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FRASER HEALTH MHSU
LESS THAN 15 BEDS
OUTBREAK TOOLKIT
FOR
PREVENTION AND CONTROL OF
Respiratory and Gastrointestinal
Illnesses

SEPTEMBER 2021

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

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Purpose of Toolkit

The purpose of this TOOLKIT is to guide the Mental Health and Substance Use (MHSU) Provider with less than 15 beds to manage resident/clients who are experiencing an outbreak related to Respiratory (including COVID-19) and Gastrointestinal illness.

For information/outbreak control measures on COVID-19, please refer to [FH COVID - 19 resource toolkit](#)

Overview of the Toolkit

- This toolkit provides posters, tracking forms, checklists and job-specific measures related to an outbreak due to Viral Respiratory or Gastrointestinal Illness
- For printing Toolkit Materials, please use the **Quick Reference Guide**
- The toolkit should be readily available for staff and contracted third party service providers.

Section 1

Policies Procedures and Education for Preventing Infections and Spread of Infections

Client education and orientation

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

Staff education and orientation

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

1. Changes in the usual medical condition of a client must be reported;
2. Checking on clients more frequently when they are ill;
3. Reporting situations appropriately when there is more than one client with similar new symptoms (perhaps indicating a cluster of infections); *“who to tell what and when”*.
4. Recognizing the importance of staff, client and visitor hand hygiene;
5. Routine infection prevention and control practices including appropriate use of personal protective equipment (PPE) and the correct technique for donning and doffing PPE;
6. Understanding the reasons why good cleaning and disinfection is an important way to prevent infections and what products are required.
7. Following the Fraser Health Influenza Control Policy requirements for vaccinations including yearly influenza immunization and the pneumococcal vaccine as required.

<http://www.fraserhealth.ca/professionals/resources/influenza/influenza-policy>

8. Acknowledging that staff should not come to work when they know or suspect that they are ill.

Education about Hand Hygiene

Clients, staff and visitors who perform frequent hand hygiene by washing with soap and water or using Alcohol Based Hand Rub (ABHR) are less likely to become ill. The Toolkit contains posters that may be used, especially in communal washrooms or lounges, to remind staff of the value of hand hygiene. Link to the hand hygiene education module:

<https://ccrs.vch.ca/catalog.aspx?cid=2424>

Section 2

Being Prepared

Early recognition of infectious illness in an MHSU residence is generally beneficial in minimizing its impact on residents, visitors, staff and other service providers. **Registrants must have written policies and procedures for staff to understand the importance of recognizing an outbreak affecting residents and/or staff.** Staff is expected to keep a watchful eye over residents and, if aware of one or more cases of infectious disease among residents and/or staff, follow written policies and procedures and consult with the MHSU Infection Prevention and Control Specialist as needed. Don't wait until an outbreak is upon you. Being prepared is your best defence. It is recommended that you begin to prepare in August or early September.

It is recommended that each MHSU Residence have a **'Response Team'** as part of a **preparedness plan**. A Response Team can make a difference in the timeliness, appropriateness, ease and effectiveness of response to an outbreak, in particular, **respiratory and gastrointestinal illness in more than a few staff and/or clients**. The Response Team does not need to be large, but should include the MHSU Provider Manager (or other appropriate Leader) and at least 2 or 3 others that are able to represent client care, food services, housekeeping and laundry.

To create a preparedness plan, it is suggested that the Response Team use the [CHECKLIST for MHSU Residences when there is an outbreak due to Respiratory Illness](#) (section 3), the [CHECKLIST for MHSU Residences when there is an outbreak due to Gastrointestinal](#) (see section 4) and the associated area/activity-specific measures, inventory of educational tools and supplies [including personal protective equipment (PPE)] and communication (including signage).

- It is crucial that there is a primary person responsible for coordinating the response to an outbreak and there is a clear reporting process.
- Staff must assess residents two times per day for COVID-19-like symptoms using the [FH COVID-19 LTC/AL/MHSU screening form](#)
- Swab kits can be ordered via e-mail
 - Use the BCCDC Public Health Laboratory order form found on line at: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/PHLOrderForm.pdf>
 - ▶ Outbreak kits (Influenza Like illness and Gastrointestinal Disease)
 - *Complete* Order Form
 - *Scan* the completed Order Form (you may need google chrome)
 - *E-mail* the scanned Order Form to Kitorders@hssbc.ca
- Start organizing your outbreak management team
- Ensure availability of supplies including personal protective equipment and cleaning/disinfecting supplies
- It is also important that they know that they must report if more than one client or staff has a similar new symptom.
- They need to be aware that ill clients will require additional time and care.
- The designated person should discuss concerns with the Client (or their family or spokesperson), and an appointment with the client's physician should be made as soon as possible, if indicated.

The following table will assist with having a ready supply of protective clothing and equipment for care staff.

