

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



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Governor

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Vision: To be the **Healthiest State** in the Nation

Florida Department of Health in Charlotte County
Recommendations and Guidelines for the Control of Gastroenteritis Outbreaks
In Long-term Care and Health Care Facilities

Reporting:

Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, that is of urgent public health significance is required to be reported to the Department of Health in Florida. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism. An outbreak can be defined as an increase in the number of cases of a disease or condition compared to the expected number in a particular period of time and geographical area. For diseases where the expected number is zero, a single case constitutes an outbreak. If an outbreak is suspected (unusual increase in residents with gastrointestinal symptoms or any other illness), please contact the Florida Department of Health in Charlotte County (FDOH-Charlotte) within 24 hours of recognition at 941-624-7236.

- Nursing units should immediately report any residents or staff members with symptoms of viral gastroenteritis to the appropriate administrator.
- New cases should be recorded daily using a case log, which will help with the investigation of the outbreak (name, age, room #, onset date, symptoms, duration of illness) and faxed to CCHD (941) 624-7277.

Definitions:

Cluster - Three or more cases of GI illness occurring within 48 to 72 hours, in residents who are in close proximity to each other (e.g., in the same area of the facility).

Outbreak - A sudden increase of GI illness (cases) over the normal background rate or when any resident tests positive for influenza. One case of confirmed influenza by any testing method in a long-term care facility resident is an outbreak.

Case Surveillance/Management: Facilities should establish and maintain a surveillance program for GI illness / Norovirus cases. During an outbreak, cases should be recorded daily using a case log, which will help with the investigation of the outbreak. The health department will request daily updates to monitor the outbreak. A copy of the case log is included in the FLDOH-Charlotte GI Illness Outbreak Toolkit or can be obtained by contacting FDOH-Charlotte at 941-624-7236.

Laboratory Testing: The Charlotte County Health Department can facilitate collection and transport of clinical samples upon request during an outbreak. The purpose of the testing is to confirm the etiology of an outbreak; it is not appropriate for individual patient diagnosis. Please contact the Charlotte County Health Department at 941-624-7236 for assistance with laboratory testing.

Outbreak Prevention, Control, and Management:

- o Frequent handwashing with soap and water is an effective means of prevention. The recommended procedure is to rub all surfaces of lathered hands together vigorously for at least 20 seconds and then thoroughly rinse the hands under a stream of warm water. A paper towel should be used to dry hands and to turn off the water.
- o It is recommended that all persons, including (but not limited to) residents, staff, volunteers, visitors, and service personnel, wash their hands upon entering and leaving the facility or resident's/patient's room, after using the restroom, after assisting with toileting or diaper changes, before and after handling food or eating, after having contact with patients, and/or after having contact with infective material that may contain high concentrations of microorganisms. If a patient is not able to perform hand hygiene staff members should assist the patient.
- o Equip all restrooms with soap, disposable paper towels or an electric hand drying device and covered trash containers so persons can properly wash hands after using the restroom.
- o Educate staff, volunteers, residents, visitors, and service personnel regarding the outbreak, methods of transmission, and control measures.
- o In situations in which the epidemic is extended in duration, the facility or institution might have to be closed and/or stop admissions until it can be cleaned appropriately.
- o Consider use of antiemetics for patients with vomiting.

Residents/Patients:

- o Isolate all symptomatic persons. Symptomatic residents/patients should be placed in a private room, if possible. When a private room is not available, place them in a room with a person(s) who has active infection with the same microorganism but with no other infection. Residents with vomiting or diarrhea should be asked to stay in their room until symptom-free for 72 hours.
- o Limit the movement and transport of the patients for essential purposes only. If the resident/patient is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment.
- o Limit new admissions until at least 72 hours after the last identified case. If new admissions are necessary, admit residents to an unaffected unit or to a unit that has had no new cases within the last 72 hours.
- o Avoid discharging ill patients until at least 72 hours after resolution of illness.
- o Cancel or postpone non-essential group activities until at least 72 hours after the last identified case.
- o Common areas such as activity rooms and dining rooms should be closed. Meals should be served in the residents rooms.
- o If a resident is transferred to the hospital, notify the hospital that the resident is coming from a facility at which an outbreak is occurring.

Staff:

- o Exclude all staff members who work in food service for at least 48 to 72 hours after resolution of illness. Exclude all other staff members for at least 48 hours after resolution of illness. Since some infectious agents (e.g. norovirus) can be shed for a longer duration after recovery from illness and in the absence of clinical disease, all staff members should be required to maintain strict personal hygiene at all times.

o Provide staff, visitors, and volunteers with proper personal protective equipment when caring for or visiting an ill resident. Disposable gloves (clean, non-sterile gloves are adequate) should be worn when entering the room of a symptomatic patient in which direct contact with ill persons or contaminated surfaces is possible. Gowns should be worn when contamination of clothing with fecal material or vomitus is possible. Masks should be worn for persons who clean areas grossly contaminated by feces or vomitus.

