



Recommendations for the Control of Viral Gastroenteritis Outbreaks in Long-Term Care Facilities

The following guidelines have been developed to help control the spread of viral gastroenteritis (usually due to norovirus) in long-term care facilities. Because these viruses are extremely contagious and hardy, strict adherence to these guidelines is necessary. Unless otherwise specified, these guidelines should be followed for at least 7 days after the last case is no longer symptomatic.

General Recommendations

- Contact the local health department immediately when there is onset of vomiting and/or diarrhea among residents and staff who all develop symptoms within a short period of time of each other. Keep in close contact with local health department throughout the outbreak.
- Isolate residents with gastrointestinal symptoms (vomiting, diarrhea, fever, or abdominal pain) in their rooms to reduce the risk of spread to other residents. Ideally, residents should be kept isolated for 3 days after vomiting and/or diarrhea cease.
- Close the ward to prevent the introduction of new susceptible residents. Avoid transfer of sick persons to unaffected wards. If transfer is necessary, isolation precautions should be taken. When possible, ill residents should be grouped together.
- Resident movements for non-essential activities should be cancelled or postponed. Meals should be served in resident rooms.
- Minimize movement of staff between affected and unaffected wards. Staff working in an affected area must not then work in unaffected areas for 48 hours after the end of a shift. Essential staff should be dedicated to the affected ward during the outbreak and not work in other areas.
- □ Avoid discharging residents from affected areas to other institutions or long-term care facilities until 72 hours after the last documented case is no longer symptomatic.
- Caution visitors that they may be exposed to infections and emphasize hand hygiene. All persons, including staff should wash their hands upon entering and leaving the resident's room. Advise family and friends not to visit if they are feeling unwell or are experiencing vomiting and diarrhea. Discourage visits from children during the outbreak.

Recommendations for Patient Care

- Wear gloves and disposable/washable apron or gown for contact with symptomatic residents or contaminated environments (area where there is vomit or fecal matter from sick persons). Gloves should be discarded and hands washed thoroughly after completing patient care.

- Wash hands with soap and water after contact with affected persons or objects; before handling food, drink, or medications; upon leaving an affected environment; and when entering or leaving all residents' rooms.
- Clean and disinfect vomit and fecal spills promptly. Dispose of soiled diapers properly and clean soiled clothing immediately. (Please see Guidelines for Environmental Decontamination)
- Residents and staff should be reminded of the importance of hand washing before eating and after going to the bathroom.
- If anyone vomits in an area near uncovered food, the food must be discarded.
- Increase the frequency of routine ward and bathroom cleaning.
- Maintain a log of sick residents. Information should include patient name, onset date, description of symptoms, room number, duration, and follow-up procedures.

Recommendations for Employee Health

- Staff who are ill with vomiting, nausea, or diarrhea should notify their supervisor of illness and should not come into work at the facility. This also includes staff who do not have direct contact with residents, such as administrative and maintenance workers.
- Affected staff should not return to work until at least 72 hours have elapsed since the cessation of vomiting and diarrhea. If, due to staffing shortages, staff members must return to work sooner, they should be restricted to working in affected wards and should be especially vigilant about practicing good hygiene. The 72 hour rule must be strictly observed by foodhandlers. Staff members must not work while they are symptomatic.
- If an employee is feeling nauseated at work, he or she should leave the area immediately to avoid vomiting in a public area.
- Maintain a log of sick employees. Basic data should include name, location or area of work assignment, date of illness onset, description of symptoms, duration, days absent, and similar illness in household contacts.

Norovirus Testing

- The Georgia Public Health Laboratory (GPHL) provides norovirus testing at no charge. The purpose of the testing is to confirm the etiology of an outbreak; it is not appropriate for individual patient diagnosis. Contact the District Health office regarding the availability of norovirus testing in an outbreak situation. If testing is available, collect fecal specimens from symptomatic residents and staff. Approximately 10-50 ml of stool should be collected in a clean container with no preservatives and kept refrigerated until shipped for testing. Ideally stool should be collected while the patient is symptomatic (within 48 hours after onset). However, it may be possible to detect norovirus in stool samples up to 7 days after illness onset. Collect as many stool specimens as possible (up to 10). The local health department will ship the specimens to the GPHL. Vomitus specimens may also be submitted for norovirus testing.