Check list for the Management of Gastroenteritis Infection (GI) Outbreak

**SAMPLE**

When a single patient, resident, or client is noted to have potentially infectious undiagnosed gastroenteritis and an infectious cause is suspected, it is essential that **additional precautions be put in place immediately** *without* waiting for lab information or for additional cases to occur.

Plan and prepare for outbreaks of gastrointestinal illness with the facility outbreak team each season to ensure supplies are updated and available.

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# Preseason Planning

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| **Action** | **Done** | **Initial** | **Comments** |
| **1.** Identify an outbreak lead i.e. PCC/RCC Name: Click here to enter text. |  | Click here to enter text. | Click here to enter text. |
| **2.** Date Seasonal Planning Reviewed:Click here to enter text. |  | Click here to enter text. | Click here to enter text. |
| **3.** Declutter unit(s) |  | Click here to enter text. | Click here to enter text. |
| **4.** Review stock of supplies (e.g. [VCH signage](http://ipac.vch.ca/Documents/Additional%20Precautions/Online/Contact%20Plus%20Precautions%20sign%20VCH.0433.pdf), culture containers, labels, requisitions, and order more as required) |  | Click here to enter text. | Click here to enter text. |
| **5.** Review Gastroenteritis Outbreak Infection Prevention and Control procedures and policies with staff, and ensure information is current |  | Click here to enter text. | Click here to enter text. |
| **6.** Place [GI Outbreak materials](http://ipac.vch.ca/outbreaks) in accessible location for staff to access when an outbreak is suspected |  | Click here to enter text. | Click here to enter text. |

# II. Suspected GI Outbreak

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| **Consultation and Notification:** | **Done** | **Initial** | **Comments** |
| 1. **For VCH owned and operated facilities:**  * **Mon-Fri, during regular office hours**, **notify** your area [Infection Control Practitioner (ICP)](http://ipac.vch.ca/contact-us) * **After regular office hours, or on weekends and statutory holidays**, **notify**:   + VA & Coastal Acute Sites : Medical Microbiologist on call 604-875-5000   + Richmond Acute: Pathologist on call 604-278- 9711 local 4143   + Long Term Care: Medical Health Officer on call 604-527-4893 |  |  | Click here to enter text. |
| **Action (If outbreak is suspected by the designate above):** | **Done** | **Initial** | **Comments** |
| 1. **Immediately isolate all patients/residents on** [**Contact Plus**](http://ipac.vch.ca/Documents/Additional%20Precautions/Online/Contact%20Plus%20Precautions%20sign%20VCH.0433.pdf) **Precautions having:**  * 2 or more episodes of diarrhea within a 24 hr period, 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 * Positive stool culture of a known enteric pathogen AND gastroenteritis symptoms that cannot be attributed to another cause; add Facial Protection if vomiting/flushing vomit or diarrhea. |  |  | Click here to enter text. |

**SAMPLE**

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| 1. **Alert stores** that additional hand hygiene products, gloves, gowns, mask with face shields will be required. |  |  | Click here to enter text. |
| 1. **Collect diarrhea stool specimen** (preferred) in C & S container, or vomitus if patient does not have diarrhea. Label specimens with patient label; add “(Suspect) Outbreak Label” |  |  | Click here to enter text. |
| 1. **All facilities forward outbreak specimens to BCCDC Laboratory for testing** (other than VA[[1]](#footnote-1)) unless advised to send elsewhere by IPAC. |  |  | Click here to enter text. |
| 1. Discuss outbreak with ICP/Med Micro/MHO or designate and implement control measures as directed |  |  | Click here to enter text. |
| **6.** **Begin a** [**line list of patients/residents**](http://ipac.vch.ca/Documents/Outbreak/VCH%20GI%20Outbreak%20Patient%20Resident%20Line%20List.pdf) **with symptoms and a** [**separate line list of symptomatic staff**](http://ipac.vch.ca/Documents/Outbreak/VCH%20GI%20Outbreak%20Staff%20Line%20List.pdf) |  |  | Click here to enter text. |
| 1. **Implement strategies to prevent or manage dehydration** (Vancouver Community Residential Care sites, Richmond and Coastal sites)  * Remind staff about risks of dehydration during outbreak episodes. * Identify at risk residents: inform dietitian, pharmacist and MRP. * Contact Central food Services (Sodexo) to supply extra water/juice jugs to residents on the unit * Consider reviewing diet order request: e.g. add extra fluids to meal trays or switch to full fluid diet as appropriate. * Follow [**Early Detection and Prevention of Dehydration in older adults**](http://vch-connect/programs/hcc/policiesguidelines/Documents/VCH%20Hydration%20Management%20_Quick%20reference%20Guide%20Early%20Detection%20and%20Prevention%20of%20Dehydration%20in%20older%20adults%202017.pdf) guide |  |  | Click here to enter text. |

III. Declared GI Outbreak -  **Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Closure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Outbreak Control Measures: Facility** | **Done** | **Initial** | **Comments** |
| 1. **Notify person in charge/Unit Outbreak Leader** