VIRAL GASTROINTESTINAL (GI) ILLNESS OUTBREAK PROTOCOL and TOOLKIT

FOR LONG TERM CARE (LTC) AND MENTAL HEALTH AND SUBSTANCE USE (MHSU) FACILITIES

Version
July 2023

This document is produced by the Gastrointestinal Illness Outbreak Protocol Working Group to provide guidance and useful tools for the prevention, detection and management of viral gastrointestinal illness and outbreaks.

This Protocol and Toolkit is intended only for Long Term Care and Mental Health and Substance Use Facilities with 15 or more residents, whether regulated under the Hospital Act or the Community Care and Assisted Living Act.

This Protocol and Toolkit is not intended for use in Assisted Living or Hospice settings. Assisted Living sites have a separate Toolkit.

For Communities of Care (facilities with more than one care type, such as Long Term Care and Assisted or Independent Living, or Acute Care and Long Term Care etc.), a viral Gastrointestinal Illness in one area may affect individuals in other areas of the Care Community. Contact your Public Health Contact (CD Environmental Health Officer) if concerned about potential for spread of viral Gastrointestinal Illness from one area to another within your Community of Care

***For full use of the internal hyperlinks in this document (e.g. from the single page protocol to a tool in the toolkit and back), you will need to right click on the adobe toolbar and select 'NEXT VIEW and PREVIOUS VIEW from the PAGE NAVIGATION TOOLS**

The current Fraser Health Gastrointestinal Illness Outbreak Protocol for Long Term Care and Mental Health and Substance Use Facilities is found HERE, or by following: www.fraserhealth.ca – Health Topics – Licensed Care Facilities and assisted living providers – Clinical and safety resources - Gastroenteritis

Quick Notes

Viral Gastrointestinal Illness CASE DEFINITION

Case Definition for Viral Gastrointestinal Illness (Gastroenteritis) in staff or resident:

- ***2 or more episodes of diarrhea* within a 24 hour period, OR***
- ***2 or more episodes of vomiting* within a 24-hour period, OR***
- ***1 episode diarrhea AND 1 episode of vomiting* within a 24 hour period***

****Above what is considered normal for that person, or otherwise explained by underlying conditions or medications*** (Tool 19)

Viral Gastrointestinal Illness OUTBREAK DEFINITION

Three or more cases of Viral Gastrointestinal Illness (Gastroenteritis) in residents and/or staff in a 4 day period, where the causative agent is known or suspected to be a virus (Tool 20)

Reporting an Outbreak:

Your Public Health CONTACT (Tool 2a)

- ***For all Long Term Care and Mental Health and Substance Use Facilities in the Fraser Health Authority area with 15 or more residents, including:***
  - ***Fraser Health -Operated Long Term Care Facilities***
  - ***Contracted and Private Pay Long Term Care Facilities***

➔ **WEEKDAYS:** Between 0830 and 1630, FAX the OUTBREAK NOTIFICATION SHEET (Tool 21) to Central CD Intake 604-476-7088 or toll free 1-844-476-7088. Confirm by calling 604-476-7059 or 1-866-990-9941 'toll free'. A Communicable Disease Environmental Health Officer (CDEHO) will contact you promptly

➔ **WEEKENDS/STAT HOLIDAYS:** Between 0830 and 1630, call the Medical Health Officer on call through the Fraser Health Public Health Answering Service at 604-527-4806

➔ **EVENING/OVERNIGHT:** Contact as above on the NEXT DAY

***For full use of the internal hyperlinks in this document (eg. from the single page protocol to a tool in the toolkit and back), you will need to right click on the adobe toolbar and select 'NEXT VIEW and PREVIOUS VIEW from the PAGE NAVIGATION TOOLS**

PROTOCOL

This 3 page Protocol is divided into 3 components and a 'Cheat Sheet', each with links to relevant tools in the toolkit:

1. **PLANNING, PREPARATION AND PREVENTION CHECKLIST**
   - **This one-page CHECKLIST assists you to ensure that appropriate steps have been taken to prevent an outbreak due to viruses that cause gastrointestinal (GI) illness and to be ready to detect and manage an VIRAL GASTROINTESTINAL (GI) OUTBREAK should one occur**
2. **OUTBREAK DETECTION, CONSULTATION AND LAB TESTING CHECKLIST**
   - **This one-page CHECKLIST covers the Detection of a SUSPECT VIRAL GASTROINTESTINAL ILLNESS (GI) OUTBREAK, Initial Response including Laboratory Testing, Reporting and Consultation**
3. **VIRAL GASTROINTESTINAL ILLNESS OUTBREAK CONTROL MEASURES CHECKLIST**
   - **This one-page CHECKLIST lists comprehensive Outbreak Control Measures in a CHECKLIST format with links to important tools designed to assist you in your facility's response**
4. **'CHEAT SHEET' AND CONTACT INFORMATION**

TOOLKIT

The Toolkit is a collection of tools designed to assist in using the Protocol. The tools are referenced in the Checklists. A particular tool may also reference another relevant tool contained in the Toolkit. Some of the tools are references to materials that are on reliable and generally routinely updated websites including, but not limited to Fraser Health, the BC Centre for Disease Control, HealthLinkBC, the Office of the Provincial Health Officer and the Public Health Agency of Canada

Additional tools may be added and existing tools amended from time to time. Tools have Tool Numbers, not page numbers. This allows easy changes to the tools as needed.

Three additional resources accompany the Protocol and Toolkit on-line.

1. **Recommendation for Easy Use (electronic or paper versions)**
2. **Large Print versions of the CHECKLISTS**
3. **Updates – Any updates to the Protocol or Toolkit are listed on the link at www.fraserhealth.ca [-Health Topics – Licensed Care Facilities and assisted living providers – Clinical and safety resources - Gastroenteritis]. Notice is sent to Long Term Care and MHSU Facilities in Fraser Health when updates are posted**

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PROTOCOL:
PLANNING, PREPARATION AND PREVENTION CHECKLIST

ANNUAL REVIEW: Though the majority of viral gastrointestinal illness (GI) outbreaks occur in winter, outbreaks may occur at any time of year. All facilities should review this checklist at least annually

PLANNING

- ☐ **DESIGNATE** the 'Outbreak Prevention and Management Team' for your Facility (Tool 1)
- ☐ **FAMILIARIZE** your staff with the Public Health reporting and contact information (Tool 2), Public Health Contact (Tool 2a) and Infection Prevention and Control Consultant (Tool 2b)
- ☐ **REMEMBER-AVOID** use of antibiotics for suspected viral gastrointestinal illness (Tool 3)
- ☐ **REVIEW** SOURCE CONTROLS: Engineering and Administrative (Tool 4)
- ☐ **REVIEW** the **HealthLinkBC file #87** https://www.healthlinkbc.ca/healthlinkbc-files/norovirus

PREPARATION

- ☐ **FAMILIARIZE** yourself with the current Fraser Health VIRAL GASTROINTESTINAL ILLNESS OUTBREAK Protocol for Long Term Care and MHSU Facilities (at: **www.fraserhealth.ca – Health Topics – Long term care providers – Clinical and safety resources for long term care - Gastroenteritis**)
- ☐ **ASSEMBLE** your VIRAL GASTROINTESTINAL ILLNESS Outbreak Resource Kit (Tool 5) including **DISINFECTANTS that are *'Approved for effectiveness against Norovirus'*** (Tools 16, 17, 18). **FOR STOOL OR VOMITUS SPECIMENS USE EMPTY STERILE CONTAINERS THAT DO NOT CONTAIN PRESERVATIVES or CONTAINERS PROVIDED BY PUBLIC HEALTH** (Tool 6)
- ☐ Obtain secondary packaging per Transportation of Dangerous Goods (TDG) (Tool 22b)
- ☐ **MAKE A LIST** of important contact numbers. A template is provided (Tool 7)
- ☐ **REVIEW AND UPDATE SIGNAGE FOR GASTROINTESTINAL OUTBREAKS** (Tool 8)
- ☐ **REVIEW THE 4 BASIC ELEMENTS OF ROUTINE PRACTICES** (Tool 9) **including HAND HYGIENE** (Tool 10)
- ☐ **REVIEW ROUTINE PRACTICES** (Tool 9) **and ADDITIONAL PRECAUTIONS INCLUDING CONTACT PRECAUTIONS** (Tool 11) **AND DROPLET/CONTACT PRECAUTIONS** (Tool 12) To appreciate the need for Droplet/Contact precautions, meet ***Vomiting Larry*** at: http://www.youtube.com/watch?v=sLDSNvQjXe8 and http://www.youtube.com/watch?v=pmy8x2Lm7rE (cut and paste links into browser)
- ☐ **TAKE AN INVENTORY OF** Infection Prevention and Control supplies needed in preparation for viral gastrointestinal illness including Personal Protective Equipment (PPE) (Tool 13)

PREVENTION

REMAINING PREPARED THROUGHOUT THE YEAR:

- ☐ **REMIND** staff of the **CASE DEFINITION** (Tool 19) **and OUTBREAK DEFINITION** for **VIRAL GASTROINTESTINAL ILLNESS (GASTROENTERITIS)** (Tool 20)
- ☐ **BE READY TO IMPLEMENT CONTROL MEASURES** for a **SINGLE/SPORADIC CASE OF VIRAL GASTROINTESTINAL ILLNESS** (Tool 23) including
  ISOLATE symptomatic residents using Routine Practices plus Contact precautions (Droplet if resident vomiting or for cleaning up spills) and other recommended control measures (Tools 9, 11, 27)

- ☐ **REVIEW AND PROMOTE HAND HYGIENE** (Tool 10)
- ☐ **ENSURE STAFF USE OF ROUTINE PRACTICES** (Tool 9) at all times
- ☐ **ENSURE STAFF ARE KNOWLEDGEABLE REGARDING CONTACT and DROPLET/CONTACT PRECAUTIONS** (Tools 11, 12) and **BE READY TO IMPLEMENT** when indicated, including proper use of **Personal Protective Equipment (PPE)** (Tool 13) and techniques for donning and doffing (Tool 14)

PROTOCOL:
OUTBREAK DETECTION, CONSULTATION and LAB TESTING CHECKLIST

INITIATE THE FOLLOWING DETECTION AND NOTIFICATION STEPS promptly when 3 or more cases of gastrointestinal illness occur in your facility (residents and/or staff) in a 4-day period (Tools 19, 20)

- ☐ **CONTINUE TO ISOLATE** symptomatic residents using Routine Practices plus Contact precautions (Droplet if resident vomiting or for cleaning up spills) and other recommended control measures (Tools 9, 11, 27)
- ☐ **NOTIFY Public Health** using the FAX notification sheet (Tool 21)
  - ➔ WEEKDAYS: Between 0830 and 1630, FAX the OUTBREAK NOTIFICATION SHEET to CD EHO Team at 604-476-7088. Confirm by calling 604-476-7059 or 1-866-990-9941 'toll free'. A Communicable Disease Environmental Health Officer will contact you promptly
  - ➔ WEEKENDS/STAT HOLIDAYS: Between 0830 and 1630, call the Medical Health Officer on call through the Fraser Health Public Health Answering Service at 604-527-4806
  - ➔ EVENING/OVERNIGHT: Contact as above on the NEXT DAY
  - ➔ Inform your facility MEDICAL DIRECTOR (if applicable as per your facility practice)
- ☐ **COLLECT STOOL OR VOMITUS SPECIMENS FOR LAB TESTING** for testing from **3 to 6** people with new onset of diarrhea and/or vomiting (within the last 48 hours) (Tool 22). Use Droplet precautions including gloves, mask and eye protection when collecting stool or vomitus specimens (Tool 12)
- ☐ **FOLLOW INSTRUCTIONS** below to ensure quality specimens and fastest possible turnaround time
  - ➔ **For Stool or Vomitus specimens**, use an empty sterile container that does not contain preservatives or use containers provided by Public Health (Tool 6)
  - ➔ **Discuss method of shipment of specimens** with your **CD EHO** (Tool 2a). **DO NOT** ship specimens through your normal private or hospital lab services unless advised by your **CD EHO**
  - ➔ **Store specimens cool** (10 – 20 degrees C) before shipment (Tool 22) unless advised otherwise by your **CD EHO** (Tool 2a)
    - ➔ **Note that** identification of the organism caus the outbreak is most likely if:A specimen is collected soon after symptoms first appear, andThe specimen is delivered to the lab as soon as possible after collection
- ☐ **INITIATE TWICE DAILY SURVEILLANCE OF RESIDENTS FOR GI SYMPTOMS** (Tool 24)
- ☐ **IMPLEMENT** OUTBREAK CONTROL MEASURES in consultation with your **CD EHO** (Tool 2a) and referring to the **Outbreak Control Measures CHECKLIST**
- ☐ **DESIGNATE** a staff member and back-up to be responsible for daily outbreak tracking and reporting updates
- ☐ **RECORD** specimens taken on the Resident and/or Staff Illness Report (Tools 25, 26)
- ☐ **COMPLETE** the Resident and Staff viral Gastrointestinal Illness Reports daily (Tools 25, 26) FAX to your **CD EHO** (Tool 21) each weekday. Use a different sheet for each neighbourhood, floor or other specified area and update Resident and Staff illness forms each day. You do not need to start a new sheet each day—just add updated information and then FAX all reporting sheets each day. Please remember to update sheets with the ***'Date Symptoms Ended'*** as this is important information for monitoring and declaring the Outbreak over

