

OUTBREAK PROTOCOL

Attachment A to IC-06 Methods of Surveillance

Gastrointestinal Outbreak LEVEL 1:	
ONE patient/resident identified with new onset acute gastrointestinal illness (any two of the following: diarrhea, emesis, or fever)	
Infection Prevention (IP) Leadership/IP	<ul style="list-style-type: none"> Surveillance of patients/residents for similar signs and symptoms of acute gastrointestinal illness Communicate with Leadership, Medical, Nursing, Environmental Services and report to Safety Huddle Notify public health officials about outbreak in accordance with applicable laws and regulations Local leadership and IP implement daily infection prevention rounds per shift Consider daily outbreak review meeting to include holidays and weekends
Medical	<ul style="list-style-type: none"> Inpatient providers provide notification for heightened awareness of acute GI illness to all on-call physicians and APNs Notify IP if any other patients/residents develop signs and symptoms of acute gastrointestinal illness Order Enteric Contact Precautions when patient/resident has acute gastrointestinal illness (any two of the following: diarrhea, emesis, or fever)
Nursing/Therapy/ Respiratory Therapy	<ul style="list-style-type: none"> Notify Medical and IP if any other patient/resident develop signs and symptoms of acute gastrointestinal illness Institute Enteric Contact Precautions when patient/resident has acute gastrointestinal illness (any two of the following: diarrhea, emesis, or fever) Nursing and Respiratory Therapy carts to be cleaned between all patient/resident rooms Continue to clean all shared equipment between patient/residents All rooms to have single patient use stethoscope kept at the bedside Therapies can treat at the bedside with PPE on if the resident is able to tolerate the session Laundry should be transported to washers in plastic bags. Plastic bags should be discarded after transport to laundry room. If plastic bags are not available use container or bags that can be disinfected after each use. In long-term care and other patient/residential settings, make decisions regarding patient/resident placement on a case-by-case basis, balancing infection risks to roommates with the adverse psychological impact room placement might have.
Environmental Services	<ul style="list-style-type: none"> Use bleach to clean entire unit Provide bleach wipes to unit for disinfection of patient/resident care equipment and other surfaces (place on all PPE carts). Remove all Oxivir1 wipes temporarily. Ensure that units and rooms of patient/residents on Enteric Contact Precautions are prioritized for frequent cleaning and disinfection Consider ATP testing
Daily Safety Huddle Reminders: Direct Patient Care Departments (Department heads communicate daily to staff throughout entire Outbreak period)	<ul style="list-style-type: none"> Hand washing with soap and water only. Alcohol not effective against spore-forming pathogens (C. difficile, Norovirus) Use bleach wipes for disinfection of patient/resident care equipment and other surfaces Symptomatic patient/resident should remain in their rooms for at least 48 hours after the resolution of symptoms. Do not test for cure. Reminder to clean Vocera and mobile devices and additional daily use of UV disinfection for those devices before each shift, after each shift and as needed Monitor sick staff callouts. Communicate to IP if acute GI illness symptoms are present by indicating on supervisor report if illness is GI Outbreak Related yes or no. <ul style="list-style-type: none"> Specifically ask: Do you have gastrointestinal symptoms? <ul style="list-style-type: none"> If yes ask about nausea, vomiting and diarrhea Send home sick staff Staff work restriction as per Corporate Care policy Face protection - Because spattering or aerosols of infectious material might be involved in disease transmission, wearing masks and goggles should be considered for persons who clean areas substantially contaminated by feces or vomitus
Staffing Review	<ul style="list-style-type: none"> Review staffing for the duration of the outbreak for the following teams: Nursing, Therapy, Respiratory Therapy, Materials Management and Environmental Services

In long-term care and other patient/residential settings, make decisions regarding patient/resident placement on a case-by-case basis, balancing infection risks to roommates with the adverse psychological impact room placement might have.

