

From: Wisconsin Department of Health Services <widhs@public.govdelivery.com>
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To: Zenk, Ann
Subject: [External]DHS Encourages Health Care Facilities to Plan for Potential Outbreaks



WISCONSIN DEPARTMENT OF HEALTH SERVICES

Healthcare-Associated Infections (HAI) Prevention Program

DHS Encourages Long-Term Care and Other Health Care Facilities to Be Proactive in Planning For and Preventing Outbreaks

This message is being sent to infection preventionists, local health officers, Tribal health directors, public health nurses, local health department staff, NHSN users in long-term care, and Division of Quality Assurance: Notifications and Updates and Assisted Living Forum subscribers.

As increases in viral illness activity are often observed in the winter months, the Wisconsin Healthcare-Associated Infections (HAI) Prevention Program encourages health care facilities, including skilled nursing and assisted living facilities, to be proactive in planning for and preventing acute respiratory illness (ARI) and gastrointestinal illness outbreaks in their facilities.

ARI and gastrointestinal illness outbreaks can arise and spread quickly, especially in long-term care facilities (LTCFs). **The following are steps all health care facilities can take to keep patients, residents, and staff safe and healthy.**

- **Increase disease surveillance.** Early identification of symptoms in patients, residents, staff, and visitors allow facilities to take appropriate actions in a timely manner and limit the spread of disease. The [DHS Infection Surveillance Log for Long-Term Care Facilities \(Excel\)](#) may be used to help LTCF infection preventionists establish infection surveillance logs for the facility.
- **Implement proper precautions.** Patients and residents who are experiencing symptoms should promptly be placed on [transmission-based precautions](#) while the infection is identified or ruled out.
 - Recommended precautions vary depending on the type of suspected or confirmed infectious agent. However, facilities should use the most protective level of precautions (this includes gown, gloves, fit-tested N95, and eye protection for ARI outbreaks, for example) when the cause of the

outbreak is unknown. When the cause(s) of an outbreak is determined, precautions taken may be adjusted based on confirmed diagnosis. The [DHS Transmission-Based Precautions Reference Guide](#) may be referenced to help determine appropriate precautions.

- LTCF residents placed in transmission-based precautions should be temporarily restricted to their room and excluded from participation in group activities until precautions are discontinued.
- **Manage personal protective equipment (PPE) supplies proactively.** Facilities should have a sufficient quantity of PPE on hand (including gowns, gloves, eye protection, masks, and N95 respirators) at all times to safely respond to an outbreak. Facilities should not rely on the local or Tribal health department (LTHD) or other local health care facilities to provide PPE if the LTCF is short on supply. Understanding your facility's PPE burn rate, or the rate at which your facility uses PPE, can be helpful in ensuring you have enough PPE on hand.
- **Stock up on other supplies.** Facilities are encouraged to have adequate supplies of other products that may be needed during an outbreak available as well, including dedicated patient and resident equipment, cleaning and disinfection products that are effective for the types of infectious agents circulating, hand hygiene supplies, and enough accessible trash cans to manage disposal of additional PPE.
- **Perform testing as indicated.** Facilities should have adequate testing supplies on hand and protocols in place. Early testing is important to identify the cause of the outbreak and provide recommended therapeutics if appropriate.
 - Facilities should test staff, patients, and residents experiencing respiratory symptoms for COVID-19. If test results are negative for COVID-19, consider additional testing for other respiratory viruses with an ARI panel. Wisconsin LTCFs can contact their LTHD for approval to send specimens to the Wisconsin State Laboratory of Hygiene (WSLH) for testing free of charge. Federal and state programs to provide COVID-19 testing supplies to health care facilities are no longer available.
 - Fee-exempt stool testing through the WSLH may be available to LTCFs with outbreaks of five or more residents and staff experiencing symptoms consistent with gastrointestinal illness. LTCFs are encouraged to work with their LTHD if outbreaks of any kind are suspected and to facilitate testing.
- **Report confirmed or suspected outbreaks to public health.** In Wisconsin, confirmed or suspected outbreaks of any disease in health care facilities, including LTCFs, are a [Category I Disease](#), meaning they shall be reported immediately by telephone to the patient's local health officer, or to the local health officer's designee, upon identification.
 - A [suspected ARI outbreak](#) in LTCFs and other health care settings is defined as three or more patients, residents, and/or staff from the same unit with illness onsets within 72 hours of each other and who have pneumonia, acute respiratory illness, or laboratory-confirmed viral or bacterial infection (including influenza and COVID-19).
 - A suspected acute gastroenteritis (AGE) outbreak in LTCFs and other health care settings is defined as three or more patients, residents, and/or staff from the same unit with illness onsets within 72 hours of each other who have vomiting and/or diarrhea.