PROTOCOL: OUTBREAK CONTROL MEASURES CHECKLIST: Viral GI ILLNESS

- ☐ **MANAGEMENT OF ILL RESIDENTS/PATIENTS**: Isolate in their rooms as much as possible **with contact or droplet/contact precautions** (Tools 11, 12, 27) until at least 48 hours after symptoms have ended. Provide meals in rooms, regular trays can be used. Ensure that staff and visitors use hand hygiene and personal protective equipment (PPE) when caring for an ill resident (Tools 10, 13, 14). Keep up appropriate activities as the resident recovers. If a resident needs transfer to acute care, inform BC Ambulance at time of booking and the receiving institution of your GI Outbreak. Indicate this on the Communi*CARE* form (Tool 39)
- ☐ **PREVENTIVE MEASURES FOR WELL RESIDENTS**: Increase surveillance to twice daily (Tool 24, 28)
- ☐ **CONTROL MEASURES FOR ILL HEALTH CARE WORKERS**: Exclude ill food handlers from work for at least 48 hours after symptoms have ended regardless of whether she/he feels well enough to work. Exclude other ill staff from the workplace until at least 48 hours after symptoms have ended. Ill staff should not work in any other setting involving food handling or provision of care until at least 48 hours after symptoms have ended (Tool 29). Practice good hand hygiene on return to work (Tool 10)
- ☐ **PREVENTIVE MEASURES FOR WELL HEALTH WORKERS**: Encourage vigilance in self-assessment for signs and symptoms of viral gastrointestinal illness (Tool 30)
- ☐ **NOTIFICATION TO STAFF AND DEPARTMENTS (e.g. housekeeping, maintenance, kitchen, care staff, etc.) OF OUTBREAK**
- ☐ **IMPLEMENTATION OF WORK DUTY-SPECIFIC PRECAUTIONS FOR NURSING CARE (Tool 31), HOUSEKEEPING (Tool 32), LAUNDRY (Tool 33), KITCHEN STAFF (Tool 34) and WASTE MANAGEMENT (Tool 35)**
- ☐ **EDUCATION**: Teach staff and volunteers early signs and symptoms of viral gastrointestinal illness, how to prevent spread and to educate residents, their families and visitors (Tool 36). Model, encourage and post signage about hand hygiene practices (Tool 10). Provide **HealthLinkBC file #87** https://www.healthlinkbc.ca/healthlinkbc-files/norovirus to staff and visitors
- ☐ **IMPLEMENTATION OF RESTRICTIONS**: Review causes of gastrointestinal illness outbreaks (Tool 40) and mechanisms of spread (Tool 41). As feasible, in an affected area under outbreak control measures, consider cohorting residents for group activities (well with well, recovering with recovering when well enough to participate). Visitor education re: precautions are important for visiting to continue safely. Visitors should visit only one resident. Implement other measures recommended by your **CD EHO** (Tool 2a). Avoid shared snacks that people or staff may contaminate unintentionally
- ☐ **POSTING OF OUTBREAK SIGNAGE**: Use signs (Tool 8) and information sheets (Tool 36) **(eg. HealthLinkBC file #87 https://www.healthlinkbc.ca/healthlinkbc-files/norovirus)** to advise visitors of outbreak and precautions to use in facility and home
- ☐ **UTILIZATION OF COHORTING**: As possible, assign groups of staff to work in either affected or unaffected areas, but not both, or with either ill or well residents, but not both. If this is not possible, staff should work first in unaffected areas or with well residents. Ensure PPE used appropriately with strict hand hygiene between residents and areas (Tools 10, 13, 14, 37)
- ☐ **ADHERENCE TO INFECTION PREVENTION AND CONTROL PRACTICES**: Remind staff and visitors to practice hand hygiene before and after contact with each resident and their environment. Post signs requiring contact or droplet/contact precautions when caring for ill residents and use of PPE (gloves, gowns, masks and eye protection) appropriately (Tools 9, 10, 11, 12, 13, 14)
- ☐ **ENHANCEMENT OF HOUSEKEEPING AND CLEANING OF EQUIPMENT**: **During a GI outbreak, a disinfectant effective against Norovirus should be used for the entire facility for the duration of the outbreak** (Tool 18). Introduce enhanced cleaning regimens, including more frequent cleaning and disinfection of commonly touched surfaces or items such as handrails, elevator buttons, door handles (Tools 15, 16, 17, 18). Provide for safe disposal of contaminated items. Clean/disinfect equipment between use for different residents or areas, using a hospital grade disinfectant **effective against Norovirus** and with a Drug Identification Number DIN) (Tool 16, 17 and 18 **and also see Long Term Care Infection Control Manual: IC13**). Complete 'Post-Isolation clean' of ill resident's room when precautions have been discontinued
- ☐ **CONSIDERATIONS re: MOVING IN AND TRANSFERS**: Generally, avoid moving a well resident to a room with an ill resident. Review how people and things move in and around the facility. Depending on the advice from your Public Health Contact **(CD EHO)** (Tool 2a), restrictions might be applied to one neighbourhood, floor, other specified area or the whole facility (Tool 37, 38). Consider postponing transfers of residents out of the facility unless medically warranted (Tool 37). If transfers out are required, inform the receiving institution of your outbreak (Tools 37, 39). Review moving into and back to the facility during the outbreak with your Public Health Contact **(CD EHO)** (Tool 37)
- ☐ **NOTIFICATION OF VIRAL GASTROINTESTINAL ILLNESS OUTBREAK**:
  - Your Public Health Contact (**CD EHO** or Medical Health Officer), depending on time/day of notification (Tool 2a)
  - Community Care Facility Licensing (if a licensed facility) **or** FH Long Term Care Contracts and Services (if operating under Hospital Act)
  - Any facility/institution that will receive a resident from you during the outbreak (Tool 37)

  •BC Ambulance, HandyDART, oxygen services, laboratory services, and other service providers of any outbreak control measures that may affect their provision of services if called to your facility
  - Your ACCESS Coordinator (or equivalent placement service such as Centralized Referral Coordinator for Mental Health Facilities)

  regarding any restrictions on moves into your facility or transfers
- ☐ **DAILY REPORTING**: Update the Resident and Staff Illness Reporting forms each day (just adding in new information) (Tools 25, 26) and FAX each weekday to your **CD EHO** (Tool 2a)
- ☐ **ONGOING SURVEILLANCE**: Remain alert for possible new cases by surveilling residents twice daily
- ☐ **TREATMENT**: Symptomatic treatment is indicated, including maintaining adequate fluid intake in accordance with your facility care plans and in consultation with your Facility Medical Director or the resident's physician, as indicated. Generally, for viral gastrointestinal illness, **AVOID** use of antibiotics or medications to stop diarrhea--Use only if specifically ordered by your Facility Medical Director or the resident's physician (Tool 3)
- ☐ **REVIEW PROBLEM-SOLVING if outbreak management is not progressing as well as expected, CONSULT** with your **CD EHO** and/or Infection Prevention and Control Practitioner (IPCC) (Tools 2a, 2b and 42)
- ☐ **CALLING OUTBREAK OVER**: Consult with your **CD EHO** (Tool 2a). A viral GI outbreak will usually be declared over 72 hours after symptoms ended for the last ill resident and after the last time a staff member with symptoms worked in the facility, whichever is longer (Tool 43). Outbreak Control Measures are stopped when the outbreak is declared over by the **CD EHO** (Tool 2a)

OUTBREAK 'CHEAT SHEET' – QUICK REFERENCE AND FAX FORM

Managing Viral Gastrointestinal Illness (GI) Outbreaks in Long Term Care Facilities

The complete PROTOCOL is available online: HERE, or by following: www.fraserhealth.ca – Health Topics – Long term care providers – Clinical and safety resources for long term care - Gastroenteritis

1. **Notify your Public Health contact** when ***3 or more cases*** of gastrointestinal illness occur ***in residents and/or staff within a 4 day period:***
   - **On weekdays 0830 to 1630**
     - **FAX** with **Phone confirmation** (FAX form reverse of this page)
   - **After-hours/weekend notification:**
     - On weekends or STAT holidays 0830 to 1630 – call Public Health answering service 604-527-4806
     - If detected evenings or overnight – contact as above the **NEXT** day

2. **Implement Outbreak Control Measures**

   If your CD EHO/MHO declares a GI outbreak, establish outbreak control measures:
   - Confine ill residents to their rooms until 48 hours after symptoms have ended
   - Exclude any ill employees from work until 48 hours after symptoms have ended
   - In addition to ***routine practices***, use ***contact precautions*** when caring for ill residents **or *droplet/ contact precautions*** for residents actively vomiting and when cleaning grossly contaminated areas due to risk of droplet spread
     - Gloves and gowns – for all contact with resident and the environment
     - Masks (surgical/procedure type) – when there is a risk of droplet spread of infectious into the air (eg. splashes or sprays, cleaning up areas grossly contaminated with feces or vomitus)
   - Generally, avoid moving a well resident into a room containing an ill resident
   - Review hand hygiene using soap and water with all staff and volunteers
   - Ensure surfaces contaminated by feces or vomitus are immediately cleaned and disinfected
   - Increase cleaning and disinfection frequency 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 gastrointestinal illness (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 precautions to take; limit their visit to one resident
   - Postpone transfers to other facilities and new moves into facility unless medically warranted
   - Cohort staff/nursing to reduce the potential of spread from ill to well residents
   - Review cohorting, decreasing or discontinuing group activities and outings until the outbreak is over
   - Implement other measures deemed appropriate by your CD EHO or Facility Medical Director

3. **Maintain Detailed Surveillance --- Monitoring**
   - Maintain Gastrointestinal Illness surveillance for both residents and staff
   - FAX updated surveillance forms (**Tools 25, 26 in Protocol**) to your CD EHO each weekday, or as directed

4. **Collect Specimens --- Lab Testing**
   - Collect stool or vomitus specimens in any empty sterile container that does not contain preservatives or the containers provided by Public Health
   - Contact your CD EHO to determine the method of shipment and obtain the required "PHSA GI Outbreak Requisition" before you ship any specimens to BCCDC
   - 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 your CD EHO
   - Collect no more than 6 specimens unless advised by your CD EHO
   - Note that the organism causing the outbreak is most likely to be identified if:
     - A specimen is collected soon after symptoms first appear: AND
     - The specimen is delivered to the lab as soon as possible after collection
   - Transport according to Packaging of Lab Specimens (Tool 22b).

(Public Health phone/fax numbers on reverse)

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Urgent FAX
Gastrointestinal Illness Outbreak Notification or Update to Public Health

Date_____**# pages faxed** _____

Facility sending Report _____

Facility Address _____

Facility Contact Person _____

Facility Phone_____**Fax** _____

To report a new or suspect outbreak, FAX this notification to Fraser Health:

Fax: 604-476-7088
Attn: CD EHO

- **For Fax confirmation, Phone 604-476-7059**
- **A CD EHO will follow up with you by phone and advise where to fax outbreak updates**

We are reporting:

Suspect Outbreak ____ Outbreak Update ____ Outbreak Over ____

For initial report of suspect outbreak, please provide:

Number of Residents ill ____ Current number of Residents / Total capacity_____/_____

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 0830 and 1630
CALL the Public Health Office Telephone Number to confirm receipt of this FAX
For weekends and statutory holidays, between 0830 and 1630, 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

VIRAL GASTROINTESTINAL ILLNESS OUTBREAK

TOOLKIT

TOOLS 1 to 43

Tool 1: *Outbreak Prevention and Management Team*

(adapted from PICNet BC Reference for Gastrointestinal Outbreak Guidelines for Health Care Facilities, June 2010)

Organizational Leadership for infection prevention and control should be established and maintained in all health care settings, including long term care facilities, to ensure effective and efficient outbreak prevention and management. Most long term care facilities will find that formation of an ***Outbreak Prevention and Management Team*** is the best way to prevent, prepare for and manage viral gastrointestinal or respiratory outbreaks. Specific members of the Outbreak Prevention and Management Team are designated to:

- Know the Outbreak Prevention and Management Protocols well
- Communicate with the ***Public Health Outbreak Management Contact*** (Tool 2a) when questions arise, especially when the Suspect Outbreak definition is met (Tool 19, 20)
- Ensure that actions recommended in the Protocols are used in the facility

Individuals should be designated to perform these functions such that there is coverage at all times, including after normal work hours, on weekends and on holidays

Outbreak Prevention and Management Team (OPMT)

Individuals responsible for prevention and control efforts should review the strategic Pre-Season Planning, Preparation and Prevention CHECKLIST to update facility policies and practices and take all recommended preparative steps, especially:

- Prevention strategies
- Strategies to increase resident, staff and facility resilience to viral outbreaks
- Surveillance steps to be able to recognize an outbreak and promptly take the appropriate actions, including taking and submitting laboratory specimens, **contacting Public Health** (Tool 2a) and promptly introducing indicated control measures, and
- Working with your Infection Prevention and Control Consultant on day to day prevention and control practices and special consultation as needed in the event of an outbreak (Tool 2b)

Though the number and designations of members of an OPMT may vary with the type and size of a facility, the following list is useful to consider in building an effective Gastrointestinal (GI) Outbreak Prevention and Management Team:

- Facility Medical Director
- Administrator
- Director of Nursing or Director of Long Term Care
- Person at the facility responsible for Infection Prevention and Control
- Housekeeping/Laundry Supervisor
- Food Services Supervisor
- Front-Line Staff Member
- Union Representative
- Communications Representative
- Site IPC Practitioner

Clear definitions, communication and assumption of specific roles and responsibilities are particularly important for effective Outbreak Prevention and Management

FOR OUTBREAK PREVENTION, RECOGNITION AND QUALITY MANAGEMENT,
THIS IS THE MOST IMPORTANT TOOL IN THIS TOOLKIT!
HAVING A DEDICATED OUTBREAK PREVENTION AND MANAGEMENT TEAM WILL
REDUCE YOUR 'STRESS' LEVEL EXPONENTIALLY!