Recommended List of Supplies

Item	Stores Number/ Supply Company	Number of Items recommended	Number of items required to complete inventory
Disposable gowns			
Face masks			
Eye goggles			
Face Shields			
Gloves: small			
Gloves: medium			
Gloves: large/ extra large			
Alcohol Based Hand Rub			
Nasopharyngeal Swabs			
Certified transport boxes			
Absorbent pads			
Additional bucket and cleaning cloths for emergency clean up			
Emergency use containers for garbage and linen staff discard			
Mops			
Cleaning agent – bleach or Accelerated Hydrogen Peroxide			
Other:			

Location of supplies: _____

Person responsible for replacement of supplies: _____

Elements of a Preparedness Plan

- Form Response Team (**see Template**)
- Identify roles and responsibilities of each member
- Outline communication/reporting structure (**see Algorithms for Respiratory Outbreak, Algorithm for Gastrointestinal Outbreak**)
- Prepare Illness tracking logs for use (**see Client Tracking Log, Staff Tracking Logs**)
- Order nasopharyngeal swabs from BCCDC
- Prepare phone list of institutions/services you may need to communicate with (**see Contact List Template**)
- Review Precautions (Routine practice, Contact and Droplet-Contact and precautions with staff and post posters for each (**see Precautions Signage**)
- Review and provide work duty specific guides with all departments,
- Choose appropriate cleaning method and ensure sufficient stock. (**see [Enhanced cleaning guidelines](#)**)
- Check stock of any needed supplies, plan for regular inventory check, refresh, re-order as needed. (**see Supply List**) Personal protective equipment includes gloves, gowns, masks and eye protection.
- Prepare education sessions for clients including hand hygiene and respiratory etiquette, importance of reporting illness.
- Post educational posters (i.e. hand hygiene)
- Prepare education for staff and volunteers
- Purchase and provide ABHR in common areas (if safe to do so)

Section 3

The Recognition and Management of Respiratory Illness, including COVID-19 , Influenza and Non-Influenza

In this section, you will find a 'Checklist for MHSU Residences when there is an outbreak due to Respiratory Illness' to guide you in the management of respiratory illness.

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

Respiratory symptoms: Fever, Chills, Cough, Shortness of breath, Sore throat, , Loss of sense of smell or taste

Other symptoms: Headache, Fatigue, Muscle aches, Nausea, loss of appetite, diarrhea and vomiting

A viral RI outbreak should be suspected when 1 or more clients/residents are identified with symptoms of respiratory illness,

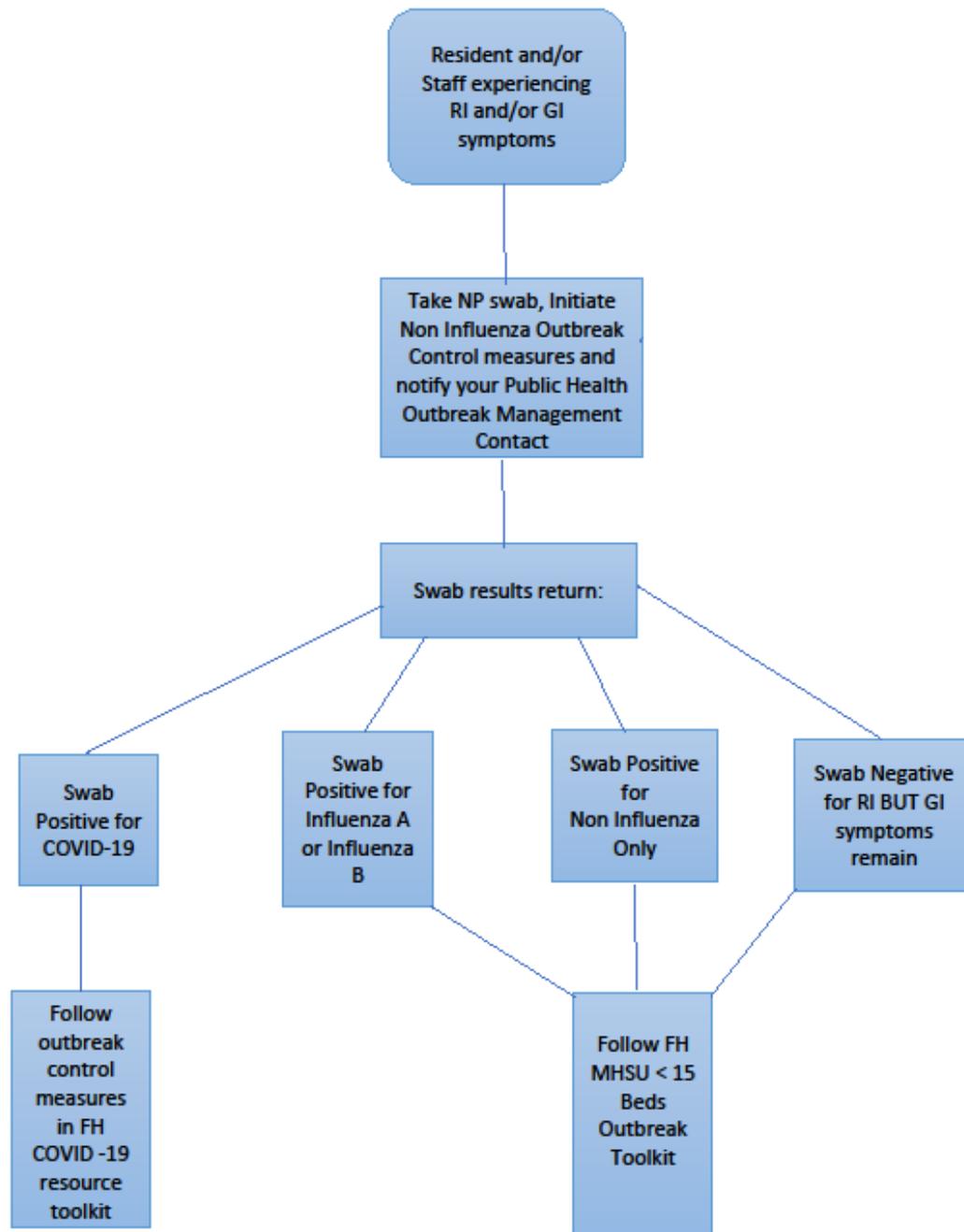
A viral RI outbreak is when there are 1 or more people (staff and/or clients) in the residence with symptoms of respiratory illness, and at least one is laboratory-confirmed as Influenza or other respiratory virus virus (except COVID-19)

