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Department of Health Services

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**Date:** May 27, 2009

DQA Memo 09-021

**To:** Nursing Homes

NH - 09

**From:** Paul Peshek, Chief  
Bureau of Nursing Home Resident Care

**cc:** Otis Woods, Administrator  
Division of Quality Assurance

**Immediate Jeopardy Citations**

In the first four months of 2009 we have seen a sharp increase in the number of immediate jeopardy citations in Wisconsin nursing homes. As of today's date, long term care surveyors in the Bureau of Nursing Home Resident Care have issued 52 citations at the level of immediate jeopardy. This is more than half of the number issued in 2008. The purpose of this memo is to highlight the types of situations that been cited at the level of immediate jeopardy over the last 15 months. You are encouraged to review your facility's policies, procedures, and practices to ensure compliance with all state and federal regulations.

Immediate jeopardy occurs whenever noncompliance with a federal regulation:

- Has caused, or is likely to cause, serious injury, serious harm, serious impairment, or death to a resident; and
- Immediate corrective action is, or was, needed to prevent serious harm from occurring.

(For further information on immediate jeopardy determination, see the guidelines in Appendix Q of the State Operations Manual at the following link:

[http://www.cms.hhs.gov/manuals/downloads/som107ap\\_q\\_immedjeopardy.pdf](http://www.cms.hhs.gov/manuals/downloads/som107ap_q_immedjeopardy.pdf)

The majority of immediate jeopardy citations in Wisconsin in the past 15 months have fallen into the following categories:

- *Failure to appropriately supervise residents to reduce the risk for accidents (F323).* The interpretive guidelines at F323 direct surveyors to consider immediate jeopardy for "Fall(s) that resulted in or had the potential to result in serious injury, impairment, harm or death (e.g. fracture or other injury that may require surgical intervention and/or results in significant decline in mental and/or physical functioning), and the facility had no established measure(s) or practice(s) , or ineffective measure(s) or practice(s), that would have prevented the fall or limited the resident's injury." Immediate jeopardy has been cited when residents have experienced repeated falls and staff did not assess each fall, did not attempt a root cause analysis of the fall (e.g., is the resident getting up because s/he needs to use the bathroom?), and did not implement new approaches to try to limit the number of falls. In many cases, staff continued with the same approaches, even though these had already proven to be ineffective, or implemented "new" approaches that were already supposed to be a part of the care plan

based on previous fall reviews. In these situations, surveyors did not cite immediate jeopardy because the residents fell but because staff failed to react so as to limit or prevent the number of future falls.

Some of these citations involved continued reliance on alarms, even those that had proven to be ineffective in preventing falls. A federal hearing decision from a Wisconsin citation, addressed alarms when it stated: "...the use of alarms by a facility, while arguably beneficial, does not substitute for appropriate supervision of accident-prone residents. Alarms may enhance supervision but are never substitutes for it...the alarm is useless as an assistance device if the staff member is too far from the resident when the alarms sounds to come to the resident's assistance and prevent the resident from falling..."

