

Managing Outbreaks of Gastroenteritis in Residential Care Facilities

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1. Introduction and Purpose

Cases of gastroenteritis are common in residential care facilities. Cases of gastroenteritis may:

- be sporadic;
- occur in clusters; or
- happen throughout the facility as an outbreak.

Outbreaks of gastroenteritis may occur:

- gradually, via person to person spread over a course of several weeks; or
- suddenly, involving a large portion of the facility's residents and staff within a few days.

The most common cause of gastroenteritis outbreaks in residential care facilities is Norovirus, an enteric virus. In most cases, illness caused by Norovirus is mild and self-limiting, but in elderly and/or chronically ill residents, serious dehydration may result.

Control of gastroenteritis outbreaks, especially ones caused by Norovirus, can be difficult, even with health care staff using good personal hygiene and outbreak control practices. Dealing with gastroenteritis outbreaks in facilities is often frustrating and exhausting for residents, visitors and staff.

The purpose of this document is to be a resource guide for managers of residential care facilities within the Fraser Health area to assist in **preventing, recognizing, and controlling** outbreaks of gastroenteritis in their facility.

This document is consistent with principles of:

- always following “**Standard Precautions**” as outlined in your facility Infection Control Manual,
- initiating “**Transmission Based Precautions**” as indicated in specific situations, and as outlined in your facility Infection Control Manual ; and
- following the advice and direction of your Infection Control Practitioner

This document was developed by Fraser Health Public Health Protection Services in consultation with the Fraser Health Residential Care Infection Control Committee.

2. Definitions

Diarrhea

For these guidelines, diarrhea is defined as loose or watery stool which would take the shape of a container, is atypical for the individual, and cannot be explained by non-infectious causes such as medications, sensitivities, abrupt changes in diet, etc.

Gastroenteritis – Case Definition

At least one of the following must be met:

- i. 2 or more episodes of diarrhea within a 24 hour period, OR
- ii. 2 or more episodes of vomiting within a 24-hour period, OR
- iii. 1 episode diarrhea AND 1 episode of vomiting within a 24 hour period; OR
- iv. Both of the following:
 - (a) lab confirmation of a known enteric pathogen; and
 - (b) at least 1 symptom compatible with gastrointestinal tract infection (nausea, vomiting, diarrhea, abdominal pain or tenderness).

Note: Care must be taken to rule out noninfectious causes of symptoms such as new medications, use of laxatives, vomiting caused by gallbladder disease, etc. Some residents may not be able to report symptoms of nausea or abdominal pain. Staff need to use careful observation to determine if these symptoms are occurring in a resident.

Gastroenteritis Outbreak

3 or more cases of gastroenteritis in residents or staff within a 4 day period.

This definition may be restricted by time and place (e.g. “5 cases since November 1st on East Wing”) and expanded or otherwise modified as the investigation proceeds.

Hand Hygiene

A general term that applies to either hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antiseptics. (See “*Standard Precautions*” section of the Fraser Health Infection Control Manual – Residential, for more information on hand hygiene).

Residential Care Facility

A residential facility that provides 24 hour professional care and supervision for persons who have complex care needs, and includes such facilities that are:

- licensed under the Community Care and Assisted Living Act
- operating in the community as Private Hospitals, and
- owned and operated by Fraser Health (frequently attached or adjacent to acute care hospitals).

Residential Care Facility Staff

Includes all staff and volunteers who work in the facility, whether they provide direct resident care or other services.

Viral Gastroenteritis

Gastroenteritis caused by a virus (e.g. *Norovirus*) and usually presenting as a self-limited, mild to moderate illness with symptoms of nausea, vomiting, non-bloody diarrhea, abdominal pain, muscle ache, headache, malaise, low grade fever, or a combination of these symptoms. Illness may be more severe or prolonged in the elderly.

Viral Gastroenteritis Outbreak

A *gastroenteritis outbreak* (3 or more cases in a 4 day period) where the causative agent is known or suspected to be a virus.

In residential care facilities, *viral gastroenteritis* is the leading cause of gastrointestinal illness spread from person to person and ***Norovirus is the most common viral agent identified.***

Residential care facilities are at high risk of having viral gastroenteritis outbreaks because of the many people living in close quarters and the difficulties in maintaining personal hygiene among residents who may be challenged by incontinence, immobility, or dementia.

Other information about viral gastroenteritis outbreaks:

- The virus can easily spread person to person by workers, visitors, and residents not practicing good hand washing or glove techniques
- Infected people (residents, workers, and visitors) can spread the virus to others:
 - while they are ill,
 - for several days after they are ill
- There is the possibility that some people can become infected, show little or no signs or symptoms but still be able to spread the virus to others
- Outbreaks can start suddenly and spread quickly
- The outbreak can start by:
 - an infected food handler contaminating a food item that residents or workers eat,
 - an infected worker or visitor contaminating a surface commonly touched by others,
 - an infected worker or visitor with unclean hands or gloves directly contacting other workers or residents,
 - a resident infected while visiting outside the facility "brings the virus home"
- Attack rates (the proportion ill) can be very high with over 50% of residents and staff becoming ill
- Projectile vomiting can be a common feature with the illness. This can help spread the virus to others as the virus travels on droplets sprayed into the air
- The virus can be very hard to eliminate from environmental surfaces, like furniture, equipment, and other commonly touched surfaces (door handles, tap handles, toilets, hand rails, etc) The right cleaning and disinfection practices, using the right products, are critical.

A summary of common viral agents involved in outbreaks of gastroenteritis in residential care facilities is included in ***Appendix A (Organisms, Illness and Mechanisms of Spread)***. Information on bacterial causes of gastroenteritis is also included.

3. Gastroenteritis Control Strategies

Three overall strategies are critical to the management of gastroenteritis in residential care facilities:

STRATEGY	PURPOSE
A. PREVENTION	To prevent illness as much as possible and reduce the risk of an outbreak occurring
B. SURVEILLANCE AND RECOGNITION	To always monitor the incidence of gastroenteritis, so any increase in gastroenteritis (and a potential outbreak) is recognized
C. OUTBREAK MANAGEMENT	If an outbreak occurs, to limit its spread and to stop it as quickly as possible

The strategies of **Prevention and Surveillance/Recognition** are discussed in detail on the following three pages of this manual. Additional information on the use of “**Standard Precautions**” and “**Transmission Based Precautions**” in the care of residents is available in the **FHA Infection Control Manual - Residential Care** (hereafter referred to as “Residential IC Manual”) and from your Infection Control Practitioner.

A. Prevention

The most important outbreak management strategy is PREVENTION. Prevention is based on the following principles:

- **Routine infection control practices** (“**Standard Precautions**”- see **Residential IC Manual**) are critical for the prevention and the limiting of spread of gastrointestinal disease
- **Residential Care Facility Infection Control Committees** are effective in providing standards and guidelines to promote prevention practices
- **Good Food Handling Practices** prevent cases and outbreaks of food-borne illness
- **Recognition of potentially infectious vomiting and diarrhea and prompt initiation of control measures** can avoid potential outbreaks
- **Education of staff, residents and visitors** regarding hand hygiene and how to reduce the risk of spread of infectious disease (e.g. signage at handsinks, providing Appendix E – ‘Information Sheet - Viral Gastroenteritis’ to staff and visitors, etc)

Prevention Practices in residential care facilities should include:

Hand washing

- **Hand washing** is considered the **single most important practice** for preventing infections. Use of waterless ethanol-based hand sanitizer can be a quick and effective substitute for hand washing if adequate sink facilities are not immediately accessible and hands are not visibly soiled. (**Note: while alcohol based hand sanitizers are effective against many agents that can cause illness, they may not be completely effective in removing Norovirus from hands**)
- Hands must be washed when they are visibly soiled or there has been direct contact with stool or vomitus, and before eating
- Emphasizing the importance of hand washing through regular in-services or other forms of ongoing education for staff, residents and visitors is a highly recommended practice

Gloves

- Gloves are not a replacement for hand washing but can provide an additional protective barrier between a health care worker's hands and a resident's blood, body fluids, and other secretions
- Gloves are for single use only and must be changed between residents or when they become visibly soiled. Never wash gloved hands. Wash hands after removing gloves

Precautions for residents with diarrhea and/or vomiting

- Additional “**Contact Precautions**” (see **Residential IC Manual**) implemented promptly for residents with diarrhea and/or vomiting may prevent spread throughout the facility.
- Additional use of a standard procedure mask may further protect the health care worker where there is risk of droplets in the air during clean-up of fecal or vomitus spills, clean-up of a resident after incontinent diarrheal stools or care for ill residents in whom vomiting is a significant part of the acute illness as (see “**Standard Precautions**” (Masks) in the **Residential IC Manual**).

Prompt recognition and treatment (if indicated) of gastroenteritis cases

Avoid use of antibiotics for viral illness

- Viruses are the cause of most cases of infectious gastroenteritis in care facilities. These viruses do not respond to treatment with antibiotics. Antibiotics may harm bacteria that are normally in our bowel and are beneficial to us

Safe food handling practices

- The Public Health Inspector for your facility can provide recommendations and information relating to:
 - food service worker hygiene,
 - kitchen sanitation,
 - safe cooking and refrigeration practices, and
 - food safety education (e.g. Foodsafe)

Routine cleaning and disinfection

- Have written standards for routine cleaning and disinfection practices within the facility. Review and update them periodically to ensure they offer sufficient protection against bacterial and viral agents that cause gastroenteritis
- Ensure laundry handling practices are sufficient to protect residents and staff

Staff health policy

- Staff that become ill with any symptoms of gastroenteritis should be off work until their symptoms have completely resolved. (Remember that "staff" includes volunteers.) During outbreaks, further restrictions on ill staff will apply

Visitor health screening

- All visitors should be advised not to visit if they are suffering from any symptoms of gastroenteritis. **Particularly with viral gastroenteritis (e.g. *Norovirus*), an ill visitor can often be the source that brings the virus into the facility**
- Visitors should be encouraged to wash their hands when they enter the facility and as they leave

B. Surveillance and Recognition

Gastroenteritis among residents and staff should be monitored on an ongoing basis.