A COVID-19 outbreak is declared by the Medical Health Officer when there is one or more positive case (resident/tenant or staff) identified along with evidence of transmission. When there is a single, low risk case of COVID with no evidence of transmission at a site (i.e. a COVID-19 exposure), an outbreak will not be declared and the facility will be placed on enhanced monitoring

Outbreak Detection and Consultation Checklist

- ISOLATE** residents with any RI or COVID symptoms and place on Droplet Precautions ([Tools 15, 16](#))
- INITIATE DETECTION AND ACTION STEPS** promptly when there are 1 or more people with any RI symptoms in a neighbourhood, floor (staff and/or residents) ([Tool 21](#))
- COLLECT nasopharyngeal** swabs for testing
 - MHSU facilities should refer to the [COVID-19 Resource Toolkit](#) for the following information about nasopharyngeal swabbing Who should be tested for COVID-19
 - Ordering Swabs
 - Nasopharyngeal Skill and Competency Checklist
 - Virology Requisition Form Sample
 - Workflow for Completing Nasopharyngeal Swab
 - Transportation of Dangerous Goods protocol – includes the certification requirement for packaging and transporting specimens and information about ordering the correct certified boxes for transportation (Tool 23b)

Flow Chart for start of RI/GI Viral illness



Contacting Public Health-RI

When a RI outbreak is suspected, facilities are to connect with Public Health if they require support, have questions, or the illness in residents/staff changes or they note more residents and staff becoming ill, and intend sending additional swabs

For Public Health Consultation related to **respiratory illness** call 778-368-0123. Send the list of ill tenants and staff to Public Health upon request

Public Health will provide education and support as needed, depending on swab results:

- If swab/s test positive for COVID-19, the facility will follow the procedures outlined in the COVID Resource Toolkit, and Public Health would remain involved in the follow up and support until the outbreak is over.
- If swab/s test positive for Influenza or other respiratory pathogen but negative for COVID, the AL/IL/MHSU <15 bed facility will be directed to follow their respective RI toolkits. There would be no active role of PH in follow up at this point. The role of PH at this point would be consultative only.

Public Health is not routinely involved in providing laboratory test kits or collecting specimens from people in community living settings.

The level of Public Health involvement will depend on the situation.

CHECKLIST for MHSU Residences when there is an Outbreak* due to RESPIRATORY ILLNESS

A. How to start and assess response

- Nurse identifies symptomatic resident during daily screening of all tenants,
- Activate your Response Team (in keeping with your [preparedness plan](#) call together your team to respond to the Outbreak-see [contact list template](#) as summarized in the following CHECKLIST
- Develop a plan of action and determine roles and responsibilities of each party

B. Who should be notified and When? – [See Algorithm for Respiratory Outbreak](#)

- MHSU Case Manager **when** cases first start to appear
- Any health care facility institution that may have admitted a client from you within the past 72 hours to advise them of illness in your residence
- Support Services –(i.e. housekeeping, volunteers, visitors, other interdisciplinary team members-)
- For CRESST and LICENSED SITES ONLY: Notify Community Infection Prevention and Control (IPC) Specialist, email: askIPCCommunity@fraserhealth.ca during business hours (Monday to Friday from 0800-1600) and for additional support as needed. As there is no after-hours IPC support please use Outbreak Toolkit for guidance and inform IPC Specialist on next business day.
- For UNLICENSED SITES: There is no IPC Support during business hours, after-hours, during weekends and holidays, please use this Outbreak Toolkit for guidance.
- Consult with Public Health if COVID-19 positive resident