- *Failure to have an infection control program designed to investigate, control, and prevent the development and transmission of infectious disease(s) (F441)*. Immediate jeopardy citations at F441 occurred because facilities did not have a surveillance program that was actively and contemporaneously identifying infections and residents with symptoms that might be infectious, tracking this information, and responding with measures to prevent further spread when it should have become apparent that an outbreak had occurred. In some of these facilities, the infection control program was geared toward a retrospective analysis of what had happened in a facility and providing this information to the Quality Assurance Committee on a quarterly basis; the program was not designed to quickly identify and respond so as to proactively prevent the further spread of an infection. In some facilities, the only infections that were being tracked were those being treated with an antibiotic, while ignoring symptoms that were spreading rapidly and which were not being treated with antibiotic therapy. In some facilities, residents who were sick with symptoms were brought together with residents who were not sick for communal dining, activities, or therapy. In some facilities, sick staffs were allowed to work resulting in transmission of their illness to residents. And in many of these citations, staff who called in sick were not asked to identify their symptoms and were not given direction as to when they could safely return to work.
- *Failure to promptly consult with the physician following a significant change in condition (F157)*. These immediate jeopardy citations involved incidents where residents had significant changes in their physical conditions. These included changes in neurological signs following a head injury, signs of gastrointestinal bleeding in residents on anticoagulant therapy, worsening of a pressure ulcer in terms of size or odor, and chest pain. In all these cases, there was either no contact, an untimely contact with the physician, or a fax sent to the physician's office at a time when the office was closed. The federal regulation requires the facility to "consult with" the physician, not to "notify" the physician. These citations may have been avoided had the facilities developed clear guidelines on what constituted a significant change in condition (for example, as defined by the Association of Medical Directors), had clear policies that the expectation was to promptly "consult with" the physician when faced with a significant change, and consistently implemented these policies. This would include making sure that nurses knew what to do when they were unable to reach the attending physician.
- *Failure to provide each resident with sufficient fluid intake to maintain proper hydration and health (F327)*. Immediate jeopardy was identified at F327 when residents were eventually admitted to the hospital, diagnosed as being severely dehydrated, and requiring the need for intravenous fluids. In many of these cases, nursing staff had assessed the resident as being at risk, or at high risk, for dehydration and had implemented measures to monitor fluid intake. Staff, however were not monitoring fluid intake to determine if residents were meeting their assessed fluid needs. As a result, no one was aware that daily intake was far less than assessed need. In some situations, there was no

reassessment of the resident's fluid needs when the resident developed symptoms that increased the need for fluids (e.g., temperature, chronic diarrhea) or began taking medications that increase the need for fluids. In some cases there was no consultation with the physician about the continued need of a diuretic (a fluid-depleting medication) when the resident was struggling with chronic diarrhea.

- *Failure to take measures to prevent the possibility of food-borne illness (F371)*. All these citations involved the serving of unpasteurized undercooked eggs to residents. The revised interpretive guidelines at F371 give the following example as reflective of immediate jeopardy: "The facility purchased unpasteurized shell eggs for all cooking purposes. The cook prepared and served sunny-side-up eggs with barely cooked yolks (i.e., not cooked to at least 145 degrees F. for at least 15 seconds)...Using unpasteurized shell eggs to prepare undercooked eggs for eating increased the risk of residents being infected with Salmonella, which could lead to a life-threatening illness." These citations could have been avoided had staff used pasteurized eggs to serve eggs with runny yolks or if staff had cooked unpasteurized eggs at 145 degrees for at least 15 seconds.
- *Failure to prevent the development of stage 4 pressure ulcers (F314)*. Immediate jeopardy citations at F314 occurred because the facility did not develop proactive individualized approaches for preventing pressure ulcers in residents identified as being at risk or high risk for developing pressure ulcers. Staff did not monitor skin on a routine basis; in some cases, the first documentation of a skin problem was when a stage 4 pressure ulcer had developed. In other cases, staff identified stage 1 or stage 2 pressure ulcers but did not respond by developing approaches to prevent further deterioration, and did not monitor the condition of the pressure ulcers daily.

According to the severity guidelines at F314, immediate jeopardy should be considered when a resident develops an avoidable, stage 4 pressure ulcer; shows deterioration or no improvement in a stage 4 pressure ulcer that was present on admission; develops an avoidable, stage 3 or stage 4 pressure ulcer with associated soft tissue or systemic infection; or develops an avoidable stage 3 or 4 pressure ulcers as a result of extensive failures in pressure ulcer care.

