

LTC Leadership Viral Gastrointestinal (VGI) Toolkit

Includes Assisted Living Attached to a LTC Site

This toolkit provides guidance related to viral gastrointestinal illness (e.g., Norovirus, Rotavirus, and Adenovirus)

If gastrointestinal illness is caused by another enteric pathogen (e.g. *Escherichia coli* (E. coli), Salmonella etc.) consult with the MHO or designate as recommendations may be different.

For gastrointestinal infection caused by *Clostridioides difficile* (C. diff), see BPG [Clostridioides difficile \(C. diff\)](#).

One to Two resident(s) identified with new symptoms consistent with Viral GI	
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 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"> Leadership/site to notify Infection Control Practitioner of number of symptomatic residents and the unit they are on, via email: ICP-LTC@vch.ca. Frontline staff to record newly symptomatic residents on paper line list. Email ICP-LTC@vch.ca with questions. Review GI Communication Algorithm.
Additional Precautions	<ul style="list-style-type: none"> Place symptomatic residents that meet the case definition on Contact Plus Precautions, include 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 resident room in a visible location. Place doffing sign in the doffing zone inside the room. Set up room according to the Infection Control Best Practice Guideline: Preparing Rooms on Additional Precautions. For managing wandering residents see Care Approaches for People with Dementia and other Complex Neurocognitive Disorders Close contacts of symptomatic residents are reviewed on a case-by-case basis, (roommates or tablemates where a resident may have had an episode of emesis or uncontained loose stool thus exposing other residents). Where possible dedicate toileting facilities and consider using a disposable containment system such as a commode/bedpan liner (See disposable hygienic products) Dedicate equipment where possible - clean and disinfect shared equipment using a 2-step process after each use. Refer to the IPAC Diseases and Conditions table for additional information regarding specific enteric pathogens.
Hand Hygiene	<ul style="list-style-type: none"> Soap and water hand washing is the preferred practice.

	<ul style="list-style-type: none"> ● 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.
Symptom Screening	<ul style="list-style-type: none"> ● Increase symptom screening of all residents to twice daily on the affected unit until 4 days from last resident symptom resolution. ● Ensure staff record resident symptoms in the clinical record and paper line list including date, time, number and type of episodes using the Bristol Stool Chart (e.g. Type 6 or 7).
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. ● Consider initiating enhanced cleaning and disinfection of dining areas.
Group Activities	<ul style="list-style-type: none"> ● Residents on Contact Plus and/or Droplet precautions may not attend group activities. ● Asymptomatic close contacts may participate in group activities. ● Asymptomatic residents may participate in on and off unit activities.
GI Monitoring - Staff	<ul style="list-style-type: none"> ● Encourage staff to self-monitor for symptoms and stay home when symptomatic. ● If staff experience 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. ● Symptomatic staff shall not work in any health care facility until they are symptom free for 48 hours. ● Symptomatic food-handler staff shall not work in any health care facility until they are symptom free for 72 hours.

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 **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

- Leadership to start an [electronic line](#) list of symptomatic residents and staff when outbreak definition had been met.
- Email the electronic line list of residents and staff daily until outbreak declared over to:
CDEHO@vch.ca
ICP-LTC@vch.ca
VCHMedMicroIPAC@vch.ca
LTCEOC@vch.ca
[Outbreak Management team](#)
- Front line staff to continue using the [paper line list](#) for unit staff to track symptomatic residents.
- Email questions to ICP-LTC@vch.ca. Review [GI Communication Algorithm](#).

Additional Precautions

- Place symptomatic residents on [Contact Plus](#) precautions include mask and eye protection when vomiting present as per PCRA.
- Maintain precautions until **48 hours** after symptoms have resolved.
- Place Contact plus and [donning sign](#) at entrance to resident room in a visible location. Place [doffing sign](#) in the doffing zone inside the room.
- Set up room according to the [Infection Control Best Practice Guideline: Preparing Rooms on Additional Precautions](#).
- Increase monitoring of all residents on the affected unit to **twice-daily** screening until **4 days** from last resident symptom resolution.
- Review close contacts of symptomatic residents on a case-by-case basis, (roommates or tablemates where a resident may have had an episode of emesis or uncontained loose stool thus exposing other residents).
 - Consult ICP for management of close contacts.
- Assess residents daily in unaffected areas.
- For managing wandering residents see [Care Approaches for People with Dementia and other Complex Neurocognitive Disorders](#)
- Where possible dedicate toileting facilities and consider using a disposable containment system such as a commode/bedpan liner (see [Disposable hygienic products](#)).
- Dedicate equipment where possible - clean and disinfect shared equipment using a [2-step process](#) after each use.