- **Follow facility employee health policies.** Symptomatic staff should be excluded from work. Ensure that staff who are not directly employed by the health care facility, but provide services, are also aware of facility employee health policies.
 - Wisconsin specific guidance for staff exclusion and return to work following ARI can be found in [BCD memo 2025-04](#). Facilities may also choose to continue to follow current [CDC \(Centers for Disease Control and Prevention\) guidance](#).
 - Staff with symptoms of gastrointestinal illness, such as nausea, vomiting, abdominal pain, and diarrhea should be excluded from work until they are asymptomatic and free of diarrhea and vomiting for 48 hours. Any food service employee experiencing symptoms of acute gastrointestinal illness resembling norovirus should be excluded from work until 48 hours after their symptoms end. See [DHS Recommendations for Prevention and Control of Acute Gastroenteritis Outbreaks in Wisconsin Long-Term Care Facilities](#) for additional guidance and recommendations.
- **Frequently perform hand hygiene by washing hands with soap and water or using alcohol-based hand rub.** While use of alcohol-based hand rub is effective for facilities experiencing ARI outbreaks, soap and water is the recommended method for hand hygiene after providing care or having contact with patients or residents with suspected or confirmed gastrointestinal illness.
- **Ensure adequate cleaning and disinfection.** High-touch surfaces and items should be cleaned and disinfected frequently and after each patient and resident use. Use [Environmental Protection Agency \(EPA\) registered products](#) and follow the manufacturer's instructions for use, including contact time. Consider implementing a tool such as the [DHS Non-Critical Items Cleaning and Disinfection Product List](#) that defines which disinfection products are being used, which items are being cleaned and disinfected and how often, and which staff members are responsible for such tasks.
- **Educate visitors on the type of PPE and other infection prevention principles that should be followed as part of their visit.** Utilize signage at the entrance and throughout the facility that communicates instructions on current infection prevention and control practices being implemented. Visitors should be encouraged to stay home and not visit the facility while experiencing symptoms of any kind.
 - Facilities with a confirmed or suspected COVID-19 outbreak should refer to [CDC visitation guidance](#).
 - DHS guidance regarding the [management of visitors](#) during a gastrointestinal outbreak is available.
- **Encourage visitors, patients, residents, and health care personnel to cover coughs and sneezes.** Consider posting [visual reminders](#) at the entrance of your facility and in strategic places (such as waiting areas, elevators, cafeterias).
- **Encourage staff, patients, residents, and visitors to stay up to date with all [recommended immunizations](#) for respiratory viruses.**

DHS Resources

- [Preventing and Controlling Respiratory Illness Outbreaks in Long-Term Care Facilities webpage](#)
- [DHS Recommendations for Prevention and Control of Acute Gastroenteritis Outbreaks in Wisconsin Long-Term Care Facilities, P-00653 \(PDF\)](#)
- [Respiratory Virus Data](#)
- [Infection prevention and control resources for health care professionals](#)

CDC Resources

- [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#)
- [Infection Control Guidance: SARS-CoV-2](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
- [Viral Respiratory Pathogens Toolkit for Nursing Homes](#)
- [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#)
- [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating](#)

Questions?

For questions and additional outbreak assistance, reach out to the HAI Prevention Program at DHSWIHAIPreventionProgram@dhs.wisconsin.gov

Please do not reply directly to this email message. If you have a question, please contact the HAI Prevention Program, DHSWIHAIPreventionProgram@dhs.wisconsin.gov. Visit the [DPH HAI Prevention Program website](#) for more information.

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