- *Inappropriate nursing assessment and follow up after a resident experienced a significant condition change (F309)*. The majority of the immediate jeopardy citations at F309 occurred for the following reasons:
  1. **Cardiopulmonary resuscitation**. Staff could not quickly determine that a resident wanted resuscitative efforts in the event of cardiac arrest and did not begin, or did not promptly begin, cardiopulmonary resuscitation. Facilities need to have a system whereby they can quickly identify who is full code or no code. Staff needs to be trained on how to quickly respond when cardiopulmonary resuscitation is indicated.
  2. **Head injuries**. Staff did not monitor, or did not closely monitor, neurological signs of residents who had fallen and hit their heads. When neurological signs began to deteriorate, staff did not ensure RN assessment of the resident or promptly consult with the physician as needed.
  3. **Cardiac symptoms**. In these citations, residents displayed symptoms of cardiac problems, such as persistent complaints of chest pain, drop in oxygen saturation levels, anxiousness and/or diaphoresis. The nurse did not assess the resident's pain or vital signs and did not consult with the physician regarding the change in the resident's symptoms.
  4. **Coumadin**. In these citations, residents who were on Coumadin or other blood-thinning medications displayed symptoms of bruising or bleeding and/or got back lab reports with panic prothrombin or INR levels. Nurses did not ensure RN assessment of the resident and

did not promptly consult with the physician regarding the changed symptomatology or the abnormal lab reports.

5. Choking. Residents experienced an episode of choking. Staff did not perform the Heimlich maneuver or did not assess the resident after the choking was relieved and did not monitor the resident's condition even though the resident continued to show problems with breathing.

In all these cases, there was not a prompt RN assessment, and either no contact, or an untimely contact, with the physician. These situations may have been avoided had staff promptly notified the charge nurse of the condition change, or if licensed nurses had promptly assessed the resident when notified of the condition change, recognized the seriousness of the condition change, and taken appropriate follow-up action based on an accurate assessment.

- *Resident-to-resident abuse (F224)*. These citations involved residents who were aggressive, unpredictable, fast, and impulsive; and who had a pattern of physically or sexually assaulting other residents. We did not cite immediate jeopardy because the facility had admitted these individuals, or because they occasionally acted out, but because the residents were volatile and unpredictable and the facility had not appropriately managed their behaviors. Instead of proactively working to prevent abuse from occurring in the first place, facility staff relied on redirecting the aggressive resident or separating the resident after an aggressive act had been committed. These citations may have been avoided had staff assessed the time, place, and triggers of each incident, proactively developed and implemented approaches to modify the environment (which may have necessitated a psychiatric consult); and/or more closely supervised the potentially aggressive resident to help reduce the number of opportunities for resident-to-resident altercations.
- *Failure to immediately and thoroughly investigate allegations of serious abuse (F225 or F226)*. Immediate jeopardy citations at F225 involved supervisory failure to immediately and thoroughly investigate allegations of abuse or repeated allegations of abuse. In these instances, family or staff reported allegations of abuse and sexual misconduct to the appropriate manager/supervisor, who then failed to investigate the allegations of abuse. Failure to investigate the allegations and the failure to keep residents safe while the investigation was being conducted, created opportunities for further abuse to occur. These citations may have been avoided had management immediately and thoroughly investigated the allegations of abuse and put measures in place, e.g., employee suspension or closer supervision whenever an outside person came to visit, to ensure the safety of residents while the investigation was being conducted.
- *Failure to follow professional standards of practice (F281)*. We issued citations at F281 because of a failure to develop, or to follow, professional standards of practice which led to a serious outcome, or a potential serious outcome, at a quality of care or quality of life regulation. Immediate jeopardy citations at F281 most often involved:
  1. LPNs practicing outside the scope of their practice. N6, Nurse Practice Act, at N 6.04(1) defines standards of practice for licensed practical nurses.

"In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a physician, podiatrist, dentist or optometrist...:

    - (b) Provide basic nursing care; [which is defined at N 6.02 as care that can be performed following a defined nursing procedure with minimal modification, in which the responses of the patient to the nursing care are predictable].
    - (c) Record nursing care given and report to the appropriate person changes in the condition of a patient."

LPNs do not have the training to assess condition changes and must report resident condition changes to the appropriate person.

2. Registered nurses (RNs) failing to assess residents or to report significant changes in residents' conditions to the physician, as required at N6, Nurse Practice Act.