Tool 2: *Contacts and Consultants*

REPORT EVERY viral GASTROINTESTINAL ILLNESS OUTBREAK to your PUBLIC HEALTH CONTACT

Tool 2a: *Public Health Contact*

A Public Health Contact is available for all long term care facilities with 15 or more residents within the

Fraser Health area. Your Public Health Contact is your ***'go to'*** person from initial suspicion that you have an outbreak until the outbreak is declared over

For Gastrointestinal Illness Outbreaks, your Public Health Contact is a **Communicable Disease Environmental Health Officer** (**CD EHO**) weekdays and the **Medical Health Officer on-call** weekends and holidays

- ➔ **WEEKDAYS**: Between 0830 and 1630, FAX the Gastrointestinal Illness Outbreak REPORT FORM to Health Protection CD 604-476-7088. Confirm by calling 604-476-7059 or 1-866-990-9941 'toll free'. A **CD EHO** will contact you promptly**.**
- ➔ **WEEKENDS/STAT HOLIDAYS**: Between 0830 and 1630, call the Medical Health Officer on call through the Fraser Health Public Health Answering Service at 604-527-4806. This contact will refer your outbreak to a **Health Protection Manager** for further consultation/communication
- ➔ **EVENING/OVERNIGHT**: Contact your **CD EHO** or **Medical Health Officer** (as above), promptly on the NEXT day

During an outbreak in a long term care facility, your CD EHO can assist you by:

- Confirming and declaring that an outbreak is occurring
- Verifying the nature and extent of the outbreak
- Defining the areas for control measures
- Instructing on control measures
- Advising on and assisting in specimen testing--Assisting in coordinating stool and/or vomitus specimens and if relevant, suspect foods, for prompt laboratory analysis
- Forming a hypothesis as to the causative agent, source and mode of transmission of the illness
- Visiting your site and Inspecting the facility, or part of the facility, as necessary
- Communicating laboratory results with your facility
- Notifying others by means of the Gastrointestinal Illness Outbreak Notification (GION) list
- Declaring the outbreak over

Tool 2b: *Infection Prevention and Control*

When a viral Gastrointestinal Illness Outbreak is declared the PH Contact/CD EHO will refer to Infection Prevention and Control Practitioner if further support is needed to assist with the specific infection control measures that are indicated

Your IPC Practitioner serves in collaboration with your Public Health Contact/CD EHO to support you in **effective use of the required infection prevention and control measures as instructed by your CD EHO**.

NOTE: Consultation with your CD EHO determines what control measures are needed and for how long.

Tool 3: *Treatment*

Watch for signs of volume depletion (dehydration). The goal of ***treatment*** is to prevent volume depletion by making sure the body has as much fluids and electrolytes as it should. Fluids and electrolytes lost through diarrhea and/or vomiting must be replaced by drinking extra fluids. Use electrolyte and fluid replacement solutions as needed and safe for the individual. Manage as per your care plan for viral gastrointestinal illness and, when necessary, in consultation with your Facility Medical Director or the resident's physician.

Provide small amounts of fluid (2-4 oz.) every 30-60 minutes, rather than trying to force large amounts at one time, since too much fluid is likely to result in vomiting. Use of a spoon may be helpful.

Food may be offered frequently in small amounts. Suggested foods include:

- Cereals, bread, potatoes, lean meats
- Plain yogurt, bananas, fresh apples
- Vegetables

The need for intravenous fluids can usually be avoided and whenever possible should be avoided through quality care and appropriate use of oral fluids and small amounts of food appropriately given.

Antibiotics do not work for viruses and **should <u>not</u> be used** for viral gastrointestinal illness. Inappropriate use can lead to complications and contribute to the development of antibiotic-resistant strains of bacteria. Consult with your Facility Medical Director or the resident's physician if a need for antibiotics is considered.

Anti-motility drugs to slow down the amount of diarrhea (antidiarrheal medications) **should <u>not</u> be given** unless ordered specifically by the Facility Medical Director or resident's physician. They are potentially dangerous, may contribute to serious complications and may cause the diarrhea and vomiting to last longer.

Sometimes, people with diarrhea as a result of viral gastrointestinal illness who are taking diuretics (water pills) may be told to stop taking the diuretic during the acute episode. However, DO NOT stop providing any prescription medicine without first checking the care plan and promptly consulting with your Facility Medical Director or the resident's physician.

Tool 4: *Source Controls--Ways to Minimize the Risk of Viral Gastrointestinal Illness in your Facility*

SOURCE CONTROLS can help your facility and all who reside, visit or work in it to be less likely to be affected by gastrointestinal viruses. Collaboration with workplace health and safety groups and building engineers has led to a framework that includes three tiers or levels of controls: Engineering controls, Administrative controls and Personal Protective Equipment (PPE) controls. Early fall is a good time to review Source Controls.

Engineering Controls

Engineering controls remove or reduce a hazard by applying methods of minimization, isolation or ventilation. **Practical engineering controls** include, but are not limited to:

- **Availability of hand hygiene stations (hand washing);**
- **Ability to arrange 2 meter spacing in multi-bed rooms; and**
- **Use of curtains or other partitions, especially if 2 meter spacing is not possible**

Administrative Controls

Administrative controls are decisions for the facility that promote resilience, provide protection, reduce the likelihood of viruses being brought into the facility by ill workers or visitors and interrupt transmission when viruses are introduced to the facility. Administrative controls also include surveillance, early recognition and timely introduction of appropriate control measures when there is illness in the facility. For viral gastrointestinal illness, **Practical administrative controls** include, but are not limited to:

- **Passive and active screening** of visitors, volunteers and service providers [signage, limitations, personal protective equipment (as and when indicated) and appropriate restrictions]. **Passive screening** relies on general education and signage, leaving responsibility with those who have signs or symptoms of illness to report illness and follow advice. **Active screening** requires measures to actively screen those coming into the facility and may be recommended by your **CD EHO** in certain situations such as high levels of Norovirus or other gastrointestinal virus in the surrounding community
- **Staff self-assessment** for signs and symptoms of viral gastrointestinal illness or **active screening** for staff if recommended by your **CD EHO** due to certain situations such as a virus circulating in the community that puts residents at significant risk
- **Enhanced screening of residents** for signs and symptoms of viral gastrointestinal illness
- **Education** on hand hygiene and toileting hygiene
- **Appropriate use of Routine Practices and, as indicated, Additional Precautions (Contact and Droplet Precautions)**
- **Cleaning and disinfection** of frequently touched objects with special consideration of objects frequently touched by residents who may have difficulty with hand and toileting hygiene

Personal Protective Equipment (PPE) Controls (Tools 13, 14)

PPE is an important control, but one that should not be counted on in place of engineering and administrative controls. PPE supplements rather than replaces other important controls. Each type of PPE has specific applications, advantages and limitations. Facilities and staff members should select PPE compatible with the hazard potentially encountered. PPE effectiveness depends on proper use. Improperly used PPE can actually increase risk of exposure. Staff should be fully knowledgeable of the applications, advantages and limitations of the PPE available within the facility.

***NOTE** *PPE is to protect staff from being exposed as well as protect the next resident from being exposed to infectious organisms the previous resident may have had*

Tool 5: Facility Viral Gastrointestinal Illness Outbreak Resource Kit

Assemble your viral gastrointestinal illness kit

- Fraser Health **Viral Gastrointestinal Illness Outbreak Protocol** for Long Term Care and Mental Health and Substance Use Facilities
- List of all staff, volunteers, etc.
- List of residents
- List of phone numbers **(Tool 7)**
- Supply of empty sterile containers **(Tool 6)**
- Be sure to have a Facility Protocol outlining responsibilities for receiving telephone reports of lab results, notifying management and implementing outbreak response **in evenings and on weekends**
- Have available secondary packaging according to TDG **(Tool 22b)**

Infection Prevention and Control supplies

- Hand soap (anti-bacterial soap not required)
- Alcohol Based Hand Rub ABHR (70-90% ethyl alcohol base)
- PPE Holders/Carts
- Personal Protective Equipment **(Tool 13)**
  - Gowns
  - Gloves
  - Masks (procedure masks)
  - Goggles or other acceptable eye protection (glasses do not count as eye protection)
- Tissues
- Surface disinfectants (solutions or wipes with active ingredients effective against Norovirus to clean equipment entering/exiting isolation room)
- **'Approved Disinfectants'** -- Hospital Grade Disinfectants with a DIN number and a virucidal kill claim against 'non-enveloped' viruses, often worded as claimed effectiveness against ***Norovirus***, ***Poliovirus*** and/or ***Hepatitis A*** virus **(Tool 16, 17, 18)**
  (*See Long Term Care Infection Control Manual IC 13)
- Large Waste-bins

- Laundry hampers if using reusable Level 2 Gowns

- Preventive Signage **(Tool 8)**

Tool 6: Viral Gastrointestinal Outbreak Lab Testing Specimen Kit

***Contact** **your CD EHO** (Tool 2a)*

- **Before sending specimens (The Lab will not test specimens until an Outbreak I.D. is assigned by Public Health)**
- As soon as possible after collecting specimens

Specimen Kits

A. Any appropriate size, empty sterile container that DOES NOT contain preservatives; OR

B. Containers provided by your **CD EHO** (Tool 2a)

Tool 7: Template for List of Important Contact Numbers

Check your list of phone and FAX numbers

- Public Health Contact (Tool 2a)
  - **CD EHO** weekdays and Medical Health Officer on call (weekends and holidays)
  - Medical Health Officer on call
- Fraser Health Infection Prevention and Control (Tool 2b)
- Local Health Unit for Community Care Facility Licensing (if your facility is licensed)
- FH Long Term Care Contracts and Services (if your facility is operating under Hospital Act)
- Others to notify in event of an outbreak if you are calling for service
  - BC Ambulance
  - HandyDART
  - Laboratory serving your facility
  - Pharmacy serving your facility
  - Medical Gas/Oxygen provider
  - Cleaning service
  - Hairdresser, Physiotherapist, Podiatrist, and other service providers

NAME	PHONE	FAX	COMMENT

Tool 8: Signage for Viral Gastrointestinal Illness

Posters on following pages:

Public Signage

- **Attention Visitors**
- **Attention Visitors (large stop sign)**

Health Care Provider signage

- **Is this a GI outbreak? Poster (for posting in nursing area)**

Attention Visitors

Some residents are ill with diarrhea and vomiting

VISITOR RECOMMENDATIONS

- **STOP:** Do not visit if you are sick
- Check at 'Welcome Desk' for other necessary instructions before your visit
- Please wash your hands with soap and water when entering and leaving the facility
- Please visit only one resident

THANK YOU

ATTENTION VISITORS!

- We presently have a number of ill residents
- You may wish to reconsider visiting at this time
- Do not visit if you are sick
- Please let the staff know who you will be visiting and they will give you any other necessary instructions
- Please wash your hands or apply Alcohol Based Hand Rub to your hands before visiting and before leaving

Is this a GI outbreak?

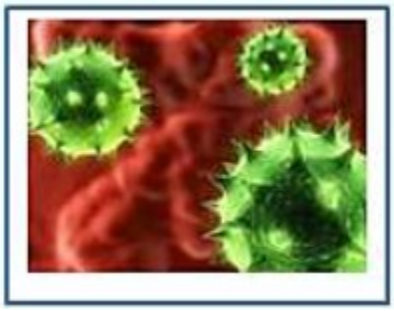
Gastrointestinal Illness case definition:

2 or more episodes of diarrhea* within a 24 hour period

2 or more episodes of vomiting* within a 24-hour period,

1 episode diarrhea and 1 episode of vomiting* within a 24 hour period

•Above what is considered normal for that person or otherwise explained by underlying conditions or medications



Outbreak definition:

Three or more cases of Gastrointestinal Illness in residents and/or staff in a 4 day period

Reporting:

Internal contact: _____

CDE HO fax intake form

Weekdays: 604-476-7088

After hours call MHO: 604-527-4806

What else to do?

