

March 30, 2023

LTC COVID-19 Update

Presented by:

Lori Davenport, Director of Regulatory & Clinical Affairs
Indiana Department of Health Team



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Today's Topics

- Responding to recent Media Scare “Deadly Fungus” – C. auris – Caleb Cox, Senior Multi-Drug Resistant Organisms Epidemiologist – IDOH
- Leftovers Q&A, PLA Update, Schizophrenia Audits and GI Outbreaks/Resources – Lori Davenport
- Q&A

Infection Preventionist Webinar Series, starts April 12, details [HERE](#)

RAC-CT Certification course (in-person), May 9-11, details [HERE](#)



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Leftovers Questions and Answers

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Question

- Will providers be reimbursed for residents admitted without a 3-day qualifying stay if they continue to get services after the PHE ends on 5/11?
 - Will not fly on or after 5/11.
 - Have not received a reply on this question.



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Question

- Are you hearing a shortage or difficulty in obtaining tests kits for COVID-19?

Answer:

No, but I do hear that the price for the kits are high.

Do not get caught in a scam – call your reliable vendors.



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Question

- Notification to family and residents – Please clarify.

Answer: F885

The facility must inform residents, their representatives, and families of those residing in facilities by 5:00 pm the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new onset of respiratory symptoms occurring within 72 hours of each other.



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Reporting continued

- The information must ---
- **Not** include personally identifiable information
- Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and
- Include any cumulative updates for residents, their representatives, and facilities at least weekly or by 5 pm the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.



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What does that mean – simplify it

- Reporting is not weekly unless you are in a new outbreak of COVID-19 or 3 or more residents and/or staff have onset of respiratory symptoms within 72 hours of each other.
- If you have gone without conditions (mentioned above in yellow highlight) you are not reporting weekly until one of two conditions mentioned above occur.
- You would report weekly on the cumulative for that current outbreak until the outbreak is over = 14 days without a new onset of infection.



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Source Control Guidance

Last weeks information from Dr. Vuppalanchi

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When SARS-CoV-2 [Community Transmission](#) levels are high, source control is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients.

- HCP could choose not to wear source control when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms) if they do not otherwise meet the criteria described below and [Community Levels](#) are not also high. When [Community Levels](#) are high, source control is recommended for everyone.

When SARS-CoV-2 [Community Transmission](#) levels are **not** high, healthcare facilities could choose not to require universal source control. However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who:

- Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- Had [close contact](#) (patients and visitors) or a [higher-risk exposure](#) (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or
- Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or
- Have otherwise had source control recommended by public health authorities

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**PLA Announcement
Upcoming Expiration and Termination of
Federal Public Health Emergency
concerning COVID-19**

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**Read the attachment (hand out)
from PLA**

- IPLA advises all practitioners who hold an emergency practitioner temporary license to begin the process of applying for an unlimited license to practice, or any separate temporary license that may be available to the practitioner.



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Schizophrenia Audits

Conduct an internal audit before a formal audit!



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Admissions

- Was the diagnosis of Schizophrenia present on admission?
- Was the resident receiving antipsychotic medications upon admission to your facility?
- If the resident was on an antipsychotic medication upon admission did, they have a supporting diagnosis ?
- If diagnosis was present on admission to the facility was the PASRR Level II completed upon admission to the facility?



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After Admission

- Was the resident diagnosed with Schizophrenia after admission and/or during the stay at the facility?
- Did the resident have a diagnosis of Dementia prior to the signs/symptoms suggestive of Schizophrenia?
- If diagnosis was made after admission, were antipsychotic medications prescribed just before or right after diagnosis was made?



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Documentation

- If the diagnosis was received at the facility, is there persistent behaviors documented including hallucinations or delusions for a minimum of 6 months prior to the start of antipsychotic medication?
- If diagnosis was received after admission to the facility was there a detailed evaluation/comprehensive evaluation completed by an appropriate practitioner such as a Medical Doctor or Psychiatrist?



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Documentation continued

- Is there a person-centered care plan related to Schizophrenia diagnosis that addresses moods and behaviors that are documented and tracked?
- Is Schizophrenia coded on the MDS and not present anywhere in the EMR?
- Was diagnosis present on admission and not coded on the admission MDS?
- If diagnosis is coded on the MDS is there a signed physicians note in the last 60 days?
- If diagnosis is coded on MDS is documentation of an active problem in the last seven days of the Assessment Reference Date (ARD)?



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GI Outbreaks Checklist – handouts

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Documentation continued

- Gastrointestinal Virus Infection Control Measures Healthcare Facilities
- Checklist and line listing – handouts today
- <https://www.in.gov/health/erc/infectious-disease-epidemiology/diseases-and-conditions-resource-page/norovirus-viral-gastroenteritis/>



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Q&A

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THANK YOU!