These citations may have been avoided had LPNs promptly notified the charge registered nurse of resident condition changes, or if registered nurses had promptly assessed the resident when notified of the condition change, recognized the seriousness of the condition change, and taken appropriate follow-up action based on an accurate assessment.

The above areas of concerns address the majority, but not all, of the immediate jeopardy citations that the Bureau of Nursing Home Resident Care has issued in the last 15 months. I am making this information available so that you and your Quality Assessment and Assurance Committee can review your facility's policies, procedures, and standards of practice in these critical areas, and identify areas that may need strengthening, so that you can avoid citations in these areas. Please review this information with your QAA Committee to ensure that facility practices in these areas adequately protect residents. Additional assistance in developing standards of practice can be found online at:

- WI Clinical Resource Center <https://wrc.chsra.wisc.edu/>
- CMS Sharing Innovations in Quality (SIQ) <http://siq.air.org/>
- National Guideline Clearing House <http://www.guideline.gov/>

A facility cited with immediate jeopardy must remove the jeopardy within 23 days from the last date of survey or face termination from the Medicare and/or Medicaid program(s). Nursing homes cited with immediate jeopardy are eligible for civil money penalties in the higher range of \$3,050 to \$10,000 for each day that immediate jeopardy exists. Additionally, nursing homes with immediate jeopardy often face denial of payment for new admissions until the facility is determined to be in substantial compliance.

If you have questions, please contact your Regional Field Operations Director at the location and phone number below.

Southern Regional Office	Pat Virnig, Interim RFOD	(608) 266-8886
Southeastern Regional Office	Jean Rucker, RFOD	(414) 227-4563
Northeastern Regional Office	Joanne Powell, RFOD	(920) 983-3187
Northern Regional Office	Jessica Radtke, Interim RFOD	(715) 365-2802
Western Regional Office	Kathy Lyons, Interim RFOD	(715) 836-3030

## NOROVIRUS INFORMATION

Noroviruses are a group of viruses that cause acute gastroenteritis. Outbreaks are more prevalent during the winter months but, can occur at any time. Illness is characterized by the sudden onset of nausea and vomiting, watery diarrhea, and abdominal cramps. Symptoms may also include chills, body aches, and fatigue. Dehydration is the most common complication and may require intravenous replacement fluids. The duration of illness is usually one to three days.

Noroviruses are found in the stool or vomit of infected persons. They are highly contagious and only a very small number of virus particles can cause infection. Infected persons are contagious at the onset of symptoms and up to 48 hours after vomiting and diarrhea have ceased. Transmission occurs primarily through the fecal-oral route following direct contact with a person who is, or has been, recently ill. This means:

**YOU GET THE VIRUS ON YOUR HANDS OR FACE AND SOMEHOW IT GETS IN YOUR MOUTH.  
SO, HAND WASHING IS IMPORTANT ALL OF THE TIME, BUT ESPECIALLY BEFORE EATING.  
MAKE SURE RESIDENTS WASH THEIR HANDS BEFORE EATING  
AND MAKE SURE YOU DO TOO!!**

Droplet transmission may occur from aerosolization during vomiting. This means that during the act of vomiting there may be splashing or spray from the vomitus that could potentially get on the face or mouth and from there the virus could enter the digestive tract.

For this reason, Contact Precautions should be put in place. Anyone who enters the room of a resident who is symptomatic must wear a gown and gloves. Gown and gloves must be worn whenever a caregiver is providing care that involves direct physical contact with infected residents or when contact with their contaminated environment is anticipated. A mask should be worn when cleaning up the vomit of an infected resident. After you have finished your care, remove your PPE and place it in a trash bag before you leave the room, perform hand hygiene and take the trash bag to the trash receptacle. Then sanitize your hands again.

To minimize to the risk of the virus being transmitted by touching contaminated surfaces, frequent disinfection of things such as; overbed tables, handrails, sinks, toilets and other areas touched by ill residents. Bleach is the preferred disinfectant. Use the DISPATCH wipes or spray to disinfect contaminated surfaces. Noroviruses may remain viable for up to 12 days on surfaces and in carpets.

