>)</li> </ul>	<p><a href="#">Page 6</a></p>
<p><b>Outbreak Closure:</b></p> <ul style="list-style-type: none"> <li>After the facility is symptom-free for 2 incubation periods (usually 4 days total), contact MCHD to discuss closing the outbreak.</li> </ul>	<p><a href="#">Page 18</a></p>
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## **Notify Multnomah County Health Department of a possible outbreak within 24 hours.**

Notify Multnomah County Health Department (MCHD) when two or more staff and/or residents have vomiting and/or diarrhea within a few days of each other without another known cause (such as tube feeding, laxatives, etc.). This must be reported within 24 hours.

Single cases of suspected gastroenteritis (i.e. someone experiencing vomiting and/or diarrhea) are not reportable, but [Oregon Administrative Rule 333-018-0015](#) requires all outbreaks to be reported and investigated. An outbreak is defined as two or more cases with unexplained symptoms at the same time and location.

Report using one of the following methods:

- Phone: 503-988-3406 and ask to speak to the Communicable Disease (CD) phone triage person
- Email: [diseasereport@multco.us](mailto:diseasereport@multco.us)

Include in your report:

- Name, address, and phone number of facility
- Name and phone number of point of contact at facility
- Please have the following information:
  - Total number of ill residents and staff
  - Total number of residents and staff in the facility
  - Description of symptoms (vomiting and/ or diarrhea, bloody stools, fever, etc)
  - Date of first and last symptom onset



## **Keep track of cases by filling out the case log**

Once you complete the intake with a CD investigator, you will receive a case log to track cases over time.

**Select a point person at your facility who will track and update the case log.** The log will be available as an Excel spreadsheet to be completed and returned to MCHD either by secured email or fax, or a Google Sheet to complete online. Facilities may choose either method.

Encourage staff members to report gastroenteritis illnesses among residents immediately to their supervisor.



## Have 3-5 stool or vomit specimens tested at a lab

### Collection and Test Type

Collect samples from at least 3 different symptomatic individuals if possible. Testing can be done through most commercial labs; check with your facility's lab for details about testing and specimen collection.

Consider ordering a gastrointestinal (GI) viral panel which usually includes norovirus and other common stool pathogens. Norovirus is one of the most common GI pathogens and important to test for. Bacterial testing may be indicated based on symptoms. Talk to your outbreak investigator and residents' clinical provider about what tests should be ordered.

### Norovirus

Norovirus is likely when:

- vomiting is present in more than half of symptomatic cases.
- time from exposure to illness is about 24 to 48 hours.
- duration of illness is between 12 to 60 hours.
- no other pathogen is identified.

**Please alert your outbreak investigator and clinical provider if individuals have bloody diarrhea, no vomiting, prolonged illness, or hospitalization. These could be indicators of a pathogen other than norovirus.** Most recommendations for GI outbreaks are universal; although helpful, it is not mandatory to identify a pathogen. We still encourage testing stool samples from ill staff and residents to determine the pathogen causing the outbreak.



## Educate staff, residents, and visitors on symptoms and infection prevention measures

### Norovirus facts:

- Norovirus is very contagious between people
- Norovirus spreads from people touching contaminated surfaces and then their mouth or from food that is contaminated
- Hand sanitizer is not effective at killing norovirus; hands must be washed with clean water and soap
- Many surface disinfectants do not kill norovirus. Use products from EPA List G or bleach
- Norovirus is the leading cause of all GI outbreaks in the U.S. as well as in Multnomah County
- There is no vaccine or cure for norovirus infection. Symptom management is the priority
- Learn about [additional GI pathogens](#)

## Educate everyone who enters the facility

- Post signs or visual alerts at the entrance to the facility with instructions on infection prevention measures and how to follow them
- Provide instructions to families and the facility community about visitation protocols before visits occur. Consider posting information to the facility website and sending emails
- Post an outbreak notice at all entrances until the outbreak is declared over

## Staff education

- Hold multi-department shift huddles to review infection prevention measures
- Round on all units to provide in the moment feedback and instruction
- Ensure staff know where to go to ask questions and get information

## Poster on norovirus transmission to share with everyone

- [CDC How You Get Norovirus From People or Surfaces](#)