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Contact Information

Lori Davenport – IHCA/INCAL Clinical/Regulatory

- ldavenport@ihca.org
- 765-516-0148

Amy Kent – Assistant Commissioner, IDH

- amkent1@isdh.in.gov
- 317-233-7289

Janene Gumz-Pulaski – Infection Control, IDH

- jgumzpulaski@isdh.in.gov

Paul Krievins

- pkrievins@isdh.in.gov

Kelly White – Reporting, IDH

- kewwhite@isdh.in.gov

Tammy Alley – Vaccine Questions, IDH

- talley@isdh.in.gov
- 317-223-7441

Randy Synder – Vaccine Questions, IDH

- rsnyder1@isdh.in.gov

Russell Evans

- russ@probarisystems.com
- outreach@probarisystems.com
- 317-804-4102

Peter Krombach

- pkrombach2@isdh.in.gov

• Paul Peaper – IHCA/INCAL President

- ppeaper@ihca.org

• Dr. Shireesha Vuppalachani – Clinical, IDH

- svuppalachani@health.in.gov

• Brenda Buroker – Survey, IDH

- bburoker@isdh.in.gov
- 317-234-7340

• Jan Kulik

- jkulik@isdh.in.gov
- 317-233-7480

• Pam Pontones – CDC Guidance, IDH

- ppontones@isdh.in.gov
- 317-233-8400

• QSource – NHSN

- Angeleta Hendrickson - ahendrickson@qsource.org
317-735-3551
- Teresa Hostettler - thostettler@qsource.org
812-381-1581
- Candace Lord – clord@qsource.org
317-829-0143
- Nedra Bridgewaters – nbridgewaters@qsource.org
317-678-9088

• Deeksha Kapoor – IHCA/INCAL Communications/PR

- dkapoor@ihca.org

• Rob Jones – IDH Gateway Assistance

- rjones@isdh.in.gov

• David McCormick

- DMcCormick@isdh.in.gov

• Dr. Lindsey Weaver

- lweaver@isdh.in.gov

• Langham Customer Service

- 866-926-3420
- Covidsupport@elangham.com

• Deanna Paddack – Infection Prevention, IDH

- dpaddack@isdh.in.gov
- 317-464-7710

• Dave McCormick – Immunization Division, IDH

- DMcCormick@isdh.in.gov

• Lauren Milroy – Epidemiology, IDH

- LMilroy@health.in.gov

• Caleb Cox – Infectious Disease Epidemiology, IDH

- calcox@health.in.gov
- 317-232-7814



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Gastrointestinal Virus Infection Control Measures Healthcare Facilities

These guidelines have been developed to help stop the spread of viral gastroenteritis in schools and daycares. Norovirus is highly contagious and very resilient. The virus can survive low chlorine levels, freezing, and heating to 140°F. Preventive measures should be continued for at least 3 days after the outbreak appears over. Infected persons can continue to shed the virus for up to 2 weeks after they have recovered.

Norovirus can be transmitted by multiple methods: foodborne, waterborne, person-to-person, and fomite (inanimate objects). Contamination can occur either by direct contact with soiled hands, environmental surfaces that are contaminated with stool or vomit, or by tiny droplets from vomit that can become airborne. Contaminated food, water, or fomites can serve as vehicles to transmit the virus. The virus cannot multiply outside of the body but can survive for several days. Infected persons shed an extremely large amount of virus in feces and vomitus (> 1 million virus particles/ml). It is estimated that fewer than 100 Norovirus particles can make a person sick. While Norovirus is the most common cause of human gastroenteritis, other viruses such as Astrovirus, Adenovirus, Reovirus and Sapovirus can be controlled by the same infection control practices although the incubation periods, duration of illness, shedding, and severity may differ slightly.

1. Personal Protective Equipment (PPE)

- Staff should wear PPE when caring for ill patients/residents or when touching potentially contaminated surfaces
 - Gloves should be discarded and hands washed immediately after completing patient care
- Housekeeping staff should wear PPE when vacuuming, cleaning contaminated or potentially contaminated surfaces, or laundering
 - Minimize aerosolization while cleaning
- PPE: All staff should be adequately trained on how to don and remove PPE appropriately¹
 - Disposable gloves – during ill patron contact and environmental disinfection measures
 - Masks and/or face shield - may be necessary for contact with patron while vomiting and during disinfection of surfaces or materials contaminated with vomitus or feces that may become aerosolized
 - Disposable gowns and footies - may be necessary to protect workers during extreme cleaning conditions of vomitus and feces and to avoid contaminating work clothing that could come into direct contact with other surfaces or persons
 - Dispose of all PPE before coming in contact with another room or area

