

**NOROVIRUS/GI
AFTER HOURS OUTBREAK PROTOCOL**

Infection Type: _____ First Case Noted at _____

Task	Completed Date & Time
1. Resident placed into appropriate precautions and equipment dedicated for their use only	
2. Resident may not leave their room for any reason except in an emergency. Staff and resident notified.	
3. Appropriate cultures obtained and sent to the lab.	
4. Family notified of infection and advised not to visit. Instruct to call for contact or update.	
5. Medical Director notified of outbreak	
6. Signage placed on front door of the facility and in prominent locations in the facility (see enclosed)	
7. Staff may not float to/from the outbreak area. In the event of a widespread outbreak, staff may float within the building but if at all possible, they should be restricted to just the floor they have been working on.	
8. ADON or designee notified	
9. Affected residents recorded on the line list	
10. Affected residents observed for decreased fluid intake. Called dietary for Gatorade, popsicles etc.	
11. Affected residents placed on 24-hour report	
12. Staff re-educated on proper handwashing	
13. Supervisors/scheduling notified to observe call-ins for potential outbreak amongst staff. Staff furloughed for at least 48 hours after symptoms END, 72 hours for dietary staff.	
14. Admissions notified of outbreak so that admissions may be suspended to the outbreak area. NOTE: In the event of a widespread outbreak, administration will decide if all facility admissions will be suspended.	
15. Resident given handout on the appropriate infection they are being isolated for.	

Isolation Guidelines

Remember: The key to infection control is to isolate the organism, NOT the resident! Residents are easily frightened when we treat them like they are 'contagious.' You must be sensitive to that. If there is a way to contain the infected material, then isolation is kept at a minimum. Any extra Personal Protective Equipment (PPE) may be used if an individual deems it necessary.

Contact Precautions: Used when the spread of the organism will be transmitted by 'touch.' Gown and gloves must be worn when entering the room.

Droplet Precautions: Used when the spread of the organism will be transmitted by coughing which is not able to be contained by the resident, such as covering mouth. These organisms are heavier than air, but will travel up to 3 feet before they find a host

Respiratory Precautions: Used when the spread of the organism will be transmitted by cough regardless of residents ability to contain the secretions. These organisms are very lightweight and travel very long distances. These are the organisms which go out the door and down the hallway and get picked up again with airflow.

Standard Precautions: Used with every patient during normal cares and with patients where the likelihood of contamination exists by blood and/or body fluids. All isolation is in addition to standard precautions.

Infection/ Organism	Contact Precautions	Droplet Precautions	Standard Precautions	Respiratory Precautions	Gloves	Gown	Mask	Face Shield	Chemo Gloves
MRSA/VRE/ESBL Wound or Urine	X		X		X	X			
MRSA Sputum	X	X	X		X	X	X or >	X or <	
MRSA Nares	X only if not colonized		X		X	X			
Skin Infections: (Scabies, Impetigo, Rashes)	X		X		X	X			
Shingles (Skin)	X if disseminated		X		X	X			
Chicken Pox, Measles (Airborne)			X	X	X	X	X or >	X or <	
Chemotherapy while on it or 48 hours after end			X		X	X		X if splattering is expected	X
Hepatitis A (Stool)	X		X		X	X		X	
Hepatitis B (Blood)			X		X	X		X if splattering is expected	
C-Diff	X		X		X	X			
Respiratory Influenza/H1N1 Influenza A		X	X		X	X	X		
Norovirus / gastroenteritis	X		X		X	X	X if cleaning vomitus		

Contact Precautions

(in addition to Standard Precautions)



Gloves: Wear gloves when entering room. Remove gloves before leaving room.



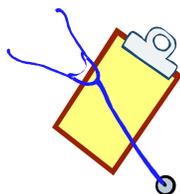
Wash Hands: Wash hands with soap and water immediately after glove removal. Ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer or micro organisms to other patient's or environments.



Gown: Wear a gown upon entering the room. Remove the gown before leaving the patient's room and ensure that clothing does not contact potentially contaminated surfaces.



