

LTC* Frontline staff Viral Gastrointestinal (VGI) Toolkit

*Assisted Living Attached to a LTC Site

*This toolkit provides guidance related to viral gastrointestinal illness (e.g., Norovirus, Rotavirus, Adenovirus) only.
For gastrointestinal infection caused by Clostridioides difficile (C. diff), please contact your ICP.

One to Two resident(s) identified with new symptoms consistent with Viral GI		
Identify residents 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"> Care staff to notify nurse in charge Nurse to notify manager or designate for evenings and weekends Initiate a paper line list 	Site leader: _____ Contact: _____ Email questions to ICP-LTC@vch.ca
	<ul style="list-style-type: none"> Notify MRP Review GI Communication Algorithm 	
Additional Precautions	<ul style="list-style-type: none"> Place symptomatic residents on Contact Plus Precautions, <ul style="list-style-type: none"> Add a mask and eye protection when vomiting present as per Point of Care Risk Assessment (PCRA). Maintain precautions until 48 hours after symptoms have resolved . Place Contact plus and donning sign at entrance to door in a visible location. Place doffing sign in the doffing zone inside the room. Follow Preparing Rooms on Additional Precautions in Long-Term Care (LTC) and Assisted Living (AL) Follow care plan to manage symptomatic Wandering Residents. Staff to identify roommates or tablemates where a resident may have had an episode of emesis or uncontained loose stool. <ul style="list-style-type: none"> Consult ICP for directions on management of close contacts. 	



	<ul style="list-style-type: none"> • Dedicate toileting facilities, in multi-bedrooms separate facilities for symptomatic & non-symptomatic individuals – commode use with disposable hygienic products for symptomatic residents, when not possible connect with ICP for direction. • Dedicate equipment where possible - clean and disinfect shared equipment using a 2-step process after each use.
Hand Hygiene	<ul style="list-style-type: none"> • Soap and water hand washing is the preferred practice. • If a hand hygiene sink is not available at point of care, staff to perform hand hygiene with ABHR and then immediately proceed to a hand hygiene sink to perform soap and water hand hygiene.
Group Activities	<ul style="list-style-type: none"> • Group activities may continue with asymptomatic residents. • Close contacts can participate in group activities. • Asymptomatic residents can attend activities off the affected unit.
GI Monitoring - Residents	<ul style="list-style-type: none"> • Increase GI symptom monitoring of all residents to twice daily on the affected unit until 4 days from last resident symptom resolution. • Record newly symptomatic residents on paper line list using the Bristol stool chart (date, time, number and type of episodes using the Bristol Stool Chart (e.g. Type 6 or 7). • Consider holding bowel protocols for symptomatic residents.
GI Monitoring - Staff	<ul style="list-style-type: none"> • Self-monitor for symptoms and stay home when symptomatic. • For staff experiencing nausea, vomiting or diarrhea at work they should: <ul style="list-style-type: none"> ▪ Notify their leader or charge nurse ▪ Avoid further resident contact ▪ Transfer essential duties and go directly home ▪ Close toileting facilities used by the symptomatic staff member until cleaned and disinfected • <u>Ill staff</u> not to work in any health care facility until they are symptom free for <u>48 hours</u>. • <u>Ill food-handler</u> staff not to work in any health care facility until they are symptom free for <u>72 hours</u>.



Gastrointestinal Outbreak Definition

Three or more residents 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)

Notification and Line List	<ul style="list-style-type: none"> • Care staff to notify nurse in charge • Care staff to initiate the paper line list • Review GI Communication Algorithm • Email questions to ICP-LTC@vch.ca
	<ul style="list-style-type: none"> • Nurse to notify manager or designate <p>Site leader: _____</p> <p>Contact: _____</p>
	<ul style="list-style-type: none"> • Notify MRP • ICP to contact MHO/designate when outbreak definition met.
Additional Precautions	<ul style="list-style-type: none"> • Place symptomatic residents on Contact Plus precautions . <ul style="list-style-type: none"> ○ Add a mask and eye protection when vomiting present as per PCRA. • Maintain precautions until 48 hours after symptoms have resolved. • Place Contact plus and doffing sign at entrance to door in a visible location. Place doffing sign in the doffing zone inside the room. • Increase monitoring of all residents on the affected unit to twice-daily screening until 4 days from last resident symptom resolution. • Assess residents daily in unaffected areas. • Identify roommates or tablemates where a resident may have had an episode of emesis or uncontained loose stool. <ul style="list-style-type: none"> ○ Consult ICP for directions on management of close contacts. • Follow Preparing Rooms on Additional Precautions in Long-Term Care (LTC) and Assisted Living (AL). • Dedicate toileting facilities, in multi-bedrooms separate facilities for symptomatic & non-symptomatic individuals – commode use with disposable hygienic products for symptomatic residents) when not possible connect with ICP for direction. • Dedicate equipment where possible - clean and disinfect shared equipment using a 2-step process after each use.