**Remember....**

**Any resident with norovirus symptoms should be confined to their room with contact precautions in place until 48 hours after vomiting and/or diarrhea subside. The nurse should initiate the gastrointestinal monitoring tool and outbreak line list.**

**Noroviruses are a group of viruses that cause acute gastroenteritis (commonly called "stomach flu"). The most common symptoms are:**

- sudden onset of vomiting
- watery, non-bloody diarrhea
- abdominal cramps
- nausea
- headache

**In addition, ill persons may also have fever, chills, body aches and fatigue.**

**Employees with symptoms of nausea, vomiting and/or diarrhea must be sent home and may not work until 48 hours after vomiting and /or diarrhea cease. Employees calling in with these symptoms should be reminded not to return until 48 hours after vomiting and diarrhea end.**

If you have any questions related to the above information, please see your supervisor or call Debbie Briggs at ext. 331.

Reviewed by				
Dates				

## Management of Norovirus Infection

Noroviruses are a group of viruses that cause acute gastroenteritis. Outbreaks are more prevalent during the winter months but, can occur at any time. Illness is characterized by the sudden onset of nausea and vomiting, watery diarrhea, and abdominal cramps. Symptoms may also include chills, body aches, and fatigue. Dehydration is the most common complication and may require intravenous replacement fluids. The duration of illness is usually one to three days.

Noroviruses are highly contagious and are found in the stool or vomitus of infected persons. Infected persons are contagious at the onset of symptoms and for at least three days to two weeks after recovery. Transmission occurs primarily through the fecal-oral route following direct contact with a person who is, or has been, recently ill. Droplet transmission may occur from vomitus. The viruses can also be transmitted orally by touching surfaces contaminated with the virus, by eating contaminated food, or by drinking contaminated water. Noroviruses may remain viable for up to 12 days on surfaces and in carpets.

### TRANSMISSION PREVENTION

#### Limit transmission of suspected cases of viral gastroenteritis

- Any resident with signs and symptoms of norovirus infection (sudden onset of vomiting, watery, non-bloody diarrhea, abdominal cramping, chills, body aches, fatigue) should be empirically placed in **CONTACT PRECAUTIONS**. They should remain in their room until 48 hours after the symptoms subside. Contact precautions include:
  - Wear personal protective equipment to include gloves, and gown (mask and goggles or face shield if vomitus is present) upon entry to the room and when in contact with the symptomatic resident (CDC, 2004).
  - Remove gloves, goggles or face shield, gown, mask, and then perform hand hygiene immediately after removing all personal protective equipment and before contact with an unaffected resident in the same room or when exiting the resident's room (CDC, 2004).
    - ✎ If gloves or hands are visibly soiled with feces or vomitus, wash hands with soap and water.
    - ✎ **Alcohol hand gels may be used if gloves or hands have not been visibly soiled.**
  - After glove and gown removal and hand hygiene, ensure that hands and clothes do not touch potentially contaminated environmental surfaces or items in the resident's room, such as bed rails, light switches, door knobs and tables.
- Initiate the Outbreak Line List and start a GI monitoring tool for residents with GI symptoms.
- Notify nursing supervisor and Infection Control.
- Update physician/APNP to determine if any changes to medical management are warranted.
  - Check for medications that can increase risk of dehydration or contribute to symptoms of diarrhea or vomiting and hold diuretics and laxatives when a resident is experiencing vomiting and/or diarrhea (liquid stools).
  - Consider use of anti-emetics for patients with vomiting.
- Monitor hydration status.

- Reinforce scrupulous handwashing and surface disinfection (use DISPATCH) with all staff members. Remind staff to wear a mask and/or faceshield when cleaning up vomitus or diarrhea stools.
- Clean and disinfect all equipment including, but not limited to: blood pressure cuffs, stethoscopes, electronic thermometers and transfer lifts before using for another resident (this is routine).
- Symptomatic residents should be cohorted, or if this is not possible, maintain a 3-6 ft. distance between residents, pull the privacy curtain.
- Exclude non-essential staff from entering room.
- Discontinue "floating" staff from the affected unit to non-affected units, if possible.
- Require symptomatic staff, visitors and volunteers to stay home until they are symptom-free for at least 48 hours.

