



Edwin M Lee

San Francisco Department of Public Health

Barbara A Garcia, MPA

Director of Health

Tomás J. Aragón, MD, DrPH

Health Officer

Communicable Disease Control & Prevention

sfdph.org/cdcp

Tel (415) 554-2830 Fax (415) 554-2848

NOROVIRUS/VIRAL GASTROENTERITIS CONTROL RECOMMENDATIONS CHECKLIST FOR SKILLED NURSING FACILITIES

Date of Recommendations: _____ CDCU Staff Member: _____
 Name of Facility: _____ Contact Person: _____
 Address: _____ City San Francisco State: CA
 Zip: 941 _____
 Phone Number: _____ Fax Number: _____ Email: _____
 Date of verbal review with facility contact person: _____

Limit transmission when initial cases of viral gastroenteritis are suspected.	
Date Recommended	Recommendation
	Any ill residents/staff with symptoms of vomiting or diarrhea should immediately let the director know.
	Nursing floors or units should immediately report any residents or staff members with symptoms of viral gastroenteritis (nausea, vomiting, diarrhea) to the infection control practitioner or nurse manager.
	Ill residents should remain in their rooms, including having meals delivered to their rooms for at least 48 hours after they no longer have vomiting or diarrhea.
	Clean and disinfect vomit and diarrhea promptly. Use disposable materials if possible. If not, change water and launder mop head or cloth after each cleanup.
	Wear gloves, gown and shoe covers when entering the room of an ill resident to clean up vomit or diarrhea.
	Remove gloves, gown and shoe covers before leaving the resident's room & wash hands with soap and water immediately. After handwashing, ensure that hands don't touch potentially contaminated environmental surfaces/ items.
	Make hand sanitizer available if hand washing sinks are not easily accessible. Hand sanitizers should have an alcohol concentration between 60-95%.
	Provide soap and paper towels for hand washing. Provide covered trash cans or closable plastic bags for disposal of soiled items.
	Visits to symptomatic residents should be discouraged
	If an ill resident needs hospitalization, notify the receiving facility in advance that viral gastroenteritis
	If visitation is necessary, health care workers should instruct visitors on the appropriate procedure for putting on and removing gowns and gloves (and masks if resident is vomiting), and hand hygiene
	Any ill staff should stay home for 48 hours after they no longer have vomiting or diarrhea.

Begin outbreak control measures when a viral gastroenteritis outbreak is suspected without waiting for lab results.	
	Increase the frequency of routine ward, bathroom, shower and toilet cleaning, especially high-touch areas such as faucets, door handles and toilet or bath rails. Consider the use of respiratory protection (surgical mask) where aerosols/splashes may be present. Use a freshly prepared sodium hypochlorite solution (e.g., household chlorine bleach in a dilution of ¼ cup per gallon of water or 1 tablespoon per quart of water) for routine cleaning of environmental surfaces during an outbreak.
	To clean vomit or diarrhea, use a freshly prepared CONCENTRATED sodium hypochlorite solution (e.g., household chlorine bleach in a dilution of 1/2 cup bleach per gallon of water or 2 tablespoons per quart of water). Allow surfaces to remain wet for 10 minutes, if possible. Allow to air dry.
	If unable to use bleach, contact the Communicable Disease Control Unit at (415) 554-2830.
	Clean carpets and soft furnishings with hot water and detergent, or steam clean. Heat disinfection with temperature equal to or greater than 60°C (140°F) can be used on items that cannot be subjected to chemical disinfectants. Dry vacuuming is NOT recommended.
	Minimize movement of residents. Residents should not be moved from an affected to an unaffected unit.
	The dining room should be closed. Meals should be served to residents in their rooms. Serve meals on disposable dishware.
	Cancel or postpone group activities in affected units.
	Limit new admissions until the incidence of new cases has reached zero. If new admissions are necessary, admit resident to an unaffected unit or to a unit that has had no new cases for at least 3 days.
	Discontinue “floating” staff between affected and unaffected units, if possible.
	Maintain the same staff to resident assignments, if possible.
	Exclude non-essential personnel from affected units.
	Dedicate the use of patient-care equipment to a single resident or among similarly symptomatic residents. If the use of common equipment or items is unavoidable, then adequately clean and disinfect equipment before use for another resident.
	New cases should be recorded daily using a linelist. (available at http://www.sfcddcp.org/giresources.html)
	Report the outbreak to Licensing and Certification, SFDPH Communicable Disease Control Unit (415-554-2830) and the facility’s medical director.

ADDITIONAL RECOMMENDATIONS:

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