GI Outbreak Declared	<ul style="list-style-type: none"> ● Follow management plans for wandering residents. ● Close the affected floor/unit/ward or facility to new admissions, re-admissions or transfers and suspend group activities. ● For medically necessary admissions or transfers, call the MHO and/or designate to review and discuss. Mon-Fri 0800-1600: 604-675-3800 or 604-675-3900 After Hours, Weekends and STAT Holidays: 604-527-4893 ● Inform the receiving facility and service providers (e.g. paramedics; contracted transfer services) of the resident and outbreak status of the unit for transfers to acute care. ● Post Outbreak Notification signage at the facility entrance and/or floor/unit/ward advising visitors about the outbreak.
Laboratory Specimens	<ul style="list-style-type: none"> ● Do not send specimens to lab until the outbreak declared. ● Once outbreak declared, collect specimens for symptomatic individuals who meet case definition and send specimens to BCCDC Public Health Laboratory. ● Complete the BCCDC Public Health Laboratory Gastrointestinal Disease Outbreak Requisition for each sample sent to the lab, indicate Viral / Bacterial Outbreak Test (do not use SAF vial). <ul style="list-style-type: none"> ○ Indicate VCH CDC (MISYS #) as ordering physician. ○ See how to fill out the GI form ● Weekends and stats, ICP will provide outbreak identification and MISYS # for BCCDC requisitions. ● Weekdays, CD EHO will provide outbreak identification and MISYS # for BCCDC requisition. ● Collect samples until confirmation of organisms for <u>2</u> residents or as directed by the CDEHO. ● Established courier: _____ ● Samples are received Monday – Sunday (including Statutory Holidays) between 0700-2300 ● Samples should be shipped or dropped off to: <p>BCCDC Public Health Laboratory Central Processing and Receiving 655 West 12th Avenue Lane Level (at rear of building) Vancouver BC</p> ● Coastal Sites: <ul style="list-style-type: none"> ○ Squamish sites to send to Squamish General Hospital laboratory. <ul style="list-style-type: none"> ▪ Address: 38140 Behrner Drive Squamish, BC V8B 0J3 ○ Sechelt sites to send to Sechelt/shíshálh Hospital laboratory (main floor) by 1600. <ul style="list-style-type: none"> ▪ Address: 5544 Sunshine Coast Highway Sechelt, BC V0N 3A0 ○ Powell River



	<ul style="list-style-type: none"> Owned and operated sites to send to Qathet General Hospital laboratory by 1430. Address: 5000 Joyce Avenue Powell River, BC V8A 5R3 Contracted/Private sites to the lab outpatient (0730-1600).
Communication	<ul style="list-style-type: none"> Share information in Key messages and other documentation to staff at shift change
Staff Placement	<ul style="list-style-type: none"> Cohort staff to affected area where possible. When not possible, staff to move from asymptomatic to symptomatic residents. For overtime shifts consider staff remaining on either the affected unit or unaffected unit. Allied staff to provide support in unaffected units prior to working in affected areas of the home.
Resident Cases	<ul style="list-style-type: none"> Restrict movement of symptomatic residents outside of their rooms as much as possible. Do not move asymptomatic roommates. Do not admit or move asymptomatic residents into rooms on Contact Plus precautions unless recently recovered from the same organism. Provide tray service (in room meals) for residents on precautions and identified close contacts. Support residents to perform hand hygiene before and after meals, after toileting and after an episode of diarrhea and/or vomiting. Consider cleaning and disinfecting bedrails and over bed tables when delivering meals and when providing care.
Group Activities	<ul style="list-style-type: none"> Asymptomatic resident shall not leave the affected unit to participate in off unit activities. No group activities on affected unit unless reviewed by ICP/EHO. No shared food.
Meals	<ul style="list-style-type: none"> Group dining for unaffected residents to continue unless directed otherwise by the MHO and/or if resident chooses to eat in their room. Tray service for all residents on Contact Plus. <ul style="list-style-type: none"> Disposables are not necessary unless operationally required. Support residents to perform hand hygiene prior to meals. Clean and disinfect carts/bins used to transport meals after each use. No shared food.
Staff Cases	<ul style="list-style-type: none"> For symptomatic HCWs: <ul style="list-style-type: none"> Not to work in any health care facility until they are symptom free for <u>48 hours</u>. Food-handler staff not to work in any health care facility until they are symptom free for <u>72 hours</u>. VCH staff to report work absence to the Provincial Workplace Health Call Centre (1-866-922-9464)



	<ul style="list-style-type: none"> • Non-VCH staff report to: _____ • Staff who are <u>asymptomatic</u> may work at other facilities and should inform alternate work sites re: status of the outbreak.
Cleaning & Disinfection	<ul style="list-style-type: none"> • Dedicate reusable equipment or use single use items where possible and clean and disinfect (two-step process) all shared items after every use.
Supplies	<ul style="list-style-type: none"> • Set-up PPE carts. • Develop a process for restocking supplies in the PPE cart and twice daily clean of the PPE cart; identify a person responsible and assign this task daily. • Know where and how to access supplies on the unit.
Visitors	<ul style="list-style-type: none"> • Any adjustments to visitor protocols are at the discretion of the MHO. • Inform non-essential staff/visitors of the presence of outbreak and associated risks. • Provide education to visitors'/family caregivers about precautions, hand hygiene and PPE donning/doffing. • Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances.
Staff Break Rooms	<ul style="list-style-type: none"> • Use disinfectant wipes and alcohol-based hand rub (ABHR) in break spaces. • If wearing a mask, change on entry to break space. • Remove common touch items from break spaces. • Avoid sharing of food/ food items.
Laundry	<ul style="list-style-type: none"> • Set up in room personal laundry and laundry hampers for residents on precautions. • Use Point of Care Risk Assessment (PCRA) when handling laundry and garbage. • Handle soiled laundry with minimum agitation.
Discontinuing Precautions	<p>When the resident is free of GI symptoms for 48 hours:</p> <ul style="list-style-type: none"> • Coordinate “additional precautions clean” with the resident(s) bath/shower to discontinue Contact Plus precautions. • Remove additional precaution signage when environmental cleaning is complete. • Identify additional precautions discontinued on line list.
Calling an outbreak over	<ul style="list-style-type: none"> • ICP will reach out to MHO/EHO to call the outbreak over once 2 incubation periods (96 hours) have passed following onset of symptoms in the last case.