Surveillance data helps to:

- establish the normal background level of gastrointestinal disease in a facility;
- identify the index case of a potential outbreak and allows prompt introduction of control activities; and
- quickly recognize and effectively control outbreaks

(definition of *infectious gastroenteritis* found in Section 2. *Definitions*)

IF 1 OR 2 SUSPECT GASTROENTERITIS CASES OCCUR

When 1 or 2 suspect cases of gastroenteritis occur, the facility should:

- Isolate residents with suspected gastroenteritis using facility standards for “**Contact Precautions**” (see **Residential IC Manual**)
- Ensure conscientious implementation of hand hygiene practices and “**Standard Precautions**” (see **Residential IC Manual**)
- Increase surveillance and recording of gastrointestinal symptoms on remainder of residents (use **Appendix B - Resident Surveillance Form**) AND
- Record self-reported gastrointestinal symptoms among staff (use **Appendix C – Staff Surveillance Form**)

IF 3 OR MORE SUSPECT CASES OCCUR WITHIN A 4 DAY PERIOD

When 3 or more suspect cases of gastroenteritis occur within a 4 day period, it is important to immediately notify Public Health and the facility’s Medical Director (if applicable). For facilities owned and operated by Fraser Health Authority (i.e. acute care sites and associated residential care facilities), notification should be made to the Infection Control Practitioner.

Contact phone/fax numbers and a FAX form are provided in [Action 1: Notification of Public Health](#) in the Outbreak Management section of this manual and also on the reverse of the **Quick Reference Guide (Appendix D)**.

C. Outbreak Management

Four important actions are required for effective management of infectious gastroenteritis outbreaks. These actions should take place simultaneously.

A summarized “Quick Reference Guide” to gastroenteritis outbreak management is provided in Appendix D of this document.

ACTION 1: NOTIFICATION OF PUBLIC HEALTH

ACTION 2: IMPLEMENTATION OF CONTROL MEASURES

ACTION 3: MAINTENANCE OF DETAILED SURVEILLANCE

ACTION 4: COLLECTION OF SPECIMENS – LAB TESTING

ACTION 1: NOTIFICATION OF PUBLIC HEALTH

When 3 or more suspect cases of gastroenteritis occur within a 4 day period then prompt notification is indicated as follows:

A. RESIDENTIAL CARE FACILITIES LICENSED UNDER THE ‘COMMUNITY CARE AND ASSISTED LIVING ACT’ and PRIVATE HOSPITALS need to notify:

- The appropriate Public Health Office; see FAX form next page or on reverse of “Quick Reference Guide” (*Appendix D*);
- The facility Medical Director (if applicable); and
- The facility Infection Control Practitioner (if applicable);

B. ACUTE CARE SITES AND RESIDENTIAL CARE FACILITIES OWNED AND OPERATED BY FRASER HEALTH (frequently attached or adjacent to acute care hospitals) need to notify:

- The Fraser Health Infection Control Practitioner for that facility;
- The facility Medical Director (if applicable); and
- The on-call Medical Health Officer if the outbreak begins on a weekend, using the Fraser Health Public Health answering service, listed below.

Contacting Public Health

On weekdays between 8:30 and 16:30, FAX notification (with telephone confirmation) to the appropriate Public Health office. Use the FAX form on the following page or on the reverse of the “Quick Reference” (“Appendix D”)

On weekends or statutory holidays between 8:30 and 16:30, call the Fraser Health Public Health answering service at 604-527-4806

If the outbreak is detected during the evening or overnight hours contact the NEXT day

Shortly after you notify Public Health, someone will contact you for further information. After initial investigation, Public Health will notify Fraser Health Residential Services and (if applicable) Community Care Licensing by E-mail distribution with the particulars of the outbreak.

Urgent FAX

Gastroenteritis Outbreak Notification/Update to Public Health (* Fraser Health Owned and Operated Facilities, FAX to your Infection Control Practitioner)

Date _____ # pages faxed _____

Facility sending Report _____

Facility Address _____

Facility Contact Person _____

Facility phone _____ phone _____

Where to FAX this notification:

For facilities located in:	Public Health office:
<input type="checkbox"/> Burnaby, Coquitlam, Port Coquitlam, Port Moody Anmore, Belcarra	Phone 604-949-7700 Fax 604-949-7706
<input type="checkbox"/> North Surrey, Surrey Guildford, North Delta, South Delta, New Westminster	Phone 604-507-5478 Fax 604-507-5492
<input type="checkbox"/> Surrey Newton, Surrey Cloverdale, South Surrey, White Rock, Langley	Phone 604-587 7610 Fax 604-587 7615
<input type="checkbox"/> Pitt Meadows, Maple Ridge, Mission, Abbotsford, Chilliwack, Agassiz, Harrison, Hope, Boston Bar	Phone 604-870-7900 Fax 604-870-7901

We are reporting:

Suspect Outbreak _____ Outbreak Update _____ Outbreak Over _____

For initial report of suspect outbreak, please provide:

Number of residents ill _____ Total beds/current occupancy _____/_____

Number of Staff ill _____ Number of Staff that work in facility _____

Onset date of first case _____

Typical Symptoms _____

Other information _____

Important: Use this form to notify Public Health weekdays between 08:30 and 16:30. Telephone the Public Health Office to confirm receipt of this FAX. For weekends and statutory holidays, between 08:30 and 16:30, call the Fraser Health Public Health answering service at 604-527-4806. If detected during evening or overnight hours, contact the NEXT day.

ACTION 2: IMPLEMENTATION OF CONTROL MEASURES

If an outbreak of gastroenteritis appears to be likely, based on the definition of a gastroenteritis outbreak, then **appropriate outbreak control measures should be put in place immediately. Don't delay outbreak control measures waiting for lab confirmation.**

An outbreak in a facility **licensed under the Community Care and Assisted Living Act** or in a **Private Hospital** will be declared by the Medical Health Officer or Public Health Inspector in conjunction with the Facility Manager/Director of Care.

An outbreak in a residential facility **owned and operated by Fraser Health** will be declared by the Infection Control Practitioner. (For weekends and statutory holidays when there may not be an Infection Control Practitioner available, the Medical Health Officer may declare the outbreak.)

In implementing control measures, the right balance between the greatest effectiveness, and the least impact on residents' routines and facility operations should be the goal. While control measures must obviously be tailored to the facility and the situation, the following review highlights the key considerations.

DETAILED GASTROENTERITIS OUTBREAK CONTROL MEASURES

1. Prevent Resident Transmission of Disease

- **Isolate ill residents to their room** - Any resident with symptoms that suggest infection should be confined to her/his room until **at least 48 hours after symptoms have stopped**. All meals should be served in the room. Bring only the tray into the room, do not bring the cart. It should be noted that confinement of residents, even for a few days can have adverse effects on the individual's well-being, especially those with mental illness or dementia. Staff need to make an effort to avoid socially isolating these residents and should try to keep their time in confinement to a minimum.
- **Don't transfer a well resident into the room of an ill resident** - In multi-bed rooms, transfer of well residents into an ill resident's room should not occur.
- **Consider how to best manage a well resident already sharing a room with an ill resident** - In multi-bed rooms, the management of the well roommates of a resident with symptoms presents a challenge in determining an appropriate level of intervention. If droplet transmission is considered a factor in the outbreak (e.g. *Norovirus*), vomiting is an early symptom and incubation periods are short, then confining well roommates of an ill resident to the room may be a helpful control measure. When droplet spread is a factor in the outbreak, vomiting in the dining room or other common areas where well residents are in close proximity can facilitate spread throughout the facility. Consultation with the Infection Control Practitioner (if there is an one for the facility) or Public Health will be helpful in determining an appropriate level of confinement to rooms (based on what is known of the outbreak and the likely cause). Again, the potential benefits in outbreak control will need to be considered in light of the potential difficulties in keeping well individuals confined and the negative consequences of confinement for the well roommates of an ill resident.

- **Restrict group activities** - Consideration should be given to decreasing or discontinuing group activities and outings until the outbreak is resolved

Keep well residents away from affected floors or wings.

