

GI Outbreak Declared – 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 # 6) 			
<ul style="list-style-type: none"> Notify any facility that admitted a resident from you within the past 24 - 48 hours 			
<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, pet therapy, 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 until 48 hours after symptom resolution. Do not move symptomatic patient/resident without IPAC direction. For cases in multibed room, cohort room on Contact Plus Precautions pending IPAC consult for placement..			
3. Place roommates of symptomatic patient/resident on Contact Plus Precautions for 48 hours post exposure to symptomatic index case.			
4. Provide tray service (meals to room). Close patient kitchen if present on unit (acute care). Discard any open food/beverages from patient kitchen.			
5. Post Contact Plus Precautions signage (add Droplet Precautions if vomiting).			
5. 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 IPAC			

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, or resident to resident)			
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 call the Absence Call line , the Provincial Workplace Health Call Center & their manager or designate and stay home until symptom free for 48 hours (72 hours for food handlers).			
3. Asymptomatic staff may continue to work in healthcare facilities, but self-monitor for symptoms and report illness/exclude from work as above if symptoms develop.			
4. Use gown, gloves (and mask/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. Clean out staff refrigerator to allow for proper cleaning and disinfection. Declutter staff lounge/break room. Discard any open/shared food items. Advise staff to use dishes/cutlery from home and avoid shared dishware for duration of outbreak.			
9. Staff to clean and disinfect common use items before re-use (i.e. stethoscopes). Ideally dedicate equipment for ill patients/residents.			
10. Monitor staff for new cases of Gastroenteritis.			
11. Update line listings for ill staff daily and fax to IPAC .			
12. Volunteers/students should be excluded. Discuss with IPAC/MHO. If allowed to work, use appropriate PPE and follow outbreak measures. Instructor to monitor students 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.			

STAFF LINE LIST

Complete and fax daily to IPAC

Facility:			Unit:				Telephone:				
Contact Person:						Telephone:					
Demographics			Stool or Vomitus Specimen	Signs & Symptoms		Acute Sudden Onset Clinical Symptoms (√ all applicable & record # of episodes in a 24 hr period)					Primary Assignment & Notes
Initials	Position (e.g. RN, RCA)	Date of last shift	Sent Date	Onset Date & Time	Resolved Date	Abdominal Pain	Nausea	Vomit #/24 hr	Loose BM #/24 hr	Bloody BM #/24 hr	

NOTE: Staff with gastroenteritis must remain off work for 48 hours symptom free (48 hours after last nausea/vomit/loose BM), 72 hours for food handlers.