2. Disinfection and Sanitation

- Use a bleach solution to frequently clean *all* common surfaces, bleach dilutions can be used in the kitchen
 - Use common sodium hypochlorite (bleach)
 - Do not use scented or low-odor bleach
 - Bleach starts losing its effectiveness after being opened for 30 days
 - For surfaces that could corrode or be damaged by bleach, rinse the sanitized area with water or a 70% alcohol solution after applying the bleach solution

Updated June 2014

- As bleach degrades over time, the solution should be date and time labeled and prepared at least daily
 - Use a new freshly made bleach solution between area cleaned

Table 1: Bleach dilutions, 1:10 is recommended

	1:10 (5000ppm)	1:50 (1000ppm)	1:250 (200ppm)
Mixing Instructions	1 part bleach to 9 parts water or 1&2/3 cups of bleach to 1 gallon of water	1/3/ cup bleach to 1 gallon of water	1 tablespoon bleach to 1 gallon of water
Surfaces	Use for porous surfaces and direct clean up of soiled areas	Non-porous surfaces, tile floors, counter-tops, sinks, toilets	Can be used for stainless steel, food/mouth contact items, toys
Contact Time	10-20 minutes on surface	10-20 minutes on surface	10-20 minutes on surface

- Use a 10% bleach solution to frequently clean *all* common fomites, at least once a day
 - Fomites are inanimate objects capable of carrying infectious agents from an infected person to another person
 - Examples: desks, table tops, door handles, remote controls, railings, elevator buttons, counter tops, arm rests, toys, athletic equipment, telephones, electronic equipment and buttons, toilet seats, water faucets, water fountains, ice machines, light switches, diaper stations
- Solutions that *are not* effective
 - Commonly used quaternary ammonium disinfectants
 - Non-hospital grade bleach wipes often do not contain bleach at all
 - Phenols (Lysol ® or Pinesol ®) can be effective but require 2-4x more concentration than the manufacturer's recommendation, posing a significant health risk
 - Quaternary (quats) compounds, ethanol, or anionic compounds
- Visible debris should be cleaned up with disposable absorbent material (double bag and discard)
- Contaminated carpets, upholstery, and mattresses
 - Should be steam cleaned at ≥158°F for 5 minutes or 212°F for 1 minute or cleaned with detergent, hot water (≥170°F), and sodium hypochlorite (if bleach-resistant)
 - Carpets and upholstery must be allowed to air dry (or with assistance from a fan) before the area can be considered useable
- Linens (including clothes, towels, tablecloths, napkins, etc.)
 - Soiled items (with vomit or stool) must be separated from non-soiled items before laundering
 - Launder in 160°F at the maximum cycle length and add bleach during the rinse cycle (if possible)
 - Dry at a temperature ≥170°F

3. Contact Prevention

- Educate patients/residents about washing their hands after using the restroom and prior to eating
 - An in-service on hand washing and control measures being implemented may be beneficial
- Isolation and grouping (if allowable per your health care facility policy)
 - Isolate ill residents from others by encouraging the ill resident(s) to remain in their room
 - Group ill people together in the same unit or section
- Discontinue
 - Patient transfers and admittance
 - Group activities should be kept to a minimum or postponed, particularly those involving patrons or food
- Signage:
 - Post signs explaining the risk of infection of ill patients/residents and ill visitors

- Post hand washing signs (ask the ISDH for copies)
- Signage for visitors to consider postponing their visit due to the outbreak
 - If visitation is allowed, visitors should go directly to the person they are visiting and not spend time with anyone else
 - They should wash their hands upon entering and leaving the room
 - They should not visit if they are ill

4. Staff

- Interview each employee at the start of their shift regarding vomiting and/or diarrhea
- Exclude ill staff until asymptomatic for at least 24 hours
 - Facilities should consider enacting longer exclusion measures once asymptomatic due to prolonged shedding of the virus, i.e.: 72 hours after the cessation of symptoms
- Staff assignments
 - Should be assigned to work in areas with either well or sick patron rooms, but should *not* clean for both groups
 - Staff working in the affected units should not visit onsite food service areas or other areas of the facility that are not part of the outbreak
- Staff should wash and dry their hands when entering and leaving every hotel room with soap and water for at least 20 seconds
 - During outbreaks, *do not* use alcohol sanitizers as a replacement for washing hands; many viruses are not affected by alcohol
- Do not allow foodhandlers to come into contact with ill persons or infected units; this could mean nurses serving the meal trays directly to the ill persons
 - Use wrapped single-use silverware
- Housekeeping staff should ensure adequate supplies of soap and paper towels in all restrooms

5. Facility Closure

- Is considered only under critical conditions:
 - The facility refuses to comply with above recommendations
 - If the outbreak continues among patrons even with above recommendations being followed

Please contact your local health department for assistance as soon as possible if an outbreak is suspected. The ISDH laboratory can provide free stool testing of students and staff during an outbreak. During hospital outbreaks, hospitals are encouraged to test their own bacterial agents as this will ensure a faster turnaround of results. However, ISDH will test for both bacterial and viral agents upon request.

