

Community Viral Gastrointestinal (GI) Case and Outbreak Containment Toolkit

This toolkit provides guidance related to viral gastrointestinal illness (e.g. Norovirus, Rotavirus, and Adenovirus) only.

If gastrointestinal illness is caused by another enteric pathogen (e.g. Escherichia coli (E. coli), Salmonella etc.) consult with the MHO or designate as recommendations may be different.

For gastrointestinal infection caused by Clostridioides difficile (C. diff), please contact your ICP and follow established clinical pathways for treatment and management.

One to Two client(s) identified with new symptoms consistent with Viral GI	
GI Case definition <ul style="list-style-type: none"> ● 2 or more episodes of diarrhea (Bristol stool chart 6 or 7) within a 24 hr. period, above what is considered normal for that individual OR ● 2 or more episodes of vomiting within a 24 hr. period, OR ● 1 episode each of vomiting and diarrhea within a 24 hr. period, OR ● 1 episode of bloody diarrhea, OR ● lab confirmation of a known enteric pathogen with at least one symptom compatible with a GI infection (e.g. nausea, vomiting, diarrhea, abdominal pains, bloody stools or tenderness) 	
1. Notification and Line List	<ul style="list-style-type: none"> ● Frontline staff; initiate a paper line list to keep track of symptomatic clients. ● Site leadership; initiate an electronic line list to keep track of symptomatic clients. ● Follow the directions on the instructions tab of the electronic line list to password protect your file. ● Email the Ambulatory and Community team to notify that you have identified symptomatic client(s) (note the Ambulatory and Community team works Monday to Friday – they will respond the following business day): <ul style="list-style-type: none"> ○ ICP-ambulatorycommunity@vch.ca ● Email questions to: ICP-ambulatorycommunity@vch.ca ● Review VGI Case Communication Algorithm. ● If you believe you have met outbreak definition, please follow the VGI Case Communication Algorithm to determine whom to contact.

<p>2. Additional Precautions</p>	<ul style="list-style-type: none"> ● Place symptomatic clients that meet the case definition on Contact Plus Precautions, include mask and eye protection (add Droplet Precautions) when vomiting present. ● Maintain precautions until 48 hours after symptoms have resolved. ● Place Contact plus and Droplet (if client vomiting) signage at entrance to client room. ● Place donning sign at entrance to client room in a visible location. Place doffing sign in the doffing zone inside the client room. ● Close contacts of symptomatic clients are reviewed on a case-by-case basis, (roommates or tablemates where a client may have had an episode of emesis or uncontained loose stool thus exposing other clients). ● Where possible dedicate toileting facilities and consider using a disposable containment system such as a commode/bedpan liner (see Appendix A for products). ● Use disposable equipment where possible (e.g. disposable blood pressure cuff). ● If disposable equipment is not available, dedicate equipment to symptomatic clients – clean and disinfect shared equipment using a 2-step process after every use. ● Refer to the IPAC Diseases and Conditions table for additional information regarding specific enteric pathogens.
<p>3. Hand Hygiene</p>	<ul style="list-style-type: none"> ● Soap and water hand washing is the preferred practice. ● If a hand hygiene sink is not available at point of care, staff to perform hand hygiene with ABHR and then immediately proceed to a hand hygiene sink to perform soap and water hand hygiene. ● In situations when there is no access to a hand hygiene sink, consider making Sani-Wipes available to remove visible soil from staff hands.
<p>4. Symptom Screening</p>	<ul style="list-style-type: none"> ● Increase symptom screening of all clients to twice daily in the affected areas until 4 days (96 hours) from last client symptom resolution. ● Samples of stool or emesis may be collected and stored in a specimen fridge at 4°C for up to 3 days. Samples will be sent for testing if Outbreak Definition is met. ● Record client symptoms in the clinical record including date, time, number and type of episodes using the Bristol Stool Chart (e.g. Type 6 or 7).
<p>5. Cleaning & Disinfection</p>	<ul style="list-style-type: none"> ● Dedicate reusable equipment or use single use items where possible and clean and disinfect (2-step process) all shared items after every use. ● Consider initiating enhanced cleaning and disinfection of affected spaces and dining areas. If unsure, speak with your Infection Control Practitioner for direction.
<p>6. Group Activities</p>	<ul style="list-style-type: none"> ● Clients on Contact Plus and Droplet precautions may not attend group activities. ● Asymptomatic clients may participate in group activities.