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Gastrointestinal Outbreak LEVEL 2: ➤ A sudden increase over the normal background rate of acute gastrointestinal illness, with or without lab confirmation (above the established baseline for that facility). ➤ One lab-confirmed case of Norovirus ➤ Two or more laboratory-confirmed positive cases of an enteric pathogen (e.g., Campylobacter, E. coli, Salmonella, Shigella, etc.)	
Infection Prevention (IP) Leadership	<ul style="list-style-type: none"> • Develop case definition and compose line list/loose case definition and compose line list/loose identify pathogen, then determine appropriate duration of Transmission Based Precautions, symptoms of illness, incubation period, and disinfection products • Identify pathogen, provide outbreak organism FAQ sheet to all staff at site. Determine appropriate duration of Transmission-Based Precautions, symptoms of illness, incubation period and disinfection products. • Set up conference call and notify all disciplines upon initiation of Level 2 Outbreak Protocol: <ul style="list-style-type: none"> ➤ Leadership, Medical, Nursing, Pharmacy, Employee Health, Respiratory Therapy, Environmental Services, Safety /Security, Therapy, Materials Management, Patient/Resident Care Coordination, Risk Management services, Media communication, Family Faculty and Volunteers. • Notify Inpatient Section Chief, CMO, and CNO. Report to Safety Huddle.
Medical	<ul style="list-style-type: none"> • Assess patients/residents who develop signs and symptoms of acute gastrointestinal illness • Close unit to new admissions • Identify pathogen – Consider: Norovirus (send-out, 3-5 day turnaround time), Rotavirus and Stool culture (Salmonella, Shigella, and Campylobacter) are in-house tests @ RWJUH and CMC • Order Enteric Contact Precautions when patient/resident has acute gastrointestinal illness (any of the following: diarrhea, emesis, or fever) • Cohort patient/residents into sick, exposed (if common source and pathogen is known), and well groups in consultation with Nursing and Infection Prevention • Inform receiving facilities of the outbreak when transferring any patients/residents
Nursing/Therapy	<ul style="list-style-type: none"> • No eating inside patient/resident rooms while on Enteric Contact precautions • Cohort patients/residents into sick, exposed (if common source and pathogen is known), and well groups in consultation with Medical and Infection Prevention • Use bleach after each laundry cycle when on Enteric Contact Precautions • If Norovirus test is ordered from RWJUH– special transport media is required. Call RWJ lab @ ext. 2566. Regular sterile green top specimen collection container for CMC lab. • Suspend group based in-house school for sick and well. School will be provided 1:1 at the bedside for the well residents. Suspend outside school for sick and notify school. • Suspend all group outings, group activities, volunteers, outside visiting groups and schools of nursing • Assess inventory of testing supplies (viral transport swabs) • Assess staffing needs if increased clinical care is required • Inform receiving facilities of the outbreak when transferring any patients/residents • Provide EVS leadership with all anticipated room changes due to cohorting or suspected viral illness
Environmental Services	<ul style="list-style-type: none"> • Confirm cleaning process and disinfectant is appropriate for outbreak • Spray curtains daily and have adequate curtains for terminal cleans available • Disinfect high touch surfaces in the immediate vicinity of the patient/resident on each shift using EPA-approved products for healthcare settings • Prioritize high touch surfaces in common areas (hallways and dining rooms) for frequent cleaning • Remove PPE at sink, dispose, wash hands with soap and water, and immediately leave room
Pharmacy	Clean out bins with bleach wipes.
Materials Management	Ensure adequate product for increased glove, gown, mask, eye protection and disinfectant wipes.

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All Departments	Daily Infection Prevention reminder same as Level 1 for Direct Patient Care Departments.
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Gastrointestinal Outbreak LEVEL 3: Outbreak confirmed by Department of Health and "E" number assigned OR More than THREE patient/residents with Acute Gastrointestinal illness	
Infection Prevention (IP) Leadership	<ul style="list-style-type: none"> • IP with increased presence on location to provide support and re-education on PPE/hand hygiene and disinfection of equipment • Provide outbreak organism FAQ sheet to all staff at site • Report to Safety Huddle • Set up conference call and notify all disciplines upon initiation of Level 3 outbreak protocol: Leadership, Medical, Nursing, Pharmacy, Employee Health, Respiratory Therapy, Environmental Services, Safety /Security, Therapy, Materials Management, Patient/Resident Care Coordination, Risk Management services, Media communication, Family Faculty and Volunteers. e soap and water for handwashing during a GI outbreak, since alcohol-based sanitizers have been shown to be ineffective against spore-forming bacteria such as C. difficile, or viruses such as norovirus <ul style="list-style-type: none"> ➢ Send home sick staff with fever/respiratory/GI symptoms immediately ➢ Monitor sick staff call-outs ➢ Staff to remain out from work until at least 24 hours after they no longer have a fever or active illness (diarrhea, vomiting)
Medical	<ul style="list-style-type: none"> • Increase frequency of PEWS scoring to Q12 hours for exposed and known positive individuals • Inform receiving facilities of the outbreak whenever transferring any (sick, exposed, or well) patient/resident out for acute or scheduled events
Nursing/Respiratory Therapy/Therapy	<ul style="list-style-type: none"> • Staff assigned to affected patients/residents should not rotate to unaffected patients/residents. This restriction includes prohibiting HCP from working on unaffected teams after completing their usual shift on the affected team. • If sharing staff, resident care should flow from unaffected to affected residents. • Provide daily medical updates for patient/residents transferred to higher level of care • Monitor compliance with PPE donning and doffing and hand hygiene
Environmental Services	<ul style="list-style-type: none"> • Monitor compliance with PPE donning and doffing & Terminal Cleaning • Use UV disinfection on all Terminal Cleans and increase use of UV disinfection when appropriate for common areas • Anticipate increased product (soap, paper towels), increased PPE disposal, increased staffing needs, and increased need for curtain changes
Safety/Security	<ul style="list-style-type: none"> • Post outbreak signage at points of entry • Post Visitor Restriction signs at points of entry (no visitors under 16, siblings included)
Therapy	<ul style="list-style-type: none"> • Suspend in-house school for sick. Suspend outside school for sick; notify school. • Suspend all group outings, group activities, volunteers, and outside visiting groups
Leadership/Patient/resident Care Coordination/Patient Care Coordination/Family Faculty	<ul style="list-style-type: none"> • Email notification to families and DCPD about outbreak and all visitor restrictions in place. • Restricted visitation - no visitors under 16 (siblings included) • Advise visitors of the need to adhere to Enteric Contact Precautions and strict hand hygiene. Emphasize that using hand sanitizer cannot be substituted for soap and water hand washing. • CSH will reserve the right to restrict visitation for a reasonable clinical or resident safety cause. Exceptions may be made when there is an urgent resident condition (such as end of life). If a visitation is made under these circumstances, the visitor may be required to wear personal protective equipment (mask, gown, gloves and eye protection) and will perform hand hygiene and limit their movement within the facility to the resident's room. The room will be disinfected following each visit. • Leadership of all disciplines: Monitor compliance with all Infection Prevention activities (soap and water hand hygiene, PPE donning/doffing, equipment cleaning)

