

Acute Gastrointestinal Illness Protocol

**One lab-confirmed case of Norovirus along with other cases of gastrointestinal illness or
Two or more laboratory-confirmed positive cases of an enteric pathogen (e.g., Rotavirus,
Campylobacter, *E. coli*, *Salmonella*, *Shigella*, etc.) or**


**A sudden increase over the normal background rate of acute gastrointestinal illness, with or without lab
confirmation (above the established baseline)**

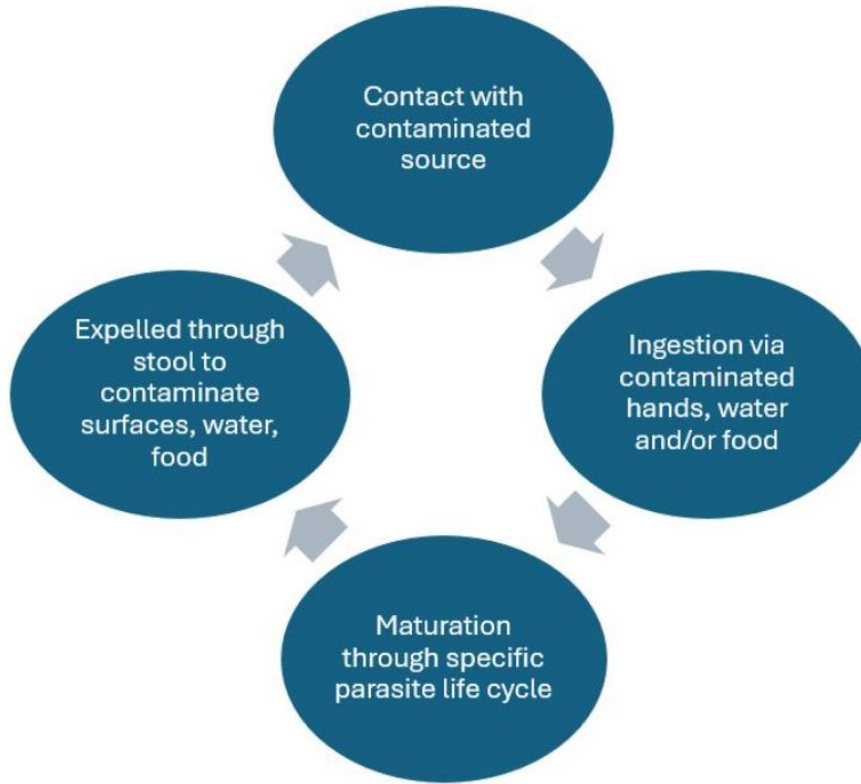
<p>Infection Prevention (IP)</p> <p>Leadership/IP</p>	<ul style="list-style-type: none"> • Surveillance of patients/residents for similar signs and symptoms of acute gastrointestinal illness (any two of the following: diarrhea, emesis, or fever). • Local leadership and IP implement daily infection prevention rounds once per shift. • Notify Inpatient Section Chief, CMO, and CNO. Report to Daily Leadership Safety Huddle. • Weekends and Holidays: to be reported by charge nurse at 11:45 Leadership Safety Huddle. • Notify public health officials about outbreak in accordance with applicable laws and regulations. • Provide outbreak organism FAQ sheet to all staff. • Consider all possible transmission sources such as food, waterborne, and person to person. • When patients/residents with gastroenteritis cannot be accommodated in single occupancy rooms, efforts should be made to separate them from asymptomatic patients.
<p>General</p>	<ul style="list-style-type: none"> • Place patients/residents with signs or symptoms of gastroenteritis (any two of the following: diarrhea, emesis, or fever) on Enteric Contact Precautions for a minimum of 48 hours after the resolution of symptoms to prevent further exposure of susceptible patients/residents. • Consider longer periods of isolation or cohorting precautions for complex medical patients/residents (e.g., those with cardiovascular, autoimmune, immunosuppressive, or renal disorders) as they can experience longer episodes of diarrhea and prolonged viral shedding. • Consider extending the duration of isolation or cohorting precautions for outbreaks among infants and young children (e.g., under 2 years), even after resolution of symptoms, as there is a potential for prolonged viral shedding and environmental contamination. Among infants, there is evidence to consider extending contact precautions for up to 5 days after the resolution of symptoms. • Staff who have recovered from recent suspected acute gastrointestinal infection associated with an outbreak may be best suited to care for symptomatic patients until the outbreak resolves. • LTC: Use bleach cycle then rinse cycle after each laundry cycle when resident is on Enteric Contact Precautions. • NB: Use bleach cycle then rinse cycle daily for G1 washing machines. • Pause all Group Therapy/Activities until 48 hours after last diagnosed case. • Consider expanding use of bleach for cleaning and soap and water for hand hygiene to entire unit. • Hand washing with soap and water only. Alcohol not effective against spore-forming pathogens (<i>C. difficile</i>, Norovirus). • Use bleach wipes for disinfection of patient/resident care equipment and other surfaces. In areas with high levels of soiling and resistant surfaces, initial cleaning of contaminated surfaces to remove organic loads such as fecal material should be performed before chlorine bleach disinfection. • Monitor sick staff callouts. Communicate to IP when staff report acute GI illness symptoms. <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 • Enteric Contact Precautions: Gowns and gloves must be worn when entering the room or cubicle for all contact with patient, environmental surfaces and patient care items. Mask and eye protection as needed as per Standard Precautions. Personal protective equipment (PPE): Wear a gown and gloves on room entry. Change the gown and gloves between patients even if both patients share a room and/or one or both are on Enteric Contact Precautions. Always use hand hygiene between glove changes. <p>Gloves</p> <ul style="list-style-type: none"> ➤ Hand hygiene prior to donning gloves and after removing gloves. ➤ Don gloves upon entry into the patient room/cubicle. ➤ Wear gloves whenever touching the patient's/resident's skin or surfaces and articles that are near the patient/resident (e.g., medical equipment, bed rails).

