

# FRASER HEALTH MENTAL HEALTH & SUBSTANCE USE (MHSU) TOOLKIT FOR PREVENTION AND CONTROL OF

**Respiratory Illnesses for all Community MHSU sites**

**Gastrointestinal Illness for Community MHSU sites with less than 15 beds**

**October 2023**

Adapted from the Fraser Health Assisted Living Prevention and Control of Infectious Diseases Toolkit

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## Purpose of Toolkit

The purpose of this TOOLKIT is to guide the Mental Health and Substance Use (MHSU) providers to manage their resident/residents when the site is experiencing an increased number of cases related to Respiratory (all site sizes) and Gastrointestinal Illness (<15 beds per site)

## Overview of the Toolkit

- ✚ This toolkit provides posters, tracking forms, checklists and work duty-specific precautions related to IPC measures when there are an increasing number of cases due to Viral Respiratory or Gastrointestinal Illness
- ✚ The toolkit should be readily available for staff and contracted third party service providers
- ✚ The toolkit can be found on the Fraser Health website [here](#)

# Policies Procedures and Education for Preventing Infections and Spread of Infections

## Resident Education and Orientation

- MHSU Providers should encourage and educate residents to inform staff of GI and RI symptoms or if their physician has indicated a potential infectious disease that may put other residents or staff at risk
- Close interaction with other people, as in communal living settings, increases the risk of spread of infections
- Residents should be encouraged to be up-to-date with recommended immunizations, including immunization against influenza each year and pneumococcal/COVID vaccine when indicated

## Staff Education and Orientation

MHSU Providers and Contractors/Sub-contractors should ensure that they provide education to all new staff. Orientation sessions should include the following infection prevention and control topics:

1. Changes in the usual health condition of resident must be reported
2. Monitor residents more frequently for symptoms of RI and GI when they are ill;
3. Reporting situations appropriately when there is more than one resident with similar new symptoms (perhaps indicating a cluster of infections); *“who to tell what and when”*.
4. Recognizing the importance of staff, resident and visitor hand hygiene;
5. Routine infection prevention and control practices including appropriate use of personal protective equipment (PPE) and the correct technique for donning and doffing PPE;
6. Understanding the reasons why cleaning and disinfection are so important to preventing infections.
7. Influenza and Other Vaccines:
  - a. **Fraser Health Owned and Operated Sites** – refer to [Fraser Health Influenza Policy](#) requirements for vaccinations including yearly influenza immunization and the pneumococcal vaccine as required. Refer to employer policy, HealthLinkBC for [Influenza Vaccine](#) and BCCDC for [COVID-19 Vaccine](#) resources
  - b. **Affiliated and Private Sites:** Refer to employer policy, HealthLinkBC for [Influenza Vaccine](#) and BCCDC for [COVID-19 Vaccine](#) resources
8. Staff should not come to work when they know or suspect they are ill.

## Education about Hand Hygiene

Residents, staff and visitors who perform frequent hand hygiene by washing with soap and water or using Alcohol Based Hand Rub (ABHR) are less likely to become ill. The Toolkit contains posters that may be used, especially in communal washrooms or lounges, to remind staff of the value of hand hygiene. Link to the hand hygiene education module: <https://ccrs.vch.ca/catalog.aspx?cid=2424>

# Being Prepared

Early recognition of infectious illness in an MHSU residence is beneficial in minimizing its impact on residents, visitors, staff and other service providers.

**Community MHSU Sites must have written policies and procedures for staff to understand the importance of recognizing onset of respiratory illness affecting residents and/or staff.** If aware of one or more cases of infectious disease among residents and/or staff, follow written policies and procedures and consult with your assigned IPC practitioner. (if Operated Site) For affiliate sites contact [AskIPCCommunity@fraserhealth.ca](mailto:AskIPCCommunity@fraserhealth.ca) Private sites are to self manage

Do not wait until illness occurs. Being prepared is your best defence. It is recommended that you begin to prepare in August or early September.

It is recommended that each MHSU Residence have a **'Response Team'** as part of a **preparedness plan**. The role of the response team will be to provide timely, appropriate, and effective response to an increase in the number of staff or resident illness cases for, **respiratory and gastrointestinal illness**

The Response Team does not need to be large, but should include the MHSU Manager (or designated Leader) and include 2 or 3 others members that are able to represent resident care, food services, housekeeping and laundry.

To create a preparedness plan, it is suggested that the Response Team use the:

- [CHECKLIST for MHSU Residences when there is onset Respiratory Illness](#) (section 3), or
- [CHECKLIST for MHSU Residences when there is onset Gastrointestinal illness](#) (see section 4) and the associated area/activity-specific measures, inventory of educational tools and supplies [including personal protective equipment (PPE)] and communication (including signage)
- Organize your case management team
- Ensure availability of supplies including personal protective equipment and cleaning/disinfecting supplies
- It is crucial that there is a single person responsible for the coordination of the response to the increased cases, including a clearly articulated reporting structure
- The designated person should discuss concerns with the Resident (or their family or spokesperson), and an appointment with the resident's physician should be made as soon as possible, if indicated.

# Example of Preparedness Plan

- Form Response Team (**see Contact List Template**)
- Identify roles and responsibilities of each member
- Prepare Illness tracking logs f (**see Resident Tracking Log, Staff Tracking Logs**)
- Prepare phone list of institutions/services you may need to communicate with(**see Contact List Template**)
- Review Precautions (Routine practice, Contact and Droplet-Contact and precautions with staff and post posters for each (**see Precautions Signage** )
- Review and provide work duty-specific guides with all departments,
- see **Enhanced cleaning guidelines** to ensure sufficient stock for both RI or GI)
- Ensure sufficient supplies, plan for regular inventory checks, refresh, re-order as needed. (**see Supply List**) Personal protective equipment includes gloves, gowns, masks and eye protection.
- Prepare and provide education sessions for residents including hand hygiene and respiratory etiquette, importance of reporting illness, and not visiting ill residents until they are well again.
- Post educational posters (i.e. hand hygiene)
- Prepare education for staff and volunteers
- Purchase and provide ABHR in common areas (if safe to do so)

# The Recognition and Management of Respiratory Illness (i.e. Influenza, COVID-19, RSV, etc.)

In this section, you will find a ‘Checklist for MHSU Residences when there are cases due to Respiratory Illness’ (RI) to guide you in the management of respiratory illness.

**Definition:** A resident/resident with a viral RI (COVID-19, Influenza, or Non-influenza) may present with one or more respiratory symptoms, new or worsening:

Symptoms of Respiratory illness may include: fever, chills, cough, shortness of breath, sore throat, loss of sense of smell or taste.

Other symptoms: headache, fatigue, muscle aches, nausea, loss of appetite, diarrhea and vomiting.

In this section, you will find a [Checklist for MHSU Residences for Respiratory Illness](#). **This checklist is to be used for all MHSU sites with respiratory illness:**

Resident is considered non-infectious when symptoms are completely resolved or 5 days after onset of illness, whichever is sooner. Maintain the resident on droplet /contact precautions during infectious period and keep spatially separated from others to prevent spread.

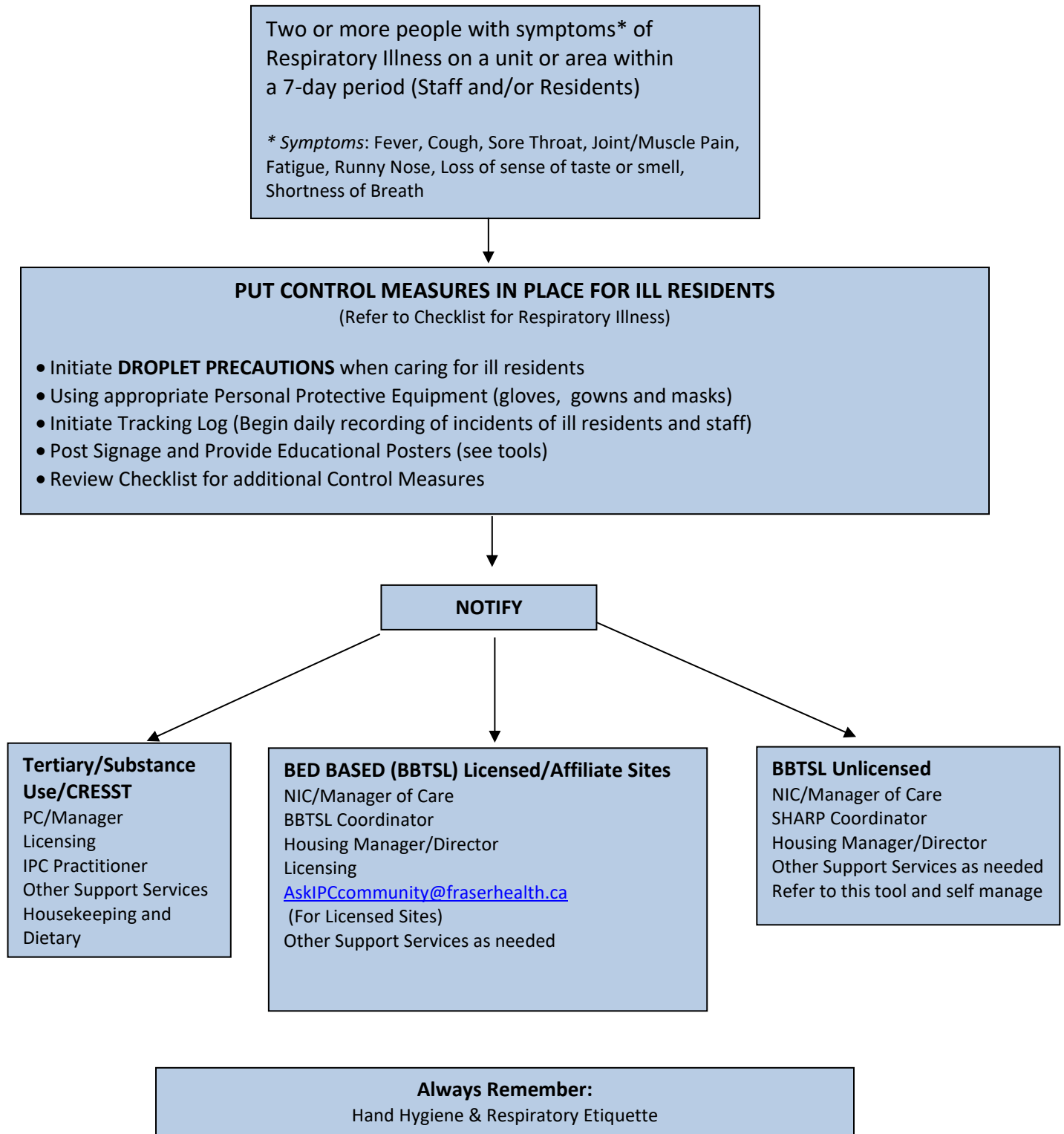
In the unlikely event that an outbreak is declared Public Health may provide additional support, as indicated for the site according to the severity. However, even without formal outbreak declaration, this guidance would allow sites to recognize infections, and implement IPC measures to prevent respiratory illness transmission among residents and staff. Outbreaks are declared at the discretion of the Medical Health Officer.

