

Check list for the Management of Gastroenteritis Infection (GI) Outbreak

When a single patient, resident, or client is noted to have potentially infectious undiagnosed gastroenteritis and an infectious cause is suspected, it is essential that **additional precautions be put in place immediately** *without* waiting for lab information or for additional cases to occur.

Plan and prepare for outbreaks of gastrointestinal illness with the facility outbreak team each season to ensure supplies are updated and available.

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I. Preseason Planning

Action	Done	Initial	Comments
1. Identify an outbreak lead i.e. PCC/RCC Name:			
2. Date Seasonal Planning Reviewed:			
3. Declutter unit(s)			
4. Review stock of supplies (e.g. VCH signage , culture containers, labels, requisitions, and order more as required)			
5. Review Gastroenteritis Outbreak Infection Prevention and Control procedures and policies with staff, and ensure information is current			
6. Place GI Outbreak materials in accessible location for staff to access when an outbreak is suspected			

II. Suspected GI Outbreak

Consultation and Notification:	Done	Initial	Comments
<p>1. For VCH owned and operated facilities:</p> <ul style="list-style-type: none"> • Mon-Fri, during regular office hours, notify your area Infection Control Practitioner (ICP) • After regular office hours, or on weekends and statutory holidays, notify: <ul style="list-style-type: none"> ○ VA & Coastal Acute Sites : Medical Microbiologist on call 604-875-5000 ○ Richmond Acute: Pathologist on call 604-278- 9711 local 4143 ○ Long Term Care: Medical Health Officer on call 604-527-4893 			
Action (If outbreak is suspected by the designate above):	Done	Initial	Comments
<p>1. Immediately isolate all patients/residents on Contact Plus Precautions having:</p> <ul style="list-style-type: none"> • 2 or more episodes of diarrhea within a 24 hr period, 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 • Positive stool culture of a known enteric pathogen AND gastroenteritis symptoms that cannot be attributed to another cause; add Facial Protection if vomiting/explosive diarrheal stools/flushing vomit or diarrhea. 			
2. Alert stores that additional hand hygiene products, gloves, gowns, mask with face shields will be required			
3. Collect diarrhea stool specimen (preferred) in C & S container, or vomitus if patient does not have diarrhea. Label specimens with patient label; add "(Suspect) Outbreak Label"			
4. All facilities forward outbreak specimens to BCCDC Laboratory for testing (other than VA ¹) unless advised to send elsewhere by IPAC.			
5. Discuss outbreak with ICP/Med Micro/MHO or designate and implement control measures as directed			
6. Begin a line list of patients/residents with symptoms and a separate line list of symptomatic staff			
<p>7. Implement strategies to prevent or manage dehydration (Vancouver Community Residential Care sites, Richmond and Coastal sites)</p> <ul style="list-style-type: none"> • Remind staff about risks of dehydration during outbreak episodes. • Identify at risk residents: inform dietitian, pharmacist and MRP. • Contact Central food Services (Sodexo) to supply extra water/juice jugs to residents on the unit • Consider reviewing diet order request: e.g. add extra fluids to meal trays or switch to full fluid diet as appropriate. • Follow Early Detection and Prevention of Dehydration in older adults guide 			

¹VGH specimens and select other preapproved specimens are processed by VGH microbiology laboratory.

III. Declared GI Outbreak - Location: _____ Date of Closure: _____

Outbreak Control Measures: Facility	Done	Initial	Comments
1. Notify person in charge/Unit Outbreak Leader Name & Contact:			
2. Close indicated unit(s) to admissions and transfers (unless medically necessary or otherwise directed by IPAC/MHO). Notify receiving unit/facility on patient/resident transfer.			
3. Notify all department leads that they are to follow their outbreak guidelines for all areas			
4. Notify non-facility staff, professionals, and service providers of the outbreak Provide only essential therapeutic services			
<ul style="list-style-type: none"> Notify housekeeping, food services and laundry so that department-specific outbreak management protocols are initiated 			
<ul style="list-style-type: none"> Notify other service providers of any outbreak control measures that may cancel or affect their provision of service (see list in # 5) 			
<ul style="list-style-type: none"> Notify any facility that admitted a resident from you within the past 24-48 hrs 			
<ul style="list-style-type: none"> Notify Priority Access 			
<ul style="list-style-type: none"> Notify family of resident of the outbreak and potential risk. Limit visitors. 			
5. Schedule daily outbreak meeting/teleconference with key stakeholders			
6. Cancel group outings and large group gatherings in the facility* (per MHO/designate)			
<ul style="list-style-type: none"> Food related (cooking, potlucks, birthday parties, etc.) 			
<ul style="list-style-type: none"> Hand contact activities (dancing, cards, bingo, crafts, folding linen, etc.). 			
<ul style="list-style-type: none"> Hair salon 			
<ul style="list-style-type: none"> Occupational therapy/physiotherapy 			
<ul style="list-style-type: none"> Pet therapy 			
<ul style="list-style-type: none"> Foot care 			
<ul style="list-style-type: none"> Chapel 			
<ul style="list-style-type: none"> Day care (children) 			
<ul style="list-style-type: none"> Day program, visiting groups & outings 			
<ul style="list-style-type: none"> Outside meetings held in facility 			
7. Arrange for outbreak signage on the doors and post on boards			
8. Place approved hand sanitizer at all entrances for visitor use			