### **Continue to institute control measures if outbreak is suspected (with or without diagnostic confirmation)**

- If > than 2 residents on the same hall present with sudden onset vomiting and/or diarrhea:
  - Notify City of Milwaukee Health Department at 414-286-3521 to further direction and to request testing for norovirus.
  - Notify Medical Director.
  - Minimize movement of residents on affected hall. Asymptomatic, exposed residents should **not** be moved from an affected area to an unaffected area. Asymptomatic residents on the same hall have been exposed (e.g., to a symptomatic roommate) and may already be infected.
  - Post a sign at facility entrance and at entrance to affected hall(s) alerting visitors and staff of the increase in GI infections.
- Test for norovirus:
  - Wear appropriate PPE (gown, gloves, mask or face shield)
  - Obtain stool spec (use screw top plastic container)
  - Indicate the time specimen was collected on container and lab request
  - Refrigerate specimen
  - Lab request should be marked "test for norovirus"
  - Reason for testing must be indicated i.e., "vomiting", "diarrhea"
- If an outbreak continues consult with medical director and management to consider closing the facility to new admissions. Cancel new admissions until the incidence of new cases has reached zero for at least 48 hours. If new admissions are being considered on units that are "clear", consult with the infection control practitioner and the facility medical advisor first.
- Cancel or postpone group activities, chapel, common dining, etc., for at least 48 hours after the last identified case.
- Notify all departments and provide education to all staff about the need to maintain strict hand hygiene and a clean environment to minimize the risk of transmission of norovirus infection.
- Remind/educate staff that they should not come to work if they have symptoms including nausea, vomiting, abdominal pain and/or diarrhea, and that they must be symptom free for 48 hours before returning to work.
- If any resident, regardless of symptoms, is transferred to a hospital or other facility, notify the facility (and EMS or private ambulance service if used) that the resident is coming from a facility at which an outbreak of viral gastroenteritis is occurring.
- Eliminate the storage and sharing of resident's personal food supplies for the duration of the outbreak.

## Environmental cleaning and disinfection

- Increase the frequency of routine environmental cleaning including bathrooms and the area surrounding the resident's living space. Pay special attention to cleaning objects that are frequently touched such as hand rails, overbed tables, door handles, and toilet and bath rails. These areas should be cleaned and disinfected at least twice daily and possibly more often.
- 0.1% sodium hypochlorite (bleach) solution is the preferred disinfectant. (or use DISPATCH spray or wipes). Wear appropriate PPE (gloves, gown and goggles) when working with bleach.
- Clean and disinfect vomit and fecal spills promptly. **It is essential that those responsible for cleaning and disinfecting contaminated surfaces use appropriate PPE (gloves, gown and mask/face shield) while cleaning to minimize the possibility of spread of infection among staff.** After glove and gown removal and hand hygiene, ensure that hands and clothes do not touch potentially contaminated environmental surfaces or items in the resident's room.
- Exposed consumables, such as fruit, should be discarded.
- Enhanced cleaning and disinfection should continue for at least 72 hours after the last documented case.
- Noroviruses may remain viable for up to 12 days in carpeting or other environmental surfaces. Do not vacuum carpets or buff floors during an outbreak, as these actions have the potential to re-circulate the viruses. When the outbreak is over, thorough cleaning of carpets, curtains, walls and all equipment is essential. Steam cleaning should be used for carpets and soft furnishings.

## Laundry

- Contaminated bedding and linens should be placed carefully into yellow plastic laundry bags with melt-away liners, at the point of removal, without generating further aerosols. Minimize the number of staff handling this material.
- Contaminated pillows should also be laundered as infected linen unless they are covered with an impermeable cover, in which case they should be disinfected with a 0.1% hypochlorite (bleach) solution.
- Laundry staff should wear appropriate PPE (gown, gloves, mask/face shield) when handling contaminated linen.

