

Infection Prevention and Control

Stand Alone Assisted Living

Viral Gastrointestinal (VGI) Toolkit

*This toolkit provides guidance related to viral gastrointestinal illness (e.g., Norovirus, Rotavirus, Adenovirus). **Outbreaks are not called for stand-alone Assisted Living sites.

Residents 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

- 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)

	Care staff to notify nurse in charge				
Notification	Nurse to notify manager or Site leader:				
	designate for evenings and				
	weekends. Contact:				
	Initiate a <u>paper line list</u> Email questions to <u>ICP-LTC@vch.ca</u>				
Additional	Place symptomatic residents on <u>Contact Plus Precautions</u> , use eye protection when				
Precautions	vomiting present as per point of care risk assessment (PCRA).				
	 Maintain precautions until <u>48 hours</u> after symptoms have resolved. 				
	 Place Contact plus and <u>donning sign</u> at entrance to resident room in a visible 				
	location. Place <u>doffing sign</u> in the doffing zone inside the room.				
	Follow Preparing Rooms on Additional Precautions in Long-Term Care (LTC) and				
	Assisted Living (AL).				
	 Review <u>Supporting Residents Experiencing Responsive Behaviors.</u> 				
	• Staff to identify tablemates where a resident may have had an episode of emesis or				
	uncontained loose stool.				
	 Consult ICP for directions on management of close contacts. 				
	• Dedicate equipment where possible - clean and disinfect shared equipment using a				
	<u>2-step process</u> after each use.				
Hand Hygiene	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	Asymptomatic residents, including close contacts, may participate in on and off unit				
	activities.				

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GI Monitoring - Residents	Continue monitoring residents for GI symptoms. Record newly symptomatic residents on <u>paper line list</u> using the Bristol stool chart (date, time, number and type of episodes using the <u>Bristol Stool Chart</u> (e.g. Type 6 or 7).			
GI Monitoring -	Self-monitor for symptoms and stay home when symptomatic.			
GI Monitoring - Staff	 For staff experiencing nausea, vomiting or diarrhea at work they should: 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. 			

Appendix A Template for Communication

Name of Home					
Resident name	Floor/ unit	Symptom onset date	Date off precautions	Other	