- **Use precautions with food, dishes and cutlery** - Care must be taken to observe that there is not mixing of clean and soiled dishes in the food preparation area and that hand washing protocols are enforced. The use of disposable dishes and cutlery is not necessary as regular dishwashing practices effectively clean and disinfect dishes and utensils. Avoid all food items shared from a common container or dish.
- **Avoid providing foods/snacks in ‘common’ servings, such as shared platters or containers.**

2. Prevent Staff and Visitor Transmission of Disease

(*remember - “staff” includes volunteers)

- **Exclude ill food handlers from work** - In gastroenteritis outbreaks, an ill food handler who contaminates food may be an initial source. Any food handler with symptoms that suggest gastrointestinal illness should be **excluded from work while ill and until at least 48 hours after symptoms have stopped** regardless of whether she/he feels well enough to work. All food prepared by an ill food handler should be discarded unless the food will undergo further cooking.
- **Exclude any ill care workers from work** - Other care providers, because of their many contacts with residents, are at high risk of transmitting illness to residents. During an outbreak, any health care worker with symptoms that suggest gastrointestinal illness should be **excluded from work while ill and until at least 48 hours after symptoms have stopped** regardless of whether she/he feels well enough to work
- **Restrict ill workers from working at other care facilities** - employees should be instructed **to not work in other facilities while they are ill and until at least 48 hours after symptoms have stopped**. Well employees who work at more than one care facility may continue to work at other facilities. These employees should remain vigilant regarding hygiene practices and, should any symptom(s) of gastroenteritis develop, immediately cease work and report their illness to all facilities in which they work.
- **Review and reinforce hand hygiene protocols with all staff.**
- **Consider cohort staffing where feasible** - Consideration should be given to cohort staffing during the course of the outbreak. In specific cohorting, individual staff members are designated to care for ill residents or well residents, but not both. In spatial cohorting, individual staff members are designated to work in the part of the facility with cases, or in the part with no cases, but not in both. Staffing situations rarely allow for full specific cohorting, but spatial cohorting is often feasible. If staff must work with both ill and well residents, as much as possible, they should move from well residents to infected residents with strict, thorough hand washing between

- **Keep staff and visitors informed about the outbreak** – Staff and visitors that are kept informed about the nature and progress of the outbreak are more likely to take steps to help control its spread. **The most common cause of gastroenteritis outbreaks in residential care facilities is an enteric virus (e.g. Norovirus). Appendix E – “Information Sheet - Viral Gastroenteritis” should be made available as an information source for staff, visitors, and residents, with a seasonal review for the entire facility in September/October of each year (the usual start of the ‘noro season’)**
- **Control or restrict visitors** – An ill visitor can not only bring an illness into the facility, but a well visitor can unknowingly spread an illness to other residents and staff during an outbreak. Visitors should be provided education about prevention of transmission of illness (see **Appendix E**) and be warned of the risk of visiting a resident who is ill or recovering from an illness. **Visitors should be restricted to visiting only one resident. Encourage visitor hand washing**

3. Prevent Staff Illness

- **Hand washing protocols should be reviewed and reinforced**
- **Use gloves when appropriate** - Health care workers coming into direct contact with ill residents or potentially contaminated materials/objects should wear disposable gloves
- **Wear gowns when appropriate** - When contamination of clothing with vomit or fecal material is possible, workers should wear water impermeable gowns.
- **Change gloves and gowns between contact with different residents. Wash hands each time gloves are removed**
- **Wear a standard procedure mask when cleaning up fecal or vomitus spills, or caring for an ill resident who is vomiting** - Since transmission through airborne droplets of infectious material has been suggested, workers who clean up areas or materials grossly contaminated by feces or vomitus, or care for an ill resident where vomiting is a significant part of the illness, should wear a standard procedure mask.
- **Avoid staff sharing any food items from a common container**

4. Clean Soiled Surfaces / Enhance Environmental Sanitation

- **Use proper procedures for cleaning soiled surfaces** - Surfaces that have been soiled, especially by feces or vomitus, should first be cleaned of visible material and then disinfected with an appropriate hospital-approved, disinfectant product, used in accordance with the manufacturer's directions. **(See Appendix F - Decontamination Protocol). Note that during an outbreak, a disinfectant product effective against Norovirus should be used throughout the entire facility for the duration of the outbreak.**

Individuals performing these tasks should wear appropriate personal protective equipment (e.g. disposable or utility gloves; and if splashing is possible, standard procedure mask or face shield and gown or apron)

- **Conduct enhanced cleaning and disinfection** – Increased frequency of cleaning and disinfection of all common touch environmental surfaces, such as handrails, door knobs, sink/toilet handles, chair arms, keyboards, phones, light switches, walkers, etc. should be undertaken. **Discuss with your Infection Control Practitioner the appropriate disinfecting agent to be used during the outbreak. For facilities without an Infection Control Practitioner, consult with Public Health. (see Appendix F – Decontamination Protocol).**
- Replace dry mopping of floors with damp mopping with an approved disinfectant during an outbreak

5. Use Safeguards with Laundry

- **Protect workers** - Employees handling soiled laundry should wear gowns, gloves and a standard procedure mask.
- **Minimize droplets spread into the air** - Soiled linen and clothes should be handled as little as possible and with minimum tossing or agitation to prevent microbial contamination of the air and of people nearby
- **Transport soiled laundry safely** - Soiled laundry should be transported and sorted in a sanitary manner (e.g., in a sealed plastic bag if wet or moist).
- **Wash laundry with detergent in hot water at the maximum cycle length, and then machine (hot air) dry**

6. Prevent Disease Transmission to Individuals Outside the Facility

During the course of an outbreak, to prevent the transmission of illness to other care facilities, to new residents, and to the community, it is recommended that the facility:

- **Postpone transfers to other facilities except where medically necessary** - If a resident is to be transferred to another facility, notify the receiving facility of the outbreak. (Well residents should still be permitted to have home visits with family or friends. Family or friends should be advised of the outbreak and measures that they can take to reduce their risk of infection. Provide them with a copy of **Appendix E – Information Sheet - Viral Gastroenteritis.**)
- **Postpone new admissions.** (This does not include residents returning from a home visit with family or friends.) In some circumstances it may be acceptable to admit residents to an unaffected unit of a facility. Discuss with Public Health or your Infection Control Practitioner.

Note: Residents who were GI outbreak cases and were transferred for medically necessary reasons may return to the facility when medically indicated. Return of residents who were not cases, but were transferred for other medically necessary reasons before or during the outbreak, require a risk/benefit assessment before returning. This assessment should include input from the attending physician, the care facility, and the resident or resident's decision maker.

- **Do not transport ill residents using public transport (e.g. buses, taxis, HandyDART)**
- **Consider postponing meetings in the facility that include outside participants**
- **Protect visitors** - Make all visitors aware of the presence of the outbreak and of appropriate personal precautions they can take to prevent illness. Post notice(s) at visible locations at facility entrances to warn visitors of the outbreak. A sample sign is included in this manual (*see Appendix G*), informing visitors that they are limited to visiting one resident only. **Encourage visitors to wash their hands (soap and water OR an ethanol-based hand sanitizer if handsinks are not available) when they arrive, during their visit as needed, and as they leave. Provide copies of Appendix E – ‘Information Sheet – Viral Gastroenteritis’ to visitors.**
- **Use worker clothing precautions** – If a worker is scheduled for a shift at another care facility immediately after working at the facility with the outbreak, it is recommended that they shower and change clothing prior to entering the other facility.

Note:

Work duty specific outbreak control measures are provided in Appendix H. These may be beneficial to distribute to applicable staff during a gastroenteritis outbreak.

ACTION 3: MAINTENANCE OF DETAILED SURVEILLANCE

On identification of a suspect gastroenteritis outbreak, an important action in outbreak management is to confirm that an outbreak is occurring and to fully describe the symptoms that are being experienced. When a suspect gastroenteritis outbreak is reported by a facility, it is important to:

- a) Clarify the symptoms that the affected individuals are experiencing; and
- b) Determine how many have been affected (i.e. attack rate). It is useful to determine whether those affected are confined to one area, ward or building and if the attack rate varies between wards.

Resident and staff surveillance sheets are provided in *Appendix B and Appendix C* of this document. These sheets should be photocopied as needed.

These reporting forms are sent by FAX to the Public Health office DAILY (or other frequency as agreed between Public Health and facility management) throughout a suspect or confirmed outbreak. For outbreaks in a Fraser Health Owned and Operated facility, the reporting forms should be sent by daily FAX to the Infection Control Practitioner.

The appropriate fax/phone numbers of the Public Health office where these updates are to be sent are shown on the FAX cover sheet (see Action 1 – Notification of a Gastroenteritis Outbreak **OR** the reverse of the “*Quick Reference Guide*” – **Appendix D**).

Note:

It is not necessary to re-enter information on the resident and staff information sheets as the sheets are prepared for FAX transmission each day. It is only necessary to UPDATE information on staff and residents already listed and add information about newly affected individuals. If you have questions about these information sheets, please telephone your Public Health Office at the number shown on the FAX sheet (See Action 1 - Outbreak Notification), or your Infection Control Practitioner.

ACTION 4: COLLECTION OF SPECIMENS - LAB TESTING*

When you report a suspect outbreak Public Health will provide you with direction on specific collection and delivery procedures.

Any empty sterile specimen container (e.g. urine specimen bottle) may be used for collection of stool or vomitus specimens.

Arrange with Public Health the method of transport of the specimens (stool or vomitus) to the BC Centre for Disease Control (BCCDC) laboratory. Let Public Health know when you sending specimens to the BCCDC laboratory, so Public Health can track them at the lab.

Important: You will need a copy of the “BCCDC Gastrointestinal Outbreak Requisition”, provided by Public Health, before sending any specimens to the lab.

Make sure each specimen container is labeled with the person’s name and the date of collection, and that the requisition is complete.

In an outbreak setting, please **do not send stool specimens through your normal private or hospital lab services**. Virus identification is done by BCCDC Laboratory (Provincial Laboratory) and best results are obtained from specimens tested soon after they are collected. Therefore, it is important that the specimens spend as little time in transit as possible. Also, outbreak specimens are split at the BCCDC lab (to use various techniques to test for various organisms), so it is preferred that they are not split or processed at hospital or private labs.

If specimens must be routed through the hospital, it is recommended that they be sent to BCCDC as quickly as possible. Another option is to use a special courier for outbreak related specimens going to the BCCDC laboratory.

Note: The arrangement for collect courier transport of the specimens (as used in Influenza-Like Illness outbreaks) is not in place for specimens in gastroenteritis outbreaks.