Indiana State Department of Health
317-233-1325 (24-hours)

For more information about viral gastroenteritis <http://www.in.gov/isdh/25448.htm>

Resources

1. The Centers for Disease Control and Prevention (CDC): Norovirus: For Health Care Providers
<http://www.cdc.gov/norovirus/hcp/index.html>
2. CDC Vital Signs. Preventing Norovirus Outbreaks.
<http://www.cdc.gov/vitalsigns/norovirus/index.html>
3. The Centers for Disease Control and Prevention (CDC). Prevent the Spread of Norovirus.
<http://www.cdc.gov/Features/Norovirus/>
4. The Centers for Disease Control and Prevention (CDC). Norovirus.
<http://www.cdc.gov/norovirus/index.html>
5. *MMWR*. (March 4 2011). Updated Norovirus Outbreak Management and Disease Prevention Guidelines. 60(RR03); 1-15.
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm?s_cid=rr6003a1_w

6. The Centers for Disease Control and Prevention (CDC). Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings. <http://www.cdc.gov/HAI/prevent/ppe.html>

LTC Facility Gastrointestinal (GI) Outbreak Checklist

The Indiana State Department of Health (ISDH) Epidemiology Resource Center has created this checklist (below) and virology forms (located on the back of this page) to assist facilities experiencing a gastrointestinal (GI) illness outbreak. For questions, contact the local health department, ISDH Field Epidemiologist, or ISDH Epidemiology Resource Center at (317)233-7125. This is a master copy; extra copies should be made if experiencing multiple outbreaks.

Task	Date	Initials
Inform Indiana State Department of Health LTC Division and local health department		
Complete acute GI (AGI) Line List provided to you by ISDH Field Epidemiologist (include all requested information: age, sex, onset date, symptoms, first symptom free date)		
Submit line list at the end of the outbreak (after 2 incubation periods during which no cases occur). Return to LHD, ISDH Field Epidemiologist, or fax to ISDH at (317)234-2812		
Specimen Collection		
Task	Date	Initials
Request specimen containers from LHD or ISDH Field Epidemiologist		
Collect specimens (must be collected from 3 symptomatic patients/staff)		
Label each specimen with patient name, date of birth, and collection date (unlabeled or incorrectly labeled specimens will not be tested)		
Complete the virology form information (see back of checklist) for each specimen		
Coordinate shipping/transporting specimens with LHD or ISDH Field Epidemiologist (ISDH Lab must receive specimens within 5 days of collection)		
Refrigerate specimens until they are ready for transportation		
Provide completed virology form information and refrigerated specimens to the LHD or ISDH Field Epidemiologist upon pick up		
Control Measures		
Task	Date	Initials
Ill staff and food handlers should be excluded from patient or food contact until asymptomatic for 48 hours		
If possible, keep ill patients separate from well patients		
Disinfect areas with a 10 percent bleach solution		
Patients and staff should be practicing proper handwashing		

Virology Form Information

Please submit the following information to the ISDH Field Epidemiologist for each specimen collected.

Patient First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

DOB: _____ Race: _____ Ethnicity: _____

Specimen Collection Date: _____ Specimen Source: _____

Specimen Type (Isolate, Preserved/Cary-Blair, etc): _____

Please submit the following information to the ISDH Field Epidemiologist for each specimen collected.

Patient First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

DOB: _____ Race: _____ Ethnicity: _____

Specimen Collection Date: _____ Specimen Source: _____

Specimen Type (Isolate, Preserved/Cary-Blair, etc): _____

Please submit the following information to the ISDH Field Epidemiologist for each specimen collected.

Patient First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

DOB: _____ Race: _____ Ethnicity: _____

Specimen Collection Date: _____ Specimen Source: _____

Specimen Type (Isolate, Preserved/Cary-Blair, etc): _____

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Lindsay M. Hyer
PLA Executive Director

FOR IMMEDIATE RELEASE
Wednesday, February 22, 2023

Media Contact:

Doug Boyle, Director of Legislative Affairs and Communications
Rick Davenport, Assistant Director of Communications
communications@pla.in.gov

**Upcoming Expiration and Termination of the
Federal Public Health Emergency concerning COVID-19**

**Upcoming Expiration and Termination of
Emergency Practitioner Temporary Licenses
(COVID-19 Temporary Healthcare Provider Registry)**

Indianapolis, IN – Last month, the Biden Administration formally announced its intentions to terminate the federal public health emergency declaration concerning the COVID-19 pandemic on **Thursday, May 11, 2023**.

