

Acute Care Viral Gastrointestinal Illness (VGI) Case and Outbreak Containment Toolkit

Viral Gastrointestinal Illness Case(s) Area of Concern



One or more patient(s) identified with new symptoms consistent with Viral GI Case

Identify patient(s) with other reasons for loose stool (i.e., loose stool as their baseline, recent laxative use or antibiotics in the last 3 days)

GI Case definition

- 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 (and not related to bowel stimulants) **OR**
- 2 or more episodes of vomiting 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)

Notification

- Notify nurse in charge
- Unit to contact [Infection Control Practitioner](#) (ICP)
- Unit to notify Most Responsible Physician (MRP)

Additional Precautions

- Unit to place **symptomatic patients** on [Contact Plus](#) Additional Precautions. Add Droplet Precautions if patient is vomiting.
 - Place [Contact Plus sign](#) (and any additional signage) at entrance to room in a visible location.
 - Ensure PPE cart is placed outside Additional Precautions rooms.
 - Move lab confirmed patients to private room if possible (or consult IPAC if not possible). Confirm organism-specific Additional Precautions, as outlined in the [IPAC Diseases & Conditions Table](#).
 - Unit to make a care plan to manage symptomatic wandering patients.
 - Dedicate toileting facilities – in multibed rooms separate facilities for symptomatic & non-symptomatic individuals through use of commodes for symptomatic patients. When not possible, consult IPAC.
 - Dedicate reusable equipment or use single-use items where possible and clean and disinfect ([two-step process](#)) all shared items after every use with sporicidal disinfectant.
- **Exposed close contacts** to be monitored twice a day for presence of gastrointestinal symptoms for 48 hours. Contact Plus precautions (and Droplet precautions if vomiting) to be placed if exposed patient becomes symptomatic.
 - **For all patients on the unit:**
 - Ensure [Routine Practices](#) including thorough Hand Hygiene are followed.
 - Increase monitoring and recording of GI symptoms.

Laboratory Testing

- Collect diarrhea stool specimen (preferred) in C & S container, or vomitus if patient does not have diarrhea.
- Do not send more than 5 samples per unit.



Viral Gastrointestinal Illness **Outbreak** Definition



Three or more hospital-acquired case(s) that meet the case definition for Viral GI cases on the same unit within a 4-day period

GI Case definition

- 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 (and not related to bowel stimulants) **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)

Communication & Coordination

- When outbreak threshold is met, IPAC will notify unit leadership and initiate regular education huddles with frontline staff.
- IPAC Physician on call/designate to notify Public Health/Medical Health Officer (MHO) or designate as needed.
- Outbreak meetings to be organized by unit/facility leadership with key partners, if required.

IPAC

- Create a patient line list.
- Initiate staff education regarding Hand Hygiene, case definition and direct care user cleaning and disinfection responsibilities, techniques, and products.
 - Reinforce that soap and water hand washing is preferred.
- Request EVS to initiate enhanced cleaning with sporicidal disinfectant.
- Request UVC disinfection with RD as appropriate.
- Conduct an outbreak containment environmental audit to ensure clean supplies are separated from dirty and to monitor for adherence to Routine Practices and Additional Precautions.
- Email outbreak information and updates to key partners throughout the outbreak.

Patients

- Place **symptomatic patients** on Contact Plus precautions.
 - Continue to use Point of Care Risk Assessment (PCRA). Add Droplet precautions if vomiting present (i.e., mask and eye protection).
 - Move lab confirmed patients to private room if possible (or consult IPAC if not possible).
 - Restrict movement of symptomatic patients outside their rooms as much as possible and make a care plan to manage wandering patients. If leaving the room is required, support patient to perform hand hygiene and don clean clothing/gown prior to exiting the room.
- **Exposed close contacts** to be monitored twice a day for presence of gastrointestinal symptoms for 48 hours. Contact Plus precautions (and Droplet precautions if vomiting) to be placed if exposed patient becomes symptomatic.
- For **all patients** on the unit:
 - Support patients to perform hand hygiene before and after meals, after toileting and after an episode of diarrhea and/or vomiting. Increase monitoring for GI signs and symptoms until the **outbreak is declared over.**