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Outbreak Protocol Complete	
ALL	Can resume using Oxivir 1 wipes for cleaning.
Infection Prevention (IP) Leadership	<ul style="list-style-type: none"> • Symptomatic patients should be on contact precautions for a minimum of 48 hours after the resolution of symptoms • Generally, the outbreak is considered to be over when two incubation periods have passed without a new case being identified AND/OR when the Department of Health declares Outbreak is complete • Example of one/two incubation periods: Norovirus – 12 to 48 hours/1 day to 4 days • Notification to all disciplines • Provide anticipated date of discontinuation of Transmission Based Precautions for all affected residents/patients to Nursing and Environmental Services
Nursing	<ul style="list-style-type: none"> • Meet with Environmental Services to facilitate moving patients out of room to allow for terminal cleaning and use of UV room disinfection
Environmental Services	<ul style="list-style-type: none"> • Terminal cleaning for patient/residents involved in Outbreak may occur around the same time. Anticipate increased need for staff and curtains. • Consider multiple UV disinfection units. • UV disinfection of all Terminal Cleaning when possible
Materials Management	<ul style="list-style-type: none"> • Check levels of supplies which may have been depleted during outbreak protocol.
Safety/Security	<ul style="list-style-type: none"> • Remove Outbreak signage posted at points of entry • Remove Visitor Restriction signs at points of entry • Siblings under 16 years of age can resume normal visits
Therapy	<ul style="list-style-type: none"> • If ongoing transmission NOT evident on unit and one incubation period has passed consider to: <ul style="list-style-type: none"> ➢ Reinstate in-house school ➢ Reinstate outside school for previously positive patients/residents <p>Outbreak over:</p> <ul style="list-style-type: none"> ➢ Reinstate in-house school for sick and well ➢ Reinstate outside school for previously positive patients/residents ➢ Reinstate all group outings, group activities, volunteers, and outside visiting groups
Leadership/Patient Care Coordination/Resident Care Coordination/Family Faculty	<ul style="list-style-type: none"> • Email notification to families and DCPD when the outbreak is considered over as directed by Infection Prevention • Siblings under 16 years of age can resume normal visits

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New Jersey Administrative Code 8:57

New Jersey Department of Health (NJDOH) and Local Health Department (LHD) Contact Information

Immediately contact the LHD to report every suspected or confirmed respiratory outbreak by phone. Contact information for LHD can be found at: www.localhealth.nj.gov and after hours at: www.nj.gov/health/lh/documents/lhd_after_hours_emerg_contact_numbers.pdf <https://nj.gov/health/lh/documents/LocalHealthDirectory.pdf>

When LHD staff cannot be reached, the facility shall make the report by phone directly to NJDOH who will then contact the LHD. Call numbers are 609-826-5964 during business hours or 609-392-2020 on nights/weekends and holidays

CSH facility	Jurisdiction	County information
Mountainside Long Term Care	Westfield Regional Health Department	www.westfieldnj.gov/health 908-789-4070
Toms River Long Term Care	Ocean County Health Department	www.ochd.org 732-341-9700
New Brunswick Inpatient Rehab	Middlesex County Office of Health Services	www.co.middlesex.nj.us/Pages/Main.aspx 732-745-3100 <i>Emergency after hours: 732-745-3271</i>

References:

NJDOH Guidelines for the Control of Gastroenteritis Outbreaks in Long-Term Care and Other Institutional Settings. July 2016. Accessed October 2021.

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