## Fact Sheets to share with staff, visitors, or residents

- [CDC Key Infection Control Recommendations](#)
- [CDC Norovirus in Healthcare Facilities Fact Sheet](#)

## Videos for staff

- [OHA Videos for Infection Prevention and Norovirus Training](#)



## Implement Infection Control Measures

### *Separate sick residents from well residents*

## Isolate sick residents until symptom-free for at least 48 hours

- Place sick residents in private rooms with a private bathroom, if possible, until they have been symptom-free for at least 48 hours
- Consider longer periods of isolation for residents with complex medical problems as they may experience prolonged contagiousness. Consult with medical providers as necessary
- Place isolation gowns, gloves, eye protection, masks right outside the isolation room
- Post a [Contact Enteric Precautions Sign](#) outside of the resident room to alert staff and visitors of infectiousness and necessary precautions

## **Cohort residents and staff**

When sick residents cannot be placed in individual private rooms, consider the following:

- Place symptomatic residents together in multi-occupancy rooms as long as they do not have another concurrent infection
- Dedicate a wing or a unit as a cohorted area for ill residents
- Divide staff into two groups: one group to care for ill residents, and the other to care for well residents
- Consider using staff who have recovered from the GI illness to care for sick residents
- If staff must care for sick residents and well residents, provide care to the well residents before entering rooms of sick residents to avoid spreading illness
- Ensure that residents sharing rooms do not have any additional pathogens, such as drug resistant organisms that could be transmitted to roommates
- For GI outbreaks that are not consistent with norovirus or norovirus-like illness, consult your outbreak investigator before assigning shared rooms

## **Shared rooms with well and sick residents - A last resort**

When unable to move a sick resident out of a shared room with well roommates, consider the following:

- Assign each resident in the room to different direct care providers to minimize a single staff member having crossover contact between two residents in the same room
- Reinforce using hand hygiene with soap and water between caring for different residents
- Ensure staff use PPE for the ill resident and do not come into contact with other residents while in PPE
- Create a barrier around the ill resident using curtains or privacy shields
- Disinfect high touch surfaces throughout the room at least 3 times a day

## **Avoid shared restrooms**

- Avoid sharing toilet facilities between sick and well residents, if possible
- Designate separate restrooms for ill and well individuals to avoid cross contamination
- Consider using bedside commodes as needed to avoid shared restroom use

## ***Use Contact Enteric Precautions with Sick Residents***

Residents who have symptoms of GI illness should be placed on Contact Enteric Precautions. Staff should wear an isolation gown and gloves, and use eye protection and masks as needed when in the resident's room. Keep Contact Enteric Precautions in place for the duration of the resident's illness and for at least 48 hours after symptoms have resolved.

## How to set up for Contact Enteric Precautions

- Place a [Contact Enteric Precautions Sign](#) outside the resident room
- Keep a supply of clean PPE outside of isolation rooms with gowns, gloves, eye protection, and masks
- Provide trash can just *inside* the door to the resident room for PPE disposal
- **Ensure there is a dedicated sink in the resident room for staff to wash their hands before leaving the room.** Supply plain liquid hand soap and disposable paper towels for drying.
- Residents should only leave room for essential services.
  - Before leaving, place the resident in a clean gown or clothing
  - Disinfect the transport vehicle immediately after transporting the resident



## Extended Precautions

**People may shed infectious pathogens in their stool for at least 2 weeks after symptoms have resolved.** Use a gown, gloves, and good hand washing with soap and water for close contact with the stool of a recently infected resident after Contact Enteric Precautions have been discontinued.

## Ensure easy access to PPE

Ensure that staff have quick, easy access to PPE including gowns, gloves, eye protection, and masks. Place carts or wall mount units outside of isolation rooms to hold PPE. Also keep PPE near restrooms, dirty utility rooms, or laundry rooms where staff could come in contact with infectious material.