Location of toolkit _____

Isolate residents on contact precautions, droplet/contact precautions when vomiting

Start surveillance forms (both staff & residents)

Initiate enhanced cleaning

Tool 9: *Routine Practices: Four Basic Elements*

The term 'Routine Practices' is commonly used in Canada

From the Public Health Agency of Canada (PHAC)
In this document the term 'Routine Practices' will be used, however, some settings may use the term "Standard Precautions" (formerly known as universal precautions). Mitigating or preventing the transmission of common gastrointestinal and respiratory infections is effectively achieved through strict compliance with 'Routine Practices' and the use of Additional Precautions as needed

Routine Practices are infection control practices **used by all employees** and medical staff **at all times** in **all health care settings** to prevent exposure to all body substances from all persons

Included in Routine Practices are

- Hand Hygiene;
- Continuous use of 'Respiratory Etiquette'; and
- Personal protective equipment

> "In accordance with Routine Practices, staff members should assess their likelihood of being exposed to any body fluids by direct or indirect contact, by splashes, or by fine mist sprays. They should then choose and don the appropriate personal protective equipment (i.e. gloves, surgical mask, and eye protection) prior to entering the space where the exposure may occur"

The link to the Public Health Agency of Canada document on "Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings" is:

https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/part-d.html

Also, see the Fraser Health Long Term Care Infection Control Manual section IC5 at:
https://www.fraserhealth.ca/health-topics-a-to-z/residential-care-licensing/clinical-and-safety-resources-for-residential-care/infection-control#.W5BIcjpKjIV

OR

www.fraserhealth.ca –**HEALTH TOPICS-LICENSED CARE AND ASSISTED LIVING PROVIDERS-CLINICAL AND SAFETY RESOURCES FOR LONG TERM CARE-INFECTION CONTROL**

OR

If you have access to the Fraser Health Network, on the Fraser Health 'Pulse' page

http://fhpulse/quality_and_patient_safety/infection_control/Pages/Residential%20Care.aspx

Routine Practices (continued):

1. Hand Hygiene

Hand hygiene is everybody's responsibility: Health Care Providers (HCPs), residents, visitors and volunteers. Hand hygiene is the most effective way to prevent the transmission of microorganisms

Compliance with hand hygiene recommendations requires continuous reinforcement

- Use soap and warm water. Alcohol based hand rub (ABHR) may be used following handwashing
  - Soap and water is required if hands are visibly soiled and when caring for residents with active gastrointestinal (GI) symptoms
- Residents who are able to participate in self-care should be taught, encouraged and reminded of the importance of hand hygiene before eating or preparing food, after using the toilet or other personal hygiene activities, before leaving their homes for common/public areas and when returning home from public places

2. Point of Care Risk Assessment

A **Point of Care Risk Assessment** (PCA) is the evaluation of the interaction between the HCP, the resident and the environment to determine the potential for exposure to pathogens. Prior to any resident interaction all HCPs have a responsibility to always assess the infectious risk posed to themselves and to others (e.g. other residents/visitors/HCPs)

Risk Assessments for any interaction includes:

- The resident's symptoms and whether they may be consistent with an infectious process
- The type of interaction to occur (eg. direct care vs. bringing something into the room for them)
- The potential for contamination of themselves or any equipment used
- Identification of barriers (eg. PPE) required to prevent transmission
- Whether all secretion/excretions are contained (eg. continence, wounds well covered)
- Whether the person is able to follow instructions (eg. cognitive abilities, mental health condition)
- The setting in which the interaction will take place (eg. single room vs. multi-bed room, vs. outpatient or common area)

In reality, HCP do Point of Care Risk Assessments many times a day for their safety and the safety of others in the healthcare environment. During a GI infection outbreak PCA should be especially vigilant in identifying risk of exposure to GI pathogens, especially when assisting those who are ill (eg. actively vomiting)

3. Risk Reduction Strategies

Risk reduction strategies include: engineering measures, resident screening, using personal protective equipment (PPE), cleaning of environment, equipment, and laundry, using "single use" only equipment or ensuring proper disinfection and sterilization of reusable equipment**,** appropriate waste management and safe sharps handling**,** resident placement and using preventative workplace practices such as HCPs immunization policies

4. Education of Health Care Providers, Residents and Families/Visitors/Volunteers

All health care providers should receive general education on facility policies, which includes information regarding the principles of infection prevention and control. Review of hand hygiene; Routine Practices and additional precautions; and chain of infection should be included and refreshed at intervals. Specific information should be emphasized as it relates to the work environment

Education for residents/family members should include specific information about their general condition (usually this is provided by the attending physician), and specific information concerning any infection. If the resident has an infection, this information should include practices necessary to reduce the risk of spread. The health care provider should provide education for the resident and family as appropriate for the presenting condition

Tool 10: *Hand Hygiene*

REMEMBER: Gloves are NOT a replacement for Hand Hygiene

Hand Hygiene (should NOT wear hand jewelry when providing care)

Alcohol Based Hand Rub

- May be used following handwashing with soap and water (note, ABHR alone is NOT effective against Norovirus)
- 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 caring for residents with diarrhea and dealing with their environment, use soap and water

Hand Washing with Soap and Water

- Wet hands under a steady flow of warm water and apply soap (*if wearing jewelry, remove first*)
- Use friction to wash all surfaces of both hands, including web spaces, thumbs, wrists, and the back of the hands, rubbing the 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

Fraser Health Hand Hygiene Information available on the Internet:
https://www.fraserhealth.ca/health-topics-a-to-z/long-term-care-licensing/clinical-and-safety-resources-for-long-term-care/hand-hygiene#.XXgFXnmouLMHand hygiene - Fraser Health Authority

Even on a busy day, don't forget Hand Hygiene—it saves time and protects health

- After removal of gloves (including after cleaning and disinfecting procedures)
- Before and after touching the face, nose-blowing, etc.
- After using the washroom
- Before eating
- Between providing care to different residents
- If hands are visibly soiled, use soap and water
- If hands are not visibly soiled, alcohol-based hand rub is an alternative to hand washing

Hand Hygiene Pamphlets

- Included on the following pages;
  - Hand Hygiene Practice (summary pamphlet)
  - STAFF pamphlet
  - PUBLIC pamphlet

Hand hygiene is universally accepted as the single most important practice to prevent the spread of infections

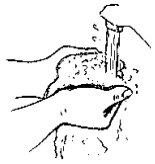
Hand Hygiene is performed using soap and water with or without alcohol based hand rub (ABHR). Hand hygiene is indicated:

- When arriving and leaving the work area
- Before Initial Resident / Resident Environment Contact
- Before An Aseptic Task
- After Body Fluid Exposure Risk
- After Patient Contact
- Before and after using gloves
- When moving from a contaminated body site to a clean body site during direct patient care
- After handling contaminated equipment
- After contact with animals
- After smoking and blowing your nose
- Before handling food or drinks
- Before preparing medication
- Whenever in doubt

Hand hygiene with plain soap and water is indicated:

- When caring for residents with diarrhea and their environment <u>for the duration of the outbreak</u>
- When hands are visibly soiled
- After 5 to 6 applications of an alcohol-based hand rub to remove residual emollients

	***Alcohol Based Hand Rub*** **ABHR (may be used following handwashing)**
	Take a loonie size of the product in the palm
	Spread the product to cover all surfaces of both hands including, web spaces, thumbs, wrists and the back of hands
	Rub hands together for 15-20 seconds or until dry

	***Hand Hygiene*** ***Plain Soap and Water***
	Wet hands under a steady flow of warm water
	Apply an adequate amount of the appropriate soap, i.e. one pump from the dispenser
	Using friction to wash all surfaces of both hands, including web spaces, thumbs, wrist and the back of the hands
	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 taps
	Discard paper towel

Cleaning your hands is the single most important procedure to prevent infection

Remember!

- Direct patient care providers must not wear artificial fingernails or extenders
- Keep fingernails short (less than 3 mm) and clean to prevent the spread of infection
- Direct patient care providers must not wear chipped nail polish, as bacteria may become trapped along edges
- Direct patient care providers must wear a minimum amount of hand jewelry.
- Remove hand jewelry before performing hand hygiene.

Printshop: 253173 Revised March 3, 2011

For more information:
See the Acute Care Infection Prevention and Control Manual or the Residential Care Infection Prevention and Control Manual. Both are available on FH Pulse.

or

Contact the Infection Control Practitioner in your area (phone numbers are available on the Infection Prevention & Control FH Pulse pages).

Search 'hand hygiene' on FH Pulse for additional resources

Contracted care providers and sites please see the "Professionals" drop down menu on www.fraserhealth.ca for more information.

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Information for Staff

Help Fight the Spread of Infection

Clean your hands

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It's okay to ask your healthcare worker to clean their hands!

Healthcare workers are busy people and want to do everything to get you well.

Sometimes they may forget to clean their hands in front of you.

Before your healthcare worker begins examining you or providing care – or if you are not sure if he/she has cleaned his/her hands - **it's okay to ask...**

"Would you mind cleaning your hands in front of me?"

Printshop: 254374 Revised March 3, 2011

While you're receiving care...

We can help you keep your hands clean and reduce the spread of infection.

Remember:

- It's okay to ask your healthcare provider for alcohol-based hand rub or for soap and a wet cloth.
- It's also okay to ask your healthcare provider if they've washed their hands at any point in your care.
- It's okay to encourage family and friends to use alcohol-based hand rub when arriving and leaving the hospital and when entering and leaving your room.

Questions?

Your health care provider would be happy to answer any questions you may have.

For more information, visit www.fraserhealth.ca

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Information for the public

Help Fight the Spread of Infection

Clean your hands

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Patients Residents Clients Visitors

Tool 11: *Contact Precautions*

To be followed in addition to Routine Practices (Standard Precautions) (Tool 9)

CONTACT PRECAUTIONS

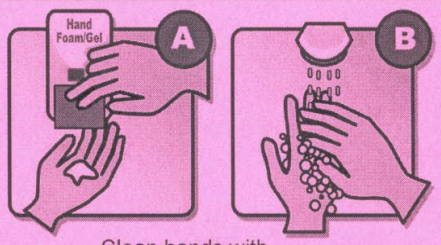
Bed #

Families and Visitors:

STOP

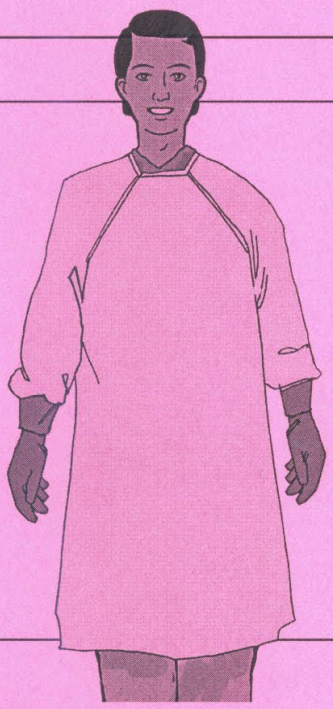
Please report to staff before entering

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

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A program of the Provincial Health Services Authority

Tool 12: *Droplet Precautions*

TOOL 12

To be followed in addition to Routine Practices (Standard Precautions) for residents actively vomiting **AND** when cleaning grossly contaminated areas due to risk of droplet spread (Tool 9)

DROPLET PRECAUTIONS

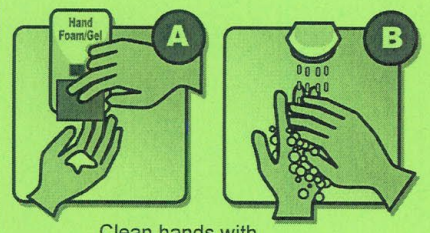
Families and Visitors:

STOP

Bed #

Please report to staff before entering

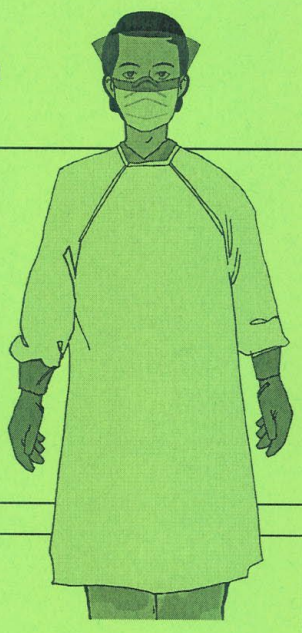
Clean hands before entering and when leaving room



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

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Tool 13: *Personal Protective Equipment*

Personal Protective Equipment

During an outbreak of viral Gastrointestinal Illness, everyone entering the room of an ill resident on precautions should wear the following PPE when entering a room, giving direct care, cleaning up vomit or diarrhea:

- Gloves – for providing any direct care
- Gowns – for all entries into the residents room
- Surgical or procedural mask with eye protection/face shield to protect mucous membranes from exposure to viral particles when:
  - assisting someone who is actively vomiting or has explosive uncontained diarrhea or
  - cleaning an area contaminated with vomitus or feces

TOOL 14

Tool 14: *Removal of Personal Protective Equipment (PPE)*

How to Remove PPE When Leaving an Isolation Room

In the room

- Remove gloves, perform 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
- Perform hand hygiene

If wearing a procedure mask - in room	**If wearing an N95 respirator - in hallway or anteroom**
• Remove protective eyewear by straps and place in garbage * • Perform hand hygiene • Remove mask • Perform hand hygiene • Use paper towel to open door to exit room	• Remove protective eyewear by straps and place in garbage * • Perform hand hygiene • Remove mask • Perform hand hygiene • Use paper towel to open door to exit room
* See Work instructions for reprocessing instructions if reusable goggles used	

Hand Hygiene

Alcohol Based Hand Rub

- Only to be used in conjunction with handwashing with soap and water!
- 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

Hand Washing with Soap and Water

- 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 hands and clothing do not touch the sink