On February 9, 2023, the U.S. Department of Health and Human Services renewed the federal public health emergency declaration concerning COVID-19 for what is expected to be the final time, and issued a [fact sheet and guidance](#) to the states, regarding how the Administration is preparing to transition away from the public health emergency concerning COVID-19.

Based on these determinations and pursuant to the requirements of [Indiana Code § 25-1-5.7](#), **all** emergency practitioner temporary licenses, that have been issued since their establishment under the State of Indiana's former public health emergency declaration concerning COVID-19 and subsequent enactment under [Indiana Code § 25-1-5.7](#), will be set to expire and terminate permanently on **Thursday, May 11, 2023**. As provided under [Indiana Code § 25-1-5.7-8](#), all provisions of [Indiana Code § 25-1-5.7](#) will also expire and terminate permanently on **Thursday, May 11, 2023**.

The emergency practitioner temporary license is also commonly referred to as a "COVID-19 Emergency Registries" temporary license and is identified as follows: License No. CV#####. In accordance with the requirements of [Indiana Code § 25-1-5.7-7](#), a list of all practitioners who currently hold an emergency practitioner temporary license is provided on the Indiana Professional Licensing Agency's (IPLA) ["COVID-19](#)

[Temporary Healthcare Provider Registry” web page](#). All practitioners who currently hold an emergency practitioner temporary license should expect to receive notices and reminders through email from the IPLA, advising of the expiration of their emergency practitioner temporary licenses on **Thursday, May 11, 2023**. The IPLA and its occupational licensing boards have **no authority** to further extend any emergency practitioner temporary licenses after Thursday, May 11, 2023.

To ensure continuity to lawfully practice in the state of Indiana, the IPLA **strongly advises** all practitioners who currently hold an emergency practitioner temporary license to begin the process of applying for an unlimited license to practice, or any separate temporary license that may be available to the practitioner. Please refer to the “Licensing Information” and “Application Instructions” provided on your applicable profession’s web page. After reviewing the applicable licensure information and instructions, applicants should go to [MyLicense.IN.gov](#), to begin the application process. A list of the professions licensed by the IPLA and links to their applicable web pages is available [here](#).

Questions may be directed to the IPLA’s staff by calling (317) 232-2960. The IPLA’s staff may be reached by email as follows:

Board/Profession	Email Address
Accountancy	pla14@pla.in.gov
Acupuncture	pla3@pla.in.gov
Anesthesiologist Assistant	pla3@pla.in.gov
Architects and Landscape Architects	pla10@pla.in.gov
Athletic Trainers	pla10@pla.in.gov
Auctioneers	pla14@pla.in.gov
Behavior Analysts	pla8@pla.in.gov
Behavioral Health and Human Services	pla8@pla.in.gov
Chiropractors	pla5@pla.in.gov
Cosmetology and Barber	pla12@pla.in.gov
Dentistry	pla8@pla.in.gov
Diabetes Educators	pla3@pla.in.gov
Dietitians	pla3@pla.in.gov
Engineering	pla10@pla.in.gov
Funeral & Cemetery	pla12@pla.in.gov
Genetic Counselors	pla3@pla.in.gov
Health Facility Administrators	pla10@pla.in.gov
Hearing Aid Dealers	pla5@pla.in.gov
Home Inspectors	pla12@pla.in.gov
Manufactured Home Installers	pla12@pla.in.gov
Massage Therapy	pla14@pla.in.gov
Medical	pla3@pla.in.gov
Midwifery	pla3@pla.in.gov
Nursing	pla2@pla.in.gov

Occupational Therapy	pla14@pla.in.gov
Optometry	pla14@pla.in.gov
Pharmacy	pla4@pla.in.gov
Physical Therapy	pla14@pla.in.gov
Physician Assistants	pla5@pla.in.gov
Plumbing	pla14@pla.in.gov
Podiatric Medicine	pla3@pla.in.gov
Private Investigator Firms and Security Guard Firms	pla10@pla.in.gov
Psychology	pla8@pla.in.gov
Real Estate	pla10@pla.in.gov
Real Estate Appraisers	pla10@pla.in.gov
Respiratory Care	pla14@pla.in.gov
Speech Language Pathology and Audiology	pla5@pla.in.gov
Surveyors	pla10@pla.in.gov
Veterinary Medicine	pla5@pla.in.gov

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Long-Term Care (LTC) Acute Gastroenteritis Surveillance Line List

Instructions for the Long-Term Care (LTC) Acute Gastroenteritis Surveillance Line List

The Acute Gastroenteritis Surveillance Line List provides a template for data collection and active monitoring of both residents and staff during a suspected gastroenteritis cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness.

Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results, and outcomes. While this template was developed to help with data collection for common gastroenteritis outbreaks, the data fields can be modified to reflect the needs of the individual facility during other outbreaks.

Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring.

LTC Acute Gastroenteritis Surveillance Line List

Instruction Sheet for Completion of the Long-Term Care (LTC) Acute Gastroenteritis Surveillance Line List

Section A: Case Demographics

In the space provided per column, fill in each line with name, age, and gender of each person affected by the current outbreak at your facility. Please differentiate residents (R) from staff (S).

***Staff includes** all healthcare personnel (e.g., nurses, physicians and other providers, therapists, food services, environmental services) whether employed, contracted, consulting, or volunteer.

For residents only: Short-stay (S) residents are often admitted directly from hospitals, require skilled nursing or rehabilitation care, and are expected to have a length of stay less than 100 days. Long-stay (L) residents are admitted to receive residential care or nursing support and are expected to have a length of stay that is 100 days or more. Indicate the stay type for each resident in this column.

Section B: Case Location

For residents only: Indicate the building (Bldg), unit, or floor where the resident is located and the room and bed number for each resident being monitored for outbreak illness. *Answers may vary by facility due to differences in the names of resident care locations.

For staff only: For each staff member listed, indicate the floor, unit, or location where that staff member had been primarily working at the time of illness onset. Fill in the box (Y or N) indicating whether that monitored or ill staff member was responsible for handling food at the beginning or during the outbreak period.

Section C: Signs and Symptoms (s/s)

Symptom onset date: Record the date (month/day) each person developed or reported signs/symptoms (e.g., abdominal cramps, diarrhea, vomiting) consistent with the outbreak illness.

Symptoms: Fill in the box (Y or N) indicating whether or not a resident or staff member experienced each of the signs/symptoms listed within this section (abdominal pain or tenderness; diarrhea; vomiting).

Additional documented s/s (select all codes that apply): In the space provided, record the code that corresponds to any additional s/s the resident or staff member experienced. If a resident or staff member experienced a s/s that is not listed, please use the space provided by "other" to specify the s/s.

N – nausea, F – fever, B – blood in stool, LA – loss of appetite, O – other: specify _____

Section D: Diagnostics

Type of specimen collected: (e.g., stool, blood): In the space provided, record the type of specimen collected for laboratory testing. If the type of specimen collected is not listed, please use the space provided by "other" to specify the specimen type.

S – stool, B – blood, O – other: specify _____

Date of collection: Record the date (month/day) of specimen collection.

Type of test ordered (select all codes that apply): In the space provided, record the code that corresponds to whether a diagnostic laboratory test was performed for each individual. If no test was performed, indicate "zero." If the laboratory test used to identify the pathogen is not listed, please use the space provided by "Other" to specify the type of test ordered.

0 – No test performed, 1 – Culture, 2 – Polymerase Chain Reaction (PCR), also called nucleic acid amplification testing (includes multiplex PCR tests for several organisms using a single specimen), 3 – Other: specify _____

Pathogen Detected (select all codes that apply): In the space provided, record the code that corresponds to the bacterial and/or viral organisms that were identified through laboratory testing. If the test performed was negative, indicate "zero." If a pathogen not listed was identified through laboratory testing, please use the space provided by "Other" to specify the organism.

0 – Negative results; Bacterial: 1 – *Salmonella*, 2 – *Campylobacter*, 3 – *Clostridium difficile*, 4 – *Shigella*; Viral: 5 – Norovirus, 6 – Rotavirus, 7 – Other: Specify _____

Section E: Outcome During Outbreak

Symptom Resolution Date: Record the date that each person recovered from the outbreak illness and was symptom free for 24 hours.

Hospitalized: Fill in the box (Y or N) indicating whether or not hospitalization was required for a resident or staff member during the outbreak period. *Note: The outbreak period is the time from the date of symptom onset for the first case to date of symptom resolution for the last case.*

Died: Fill in the box (Y or N) indicating whether or not a resident or staff member expired during the outbreak period.

Case (C) or Not a case (leave blank): Based on the clinical criteria and laboratory findings collected during the outbreak investigation, record whether or not each resident or staff member meets the case definition (C) or is not a case (leave space blank).

Date: ____/____/____

[illegible]

Email: _____

^A Note: Outbreak period defined as date of first case to resolution of last case.

Long-Term Care (LTC)

Acute Gastroenteritis Outbreak Summary

Instructions for the Long-Term Care (LTC) Acute Gastroenteritis Outbreak Summary Form

The Acute Gastroenteritis Outbreak Summary Form was created to help nursing homes and other LTC providers summarize the findings, actions, and outcomes of an outbreak investigation and response. Completing this outbreak form will provide LTC facilities and other public health partners with a record of a facility's outbreak experience and highlight areas for outbreak prevention and response.