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

- Maintain ill clients in their rooms on **droplet precautions**. Ensure that **precautions** are used by workers/volunteers during contact with **ill** residents/clients (hand hygiene and the use of personal protective equipment such as procedure masks, gloves or gowns as deemed appropriate for the situation)—[See droplet /contact precautions poster](#).
- Remove personal protective equipment on leaving room of ill client and perform hand hygiene. [See how to remove PPE](#)
- Ensure hand hygiene is done after removing gloves
- Ensure hand hygiene is done between contact with different clients
- Arrange for meals to be brought to ill clients' rooms and for extra laundry and housekeeping services
- Consult with client's clinician to address medical concerns
- Check on clients more frequently
- Advise that ill clients not take part in social and recreational group activities

D. What resources/changes in practice are needed?

- Begin daily recording of incidents of [client illness](#) and [staff illness](#) on Illness Tracking Logs.
- Review and ensure that droplet/contact precautions are in place as indicated and signage appropriately posted
- Check stock of any needed supplies, plan for regular inventory check, refresh and re-order as needed
- Ensure routine cleaning, disinfection, laundry and waste management occur. Initiate enhanced cleaning – see [enhanced cleaning checklist](#).
- Post, review and implement recommendations contained in Work Duty specific with Staff and Contractors. [See Guides for Client Care, Housekeeping, Laundry](#)

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

- Provide education about:
 - [Hand hygiene](#) and respiratory etiquette. [See related tools](#).
 - [Visitors and Family](#) should be made aware of the outbreak and visit only one client, perform hand hygiene and follow precaution signage
 - Self-reporting of symptoms to staff if clients become ill
- Ensure educational posters/signage in common areas (may include provision to individual rooms)
- Identify means for hand hygiene. Placement of [alcohol based hand rub](#) (ABHR) based on risk assessment.
- Ensure there are gowns, gloves, mask and eye protection available-[see supply list](#)
- Advise new clients of prevention and control measures
- Offer and make available influenza vaccine for unimmunized clients – see [client influenza vaccination record](#)
- Clients sharing rooms with ill roommates should be educated and assisted to practice hand hygiene prior to leaving the room.
- [Soap and water](#) or [alcohol-based hand rub](#) are acceptable methods of hand hygiene to prevent spread of respiratory viruses.

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

- Remind about availability of influenza immunization. See Influenza Control Policy <http://www.fraserhealth.ca/professionals/resources/influenza/influenza-policy>
- Provide educational posters in appropriate areas

- Provide ABHR in staff areas or personal size ABHR.
- Provide education about [hand hygiene](#) and [respiratory etiquette](#)
- Remind workers/volunteers to self- monitor for symptom development and stay at home and notify management **if** symptoms of respiratory illness develop

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

- Advise ill workers/volunteers (including contractors) to exclude themselves from work until symptoms are resolved **or** five days after onset of illness, whichever is sooner

H. What should be considered for workers who go into clients' rooms/work with well clients?

- Consider restriction on movement of workers from rooms or areas with respiratory illness to rooms or areas without respiratory illness
- As per [routine practice](#), provide gowns and gloves, masks and/or eye protection for workers when hands or clothing come in contact with blood or other body fluids
- Ensure hand hygiene is done after removing gloves
- Ensure hand hygiene is done between contact with different clients

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

- Advise that ill clients not take part in social and recreational group activities until symptoms are resolved **or** five days after onset of illness, whichever is sooner
- If more than a few clients are ill, and especially if spread of illness within the residence is the likely explanation, assess the appropriateness of social and recreational group activities. *(Cancellation of all group activities would be a very unusual measure and would not be appropriate in most situations. Consideration of alternative arrangements or postponement may be prudent if many clients are ill and spread of illness within the residence is the likely explanation)*

J. What advice/information should be given to visitors?

- If more than a few clients are ill and especially if spread of illness within the residence is the likely explanation, provide signs at entrances and common areas notifying family members and other visitors of respiratory illness
- If more than a few clients are ill, advise visitors that they should limit the number of clients they visit to one room or area
- Advise visitors that they should not visit other clients after visiting an ill client
- Enhance education about hand hygiene and respiratory etiquette. Provide educational posters in common areas
- Provide means for hand hygiene. Placement of ABHR should be made based on a risk assessment
- Advise visitors that they should not visit if they are ill with acute respiratory illness. Ask them to postpone their visit until they are well (until symptoms are resolved **or** five days after onset of illness, whichever is sooner for viral respiratory illness)
- Essential Visitors for Facilities having a COVID-19 Outbreak,

