

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: _____

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DOB: _____ Race: _____ Ethnicity: _____

Specimen Collection Date: _____ Specimen Source: _____

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