## Use Standard Precautions at all times

Wear gowns, masks, eye protection, and gloves when splashes/sprays of body fluids are likely:

- During direct contact resident care
- Contact with soiled linens
- Emptying commodes
- Cleaning up body fluids, vomit, diarrhea, etc
- Environmental cleaning

## How to safely doff PPE

**Doff PPE carefully to avoid contaminating oneself or spreading to others.** Consider posting a laminated copy of the CDC instructions for [Donning and Doffing PPE](#) just inside the resident room to cue staff on the doffing process. Remove and discard before leaving the resident room:

1. Gown and gloves in one smooth action by rolling the contaminated side on itself
2. Eye protection by grabbing the elastic behind the head

- a. If reusing eye protection that is not visibly soiled, it may be worn outside of the resident room and taken to a designated area for disinfection. Follow this [eye protection disinfection](#) process.
- 3. Mask by grasping the elastic behind the head or ears
- 4. Wash hands with soap and water for 20 seconds before leaving the resident room.

**Audit and monitor staff**

- Round on units to monitor PPE use and technique. Provide just-in-time feedback as needed
- Focus on staff who are at risk of spreading germs to many residents, such as CNA’s and med techs  
Include evening and night shifts in audits
- Conduct regular PPE training sessions for staff, and more frequently during outbreaks

***Restrict sick employees from work***

**Send symptomatic staff home immediately**

- Educate staff to self-monitor for symptoms of nausea, vomiting, diarrhea, or abdominal cramping
- Exclude non-essential staff, students, and volunteers from working in outbreak areas
- Provide extra staff during outbreaks to support infection control measures
- Reinforce strict hand hygiene when returning to work. Staff may continue to shed infectious germs for at least 2 weeks after symptoms have resolved

**Table: Work exclusion timelines**

Pathogen	May Return to Work
Norovirus or unknown, noro-like GI illness	48 hours after symptoms have resolved
Shigella	After 2 stool tests that are negative for shigella*
STEC (Shiga producing E Coli)	After 2 stool tests that are negative for STEC*
Hepatitis A	2 weeks after onset of first symptoms or 1 week after onset of jaundice, whichever one comes first*

\* Discuss with outbreak investigator for more details; work exclusion outlined in [Oregon Administrative Rule 333-019-0014](#).

## ***Cancel group activities and group dining to reduce risk of spreading disease***

### **Avoid having people gather in groups**

- Encourage all residents to stay in their rooms as much as possible during the outbreak
- Halt community dining and provide in-room meals. If supervised feeding is required, avoid having a single staff member feed multiple residents at once, if possible
- Restrict residents from leaving the unit unless it is for essential care or treatment
- Closely monitor and redirect memory impaired residents back to their rooms
- Provide activities for residents in their rooms

### **Use extra precautions for essential group activities**

- Screen residents for symptoms prior to activity and exclude those that are symptomatic
- Clean and disinfect surfaces before and after activities and dining
- Ensure residents and staff wash hands with soap and water before entering the room and after activity is completed
- Avoid using items that cannot be disinfected such as puzzles and game boards

## ***Stop all Admissions and Transfers***

### **Perform a risk assessment**

When deciding on admissions or transfers during an outbreak, assess the level of risk. **It is best practice to stop admissions and transfers during an outbreak if possible.** Defer admissions when many of the following risk factors are identified:

- Many residents are ill or many residents have been exposed
- Memory care unit is involved
- Residents are vulnerable with many comorbidities
- Only shared rooms and bathrooms are available
- Unable to cohort sick residents together
- Staffing shortages
- Unable to maintain strict infection control measures in facility

### **Additional safety measures for admissions and transfers during an outbreak**

- When receiving new admissions:
  - Inform them there is an outbreak in the facility prior to their arrival
  - Place the new resident in a single-occupancy room with a private bathroom (ideal)



- If a shared room is required, ensure that roommates are not symptomatic or exposed
- When transferring residents out of the facility:
  - Notify receiving providers there is an outbreak at the facility and ensure that they are prepared with infection control measures in the event the resident becomes ill
  - Suggest private room placement and frequent symptom monitoring for several days after admission
- If moving residents within the facility:
  - Avoid transferring sick residents until out of isolation or moving a well resident into a sick area

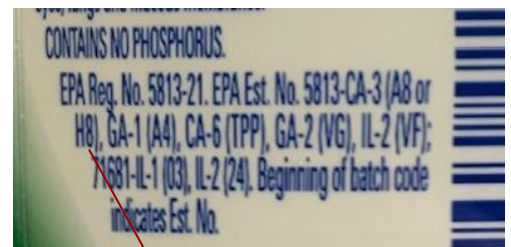
## *Increase cleaning and disinfection throughout facility*

### Choose a disinfectant that will kill GI bugs, especially norovirus.

Norovirus is hard to kill and can survive many disinfectants. It can live on surfaces for weeks and still infect people. The Environmental Protection Agency (EPA) List G is a list of surface disinfectants that kill norovirus and are acceptable for almost all GI outbreaks. These products are a combined cleaner and disinfectant in one which eliminates the two-step process of cleaning with soap and water and then applying a disinfectant. Aim to use products with a contact time of less than 2 minutes for convenience and compliance.