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

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

L. When there are continued cases

- Review the appropriate "[Evaluation for problem solving when control measures are failing](#)"
- Review toolkit to ensure all Control measures are in place.
- Consult with MHSU Infection Prevention and Control Specialist during business hours ONLY (Monday to Friday from 0800-1600)

M. What needs to be done when declaring Outbreak Over (in Consultation with Infection Prevention and Control Specialist)

- Lift control measures and return to normal activities the 8th day following onset of illness for Clients, or 3 days for staff.
- Refresh any kits/supplies as needed –see [supply list](#)
- Evaluate response measures and amend response plan for future incidents as needed, based on evaluation
- COVID-19 Outbreaks are declared over in consultation with Public Health/Medical Health Officer –

Managing an outbreak in an MHSU Setting due to Respiratory Illness causing predominately Serious Illness

Work Duty Specific Precautions

Client Care

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

Personal Protective Equipment

- Gowns, gloves, masks and eye protection are required during the care of ill clients and for any contact with the room

Notes:

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

Managing an outbreak in an MHSU Setting due to Non-COVID-19 Respiratory Illness (new or worse cough) causing predominately Serious Illness

Work Duty Specific Precautions

Housekeeping

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

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

Personal Protective Equipment

- Gowns, gloves, mask and eye protection is required when entering the rooms of ill clients.

Notes:

- **All staff with respiratory symptoms should be excluded from work until cleared to return**
- **Staff with respiratory symptoms should not work in other facilities until their symptoms have stopped or 5 days from symptom, whichever is sooner**

Managing an outbreak in an MHSU Setting due to Respiratory Illness

Work Duty Specific Precautions

Laundry

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

- Assist with laundry services for ill clients

Personal Protective Equipment

- All soiled laundry is potentially infectious therefore routine practices should always apply. Gloves, gown, mask and eye protection should be worn when in contact with soiled laundry.

Notes:

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

Section 4

The Recognition and Management of Gastrointestinal Illness

In the following section, you will find a 'Checklist for MHSU Residences when there is an outbreak due to Gastrointestinal' to help guide you.

- The definition of 'Gastrointestinal' is a person with:
 - 2 or more episodes of diarrhea within a 24 hour period above what is considered normal for the client or is otherwise explained by diet or medication. Diarrhea defined as loose or watery stool that is loose enough to take the shape of a container;
 - 2 or more episodes of vomiting within a 24 hour period;
 - 1 episode of diarrhea AND 1 episode of vomiting within a 24 hours period; or
 - Lab confirmation of a known enteric pathogen AND at least one symptom compatible with Gastrointestinal (nausea, vomiting, diarrhea, abdominal pain or tenderness).

- The definition of an outbreak is:
 - onset of illness in 3 or more clients and/or staff in the MHSU residence within a 4-day period.
- Maintain clients on contact precautions or keep them spatially separated from others until 48 hours after symptoms have stopped.

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

ALGORITHM FOR GASTROINTESTINAL OUTBREAK CONTROL MEASURES FOR MHSU RESIDENTIAL LESS THAN 15 BEDS

3 or more Clients/Residents with 2 or more Episodes of Vomiting or Diarrhea in a 4 day period

PUT CONTROL MEASURES IN PLACE FOR INDIVIDUAL ILL RESIDENTS

(Refer to Checklist for Gastrointestinal Illness)

- Initiate **CONTACT PRECAUTIONS** in addition to **ROUTINE PRACTICE** when caring for ill residents. **DROPLET/CONTACT PRECAUTIONS** if vomiting present
- Using appropriate Personal Protective Equipment (gloves, gowns and masks with facial protection)
- Initiate Tracking Log (begin daily recording of incidents of ill residents and staff)
- Post Signage (**CONTACT & ROUTINE PRECAUTIONS**, Attention Visitors) and provide Educational Posters (i.e Hand Hygiene)

NOTIFY

CRESST

PC/Manager
Licensing
IPC Specialist
Other Support Services
Dietary/Housekeeping

SHARP SITES

NIC/Manager of Care
SHARP Coordinator
Housing Manager/Director
Licensing
IPC Specialist (For Licensed Sites)
Other Support Services as needed

Unlicensed

NIC/Manager of Care
SHARP Coordinator
Housing Manager/Director
Other Support Services as needed

Always Remember: Hand Hygiene

CHECKLIST for MHSU Residences when there is a Outbreak* due to GASTROINTESTINAL

OUTBREAK DEFINATION: 3 or more clients with 2 or more episodes of vomiting and/or diarrhea in a 4 day period

A. How to start and assess response?

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

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

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

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

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

D. What resources/changes in practice are needed?

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

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

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

- Clients sharing rooms with ill roommates should be educated and assisted to practice [hand hygiene with soap and water](#) prior to leaving the room. They should be advised to monitor and report symptoms if they develop.
- Increase monitoring for symptoms on these clients by staff

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

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

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

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

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

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

I. What advice/information should be given to visitors

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

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

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

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

K. When there are continued cases:

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

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

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

Cleaning and Disinfection Protocol when Outbreak due Gastrointestinal Illness

In the event of outbreak due to Gastrointestinal Illnesses, 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: a disinfectant with a non-enveloped virucidal claim should be used throughout the entire facility for the duration of the outbreak.