## Is it a Cold or Influenza/COVID-19?

<b>COLD</b>	<b>SYMPTOM</b>	<b>INFLUENZA/COVID-19</b>
rare	<b>fever</b>	usual high fever (102° f/39 °c to 104°f/40°c) – sudden onset, lasts 3-4 days
rare	<b>headache</b>	usual – can be severe
sometimes, mild	<b>muscle aches and pains</b>	usual – often severe
sometimes, mild	<b>tiredness and weakness</b>	usual, severe, may last 2-3 weeks or more
unusual	<b>extreme fatigue</b>	usual early onset – can be severe
common	<b>runny, stuffy nose</b>	common
common	<b>sneezing</b>	sometimes
common	<b>sore throat</b>	common
sometimes, mild to moderate	<b>chest discomfort, coughing</b>	usual – can be severe
can lead to sinus congestion or earache	<b>complications</b>	can lead to pneumonia and respiratory failure; can worsen a current chronic condition; can be life-threatening



# Algorithm for Respiratory Illness Control Measures for MHSU Community Sites



# RI Checklist for All MHSU Sites

INITIATING RESPONSE PLAN	
	Activate your Response Team - see <a href="#">contact list template</a> as summarized in the following CHECKLIST
	Implement a plan of action and assign individual roles and responsibilities
MANAGEMENT OF RESIDENTS WITH SYMPTOMS OF RESPIRATORY SYMPTOMS	
What Should Be Done For Residents Who Are symptomatic	
	<ul style="list-style-type: none"> <li>• Ensure symptomatic residents remain in their rooms on <b>droplet precautions</b>.</li> <li>• Resident's should remain in their rooms until symptoms have resolved <u>or</u> 5 days after onset of illness, whichever is sooner               <ul style="list-style-type: none"> <li>• <i><b>*If tested and confirmed positive (for COVID-19, Influenza, or RSV): Isolate the resident in their room for 5 days and Implement Droplet Precautions.</b></i></li> <li>• <b>Testing and reporting to public health is not a requirement for MHSU sites, there is no routine Public Health follow-up, please consult with IPC.</b></li> </ul> </li> <li>• Ensure that appropriate <b>precautions and PPE</b> are used by staff /volunteers during contact with <b>symptomatic</b> residents (hand hygiene and the storage* and use of <a href="#">personal protective equipment (PPE)</a> s as deemed appropriate for the situation See <a href="#">droplet precautions poster</a>.               <ul style="list-style-type: none"> <li>• <b>PPE cart or any means of storage of PPE.</b></li> </ul> </li> </ul>
	Ensure that staff <a href="#">Don PPE</a> prior to entering ill Resident's room
	Remove personal protective equipment on leaving room of ill Resident and perform hand hygiene. <a href="#">See How to Remove PPE</a>
	Ensure hand hygiene is done after removing gloves
	Ensure <a href="#">hand hygiene</a> is done between contact with different residents
	Arrange for meals to be brought to ill resident's rooms and for extra laundry and housekeeping services
	Consult with residents Most Responsible Physician (MRP) to address medical concerns
	Monitor residents for new RI symptoms every shift
	Advise that ill residents not take part in social and recreational group activities
Who Should Be Notified and When?	
	MHSU Supervisor/Case Manager <b>when</b> one or more symptomatic residents appear
	Any health care facility/institution that received a resident from your site within the past 72 hours to advise them of illness in your residence
	Support Services –(i.e. housekeeping, volunteers, other interdisciplinary team members)
	For <b>OPERATED SITES</b> : including Tertiary, Substance Use and CRESST (Abbotsford, Surrey): <ul style="list-style-type: none"> <li>• Notify assigned Infection Prevention and Control (IPC) Practitioner (Monday to Friday from 0800-1600) and contact <a href="mailto:askIPCCommunity@fraserhealth.ca">askIPCCommunity@fraserhealth.ca</a> for additional support on weekends/STATS. As there is no after-hours IPC support please use MHSU Toolkit for guidance and inform IPC Practitioner on next business day</li> </ul>

	For <b>Bed Based Treatment and Supported Living and Enhanced Housing Program (BBTS) LICENSED SITES:</b> email <a href="mailto:askIPCCommunity@fraserhealth.ca">askIPCCommunity@fraserhealth.ca</a> for support Monday to Friday, weekend and STATS from 0800-1600
	For <b>Bed Based Treatment and Supported Living and Enhanced Housing Programs (BBTSL) Private/unlicensed SITES:</b> There is no IPC Support during business hours, after-hours, during weekends and holidays, please use this Toolkit for guidance
<b>What Resources/Changes in Practice Are Needed</b>	
	Begin daily recording of case, tracking <a href="#">resident illness</a> and <a href="#">staff illness</a> on Illness Tracking Logs
	Review and ensure that droplet/contact precautions and supplies are available - <a href="#">see supply list</a>
	Post signage appropriately.
	Ensure notification of enhanced cleaning, disinfection, laundry and waste management occur. Initiate enhanced cleaning –see <a href="#">enhanced cleaning checklist</a> .
	At discontinuation of droplet precautions, ensure room or bed area is terminally cleaned
	Post, review and implement recommendations contained in Work Duty-specific with Staff and Contractors. <i>See Guides for <a href="#">Resident Care</a>, <a href="#">Housekeeping</a>, <a href="#">Laundry</a></i>
<b>What Should Be Done For Residents Who Remain asymptomatic</b>	
	Provide education and information: <ul style="list-style-type: none"> <li>• <a href="#">Hand hygiene</a> and respiratory etiquette. <a href="#">See related tools</a>.</li> <li>• <a href="#">Visitors and Family</a> should be notified of the status of the unit and visit only one resident, perform hand hygiene and follow precaution signage</li> <li>• Self-reporting of symptoms to staff if residents become ill</li> </ul>
	Post educational posters/signage in common areas (may include provision to individual rooms)
	Identify means for hand hygiene: using <a href="#">Soap and water</a> and/or <a href="#">Alcohol Based Hand Rub</a> (ABHR) with placement of ABHR based on risk assessment
	Ensure there are gowns, gloves, mask and eye protection available- <a href="#">see supply list</a>
	Site will provide information on influenza/COVID 19 vaccine for unimmunized residents
	Refer to <a href="#">resident influenza vaccination record – Include with Preparedness Plan</a> for the resident immunization status
	Resident sharing rooms with symptomatic roommates should be educated and encouraged to perform hand hygiene prior to leaving the room
<b>What Should Be Done For asymptomatic Workers/Volunteers</b>	
	Encourage influenza and COVID-19 immunization <ul style="list-style-type: none"> <li>• <b>Fraser Health Owned and Operated Sites</b> – refer to <a href="#">Fraser Health Influenza Policy</a></li> <li>• <b>Affiliated and Private Sites</b> – refer to employer policy, HealthLinkBC for <a href="#">Influenza Vaccine</a> and BCCDC for <a href="#">COVID-19 Vaccine</a> resources</li> </ul>
	Provide educational posters and signage in appropriate areas
	Ensure sufficient supply of ABHR in staff areas or personal size ABHR.
	Provide education about <a href="#">hand hygiene</a> and <a href="#">respiratory etiquette</a>
	Remind staff/volunteers to self- monitor for symptoms and stay home and notify management <b>if</b> symptoms of respiratory illness develop