How to collect specimens? – as per directions on the reverse of the “BCCDC Gastrointestinal Outbreak Requisition”

When to collect specimens? - early in the course of illness if possible. For many viruses, the greater likelihood of laboratory identification is from specimens collected within the first two days of illness

How to store specimens? - Store specimens at 10-20 deg C. If specimens are collected late in the day or on weekend and shipment to the BCCDC lab will be delayed, then store under refrigeration

How many specimens to collect? - no more than 6 specimens from different clients are needed to confirm the source of the outbreak

How does the facility find out the results? – Public Health will phone the facility as soon as results are available from the lab

***NOTE: For Fraser Health owned and operated facilities, the Infection Control Practitioner will provide sampling coordination, provision of lab requisitions and notification of results.**

PUBLIC HEALTH RESPONSE

During an outbreak in a residential care facility, Public Health can assist the facility care manager by:

- Confirming that an outbreak is occurring
- Verifying the nature and extent of the outbreak
- Declaring the outbreak in a facility licensed under the Community Care and Assisted Living Act or in a Private Hospital (by the Medical Health Officer or Public Health Inspector in conjunction with Facility Manager/Director of Care)
- Forming a tentative hypothesis as to the causative agent, source and mode of transmission of the illness.
- Consulting on control measures and laboratory investigation.
- Inspecting the facility, or part of the facility, as necessary
- Assisting in coordinating stool and/or vomitus specimens and suspect foods for prompt laboratory analysis)
- Communicating laboratory results to the facility
- Notifying others by means of the Gastrointestinal Outbreak Notification (GION) list
- Consulting with the facility Infection Control Practitioner as needed

TERMINATION OF OUTBREAK CONTROL MEASURES

Outbreak control measures will be terminated when the outbreak is declared over .

An outbreak in a facility licensed under the Community Care and Assisted Living Act or in a Private Hospital will be declared over by the Medical Health Officer or Public Health Inspector in conjunction with the Facility Manager/Director of Care.

An outbreak in a residential facility owned and operated by Fraser Health will be declared over by the Infection Control Practitioner.

In the case of a gastroenteritis outbreak caused by a viral agent (e.g. *Norovirus*), the outbreak will typically be declared over when 72 hours have passed since the last resident case symptoms have ended.

The Medical Health Officer or Public Health Inspector will inform Residential Services and Community Care Facility Licensing that the outbreak has been declared over and that Outbreak Control Measures have been terminated.

Facilities licensed under the Community Care and Assisted Living Act will need to submit an incident report to their local Community Care Facility Licensing Officer.

REFERENCES

1. BCCDC Laboratory Services. Managing Outbreaks of Gastroenteritis. 2003.
2. BCCDC Laboratory Services. A Guide to the Laboratory Investigation of Gastrointestinal Disease Outbreaks. 2002.
3. Health Canada: Laboratory Center for Disease Control. Routine Practices and Additional Precautions for Transmission of Infection in Health Care. Canada Communicable Disease Report. July 1999; Volume 25S4.
4. Centers for Disease Control and Prevention, Atlanta. "Norwalk-Like Viruses" Public Health Consequences and Outbreak Management. MMWR 2001:50 (No. RR-9).
5. Heymann, David L. Control of Communicable Diseases Manual 18th Edition. American Public Health Association. 2004.

Organisms, Illness and Mechanisms of Spread

Organisms

Background

In care facilities, most gastroenteritis outbreaks are caused by the spread of germs. The Public Health Inspector will, however, also consider other potential causes of cases, such as environmental or chemical agents, as part of the outbreak investigation.

Organisms

A number of organisms can cause outbreaks of gastroenteritis in residential care facilities:

- Viruses are the most frequent causes;
- Bacteria are common causes; and
- Protozoa (parasites) can also cause outbreaks of gastroenteritis

Incubation period

Incubation period is the time interval between exposure to an infectious organism and the onset of illness. Incubation period can be as short as hours or as long as weeks, depending on the infectious organism.

Period of Communicability (Infectious Period)

Period of communicability is the time period in which an infected individual can spread the illness. This varies depending on the infectious organism and certain characteristics of the individual infected. It may be as short as two or three days or continue for extended periods of weeks or even months.

Accurate and timely information on the pattern of cases in a facility provides valuable clues to help determine the most likely cause and introduce the most effective and least disruptive steps to prevent or control an outbreak. This important information includes:

- People affected;
- Location of people affected;
- Symptoms;
- Dates for onset of illness and duration of illness;
- Other facilities where staff may work; and
- Gastroenteritis activity in the community or other residential care facilities

Table 1: Common Organisms and Illness:

Organism (Virus, Bacteria, and Protozoa)	Reservoir	Incubation Period	Symptoms	Typical Duration of Symptoms	Period of Communicability	Transmission (Spread)
Human Calicivirus such as Norovirus and Small Round Structured Virus	Humans are the only known reservoir	10-50 hours usually 24- 48 hours	Self-limited, mild to moderate disease, vomiting and diarrhea	24-48 hours	During acute symptoms and up to 48 hours after symptoms resolve	Fecal/oral or vomitus/oral, possible droplet or fomite; Person-to-person spread is common
Rotavirus	Probably only humans	24-48 hours	Abrupt onset of vomiting and diarrhea and rapid dehydration, low grade fever	4-6 days	During acute symptoms; not usually after 8 days post infection (can be longer in the immune compromised)	Fecal/oral or vomitus/oral, possible droplet or fomite; Person-to-person spread is common
Enteric Adenovirus (Adenoviruses also cause respiratory illness and conjunctivitis)	Humans	3-10 days for gastro- enteritis	Abrupt onset of vomiting and diarrhea and rapid dehydration, low grade fever	4-6 days	During acute symptoms and up to 14 days after onset (persistent and intermittent viral shedding may occur for longer periods)	Fecal/oral or vomitus/oral, possible droplet or fomite; Person-to-person spread is common
Bacillus cereus (enterotoxin)	Soil and general environment; low levels in raw, dried and processed foods	1-6 hours (vomiting); 6-24 hours (diarrhea)	Sudden onset of nausea and vomiting in some; colic and diarrhea in others	Typically, no longer than 24 hours	Toxin: Not spread from person to person.	Ingestion of food that has been kept at ambient (air, room) temperatures after cooking (cooked rice and other foods have been implicated)
Campylobacter	Animals, mostly raw poultry; Pets	Usually 2-5 days; Range 1-10 days	Diarrhea, abdominal pain, malaise, fever, nausea and vomiting	2-5 days	Throughout infection, then from several days to weeks if not treated	Mainly undercooked chicken or pork; Contact with infected pets; Person-to-person spread is uncommon, except in carrier state in those who are incontinent of stool

Organism (Virus, Bacteria, and Protozoa)	Reservoir	Incubation Period	Symptoms	Duration of Symptoms	Period of Communicability	Transmission
<i>Clostridium perfringens</i> (Toxin produced by the bacteria)	Soil; GI tract of healthy people and animals	6-24 hours	Mild disease of short duration; sudden onset abdominal cramping and diarrhea; vomiting and fever usually absent	1 day or less	Toxin: Not spread from person to person	Ingestion of contaminated food; usually inadequately heated or reheated meats or gravies
<i>Clostridium difficile</i>	<u>Frequently present in the hospital environment</u> Soil, sand, hay; Contaminated water; Intestinal tracts of animals and humans (2-3% of healthy adults and up to 70% of healthy babies have <i>C. difficile</i> in intestinal tracts;	Unknown; <u>Generally seen in association with antibiotic use</u> , but may occur weeks later, even after the course of antibiotics has been completed	Usually no symptoms; Diarrhea (usually watery and sometimes bloody), loss of appetite, nausea, abdominal pain or tenderness, fever; Sometimes severe illness and death with CDAD (<i>Clostridium difficile</i> -Associated Disease)	Variable; 10% to 20% of affected individuals have a relapse	May be prolonged; In some hospitals and care facilities, 20% to 30% of patients or residents who have received antibiotics have been found to be asymptomatic carriers and shedders of the organism into the environment	Ingestion of spores acquired from the environment; Fecal/oral transmission from colonized individuals * Note re: disinfection - as <i>C. difficile</i> forms spores, disinfection is difficult; thorough cleaning is necessary to remove the spores
<i>Staphylococcus aureus</i> (enterotoxigenic)	Humans; (Occasionally cows, dogs and fowl)	Usually 2-4 hours (may be as short as 30 minutes or as long as 8 hours)	Abrupt onset nausea, cramps, vomiting and sometimes diarrhea	1-2 days	Toxin: Not spread from person to person	Ingestion of food containing staphylococcal enterotoxin; usually foods handled without subsequent cooking (eg., pastries, custards, salad dressings, sandwiches, sliced meats)

Organism (Virus, Bacteria, and Protozoa)	Reservoir	Incubation Period	Symptoms	Duration of Symptoms	Period of Communicability	Transmission
<i>E. coli</i> O157:H7	Cattle and humans	2-10 days; usually 3-4 days	Range from mild non-bloody diarrhea to stools that are virtually all blood. Hemolytic uremic syndrome (HUS) in 2-7% of cases and post-diarrhea Thrombotic Thrombocytopenic Purpura (TTP)	Typically less than a week	1 week in adults; up to 3 weeks in children	Mainly contaminated food, undercooked beef (especially ground beef), unpasteurized fruit juices; Waterborne outbreaks have been documented; Secondary person-to-person spread occurs in families and residential facilities
<i>Salmonella</i> species	Domestic and wild animals, including reptile or amphibian pets; Humans	6-72 hours (usually 12-36 hours)	Sudden onset headache, abdominal pain, diarrhea, nausea and, sometimes vomiting; Usually fever	Several days to several weeks	Throughout course of infection; A carrier state can occur and last for months	Ingestion of contaminated food; Person-to-person spread occurs
<i>Shigella</i> species	Humans (Outbreaks have occurred in primates)	Usually 1-3 days; Range 12 hours to 4 days	Diarrhea accompanied by fever, vomiting and cramps; Usually self-limited	4-7 days	During acute symptoms and up to 4 weeks after illness; Asymptomatic carriers may transmit infection	Fecal/oral transmission; Direct person-to-person spread occurs; Indirect transmission through contamination of food occurs

Mechanisms of Spread

Spread of Viral Gastroenteritis

Note: Very few virus particles are needed for infection.