### How to use EPA List G ([link to pdf](#))

1. Products registered with the EPA will have an EPA number on the label.
2. Look for “EPA Reg. No.” followed by two or three sets of numbers, often in small print.
3. Go to [EPA List G](#) online tool.
4. Type the EPA numbers into the search bar. If your product appears on the list, then it is acceptable to use during almost all GI outbreaks.
5. Remember to follow the contact time indicated on List G. Contact times for norovirus may also be on the product label.



### EPA List G: Online tool

Show  entries

List G: Antimicrobial Products Registered with EPA for Claims Against Norovirus (*Feline calicivirus*)

Search:

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
5813-21	Sodium hypochlorite	Clorox Clean Up Cleaner + Bleach	The Clorox Company	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential

## Disinfectants for common pathogens

Remember to follow contact times; different pathogens may require different contact times. Check labels and EPA lists for correct times.

Common GI Pathogens	Choosing a Combined Cleaner and Disinfectant	Is Bleach Solution Effective?*
Norovirus	<a href="#">EPA List G</a>	Yes
Rotavirus, STEC, Shigella	Check product label for an EPA number (or use EPA List G)	Yes
Clostridium difficile (C. diff)	<a href="#">EPA List K</a>	Yes
Hepatitis A	Check product for kill claim against Hep A, or use product from EPA List G.	Yes
Cryptosporidium	No disinfectant is guaranteed to be completely effective against Cryptosporidium.	

\* Bleach solutions should be properly mixed and applied after the surface has been cleaned.

## Suggested cleaning and disinfection schedule during a GI outbreak

When in outbreak status, facilities should increase routine cleaning and disinfection. There are additional recommendations when cleaning up vomit and diarrhea:

- [Recommended schedules for cleaning and disinfection](#)
- [Cleaning spills of vomit or diarrhea](#)

## Using bleach disinfectant

Chlorine bleach solution (sodium hypochlorite) may be used to disinfect a surface **after** it has been cleaned with soap or detergent. This is a two-step process. For one-step products that combine bleach with a detergent to kill most GI bugs, including norovirus, refer to [EPA List G](#).

## Mixing a bleach solution

If mixing bleach solutions in healthcare facilities, follow manufacturer's instructions for dilution, application, and contact time. Bleach may come in different concentrations. Here are guidelines for mixing a bleach solution that is strong enough to kill norovirus on most non-porous surfaces:

Bleach Concentration	Amount of Bleach	Amount of Cool Water
5.25%	1 Cup	1 Gallon
Greater than 5.25%	¾ Cup	1 Gallon

### Allow contact time

- Allow bleach to remain wet on surfaces for at least 5 minutes and up to 20 minutes. This time is needed to effectively kill norovirus or other GI bugs.
- After contact time is observed, use plain water to rinse surfaces that will be in contact with food or mouths.

### Safety considerations with bleach

- Discard mixed bleach solutions every 24 hours as it loses potency over time
- Clearly label cleaning solutions
- Bleach does not clean visible soil and grime. Clean surfaces with soap or detergent prior to disinfecting with bleach solution.
- Never mix with other cleaners or other disinfectants
- Replace open bottles of bleach every 30 days. Bottles opened more than 30 days may lose potency.
- Ensure good ventilation and air out spaces with fresh air if possible
- Bleach may affect fabric and other surfaces, spot check to test before applying.
- Wear appropriate PPE to avoid exposure to body fluids or chemicals
- Prepare solution in an area with an eye wash station

### *Enforce hand washing throughout facility*

#### Use soap and water. Hand sanitizer does not kill norovirus and other GI pathogens.

- Encourage all residents and visitors to wash hands using soap and water.
- Use posters and visual cues (see below) to encourage hand washing for everybody in the facility.
- Monitor and audit hand hygiene practices among staff and provide just-in-time feedback.
- Focus on staff who travel between residents such as CNA's and med aides as well as night shift workers
- Reinforce hand hygiene when returning to work from illness. Staff may continue to shed infectious germs even after symptoms have resolved.