Outbreak Control Measures: Patients/Residents	Done	Initial	Comments
1. Maintain line list for all symptomatic patients/residents (see #8 below, for daily maintenance)			
2. Restrict movement of symptomatic patients/residents outside of their rooms as much as possible: may cohort symptomatic patients/residents with same laboratory confirmed organism.			
3. Provide tray service (meals to room)			
4. Post Contact Plus Precautions signage (add Droplet Precautions for facial protection if vomiting)			
6. Dedicate patient care equipment to symptomatic patients/resident; thoroughly clean and disinfect any equipment used between residents and after use)			
6. Encourage diligent hand washing and use of alcohol hand sanitizer for all patients/residents			
7. Monitor patients/residents for new cases of gastroenteritis			
8. Implement strategies to prevent or manage dehydration (Vancouver Community Residential Care sites, Richmond and Coastal sites) <ul style="list-style-type: none"> Remind staff about risks of dehydration during outbreak episodes. Identify at risk residents: inform dietitian, pharmacist and MRP. Contact Central food Services (Sodexo) to supply extra water/juice jugs to residents on the unit Consider reviewing diet order request: e.g. add extra fluids to meal trays or switch to full fluid diet as appropriate. Follow Early Detection and Prevention of Dehydration in older adults guide 			
9. Update line listings for ill patients/residents daily; record symptoms onset and resolution			
10. Fax updated line lists to the Infection Control department			

Outbreak Control Measures: Visitors	Done	Initial	Comments
1. Ask visitors to limit visits until outbreak has been declared over. Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances			
2. Restrict visitation of multiple patients, residents/clients (i.e. do not visit room-to room)			
3. Encourage diligent hand hygiene on entering facility			
4. Ask visitors to implement infection control practices for isolated patients/residents (e.g. Hand hygiene, mask with visor (as necessary), gown, visit only family member/friend)			

Outbreak Control Measures: Staff	Done	Initial	Comments
1. Maintain line list for all symptomatic staff, contact the Provincial Workplace Health Call center for support in maintaining line list as needed			
2. Symptomatic staff should contact Workforce Scheduling Services Absence Call line to report illness , the Provincial Workplace Health Call Center & their manager or designate			
3. Staff to notify their other employers about outbreak. Staff working between outbreak and non-outbreak facilities will be at the determination of the MHO and Workplace Health. This may include attendance at meetings at other facilities.			
4. Use gown, gloves, masks (and eye protection as necessary) when providing direct care to symptomatic patients/residents.			
5. Encourage diligent hand washing and use of alcohol hand sanitizer for all staff/patients/residents			
6. Dedicate staff to affected unit whenever possible , when not possible, start in non-outbreak area and finish work day in outbreak area. Do not go back and forth between			
7. Cohort staff to have breaks separate from staff in unaffected areas (where possible)			
8. Staff to clean and disinfect common use items before re-use (i.e. stethoscopes). Ideally dedicate equipment for ill patients/residents			
9. Monitor staff for new cases of Gastroenteritis			
10. Update line listings for ill staff <u>daily and fax to IPAC</u>			
11. Volunteers are cancelled			
12. Clinical Instructor ensures students complete IPAC module. If allowed to work, use appropriate PPE, follow outbreak measures, and minimize contact with isolated residents. Instructor to monitor student's compliance & competence.			
13. Schedule regular safety huddles to provide outbreak update and to reinforce key messages for staff: hand hygiene, PPE use, cleaning & disinfection, monitoring for new cases			
14. Post daily Outbreak Report sent by Infection Prevention and Control in area accessible to all unit staff			

IV. Outbreak Declared Over - Date: _____

****GI Outbreak declared over by MHO – two incubation periods (96 hours) after last symptom resolution**

Lifting of Restrictions	Done	Initial	Comments
1. Notify person in charge Name & contact:			
2. Notify all department leads that outbreak is now over and they may cease outbreak activities			
3. Arrange Isolation (i.e., terminal) cleaning for unit & patient/resident rooms as needed			
4. Arrange for the removal of outbreak signage			
5. Resume admissions and transfers			
6. Resume outings and large group meetings			
7. Resume dining room meal service			
8. Notify Priority Access that the outbreak is over			
9. Reorder replenishment supplies as needed			
10. Continue to monitor staff and residents/clients for signs and symptoms of gastroenteritis			
11. Conduct a post-outbreak debrief/review (Recommendations made for improved management of future outbreaks if necessary)			

For more information on Gastroenteritis Infection (GI) Outbreaks go [to ipac.vch.ca/outbreaks](http://ipac.vch.ca/outbreaks)