	<ul style="list-style-type: none"> Refer to the IPAC Diseases and Conditions table for additional information regarding specific enteric pathogens.
Outbreak Declaration	<ul style="list-style-type: none"> When the outbreak definition is met, Infection Control Practitioner (ICP) contacts the MHO/Delegate to declare the outbreak. <ul style="list-style-type: none"> ICP to include the layout of the home and unit, number of beds and number of staff, dining accommodations, configuration of group activities (on unit), and room configuration. Close the affected floor/unit/ward or facility to new admissions, re-admissions or transfers. Admissions and transfers are done on a case-by-case basis in consultation with the MHO. Mon-Fri 0830-1700: 604-675-3900 After Hours, Weekends and STAT Holidays: 604-527-4893 Site leadership to inform priority access and 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. Monday to Friday - CD EHO to notify the BCCDC Public Health Laboratory of facility status. Saturday, Sunday and Statutory Holidays – ICP to notify the BCCDC Public Health Laboratory of facility status. Identify a site-based outbreak management leader.
Communication	<ul style="list-style-type: none"> ICP will coordinate outbreak meetings if requested by MHO, DOC /site lead or ICP. Outbreak management leader to schedule internal meetings with the outbreak management team (OMT). <ul style="list-style-type: none"> Consider developing a distribution list for easy and timely notification for the outbreak management team. OMT lead to notify EVS and Food services manager, families and site of outbreak status. Site to develop communication pathways. Site to identify a means of communication with frontline staff (e.g., huddles, communication binders, communication boards, staff notices and emails). ICP to provide key messages and staff to review at the beginning of each shift. Site to notify non-facility staff, professionals, and other service providers of the Public Health recommendations and to communicate any closures, cancelled services, and/or temporary restrictions (e.g., volunteers, clergy, Handy DART, oxygen service, BC Ambulance, paid companions, students, food service staff, hair salon and others).
GI SPECIMENS ARE COLLECTED AND SENT FOR TESTING TO BCCDC PUBLIC HEALTH LABORATORY ONLY <u>AFTER A GI OUTBREAK HAS BEEN DECLARED</u> BY THE MHO OR EHO	

Laboratory Specimens	<ul style="list-style-type: none"> ● 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) and use the VCH CDC MYSIS # as ordering practitioner. VCH CDC Control MYSIS as ordering practitioner. ● MHO/EHO (Monday- Friday) or ICP (weekends & stats) will provide the outbreak identification and the MYSIS # for BCCDC requisitions. ● Once laboratory testing has confirmed the enteric pathogen of <u>2</u> separate samples, no further sampling is required. Any additional testing must be approved/requested by MHO. CD EHO will follow up with a special request to BCCDC PHSA Lab. ● Order sample containers from the BCCDC Public Health Laboratory using the following requisition linked here. ● The site is responsible for sending specimens to the BCCDC Provincial Health Laboratory using your established courier service, taxi service or by dropping samples off. ● Samples are received Monday – Sunday (including Statutory Holidays) between 0700-2300 ● Established courier: _____ ● Samples should be shipped or dropped off to Specimen Receiving or Specimen Drop-box at: BCCDC Public Health Laboratory Central Processing and Receiving 655 West 12th Avenue Lane Level (at rear of building) Vancouver BC ● 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).
Cohorting Staff	<ul style="list-style-type: none"> ● Cohort staff to affected area where possible. ● When cohorting is not possible, staff to move from asymptomatic to symptomatic resident. ● Allied staff to work 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 and create management plans for those who wander. ● Do not move asymptomatic roommates. ● Do not admit or move asymptomatic residents into rooms on Contact Plus precautions. ● Provide tray service (meals to room) for residents on precautions. ● Support residents to perform hand hygiene before and after meals, after toileting and after an episode of diarrhea and/or vomiting. ● Encourage staff to clean and disinfect bedrails and over bed tables when delivering meals and when providing care. ● Use disposable hygienic products for symptomatic residents