## Sinks and supplies

- Dedicate sinks to handwashing.
- Make sure visitors and residents have access to handwashing sinks.
- Do not perform clean activities such as food or medication prep at handwashing sinks.
- Avoid storing any items near handwashing sinks. Splashes from the sink may contaminate nearby objects.
- Provide liquid soap and paper towels with a trash bin nearby.
- Avoid bar soaps and personal reusable towels because they may spread germs.
- Antibacterial soaps are not recommended; use plain soap.

### Wash Hands

- Before touching a resident
- Before clean / aseptic procedures
- Before food

## Resources for Education (posters and visual cues)

[CDC Hand Hygiene posters, brochures & materials](#)

[CDC Slideshow on Creating a Hand Hygiene Program](#)

[CDC Show Me the Science on Hand Hygiene in Healthcare Settings](#)

[WHO Poster: 5 Moments for Hand Hygiene in Residential Care](#)

[WHO Poster: Clean Your Hands](#)

## *Take extra caution with restrooms and incontinent care*

### Restrooms

- Close or discourage the use of communal restrooms. If remaining open, ensure all high touch surfaces are cleaned and disinfected frequently or after use.
- Monitor restrooms for cleanliness, sink access, and presence of liquid soap, paper towels, and trash bin.
- Use visual cues in restrooms such as posters to remind individuals to wash hands with soap and water (laminated and posted away from sink or toilet splash zones).
- Provide clean PPE outside of the restroom for staff who assist residents or clean the restroom.

## Commodes and Incontinent Care

- Wear full PPE (gown, gloves, eye protection, and mask) if anticipating contact with stool or vomit from a symptomatic resident (or any resident regardless of symptoms during large outbreaks).
- Consider the use of disposable commode liners to contain waste and reduce splashes. Dispose of commode liners in trash following manufacturer's instructions.
- Consider using single-use disposable bedpans. There are eco-friendly options available.
- Remove infectious stool from resident rooms after providing care (wipes, commode liners, incontinent pads, bedpans, etc.). Tie trash bags securely and dispose of them in designated trash areas.
- Ensure commodes are cleaned and disinfected properly after each use and between residents, even if using a commode liner.
- Do not store clean and disinfected commodes in restrooms or dirty areas where they can be re-contaminated. Store in designated locations away from clean or sterile supplies.

### *Defer non-urgent visitation and post outbreak notices*

- Alert visitors that there is an active facility outbreak by posting a [Facility Outbreak Notice](#).
- Limit visitation to close contacts and essential visits.
- Limit the movement of visitors within the facility. Ensure visitors only travel between the front door and resident room.
- Encourage visitors to wash their hands with soap and water each time they enter and leave the resident room.

### *Remove self-serve food and drink and monitor kitchen practices*

#### Strict hand hygiene for food workers

- Observe and monitor hand hygiene practices and provide feedback in the moment.
- Ensure hands are washed with water and soap using proper technique.
- Hand hygiene should be performed:
  - before preparing, or handling food.
  - after using the toilet.
  - when hands may have contacted a contaminated surface.

#### Food preparation area

- **Do not allow sick individuals to prepare food.**
- Clean and disinfect any surfaces that sick staff may have had contact with.

- Discard food that may have been contaminated by sick staff.
- Thoroughly wash fruits and vegetables before preparing and eating.
- Cook foods thoroughly (noroviruses can survive temperatures as high as 140 degrees)
- Limit entry into kitchen and food areas to food service staff only.
- Avoid clinical staff entering kitchen areas during outbreaks.
- Clean and sanitize carts used for nutrition and hydration after each use.
- Use normal utensils and dishware and clean using standard processes. The use of disposable patient service items is not required.