Tool 15: *Enhanced Cleaning and Disinfecting—Enhanced Environmental Sanitation*

Cleaning

Dirt, organic material and debris acts to protect microbes from contact with disinfectants. Thorough cleaning removes this protection and facilitates effective disinfection. Consistent, regular cleaning assists in reducing the potential for environmental transmission of microorganisms and processes should already be in place to ensure effective cleaning

Cleaning methods that use firm contact and friction reduce the numbers of organisms. Use a separate cloth for cleaning and another for disinfection. Cleaning cloths should be changed frequently to prevent spreading microorganisms from surface to surface

Do not "double dip" a cloth into disinfectant solution

Increased frequency of cleaning high touch surfaces is an important contribution to the control of spread of gastrointestinal viruses. Surfaces that are considered to be "high touch" include:

- Bed rails
- Call bell cords
- Bathroom surfaces (taps, toilet handle)
- Door knobs, light switches
- Hand rails in rooms and hallways
- Elevator buttons
- Tables, counter tops
- Nourishment areas (fridges, ice machines, cupboard handles)
- Nursing station
- Equipment that is shared between patients/residents/residents should be thoroughly cleaned and disinfected in between each use
- Floors

Increase cleaning and sanitizing of objects and surfaces that people touch with their hands (recommended minimum at least 2 times per day)

Sanitizing

Sanitizing is defined as a process that reduces microorganisms on an inanimate object to a level below that of infectious hazard (eg. dishes and eating utensils are sanitized)

Disinfection

Disinfection is the inactivation of disease-producing microorganisms. Disinfection generally does not destroy bacterial spores. Disinfectants are used on inanimate objects in contrast to antiseptics, which are used on living tissue. Disinfection usually involves chemicals, heat or ultraviolet light. The nature of chemical disinfection varies with the type of product used

Currently, available solutions that are effective for common organisms responsible for GI outbreaks are accelerated hydrogen peroxide 0.5% and sodium hypochlorite 1000ppm. Other disinfectants with a Health Canada-assigned Drug Identification Number (DIN) and a virucidal claim (including the non-enveloped viruses--Norovirus, Poliovirus and/or Hepatitis A virus) can also be used effectively. Follow the manufacturer's instructions regarding dilution and contact time required to be effective. When organic matter is present (eg. vomitus, feces) many disinfectants require the surfaces to be cleaned with a detergent prior to disinfection. If in doubt about a cleaning product please contact your Communicable Disease Environmental Health Officer (**CD EHO)** (Tool 2a)

See Tool 16 for a ***Table of Commonly Used Products***
See Tool 17 for a ***Disinfection Guide***
See Tool 18 for a ***Definition of Disinfectant*** and a ***Guide to Effective Use of Disinfectants***

Cleaning Up Vomit and Feces

To appreciate the cleaning challenges and need for Droplet Contact precautions when cleaning, meet ***'Vomiting Larry'*** at: http://www.youtube.com/watch?v=sLDSNvQjXe8 and http://www.youtube.com/watch?v=pmy8x2Lm7rE to see just how challenging clean-up can be!

During an outbreak of GI infection, special consideration must be given to the cleaning of areas contaminated from either a vomiting or fecal accident. The area should be cordoned off to prevent other patients/residents/residents from unintentional exposure and cleaned immediately. Failing to immediately clean contaminated areas may contribute to rapid spread and continuation of outbreaks

- Attend to the Resident first, if necessary
- Isolate the area, if possible, and place a wet floor sign/flag to prevent slipping
- Wear disposable gloves as well as other personal protective equipment (surgical mask, eye protection, gloves, gown)
- Gross soil must be removed prior to cleaning and disinfecting. Wipe up excrement using absorbent disposable material (eg. paper towels). Use a wipe up technique that does not agitate excrement and place directly into a regular garbage bag
- Clean the surface with neutral detergent to remove any trace residual dirt or body fluid
- Disinfect the area to a radius of 2 meters with an 'approved disinfectant' such as accelerated hydrogen peroxide 0.5% ensuring a 5 minute contact time or with a fresh **1:50** dilution of household bleach 5.25% and allow to air dry naturally. **Note: Ensure area is very well ventilated** **(Tool 16, 18)**
- Discard waste including gloves into regular garbage immediately
- If the area involved was so large that a mop had to be used, wash the mop head, soak in disinfectant and place into a leak proof laundry bag when finished. The bucket contents should be carefully poured into the available sewage outlet (eg. utility sink), and the bucket rinsed and wiped with disinfectant
- Remove personal protective equipment and discard in regular garbage
- Perform hand hygiene at the end of the procedure
- 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
- Wash all dishes, utensils and trays in hot water and detergent (minimum of 74 ^{o}C. for 10 seconds). Be careful not to cross-contaminate dirty and clean dishes

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 'approved 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 'approved 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 approved 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 'approved disinfectant' solutions/wipes (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 one of the 'approved disinfectant' solutions/wipes (as per facility policy)

Enhanced Cleaning Guidelines for GI Outbreaks

Frequently Touched Surfaces	Check off as completed
Cleaning agent to be used:	
1. Nursing Station:	
(a) Counters	
(b) Chairs	
(c) Light Switches	
(d) Telephone(s)	
(e) Keyboard(s)	
(f) Nurse Call Monitoring System	
2. Medication Room:	
(a) Door (i.e., where hands commonly touch to push open)	
(b) Door knob on entry and exit	
(c) Counters	
(d) Light switches	
(e) Sink	
3. Clean Utility/Storage Room:	
(a) Door and knob on entry and exit	
(b) Sink and counter	
4. Dirty Utility/Storage Room:	
(a) Door and knob on entry and exit	
(b) Sink and counter	
5. Staff washroom(s):	
(a) Sink basin and faucet	
(b) Toilet (lever/flush, horizontal surfaces, seat)	
(c) Soap dispenser	
(d) Paper towel dispenser	
(e) Light switches	
(f) Door and handles on entry and exit	
6. Staff Meeting Room(s):	
(a) Door and knob on entry and exit	
(b) Telephone	
7. Resident Common Areas, including Dining Areas:	
(a) Chairs and end tables	
(b) Kitchenette	

Frequently Touched Surfaces	Check off as completed
Cleaning agent to be used:	
8. Hallways:	
(a) Mobile Lifts	
(b) Resident Doors and Handles	
(c) Elevator buttons	
(d) Key pads	
(e) Handrails	
9. Resident Room Surfaces to be cleaned:	
(a) Light Switches	
(b) Bedrails	
(c) Bedside tables	
(d) Over-bed light	
(e) Over bed tables including framework	
(f) Bedside Chairs	
(g) Wheelchair and/or Walker	
(h) TV Controller	
(i) Call button/ pull chord	
(j) Telephone	
10. Resident Washroom(s):	
(a) Light Switch	
(b) Safety – pull up bars	
(c) Faucets, sink, counter	
(d) Commode/ toilet (lever/flush, horizontal surfaces, seat)	
(e) Door	
(f) Floor	
11. Shelves and items handled regularly	
12. Dedicated Laundry Hamper	
13. Floors	
Employee Signature:_____Date: _____ Time it took to complete: _____	
Supervisor Signature:_____Date:_____	

Tool 16: *Disinfectants commonly used in GI Outbreaks*

(adapted from PICNet BC GI Outbreak Guidelines for Healthcare Facilities June 2010)

Agent and Concentration	Uses	Active Against	Properties/Cautions
CHLORINE: **Household Bleach (5.25%)** **1:100 (500 ppm solution)** 10mL bleach to 990mL water	Used for disinfecting general household surfaces Make Fresh Daily Allow surface to air dry naturally	**Vegetative bacteria (*Salmonella, E. coli*)** **Enveloped Viruses (Hepatitis B and C)** ***Not a strong enough solution for Norovirus***	All organic matter must be cleaned from surface first Make fresh daily as shelf life shortens when diluted Store in closed containers that do not allow light to pass through Store away from light and heat Irritant to skin and mucous membranes Area should be well ventilated to prevent respiratory tract irritation Corrosive to metals Discolours carpets and clothing ***NEVER mix bleach with any other cleaning solution***
CHLORINE: Household Bleach (5.25%) **1:50 (1,000 ppm solution)** 20mL bleach to 980mL water	Used for disinfecting surfaces contaminated with bodily fluids and waste like vomitus, diarrhoea, mucous or feces Make fresh daily Allow surface to air dry naturally	**Vegetative bacteria (*Salmonella, E. coli*)** **Enveloped Viruses (Hepatitis B and C)** ***Non-enveloped viruses (Norovirus, Hepatitis A)**	
CHLORINE: Household Bleach (5.25%) **1:10 (5,000 ppm solution)** 100mL bleach to 900mL water	Used for disinfecting surfaces contaminated by blood Make fresh daily Allow surface to air dry naturally	As above plus: **Bacterial spores (eg. *C. difficile*)**	
Accelerated Hydrogen Peroxide 0.5% **(Virucidal contact time depends on the product, use only products with a Drug identification Number (DIN) and use as directed for non-enveloped viruses such as Norovirus, Poliovirus, Hepatitis A virus)**	Used for disinfecting general surfaces and surfaces contaminated with body fluids and waste **Refer to product instructions for required contact time**	**Vegetative bacteria (*Salmonella, E. coli*)** **Enveloped Viruses (Hepatitis B and C)** ***Non-enveloped viruses (Norovirus, Hepatitis A)**	Active in the presence of organic matter Good cleaning ability due to detergent properties and Non-toxic **Ensure that at least the minimum contact time for *Norovirus* is met**
Accelerated Hydrogen Peroxide 4.5%	Use for cleaning and disinfecting toilet bowls, basins and commodes **Sporicidal efficacy in 10 minutes**	Use when *C. difficile* is suspected ***SPORICIDAL***	**Sporicidal efficacy in 10 minutes**
Quaternary Ammonium Products (QUATs)	Use for general cleaning of floors, walls and furnishings Allow surface to air dry naturally	**Vegetative bacteria (*Salmonella, E. coli*)** **Enveloped Viruses (Hepatitis B and C)** **Some fungi**	Good cleaning ability as usually has detergent properties Non-corrosive Do NOT use to disinfect instruments **Many commonly used preparations have limited effectiveness against the common organisms that cause GI infections (eg. Norovirus)** **Use in well-ventilated areas**

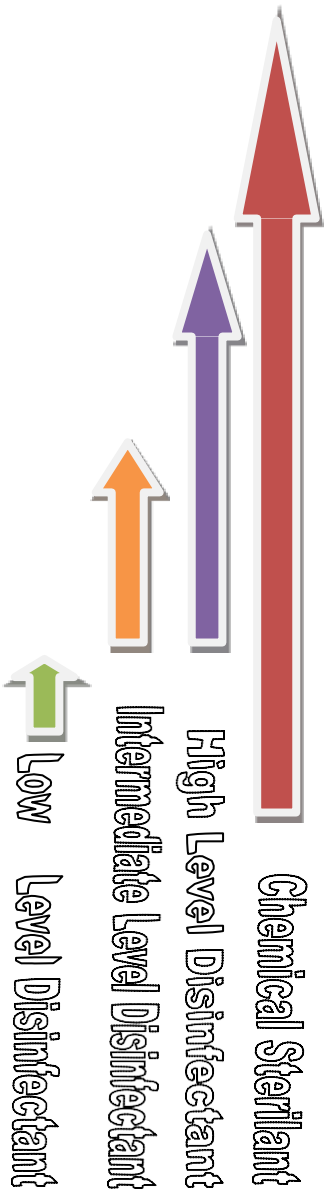
Tool 17: *Disinfectant Selection Guide*

CLASSES OF ORGANISMS RANKED IN ORDER OF SUSCEPTIBILITY TO DISINFECTANTS

Least Susceptible

Bacteria with Spores (*B. subtilis, C. tetani, C. difficile, C. botulinum)* **Protozoa with Cysts** (*Giardia lamblia, Cryptosporidium parvum)*
Mycobacteria (*M. tuberculosis, M. avium-intracellulare, M. chelonae*) **Non-Enveloped Viruses** (*Coxsackievirus, poliovirus, rhinovirus, Norovirus aka Norwalk-like Virus, hepatitis A virus*)
Fungi (*Candida species, Cryptococcus species, Aspergillus species, Dermatophytes*)
Vegetative Bacteria (*Staphylococcus aureus, Salmonella typhi, Pseudomonas aeruginosa, coliforms*) **Enveloped Viruses** (*Herpes simplex, varicella-zoster virus, cytomegalovirus, measles virus, mumps virus, rubella virus, influenza virus, respiratory syncytial virus, hepatitis B & C viruses, hantavirus and human immunodeficiency virus*)

Most Susceptible



NOTES:

- Be sure that the disinfectant product has a DIN number
- Check manufacturers information to ensure that product is effective against the organisms in question (non-enveloped viruses such as norovirus or poliovirus)
- Follow product instructions for dilution and contact time
- Unless otherwise stated on the product, use a detergent to clean surface of all visible debris prior to application of the disinfectant
- Alcohol may be used on some small equipment such as stethoscopes, but not as a general surface disinfectant
- **Do not confuse *Accelerated Hydrogen Peroxide solutions* with basic hydrogen peroxide cleaning solutions—they are very different**

Tool 18: *Definition and Effective Use of Approved Disinfectants*

Gastrointestinal (GI) Outbreak Decontamination Protocol

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

Norovirus is considered to be very resistant to many disinfectants commonly in use in Long Term Care Facilities

