

**CHECKLIST for MHSU Residences when there is a
Outbreak* due to GASTROINTESTINAL
OUTBREAK DEFINATION: 3 or more clients with 2 or more episodes of vomiting
and/or diarrhea in a 4 day period**

A. How to start and assess response?

- Activate your Response Team (in keeping with your [preparedness plan](#), call together your team to respond to the Outbreak-See [Contact List](#) as summarized in the following CHECKLIST
- Develop a plan of action and determine roles and responsibilities of each party

B. Who should be notified and When [see Algorithm for Gastrointestinal Outbreak?](#)

- MHSU Case Manager **when** cases are first identified.
- Any facility that may have admitted a client from you within the past 72 hours of your outbreak status
- Support Services –(i.e. housekeeping, volunteers, visitors, other interdisciplinary team members-) of control measures that may affect their provision of services
- For CRESST and LICENSED SITES ONLY: Notify MHSU Infection Prevention and Control (IPC) Specialist during business hours (Monday to Friday from 0800-1600) and for additional support as needed. As there is no after-hours IPC support please use Outbreak Toolkit for guidance and inform IPC Specialist on next business day.
- For UNLICENSED SHARP SITES: There is no IPC Support during business hours, after-hours, during weekends and holidays, please use this Outbreak Toolkit for guidance.

C. What should be done for clients who are ill (symptomatic)?

- Maintain ill clients to stay in their rooms on [contact precautions](#) or [droplet/contact precautions](#) when symptomatic, until at least 48 hours after symptoms have stopped. Ensure that **precautions** are used by staff during contact with **ill** residents—[See droplet/contact precautions signage \(also in Quick Reference Guide\)](#).
- Remove personal protective equipment (PPE) on leaving room of ill client and perform hand hygiene. [See how to remove PPE](#)
- Ensure hand hygiene is done between contact with different clients
- In the event that bathing facilities and/or equipment is shared, ensure adequate cleaning and disinfection is done between clients.
- Arrange for meals to be brought to ill clients' rooms and for extra laundry and housekeeping services as needed.
- Consult with client's clinician to address medical concerns.
- Check on clients more frequently while they are ill and keep hydrated
- Ill clients should not take part in social and recreational group activities while ill

D. What resources/changes in practice are needed?

- Begin daily recording of incidents of [client illness](#), [staff illness](#) on **illness tracking logs**
- Review Routine Practices and ensure that Contact Precautions and/or droplet/contact precautions are in place as indicated
- Check stock of any needed supplies, plan for regular inventory check, refresh and re-order as needed
- Initiate Enhanced environmental cleaning with disinfectant product with a non-enveloped virucidal claim.–[see enhanced cleaning checklist](#).
- Ensure all shared equipment is cleaned and disinfectant between use with a disinfectant with a non-enveloped virucidal claim.
- Post, review and implement recommendations contained in Work Duty specific **Guides for [Client Care](#), [Housekeeping](#), [Laundry](#), [Waste Management](#) and [Kitchen](#)**

E. What should be done for clients who are well?

- Enhance education about:
 - [Hand hygiene](#) is the single most important practice to prevent spread of infections. Cleaning with [soap and water](#) is recommended when caring for clients with gastroenteritis or when hands are visibly soiled.
 - [Visitors and Family](#) should be made aware of the outbreak and visit only one client, perform hand hygiene and follow precaution signage
 - Cleaning and disinfection of equipment used between clients
 - Self-reporting of symptoms to staff if clients become ill
- Provide educational posters/signage in common areas (may include provision to individual rooms)- see [tools](#)
- Ensure adequate supplies are available-see [supply list](#)
- Clients sharing rooms with ill roommates should be educated and assisted to practice [hand hygiene with soap and water](#) prior to leaving the room. They should be advised to monitor and report symptoms if they develop.

- Increase monitoring for symptoms on these clients by staff

F. What should be done for well workers/volunteers?

- Ensure educational posters in appropriate areas
- Provide education about hand hygiene ([hand washing with soap and water](#)) is single most important practice); always wash visibly soiled hands
- Ensure hand washing before handling or preparing food, before eating or smoking

G. What should be done for workers/volunteers who are ill?

- Remind workers/volunteers that they should stay home until 48 hours after last onset of symptoms and notify management if symptoms of gastrointestinal illness develop

H. What should be considered about group activities/functions/services (for example, movies, parties, trips, hairdresser visits, exercise room use, etc.)

- Advise that ill clients not take part in social and recreational group activities until 48 hours after symptoms stopped
- Activities for well clients can continue with attention to hand hygiene.

I. What advice/information should be given to visitors

Visitors and Family should be made aware of the [outbreak](#) and visit only one client, perform hand hygiene and follow precaution signage

- Advise visitors that they should not visit other clients after visiting an ill client
- Provide education and means for [hand hygiene](#).
- Advise visitors that they should not visit if they are ill.

J. What to consider about moves to and from other residences, facilities or hospitals

- Inform the hospital if a client who is ill with respiratory illness signs and symptoms is being taken to hospital
- Inform the hospital of the facility outbreak status when transferring any client.
- If transfer to a residential care facility or another MHSU setting is essential, notify the receiving setting about the Outbreak in your residence before the client moves
- Notify BC Ambulance of the Outbreak or other transport personnel when called to transport an ill client
- Readmission of clients from acute care facilities can proceed.
- Admit new clients based on a risk assessment in consultation with the Infection Prevention and Control Specialist.

K. When there are continued cases:

- Ensure all measure are being followed
- Review the appropriate [Evaluation for problem solving when control measures are failing”](#)
- Notify MHSU Infection Prevention and Control Specialist during business hours ONLY (Monday to Friday from 0800-1600) and for additional support needed. Consult Toolkit for support required after hours, weekends and holidays.

L. What needs to be done when Returning to Normal Conditions and Declaring Outbreak Over (in Consultation with Infection Prevention and Control Specialist)

- Lift control measures and return to normal activities after 72 hours from last symptoms
- Refresh any kits/supplies as needed- see [supply list](#)
- Evaluate response measures and amend response plan for future incidents as needed, based on evaluation