<b>What Should Be Done For Staff/Volunteers Who are symptomatic?</b>	
<b>Return to Work Guidance (For suspected or confirmed viral respiratory illness including COVID-19, influenza, and RSV)</b>	
	<p>Staff are to stay home when sick and can return to work when:</p> <ul style="list-style-type: none"> <li>• Symptoms improve and they feel well enough to work AND they are afebrile for 24 hours without the use of fever reducing medications</li> </ul> <p>Upon returning to work, all staff must do the following:</p> <ul style="list-style-type: none"> <li>• Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved</li> <li>• Continue to follow current IPC recommendations and measures</li> </ul> <p>For more details, refer to <a href="#">Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness</a></p>
<b>What Measures Should be Considered For Staff Going Into Resident’s Rooms and Working With asymptomatic Residents?</b>	
	Consider cohorting of staff from rooms or areas with respiratory illness to rooms or areas without respiratory illness, if this is not possible then care for well residents first
	As per <a href="#">routine practice</a> , provide PPE ie gowns and gloves, masks and/or eye protection for staff when hands or clothing come in contact with blood or other body fluids
	Refer to <a href="#">4 moments of hand hygiene</a> Ensure hand hygiene is done after removing gloves
	Ensure hand hygiene is done between contact with different residents
<b>What Should Be Considered About Group Activities/Functions/Services (i.e. movies, parties, trips, hairdresser visits, exercise room use, etc.)?</b>	
	Symptomatic residents not participate in social and recreational group activities until symptoms are resolved or five days after onset of illness, whichever is sooner
	<p>If more than a few residents are ill, and especially if spread of illness within the residence is the likely explanation, assess the appropriateness of social and recreational group activities</p> <p><i>Group activities can continue at the discretion of the site leadership under consultation with IPC</i></p>
<b>What Advice/Information Should be Given to Visitors</b>	
	If 2 or more residents/s are ill and especially if spread of illness within the residence is the likely explanation, <a href="#">provide signs at entrances</a> and common areas notifying family members and other visitors of respiratory illness * Ensure that Visitors wear PPE for residents on Droplet precautions
	If more than a few residents are ill in a unit or site, advise visitors to limit their visit to one resident in a room or area
	Advise visitors that they should not visit other residents after visiting an ill resident
	Provide additional education about <a href="#">hand hygiene</a> and <a href="#">respiratory etiquette</a> . Ensure educational posters in common areas
	Provide access to hand hygiene. Placement of ABHR should be made based on a risk assessment
	Advise visitors that they should not visit if they are ill, ask them to postpone their visit until they are well (until symptoms are resolved or five days after onset of illness, whichever is sooner for viral respiratory illness) Offer virtual visits
<b>What To Consider About Moves To And From Other Residences, Facilities or Hospitals</b>	
	Inform the hospital if a resident who is symptomatic with respiratory illness is being transferred to an acute care hospital
	Inform the hospital of the facility status when transferring any resident you could incorporate this information into the notification above
	If transfer to a residential care facility or another MHSU setting is essential, notify the receiving site about the respiratory illness status at your site before the resident moves

	Notify BC Ambulance of the RI cases or other transport personnel when called to transport an ill resident
	Readmission of residents from acute care facilities can proceed
	Admit new residents based on a risk assessment in consultation with your assigned IPC practitioner or email <a href="mailto:AskIPCCommunity@fraserhealth.ca">AskIPCCommunity@fraserhealth.ca</a>
<b>When There Are Continued Cases</b>	
	Review the appropriate " <a href="#">Evaluation for problem solving when control measures are failing</a> "
	Review toolkit to ensure all measures are in place.
	For Operated Sites Consult with MHSU Infection Prevention and Control assigned IPC practitioner and For Licensed Sites Contact IPC team: <a href="mailto:askIPCCommunity@fraserhealth.ca">askIPCCommunity@fraserhealth.ca</a> (Monday to Friday from 0800-1600) 7 days a week 0800-1600
<b>What Needs To Be Done When Respiratory Illness cases are resolved (in Consultation with Infection Prevention and Control Practitioner/Team for Fraser Health Operated Sites</b>	
	Lift IPC control measures and return to normal activities on the 8th day following onset of illness for the last resident case.
	Refresh any kits/supplies as needed – see <a href="#">supply list</a>
	Evaluate and review response measures amending response plan for future incidents as needed,

# Managing Increasing Illness - Respiratory Illness Work Duty-Specific Precautions

## Resident Care

- Care for symptomatic residents in their rooms on droplet/contact precautions or a contained area until their symptoms have cleared or 5 days from onset of illness, whichever is sooner
- Ensure asymptomatic residents away cared for in areas away from symptomatic residents until their symptoms have cleared or 5 days from onset of illness, whichever is sooner
- Serve meals to symptomatic residents in their rooms or a spatially separated area for symptomatic residents until their symptoms have cleared or 5 days from onset of illness, whichever is sooner
- Cohort care staff when possible (e.g. staff caring for symptomatic residents should not care for asymptomatic residents or should care for asymptomatic residents first and then symptomatic residents).
- Ensure proper use of personal protective equipment with symptomatic residents, removal on leaving room and proper hand hygiene between care for each resident

## Personal Protective Equipment

- Gowns, gloves, masks and eye protection are required during the care of symptomatic residents and for any contact with the roommate

## Housekeeping

In addition to routine housekeeping duties, additional cleaning may be required:

- Increase frequency of cleaning and disinfection of the affected area/unit Residence to minimum 2 times per day, particularly high touch surfaces (e.g. railings, chairarms, light switches, door handles, faucets, thermostats, telephones, keypads, keyboards and other surfaces that people touch frequently) and equipment (e.g. Commodes, walker handles, wheelchair arms). See [Enhanced Cleaning for RI checklist](#)
- Ensure that all surfaces remain wet for the required contact time as indicated on the disinfectant
- Whenever possible, clean rooms of well residents first.
- Change cleaning cloth/mops between rooms of all residents. Place used cleaning cloths/mops into plastic bag or water resistant laundry bag.
- Remove personal protective equipment on leaving room of symptomatic resident and perform hand hygiene

## Personal Protective Equipment

- Gowns, gloves, mask and eye protection is required when entering the rooms of symptomatic residents.
- \* Garbage may increase at this time due to increased usage of PPE

## Laundry

In addition to routine laundry duties, those responsible for laundry should:

- Assist with laundry services for ill residents

## Personal Protective Equipment

- Soiled laundry is potentially infectious, routine practices should always apply when handling. Wear gloves and a gown when in contact with soiled laundry.

## Notes:

- All staff with respiratory symptoms should be excluded from work until symptoms have resolved or 5 days from symptom onset, whichever is sooner
- Staff with respiratory symptoms should not work in other facilities until their symptoms have resolved or 5 days from symptom onset, whichever is sooner

# Gastrointestinal Illness Section (MHSU sites with less than 15 beds)

## The Recognition and Management of Gastrointestinal Illness

In the following section, you will find a [‘Checklist for MHSU Residences when there is an outbreak due to Gastrointestinal’](#) to help guide you.

- ✚ For sites with more than 15 beds, refer to the [Gastroenteritis Outbreak \(GI\) Protocol](#)
  - Environmental Health Officers (EHO) provide support for GI outbreaks for MHSU Operated and Affiliate Sites with >15 beds
  
- ✚ For sites with less than 15 beds, refer to this Toolkit
  - IPC practitioners support MHSU Operated sites with less than 15 beds (i.e. CRESST Surrey/Abbotsford)
  - For Affiliate Sites with less than 15 beds: refer to this toolkit and contact [askIPCCommunity@fraserhealth.ca](mailto:askIPCCommunity@fraserhealth.ca)
  - For Private Sites: refer to this toolkit and resources, self-manage

## The definition of ‘Gastrointestinal’ illness is a person with:

- Two or more episodes of diarrhea within a 24-hour period above what is normal for the resident or is otherwise explained by diet or medication.
  - Diarrhea defined as loose or watery stool that is loose enough to take the shape of a container;
- 2 or more episodes of vomiting within a 24 hour period;
- 1 episode of diarrhea AND 1 episode of vomiting within a 24 hours period

Or

- Lab confirmation of a known enteric pathogen AND at least one symptom compatible with Gastrointestinal illness (nausea, vomiting, diarrhea)