o Care should be taken when changing and laundering soiled bed linen, so as to not aerosolize the infectious material.

o During the course of providing care for a patient, change gloves and/or gowns after having contact with infective material that may contain high concentrations of microorganisms (fecal material, vomitus and wound drainage). Remove gloves and/or gowns before leaving the patient's room and wash hands immediately with soap and water. After glove and/or gown removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

o Do not allow staff to float between affected and non-affected units, if possible. Staff should try to maintain same staff-to-resident assignments, if possible. Non-essential staff should be excluded from affected units.

o Employee hand washing vigilance should be monitored through active management reminders and correction.

o Staff responsible for cleaning rooms and accidents should be properly trained regarding proper personal protective equipment, proper infection control procedures, and proper cleaning and disinfection of infective material when responding to fecal or vomitus accidents

Environmental Disinfection:

o Environmental surfaces should be kept visibly clean and disinfected on a routine basis.

o During an outbreak, the frequency of cleaning and disinfecting commonly touched surfaces and public rooms should be increased including (but not limited to):

- Door handles and push plates (both in public areas and staff areas)
- Elevator buttons and panel (service and public)
- Handles of hand sinks in public and staff restrooms
- Handles of toilets in public and staff restrooms
- Rooms in which food is being served.
- Stair rails
- Balcony rails
- Public telephones, courtesy phones, and common-use phones in employee areas
- Light switches
- Counters in public areas (e.g. Registration)
- Counters in staff areas (e.g. Nurses Station, Assignment Desks, etc.)

o Disposable cleaning cloths and mop heads should be used for all cleaning and sanitizing/disinfection. Staff should use disposable cleaning cloths. One cloth for cleaning and a new cloth for sanitizing/disinfecting surfaces. Separate cleaning cloths should be used in toilet areas. Staff should use a new set of cleaning cloths for each room. Staff should use single use disposable gloves. Gloves should be removed and discarded before moving to clean the next room.

o In the event of a vomiting or fecal accident, the surfaces that have been soiled and surrounding area should be cleaned and sanitized by appropriately trained staff wearing appropriate protective barriers (i.e. a disposable mask, gloves, eye shield, disposable shoe covers, and plastic disposable apron).

- The area should be closed or cordoned off in a 25 foot radius from the site of the incident.
- Residents, guests and non-essential staff should be excluded from these areas for the duration of the clean-up.
- The area should be first cleaned of visible material using detergent and hot water and then disinfected with a freshly prepared bleach solution (see below for appropriate concentrations) or an Environmental Protection Agency-approved disinfectant for norovirus (Vikron-S or NP 9.0). Source : Bureau of Environmental Public Health Medicine Page 3 of 3 March 18, 2010.
- Contaminated mop heads, cleaning clothes, personal protective equipment, and potentially infectious material (i.e. feces or vomitus) used/collected during the cleaning procedure should be promptly disposed of in a manner that prevents transfer of this material to other surfaces or persons (e.g. biohazardous bag).
- Staff should thoroughly wash hands after completing the clean-up procedure and again after completing the disposal procedure.

o Bleach Solution Concentrations:

- For stainless steel, food/mouth contact items: 1 tablespoon of bleach in 1 gallon of water.
- For non-porous surfaces such as tile floors, counter-tops, sinks, etc.: 1/3 cup of bleach in 1 gallon of water.
- For porous surfaces such as wooden floors: 1 2/3 cups of bleach in 1 gallon of water.
- Leave bleach solution on the surface for 10 to 20 minutes, and then rinse the area with clean water.

o Contaminated towels, linens, pillows, bedspreads, blankets and other fabric materials should be placed into separate laundry bags from non-contaminated items. They should be washed separately in a hot wash, and dried separately at 170°F. If an outside laundry is used, they should be advised that the laundry is potentially infectious.

o Contaminated carpets should be cleaned in a three-step process. First, carpets must be cleaned with carpet detergent and hot water. Second, carpets must be disinfected by applying an appropriate disinfectant. Finally, carpets should be steam cleaned (158°F for 5 minutes or 212°F for 1 minute is needed for complete inactivation).

o Heat disinfection (i.e., pasteurization to 60°C (140°F)) has been suggested, and used successfully under laboratory conditions, for items that cannot be subjected to chemical disinfectants such as chlorine bleach.

o Cleaning and disinfection activities should be monitored through active management reminders and correction.

Case Surveillance /Management: Facilities should establish and maintain a surveillance program for gastrointestinal disease. During an outbreak, cases should be recorded daily using a case log, which should help with the investigation of the outbreak. The county health department may request daily updates to monitor the outbreak.

References:

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CDC – Norovirus in Healthcare Facilities Fact Sheet
http://www.cdc.gov/ncidod/dhqp/id_norovirusFS.html

CDC – “Norwalk-Like Viruses”: Public Health Consequences and Outbreak Management -
<http://www.cdc.gov/ncidod/dvrd/revb/gastro/rr5009.pdf>

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