## Visitors

- Post signage that the facility is experiencing an increase in gastrointestinal illness.
- Remind visitors that if they are experiencing symptoms, they should not visit until they are asymptomatic for 48 hours.
- Encourage visitors of ill residents to postpone their visit until resident is asymptomatic for 48 hours.
- Discourage visits to symptomatic residents by children, the elderly and persons with underlying medical conditions.
- If visitation is necessary, instruct visitors on the appropriate procedure for putting on and removing gowns, gloves and masks (if the resident is vomiting) and hand hygiene.
- In addition to posting signs informing of the outbreak, provide an explanatory letter for families and visitors and provide education and DPH Norovirus Disease Fact Sheets.

References: Management of Norovirus Infection Outbreaks in Hospitals and Nursing Homes; Wisconsin Division of Public Health, Bureau of Communicable Disease Epidemiology Section, February 2004  
Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in Wisconsin Long-Term Care Facilities; Wisconsin Division of Public Health, Bureau of Communicable Disease Epidemiology Section in Cooperation with the Bureau of Occupational and Environmental Health and the Division of Quality Assurance, 2009

## CONTACT PRECAUTIONS FOR NOROVIRUS

### In addition to Standard Precautions:

- Private room or cohort; or maintain 3-6 ft. spatial separation
- Door can be open
- Wear gloves and gown when you enter the room
- When cleaning up vomitus or feces, wear a mask
- Remove PPE before leaving the room (bag it and take to trash receptacle in soiled utility room)
- Perform hand hygiene immediately after removing PPE
- Any patient care equipment or devices need to be sanitized with DISPATCH wipes after use and before using on the next resident (BP cuff, thermometers, stethoscope, glucometers, pulse ox)
- Assist resident to maintain proper hand hygiene
- Bedside commodes and toilet seats should be sanitized with DISPATCH wipes after use
- High touch areas should be wiped with DISPATCH wipes frequently (overbed tables, call light, doornobs, handrails)

## Monitoring Tool for Gastrointestinal Infections

Date and time of symptom onset: \_\_\_\_\_

DATE																			
SHIFT		N O C	A M	P M	N O C	A M	P M	N O C	A M	P M	N O C	A M	P M	N O C	A M	P M	N O C	A M	P M
<b>Vital Signs Q shift (if all VS are stable after 24 hours, may take temp only)</b>	T																		
	P																		
	R																		
	BP																		
<b>Symptoms (check if present) Document specifics in nurses notes</b>																			
Vomiting																			
Watery, non-bloody diarrhea																			
Nausea																			
Abdominal cramping																			
Fever (usually low grade)																			
Chills																			
Headache																			
Malaise or myalgia																			
<b>Encourage <u>extra</u> fluids</b> Up to 100 cc NOC shift Up to 500 cc AM shift Up to 400cc PM shift																			
<b>Contact precautions maintained (if indicated)</b>																			
<b>Nurse's Initials</b>																			

## St. Anne's Salvatorian Campus Absentee Report

Absentee Name \_\_\_\_\_ Dept/Unit \_\_\_\_\_ Absentee's Age \_\_\_\_\_  
Date of Call \_\_\_\_\_ Time of Call \_\_\_\_\_ Date of Absence/Tardy \_\_\_\_\_ Shift \_\_\_\_\_  
Person Reporting Absence/Tardy \_\_\_\_\_ Phone # (where absentee can be reached) \_\_\_\_\_

### **\*\*Supervisor or Designee Taking Call-In\*\***

Please Check Appropriate Reason for Absence/Tardy and answer all questions. Please list **ALL** symptoms if employee is ill. Anyone with GI symptoms; vomiting, diarrhea, possible fever  $\geq 100^{\circ}\text{F}$  may not return to work until 48 hours after vomiting/diarrhea ceases (72 hours for dietary employees). Anyone with respiratory illness; cough, congestion, sore throat **WITH** fever  $\geq 100^{\circ}\text{F}$  may not return to work until 24 hours after acute symptoms cease, and in the case of suspected H1N1 virus 7 days beyond the start of symptoms.