Patient Transport: During transport, ensure that precautions are maintained to minimize the risk of transmission or micro organisms to other patients and contamination of environmental surfaces and equipment. The patient can remain out of room to the point of saturation of the infective material.



Patient Care Equipment: Dedicate the use of patient care equipment to a single patient. IF common equipment is used, be sure to disinfect between patients.

When a Resident is Suspected of Having Gastrointestinal Illness

i.e. Norovirus, Diarrhea or Elevated Temp you must do the following:

Task	Completed Date & Time
1. Place in contact precautions	
2. Obtain stethoscope, thermometer and gait belt for that Resident's use only	
3. Call MD and obtain orders for Imodium and Compazine (if he/she is willing)	
4. Notify family	
5. Educate resident and roommate on hand washing and give handout (in RNS office)	
6. Initiate Care plan (in RNS office)	
7. Alert unit manager by placing on 24 hr. Report (must stay on report until signs/symptoms resolved X 48 hrs.	
8. Document signs/symptoms and PO intake every shift until signs/symptoms are resolve X 48 hrs.	

ATTENTION

Guests & Visitors

We have Norovirus or “Stomach Bug” symptoms in the building.

If you need to visit at this time, please stop and see the nurse before your visit.

Please wash your hands before and after your visit.

Additional information is available at the reception desk.



Norovirus (Formerly referred to as “Norwalk-like virus”)

Disease Fact Sheet Series

What are noroviruses?

Noroviruses (previously called Norwalk viruses, caliciviruses, or SRSVs) are a group of viruses that cause acute gastroenteritis in humans, often referred to as "stomach flu". However, noroviruses are completely unrelated to influenza, a respiratory virus.

Who gets a norovirus infection?

Anyone can become infected with noroviruses. There are many different strains of norovirus, which makes it difficult for a person to develop a long-lasting immunity and norovirus infections may occur throughout a person's lifetime. In addition, because of differences in genetic factors, some people are more likely to become infected and develop more severe illness than others.

How are noroviruses spread?

The norovirus enters through the mouth, multiplies in the body, and is passed in the highly infectious stool or vomit of an infected person. If careful hand washing with soap is not done, the virus can be carried on an infected person's hands. If the infected person then handles food or drink that someone else consumes, the virus can be transmitted to others. Food associated outbreaks have been linked to cold prepared, ready-to-eat foods (e.g., salads, coleslaw, sandwiches or desserts) and shellfish harvested in contaminated waters. Outbreaks have also been associated with drinking water and recreational water (e.g., swimming ponds and beaches) where persons may have ingested water contaminated with fecal matter from an infected person.

Direct person-to-person contact or environmental contamination (e.g., exposure to areas where fecal accidents or vomiting has occurred) may also be a route of transmission.

What are the symptoms of a norovirus infection?

The most common symptoms are a sudden onset of vomiting, watery, non-bloody diarrhea, abdominal cramps, nausea and headache. The symptoms occur in all age groups, but vomiting is more common in children. Many persons may also experience low-grade fever, headache, chills, muscle aches and fatigue.

How soon after exposure will symptoms appear?

The symptoms may appear from 12-60 hours after exposure to the virus, but usually occur within 24-48 hours.

How infectious are noroviruses?

Noroviruses are highly infectious and a very small number of virus particles may result in symptomatic infections. Both stool and vomit are infectious.

For how long is a person infectious?

The virus is very easily passed from person-to-person from the time of symptom onset and up to 48 hours after diarrhea or vomiting.

What is the treatment for this illness?

There is no treatment for this illness. Most people recover in two to three days after they become ill. Supportive treatment such as fluid replacement may be needed to prevent dehydration in severe cases.

What can be done to prevent the spread of noroviruses?

Thorough hand washing (See Division of Public Health "*Hand washing*" Fact Sheet) following toilet use and before handling food is the best way to prevent the spread of these viruses. Persons currently ill with diarrhea or vomiting should not handle food, work in day care centers or care for patients in a health care facility until at least 48 hours after these symptoms have stopped.

