

Infection Prevention and Control

GI Outbreak Suspected

Consultation and Notification:	Done	Initial	Comments
 For VCH owned and operated facilities: Mon-Fri, during regular office hours, notify your area Infection Control Practitioner (ICP) After regular office hours, or on weekends and statutory holidays, notify:			
Action (If outbreak is suspected by the designate above):	Done	Initial	Comments
 Immediately isolate all patients/residents on Contact Plus Precautions having: 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. Alert stores that additional hand hygiene products, gloves, gowns, mask with face shields will be required. 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" All facilities forward outbreak specimens to Laboratory for testing 			
5. Discuss outbreak with ICP/Med Micro/MHO or designate and implement control measures as directed			
6. Begin a <u>line list of patients/residents</u> with symptoms and a <u>separate line list of symptomatic staff</u>			
 7. Implement strategies to prevent or manage dehydration (Vancouver Community Residential Care sites, Richmond and Coastal sites) Remind staff about risks of dehydration during outbreak episodes. Identify at risk residents: inform dietitian, pharmacist and MRP. Contact Food Services to supply extra water/juice jugs to residents on the unit Consider reviewing diet order request: e.g. extra fluids on meal trays/switch to full fluid diet as appropriate. Follow Early Detection and Prevention of Dehydration in older adults guide. 			