<p>Patient Placement</p>	<ul style="list-style-type: none"> Do not admit or move asymptomatic patients into rooms with other patients on Contact Plus precautions. Only cohort patients with the same lab confirmed organism or consult IPAC for cohorting guidance.
<p>Discontinuation of Additional Precautions</p>	<ul style="list-style-type: none"> Refer to IPAC Diseases & Conditions Table for when to discontinue Contact Plus precautions. EVS to remove Additional Precautions signage when environmental cleaning is complete.
<p>Staff</p>	<ul style="list-style-type: none"> For symptomatic staff: <ul style="list-style-type: none"> Do not work on any unit until symptom-free for 48 hours. Follow VCH guidelines on reporting absence from work. Staff who are <u>asymptomatic</u> may work on other units. Staff should inform alternate units re: status of the outbreak. If staff cohorting is in place, staff are advised to attend to unaffected unit before the outbreak area. Breakrooms/Common Areas: <ul style="list-style-type: none"> Use hospital grade disinfectants available on the unit and alcohol-based hand rub (ABHR) in break spaces. No food sharing between staff and/or patients. Staff to only eat in dedicated break areas. Remove all common touch items from shared areas (e.g., salt and pepper shakers, sugar bowls). Empty, clean and disinfect staff/common area fridges. Close toileting facilities used by any symptomatic staff member until cleaned and disinfected.
<p>Supplies</p>	<ul style="list-style-type: none"> Unit leadership to ensure there is an adequate supply of: gowns, gloves, masks, eye protection, disinfectant wipes and ABHR. Ensure frequency and responsibility for stocking, cleaning and disinfection of the PPE cart is clearly established and communicated.
<p>Non-Unit Staff & Volunteers Communication</p>	<ul style="list-style-type: none"> Outbreak management team to determine any restrictions to student, volunteer, and other non-staff participation/presence on the unit. Notify non-unit staff, professionals, and other service providers of the outbreak containment recommendations and communicate any closures, cancelled services, temporary restriction (this may include volunteers, students, and others). Unit staff to assist with training non-unit staff and volunteers with Routine Practices and donning/doffing of appropriate PPE.
<p>Visitors</p>	<ul style="list-style-type: none"> Contact Plus Precautions - Info for Patients Families Visitors Symptomatic visitors should not enter the unit unless for compassionate or exceptional circumstances. Visitors to connect with unit staff prior to visit. Unit staff to notify visitors of the gastrointestinal illness outbreak and potential risk. Unit staff to provide education to visitors/family about Additional Precautions, Hand Hygiene and PPE donning/doffing.
<p>GI Outbreak Declaration</p>	<ul style="list-style-type: none"> MHO will declare an outbreak in consultation with IPAC Physician on call. Restrict admissions and transfers per MHO and/or IPAC direction. Consult with IPAC for transfers to another unit and/or healthcare facility.



	<ul style="list-style-type: none"> ○ For patient transfers to other units/diagnostic departments/other facilities, notify receiving unit and transport of VGI events on the unit, and patient’s Additional Precaution status if applicable. ● Restrict group activities per MHO and/or IPAC direction. ● Limit traffic flow of patients, visitors and staff between affected and non-affected areas where possible. ● Cohort staff to work only on the affected unit, where resources permit. If cohorting not possible, staff are advised to attend to unaffected unit before the outbreak area. ● Place outbreak signage on doors to unit entry. ● Food services staff to leave food cart at the entrance of the unit. Frontline staff to deliver food to patient room. ● Kitchen staff to clean and disinfect carts/bins used to transport meals after each use.
<p>Declaring an Outbreak Over</p>	<p>An outbreak will be declared over at the discretion of MHO in consultation with IPAC Physician.</p> <ul style="list-style-type: none"> ● Generally, an outbreak is considered to have ended when <ul style="list-style-type: none"> ○ There are no new cases 96 hours following the onset of symptoms in the last identified case, OR ○ There have been no new cases 48 hours after the resolution of acute symptoms in the last identified case.