Cleaning Vomit and Feces

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

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

- Wearing disposable gloves, standard procedure mask (or face shield), and gown
- Using paper towels to soak up excess liquid and gross soil. Transfer these and any solid matter directly into a plastic garbage bag
- Cleaning the soiled area with detergent and water, using a “single-use” cloth to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions (see below)
- Depositing disposable gloves, masks, and gowns into a garbage bag and re-usable gowns into a laundry bag
- Washing hands thoroughly using soap and water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with one of the recommended disinfectant solutions (see below)
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)
- Wash all dishes, utensils and trays in a commercial dishwasher; (see following)
- If a vomiting or fecal accident occurs in an area where food is prepared served or displayed or stored, dispose of any food that has been handled by the ill person since symptom onset, or been present within 2 meters of a vomiting incident.

Recommended Disinfectant Solutions

1. Hypochlorite (Bleach) Solution

Cleaning with bleach is a 2 step process. First, clean the area using your regular process, then follow up with bleach solution.

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

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%

- Use as recommended in the product use and safety information
- Ensure the contact time of the product used is met is necessary to be effective against gastrointestinal viruses

3. Disinfectants with non-enveloped virucidal claim are also acceptable.

NOTE

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

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

Treatment of Specific Materials

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

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

Managing an Outbreak in an MHSU Setting due to **Gastrointestinal Illness** Work Duty Specific Precautions

Client Care

- Care for ill clients in their rooms on contact precautions or droplet contact precautions until at least 48 hours after their symptoms have cleared
- Keep well clients away from areas with ill clients until at least 48 hours after symptoms have cleared
- Serve meals to ill clients in their rooms or a separate contained area for ill clients until at least 48 hours after symptoms have cleared
- Cohort care staff when possible (eg. staff caring for ill clients should not care for well clients **or** should care for well clients first and then ill clients).
- Ensure proper use of personal protective equipment with ill clients, removal on leaving room and proper hand hygiene between care for each client
- Ensure mattresses and pillow covers are water-resistant. Wash and disinfect as required.
- Ensure client bathing facilities are cleaned and disinfected between use.
- Ensure toilet lid is closed **before** flushing (where possible) to reduce possible droplet spread of the toilet water into the air
- Wear a gown and mask (with eyewear protection) when disposing of body waste such as feces/urine/aspirates/vomit into toilet to avoid splash/spillage.
- Remind clients to wash hands with soap and water before meals, after toileting and when leaving their room.
- If clients share an room, instruct that dentures or partials be protected from potential contamination by droplets spread into the air and are properly cleaned before use
- Ensure that any food that was sitting out near an episode of vomiting is discarded.
- Perform hand hygiene with soap and water. Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc.

Personal Protective Equipment

- Gowns and gloves are required during the care of ill clients and for any contact with infectious material while cleaning or laundering
- A mask (with eyewear protection) should be worn when assisting a client who is vomiting, or during the cleaning of vomit or fecal matter

Additional resources:

Gastroenteritis in Adults and Older Children

<http://www.healthlinkbc.ca/healthtopics/content.asp?hwid=zx1806>

Norovirus:

<http://www.healthlinkbc.ca/healthfiles/hfile87.stm>

Gastrointestinal Cleaning and Disinfection Protocol

Specific to Client Care

Cleaning Vomit and Feces

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

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

- Wearing disposable gloves, standard procedure mask (or face shield), and gown
- Using paper towels to soak up excess liquid and gross soil. Transfer these and any solid matter directly into a plastic garbage bag
- Cleaning the soiled area with detergent and water, using a “single-use” cloth to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions (see below)
- Depositing disposable gloves, masks and aprons into a garbage bag and re-usable aprons/gowns into a laundry bag
- Washing hands thoroughly using soap and water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with one of the recommended disinfectant solutions
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)
- Wash all dishes, utensils and trays in a dishwasher
- If a vomiting or fecal accident occurs in an area where food is prepared served 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.

Notes:

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

Managing an outbreak in an MHSU Setting due to Gastrointestinal Illness

Work Duty Specific Precautions

Housekeeping

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

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

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

Personal Protective Equipment

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

Notes:

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

Gastrointestinal Cleaning and Disinfection Protocol

Specific to Housekeeping

Cleaning Vomit and Feces

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

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

- Wearing disposable gloves, procedure mask and eye protection, and gown
- Using paper towels to soak up excess liquid and gross soil. Transfer these and any solid matter directly into a plastic garbage bag
- Cleaning the soiled area with detergent and water, using a “single-use” cloth to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions
- Depositing disposable gloves, masks and gowns into a garbage bag and re-usable gowns into a laundry bag
- Washing hands thoroughly using soap and water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with a disinfectant solution that has a non-enveloped virucidal claim. Ensure product remains wet on surfaces for the required contact time.
- 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
- 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.