In the event of an outbreak of gastrointestinal illness (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 before disinfecting will lead to failed disinfection and continuation of outbreaks.** Note that an effective disinfectant should be used throughout the entire facility on a regular basis during an outbreak. The *Norovirus* and other viruses that are common causes of gastrointestinal illness and outbreaks are 'non-enveloped viruses'. **Non-enveloped viruses are much harder to kill. Special care is required in selection and proper use of the disinfectant in order to be successful**

REMEMBER, it only takes a few of the microscopic gastrointestinal viruses to cause an infection

DEFINITION of 'Approved Disinfectant' for use against Viruses causing GI Illness and Outbreaks

Many commonly used disinfectants are unable to kill the viruses that cause gastrointestinal infections and .outbreaks. If the disinfectant selected is not approved for use against viruses that cause gastrointestinal illness or if an 'approved disinfectant' is not used at the recommended strength and in the recommended manner (eg. allowing adequate contact time), we will not see the benefit of all the extra work we are doing and our outbreaks WILL last longer with more residents, staff and visitors becoming ill. Disinfection is a very important tool in preventing spread, but one we often do not use properly

SELECTION of and Approved Disinfectant

Use a disinfectant that has Hospital Grade DIN and virucidal kill claim against 'non-enveloped' viruses. Ensure that the product you use is claimed to be effective against ***Norovirus***, ***Poliovirus*** and/or ***Hepatitis A*** virus and always use as recommended, including initial cleaning and then adequate disinfectant contact time on the surfaces

Don't forget Hand Hygiene after cleaning, disinfecting and removing gloves

Approved 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 effective against *Norovirus,* a common cause of viral gastrointestinal outbreaks in long term care facilities, schools, day cares, and other institutions

- Use as recommended in the product use and safety information, **ensuring that the manufacturer's stated contact time is met. A minimum contact time is necessary to be effective against gastrointestinal viruses. Check product information for virucidal contact time required for *Norovirus* at appropriate temperature (eg. room temperature)**

3. Accelerated Hydrogen Peroxide Solution 4.5%

Used for cleaning and disinfecting toilet bowls, basins and commodes when needed for sporicidal activity against *C. difficile*

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***

Tool 19: *Viral Gastrointestinal Illness Case Definition*

Definition of 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 or other explainable causes. Bristol stool chart # 6 or #7

Case Definition for viral Gastrointestinal Illness (viral Gastroenteritis)

Gastroenteritis caused by a virus (eg., *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

At least one of the following must be met:

- 2 or more episodes of diarrhea within a 24 hour period, OR
- 2 or more episodes of vomiting within a 24-hour period, OR
- 1 episode diarrhea AND 1 episode of vomiting within a 24 hour period; OR

Both of the following:

- Lab confirmation of a known enteric pathogen; AND
- At least 1 symptom compatible with gastrointestinal tract infection (nausea, vomiting, diarrhea, abdominal pain or tenderness)

***Above what is considered normal for that person, or otherwise explained by underlying conditions or medications** (Tool 20)*

Note:

Care must be taken to rule out non-infectious causes of signs and 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 members need to use careful observation to determine if these symptoms are occurring in a resident and recognize subtle signs of acute illness

A summary of common viral agents involved in outbreaks of gastrointestinal illness in long term care facilities is included in Tool 40 *Organisms, Illness and Mechanisms of Spread*. Information on bacterial causes of gastroenteritis is also included

Tool 20: *Suspect Viral Gastrointestinal Illness Outbreak*

Viral Gastrointestinal Illness Alert

When **one or two cases** of Gastrointestinal (GI) infection occur within a 4-day period, it is recommended that the facility:

- Isolate residents with GI illness and use Routine Practices plus Contact Precautions or droplet/contact precautions when providing direct care
- Ensure implementation of thorough Hand Hygiene and Routine Practices throughout entire facility
- Increase monitoring and recording of GI symptoms on remainder of residents
- Record self-reported GI symptoms among staff

Viral Gastrointestinal Illness Outbreak Definition

Three or more cases in residents and/or staff in a 4 day period, where the causative agent is known or suspected to be a virus

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

Long term care facilities are at high risk of having viral gastrointestinal illness 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, and/or dementia

Other information about viral gastrointestinal illness 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)
- Correct cleaning and disinfection practices, using effective products, are critically important

Tool 21: *Outbreak Reporting: Urgent FAX Sheet*

fraserhealth

Urgent FAX
Suspect Gastroenteritis Outbreak Notification or Update to Public Health

Date_____**# pages faxed** _____

Facility sending Report: _____

Facility Address _____

City_____**Facility Contact Person:** _____

Facility Phone_____**Fax** _____

FAX this notification to Fraser Health:

Fax: 604-476-7088
Attn: CD EHO

- **For Fax confirmation, Phone 604-476-7059**
- **A CD EHO will follow up with you by phone and advise where to fax outbreak updates**

We are reporting:

New 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 0830 and 1630
Telephone the Public Health Office to confirm receipt of this FAX
For weekends and statutory holidays, between 0830 and 1630
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

Tool 22a: *Collection of Specimens for Laboratory Testing*

It works best if you contact Public Health (Tool 2a) **as soon as you suspect** a Gastrointestinal Illness Outbreak. Your **CD EHO** will review the situation with you to decide the most likely type of outbreak, most appropriate testing and best method of taking specimens and sending them to the lab (and storing them before sending if necessary)

Any empty sterile container that DOES NOT contain preservatives (eg. urine specimen bottle) may be used for collection of stool or vomitus specimens

Make sure each specimen container is labeled with the person's name and the date of collection, and that the requisition is complete along with the **OUTBREAK I.D.#** that the **CD EHO** has provided

Arrange a courier to transport the specimens directly to BCCDC Laboratory

DO NOT ship specimens through your normal private or hospital lab services unless advised by your **CD EHO**

When to collect specimens - As 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 residents are needed to confirm the source of the outbreak

How to find out the results? – the **CD EHO** will phone your facility as soon as results are available from the lab

Environmental Samples

If food or water is suspected as the source of the outbreak, a Public Health Environmental Health Officer (EHO) may collect samples of food served recently (if available) or samples of the water. Food that has been implicated should be submitted in the original containers or placed into sterile plastic containers or 'whirlpak' plastic bags and refrigerated. Requirements for water vary with the suspected microorganism. The EHO will provide direction regarding water specimen collection, if required

TOOL 22b

Tool 22b

Transportation of Dangerous Goods Information for Fraser Health and BCCDC Laboratories

Please see links below for the new procedure of packaging and transporting of lab specimens to Fraser Health Laboratories or to BC Centre for Disease Control (BCCDC). and refer to the Clinical Practice Resources in the COVID Resource Toolkit for the Standard Operating Procedure (SOP) and Poster.Packaging of - Lab Specimens for Fraser Health and BCCDC Laboratories Poster

Online Education for Transportation of Dangerous Goods – Land and Air
To access the online education Learning Hub course #6335 "NHA – WHS – Transportation of Dangerous Goods – Land and Air":

• Staff must create a Learning Hub account to access the course
• Your browser must have Flash Player enabled – try different browsers (e.g. Internet Explorer, Google Chrome, Firefox, Safari etc.)
• It is best to use a desktop computer instead of a mobile browser (e.g. smartphone, tablet)
• Suggest to take notes throughout the course to help with completing the quiz
• If you have difficulty printing the certificate after completing Part 1(land transport), you can take a screenshot or picture of the certificate and print it off for manager to sign
• After completing the online course, complete Competency Assessment for COVID-19 Specimen (see Appendix C of Fraser Health Transportation of Dangerous Goods Procedure)

Tool 23: *Control Measures for one or two resident case(s) of suspect viral Gastrointestinal infection (diarrhea and/or vomiting)*

Suspect viral Gastrointestinal Illness (Gastroenteritis) (Tools 19, 20) 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
- allow prompt introduction of control activities
- quickly recognize and effectively control outbreaks

IF 1 OR 2 SUSPECT GASTROENTERITIS CASES OCCUR

When 1 or 2 suspect cases of gastroenteritis occur:

- **Isolate** residents with suspected gastroenteritis using facility standards for ***"Contact Precautions"*** **(Tool 11 and Residential IC Manual)**
- **Ensure** conscientious implementation of hand hygiene practices and ***"Routine Practices (Standard Precautions)"*** **(see Tool 9 and Residential IC Manual)**
- **Increase** surveillance and recording of gastrointestinal symptoms on remainder of residents to at least twice per day and start the **Resident Illness Report and Tracking Form (Tool 25)**
- **Record** self-reported gastrointestinal signs and symptoms among staff and start the **Staff Illness Report and Tracking Form (Tool 26)**
- **An ill staff member** should stay off work until 48 hours after symptoms have ended
- **Enhance Cleaning and Disinfection** practice in the rooms and for the equipment of the ill residents

Think about the Source

Although it is often not initially clear what the source of the outbreak may be, it is important to think about this from the beginning. The type of specimens to collect and send may depend upon the suspected source (eg. food borne versus viral pathogen). To determine the source one must understand the possible common sources, potential modes of transmission, usual reservoirs, incubation periods and the microbiological traits of the pathogen of concern. This information will enable one to formulate a hypothesis on the type of organism, index case or source, initiate the appropriate observation strategy and ensure the correct specimens are collected and sent for confirming the hypothesis. The ability to identify the source will also provide information that will be helpful in bringing the outbreak to an end. Your **IPCC** (Tool 2a, 2b) will provide consultation for this process

A common-source GI infection outbreak occurs from exposure to a pathogen in food or water. This can result from a single exposure to the agent or from repeated exposures. Usually, common-vehicle outbreaks are characterized by explosiveness of onset and limitation or localization in time, place and people. A typical example of this is a single source of exposure such as a pathogen from a food item. If a large number of people become ill within a very short time period and within a limited location, one should consider a "common source" such as food or water

A propagated source occurs when there is successive transfer from person to person. These situations may begin as a few cases and each day bring a few more cases as the first ones recover. This usually occurs when someone introduces the infectious agent into the facility making one or two people ill, who in turn infect others, and so on

Clusters of residents who develop diarrhea, nausea and vomiting lasting only a few days, accompanied by symptomatic healthcare workers should lead to seeking a viral cause

Tool 24: *Daily Surveillance and Reporting: Things to watch for and report after the first day until the end of the outbreak*

Initial Outbreak Report

Date: _____

Brief Description of Outbreak

Name of Facility: _____
Location of cases: _____
Date of first case: _____
Predominant signs and symptoms: _____

_____
Progression to other areas: _____
Is affected area completely separate? (Tool 38) _____

- If yes, can it be kept completely separate? _____
- If no, can it be made and kept completely separate? _____

Actions Taken

Date and time reported to Public Health (Tool 2a) _____
Activation of Outbreak Management Team: _____
Notification of external service providers (eg. BC Ambulance, Medigas):

_____
"Just in time" *in-services* to staff: _____

_____
Cohorting of residents and/or staff: _____
Enhanced cleaning: _____
Restrictions in place: _____
Signage: _____
Extra hand hygiene stations: _____
Specimens sent: _____

Current Status:

Number of symptomatic patients/residents: _____ Number of symptomatic staff: _____
Name of Reporting Person: _____
Daytime Contact _____ After hours contact: _____

Daily Surveillance

- Look for new cases of viral gastrointestinal illness in residents twice daily.
- Ask about new onset of illness in staff members

Daily Reporting

- Every day, update your Illness Reporting forms (just add new information onto the same sheet; start a new sheet whenever the old one is full)
- Record new cases, date of onset of symptoms and date of specimen (if submitted)
- Be sure to update for date of recovery as this is very helpful in management and analysis of the outbreak
- Use a separate sheet for each neighbourhood, floor or other specified area
- Use a staff illness report form for staff and a resident illness report form for residents
- Fax your completed Resident and Staff Illness Reporting forms (Tools 25, 26) each weekday to your **CD EHO** (Tool 2a)
- Report any problems or questions you have to your **CD EHO** (Tool 2a)

Tool 25: *Resident Illness Reporting Form*

GASTROINTESTINAL ILLNESS OUTBREAK: RESIDENT INFORMATION

_____
Name of Facility

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

Form complete by _____

List all neighbourhoods or other specified areas, number of residents affected in area, and total number of residents in area:

Area	Number of residents affected	Total number of residents in area	Outbreak Associated Hospitalizations	Outbreak Associated Deaths

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 YOUR CD EHO USING THE FAX COVER SHEET **(Tool 21) PLEASE PRINT NEATLY SO FAXED FORM IS READABLE**

Name	DOB	Sex	Nau-sea	Vomit-ing	Diarr-hoea	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 Symptoms ended (d/m)	Specimen taken? If yes, date (d/m)	Resident Area and Room #	# of Residents in Resident's Room Single room = 1

Tool 26: *Staff Illness Reporting Form*

GASTROINTESTINAL ILLNESS OUTBREAK

STAFF INFORMATION (including volunteers)

How many Regular Staff work in this facility? _____

How many Casual Staff work in this facility? _____

_____

Name of Facility

Please list staff affected and with which symptoms Form completed by:
as of _____(date)
Updated on; _____(date)
_____(date)
_____(date)

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 YOUR CD EHO USING THE FAX COVER SHEET **(Tool 21) PLEASE PRINT NEATLY SO FAXED FORM IS READABLE**