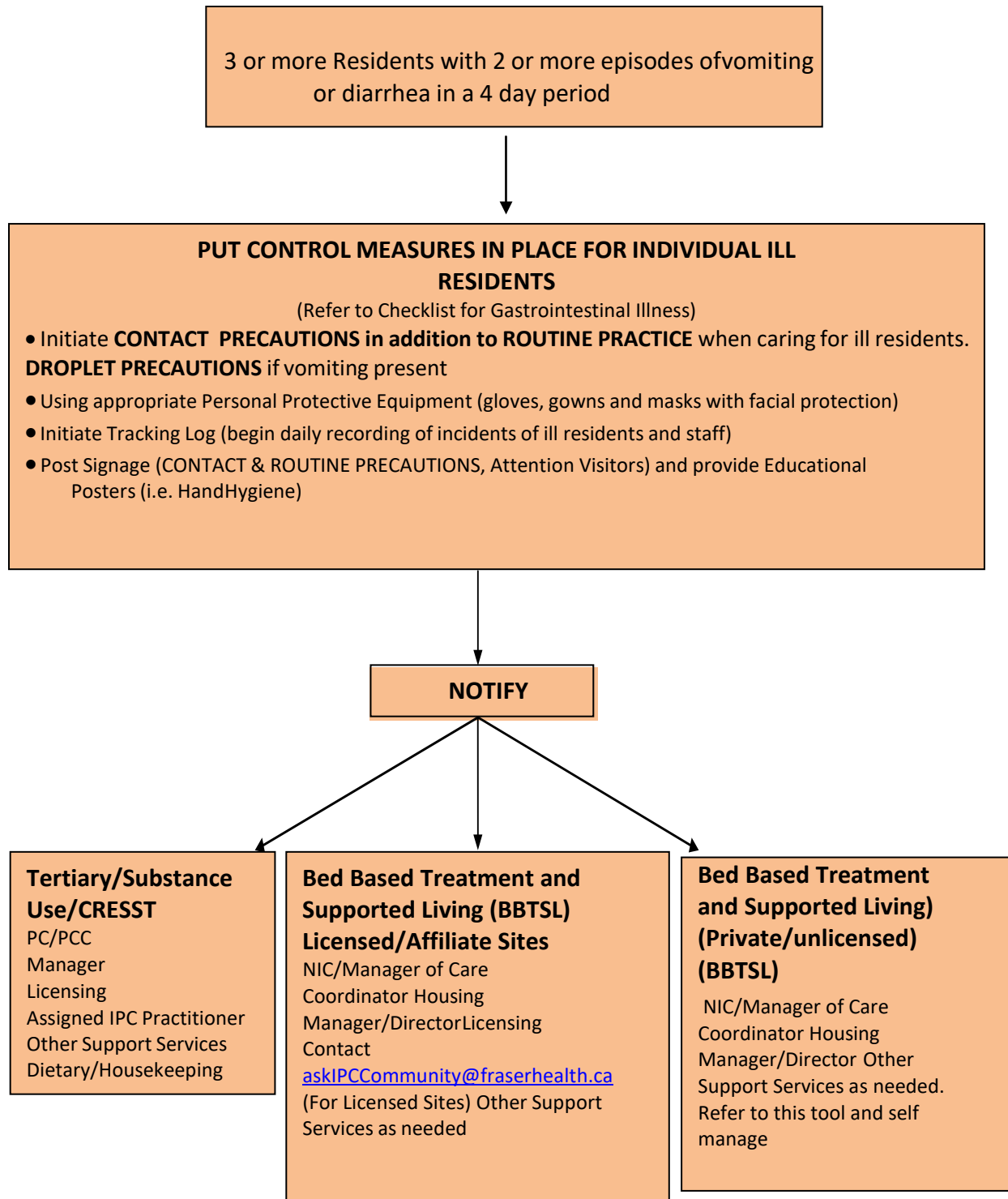
## The definition of an outbreak is:

- Onset of illness in three or more residents and/or staff in the MHSU residence within a 4-day period.

## Ending a GI outbreak

The outbreak may be declared over with a return to normal conditions when 72 hours have lapsed from symptom resolution in the last case.

# Algorithm for Gastrointestinal Illness Control Measures for MHSU Residential less Than 15 Beds



**PLEASE NOTE THE FOLLOWING:** For sites with more than 15 beds, refer to the [Gastroenteritis Outbreak \(GI\) Protocol](#)

- ✚ Environmental Health Officers (EHO) provide support for GI outbreaks for MHSU Operated and Affiliate Sites with >15 beds
- ✚ For sites with less than 15 beds, refer to this Toolkit
  - For affiliate sites with less than 15 beds: refer to this toolkit and contact [AskIPCCommunity@fraserhealth.ca](mailto:AskIPCCommunity@fraserhealth.ca)
  - For private sites: refer to this Toolkit and resources and self-manage



# GI Checklist for MHSU Sites (<15 beds)

When there is an Outbreak due to Gastrointestinal Illness Outbreak Definition: 3 or more residents with 2 or more episodes of vomiting and/or diarrhea in a 4 day period

The checklist below is for all MHSU sites with less than 15 beds. For MHSU sites with 15 or more beds, refer to the [Gastroenteritis Outbreak \(GI\) Protocol](#)

INITIATING RESPONSE PLAN	
	Activate your Response Team (in keeping with your <a href="#">preparedness plan</a> , call together your team to respond to the Outbreak-See <a href="#">Contact List</a> as summarized in the following CHECKLIST
	Implement a plan of action and assign roles and responsibilities
MANAGEMENT OF RESIDENT WITH SYMPTOMS OF GASTROINTESTINAL SYMPTOMS	
Who should be notified and When <a href="#">see Algorithm for Gastrointestinal Outbreak</a>	
	MHSU Case Manager <b>when</b> cases are first identified.
	Inform any receiving facility of resident/resident transfers your site within the past 72 hours of GI Illness status.
	Inform Support Services –(i.e. housekeeping, volunteers, visitors, other interdisciplinary team members-) of control measures that may affect their provision of services
	<b>For Operated Sites: including Tertiary and CRESST (Abbotsford, Surrey)</b> <ul style="list-style-type: none"> <li>Notify Assigned Infection Prevention and Control (IPC) Practitioner during business hours (Monday to Friday from 0800-1600) and for additional support as needed 7 days week 0800-1600</li> <li>As there is no after-hours IPC support, please use Toolkit for guidance and inform IPC Practitioner on next business day</li> </ul>
	<b>For BBTSL Bed Based Treatment and Supported Living SITES (Licensed sites):</b> <ul style="list-style-type: none"> <li>email <a href="mailto:askIPCCommunity@fraserhealth.ca">askIPCCommunity@fraserhealth.ca</a> for support during business hours 7 days/week 0800-1600</li> </ul>
	<b>For BBTSL Bed Based Treatment and Supported Living SITES (Private/Unlicensed):</b> <ul style="list-style-type: none"> <li>There is no IPC Support during business hours, after-hours, during weekends and holidays, please use this Toolkit for guidance</li> </ul>
What Should be Done for Residents Who are Symptomatic	
	Symptomatic residents to stay in their rooms on <a href="#">contact precautions</a> or <a href="#">droplet precautions</a> until at least 48 hours after symptoms have passed
	Ensure that staff use <b>precautions</b> during contact with <b>symptomatic</b> residents— <a href="#">droplet/ precautions signage</a>
	Ensure that staff <a href="#">don PPE</a> prior to entering Ill Resident’s room
	Remove (doffing) personal protective equipment (PPE) prior to leaving room of ill residents and perform <a href="#">hand hygiene</a> .
	Ensure hand hygiene is done between contact with different residents
	For any shared bathrooms and/or equipment, ensure adequate cleaning and disinfection is done between residents
	Arrange for meals to be delivered to ill residents’ rooms and for extra laundry and housekeeping services as needed
	Consult with resident’s MRP to address medical concerns

Ill residents should not take part in social and recreational group activities
<b>What Resources/Changes in Practice are Needed</b>
daily documentation of <a href="#">resident illness</a> , <a href="#">staff illness</a> on <b>illness tracking logs</b>
Review Routine Practices and ensure that Contact Precautions and/or droplet 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.– <a href="#">see enhanced cleaning checklist</a>
Ensure all shared equipment is cleaned and disinfected between use with a disinfectant with a non- enveloped virucidal claim
Following Discontinuation of precautions, ensure room or bed area is terminally cleaned.
Post, review and implement recommendations contained in Work Duty specific <b>Guides for <a href="#">Resident Care</a>, <a href="#">Housekeeping</a>, <a href="#">Laundry</a>, <a href="#">Waste Management</a> and <a href="#">Kitchen</a></b>
<b>What Should be Done for Residents Who are Well</b>
Provide education about: <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Hand hygiene</a> is the single most important practice to prevent spread of infections. Cleaning with <a href="#">soap and water</a> is recommended when caring for residents with gastroenteritis or when hands are visibly soiled</li> <li><input type="checkbox"/> <a href="#">Visitors and Family</a> should be made aware of the cases of ill residents and visit only one resident, perform handhygiene and follow precaution signage</li> <li><input type="checkbox"/> Cleaning and disinfection of equipment used between residents</li> <li><input type="checkbox"/> Self-reporting of symptoms to staff</li> </ul>
Ensure <a href="#">educational posters/signage</a> in common areas (may include provision to individual rooms)
Ensure adequate supplies are available-see <a href="#">supply list</a>
Residents sharing rooms with ill roommates should be provided with HH education and encouraged to practice <a href="#">hand hygiene with soap and water</a> prior to leaving the room. They should be advised to monitor and report symptoms
Increase monitoring of resident for symptoms
<b>What Should be Done For Well Workers/Volunteers</b>
Post educational posters in appropriate areas
Provide resident education about hand hygiene ( <a href="#">hand washing with soap and water</a> ) is single most important practice); always wash visibly soiled hands
If hands are not visibly soiled, alcohol-based hand rub is an alternative to hand washing Ensure hand washing: <ul style="list-style-type: none"> <li>• Before handling or preparing food</li> <li>• Before eating or smoking</li> <li>• After removal of gloves (including after cleaning and disinfecting procedures)</li> <li>• Before and after touching the face, nose-blowing, etc.</li> <li>• After using the washroom</li> <li>• Between providing care to different residents</li> <li>• If hands are visibly soiled, use soap and water</li> </ul>

<b>What Should be Done For Workers/Volunteers Who Are Ill</b>	
	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
<b>What should be Considered About Group Activities/Functions/Services (for example, movies, parties, trips, hairdresser visits, exercise room use, etc.)</b>	
	Advise that ill residents not take part in social and recreational group activities until 48 hours after symptoms have stopped
	Activities for well residents can continue with attention to hand hygiene
<b>What Advice/Information Should Be Given To Visitors</b>	
	Visitors and Family should be made aware of the cases and visit only one resident, perform hand hygiene and follow precaution signage
	Advise visitors that they should not visit other residents after visiting an ill residents
	Provide education on hand hygiene
	Advise visitors that they should not visit if they are ill
<b>What to Consider About Moves To and From Other Residences, Facilities or Hospitals</b>	
	Inform the hospital if a resident who is ill with gastrointestinal illness signs and symptoms is being taken to hospital
	If a symptomatic resident requires a transfer to a residential care, acute care facility or another MHSU setting, notify the receiving setting about the resident's symptoms and also other GI cases in your site before the resident moves
	Notify BC Ambulance of the GI cases or other transport personnel when called to transport an ill resident
	Readmission of residents from acute care facilities can proceed
	Admit new residents based on a risk assessment in consultation with the Infection Prevention and Control Practitioner/Team
<b>When There Are Continued Cases</b>	
	Ensure all measure are being followed
	Review the appropriate <a href="#">Evaluation for problem solving when control measures are failing</a>
	<ul style="list-style-type: none"> <li>• <b>For Tertiary and CRESST (Surrey, Abbotsford) sites</b> Notify MHSU Infection Prevention and Control Practitioner during business hours ONLY and for additional support needed. Consult Toolkit for support required after hours, weekends and holidays</li> <li>• <b>For Bed Based Treatment and Supported Living Sites (BBTSL - licensed/affiliate):</b> email <a href="mailto:askIPCommunity@fraserhealth.ca">askIPCommunity@fraserhealth.ca</a></li> <li>• <b>For Bed Based Treatment and Supported Living (BBTSL- unlicensed/private):</b> consult with MHSU toolkit</li> </ul>
<b>What Needs to be Done When Returning to Normal Conditions</b>	
	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

# Cleaning and Disinfection Protocol when Outbreak due to Gastrointestinal Illness

*(Adapted from the Gastrointestinal Infection Outbreak Guidelines for Healthcare Facilities, British Columbia Provincial Infection Control Network 2010)*

In the event of outbreak due to Gastrointestinal Illnesses, special consideration must be given to cleaning of areas contaminated from a vomiting or fecal material. The area should be cordoned off and cleaned immediately. Failing to properly clean contaminated areas can lead to rapid spread and continuation of outbreaks.

**Note:** a disinfectant with a non-enveloped virucidal claim ie Hypochlorite (Bleach) Solution or Accelerated Hydrogen Peroxide Solution (4.5%) should be used throughout the entire facility for the duration of the outbreak.

## Cleaning Vomit and Feces

Cordon off area and place a wet floor sign/flag to prevent slipping.

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 gown
- Using paper towels to soak up excess liquid and gross soil. 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 to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions (see below)
- Depositing disposable gloves, masks, and gowns into a garbage bag and re-usable gowns into a laundry bag
- Washing hands thoroughly using soap and water for at least 15-20 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; (see following)
- If a vomiting or fecal accident occurs in an area where food is prepared served or displayed or stored, dispose of any food that has been handled by the ill person since symptom onset, or been present within 2 meters of a vomiting incident.

## Recommended Disinfectant Solutions

<b>1. Hypochlorite (Bleach) Solution</b>	Cleaning with bleach is a 2-step process. First, clean the area using your regular process, then follow up with bleach solution  The recommended level of 1:50 bleach solution is made by: <ul style="list-style-type: none"><li>• 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)</li></ul> This will give an approximately 100ppm hypochlorite
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	<p>solution</p> <p><b>Note that hypochlorite is corrosive and may bleach fabrics. Mixing bleach with other cleaning/disinfecting agents can be dangerous.</b> Never mix bleach with other products unless the product label specifically allows it</p> <ul style="list-style-type: none"> <li>• Applying the bleach solution to surfaces and leaving to air dry should provide adequate contact time</li> <li>• The solution should be freshly made to be most effective. Don't use diluted bleach solutions that are over 24 hours old</li> </ul>
<b>2. Accelerated Hydrogen Peroxide Solution 0.5%</b>	<p>Use as recommended in the product use and safety information</p> <p>Ensure the contact time of the product used is met. It is necessary to be effective against gastrointestinal viruses</p>
<b>3. Disinfectants with Non-Enveloped Virucidal Claim</b>	<p>Are also acceptable</p>

**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. Various distributors make and market AHP disinfectants so you will see different brand names. The important ingredient to look for is ***'accelerated' hydrogen peroxide.***

**Treatment of Specific Materials**

**This applies to rooms of ill residents/residents, as appropriate and to dining rooms and other common areas if vomiting or diarrhea accidents/contamination**

- 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 and mattresses should be thoroughly washed 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 or steam cleaned using the hottest water available. Note: some carpets may not be bleach resistant
- 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 hotcycle
- Fixtures in bathrooms should be cleaned with detergent and water using a single-use cloth, and then disinfected with one of the recommended disinfectant solution

# Managing Cases due to Gastrointestinal Illness (GI) Work Duty Specific Precautions

## Resident Care

- Care for ill residents in their rooms on contact precautions or [droplet contact precautions](#) until at least 48 hours after their symptoms have cleared
- Keep well residents away from areas with ill residents until at least 48 hours after symptoms have cleared
- Serve meals to ill residents in their rooms or a separate contained area for ill residents until at least 48 hours after symptoms have cleared
- Cohort care staff when possible (i.e. staff caring for ill residents should not care for well residents **or** should care for well residents first and then ill residents).
- Ensure proper use of personal protective equipment with ill residents, removal on leaving room and proper hand hygiene between care for each resident
- Ensure mattresses and pillow covers are water-resistant. Wash and disinfect as required.
- Ensure resident bathing facilities are cleaned and disinfected between use
- Ensure toilet lid is closed **before** flushing (where possible) to reduce possible droplet spread of the toilet water into the air
- Wear a gown and mask (with eyewear protection) when disposing of body waste such as feces/urine/aspirates/vomit into toilet to avoid splash/spillage.
- Remind residents to wash hands with soap and water before meals, after toileting and when leaving their room.
- If residents share a room, instruct that dentures or partials be 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 an episode of vomiting is discarded
- Perform hand hygiene with soap and water. 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 residents and for any contact with infectious material while cleaning or laundering
- A mask (with eyewear protection) should be worn when assisting a resident who is vomiting, or during the cleaning of vomit or fecal matter

## Additional resources:

### Gastroenteritis in Adults and Older Children

<https://www.healthlinkbc.ca/health-topics/gastroenteritis-adults-and-older-children>

### Norovirus:

<https://www.healthlinkbc.ca/healthlinkbc-files/norovirus>

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# Gastrointestinal Cleaning and Disinfection Protocol

## Cleaning Vomit and Feces

Cordon off area and place a wet floor sign/flag to prevent slipping

**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 gown
- Using paper towels to soak up excess liquid and gross soil. 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 to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters 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 water for at least 15-20 seconds

**If cleaning up vomit in food preparation areas:**

- Disinfect the area (including vertical surfaces) with one of the recommended disinfectant solutions
- 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 dishwasher
- If a vomiting or fecal accident occurs in an area where food is prepared, served, displayed or stored, or has been handled by the ill person since symptom onset, or been present within 2 meters of a vomiting incident, food should be discarded

**Notes:**

- **All staff with symptoms that suggest infection should be excluded from work until at least 48 hours after symptoms have stopped**
- **Staff should not work in another health care facilities while they are ill or convalescing**
- **Snacks for staff in common containers in lunchroom, nursing station etc. are discouraged**



## Housekeeping

In the event of increased cases of Gastrointestinal illness, 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 and disinfect contaminated areas will contribute to rapid spread and continuation of Gastrointestinal. Note that an effective virucidal disinfectant (as noted above) should be used throughout the entire facility on a regular basis.

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

- Increase frequency of cleaning and disinfection of the Residence to minimum 2 times per day, particularly surfaces where frequent hand contact occurs (e.g. railings, chairarms, light switches, door handles, faucets, thermostats, telephones, keypads, keyboards and other surfaces that people touch frequently) and equipment (e.g. Commodes, walker handles, wheelchair arms)
- Ensure disinfectant used has a non-enveloped virucidal claim. Ensure product remains wet on surfaces for the required contact time.
- Clean rooms of well residents first
- Change cleaning cloth between rooms of all residents. Place used cleaning cloth into plastic bag or water resistant laundry bag.
- Change mop heads after cleaning rooms of ill residents. Place wet mop head into plastic bag or water resistant laundry bag.
- Perform hand hygiene using soap and water.

## Personal Protective Equipment

- Gowns and gloves as per precaution signs are required for cleaning.
- A mask and eye protection should be worn when cleaning up vomit or fecal matter

## Notes:

- **All staff with symptoms that suggest infection should be excluded from work until at least 48 hours after symptoms have stopped**
- **Staff should not work in other healthcare facilities while they are ill or convalescing**
- **Sharing of food is discouraged**

## Laundry

*(Adapted from the Gastrointestinal Infection Outbreak Guidelines for Healthcare Facilities, British Columbia Provincial Infection Control Network 2010)*

- Assist with laundry services for ill residents/residents
- 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 when handling soiled linen and **wash hands after removing gloves**
- Use a mask (with eyewear protection) 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
- Perform hand hygiene using soap and water (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 mask and eye protection should be worn when handling laundry that is wet and will likely spray or splash

## Notes:

- **All staff with symptoms that suggest infection should be excluded from work until at least 48 hours after symptoms have stopped**
- **Staff should not work in other residences/facilities while they are ill or convalescing**
- **Shared food is discouraged**

## Waste Management

- Place garbage in a leak-proof bag and close securely before removal from resident'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
- Use close systems for disposal of feces and vomit
  - Macerators or washer/disinfectors
  - Incontinent products
  - Disposable Hygienic bags
- Perform hand hygiene using soap and water

## Personal Protective Equipment

- Gowns and gloves are required for any contact with infectious material
- A mask with eye protection should be worn when assisting a resident who is vomiting, having diarrhea or during the cleaning of vomit or fecal matter

## Notes:

- **All staff with symptoms that suggest infection should be excluded from work until at least 48 hours after symptoms have stopped**
- **Staff should not work in other residences/facilities while they are ill or convalescing**
- **Shared food is discouraged**

## Kitchen Staff

### Avoid practices that generate droplet spray from used dishes

- If [cleaning up vomit](#) in a food preparation area: Clean and disinfect the area (including vertical surfaces) with a suitable disinfectant solution.
- 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;
- Be careful not to cross-contaminate dirty and clean dishes
- Perform hand hygiene using soap and water

## Personal Protective Equipment

Mask or face shield and gown should be worn when cleaning dishes or trays

### Notes:

- All staff with symptoms that suggest infection should be excluded from work until at least 48 hours after symptoms have stopped
- Staff should not work in other residences/facilities while they are ill or convalescing
- Shared food is discouraged

# Resource Websites

## PICNet BC resources

The Provincial Infection control Network is a resources available for the community of practice for infection control, public health and Occupational health resources. PICNet BC: [PICNet | Provincial Infection Control Network of British Columbia](#)

## HealthLink BC

### [Influenza Vaccine Health Files \(12 a-e\):](#)

- ✚ Why Seniors Should Get Seasonal Influenza Vaccine
- ✚ Facts About Influenza (the Flu)
- ✚ Influenza (Flu) Immunization Myths and Facts
- ✚ Inactivated Influenza (Flu) Vaccine
- ✚ Live Attenuated Influenza (Flu) vaccine

### [Pneumococcal Vaccine Health File \(62b\)](#)

- ✚ Pneumococcal Polysaccharide Vaccine

### [COVID-19 Immunization Health Files \(124 a-c\)](#)

- ✚ COVID-19 mRNA Vaccines
- ✚ COVID-19 Viral Vector Vaccines
- ✚ COVID-19 Protein Subunit Vaccines

### [Norovirus \(87, 85\)](#)

- ✚ Norovirus Health File
- ✚ Handwashing: Help Stop the Spread of Germs

### [Foodborne Illness and Safe Food Handling](#)

# TOOLS INVENTORY for Respiratory & Gastrointestinal Illness

Fraser Health External Website Resources

# CONTACT PRECAUTIONS

Bed #

**Families  
and  
Visitors:**



**Please report  
to staff before  
entering**

**Clean hands before entering  
and when leaving room**



Clean hands with  
A) hand foam/gel or B) soap and water

**Staff:**



**Wear gown and gloves for any  
contact with the patient or  
environment.**

## **Point-of-Care Risk Assessment**

**When there is a risk  
of splash or spray,  
wear face and eye  
protection.**



**KEEP  
SIGN POSTED  
UNTIL ROOM  
CLEANED**  
HOUSEKEEPER will  
remove sign after  
Isolation Discharge  
cleaning



# DROPLET PRECAUTIONS

Bed #

**Families  
and  
Visitors:**



**Please report  
to staff before  
entering**

**Clean hands** before entering and when leaving room



Clean hands with  
A) hand foam/gel or B) soap and water

**Wear mask and eye protection** when within 2 metres of patient

**If helping to care for the patient, put on gown and gloves** before entering room, and remove them before leaving room.



## Staff - Required:

- Point of Care Risk Assessment
- Gown and gloves
- Procedure mask with eye protection when within 2 metres of patient
- Keep 2 metres between patients








**KEEP SIGN POSTED UNTIL ROOM CLEANED**  
HOUSEKEEPER will remove sign after Isolation Discharge cleaning




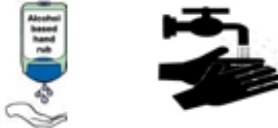

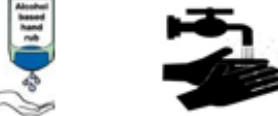

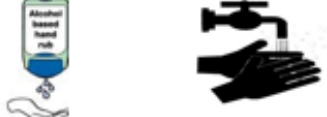
# Donning and Doffing Personal Protective Equipment (PPE)

## Donning PPE






1.	Perform hand hygiene	
2.	Put on gown <ul style="list-style-type: none"> <li>• Tie neck and waist ties securely</li> </ul>	
3.	Put on a procedure mask/N95 respirator <ul style="list-style-type: none"> <li>• Place mask over nose and under chin</li> <li>• Secure ties, loops and straps</li> <li>• Mould metal piece to your nose bridge</li> <li>• Perform seal-check for N95 respirator</li> </ul>	
4.	Put on eye protection/face shield <ul style="list-style-type: none"> <li>• Put on eye protection/face shield and adjust to fit</li> <li>• Face shield should be fit over brows</li> </ul>	
5.	Put on gloves <ul style="list-style-type: none"> <li>• Put on gloves, taking care not to tear or puncture</li> <li>• Fit glove over cuff of gown</li> </ul>	

# Donning and Doffing Personal Protective Equipment (PPE)

## Doffing PPE

1.	<p>Remove gloves</p> <ul style="list-style-type: none"> <li>Grab outside edge near the wrist and peel away, rolling the glove inside out</li> <li>Reach under the second glove and peel away</li> <li>Throw into garbage immediately</li> </ul>	
2.	<p>Perform hand hygiene</p>	
3.	<p>Remove gown</p> <ul style="list-style-type: none"> <li>Untie the neck ties</li> <li>Untie the waist ties</li> <li>Pull the gown forward using the outer contaminated side at shoulder area</li> <li>Turn inward and roll off the arms into a bundle</li> <li>Place cloth gown in linen hamper. If disposable gown is used, place it in general waste</li> </ul>	
4.	<p>Perform hand hygiene</p>	
5.	<p>Remove eye protection/face shield</p> <ul style="list-style-type: none"> <li>Make sure you only handle the back straps of the face shield. Avoid contact with front of face shield</li> <li>Discard immediately into garbage</li> <li>Make sure you only handle the sides of the goggles/glasses</li> <li>Disinfect goggles/glasses if re-usable</li> </ul>	
6.	<p>Perform Hand Hygiene</p>	

## Donning and Doffing Personal Protective Equipment (PPE)

7.	<p>If wearing a N95 respirator, it must be removed outside of the resident's room after closing the door</p> <ul style="list-style-type: none"> <li>• Pull bottom strap over the back of your head, followed by the top strap</li> <li>• Do not touch the front of the respirator</li> <li>• Discard immediately into garbage</li> </ul>	
8.	Perform Hand Hygiene	
9.	<p>Remove procedure mask/ N95 respirator</p> <ul style="list-style-type: none"> <li>• Grab only the ties/ear loops/straps</li> <li>• Untie bottom tie then top tie or grasp straps or ear loops.</li> <li>• Pull forward off the head, bending forward to allow mask/respirator to fall away from the face.</li> <li>• Discard immediately into garbage.</li> </ul>	 
10.	Perform hand hygiene	

## How to Remove PPE (when leaving an isolation room)

**Prior to leaving the room, remove PPE at least 2 meters away from the resident**

- Remove gloves, hand hygiene
- Undo neck ties of gown, Undo waist ties of gown
- Remove gown from sleeves without touching outside of gown, roll gown and discard in laundry or garbage bin dependent on type of gown used
- Perform hand hygiene
- Remove and clean reusable eye protection. See cleaning and disinfection instructions below
- Perform hand hygiene

### **If wearing a procedure mask**

#### **- in room**

- Remove and discard mask
- Perform hand hygiene
- Put on a new mask and clean eye protection after leaving the room

## Hand Hygiene

### **Alcohol Based Hand Rub**

- Place a loonie sized amount of the product in the palm of hand
- Spread the product to cover all surfaces of both hands, including nail beds
- Rub hands together for 15-20 seconds or until dry
- If hands are visibly soiled, or when dealing with diarrhea or the environment, use soap and water

### **Hand Washing with Soap and Water**

- Remove jewelry then wet hands under a steady flow of warm water and apply soap
- Use friction to wash all surfaces of both hands, including web spaces, thumbs, wrists, and the back of the hands, rubbing the rub nail beds against the opposite palm
- Wash for a minimum of 15-20 seconds
- Rinse thoroughly and dry hands gently with clean paper towel
- Use paper towel to turn off tap
- Discard paper towel

**NOTE:** Ensure your clothing does not touch the sink

## Template for List of Important Contact Numbers

*Check your list of PHONE and FAX numbers*

1. Fraser Health Infection Control Specialist
2. *For Fraser Health Operated facilities:* Central FAX number for Occupational Health Community Care Facility Licensing if your facility is licensed

Others to notify in event of increased cases of RI and GI illness if you are calling for service

- BC Ambulance
- HandyDART or other Transport services
- Medical Gas/Oxygen provider
- Cleaning service
- Hairdresser, Physiotherapist, Podiatrist, and other service providers

NAME	PHONE	FAX	COMMENT

## Supply & Enhanced Cleaning Checklists

If the MHSU Provider provides linens, a ready supply of bed linens and clean supplies should be stored in carts specific for this purpose, or lidded plastics cans or tubs. This provides ready access to supplies when they are needed, and ensures supplies remain clean and dry