Instructions for each section of the form are described below. This form should be filled out by the designated infection preventionist with support from other clinicians in your facility (e.g., front-line nursing staff, physicians or other practitioners, consultant pharmacist, laboratory).

A LTC facility can use this form for internal documentation and dissemination of outbreak response activities. Facilities are encouraged to share this information with the appropriate public health authority by contacting the local health department. Should a facility decide to share this form with the local/state public health officials, please include facility contact information at the bottom of the form.

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LTC Acute Gastroenteritis Surveillance Outbreak Summary

Section 1: Facility Information

Health Dept. Contact Name and Phone Number: A LTC facility should have contact information (name or division, phone number) for the local and/or state health department for outbreak guidance and reporting purposes. Enter the health dept. contact information your facility used to request support during an outbreak.

Date First Notified Health Department: Record the date you first contacted local or state public health during this outbreak at your facility.

Total # of Residents at Facility: Document the total number of residents in the facility at the time of the outbreak.

Total # of Employees: Document the total number of staff working in the facility at the time of the outbreak. Staff includes all healthcare personnel (e.g., nurses, providers, consultants, therapists, food services, environmental services) whether employed, contracted, or volunteer.

Summary Form Status: Information in the summary form may be completed over the course of the outbreak. Record the dates your facility started collecting information on the form and completed the outbreak summary report.

Section 2: Case Definition

Provide a description of the criteria used to determine whether a resident should be considered a case in this outbreak. The description can include: signs/symptoms, presence of positive diagnostic tests, location within facility, and the timeframe during which individuals may have been involved in the outbreak (e.g., within the past 4 weeks).

Example: A gastroenteritis case includes any resident with the following symptoms: nausea, vomiting, abdominal pain, or diarrhea, residing on Units 2E or 2W, with onset of symptoms between Jan 15 and Feb 1 with or without a stool specimen positive for norovirus.

Section 3: Outbreak Period Information

Outbreak Start (Date of symptom onset of first case): Record the date the first person developed signs/symptoms (e.g., nausea, vomiting, diarrhea) consistent with the outbreak illness.

Average Length of Illness: Estimate the average number of days it takes for signs/symptoms to resolve, based on clinical course among residents/staff affected by the outbreak illness.

Outbreak End (Symptom resolution date of last case): Record the date the last person recovered from the outbreak illness and became symptom-free for 24 hours.

Total # of Cases: Document the number of residents and staff (if applicable) who were identified as having the outbreak illness.

Section 4: Staff Information

Were any ill staff delivering resident care? Check yes or no.

- If yes, try to estimate the number of ill staff involved in resident care based on date when a staff member reported symptoms compared with the date when/if staff member was excused from work.

Were any ill staff responsible for handling food at the start of the outbreak? Check yes or no.

- If yes, try to estimate the number of ill staff who handled food at the beginning or during the outbreak based on date when a food-handling staff member reported symptoms compared with the date when/if staff member was excused from work.

Did any staff seek medical attention for an acute gastroenteritis infection at any time during the outbreak? Check yes or no.

- If yes, try to estimate the number of staff who sought medical attention based on self-report.

If available, indicate whether ill staff received care at an emergency department (ED). Check yes or no and estimate number of staff.

If available, indicate whether ill staff were hospitalized as a result of the outbreak illness. Check yes or no and estimate number of staff.

LTC Acute Gastroenteritis Surveillance Outbreak Summary

Section 5: Laboratory Tests

List all bacterial (e.g., *C. difficile*, *Salmonella*, *Campylobacter*); viral (e.g., *Rotavirus*, *Norovirus*) organisms that were identified through laboratory testing; use the space provided by "Other" to specify whether a parasite or non-infectious cause of gastroenteritis was identified.

Diagnostic Testing Results: In the table, each row corresponds to an organism identified during the outbreak. Use the column to specify the type of testing used to identify each organism (either microbiologic culture, PCR (also known as nucleic acid amplification), or specify whether a different diagnostic test was used (e.g., *C. diff* toxin)). For each test type, document the total number of residents and staff that received laboratory confirmation by that test.

Section 6: Resident Outcome

Hospitalizations: During the outbreak, check the box (yes or no) indicating whether or not hospitalization was required for any residents. If yes, please record how many residents were hospitalized.

Deaths: During the outbreak, check the box (yes or no) indicating whether or not any residents died. If yes, please record how many residents died during the outbreak period (deaths should be recorded even if unable to determine whether outbreak illness was the cause).

Section 7: Facility Outbreak Control Interventions

In this section, check whether any of the infection control strategies listed were implemented at your facility in response to the outbreak. If a practice or policy change was implemented during the outbreak that is not listed (e.g., new cleaning/disinfecting products used, change to employee sick leave policy), specify in the space provided by "Other." For each strategy, record the date the change was implemented (if available).