Name	DOB	Sex	Nau-sea	Vomit-ing	Diarr-hoea	Abdo-minal pain	Muscle Ache	Head-ache	Fever	Cough	Cold Symp-toms	Extr-eme Fatigue	Onset Date - first symp-tom (d/m)	Date Symp-toms ended (d/m)	Speci-men taken? If yes, date (d/m)	Staff occupa-tion Casual or Reg?	Does staff member work at another facility? If so, name of other facility or facilities

Tool 27: *Management of ill Residents*

If, based on the definition of a gastrointestinal illness outbreak, an outbreak of gastrointestinal illness appears to be likely, appropriate outbreak control measures should be put in place immediately. Please don't delay outbreak control measures waiting for lab confirmation

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

Prevent Resident Transmission of Disease

- **Isolate ill residents to their room** - Any resident with symptoms that suggest infection should stay in 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 for residents confinement to their room for even a few days can have adverse effects on their well-being, especially for those with dementia or with a mental illness. Staff need to make an effort to avoid socially isolating these residents
- **Generally, avoid transfer of 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 (eg. *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 your **CD EHO** (Tool 2a) 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. Cohorting for activities may allow some activities to continue
- **Keep well residents away from affected neighbourhoods, floors or other specified outbreak areas**
- **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 followed. 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**

Research has shown an increase in feelings of depression and anxiety and adverse events in residents who are isolated. Time spent segregated or isolated should be kept as short as possible. When isolation cannot be avoided, strategies designed to diminish the negative impact and protect the residents should be implemented. Examples of these are:

- One to one supervision of meals for those who have difficulty swallowing
- Monitoring of residents to ensure adequate nutritional and fluid intake
- Increasing frequency of rounds to provide oral fluids for residents
- Planned one to one (or room to room) interactions with priority given to those with cognitive issues
- Physiotherapy or other rehabilitative therapy should continue if individual well enough

Tool 28: *Preventive Measures for well, unaffected Residents*

- **Generally, avoid transfer of a well resident into the room of an ill resident - In multi-bed rooms, transfer of well residents into an ill resident's room has significant potential for spreading illness and prolonging the outbreak**

- **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 (eg. 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 will facilitate spread throughout the facility. Consultation with your Infection Prevention and Control Consultant or your **CD EHO** 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 modifying, decreasing or discontinuing group activities and outings until the outbreak is resolved

- **Keep well residents from other areas at the site away from affected neighbourhoods, floors or other specified outbreak areas**

- **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**

- **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 The HealthLinkBC file # 87 Norovirus (Stomach Flu) **https://www.healthlinkbc.ca/healthlinkbc-files/norovirus**

Tool 29: *Management of ill Staff*

- **Exclude ill food handlers from work -** In viral gastrointestinal illness outbreaks, an ill food handler who contaminates food may have been 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 health 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 if any symptom(s) of gastrointestinal illness develop, should immediately cease work and report their illness to all facilities in which they work

Tool 30: *Preventive Measures for well, unaffected Staff*

- **Review and reinforce hand hygiene protocols with all staff**

- **Protect workers**
  - Use Work Duty-specific Precautions for **Nursing Care** (Tool 31)
  - Use Work Duty-specific Precautions for **Housekeeping** (Tool 32)
  - Use Work Duty-specific Precautions for **Laundry** (Tool 33)
  - Use Work Duty-specific Precautions for **Kitchen Staff** (Tool 34)
  - Use Work Duty-specific Precautions for **Waste Management** (Tool 35)

- **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 –** as per contact precautions, gowns are to be worn when contamination of clothing with vomit or fecal material is possible

- **Change gloves and gowns between contact with different residents**

- **Wash hands each time gloves are removed**

- **Wear a standard procedure mask and protective eyewear/face shield when cleaning up fecal or vomitus spills, or caring for an ill resident who is vomiting -** Since transmission through airborne droplets of infectious material occurs, 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**

Tool 31: *Work Duty-Specific Precautions for NURSING CARE*

Managing Outbreaks of viral Gastrointestinal Illness in Long Term Care Facilities Outbreak Control Measures – Work duty-specific precautions

Nursing Care

- Attempt to care for ill residents in their rooms or a contained area until at least 48 hours after their symptoms have cleared
- Attempt to 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 nursing staff when possible (i.e. specific cohorting - staff caring for ill residents should not care for well residents, or spatial cohorting - staff caring for residents 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 uses. Avoid using Jacuzzi jet while bathing residents 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 residents
- Safely dispose of feces, urine, aspirates and vomitus. Closed waste disposal systems are recommended (washer/disinfector, macerator) for the disposal. When closed systems are not available, consider using fecal containment systems. Use a standard procedure mask if there is potential for droplet spread of infectious material into the air
- Ensure residents hand wash before leaving their room, prior to entering the dining room, and after toileting. (An alcohol-based hand rub may be useful for this purpose if residents 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 residents and the environment and for any contact with infectious material while cleaning or laundering
- A standard procedure mask should be worn when assisting a resident 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)

Viral Gastrointestinal Illness 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 viral gastrointestinal illness, 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 'approved 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 long-sleeved, protective gown
- Using paper towels to soak up excess liquid. Transferring 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 an 'approved disinfectant'* solution
- Depositing disposable gloves, masks and aprons into a garbage bag and re-usable gowns into a laundry bag
- Washing hands thoroughly using soap and warm running water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with an 'approved disinfectant'* solution (as per facility policy) (Tool 16)
- 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 an 'approved 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 viral gastrointestinal illness 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**

*** An 'Approved Disinfectant' will have a DIN and virucidal (virus kill) claim for effectiveness against non-enveloped viruses (Norovirus, Poliovirus and/or Hepatitis A virus)** (Tool 18)

Tool 32: *Work Duty-Specific Precautions for HOUSEKEEPING*

Managing Outbreaks of viral Gastrointestinal Illness in Long Term Care Facilities Outbreak Control Measures – Work duty-specific precautions

Housekeeping

In the event of an outbreak of viral 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 contaminated areas will contribute to rapid spread and continuation of outbreaks. Note that an 'approved 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 cleaning and disinfection of the facility to at least twice daily, including floors, and with additional emphasis on surfaces where frequent hand contact occurs (eg. railings, chair arms, light switches, door handles, faucets, thermostats, telephones, keypads, keyboards and other surfaces that people touch frequently) and on equipment that is shared (eg. commodes, walker handles, wheelchair arms and rooms on precautions)
- Clean rooms of well residents 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 an 'approved disinfectant'* according to manufacturer's directions
- Safely dispose of feces, urine, aspirates and vomitus. Closed waste disposal systems are recommended (washer/disinfector, macerator) for the disposal. When closed systems are not available, consider using fecal containment systems. Use a standard procedure mask if there is potential for droplet spread of infectious material into the air
- 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
- Ensure bathtubs are cleaned and disinfected between use
- Ensure public washrooms and washrooms of ill residents 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 viral gastrointestinal illness 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**

Viral 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 viral gastrointestinal illness, 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 'approved 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 long-sleeved, protective gown
- Using paper towels to soak up excess liquid. Transferring 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 an 'approved disinfectant'* solution
- 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 20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with an 'approved disinfectant'* solution (as per facility policy) (Tool 16)
- 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 an 'approved disinfectant'* solution

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 an 'approved disinfectant'* solution
- 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 often not feasible, after being cleaned they should be steam cleaned (strongly recommended) or disinfected with an 'approved disinfectant'* solution. (Note: some fabrics may not be bleach resistant)
- Contaminated carpets should be cleaned with detergent and hot water then disinfected with an 'approved disinfectant'* solution (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 an 'approved disinfectant'* solution
- 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 an 'approved disinfectant'* solution

* **An 'Approved Disinfectant' will have a DIN and virucidal (virus kill) claim for effectiveness against non-enveloped viruses (Norovirus, Poliovirus and/or Hepatitis A virus)** (Tool 18)

Tool 33: *Work Duty-Specific Precautions for LAUNDRY*

Managing Outbreaks of viral Gastrointestinal Illness in Long Term 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, protective gown when handling soiled linen, dispose (if disposable) or launder 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 in water temperature suitable for the detergent then machine (hot air) dried
- Ensure 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 viral gastrointestinal illness 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**

Viral 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 viral Gastrointestinal Illness, 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 'approved 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 long-sleeved, protective gown
- Using paper towels to soak up excess liquid. Transferring 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 an 'approved disinfectant'*
- 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 15-20 seconds

*** An 'Approved Disinfectant' will have a DIN and virucidal (virus kill) claim for effectiveness against non-enveloped viruses (Norovirus, Poliovirus and/or Hepatitis A virus)** (Tool 18)

Tool 34: *Work Duty-Specific Precautions for KITCHEN STAFF*

Managing Outbreaks of viral Gastrointestinal Illness in Long Term 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 an 'approved 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; or wash and rinse by hand in hot water and then rinse with disinfectant solution
- Be careful not to cross-contaminate dirty and clean dishes
- Ensure \ 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 viral gastrointestinal illness 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**

*** An 'Approved Disinfectant' will have a DIN and virucidal (virus kill) claim for effectiveness against non-enveloped viruses (Norovirus, Poliovirus and/or Hepatitis A virus)** (Tool 18)

Viral 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 viral gastrointestinal illness, 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 'approved 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 long-sleeved, protective gown
- Using paper towels to soak up excess liquid. Transferring 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 an 'approved disinfectant'* solution
- 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 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with an 'approved disinfectant'* solution (Tool 16)
- 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 virucidal disinfectant solution (as per facility policy)

*** An 'Approved Disinfectant' will have a DIN and virucidal (virus kill) claim for effectiveness against non-enveloped viruses (Norovirus, Poliovirus and/or Hepatitis A virus)** (Tool 18)

Tool 35: *Work Duty-Specific Precautions for WASTE MANAGEMENT*

Managing Outbreaks of viral Gastroenteritis in Long Term Care Facilities
Outbreak Control Measures – Work duty-specific precautions

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)
- Safely dispose of feces, urine, aspirates and vomitus. Closed waste disposal systems are recommended (washer/disinfector, macerator) for the disposal. When closed systems are not available, consider using fecal containment systems. 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 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 resident 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 <u>are excluded</u> from work until at least 48hours after symptoms have stopped**
- **Staff are <u>not to work in other facilities</u> 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 viral gastrointestinal illness 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**

Viral 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 viral gastrointestinal illness, 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 'approved 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. Transferring 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 an 'approved disinfectant'* solution (Tool 16)
- 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 15-20 seconds

*** An 'Approved Disinfectant' will have a DIN and virucidal (virus kill) claim for effectiveness against non-enveloped viruses (Norovirus, Poliovirus and/or Hepatitis A virus)** (Tool 18)

Tool 36: *Visitor Education, Precautions and Restrictions*

- Post outbreak signage strategically **(Tool 8)**

- Encourage Hand Hygiene **(Tool 10)**

- **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 viral Gastrointestinal Illness outbreaks in long term care facilities is an enteric virus (eg. *Norovirus*).**

- **Make the HealthLinkBC file # 87 Norovirus (Stomach Flu) available as an information source for staff, visitors, and residents. Use it as a seasonal review for the entire facility in September/October of each year (the usual start of the '*Norovirus Season*')**
  https://www.healthlinkbc.ca/healthlinkbc-files/norovirus

- **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 and be cautioned of the risk of visiting when ill or visiting a resident who is ill or recovering from a viral gastrointestinal illness. **Visitors should be restricted to visiting only one resident**

Tool 37: *Control Measures to Prevent Spread within a Facility and to other Facilities (including Return of Residents to a Facility during a viral Gastrointestinal Illness Outbreak)*

Other Measures and Restrictions

Usually, the measures and restrictions contained in this section should be maintained until the Outbreak is declared over

Under recommendations of the CD EHO modifications to measures and restrictions may occur during the outbreak

In certain circumstances the CD EHO will advise continued enhanced cleaning for a specified duration after the outbreak has been declared over

Restriction of Movements and Activities within the Facility

- **Post signs at the entrance(s) and other strategic locations around your facility**
  - Initiate Passive Screening for gasstrointestinal illness symptoms by Posting **"Attention Visitors"** signage (Tool 9) and reminding visitors:
    - Not to visit if unwell
    - To limit visiting to one resident
    - To follow Infection Prevention and Control recommendations including the use of Personal Protective Equipment, as indicated
    - To practice hand hygiene at all times
  - Initiate Active Screening (having visitors report to the desk before visiting) if recommended by your **CD EHO**
- **Movement of people within and into the facility**
  - Suspend social activities of groups of residents in the facility. Where feasible, consider cohorting as below
  - Families and visitors should be alerted that the facility is experiencing an outbreak of gastrointestinal illness. Ask families and friends to consider whether visits to relatives are necessary at this time
  - Those who do visit should:
    - Visit only one person
    - Enter and leave directly
    - Wash or sanitize their hands before and after visiting
    - If giving direct care, use personal protective equipment as directed by contact or droplet/contact signage (Tools 13, 14)
- **Restrict the movement of virus around your facility**
  - Equipment must be cleaned/disinfected between use on different residents, using an 'approved disinfectant'* solution (Tool 18)
- **Consider postponing meetings in the facility that include outside participants**

Cohorting

- **Residents**
  - A well room-mate can remain in the room with the ill resident because she/he has already been exposed to the outbreak virus and could be incubating illness or even already infectious, though not yet symptomatic
  - Where feasible, within an affected area under outbreak control measures, consider cohorting residents for group activities that are not suspended: well with well and recovering with recovering (when well enough to participate)