### Facility-wide food and drink considerations

- Clean and disinfect any surfaces that sick staff may have had contact with.
- Discard food that may have been contaminated by sick staff.
- Do not allow sick individuals to prepare food.
- Close self-serve food and drink for residents and families.
- Remove and discourage potlucks and communal food sources such as candy bowls.
- Avoid staff food and drink in clinical areas
- Discourage any shared food among staff including potlucks.
- Monitor break room regularly



### **After the facility is symptom-free for 2 incubation periods (usually 4 days total), contact MCHD about closing the outbreak.**

- MCHD will declare the outbreak over after two incubation periods of the pathogen have passed without any new cases or symptoms.
- This is 4 days for norovirus or norovirus-like outbreaks (incubation period of 2 days). Other pathogens may have longer timeframes.
- Many GI pathogens including norovirus can be shed in the stool for weeks after symptoms have resolved.
- Use of gowns and gloves for contact with stool and vigilant hand washing is recommended in the two weeks following the end of an outbreak.



### **Complete the “Control Measures Report” with MCHD**

- MCHD 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 review the form with your outbreak investigator or fill out the [PDF](#) and email/fax back to your investigator.



## **Meet with facility staff and Infection Preventionist to debrief**

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

## **Resources and References**

### **Cleaning and Disinfection**

[EPA List G: Antimicrobial Products Registered with EPA for Claims against Norovirus](#)

[Multnomah County Gastroenteritis Clean-up and Disinfection Guidelines](#)

[OHA Infection Prevention Education: Norovirus Training for Environmental Cleaning Staff](#)

[CDC Image: High Touch Surfaces in Patient Area](#)

[CDC Preventing Norovirus: Clean and Disinfect Surfaces](#)

[CDC Environmental Cleaning Procedures](#)

[CDC Appendix B1 - Cleaning Procedure Summaries for General Patient Areas](#)

[OHA Cleaning up Vomit and Other Unpleasant Tasks](#)

[CDC Poster How to Read a Disinfectant Label](#)

[CDC Poster How to Make 0.1% Chlorine Solution to Disinfect Surfaces in Healthcare Settings](#)

[OHSA Fact Sheet: Norovirus](#)

### **Food Safety**

[CDC Norovirus: Facts for Food Workers](#)

[CDC Food Worker Handwashing in Restaurants: Plain Language Study Findings](#)

[CDC Preventing Norovirus](#)

[CDC Food Worker Handwashing in Restaurants](#)

### **Hand Hygiene**

[CDC Hand Hygiene posters, brochures & materials](#)

[CDC Show Me the Science on Hand Hygiene in Healthcare Settings](#)

[WHO Poster: 5 Moments for Hand Hygiene in Residential Care](#)

[WHO Poster: Clean Your Hands](#)

## **PPE**

[CDC Poster: How to Don and Doff PPE](#)

## **Transmission Based Precautions**

[Contact Enteric Isolation Door Sign](#)

## **Staff Safety and Work Exclusion**


[OAR 333-019-0014 Rule for Work Exclusion](#)

## **Additional Resources**

[Facility Outbreak Notice](#)



Appendix 1: Gastroenteritis Case Log



### Gastroenteritis Case Log

County: \_\_\_\_\_ Facility: \_\_\_\_\_

Setting of Exposure: \_\_\_\_\_

Outbreak #: \_\_\_\_\_

**IDENTIFIERS**

Name

Age

Sex (F or M)

Date of Birth

Room number

Parent, preschooler, resident, staff or student

Job duty code (staff only)

First vomiting or diarrhea time

Date (m/d)

00:00 24 hr pm

**ONSET**

nausea

vomiting

diarrhea

3+ loose stools in 24 hours

fever (only if documented)

cramps

bloody diarrhea

duration of V or D

# of days work missed

lab specimens collected

seen by provider

sent to Emergency Dept

hospitalized overnight

died

**SIGNS & SYMPTOMS**

Check all that apply

hour

days

Check all that apply

**OUTCOME**

Check all that apply

Instructions:

Complete all columns for each person listed. Add rows as necessary. Save and email form by secured email to Multnomah County Health Department, by fax at 503-988-3407 or as instructed. For help using this log contact the CD nurse at Multnomah County Health Department at 503-988-3405.