	<ul style="list-style-type: none"> ➤ Remove and dispose of gloves after completing tasks, before touching anything else and dispose before leaving patient room/cubicle. <p>Gowns:</p> <ul style="list-style-type: none"> ➤ Don gown upon entry into the room or cubicle. ➤ Remove gown and observe hand hygiene before leaving the patient-care environment. ➤ After gown removal, ensure that staff clothing and skin do not touch potentially contaminated environmental surfaces that could result in the possible transfer of microorganism to other residents or environmental surfaces. ➤ Gowns should be disposed of in a closed receptacle inside the resident room. <p>Face Protection:</p> <ul style="list-style-type: none"> ➤ Because splattering or aerosols of infectious material might be involved in disease transmission, wearing masks and goggles should be considered.
<p>Medical</p>	<ul style="list-style-type: none"> • Inpatient providers provide notification for heightened awareness of acute GI illness to all physicians and APNs including on-call staff. • Enter in Epic "Initiate Enteric Contact isolation order" for Enteric Contact Precautions if any patients/residents develop signs and symptoms of acute gastrointestinal illness (any two of the following: diarrhea, emesis, or fever) • Identify pathogen – Gastrointestinal (GI) Pathogen Panel, NAA, Stool test has less than 24-hour turnaround time. The most common pathogens associated with viral GI illnesses are included on the GI panels. <i>Clostridioides difficile</i> is not included. A test for cure is not indicated and is not standard practice. • Seek out additional cases of gastrointestinal illness among patients/residents. Be alert for new-onset illness among exposed persons, and review patient/resident histories to identify previous onsets of illness that may not have been correctly recognized as being part of the outbreak • Symptomatic patient/resident should remain on Enteric Contact isolation for at least 48 hours after the resolution of symptoms. A test for cure is not indicated and is not standard practice. • Enter in Epic "Remove isolation order" when Enteric Contact isolation is no longer required.
<p>Nursing/Therapy/ Respiratory Therapy</p>	<ul style="list-style-type: none"> • Notify Medical or IP if any other patient/resident develop signs and symptoms of acute gastrointestinal illness. • Initiate Enteric Contact Precautions and communicate to Medical/IP to place order when patient/resident has acute gastrointestinal illness (any two of the following: diarrhea, emesis, or fever). • Patients and family are educated by the nurse regarding proper hand hygiene and PPE use. • Use disposable non-critical patient care equipment (e.g., blood pressure cuffs) or dedicate use of such equipment to individual residents. If common use of equipment for multiple patients/residents is unavoidable, clean and disinfect such equipment before it is used on another person. • Nursing and Respiratory Therapy carts to be cleaned between all patient rooms with bleach wipes. • All Enteric Contact 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. • Make decisions regarding patient placement on a case-by-case basis, balancing infection risks to roommates with the adverse psychological impact room placement might have.
<p>Environmental Services</p>	<ul style="list-style-type: none"> • Use bleach to clean entire unit when appropriate. • Provide bleach wipes to unit for disinfection of patient/resident care equipment and other surfaces (place on all PPE carts). • Increase cleaning with bleach of common staff areas and bathrooms used by staff or visitors. • Increase use of UV disinfection when appropriate for common areas. • Restrict use of cleaning equipment such as mops and brushes to their specific area within a unit. • Ensure that units and rooms of patients/residents on enteric contact precautions are prioritized for frequent cleaning and disinfection. • Unit level cleaning should be increased to twice daily. • Frequently touched surfaces, e.g., bed rails, over bed table, bedside commode, lavatory surfaces in patient/resident bathrooms, doorknobs, telephones, kitchen prep areas and equipment in the immediate vicinity of the resident, should be disinfected on each shift using EPA-approved products for healthcare settings.