Treatment of Specific Materials

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

Managing an outbreak in an MHSU Setting **due to Gastrointestinal Illness** Work Duty Specific Precautions

Laundry

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

Personal Protective Equipment

- Gowns and gloves are required during contact with infectious material while laundering
- A mask and eye protection should be worn when handling laundry that is wet and will likely spray or splash

Notes:

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

Managing an Outbreak in an MHSU Setting due to Gastrointestinal Illness

Work Duty Specific Precautions

Waste Management

- Place garbage in a leak-proof bag and close securely before removal from client's room. Double bagging is not necessary unless the first bag is leaking. Try to avoid a "whoosh" of air in your face as the bag is tied shut as this may spread droplets of infectious material into the air
- Use close systems for disposal of feces and vomit
 - Macerators or washer/disinfectors
 - Incontinent products
 - Disposable Hygienic bags
- Perform hand hygiene using soap and water.

Personal Protective Equipment

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

Notes:

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

Managing an Outbreak in an MHSU Setting due to Gastrointestinal Illness Work Duty Specific Precautions

Kitchen Staff

- **Avoid practices that generate droplet spray from used dishes.**
- If cleaning up vomit in a food preparation area:
 - Clean and disinfect the area (including vertical surfaces) with a suitable disinfectant solution.
 - Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)
- Kitchen staff shall wash all dishes, utensils and trays in a commercial dishwasher;
- Be careful not to cross-contaminate dirty and clean dishes
- Perform hand hygiene using soap and water.

Personal Protective Equipment

- A mask or face shield and gown should be worn when cleaning dishes or trays

Notes:

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

Gastrointestinal Cleaning and Disinfection Protocol

Specific to Kitchen staff in Food Prep Areas

Cleaning Vomit and Feces

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

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

- Wearing disposable gloves, procedure mask and eye protection, and gown
- Using paper towels to soak up excess liquid and gross soil. Transfer these and any solid matter directly into a plastic garbage bag
- Cleaning the soiled area with detergent and water, using a “single-use” cloth to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions
- Depositing disposable gloves, masks and gowns into a garbage bag and re-usable gowns into a laundry bag
- Washing hands thoroughly using soap and water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with a disinfectant solution that has a non-enveloped virucidal claim. Ensure product remains wet on surfaces for the required contact time.
- 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
- 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.

Contacting Public Health-GI

Public Health is not routinely involved in providing laboratory test kits or collecting specimens from people in community living settings.

The level of Public Health involvement will depend on the situation.

Section 5

Websites

PICNet BC resources

The Provincial Infection control Network is a resources available for the community of practice for infection control, public health and Occupational health resources.

PICNet BC: <http://www.picnetbc.ca/>

HealthLink BC Files, Index and Homepage links

<http://www.healthlinkbc.ca/healthfiles/httoc.stm>

<http://www.healthlinkbc.ca/healthfiles/index.stm>

<http://www.healthlinkbc.ca/healthfiles/hfile87.stm>

Influenza Vaccine (Files 12 a-d):

Facts about Seasonal Influenza

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12b.pdf>

Influenza Immunization: Myths and Facts

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12c.pdf>

Seasonal Influenza Vaccine

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12d.pdf>

Fraser health Flu Policy

<https://pulse/clinical/dst/DST%20Library/Influenza%20Control%20Program%20-%20Policy/Policy.pdf>

Pneumococcal Vaccine

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile62b.pdf>

Section 6

TOOLS INVENTORY

[RI OutbreakTools: Link to Viral RI Outbreak Toolkit](#)

- Tool 10: [Ordering Nasal Swab Collection Kits](#)
- Tool 11: [Signage for Use throughout the Respiratory Virus Season](#)
- Tool 12: [Hand Hygiene](#)
- Tool 13: [Routine Practices \(Standard Precautions\)](#)
- Tool 14: [Suspect Viral Respiratory Illness Case Definition and Control Measures for Single or Sporadic Cases](#)
- Tool 15: [Droplet Precautions](#)
- Tool 16: [Removal of Personal Protective Equipment \(PPE\)](#)
- Tool 17: [Staff Influenza Immunization and Anti-Influenza Prophylaxis List](#)
- Tool 18: [Sample Staff Influenza Immunization Record](#)
- Tool 19: [Resident Influenza Immunization and Anti-Influenza Prophylaxis List](#)
- Tool 21: [Suspect Viral Respiratory OUTBREAK Definition and Initial Response](#)
- Tool 24: [Suspect Outbreak Reporting—Things to Report on the First Day and for the Duration of the Outbreak](#)
- Tool 25: [Definition of Completely Separate Areas of Facility – Guidance for Implementation of Control Measures](#)
- Tool 26: [Daily Surveillance and Reporting](#)
- Tool 27: [Resident Illness Report and Tracking Form](#)
- Tool 28: [Staff Illness Report and Tracking Form](#)
- Tool 29: [Helpful Information about Common Respiratory Viruses](#)
- Tool 39: [Enhanced Cleaning](#)
- Tool 40: [Disinfectant Selection Guide](#)
- Tool 42a: [Problem Solving if Outbreak is NOT Stopping](#)
- Tool 42b: [Non Influenza](#)
- Tool 43a: [Declaring Outbreak Over](#)
- Tool 43b: [Non Influenza](#)