Setting of exposure

Nursing Home

Day Care

School

Hospital

Other

Use these codes for patient type

H hospital patient

P preschooler

R resident

S staff

Stu student

Use these job codes for staff duties

A administrative/clerical

F food service

H housekeeping

M maintenance

O other

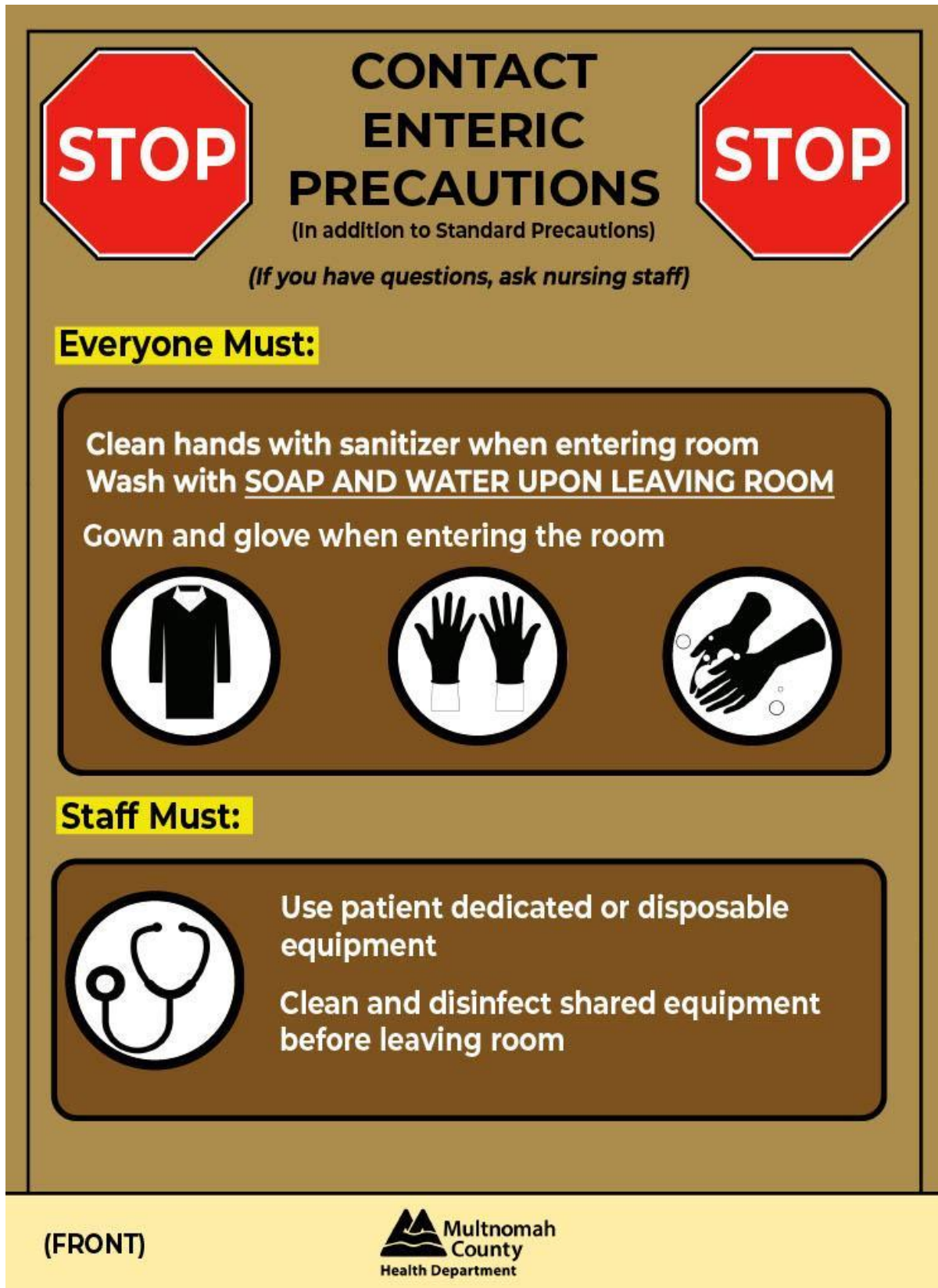
P patient care

T teacher/teacher's assistant

W washroom/laundry

For daycare and school outbreaks do NOT delegate data collection to non-public health staff



