

Acute Care Viral Gastrointestinal (GI) Case and Outbreak Containment Toolkit

*This toolkit provides guidance related to viral gastrointestinal illness (e.g. Norovirus)

Gastrointestinal Case(s) Area of Concern:	
One or more patient(s) identified with new symptoms consistent with Viral GI.	
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	
<ul style="list-style-type: none"> • 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) 	
Notification	<ul style="list-style-type: none"> • Notify nurse in charge • Contact Infection Control Practitioner • Notify MRP
Additional Precautions	<ul style="list-style-type: none"> • Place symptomatic patients on Contact Plus Precautions use eye protection as per signage when vomiting present. • Maintain precautions until 48 hours after symptoms have resolved. • Place Contact Plus signage at entrance to door in a visible location. • Make a plan to manage symptomatic wandering patients. • Dedicate toileting facilities, in multi-bed rooms separate facilities for symptomatic & non-symptomatic individuals through use of commodes for symptomatic patients; when not possible consult with IPAC. • Dedicate equipment where possible - clean and disinfect shared equipment using a 2-step process after each use. • Dedicate reusable equipment or use single use items where possible and clean and disinfect (two-step process) all shared items after every use. • Ensure PPE carts outside rooms on additional precautions, stocked and includes twice daily clean of the PPE cart. • ICP to perform contact tracing and identify exposed close contacts. <ul style="list-style-type: none"> ○ Refer to IPAC Diseases and Conditions table for isolation guidance.
Laboratory Testing	<ul style="list-style-type: none"> • Collect diarrhea stool specimen (preferred) in C & S container, or vomitus if patient does not have diarrhea.
Entrance Screening	<ul style="list-style-type: none"> • Staff to self monitor for symptoms and stay home if they feel sick. • VCH Visiting our Hospitals, Clinics and Care Homes



Gastrointestinal Outbreak Definition:

Three or more patients that meet the case definition for Viral GI cases on the same unit or ward 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 and Coordination	<ul style="list-style-type: none"> ● When outbreak threshold is met, IPAC will notify unit leadership and initiate regular education huddles with frontline staff. ● IPAC Physician on call will alert MHO's office as needed.
IPAC	<ul style="list-style-type: none"> ● ICP will create a line list. ● ICP to initiate staff education regarding hand hygiene, case definition and cleaning and disinfecting. <ul style="list-style-type: none"> ➤ Soap and water hand washing is the preferred practice and for visibly soiled hands. ● Send enhanced cleaning request to EVS for affected rooms.
Patients	<ul style="list-style-type: none"> ● Place symptomatic patients on Contact Plus precautions. ● Continue to use point of care risk assessments. <ul style="list-style-type: none"> ➤ i.e. Add mask and eye protection when vomiting present ● Support isolated patients to perform hand hygiene, don a mask and clean clothing or a clean gown on leaving their room. ● Increase monitoring of all patients on the affected unit to twice-daily screening until outbreak declared over. ● Assess patients daily in unaffected areas. ● Staff to identify exposed roommates i.e. if patient had an episode of emesis or uncontained loose stool in a shared washroom. ● Restrict movement of symptomatic patients outside of their rooms as much as possible and create management plans for those who wander. ● Do not admit or move asymptomatic patients into rooms on Contact Plus precautions. ● Support patients to perform hand hygiene before and after meals, after toileting and after an episode of diarrhea and/or vomiting.
Staff	<p>For symptomatic HCWs:</p> <ul style="list-style-type: none"> ● Not to work in any health care facility until they are symptom free for 48 hours. ● Food-handler staff not to work in any health care facility until they are symptom free for 72 hours. ● VCH staff to follow VCH guidelines on reporting absence from work. ● Staff who are <u>asymptomatic</u> may work at other facilities and should inform alternate work sites re: status of the outbreak. ● Staff Break Rooms:



	<ul style="list-style-type: none"> ➤ Use hospital grade disinfectants available on the unit and alcohol-based hand rub (ABHR) on break spaces. ➤ Avoid sharing of food/ food items. ➤ Arrange for emptying, cleaning and disinfecting of staff/patient fridges.
Non-Facility Staff & Volunteers Communication	<ul style="list-style-type: none"> ● Notify non-facility staff, professionals, and other service providers of the outbreak containment recommendations and to communicate any closures, cancelled services, temporary restriction. <ul style="list-style-type: none"> ➤ These may include volunteers, oxygen service, BC Ambulance, paid companions, students, and others. ● Restrict volunteers/students/companions unless required. Discuss with outbreak management team. If allowed to work, use appropriate PPE, follow routine practices, and minimize contact with isolated patients.
Visitors	<ul style="list-style-type: none"> ● Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances. ● Notify visitors of the gastrointestinal illness outbreak and potential risk. ● Provide education to visitors'/family about precautions, hand hygiene and PPE donning/doffing.
Discontinuation of Additional Precautions	<p>When the patient is free of GI symptoms for 48 hours:</p> <ul style="list-style-type: none"> ● Coordinate “additional precautions clean” with the patient(s) bath/shower to discontinue Contact Plus precautions. ● Remove additional precaution signage when environmental cleaning is complete. ● Identify additional precautions discontinued on line list.
Outbreak Declaration	<ul style="list-style-type: none"> ● The MHO may declare an outbreak in consultation with IPAC Physician on call. ● Refer to GI Introduction and Definitions and Declared GI Outbreak documents ● Restrict admissions and transfers per MHO and/or IPAC direction. ● Restrict group activities per IPAC and/or MHO direction. ● Limit traffic flow between affected and non-affected areas where possible ● Place outbreak signage on doors to unit entry. ● Consult with IPAC for transfers to another ward and/or healthcare facility. ● IPAC to conduct outbreak containment environmental assessment. ● Food services staff to leave food cart at the entrance of the unit. Frontline staff to deliver food to patient room. ● Clean and disinfect carts/bins used to transport meals after each use. ● No shared food.
Declaring an Outbreak Over	<ul style="list-style-type: none"> ● An outbreak will be declared over at the discretion of MHO in consultation with IPAC Physician. If the causative agent is known, usually an outbreak is considered to have ended when there are no new cases after 2 incubation periods following the onset of symptoms in the last case. If the causative agent is unknown usually the outbreak is considered to have ended when there have been no new cases 72 hours after the resolution of acute symptoms of the last identified case.