	<ul style="list-style-type: none"> Frequently touched surfaces in common areas (hallways and dining rooms) should also be prioritized for frequent cleaning.
Visitors of patients on Enteric Precautions	<ol style="list-style-type: none"> Visitors with gastrointestinal symptoms should be encouraged to postpone their visit until at least 48 hours after their symptoms resolve. However, a family member determined to visit may do so under any circumstance but will be restricted to the room of the patient they are visiting and not permitted in shared areas or group settings. The visitor should be advised of the need to adhere to Enteric Contact precautions and strict hand hygiene with soap and water. While inside patient's room: <ul style="list-style-type: none"> No eating while on Enteric Contact precautions. Wear Gown and Gloves. Parents who stay overnight are not required to wear PPE to sleep but they must fully understand the risk level. Instruct visitor to perform soap and water hand hygiene when entering and exiting room. Remain in room as much as possible, avoid common areas such as Family Lounge. The number of visitors at the bedside is limited to two caregivers at a time and visitors (under the age of 16) should not be allowed to visit until transmission-based precautions are discontinued.
Conclusion of Outbreak	<ul style="list-style-type: none"> Generally, the outbreak is over when two incubation periods have passed without a new case being identified. Waiting two incubation periods allows for recognition of potential secondary case-patients that are still asymptomatic but in whom the disease may be incubating. If new cases are identified after control measures have been instituted for one incubation period, continue outbreak control measures. Evaluate and enforce adherence to infection control precautions by all staff, residents and visitors. Continue control measures until no new cases are identified for two incubation periods. Environmental Services should continue use of bleach products for 7 days after last case is identified. IP will communicate daily with Environmental leadership.

1. Norovirus is a very contagious virus that causes vomiting and diarrhea in all ages
2. People with norovirus illness can shed billions of norovirus particles; it takes only a few virus particles to make other people sick
3. Norovirus can be found in your vomit or stool even before you start feeling sick
4. Alcohol-based hand sanitizers aren't as effective as washing hands with **SOAP** and **WATER** at removing norovirus.
5. Use **BLEACH** to clean room and all shared equipment
6. The virus can be introduced into healthcare facilities by infected patients, staff, visitors, or contaminated foods. Outbreaks in these settings can last for months.
7. Notification must be made to the accepting facility if a patient has norovirus or is suspected having norovirus. Outbreak situations must also be reported to the accepting facility.

<p>Symptoms and Illnesses</p>	<ul style="list-style-type: none"> • Incubation period of norovirus is 12-48 hours • The symptoms of norovirus infection can include nausea, vomiting, watery diarrhea, and stomach cramping. • People may feel very sick suddenly and vomit frequently or have several episodes of diarrhea, but most people get better within 1 or 2 days. They generally have no long-term health effects related to their illness. • <u>Diarrhea is more common in children</u>; vomiting is more common in adults.
<p>Mode of Transmission</p>	<ul style="list-style-type: none"> • Noroviruses are found in the feces and vomitus of infected people. This virus is very contagious and spreads rapidly throughout healthcare facilities. • People can become infected with the virus in several ways: <ul style="list-style-type: none"> ➢ Having direct contact with another person who is infected (a healthcare worker, visitor, or another patient) ➢ Eating food or drinking liquids contaminated with norovirus ➢ Touching surfaces or objects contaminated with norovirus and then touching the mouth. When you are sick, do not prepare food or care for others.
<p>Transmission-Based Precautions</p>	<ul style="list-style-type: none"> • Enteric Contact Precautions for a minimum of 48 hours after diarrhea or other symptoms have resolved. • Use Gown and Gloves in addition to STANDARD PRECAUTIONS • Remove in this order: (first) Gloves → Gown → SOAP AND WATER TO WASH HANDS
<p>Disinfection</p> 	<ul style="list-style-type: none"> • Clean any shared medical equipment with PDI Bleach wipes (requires a 4-minute contact time; use multiple wipes if necessary). • Clean rooms with BLEACH. • Consider use of UV disinfection for mobile devices and Vocera which may become contaminated. • Use dedicated equipment for each patient, whenever feasible, to avoid cross-contamination.



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 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:

APIC Text. Association for Professionals in Infection Control and Epidemiology. Gastrointestinal Illness: Bacterial, Viral, and Parasitic Infections August 4, 2025. Accessed 4/24/26.

Centers for Disease and Control. Norovirus Prevention and Control Guidelines for Healthcare Settings. Updated April 12, 2024. Accessed 4/24/26. https://www.cdc.gov/infection-control/hcp/norovirus-guidelines/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/norovirus/

Isolation Precautions for Visitors. Society for Healthcare Epidemiology of America (SHEA) Expert Guidance. ICHE July 2015. Accessed 4/24/26. <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/isolation-precautions-for-visitors/D28E9E3A17B5181A8D387F4AEB34A19F>

New Jersey Department of Health Guidelines for the Control of Gastroenteritis Outbreaks in Long-Term Care and Other Institutional Settings. Updated January 2020. Accessed 4/24/26. https://www.nj.gov/health/cd/documents/topics/outbreaks/gi_ltc.pdf July 2016.