When the resident provides linen, it is a good idea to suggest that extra supplies be available for necessary unscheduled linen changes when there is an increased incidence of resident illness. The following table will assist with having a ready supply of protective clothing and equipment for care staff

Disinfection Guidelines are posted on the PICNET Website at:

<https://www.picnet.ca/guidelines/residential-care/>

<b>Suggested List of Supplies</b>			
<b>Item</b>	<b>Stores Number/ Supply Company</b>	<b>Number of Items recommended</b>	<b>Number of items required to complete inventory</b>
<b>Disposable gowns</b>			
<b>Face masks</b>			
<b>Eye goggles</b>			
<b>Face Shields</b>			
<b>Gloves: small</b>			
<b>Gloves: medium</b>			
<b>Gloves: large/ extra large</b>			
<b>Alcohol Based Hand Rub</b>			
<b>Additional bucket and cleaning cloths for emergency clean up</b>			
<b>Emergency use containers for garbage and linen staff discard</b>			
<b>Mops</b>			
<b>Cleaning agent – bleach or Accelerated Hydrogen Peroxide</b>			
<b>Other:</b>			
<b>Location of supplies:</b>			
<b>Person responsible for replacement of supplies: _____</b>			











## Evaluation: Problem Solving When Control Measures are failing for Respiratory Illness

If illnesses continue to appear (for respiratory illness 4-5 days after control measures were implemented), there may be a problem with the way measures are being implemented. The following factors should be explored and reviewed with your Response Team:

Assessment	Response/Action
Is anyone on Droplet/Contact Precautions walking around the residence?	<ul style="list-style-type: none"> <li>• Can they be encouraged to stay in their room until no longer symptomatic?</li> <li>• Are they using appropriate hand hygiene?</li> </ul>
Is anyone with a cough moving around the residence?	<ul style="list-style-type: none"> <li>• Can they be encouraged to stay in their room until no longer symptomatic?</li> <li>• Are they using appropriate hand hygiene?</li> </ul>
Are staff caring for well residents first and then moving to ill residents?  Is any equipment being used for ill and well residents without being washed and disinfected in between?	<ul style="list-style-type: none"> <li>• Review PPE instructions with staff</li> <li>• Review enhanced cleaning techniques</li> <li>• Consult IPC as needed</li> </ul>
Is Personal Protective Equipment being changed when going from care of ill residents to care of those who are well?	<ul style="list-style-type: none"> <li>• Review enhanced cleaning techniques</li> <li>• Consult IPC as needed</li> </ul>
Is hand hygiene being performed appropriately?	<ul style="list-style-type: none"> <li>• Are all hand hygiene stations well stocked with soap and single-use towels or alcohol-based hand rub?</li> <li>• Are products easy to locate by all staff, volunteers and visitors?</li> <li>• Are there signs at hand hygiene stations?</li> </ul>
Is Personal Protective Equipment available and being appropriately worn?	<ul style="list-style-type: none"> <li>• Are products easy to locate by all staff, volunteers and visitors?</li> <li>• Are PPE signs with instructions available and visible</li> </ul>
Is the necessary cleaning/disinfecting occurring as scheduled?	<ul style="list-style-type: none"> <li>• Are well resident rooms cleaned before ill resident rooms?</li> <li>• Are the appropriate cleaning/disinfecting solutions being used according to manufacturer's directions for use, mixing and soaking?</li> </ul>
Are changes needed to group activities?	<ul style="list-style-type: none"> <li>• Review guidance in checklist</li> <li>• Consult IPC as needed</li> </ul>

### Evaluation: Post-Illness

As a risk management strategy, review the increased number of illnesses with care, food and housekeeping staff and residents to discuss the following and amend your response plan for future events.

- What worked?
- What didn't work?
- What do we need to change for the next time?

## Routine Practices and PPE use

<b>Gloves</b>	<p>Gloves are to be used when there is contact with:</p> <ul style="list-style-type: none"><li>• Blood</li><li>• Body fluids, excretions or secretions</li><li>• Non intact skin</li><li>• Mucous membranes</li></ul> <p>Gloves are single use and should be disposed of following use in the resident's room</p> <p>Hand hygiene is to be performed immediately before putting on gloves and immediately after removing gloves</p> <p>Vinyl gloves are sufficient for routine care of residents (unless large blood spills when nitrile should be used)</p>
<b>Gowns</b>	<p>Gowns are required when splashes or sprays of body fluids are likely</p> <p>Wear a long-sleeved gown that covers the wrists</p> <p>Gowns are single use, remove and dispose in the resident's room</p>
<b>Masks and Eye Protection</b>	<p>Eye protection and procedure masks are required to protect the eyes, nose and mouth where splashes or sprays of body fluids are likely</p> <p>Masks are single use and are to be removed by the straps and discard in the resident's room</p> <p>Eye protection may be disposable and will need to be discarded in resident's room or it may be reusable and will need to be cleaned following use</p>

Any person can carry an organism that can produce disease therefore routine practice must be followed when dealing with anyone, anywhere.

This applies when there may be contact with blood, body fluids, and secretions, excretions, when touching non intact skin or mucous membranes. A risk assessment for the need for personal protective equipment is required in order to protect both the resident and the caregiver.

<b>Enhanced Cleaning Guidelines - Frequently Touched Surfaces – RI and GI</b>	<b>Check off as completed</b>
1. Nursing area:	
(a) Counters	
(b) Chairs	
(c) Light Switches	
(d) Telephone(s)	
(e) Keyboard(s)	
(f) pager or cell phone	
2. Staff washroom(s) (if a staff has been ill in the bathroom flag for cleaning prior to anyone using)	
(a) Sink basin and faucet	
(b) Toilet (lever/flush, horizontal surfaces, seat)	
(c) Floor	
(d) Soap dispenser	
(e) Paper towel dispenser	
(f) Light switch	
(g) Door and handles on entry and exit	
3. Staff Meeting Room(s):	
(a) Door and knob on entry and exit	
(b) Telephone	
4. Resident Common Areas:	
(a) Chairs and end tables	
(b) Kitchenette	
5. Hallways	
(a) Resident Doors and Handles	
(b) Elevator buttons	
(c) Key pads	
(d) Handrails	
6. Resident Room Surfaces to be cleaned	
(a) Light Switches	
(b) Bedrails	
(c) Bedside tables	
(d) Over-bed light	
Over bed tables including framework	
(e) Bedside Chairs	
(f) Wheelchair and/or Walker	
(g) TV Controller	
(h) Call button/ pull chord	
(i) Telephone	
7. Washroom surfaces:	
(a) Light Switch	
(b) Safety – pull up bars	

(c) Faucets, sink, counter	
(d) Commode/ toilet (lever/flush, horizontal surfaces, seat)	
(e) Door	
(f) Floor	
(g) Shelves and items handled regularly	
(h) Dedicated Laundry Hamper	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Time it took to complete: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Gastrointestinal Illness– Resident Tracking Log

(3 or more episodes of diarrhea and or vomiting in a 24 hour period)

<b>RESIDENCE NAME:</b>							<b>DATE OF CASE(S):</b>					
<b>NUMBER OF RESIDENTS:</b>							<b>RETURN TO NORMAL CONDITIONS:</b>					
<b>AREAS:</b>							<b>PAGE #:</b>					
Name of resident	Suite #	nausea	vomiting	diarrhea	abdominal pain	muscle aches	Other Symptoms Please Specify or put NONE for no other Sx	Date First Onset Symptoms		date symptoms resolved		OTHER ISSUES
		Y/N	Y/N	Y/N	Y/N	Y/N		DD	MM	DD	MM	





## Evaluation: Problem Solving When Control Measures Are Failing For GI

If residents continue to become ill (for 4-5 days after control measures were implemented), there may be a problem with the way measures are being implemented. The following factors should be explored and reviewed with your Response Team:

Assessment	Response/Action
Is anyone on Contact Precautions walking around the residence?	<ul style="list-style-type: none"> <li>• Can they be encouraged to stay in their room until no longer symptomatic?</li> <li>• Are they using appropriate hand hygiene?</li> </ul>
Is anyone with vomiting or diarrhea moving around the residence and having accidents?	<ul style="list-style-type: none"> <li>• Can they be encouraged to stay in their room until no longer symptomatic and soiling the environment?</li> </ul>
Is equipment being shared for ill and well residents without being washed and disinfected in between with the appropriate agent?	<ul style="list-style-type: none"> <li>• Review enhanced cleaning techniques</li> <li>• Consult IPC as needed</li> </ul>
Is personal protective equipment being changed when going from care of ill residents to care of those who are well?	<ul style="list-style-type: none"> <li>• Review PPE instructions with staff</li> <li>• Consult IPC as needed</li> </ul>
Is soap and water being used for hand hygiene?  Are all hand hygiene stations well stocked with soap and single-use towels?	<ul style="list-style-type: none"> <li>• Are products easy to locate by all staff, volunteers and visitors?</li> <li>• Are there signs at hand hygiene stations?</li> </ul>
Is personal protective equipment available and being appropriately worn?	<ul style="list-style-type: none"> <li>• Are products easy to locate by all staff, volunteers and visitors?</li> <li>• Are PPE signs with instructions available and visible</li> </ul>
Is the necessary cleaning/disinfecting occurring as scheduled?	<ul style="list-style-type: none"> <li>• If bleach and water is in use, is it being made fresh daily?</li> <li>• Are well resident rooms cleaned before ill resident rooms?</li> <li>• Are the appropriate cleaning/disinfecting solutions being used according to manufacturer's directions for use, mixing and soaking?</li> </ul>
Are changes needed to group activities?	<ul style="list-style-type: none"> <li>• Review guidance in checklist</li> <li>• Consult with IPC as needed</li> </ul>

