

Publication Number 3-36

## **Norovirus Outbreak Management Applied to Pandemic Influenza Planning**

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**ISSUE:** A community wide outbreak of Norovirus resulted in hospital transmission during a time of limited infection control staffing. The Emergency Operation Center (EOC) was utilized to assist in outbreak management. Lessons learned from the experience were applied to pandemic influenza planning.

**PROJECT:** The EOC was activated by the Infection Control Practitioner (ICP) and the Emergency Preparedness Coordinator (EPC) when clusters of ill patients and employees with similar symptoms were reported in multiple patient units and the hospitals nursing home (NH). EOC consisted of the hospital director, ICP, EPC, NH director, managers from Occupational Health (OH), inpatient units, patient and employee food services, housekeepers, police, human resources (HR), and public relations (PR). The EOC met daily to assess new cases and determine additional interventions. An all staff electronic bulletin was posted after each meeting to communicate recommendations. Contact Precautions were used with all suspected patients. A bleach solution was used for cleaning areas with symptomatic patients. The NH closed to new admissions and visitors. Employees called OH if ill or if family members were ill. HR supported 48 hours of paid time off after last symptom for self or family member. PR communicated with local media. An inpatient isolation unit was established to cohort symptomatic patients with designated staff. Outpatients were screened at check in for symptoms to triage ill patients to an isolation room. Group eating was discouraged. The EPC provided Incident Command management expertise during EOC meetings and recorded decisions to analyze post outbreak to determine applicability to influenza planning activities.

**RESULTS:** The nursing home outbreak lasted for 4 weeks, with 30 patients and 30 employees affected. The sustained nature of the outbreak contributed to a decrease in employee desire for overtime and forced the need to consider contract employees. Enforcing a no visitor policy was challenging in the nursing home; signage and ability to lock the facility were identified as needed improvements. Other clusters were less than 6 patients or employees; they occurred in dialysis, psychiatry, and dental units and were more manageable. The isolation unit had no transmission to other patients or staff. Specific supplies were exhausted: isolation carts, gowns, gloves, and waterless hand gel. These specific supplies were increased for a pandemic stockpile. Communication was difficult to make understandable to all staff without increasing anxiety. As the outbreak continued, communication improved. OH surveillance resulted in identification of several clusters of ill employees. Bed management went well but would have been challenging had the outbreak been larger or more sustained.

**LESSONS LEARNED:** Utilizing the EOC and an Incident Command strategy is an effective way to support infection control during a widespread outbreak. The Norovirus outbreak provided practice and insights for pandemic influenza planning.

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## **Are All Disasters Created Equal? A Survey of Nurse's Ability and Willingness To Work during a Healthcare Crisis**

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