### **Please inform employee of above requirements.**

1. \_\_\_\_\_ **ILLNESS** (self) Symptoms (list all) \_\_\_\_\_  
Date Symptoms Started \_\_\_\_\_ Seeing a Doctor? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_  
Will Bring Excuse Yes \_\_\_\_\_ No \_\_\_\_\_
  2. \_\_\_\_\_ **ILLNESS** (family) Relationship \_\_\_\_\_ Symptoms \_\_\_\_\_
  3. \_\_\_\_\_ **TARDY** Reason \_\_\_\_\_ When In? \_\_\_\_\_
  4. \_\_\_\_\_ **LEFT EARLY** Reason \_\_\_\_\_ Time left \_\_\_\_\_
  5. \_\_\_\_\_ **DEATH IN FAMILY** Relationship \_\_\_\_\_
  6. \_\_\_\_\_ **WORK RELATED INJURY** Explain \_\_\_\_\_  
Employee Incident Report Completed and Submitted to HR? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_
  7. \_\_\_\_\_ **OTHER ABSENCE** Explain \_\_\_\_\_
- Report Completed By (signature)** \_\_\_\_\_

4-3-09

Dear Family and Friends of St. Anne's Resident,

Our facility is experiencing an outbreak of viral gastrointestinal illness (stomach flu). The virus is called Norovirus and causes symptoms of vomiting and/or diarrhea in people who are infected with the virus. It can also cause nausea, abdominal cramping, fever, and headache. This is a highly contagious virus and is easily spread from person to person or from touching contaminated environmental surfaces. We are working with the City of Milwaukee Health Department. Please refer to the attached fact sheet for more information.

Due to the highly contagious nature of this illness, I am recommending that you do not visit during this time. Currently, we have two hallways affected. We are confining ill residents to their rooms and well residents to the halls that they live on. Group activities are on hold. This is in an attempt to stop the spread of the virus to other nursing units.

Please understand that we are not forbidding you to visit with your loved one, but we want you to make an informed decision. A few visitors have reported that they became ill after visiting. After reading this information, if you decide that you do want to visit, please adhere to the following:

- Wash your hands or sanitize before and after your visit
- Please visit only your loved one, remain on their hall and do not walk throughout the facility
- Do not share food items or cups
- **If your loved one is ill and in contact precautions**, wear a gown and gloves in the room and remove before leaving the room
- Try not to carry items in and then back out of the of the room (they may be contaminated)
- **Please do not allow children to visit**

If you have further questions, you can call me at extension 331 or ask to speak to the nursing supervisor.

Thank you for your cooperation. Our hope is that this illness will be short lived so that all of our residents can get back to normal.

Respectfully,

Debbie Briggs RN  
Infection Control Coordinator



# **ATTENTION VISITORS**

**We are currently experiencing an increase in the number of residents with gastrointestinal illness in our facility.**

**We ask that you please check in at the front desk before visiting with your family member or friend.**

**Thank you for your cooperation**

A decorative border of red hearts surrounds the entire text. The hearts are arranged in a rectangular frame, with one heart at each corner and a row of hearts along each side.

# **ATTENTION VISITORS**

## **WE ARE CURRENTLY EXPERIENCING GASTROINTESTINAL ILLNESS ON THIS UNIT**

Symptoms include sudden onset of nausea, vomiting and diarrhea. Fever, chills, body aches and fatigue can also occur.

**PLEASE CONSIDER POSTPONING YOUR  
VISIT UNTIL FURTHER NOTICE**

**IF THAT IS NOT POSSIBLE, PLEASE  
SANITIZE YOUR HANDS BEFORE AND  
AFTER YOUR VISIT AND CONFINE YOUR  
VISIT TO THIS AREA ONLY**

**THANK YOU FOR YOUR COOPERATION**