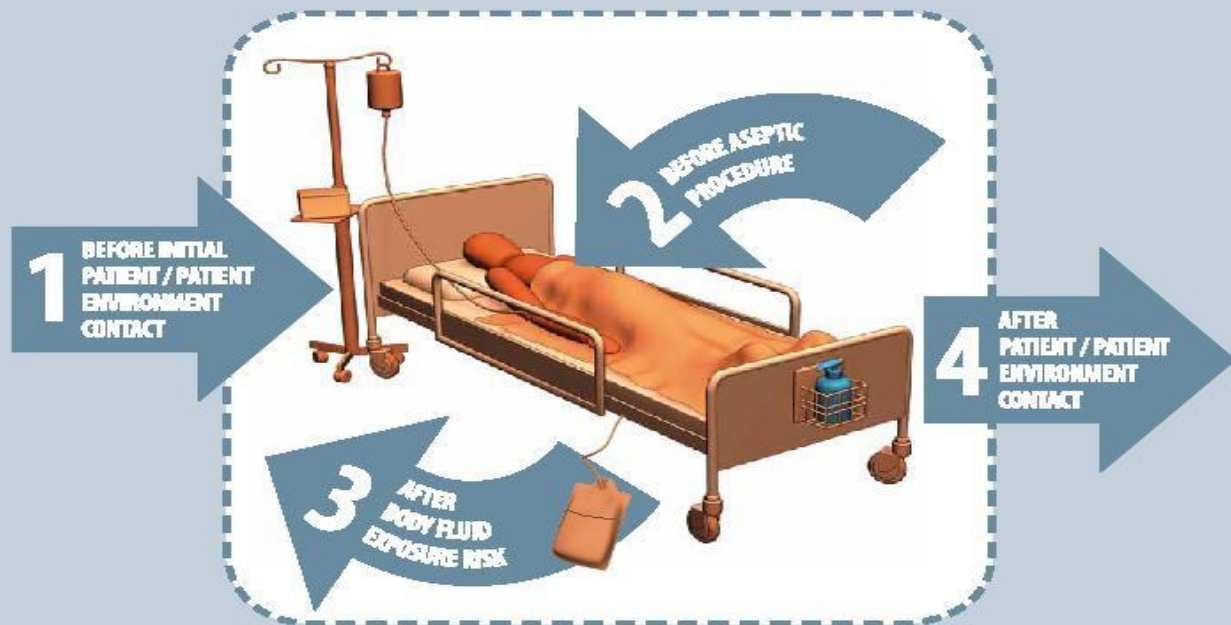
### Evaluation: Post-Illness

As a risk management strategy, review the increased number of illnesses with care, food and housekeeping staff and residents to discuss the following and amend your response plan for future events:

1. What worked?
2. What didn't work?
3. What do we need to change for the next time?

## **Hand Hygiene Resources and Infection Control Posters**

# Your 4 Moments for Hand Hygiene



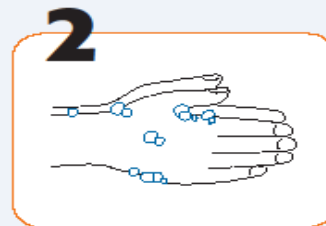
<b>1</b>	<b>BEFORE</b> initial patient / patient environment contact	<b>WHEN?</b> Clean your hands when entering: • before touching patient or • before touching any object or furniture in the patient's environment or • before putting on gloves.  <b>WHY?</b> To protect the patient/patient environment from harmful germs carried on your hands.
<b>2</b>	<b>BEFORE</b> aseptic procedure	<b>WHEN?</b> Clean your hands immediately before any aseptic procedure. <b>WHY?</b> To protect the patient against harmful germs, including the patient's own germs, entering his or her body.
<b>3</b>	<b>AFTER</b> body fluid exposure risk	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids. <b>WHY?</b> To protect yourself and the health care environment from harmful germs.
<b>4</b>	<b>AFTER</b> patient / patient environment contact	<b>WHEN?</b> Clean your hands when leaving: • after touching patient or • after touching any object or furniture in the patient's environment or • after removing gloves.  <b>WHY?</b> To protect yourself and the health care environment from harmful germs.

Adapted from WHO poster "Your 5 moments for Hand Hygiene," 2006. Your 4 Moments for Hand Hygiene adapted with permission of the Government of Ontario.

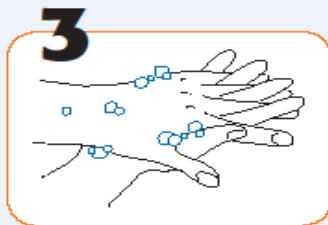
# CLEAN YOUR HANDS USING ALCOHOL BASED HAND RUB



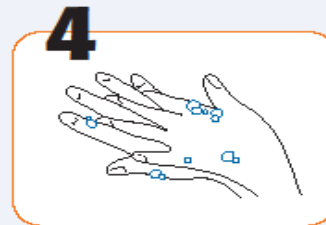
Apply loonie size of product to palms of dry hands.



Rub hands together, palm to palm.



Rub in between and around fingers and wrists.



Rub fingertips of each hand in opposite palm.



Rub nail beds of each hand in opposite palm.



Rub each thumb clasped in opposite hand.



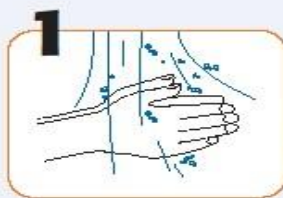
Rub hands for 15 to 20 seconds until dry.  
Do not use paper towels.



Once dry, your hands are now clean.



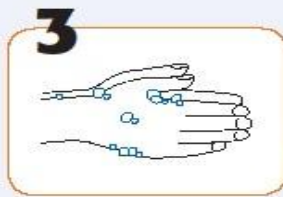
# CLEAN YOUR HANDS USING SOAP AND WATER



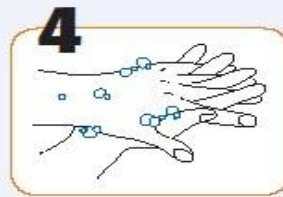
Wet hands with warm water.



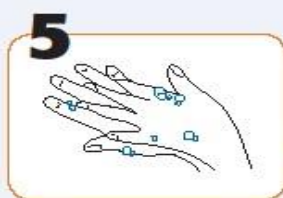
Apply soap.



Lather soap and rub hands palm to palm.



Rub in between and around fingers and wrists.



Rub back of each hand with palm of other hand.



Rub nail beds of each hand in opposite palm.



Rub each thumb clasped in opposite hand.



After 15 to 20 seconds rinse thoroughly under running water.



Pat hands dry with paper towel.



Turn off water using paper towel.



Your hands are now clean.

PRINTSHOP # 256524



 **fraserhealth**

# Attention Visitors



Enhanced Infection Control Measures  
are currently in place

To Prevent the Spread of Infection  
Stop and Clean Your Hands

Thank you





## Hand Hygiene is the single most important practice to prevent the spread of germs!

### Hands Hygiene MUST BE performed:

- Before contact with residents and their environment
- Between contact with different residents
- Before putting on gloves and after removing gloves
- After using the toilet or nose blowing
- Before eating or smoking
- Before handling or preparing **food**

### A Proper Hand Wash includes:

- Using warm running water and soap with plenty of friction to all surfaces for at least 15-20 seconds, including nails
- Using a clean paper towel to dry your hands and to turn off the tap

Use of Alcohol based hand rub can be substituted for hand washing when there are no sink and hands are not visibly soiled.





# Protect Yourself

## ...and others from influenza

Stop the spread of viruses that make you and others sick!



Cover your mouth and nose with a tissue when you cough or sneeze.



Throw tissues away immediately.



No tissue? Cough or sneeze into your upper sleeve, not your hands.



Clean your hands often with soap and warm water, or a gel or alcohol-based hand cleanser.



Stay home if you are sick.



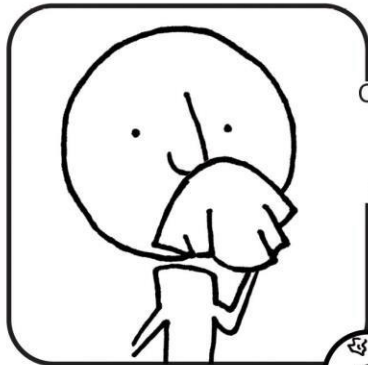
Ministry of Health

For more information, visit [www.health.gov.bc.ca/pho/influenza.html](http://www.health.gov.bc.ca/pho/influenza.html)



**Stop the spread of germs that make you and others sick!**

# Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or cough or sneeze into your upper sleeve, not your hands.

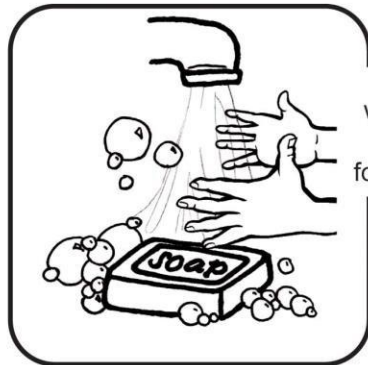


Put your used tissue in the waste basket.



# Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or clean with alcohol-based hand cleaner.

