Infection Prevention and Control

Suspected GI Outbreak Algorithm

Patient/Resident develops sudden onset vomiting and/or watery stool (Bristol Stool Chart type 7)

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Assess all other patients/residents for similar symptoms

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Other residents/patients with new onset of symptoms?

YES ←

NO →

YES branch:

GI Outbreak criteria met?
- At least three residents/patients affected
- Sudden onset symptoms
- No laxatives/enemas in last 48 hours

YES

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Suspect Outbreak. Affected unit to complete the following:

□ Isolate symptomatic residents/patients on Contact Plus Precautions
□ Notify Charge Nurse/RCC/PCC AND Infection Control/or After Hours contact eg. MHO
□ Collect stool or vomitus specimens from residents/patients as directed by IPAC/MHO/physician.
□ Label specimens and send to BCCDC (unless otherwise directed by IPAC or MHO)
□ Start a Line List of symptomatic Patients/Residents
□ Review Line List with Outbreak Lead AND Infection Control
□ Start a Line List of symptomatic Staff (separate from above)/ symptomatic staff to be relieved of duty while sick
□ Arrange meal tray service.
□ Alert stores that additional PPE and hand hygiene products will be required
□ Infection Control to request Enhanced Cleaning
□ Review "Section III: When Outbreak is Declared" of the Checklist for Management of Influenza-Like-Illness/Outbreak in preparation for additional steps.

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□ Follow for Laboratory Results (results usually reported 24 to 48 hours from receipt at laboratory)

□ Document patient signs and symptoms daily progress.

□ Note date and time each symptom resolved.

Lab results positive

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Norovirus is confirmed by lab AND outbreak is declared by IPAC/VCH MHO

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Proceed to "Section III: When Outbreak is Declared" of the Checklist for Management of GI Outbreak

NO branch:

Outbreak unlikely

□ Advise Charge Nurse/RCC/PCC of symptomatic resident/patient

□ Isolate the resident/patient on Contact Plus Precautions in their room

□ Collect stool or vomitus specimens from residents/ patients who meet clinical case definition as directed by IPAC/MHO/physician.

□ Arrange for meal tray service to their room

□ Watch for development of new GI symptoms in other resident/patients.

□ Continue monitoring resident/patient

If after 96 hours there are no additional residents/ patients/staff with symptoms, this is not an outbreak.

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□ If additional residents/patients with symptoms, start a Line List of residents/ patients and contact IPAC or after hours contact per checklist.

Lab results negative