Group Activities	<ul style="list-style-type: none"> Residents on Contact Plus precautions may not attend group activities. Following discussion with MHO, either decrease size or discontinue group activities. Encourage resident hand hygiene at the beginning and end of all activities. No shared food.
Staff Cases	<ul style="list-style-type: none"> Staff who develop symptoms at home, follow up with their own healthcare provider. VCH staff to report work absence to the Provincial Workplace Health Call Centre (1-866-922-9464) Non-VCH staff report to: _____ Symptomatic staff shall not work in any health care facility until they are symptom free for 48 hours. Symptomatic food-handler staff shall not work in any health care facility until they are symptom free for 72 hours. Staff who are asymptomatic 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. Initiate enhanced cleaning and disinfection on affected floors/units/wards. Clean dining room tables before and after mealtime Sites to ensure a Health Canada approved product effective against non-enveloped viruses is used or use a cleaning product and bleach as the disinfectant (1000ppm) 1:50 ratio of bleach solution (4 teaspoons (20mL) of domestic 5.25% bleach to 1 liter of water). See commonly used disinfectants. EHO will assess the kitchen
Supplies	<ul style="list-style-type: none"> Identify a site supply lead: _____ Order sample containers from the BCCDC Public Health Laboratory using the following requisition linked here. Follow: Preparing Rooms on Additional Precautions in Long Term Care and Assisted Living Ensure there is an adequate supply of gowns, gloves, masks, eye protection, disinfectant wipes and ABHR. Develop a process for restocking supplies in the PPE cart and <u>twice daily clean</u> of the PPE cart; identify a person responsible and assign this task daily. Ensure staff have access to supplies on the unit and know where and how to access them. Owned and operated sites to order through e Pro. Contracted and private sites to order PPE and supplies using established processes.
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"> Have disinfectant wipes and alcohol-based hand rub (ABHR) available to use. If wearing a mask, change on entry to break space. If operationally feasible, cohort staff from affected area(s) to a single break space. Avoid sharing of food/ food items. Empty, clean and disinfect staff fridges. Dedicate washroom facilities for food handler staff where possible.

Laundry	<ul style="list-style-type: none"> ● Follow established site-specific sanitation plan. ● Set up a process for in room personal laundry and laundry hampers for residents on precautions. ● Ensure hampers are impervious to prevent leakage of body fluids. ● Identify a process to clean and disinfect carts/bins used to transport laundry prior to exiting unit. ● Use Point of Care Risk Assessment (PCRA) when handling laundry and garbage. ● Handle soiled laundry with minimum agitation.
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. ● Coordinate with EVS to clean shared resident fridges. ● Tray service for all residents on Contact Plus precautions. Disposables are not necessary unless operationally required. ● Encourage and support residents to perform hand hygiene prior to meals. ● Set up a process for meal delivery to units (facilities may need a meal wagon to deliver meals, consider using a closed wagon). ● Identify a process to clean and disinfect carts used to transport meals after each use ● Cover meal and beverages carts during transport. ● Ensure there are overbed tables for residents to dine in their room. ● Consider the need for extra kitchen staff for meal plating for locations with serveries. ● For sites using the new model of care for breakfast (e.g. self-serve), develop a plan for tray service for breakfast. ● No shared food.
Discontinuing Precautions	<ul style="list-style-type: none"> ● Coordinate “additional precautions clean” with the resident(s) bath/shower when Contact Plus precautions are discontinued. ● Remove additional precaution signage when environmental cleaning is complete. ● Identify additional precautions have been discontinued on the electronic line list.
Calling an outbreak over	<ul style="list-style-type: none"> ● MHO/EHO will call an outbreak over. ● ICP to notify MHO once 2 incubation periods (i.e. 96 hours if pathogen unidentifiable pathogen) have passed since onset of symptoms in the last case to determine if OB can be declared over. ● ICP to coordinate an outbreak debrief to review lessons learned and share with OMT. ● Site leader informs priority access the outbreak has ended. ● DOC to complete the Outbreak Summary Report and fax or email to CD EHO team. ● Restock supplies
Resources	<ul style="list-style-type: none"> ● Follow the specimen guidance for collection, storage and transport as outlined in the BCCDC e-lab manual by following the link and typing in Gastrointestinal Disease Outbreak Investigation in the search bar. ● BC Chlorine Dilution Calculator ● Health Canada Drug Product Database Online Query

Appendix A

Product	Description	Photo	Brand	Supply Chain Ordering Information for Operated homes, Contracted and private homes see your supplier for similar products
Emesis Bag w/ Absorbent Powder	Portable emesis bag with absorbent inner lining to help solidify emesis and enable disposal in garbage.		Hygie Canada	PeopleSoft Item #: 00105357 20/Package
Vernagel Super Absorbent Powder	Polymer based powder that absorbs fluids (e.g. urine, blood, feces, vomit) into a semi-solid state enabling safer disposal.		Vernacare	PeopleSoft Item #: 00078234 100/Box
Commode Liner/Large Emesis Basin Disposable Pulp Fibre	Disposable bed pan/commode liner		Vernacare	PeopleSoft Item #: 00068954 100/Case
Hygienic Bedpan/Commode Cover	Disposable cover for bedpan/commode for effective management/containment of body waste at point of care.		Hygie Canada	PeopleSoft Item #: 00095514 20/Box