<p>7. GI Monitoring - Staff</p>	<ul style="list-style-type: none"> ● Encourage staff to self-monitor for symptoms and stay home when symptomatic. ● If staff experience nausea, vomiting or diarrhea at work they should: <ul style="list-style-type: none"> ➢ Notify their leader or charge nurse ➢ Avoid further client contact ➢ Transfer essential duties and go directly home ➢ Close toileting facilities used by the symptomatic staff member until cleaned and disinfected ● Exclude ill staff from working in any health care facility until they are symptom free for 48 hours. ● Exclude ill food-handler staff from working in any health care facility until they are symptom free for 72 hours.
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Gastrointestinal Outbreak Definition:
Three or more clients that meet the case definition for Viral GI cases on the same unit or ward within a 4-day period.

<p>GI Case definition</p> <ul style="list-style-type: none"> ● 2 or more episodes of diarrhea (Bristol stool chart 6 or 7) within a 24 hr. period, above what is considered normal for that individual OR ● 2 or more episodes of vomiting within a 24 hr. period, OR ● 1 episode each of vomiting and diarrhea within a 24 hr. period, OR ● 1 episode of bloody diarrhea, OR ● lab confirmation of a known enteric pathogen with at least one symptom compatible with a GI infection (e.g. nausea, vomiting, diarrhea, abdominal pains, bloody stools or tenderness) 	
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<p>1. Notification and Line list</p>	<ul style="list-style-type: none"> ● Frontline Staff: notify nurse in charge, manager or designate of symptomatic clients. ● Frontline Staff: initiate or continue using a paper line list (updated daily) to keep track of symptomatic clients. ● Site Leadership: to email the electronic line list of symptomatic clients daily until 4 days/96 hours (2 incubation periods) after resolution of symptoms in the last case or the outbreak declared over by the MHO: Monday to Friday: CDEHO@vch.ca ICP-ambulatorycommunity@vch.ca VCHMedMicroIPAC@vch.ca
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	<p>Saturday, Sunday and STATs: CDEHO@vch.ca MHOandCDNurseOnCall@vch.ca ICP-ambulatorycommunity@vch.ca VCHMedMicroIPAC@vch.ca ICP-ChargeRN@vch.ca Call ICP In Charge RN: 604-220-5813</p>
<p>2. Outbreak Declaration</p>	<ul style="list-style-type: none"> ● When outbreak definition is met, Infection Control Practitioner (ICP) will contact the MHO/Delegate to declare the outbreak: <u>Monday to Friday:</u> email CDEHO@vch.ca <u>Saturday, Sunday and STATs:</u> email MHOandCDNurseOnCall@vch.ca or call MHO on call at 604-527-4893 ● Email: MHOandCDNurseOnCall@vch.ca and CDEHO@vch.ca. <ul style="list-style-type: none"> ○ ICP to detail the symptomatic residents and staff, facility layout, total number of beds and total number of staff. ● Close the affected floor/unit/ward or facility to new admissions, re-admissions or transfers as per MHO/designate. ● For medically necessary admissions or transfers, site to call the MHO and/or designate to review and discuss. Mon-Fri 0800-1600: 604-675-3800 or 604-675-3900 After Hours, Weekends and STAT Holidays: 604-527-4893 ● Site leadership to inform priority access and receiving facility and service providers (e.g. paramedics; contracted transfer services) of the client and outbreak status of the unit for transfers to acute care. ● Post Outbreak Notification signage at the facility entrance and/or floor/unit/ward advising visitors about the outbreak. ● Monday to Friday - MHO /EHO to notify the BCCDC Public Health Laboratory of facility status. ● Saturday, Sunday and Statutory Holidays – ICP to notify the BCCDC Public Health Laboratory of facility status by completing the BCCDC Gastrointestinal Disease Outbreak Notification Form and faxing the form to 604-707-2607. ● Identify a site based outbreak management leader.
<p>3. Communication</p>	<ul style="list-style-type: none"> ● EHO will coordinate outbreak meeting if requested by MHO, EHO, site leadership or ICP. ● Site based outbreak management leader to schedule internal meeting(s) with their staff. ● Outbreak management team lead to notify EVS and Food services manager, families and site of outbreak status. ● Site to identify a means of communication with frontline staff (e.g. huddles, communication binders, communication boards, staff notices, emails and Key messages). ● Site to notify non-facility staff, professionals, and other service providers of the Public Health recommendations and to communicate any closures, cancelled services, and/or temporary restrictions (e.g. volunteers, clergy, Handy DART, oxygen service, BC Ambulance, paid companions, students, food service staff, and others).