Spread of viral gastroenteritis between people is usually by the fecal/oral route or the vomitus/oral route. However, outbreak investigations have indicated the importance of droplet spread and fomite transmission (a fomite being an object on which the virus can survive for a period of time). This helps to explain the rapid spread within care facilities.

Transmission can occur in the following manner:

- **hands**, especially if unwashed after contact with stool or vomitus;
- soiled laundry;
- contaminated environmental surfaces (including condiment containers, chair rails, playing cards, etc.);
- food or food contact surfaces;
- beverage ice after contact with contaminated hands;
- contaminated drinking water; and
- possibly droplets spreading into the air created during vomiting, cleaning up fecal or vomitus spills, or toilet flushing

High risk activities that increase an individual's likelihood of becoming infected or transmitting infection include:

- direct contact with ill residents, staff or visitors;
- handling soiled laundry;
- being in close proximity when an infected person vomits;
- receiving care or medication from an infected person;
- sharing common washrooms during an outbreak;
- bathing in a pool or tub that has been contaminated with fecal matter and not cleaned and sanitized;
- consuming food prepared by a symptomatic food handler;
- shared food platters/snack bowls;
- consuming contaminated ice;
- working while symptomatic or recovering from symptoms of vomiting and diarrhea; and
- improper hand washing after contact with infectious material

Spread of Bacterial Gastroenteritis

***Note: Some cases of bacterial gastroenteritis require large numbers of bacteria to cause illness, some require very few organisms and some result from ingestion of toxins.**

Bacterial gastroenteritis is varied. Depending on the organism and the setting, it may present as a common source outbreak involving food or water, as a nosocomial infection perhaps exacerbated by antibiotic use, as primary infection or secondary person-to-person spread or as disease caused by actions of the infectious organism directly or through a toxin. The nature and timing of illness experienced by residents and/or staff may suggest the cause.



GASTROENTERITIS OUTBREAK

RESIDENT INFORMATION

Name of Facility

Please list residents affected and with which symptoms
as of _____ (date)
Updated on; _____ (date)
_____ (date)
_____ (date)

Form completed by:

List all wards, number of residents affected on ward, and total number of residents on ward:

Ward	Number of residents affected	Total number of residents on ward

Please complete the chart below. Indicate with a tick which symptoms have been experienced by each case.
Each day, add new cases to the same list. (Please be sure that the onset date is completed)
FAX UPDATES TO PUBLIC HEALTH DAILY (for Fraser Health Owned and Operated Facilities, to your Infection Control Practitioner) USING THE FAX COVER SHEET ON REVERSE OF THE "QUICK REFERENCE GUIDE" (APPENDIX D)

Name	DOB	Sex	Nau- sea	Vomit- ing	Diarr- hea	Abdo- minal Pain	Mus- cle Ache	Head ache	Fever	Cough	Cold Symp- toms	Ext- reme Fatigue	Date of onset of first symptom (d/m)	Date Sympt- oms ended (d/m)	Specimen taken? If yes, date (d/m)	Resident Ward and Rm #	# beds in Resi- dent's room

Managing Outbreaks of Gastroenteritis in Residential Care Facilities

The complete guideline is available online at: <http://www.fraserhealth.ca/services/publichealth/pages/default.aspx>
(select “Outbreak Guidelines for Care Facilities” from left side of page)

1. Notification of Public Health or Infection Control* (Action 1)

When **3 or more cases** of gastroenteritis occur **within a 4 day period**, contact:

- Public Health
 - **On weekdays 08:30 to 16:30** - FAX with phone confirmation (**FAX form reverse of this page**)
 - **On weekends or stat. holidays 08:30 to 16:30** – call Public Health answering service 604-527-4806
 - **If detected evenings or overnight** – contact as above the **NEXT** day, AND
- Your facility Medical Director (if applicable), **OR**
- Your Infection Control Practitioner (ICP) if the outbreak is within a Fraser Health-owned facility (see note below).*

2. Implementation of Outbreak Control Measures (Action 2)

If Public Health or Infection Control declares a suspect outbreak, establish outbreak control measures:

- Confine ill residents to their rooms until at least 48 hours after symptoms have ended
- Exclude any ill employees from work until at least 48 hours after symptoms have ended
- In addition to **standard precautions**, use **transmission based precautions** when caring for ill residents
 - Gloves - for providing any direct care
 - Gowns - when contamination of care giver’s clothing is possible
 - Masks (standard procedure type) - when there is a risk of droplet spread into the air of infectious material (i.e. cleaning up areas grossly contaminated with feces or vomitus)
- Avoid the transfer of well residents to a room containing an ill resident
- Review hand hygiene procedures with all staff (including volunteers)
- Ensure surfaces contaminated by feces or vomitus are immediately cleaned and disinfected
- Implement a program of increased cleaning and disinfection of common touch surfaces (such as door handles, handrails, light switches, chair arms, sink/toilet handles, etc) with a disinfectant effective against viral causes of gastroenteritis
- Ensure soiled laundry is handled as little as possible, with minimum agitation, and transported in closed bags, prior to washing and drying
- Advise visitors of the outbreak and appropriate personal precautions; limit their visit to one person
- Consider:
 - postponing transfers to other facilities and admissions/re-admissions unless medically warranted
 - using cohort nursing or similar practices to reduce the potential of spread from ill to well residents
 - decreasing or discontinuing group activities and outings until the outbreak is over
- Implement other measures deemed appropriate by your ICP* or Medical Director

3. Maintenance of Detailed Surveillance --- Monitoring (Action 3)

- Maintain GI illness surveillance for both residents and staff.
- Forward by FAX updated surveillance forms (*Appendix B and C* of Guidelines) to Public Health daily (FAX form on reverse of this page). For Fraser Health owned facilities, fax surveillance forms to Infection Control as directed.

4. Collection of Specimens --- Lab Testing (Action 4)

- Collect stool or vomitus specimens in any empty (i.e. non-preserved) sterile container, or use the containers provided by Public Health. Phone Public Health or your ICP when you have samples ready to ship
- Discuss with Public Health or your ICP the method of shipment of specimens to the BCCDC lab. **You will need the “BCCDC GI Outbreak Requisition” before you ship any specimens. Do not ship through your normal private or hospital lab services unless advised by Public Health.**
- Collect specimens as per directions on the BACK of the requisition. Ensure each specimen container is labeled with the person’s name and date of collection, and that the requisition is complete
- Store specimens cool (10-20 Deg C.) or refrigerated unless otherwise advised by Public Health or ICP
- Collect no more than 6 specimens unless advised by Public Health or your ICP*
- Note that identification of the cause of the outbreak is most likely if:
 - A specimen is collected soon after symptoms first appear: AND
 - The specimen is delivered to the lab as soon as possible after collection

***NOTE: for outbreaks in Fraser Health Owned and Operated facilities (hospitals and associated residential care facilities), notify your Infection Control Practitioner, who will provide guidance, declare the outbreak if appropriate, and notify Public Health. You DO NOT need to contact Public Health directly unless the outbreak begins on a weekend or statutory holiday. All other facilities (private and contracted) will deal directly with Public Health.**
(Public Health phone/fax numbers on reverse)

Urgent FAX

Gastroenteritis Outbreak Notification or Update to Public Health

*For Fraser Health Owned and Operated Facilities, FAX to your Infection Control Practitioner

Date: _____

pages faxed: _____

Facility Sending Report: _____

Facility Address: _____

Facility Contact Person: _____

Facility Phone: _____

Fax: _____

Where to FAX this notification:

For facilities located in:	Public Health office:
<input type="checkbox"/> Burnaby, Coquitlam, Port Coquitlam, Port Moody Anmore, Belcarra	Phone 604-949-7700 Fax 604-949-7706
<input type="checkbox"/> North Surrey, Surrey Guildford, North Delta, South Delta, New Westminster	Phone 604-507-5478 Fax 604-507-5492
<input type="checkbox"/> Surrey Newton, Surrey Cloverdale, South Surrey, White Rock, Langley	Phone 604-587 7610 Fax 604-587 7615
<input type="checkbox"/> Pitt Meadows, Maple Ridge, Mission, Abbotsford, Chilliwack, Agassiz, Harrison, Hope, Boston Bar	Phone 604-870-7900 Fax 604-870-7901

We are reporting:

Suspect Outbreak: _____ Outbreak Update: _____ Outbreak Over: _____

For initial report of suspect outbreak, please provide:

Number of residents ill: _____ Total beds/current occupancy: ____/____

Number of Staff ill: _____ Number of Staff that work in facility: ____

Onset date of first case: _____

Typical Symptoms: _____

Other information: _____

Important: Use this form to notify Public Health weekdays between 08:00 and 16:30.

Telephone the Public Health Office to confirm receipt of this FAX.

For weekends and statutory holidays, between 08:30 and 16:30, contact the Fraser Health Public Health answering service at 604-527-4806.

If detected during evening or overnight hours, contact as above the NEXT day.

INFORMATION SHEET

Viral Gastroenteritis (“Stomach Flu”)

What is it?

Viral gastroenteritis, also known as ‘stomach flu’, is a common illness. It can occur as a case in just one person or can quickly spread through families and cause outbreaks. Though it is often called ‘stomach flu’ it is not influenza. One of the common viruses causing gastroenteritis is the **Norovirus**.

Viral gastroenteritis outbreaks occur in the community almost every year. They are common in nursing homes, daycare centres, schools, children’s camps and on cruise ships. There are several different viruses that cause illness with vomiting and diarrhea and result in outbreaks. Often the actual virus causing the illness is not identified as people recover quickly and do not have testing done.