[COVID-19 Outbreak Tools: Link to COVID-19 Resource Toolkit](#)

Visitors

- Family/Social Visit
- Essential Visitor Policy Poster
- Visitor Screening Poster

Staff

- Staff Testing
 - Staff Protocol for Monitoring & Testing Poster
 - Staff Symptom Monitoring Poster
 - Staffing Support (for Sites in COVID Outbreak)
 - Public Health Tool 28: Staff Illness Report and Tracking Form
 - Staff and Medical Safety Poster
- Admission/transfers
- Admissions from Acute Care to LTC, AL & Convalescent Care
 - Essential Medical Appointments
 - AL - Transfers for Medical Care

Outbreak Management

- Monitoring and initial response for possible COVID-19 cases
- Checklist – Suspected Case
- Checklist – ONE or More Positive (Staff or Client) COVID-19 test result (COVID Outbreak)

Reporting

- Notification & Management Process for Suspected/Confirmed Cases
- Public Health Tool 27: Resident Illness Report and Tracking Form
- Public Health Tool 28: Staff Illness Report and Tracking Form
- Tips for Completing Public Health Tools 27 & 28

Testing

- Who should be tested for COVID-19?
- Fraser Health COVID-19 Screening Process
- Swabs

Resources

- Medical Health Officer (MHO) Orders
- BC-CDC's Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living
Personal Protective Equipment (PPE)
- Personal Protective Equipment (PPE) Framework
- Donning and Doffing Personal Protective Equipment
- Equipment and Enhanced Cleaning Guidelines

[GI Outbreak Tools: Link to Gastroenteritis Outbreak Toolkit](#)

- Tool 8: [Signage](#)
- Tool 9: [Routine Practices: Four Basic Elements](#)
- Tool 10: [Hand Hygiene](#)
- Tool 11: [Contact Precautions](#)
- Tool 12: [Droplet Precautions](#)
- Tool 13: [Personal Protective Equipment \(PPE\) Supplies](#)
- Tool 14: [Removal of Personal Protective Equipment \(PPE\)](#)
- Tool 15: [Enhanced Cleaning, Sanitizing and Disinfecting](#)
- Tool 16: [Disinfectants Commonly Used in Viral GI Outbreaks](#)
- Tool 17: [Disinfectant Selection Guide](#)
- Tool 18: [Disinfectant Definition and Use Against Viruses Causing Gastrointestinal Illness](#)
- Tool 19: [Case Definition for Viral Gastrointestinal Illness](#)
- Tool 20: [Suspect Viral Gastrointestinal Illness OUTBREAK Definition and Initial Response](#)
- Tool 21: [Outbreak Reporting: Urgent FAX Sheet](#)
- Tool 22a: [Collection of Specimens for Laboratory Testing](#)
- Tool 22b: [Transportation of outbreak specimens under Transportation of Dangerous Goods](#)
- Tool 23: [Control Measures for a Single Case](#)
- Tool 24: [Daily Surveillance and Reporting](#)
- Tool 25: [Resident Illness Report and Tracking Form](#)
- Tool 26: [Staff Illness Report and Tracking Form](#)
- Tool 27: [Management of ill Residents](#)
- Tool 28: [Preventive Measures for well, unaffected Residents](#)

Tool 29: Management of ill Staff

Tool 30: Preventive Measures for well, unaffected Staff

Tool 31: Work Duty-Specific Precautions for NURSING CARE

Tool 32: Work Duty-Specific Precautions for HOUSEKEEPING

Tool 33: Work Duty-Specific Precautions for LAUNDRY

Tool 34: Work Duty-Specific Precautions for KITCHEN STAFF

Tool 35: Work Duty-Specific Precautions for WASTE MANAGEMENT

Tool 36: Visitor Education, Precautions and Restrictions

Tool 37: Control Measures to Prevent Spread within a Facility and to other Facilities-- including Residents returning to a Facility during a Viral Gastrointestinal Illness Outbreak)

Tool 40: Common Organisms Causing Gastrointestinal Illness and Outbreaks

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

Tool 42: Problem Solving if Outbreak is NOT Stopping

Tool 43: Declaring the Outbreak Over