*** An 'Approved Disinfectant' will have a DIN and virucidal (virus kill) claim for effectiveness against non-enveloped viruses (Norovirus, Poliovirus and/or Hepatitis A virus) (Tool 18)**

Cohorting

- **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
    - Staff should, if at all possible, work in either affected or unaffected areas, but not both
    - Staff should, if at all possible, work with either ill or well residents, but not both
    - If the above are not possible, staff should work first in unaffected areas or with well residents, with strict hand hygiene between areas or residents

Considerations on Resident Moves in and out of the Facility

Prevent Disease Transmission to Individuals Outside the Facility

- **Generally, 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. Transfers of residents out of the facility should be restricted. Depending upon the extent of the outbreak and the physical layout of the building, this restriction might be applied to one neighbourhood, floor, other specified area or the entire facility **(Tool 38, 41)**. To clarify the extent to which restrictions should be applied, consult with your **CD EHO** **(Tool 2a)**
- If a resident needs to be transferred to acute care for treatment, notify the receiving hospital that your facility has an outbreak (and, if known, what virus/viruses are causing the outbreak). Complete and send the Communi*CARE* Transfer Form as per instructions with it **(Tool 39)**. Note on the Communi*CARE* Transfer Form that there is a *VIRAL GASTROINTESTINAL ILLNESS OUTBREAK* in your facility
- Notify receiving facilities if you have already transferred a resident to them during the outbreak-- Include any transfers up to 2 days before onset of symptoms in the first affected person **(first case)**
- **Notify BC Ambulance of outbreak when called for transfer**
- Consult with your **CD EHO** **(Tool 2a)** if considering any elective resident transfers

Do not transport ill residents using public transport (eg. buses, taxis, HandyDART)

Prevent Disease Transmission to Individuals Inside the Facility

Moving into or transferring back into one's home in the facility

(***These restrictions do not apply to residents returning from home visits with family or friends***)

Return following transfers

Residents who were considered to be viral Gastrointestinal Illness outbreak cases and were transferred to hospital 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. The CD EHO will contact you to review feasibility of the return. This assessment should include input from the discharging physician or most responsible physician, resident's physician or nurse practitioner, the care facility, and the resident or resident's decision maker and be done in consultation with your CD EHO **(Tools 2a)**

Principles regarding new moves into one's home in the facility

- Decisions about New Moves into one's home in Long Term Care reflect a balance of considerations that aim to protect the health and safety of residents, while respecting a normal preference to reside at home and recognizing that there are risks associated with moving in, but also with delaying a move in or prolonging time in hospital while awaiting return to the home facility.

- In all cases, decisions about a move should include:
    - The resident and/or decision maker of the resident, to be aware of the risks and benefits associated with the decision
    - The discharging or most responsible physician, knowledgeable about the resident's health status
    - The receiving long term care facility physician and facility medical director (where applicable)
    - Involvement of the CDEHO **(Tool 2a)**

FLOWCHART 37-1:

Moves into or back to long term care when viral gastrointestinal illness outbreak is coming under control, but outbreak control measures are still in place

Please keep **ALL** vacancies **'OPEN FOR MATCHING'** throughout the **viral Gastrointestinal Illness outbreak**. Though it may not be appropriate for residents to move into or back to the facility at certain stages of an outbreak, based on a careful risk-benefit assessment and with certain measures specified for the incoming resident, it may well be possible to safely accommodate a new or returning resident and do so in a manner that is not only in the best interests of that resident, but also safe for other residents

A 'Match' by **'Residential Access'** for a person to newly move into your facility (from hospital or from community)

Communication from **'Acute Access'** that a resident is ready to return to her/his home in your facility

Your Communicable Disease Environmental Health Officer (CDEHO) (Tool 2a) will:

- Be informed by **'Residential or Acute Access'** of the pending 'match' or 'return', and
- Contact you and review feasibility and steps that may be needed for 'match' or 'return' to be possible

Recommendation received, reviewed and decision to proceed with new move into or move back to

YES

- Review with the discharging physician or most responsible physician, newly matched or returning resident's physician or nurse practitioner
- Inform Resident and/or Substitute Decision-maker
- Ensure that all recommendations from the CD EHO are in place as recommended (eg. placement, precautions, surveillance, activities)

NO

Continue discussion and evaluation with your CD EHO until able to support the move or until the outbreak declared over

For TRANSFERS within your facility, consult with your Public Health Contact CD EHO (Tool 2a). This includes moving a resident to or from an area WITH a declared viral GASTROINTESTINAL illness outbreak to or from a completely separate (Tool 38) area WITHOUT a declared viral GASTROINTESTINAL illness outbreak

Tool 38: *Definition of Completely Separate Areas of Facility—Guidance for Implementation of Control Measures*

Completely separate areas means

- Physically separate
- No movement of people (staff, visitors, service providers, others) between or through the areas
- No movement of things (equipment, books, recreational material, wheelchairs, meal carts, etc.) between the areas. Be aware of routine activities such as someone continuing rounds with a library cart going from affected to unaffected areas

If your Public Health Contact (CD EHO) (Tool 2a) is satisfied that these conditions are met and will be maintained throughout the Outbreak, then Control Measures may be recommended for only the affected area (as long as the remaining areas are unaffected by gastrointestinal illness staff or residents)

If your Public Health Contact (CD EHO) (Tool 2a) is NOT satisfied that these conditions are met or that they could be maintained throughout the Outbreak, then all areas that are not completely separate from the affected area should initiate and maintain outbreak control measures

Tool 39: Communi*CARE* Transfer Form – Resident Transfer to the Emergency Room

Guidelines for Use: The Communi*CARE* Transfer Form is to be used by RN/RPN/LPN to provide information about a resident being transferred from long term care to the emergency room (ER). It is a method of communicating essential information about a resident's condition to ensure that care requirements are safely met. As part of the **Communi*CARE*** process, there is **regular communication between the facility and the hospital**--emergency or inpatient areas

The Transfer Form MUST indicate if there is an OUTBREAK of any kind in your Facility

General Considerations

- A completed Communi*CARE* Form is to be sent with **each** resident being transferred to an ER
- All notations are to be made in blue or black ink using a ballpoint pen
- An RN/RPN/LPN can complete the Communi*CARE* Transfer Form
- After the form is completed, take a photocopy for the resident's record and send the original with the resident to the receiving hospital site
- The Communi*CARE* Form (both the original and copy) is a permanent part of the Health Record

Specific Guidelines

☐ Place a label or addressograph with resident identification information ☐ in the upper right hand corner of the form ☐ If a label is unavailable, record the resident's last name, first name and birth date (DDMMYYYY) PHN and LTC#	**Label / Addressograph**
☐ Record the facility name and location	**Sending Site**
☐ Record the name of the receiving ER	**Transfer To**
☐ Record the resident's contact person's name and phone number	**Contact Person**
☐ Record the reason(s) the resident is being transferred to the ER. ☐ resident's condition or situation). Outline the steps of deterioration ☐ or improvement (eg. fell and has suspected broken hip)	**Reason for Transfer** **Recent Illness History** **Recommended Action**
☐ Record all pertinent or relevant medical diagnoses and conditions affecting ☐ the provision of resident care (eg. left-sided neglect, Diabetes X20 years)	**Other Relevant Medical History**
☐ Attach a copy of the Medical Orders for Scope of Treatment (MOST) form ☐ and place √ in the box to indicate this was done	**MOST Advanced Care Plan**
☐ Attach current MAR (Medication Administration Record) and place a √ in ☐ box to indicate this was done. If there is no current MAR, leave the box blank	**MAR**
☐ Record all known allergies to food, environmental substances and ☐ medications. Record the type of reaction to each allergen (eg. skin rash, hives, anaphylactic reaction)	**Allergies**
☐ Place a √ in the box to identify usual cognitive status	**Usual Cognitive Status**
☐ Place a √ in the box to identify behaviour concerns: verbal/physical triggers, ☐ interventions	**Behaviour**
☐ Place a √ in the box to identify known infectious diseases (eg. MRSA/VRE)	**Infection Control**
☐ Specify diet type, texture, Feeds self, Degree of assistance required	**Diet**
☐ Place a √ to identify continence and last bowel movement/time voided	**Continence**
☐ Place a √ in the box to identify appropriate mobility and aides	**Physical Status**
☐ Place a √ in the box to identify if personal effects are being sent with resident	**Personal Effects**

FH Users may access the transfer form using this link on the Intranet:

http://fhpulse/clinical_programs/long_term_care/Residential%20and%20Assisted%20Living%20Documents/1%20RC%20A%20To%20Z%20Listing/T/Transfer_Residential_Care_Facility_To_ER.pdf

External Users (contracted sites) may access the transfer form through the password protected Extranet using this link:
https://fhextranet.fraserhealth.ca/sites/ResidentialContractsServices/CommuniCARE/NUXX105077B_ResidentCareFacilitytoER_Combined.pdf

Tool 40: *Common Organisms Causing Gastrointestinal Illness and Outbreaks*

Organisms, Illness and Mechanisms of Spread

Organisms

Background
In care facilities, most gastrointestinal illness outbreaks are caused by the spread of germs. The CD EHO will, however, also consider other potential causes of cases, such as environmental or chemical agents or toxins produced by infectious organisms, as part of the outbreak investigation

Organisms
A number of organisms can cause outbreaks of gastrointestinal illness in long term care facilities

- Viruses are the most frequent causes (may be Enveloped of Non-Enveloped viruses)
- Bacteria are common causes
- Protozoa (parasites) can also cause outbreaks of gastrointestinal illness

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
This information 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**
- **Viral Gastroenteritis activity in the community or other long term care facilities**

Organism (Virus, Bacteria, and Protozoa)	*Reservoir*	*Incubation Period*	*Symptoms*	*Typical Duration of Symptoms*	*Period of Communicability*	*Transmission (Spread)*
Human Caliciviruses such as ***Norovirus, Sapovirus and Astrovirus*** and other Small Round Structured Non-Enveloped Viruses	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; Small number of viral particles able to cause disease, resistant to many commonly-used disinfectants
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*	*Typical Duration of Symptoms*	*Period of Communicability*	*Transmission (Spread)*
Clostridium perfringens (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
Clostridium difficile	Frequently present in the hospital environment Soil, sand, hay; Contaminated water; Intestinal tracts of animals and humans (2-3% of healthy adults and up to 70% of healthy babies have C. difficile in intestinal tracts;	Unknown; Generally seen in association with antibiotic use, 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 (Clostridium difficile-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 C difficile forms spores, disinfection is difficult; thorough cleaning is necessary to remove the spores
***Salmonella* 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
***Shigella* species**	Humans (Outbreaks	Usually 1-3 days;	Diarrhea accompanied by fever, vomiting and	4-7 days	During acute symptoms and up to 4 weeks after illness;	Fecal/oral transmission; Direct person-to-person spread

Organism (Virus, Bacteria, and Protozoa)	*Reservoir*	*Incubation Period*	*Symptoms*	*Typical Duration of Symptoms*	*Period of Communicability*	*Transmission (Spread)*
	have occurred in primates)	Range 12 hours to 4 days	cramps; Usually self-limited		Asymptomatic carriers may transmit infection	occurs; Indirect transmission through contamination of food occurs
E. coli (verotoxigenic eg. 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
Staphylococcus aureus **(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)

Tool 41: *Mechanisms of Spread for Common Organisms Causing Gastrointestinal Illness and Outbreaks*

Mechanisms of Spread

Spread of Viral Gastrointestinal Illness

Note: Very few virus particles are needed for infection.

Spread of viral gastrointestinal illness 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
- Possibly droplets spreading into the air created during vomiting, cleaning up fecal or vomitus spills
- Possibly droplets spreading into the air from 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
- Improper hand washing after contact with infectious material

Spread of Bacterial Gastrointestinal Illness

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

Tool 42: *Problem Solving*

Problem solving if an outbreak isn't stopping

- Are potentially infectious people moving about in the facility (eg. ill staff members returning to work too soon; ill visitors coming into the facility)?
- Are the proper disinfectant products being used at the recommended concentration for at least the minimum contact times, with solutions changed as per manufacturer's instructions?
- Is any equipment being used for sick and well residents without being washed and disinfected in between?
- Is personal protective equipment not being changed properly when going from care of sick residents to care of well residents?
- Are there lapses in hand hygiene?
- **Consult with your CD EHO** (Tool 2a) about adequacy of control measures and their implementation

Tool 43: *Declaring the Outbreak Over*

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, in a Fraser Health-operated Long Term Care Facility or in a community Facility regulated under the Hospital Act (Private Hospital) will be declared over by the CD EHO in conjunction with the Facility Manager/Director of Care

In the case of a gastrointestinal illness outbreak caused by *Norovirus*, the outbreak will typically be declared over when 72 hours have passed since symptoms have ended for the last resident case. Other viruses or causative agents may require longer than 72 hours

The **CD EHO** (Tool 2a) via the Gastrointestinal Illness Outbreak (GION) notification e-mail will inform Fraser Health Long Term Care, Assisted Living and Specialized Populations (RCALSP) Contracts and Services and Community Care Facility Licensing that the outbreak has been declared over and that Outbreak Control Measures have been terminated