<p>4. Laboratory Specimens</p>	<ul style="list-style-type: none"> ● Consider developing a distribution list for easy and timely notification. ● Collect specimens for symptomatic individuals who meet case definition and send specimens to BCCDC Public Health Laboratory. ● Complete the BCCDC Public Health Laboratory Gastrointestinal Disease Outbreak Requisition for each sample sent to the lab, indicate Viral / Bacterial Outbreak Test (do not use SAF vial) and use the VCH CDC MISYS # as ordering practitioner. ● MHO/EHO (Monday- Friday) or ICP (weekends & stats) will provide the outbreak identification and the MISYS # for BCCDC requisitions. ● Once laboratory testing has confirmed the enteric pathogen of 2 separate samples, no further sampling is required. Any additional testing must be approved/requested by MHO. CD EHO will follow up with special request to BCCDC PHSA Lab. ● Order sample containers from the BCCDC Public Health Laboratory using the following requisition linked here. ● It is the responsibility of the site to send specimens to the BCCDC Provincial Health Laboratory using your established courier service, taxi service or by dropping samples off. ● Samples are received Monday – Sunday (including Statutory Holidays) between 0700-2300 ● Samples should be shipped or dropped off to Specimen Receiving or Specimen Drop-box at : BCCDC Public Health Laboratory Central Processing and Receiving 655 West 12th Avenue Lane Level (at rear of building) Vancouver BC
<p>5. Cohorting Staff</p>	<ul style="list-style-type: none"> ● Cohort staff to affected area where possible. ● When cohorting is not possible, staff to move from asymptomatic to symptomatic clients. ● Allied staff to provide support in unaffected units prior to working in affected areas of the facility.
<p>6. Client Cases</p>	<ul style="list-style-type: none"> ● Place symptomatic clients on Contact Plus precautions include mask and eye protection (add Droplet precautions) when vomiting present. ● Maintain precautions until 48 hours after symptoms have resolved. ● Increase monitoring of all clients on the affected unit to twice-daily screening until 4 days (96 hours) from last client's symptom resolution. ● Assess clients daily in unaffected areas. ● Review close contacts of symptomatic clients on a case-by-case basis, (roommates or tablemates where a client may have had an episode of emesis or uncontained loose stool thus exposing other clients). ● Restrict movement of symptomatic clients outside of their rooms as much as possible and create management plans for clients who cannot follow isolation orders.

	<ul style="list-style-type: none"> ● Do not move asymptomatic roommates. ● Do not admit or move asymptomatic clients into rooms on Contact Plus/Droplet precautions. ● Provide tray service (meals to room) for clients on precautions. ● Support clients to perform hand hygiene before and after meals, after toileting and after an episode of diarrhea and/or vomiting. ● Encourage staff to clean and disinfect bedrails and over bed tables when delivering meals and when providing care. ● Use disposable hygienic products for symptomatic clients (see appendix A).
7. Group Activities	<ul style="list-style-type: none"> ● Group activities are at the discretion of the MHO/Designate. ● Clients on Contact Plus and Droplet precautions may not attend group activities. ● No shared food.
8. Staff Cases	<ul style="list-style-type: none"> ● Staff who develop symptoms at home to follow up with their own healthcare provider. ● VCH staff to report work absence to the Provincial Workplace Health Call Centre (1-866-922-9464). ● Symptomatic HCWs are excluded from work: <ul style="list-style-type: none"> ➢ Exclude ill staff from working in any health care facility until they are symptom free for 48 hours. ➢ Exclude ill food-handler staff from work in any health care facility until they are symptom free for 72 hours. ● Staff who are asymptomatic may work at other facilities and should inform alternate work sites re: status of the outbreak.
9. Cleaning & Disinfection	<ul style="list-style-type: none"> ● Dedicate reusable equipment or use single use items where possible and clean and disinfect (2-step process) all shared items after every use. ● Initiate enhanced cleaning and disinfection on affected floors/units/wards. ● Clean dining room tables before mealtime. ● Sites to ensure a Health Canada approved product effective against non-enveloped viruses is used or use a cleaning product followed by bleach disinfectant (1000ppm) 1:50 ratio of bleach solution (4 teaspoons (20mL) of domestic 5.25% bleach to 1 liter of water). ● EHO will assess the kitchen.
10. Supplies	<ul style="list-style-type: none"> ● Identify a site supply lead: _____ ● Order sample containers from the BCCDC Public Health Laboratory using the following requisition linked here. ● Ensure there is an adequate supply of gowns, gloves, masks, eye protection, disinfectant wipes and ABHR. ● Develop a process for restocking supplies in the PPE cart as needed. Clean and disinfect the PPE cart(s) daily; identify a person responsible and assign this task daily. ● Ensure staff have access to supplies on the unit and know where and how to access them. ● Owned and operated sites to order through e Pro.