Within one or two days of being exposed to the *Norovirus*, a person may have an upset stomach and start vomiting, often followed with cramping, chills, fever and diarrhea. Illness usually lasts for one to three days and people usually get better with no treatment. **Sometimes complications develop if people lose too much fluid from vomiting and diarrhea and are not drinking enough fluid to replace the losses.** This is more likely to happen to babies and elderly people.

How is it spread?

Norovirus can be found in the vomit and stool (diarrhea) of people who are infected. We spread it when we don’t wash our hands well enough after using the toilet or cleaning up after someone has been sick. Also, the virus can spread in the air in droplets that are too small to see. This happens with vomiting and diarrhea or even with cleaning up afterwards. The droplets can land in our noses and mouths and then infect us, making us sick. The droplets also land on things in the area like toys, countertops or sink taps where the viruses in them can live for a long time. The virus can then spread by getting on our hands and then to our mouths or into things like food, water or ice. This helps explain how so many people get sick in a home so quickly.

How can it be prevented?

One of the most important ways of preventing or reducing spread is **hand washing**.



- A proper hand wash needs warm running water, soap and lots of good hand rubbing for at least 30 seconds.
- After someone vomits, it is important to clean up the area with hot water and soap and then to disinfect the area to kill the virus. (See the next page for how to clean and disinfect.)
- Any food that has been handled by someone who is sick with vomiting and/or diarrhea should be thrown out. Food that was uncovered when someone vomited nearby in the room should also be thrown out unless the food will be brought to a boil on the stove or cooked in the oven before being eaten. Dishes or utensils should be washed in a dishwasher or in a sink with hot water and dish detergent.
- Laundry should be washed in hot water and laundry detergent.
- Bathrooms need special attention because they are likely places for contamination with viruses. If there is an outbreak in a home or institution, bathrooms should be disinfected with a dilute bleach solution.
- People who are ill and who handle food (in a store, restaurant, etc.) or provide care for others at work **should stay away from work while they are sick and for 2 days after they are better.** Even when diarrhea and vomiting have stopped, the virus can still be in the stool (bowel movement) for a few days. **Careful hand washing should continue.**

Is there any treatment?

There is no antibiotic that can kill the viruses causing the vomiting and diarrhea and make you better right away. When you have a virus causing vomiting and diarrhea, you usually get better on your own within a few days. It is important that you drink enough clear fluids so you don’t get dehydrated. Sips of water are good, but you should also drink other fluids like juices, clear soups or fluids specially made for use when people have vomiting or diarrhea. Packets to make these special fluids are in drugstores (eg. Gastrolyte™, Pedialyte™).

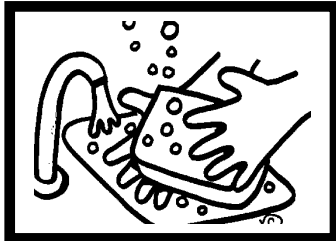
If diarrhea or vomiting lasts more than two to three days, you should phone your doctor’s office. You should also speak with a doctor if you are worried about being dehydrated or having other symptoms that you think need a doctor’s care. You may want to call the **24-Hour HealthLink BC** for advice about whether you need to see a doctor. **Dial 8-1-1 from anywhere in BC (If hearing impaired dial 7-1-1).** Translation services are available.

Remember, dehydration causes problems that can be serious; more often for babies and the elderly.

What can I do when someone is sick with vomiting and diarrhea?

Sometimes several members of a family will become sick from eating or drinking something that was contaminated with a virus. When this happens, they usually all become ill with vomiting or diarrhea within a day. It is really important to clean up the vomit as soon as possible and to disinfect the house by cleaning and disinfecting the floors, counters and furniture when the sickness is over. Visitors who come to the house can easily become infected, so having friends over while people in the house are sick is not a good idea. It is best to wait for a couple days after everyone is better and the house is cleaned and disinfected.

More commonly, one person in a family gets the virus and can easily spread it to others in the family. Others may get sick a day or two later. When only one person is sick with vomiting or diarrhea, it is a good idea for that person to try to keep to a separate room and not be around others any more than is necessary. Everyone in the family should wash hands often and really well with soap and water. Using separate towels or paper towels for drying hands can help to keep more people from getting sick.



What cleaning solutions should I use?

Use hot water and soap to clean up areas contaminated by vomit or diarrhea, then disinfect with a dilute bleach solution (see below). Household cleaners other than bleach are not effective for most of the viruses that commonly cause vomiting and diarrhea. Bleach is corrosive and may bleach fabrics. Remember that bleach needs to be stored safely out of the reach of children.

Make up a dilute solution of bleach in a pail
by adding 1/3 cup of bleach to 1 gallon of water
OR
80 mL of bleach to 4 litres of water
(This is 1 part of bleach in 50 parts of water)

How can I reduce the risk of getting infected from cleaning up vomit or diarrhea?

The person cleaning up vomit or diarrhea can reduce the risk of getting infected by:

- Wearing disposable gloves, if possible.
- Using paper towels to soak up excess liquid and putting the paper towels and any solid matter directly into a plastic garbage bag.
- Cleaning the soiled area with soap and hot water. The same cleaning cloth or sponge should not be used to clean other areas of the house as this may spread the virus.
- Disinfecting the area that was washed with the freshly-made dilute bleach solution.
- Putting all cleaning cloths and gloves into a plastic garbage bag.
- Washing hands really well using soap and warm running water for at least 30 seconds.

What cleaning around the house is recommended?

- Clean bathrooms frequently and disinfect with bleach.
- Clean and disinfect toilets, sinks and any areas that people touch (doorknobs, handrails, etc.).
- Do not share towels among household members.
- Quickly machine-wash any towels used by sick household members.
- Throw out any exposed food, including food handled by sick family members or that was uncovered when someone vomited nearby unless the food will be boiled on the stove or cooked in the oven before being eaten.
- Wash all dishes, glasses, and utensils with hot soapy water and rinse in hot water or, if possible, in a dishwasher using a “hot cycle”.
- Wash any contaminated bedding as soon as possible with the washing machine on a “hot cycle”.
- Clean contaminated carpets with soap and hot water, and then steam-clean, if possible.



Revised December 2008

Gastrointestinal Outbreak Decontamination Protocol

(Adapted from the BC Centre for Disease Control - Guide to Managing Outbreaks of Gastroenteritis 2003)

In the event of an outbreak of gastroenteritis, special consideration must be given to the cleaning of areas contaminated from either a vomiting or fecal accident. The area should be cordoned off and cleaned immediately. Failing to properly clean contaminated areas will lead to rapid spread and continuation of outbreaks. Note that an effective disinfectant should be used throughout the entire facility on a regular basis during an outbreak.

Cleaning Vomit and Feces

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, standard procedure mask (or face shield), and a plastic disposable apron or water-resistant gown.
- Using paper towels to soak up excess liquid. Transfer these and any solid matter directly into a plastic garbage bag.
- Cleaning the soiled area with detergent and water, using a “single-use” cloth.
- Disinfecting the contaminated area with one of the recommended disinfectant solutions (see below).
- Depositing disposable gloves, masks and aprons into a garbage bag and re-usable aprons/gowns into a laundry bag.
- Washing hands thoroughly using soap and warm running water for at least 30 seconds.

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with one of the recommended disinfectant solutions (see below).
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby).
- Wash all dishes, utensils and trays in a commercial dishwasher; or wash and rinse by hand in hot water and then rinse in one of the recommended disinfectant solutions (see following).

Recommended Disinfectant Solutions

1. Hypochlorite (Bleach) Solution

The recommended level of 1:50 bleach solution is made by:

Adding 1 part of household bleach (5.25% hypochlorite) to 50 parts water
(or 1/3 cup of bleach to 1 gallon of water or 80ml of bleach to 4 litres of water).

This will give an approximately 1000ppm hypochlorite solution.

- Note that hypochlorite is corrosive and may bleach fabrics. **Mixing bleach with other cleaning/disinfecting agents can be dangerous.** Never mix bleach with other products unless the product label specifically allows it.
- Applying the bleach solution to surfaces and leaving to air dry should provide adequate contact time.
- The solution should be freshly made to be most effective. Don't use diluted bleach solutions that are over 24 hours old.

2. Accelerated Hydrogen Peroxide Solution 0.5%

There is documented evidence suggesting that this product is also effective against *Norovirus*, a common cause of viral gastrointestinal outbreaks in residential care facilities, schools, day cares, and other institutions.

- Use as recommended in the product use and safety information
- A minimum contact time of 5 minutes is necessary to be effective against gastrointestinal viruses.

NOTE

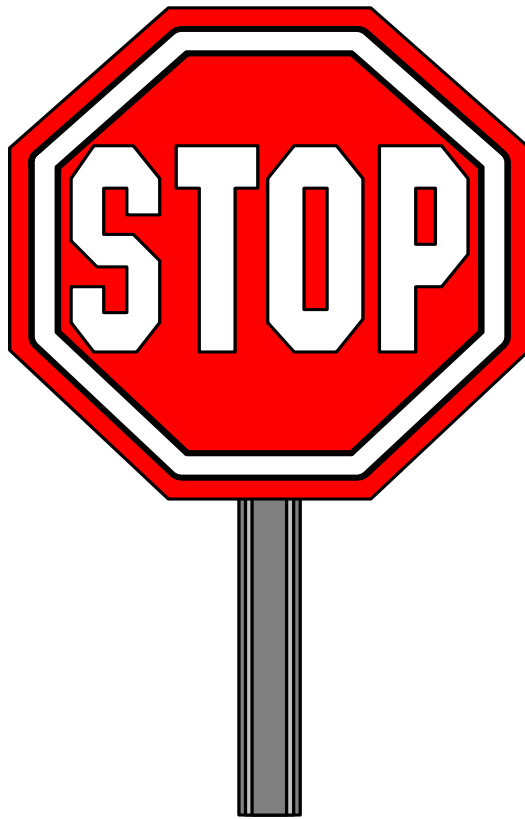
Accelerated Hydrogen Peroxide solutions differ from basic hydrogen peroxide cleaning solutions.