The sign is rectangular with a tan background and a dark brown border. At the top, two red octagonal 'STOP' signs are positioned on either side of the main title. The title 'CONTACT ENTERIC PRECAUTIONS' is in large, bold, black capital letters. Below it, in smaller black text, is '(In addition to Standard Precautions)' and '(If you have questions, ask nursing staff)'. A yellow highlighted box contains the text 'Everyone Must:'. Below this, a dark brown rounded rectangle contains three lines of white text: 'Clean hands with sanitizer when entering room', 'Wash with SOAP AND WATER UPON LEAVING ROOM', and 'Gown and glove when entering the room'. Underneath the text are three circular icons: a black gown, a pair of black gloves, and hands being washed with soap and water. Another yellow highlighted box contains the text 'Staff Must:'. Below this, a dark brown rounded rectangle contains a circular icon of a stethoscope on the left and two lines of white text on the right: 'Use patient dedicated or disposable equipment' and 'Clean and disinfect shared equipment before leaving room'. At the bottom of the sign, a yellow bar contains the text '(FRONT)' on the left and the Multnomah County Health Department logo on the right.




**STOP**

**CONTACT  
ENTERIC  
PRECAUTIONS**  
(In addition to Standard Precautions)  
*(If you have questions, ask nursing staff)*


**STOP**

**Everyone Must:**

Clean hands with sanitizer when entering room  
Wash with SOAP AND WATER UPON LEAVING ROOM  
Gown and glove when entering the room




**Staff Must:**



Use patient dedicated or disposable equipment  
Clean and disinfect shared equipment before leaving room

(FRONT)



Multnomah  
County  
Health Department

# Contact Enteric Precautions

Display sign outside the door.

## Common Conditions:

- Acute diarrhea with unknown etiology
- *Clostridium difficile* (*C. difficile*, *C. diff*)
- Norovirus
- Rotavirus

## Dietary:

Family and visitors should not eat in the room.

## Dishes/Utensils:

No special precautions. Kitchenware sanitized in dishwasher.

## Equipment and Supplies:

- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including IV pumps, cell phone or pagers (if used in room), and other electronics, supplies, and equipment prior to removing from resident's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between residents. Only essential supplies in room.

## Linen Management:

Bag linen in the resident's room.

## Personal Protective Equipment: USE SOAP AND WATER TO WASH HANDS WHEN LEAVING ROOM

<p>Put ON in this order</p> <ol style="list-style-type: none"><li>1. Wash or gel hands</li><li>2. Gown</li><li>3. Mask (if needed)</li><li>4. Eye cover (if needed)</li><li>5. Gloves</li></ol>	<p>Take OFF &amp; dispose in this order:</p> <ol style="list-style-type: none"><li>1. Gown and Gloves</li><li>2. Eye cover (if used)</li><li>3. Mask (if used)</li><li>4. Must wash with soap and water (even if gloves used)</li></ol>
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## Private Room:

If not available, room with resident that has the same organism but no other infection.

## Room Cleaning:

Through cleaning for enteric precautions with privacy curtain changes per facility policy.

Clean and disinfect with chlorine-based disinfectant or disinfectant with correct pathogen kill claim as per facility policy.

Discontinue precautions as per facility policy or Infection Preventionist instructions

## Transport:

Essential transport only. Place resident in clean gown. Clean and disinfect transport vehicle. Alert receiving department regarding resident's isolation precaution status.

(BACK)



# OUTBREAK NOTICE!

This facility is currently experiencing a gastrointestinal outbreak (“stomach bug”) among our staff and residents. We are working with the Multnomah County Health Department to contain and control this contagious illness.

Please consider postponing your visit until the outbreak is over.

If you decide to visit, for the safety of our residents and staff, we please ask that you:

- **Limit your movement within the building.** After entering the facility and checking in, head directly to your resident’s room. After your visit, promptly exit the building.
- **Wash your hands with soap and water** before and after you touch any surfaces or people, and before leaving your resident’s room to exit. Hand sanitizer may not be effective, so hands must be washed with soap and water!
- **Avoid visiting if you are at higher risk for illness**, such as young children, elderly, or have underlying health conditions.
- Please do not visit if you are experiencing any symptoms of illness.

**Thank you for helping us stop the spread!**