	<ul style="list-style-type: none"> Contracted and private sites to order PPE and supplies using established processes.
11. Visitors	<ul style="list-style-type: none"> Visitation at the discretion of the MHO/Designate. If visitation is permitted by the MHO/Designate: <ul style="list-style-type: none"> Inform non-essential staff/visitors of the presence of outbreak and associated risks. Provide education to visitors'/family caregivers about precautions, hand hygiene and PPE donning/doffing. Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances.
12. Staff Break Rooms	<ul style="list-style-type: none"> Have disinfectant wipes and alcohol-based hand rub (ABHR) available to use. If operationally feasible, cohort staff from affected area(s) to a single break space. Remove common touch items from break spaces. DO NOT SHARE food items. Staff fridge should be emptied, cleaned and disinfected. Recommend food handler staff have dedicated washroom facilities for duration of the GI outbreak.
13. Laundry	<ul style="list-style-type: none"> Follow established site-specific sanitation plan. Set up a process for in room personal laundry and laundry hampers for clients on precautions. Ensure hampers are impervious to prevent leakage of body fluids. Identify a process to clean and disinfect carts/bins used to transport laundry prior to exiting the site. Use Point of Care Risk Assessment (PCRA) when handling laundry and garbage. Handle soiled laundry with minimum agitation.
14. Meals	<ul style="list-style-type: none"> Group dining is at the discretion of the MHO/Designate. Tray service for all clients on Contact Plus/Droplet precautions. Disposables are not necessary unless operationally required. Encourage and support clients to perform hand hygiene prior to meals. Set up a process for meal delivery to units (facilities may need a meal wagon to deliver meals, consider using a closed wagon). Identify a process to clean and disinfect carts used to transport meals after each use. Cover meal and beverages carts during transport. Ensure there are over bed tables for clients to dine in their room. No shared food.
15. Discontinuing Precautions	<ul style="list-style-type: none"> Coordinate "additional precautions clean" with the clients(s) bath/shower when Contact Plus precautions are discontinued. Remove additional precaution signage when environmental cleaning is complete. Identify additional precautions have been discontinued on line list.

<p>16. Calling an outbreak over</p>	<ul style="list-style-type: none"> • MHO/EHO will call an outbreak over once 2 incubation periods (96 hours) have passed following resolution of symptoms in the last case. • ICP to coordinate an outbreak debrief to review lessons learned and share with OMT. • Site leader informs priority access the outbreak has ended. • Site leader to complete the Outbreak Summary Report and fax or email to CD EHO team.
<p>17. Resources</p>	<p>Lab information</p> <ul style="list-style-type: none"> • Follow the specimen guidance for collection, storage and transport as outlined in the BCCDC e-lab manual by following the link and typing in Gastrointestinal Disease Outbreak Investigation in the search bar. • BC Chlorine Dilution Calculator • Health Canada Drug Product Database Online Query

Appendix A

Product	Description	Photo	Brand	Supply Chain Ordering Information
Emesis Bag w/ Absorbent Powder	Portable emesis bag with absorbent inner lining to help solidify emesis and enable disposal in garbage.		Hygie Canada	PeopleSoft Item #: 00105357 20/Package
Vernagel Super Absorbent Powder	Polymer based powder that absorbs fluids (e.g. urine, blood, feces, vomit) into a semi-solid state enabling safer disposal.		Vernacare	PeopleSoft Item #: 00078234 100/Box

<p>Commode Liner/Large Emesis Basin Disposable Pulp Fibre</p>	<p>Disposable bed pan/commode liner</p>		<p>Vernacare</p>	<p>PeopleSoft Item #: 00068954 100/Case</p>
<p>Hygienic Bedpan/Commode Cover</p>	<p>Disposable cover for bedpan/commode for effective management/containment of body waste at point of care.</p>		<p>Hygie Canada</p>	<p>PeopleSoft Item #: 00095514 20/Box</p>