Accelerated Hydrogen Peroxide (AHP) is a cleaning and disinfectant solution that must not be confused with standard Hydrogen Peroxide solutions. AHP is a combination of commonly used ingredients that when mixed with low levels of hydrogen peroxide dramatically increases its germicidal potency and cleaning performance. It is sold by various distributors so you will see different brand names. The important ingredient to look for is '**accelerated**' *hydrogen peroxide*.

There is insufficient evidence at this time to recommend a disinfectant other than the two listed above where a viral agent (i.e. Norovirus) is known or suspected to be the cause of a gastrointestinal illness or outbreak. Norovirus is considered to be very resistant to many other disinfectants commonly in use.

Treatment of Specific Materials

- Contaminated linens, clothes, towels, cloths etc., should be washed in the hottest water available and detergent using the maximum cycle length, and then machine dried on the hot cycle.
- Vinyl covered furniture or mattresses should be thoroughly cleaned with detergent and hot water then wiped down with one of the recommended disinfectant solutions.
- Soft furnishings or cloth-covered mattresses should be thoroughly cleaned with detergent and hot water. For disinfection they can be placed outside in the sun for a few hours. As this is not usually feasible, after being cleaned they should be steam cleaned (strongly recommended) or disinfected with one of the recommended disinfectant solutions (Note: some fabrics may not be bleach resistant).
- Contaminated carpets should be cleaned with detergent and hot water then disinfected with one of the recommended disinfectant solutions (Note: some carpets may not be bleach resistant) or steam cleaned using the hottest water available.
- Contaminated hard surfaces should be washed with detergent and water, using a single-use cloth, then disinfected with one of the recommended disinfectant solutions.
- Non-disposable mop heads should be laundered in the hottest water available and detergent using the maximum machine cycle length, and then machine dried on the hot cycle.
- Fixtures in bathrooms should be cleaned with detergent and hot water using a single-use cloth, and then disinfected with one of the recommended disinfectant solutions.



ATTENTION VISITORS!!!

We presently have a number of ill residents.

Please limit your visit to one resident only.

Please wash your hands when you arrive and just before you leave

If you have any questions please contact:

Thank-you

Managing Outbreaks of Gastroenteritis in Residential Care Facilities

Outbreak Control Measures – Work duty specific precautions

Nursing Care

- Attempt to care for ill clients in their rooms or a contained area until at least 48 hours after their symptoms have cleared.
- Attempt to keep well clients away from areas with ill residents until at least 48 hours after symptoms have cleared.
- Serve meals to ill clients in their rooms or a separate contained area for ill residents until at least 48 hours after symptoms have cleared.
- Cohort nursing staff when possible (i.e. specific cohorting - staff caring for ill clients should not care for well clients, or spatial cohorting - staff caring for clients on affected wing or floor not moving to unaffected wing or floor to work).
- Ensure mattresses and pillows have a water-resistant plastic cover that is washed and disinfected as required (pillows without water-resistant plastic covers must be laundered when soiled).
- Ensure bathtubs and lifts are cleaned and disinfected between use. Avoid using jacuzzi jet while bathing clients until outbreak is over to prevent droplet spread of infectious material into the air.
- Ensure toilet lid is closed **before** flushing (where possible) to reduce possible droplet spread of the toilet water into the air.
- Attempt to have separate toilet for ill clients.
- Carefully pour body waste such as feces/urine/aspirates/vomit into a hopper or toilet to avoid splash/spillage. Use a standard procedure mask if there is potential for droplet spread of infectious material into the air. Empty disposable containers in the toilet and place container in a leak-proof bag and discard with regular waste.
- Ensure clients hand wash before leaving their room, prior to entering the dining room, and after toileting. (An alcohol-based waterless hand sanitizer may be useful for this purpose if clients are unable to wash their own hands with soap and water).
- Ensure that dentures or partials are protected from potential contamination by droplets spread into the air and are properly cleaned before use.
- Ensure that any food that was sitting out near where anyone throws up is thrown out.
- Ensure excellent hand hygiene. (Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc...).

Personal Protective Equipment

- Gowns and gloves are required during the care of ill clients and for any contact with infectious material while cleaning or laundering.
- A standard procedure mask should be worn when assisting a client who is vomiting, having diarrhea or during the cleaning of vomit or fecal matter (i.e., while housecleaning, toilet flushing, handling contaminated laundry or clearing of dishes grossly contaminated with infectious material).

See reverse for specific instructions for cleaning up vomit and feces and treatment of specific materials.

Gastrointestinal Outbreak Decontamination Protocol Specific to Nursing Care

(Adapted from the BC Centre for Disease Control - Guide to Managing Outbreaks of Gastroenteritis 2003)

In the event of an outbreak of gastroenteritis, special consideration must be given to the cleaning of areas contaminated from either a vomiting or fecal accident. The area should be cordoned off and cleaned immediately. Failing to properly clean contaminated areas will lead to rapid spread and continuation of outbreaks. Note that an effective disinfectant should be used throughout the entire facility on a regular basis during an outbreak.

Cleaning Vomit and Feces

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, standard procedure mask (or face shield), and a plastic disposable apron or water-resistant gown.
- Using paper towels to soak up excess liquid. Transfer these and any solid matter directly into a plastic garbage bag.
- Cleaning the soiled area with detergent and water, using a “single-use” cloth.
- Disinfecting the contaminated area with a suitable disinfectant solution (as per facility policy).
- Depositing disposable gloves, masks and aprons into a garbage bag and re-usable aprons/gowns into a laundry bag.
- Washing hands thoroughly using soap and warm running water for at least 30 seconds.

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with a suitable disinfectant solution (as per facility policy).
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby).
- Wash all dishes, utensils and trays in a commercial dishwasher; or wash and rinse by hand in hot water and then rinse with a suitable disinfectant solution (as per facility policy).

Notes:

- **All staff with symptoms that suggest infection are excluded from work until at least 48 hours after symptoms have stopped.**
- **Staff are not to work in other facilities while they are ill or convalescing.**
- If working a shift at another facility immediately after finishing a shift at a facility that is experiencing a GI outbreak it is strongly recommended to shower and change clothing prior to entering the second facility.
- Snacks for staff in common containers in lunchroom, nursing station etc...are discouraged.

Managing Outbreaks of Gastroenteritis in Residential Care Facilities

Outbreak Control Measures – Work duty specific precautions

Housekeeping

In the event of an outbreak of gastroenteritis, special consideration must be given to the cleaning and disinfecting of areas contaminated from either a vomiting or fecal accident. The area should be cordoned off and cleaned immediately. Failing to properly clean contaminated areas will contribute to rapid spread and continuation of outbreaks. Note that an effective disinfectant should be used throughout the entire facility on a regular basis during an outbreak.

In addition to routine housekeeping duties, those responsible for housekeeping shall:

- Increase frequency of cleaning and disinfection of the facility, particularly surfaces where frequent hand contact occurs (e.g. railings, chair arms, light switches, door handles, faucets, thermostats, telephones, keypads, keyboards and other surfaces that people touch frequently) and equipment that is shared (e.g. Commodes, walker handles, wheelchair arms).
- Clean rooms of well clients first.
- Ensure mattresses and pillows have a water resistant plastic cover that is washed and disinfected as required (pillows without water-resistant plastic covers must be laundered when soiled). Disinfect with a suitable disinfectant (as per facility policy) according to manufacturer's directions.
- Change cleaning cloth between rooms of all clients. Place used cleaning cloth into plastic bag or water resistant laundry bag.
- Change mop heads after cleaning rooms of ill clients. Place wet mop head into plastic bag or water resistant laundry bag.
- Ensure bathtubs are cleaned and disinfected between use.
- Ensure public washrooms and washrooms of ill clients are cleaned and disinfected at least daily or more frequently as required. (Ensure both horizontal and vertical surfaces as high as you can reach are cleaned and disinfected).
- Use a standard procedure mask (or face shield) while cleaning areas grossly contaminated by vomit or fecal matter.
- Ensure excellent hand hygiene. (Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc...)

Personal Protective Equipment

- Gowns and gloves are required for any contact with infectious material while cleaning.
- A standard procedure mask should be worn when cleaning up vomit or fecal matter.

Notes:

- **All staff with symptoms that suggest infection are excluded from work until at least 48hours after symptoms have stopped.**
- **Staff are not to work in other facilities while they are ill or convalescing.**
- If working a shift at another facility immediately after finishing a shift at a facility that is experiencing a GI outbreak it is strongly recommended to shower and change clothing prior to entering the second facility.
- Snacks for staff in common containers in lunchroom, nursing station etc...are discouraged.

Gastrointestinal Outbreak Decontamination Protocol Specific to Housekeeping

(Adapted from the BC Centre for Disease Control - Guide to Managing Outbreaks of Gastroenteritis 2003)

In the event of an outbreak of gastroenteritis, special consideration must be given to the cleaning of areas contaminated from either a vomiting or fecal accident. The area should be cordoned off and cleaned immediately. Failing to properly clean contaminated areas will lead to rapid spread and continuation of outbreaks. Note that an effective disinfectant should be used throughout the entire facility on a regular basis during an outbreak.

Cleaning Vomit and Feces

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, standard procedure mask (or face shield), and a plastic disposable apron or water-resistant gown.
- Using paper towels to soak up excess liquid. Transfer these and any solid matter directly into a plastic garbage bag.
- Cleaning the soiled area with detergent and water, using a “single-use” cloth.
- Disinfecting the contaminated area with a suitable disinfectant solution (as per facility policy).
- Depositing disposable gloves, masks and aprons into a garbage bag and re-usable aprons/gowns into a laundry bag.
- Washing hands thoroughly using soap and warm running water for at least 30 seconds.