Section 8: # of New Cases Per Day

Please fill in the chart with the number of new cases of residents and staff per day. Once each day is complete, add the number of new cases of residents and staff and place the sum in total column for that corresponding day.

In the space provided under the chart, record the date that corresponds to Day 1 on the outbreak period (i.e., date of outbreak start).

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Facility Licensed by State: Check the box (yes or no) indicating whether or not the facility is licensed by the state.

Facility Certified by CMS: Check the box (yes or no) indicating whether or not the facility is certified by the Centers for Medicare & Medicaid Services (CMS).

Facility Type: Check the box that best describes the type of care the facility provides: Nursing Home, Intermediate Care Facility, Assisted Living Facility or Other (specify).

of Licensed Beds: Document the total number of licensed beds at the facility.

of Staff Employees: Document the total number of facility employed staff working in the facility at the time of the outbreak.

of Contract Employees: Document the total number of contract/consulting providers working in the facility at the time of the outbreak.

LTC Acute Gastroenteritis Outbreak Summary

1. Facility Information

Health Dept. Contact Name: _____ Health Dept. Contact Phone Number: _____
 Health Dept. Fax Number: _____ Date First Notified Health Dept.: ____/____/____
 Total # of Residents at facility: ____ Total # of Employees (staff and contract personnel): ____
 Summary Form Status: Date initiated: ____/____/____ Date completed: ____/____/____

2. Case Definition

Summarize the definition of a symptomatic case during the outbreak, including symptoms, time range, and location (if appropriate) within facility:

3. Outbreak Period Information

Outbreak Start (Date of symptom onset of first case): ____/____/____ **Total # of Cases**
 Average Length of Illness: ____ Residents: ____ Staff: ____
 Outbreak End (Symptom resolution date of last case): ____/____/____

4. Staff Information

Were any ill staff delivering resident care at the beginning or during the outbreak? ☐ Yes ☐ No If yes, how many: ____
 Were any of the ill staff responsible for handling food at the beginning or during the outbreak? ☐ Yes ☐ No If yes, how many: ____
 Did any ill staff seek outside medical care at the beginning or during the outbreak? ☐ Yes ☐ No If yes, how many: ____
 ED Visit: ☐ Yes ☐ No If yes, how many: ____ Hospitalization: ☐ Yes ☐ No If yes, how many: ____

5. Laboratory Tests

Which organisms were identified through laboratory testing?

Bacterial: Specify _____ Viral: Specify _____ Other: Specify _____

Diagnostic testing results	Microbiology Culture	PCR	Other Test: Specify
Organism 1	Residents: ____ Staff: ____	Residents: ____ Staff: ____	Residents: ____ Staff: ____
Organism 2	Residents: ____ Staff: ____	Residents: ____ Staff: ____	Residents: ____ Staff: ____
Organism 3	Residents: ____ Staff: ____	Residents: ____ Staff: ____	Residents: ____ Staff: ____

6. Resident Outcome

Hospitalizations: ☐ Yes ☐ No If yes, how many: ____ Deaths: ☐ Yes ☐ No If yes, how many: ____

7. Facility Outbreak Control Measures (Check if control measure used and provide date of implementation)

☐ Educated on hand hygiene (HH) practices: Date: ____/____/____ ☐ Monitored appropriate HH and PPE use by staff: Date: ____/____/____
☐ Implemented Transmission-Based Precautions: Date: ____/____/____ ☐ Cohorted ill residents within unit/building: Date: ____/____/____
☐ Dedicated staff to care for only affected residents: Date: ____/____/____ ☐ Placed ill staff on furlough: Date: ____/____/____
☐ Suspended activities on affected unit: Date: ____/____/____ ☐ Restricted new admissions to affected unit: Date: ____/____/____
☐ Notified family/visitors about outbreak: Date: ____/____/____ ☐ Educated family/visitors about outbreak: Date: ____/____/____
☐ Other: _____ ☐ Other: _____

8. # of New Cases Per Day

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Residents														
Staff														
Total														

Indicate Date of Day 1: ____/____/____ List units/floors involved in outbreaks: _____

If faxing to your local Public Health Department, please complete the following information:

Facility Name: _____ City, State: _____ County: _____
 Contact Person: _____ Phone: _____ Email: _____

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Facility Licensed by State: ☐ Yes ☐ No Facility ID: _____
 Facility Certified by CMS: ☐ Yes ☐ No Facility Type: ☐ Nursing Home ☐ Assisted Living Other: Specify _____
 # of Licensed Beds: _____ # of Employed Staff: _____ # of Contract/Consultant providers: _____