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with a suitable disinfectant solution (as per facility policy).
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby).
- Wash all dishes, utensils and trays in a commercial dishwasher; or wash and rinse by hand in hot water and then rinse with a suitable disinfectant solution (as per facility policy).

Treatment of Specific Materials

- Contaminated linens, clothes, towels, cloths etc., should be washed in the hottest water available and detergent using the maximum cycle length, and then machine dried on the hot cycle.
- Vinyl covered furniture or mattresses should be thoroughly cleaned with detergent and hot water then wiped down with a suitable disinfectant solution (as per facility policy).
- Soft furnishings or cloth-covered mattresses should be thoroughly cleaned with detergent and hot water. For disinfection they can be placed outside in the sun for a few hours. As this is not often feasible, after being cleaned they should be steam cleaned (strongly recommended) or disinfected with a suitable disinfectant solution, as per facility policy. (Note: some fabrics may not be bleach resistant).
- Contaminated carpets should be cleaned with detergent and hot water then disinfected with a suitable disinfectant solution, as per facility policy (Note: some carpets may not be bleach resistant) or steam cleaned using the hottest water available.
- Contaminated hard surfaces should be washed with detergent and water, using a single-use cloth, then disinfected with a suitable disinfectant solution, as per facility policy.
- Non-disposable mop heads should be laundered in the hottest water available and detergent using the maximum machine cycle length, and then machine dried on the hot cycle.
- Fixtures in bathrooms should be cleaned with detergent and hot water using a single-use cloth, and then disinfected with a suitable disinfectant solution, as per facility policy.

Managing Outbreaks of Gastroenteritis in Residential Care Facilities

Outbreak Control Measures – Work duty specific Precautions

Laundry

- Separate laundry in accordance with facility policy.
- Handle soiled linen as little as possible to prevent microbial contamination of the air and persons handling linens.
- Wear long sleeved gown when handling soiled linen and discard gown after use and wash hands after removing gown.
- Wear gloves at all times when handling soiled linen and **wash hands after removing gloves.**
- Use a standard procedure mask if there is a potential of droplets of infectious material to spread into the air.
- Place and transport soiled wet linen in bags that prevent leakage. Double bagging linen is not necessary unless the first bag is leaking.
- Soiled laundry should be washed with detergent in hot water at the maximum cycle length and then machine (hot air) dried.
- Ensure excellent hand hygiene. (Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc...)

Personal Protective Equipment

- Gowns and gloves are required during contact with infectious material while laundering.
- A standard procedure mask should be worn when handling laundry grossly contaminated with infectious material.

Notes:

- **All staff with symptoms that suggest infection are excluded from work until at least 48hours after symptoms have stopped.**
- **Staff are not to work in other facilities while they are ill or convalescing.**
- If working a shift at another facility immediately after finishing a shift at a facility that is experiencing a GI outbreak it is strongly recommended to shower and change clothing prior to entering the second facility.
- Snacks for staff in common containers in lunchroom, nursing station etc...are discouraged.

See reverse for specific instructions for cleaning up vomit and feces and treatment of specific materials.

Gastrointestinal Outbreak Decontamination Protocol Specific to Laundry

(Adapted from the BC Centre for Disease Control - Guide to Managing Outbreaks of Gastroenteritis 2003)

In the event of an outbreak of gastroenteritis, special consideration must be given to the cleaning of areas contaminated from either a vomiting or fecal accident. The area should be cordoned off and cleaned immediately. Failing to properly clean contaminated areas will lead to rapid spread and continuation of outbreaks. Note that an effective disinfectant should be used throughout the entire facility on a regular basis during an outbreak.

Cleaning Vomit and Feces

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, standard procedure mask (or face shield), and a plastic disposable apron or water-resistant gown.
- Using paper towels to soak up excess liquid. Transfer these and any solid matter directly into a plastic garbage bag.
- Cleaning the soiled area with detergent and water, using a “single-use” cloth.
- Disinfecting the contaminated area with a suitable disinfectant solution (as per facility policy).
- Depositing disposable gloves, masks and aprons into a garbage bag and re-usable aprons/gowns into a laundry bag.
- Washing hands thoroughly using soap and warm running water for at least 30 seconds.

Managing Outbreaks of Gastroenteritis in Residential Care Facilities

Outbreak Control Measures – Work duty specific precautions

Waste Management

- Place garbage in a leak-proof bag and close securely before removal from client's room. Double bagging is not necessary unless the first bag is leaking. (Try to avoid a “whoosh” of air in your face as the bag is tied shut as this may spread droplets of infectious material into the air.)
- Carefully pour body waste such as feces/urine/aspirates/vomit into a hopper or toilet to avoid splash/spillage. Use a standard procedure mask if there is potential for droplets of infectious material spread into the air.
- Empty disposable containers in the toilet and place container in a leak-proof bag and discard with regular waste.
- Ensure excellent hand hygiene. (Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc...)

Personal Protective Equipment

- Gowns and gloves are required for any contact with infectious material.
- A standard procedure mask should be worn when assisting a client who is vomiting, having diarrhea or during the cleaning of vomit or fecal matter (i.e., while housecleaning, toilet flushing, handling contaminated laundry or clearing of dishes grossly contaminated with infectious material).

Notes:

- **All staff with symptoms that suggest infection are excluded from work until at least 48hours after symptoms have stopped.**
- **Staff are not to work in other facilities while they are ill or convalescing.**
- If working a shift at another facility immediately after finishing a shift at a facility that is experiencing a GI outbreak it is strongly recommended to shower and change clothing prior to entering the second facility.
- Snacks for staff in common containers in lunchroom, nursing station etc...are discouraged.

See reverse for specific instructions for cleaning up vomit and feces and treatment of specific materials.

Gastrointestinal Outbreak Decontamination Protocol Specific to Waste Management

(Adapted from the BC Centre for Disease Control - Guide to Managing Outbreaks of Gastroenteritis 2003)

In the event of an outbreak of gastroenteritis, special consideration must be given to the cleaning of areas contaminated from either a vomiting or fecal accident. The area should be cordoned off and cleaned immediately. Failing to properly clean contaminated areas will lead to rapid spread and continuation of outbreaks. Note that an effective disinfectant should be used throughout the entire facility on a regular basis during an outbreak.

Cleaning Vomit and Feces

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, standard procedure mask (or face shield), and a plastic disposable apron or water-resistant gown.
- Using paper towels to soak up excess liquid. Transfer these and any solid matter directly into a plastic garbage bag.
- Cleaning the soiled area with detergent and water, using a “single-use” cloth.
- Disinfecting the contaminated area with a suitable disinfectant solution (as per facility policy).
- Depositing disposable gloves, masks and aprons into a garbage bag and re-usable aprons/gowns into a laundry bag.
- Washing hands thoroughly using soap and warm running water for at least 30 seconds.

Managing Outbreaks of Gastroenteritis in Residential Care Facilities

Outbreak Control Measures – Work duty specific precautions

Kitchen Staff

- A standard procedure mask (or face shield) is required when cleaning trays of ill residents if there is risk of droplet spread of infectious material into the air (i.e. spraying gross debris from dishes prior to washing them. This method of pre-rinsing dishes is not recommended during an outbreak as there is a potential of droplet spread of infectious material into the air.)
- If cleaning up vomit in a food preparation area:
 - Disinfect the area (including vertical surfaces) with a suitable disinfectant solution (as per facility policy).
 - Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby).
- Kitchen staff shall wash all dishes, utensils and trays in a commercial dishwasher; or wash and rinse by hand in hot water and then rinse with a suitable disinfectant solution (as per facility policy).
- Be careful not to cross-contaminate dirty and clean dishes.
- Ensure excellent hand hygiene. (Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc...).

Personal Protective Equipment

- A standard procedure mask or face shield should be worn when cleaning dishes or trays of ill residents if there is risk of droplet spread of infectious material into the air.

Notes:

- **All staff with symptoms that suggest infection are excluded from work until at least 48hours after symptoms have stopped.**
- **Staff are not to work in other facilities while they are ill or convalescing.**
- If working a shift at another facility immediately after finishing a shift at a facility that is experiencing a GI outbreak it is strongly recommended to shower and change clothing prior to entering the second facility.
- Snacks for staff in common containers in lunchroom, nursing station etc...are discouraged.

See reverse for specific instructions for cleaning up vomit and feces and treatment of specific materials.

Gastrointestinal Outbreak Decontamination Protocol Specific to Kitchen staff

(Adapted from the BC Centre for Disease Control - Guide to Managing Outbreaks of Gastroenteritis 2003)

In the event of an outbreak of gastroenteritis, special consideration must be given to the cleaning of areas contaminated from either a vomiting or fecal accident. The area should be cordoned off and cleaned immediately. Failing to properly clean contaminated areas will lead to rapid spread and continuation of outbreaks. Note that an effective disinfectant should be used throughout the entire facility on a regular basis during an outbreak.

Cleaning Vomit and Feces

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, standard procedure mask (or face shield), and a plastic disposable apron or water-resistant gown.
- Using paper towels to soak up excess liquid. Transfer these and any solid matter directly into a plastic garbage bag.
- Cleaning the soiled area with detergent and water, using a “single-use” cloth.
- Disinfecting the contaminated area with a suitable disinfectant solution (as per facility policy).
- Depositing disposable gloves, masks and aprons into a garbage bag and re-usable aprons/gowns into a laundry bag.
- Washing hands thoroughly using soap and warm running water for at least 30 seconds.

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with a suitable disinfectant solution (as per facility policy).
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby).
- Wash all dishes, utensils and trays in a commercial dishwasher; or wash and rinse by hand in hot water and then rinse with a suitable disinfectant solution (as per facility policy)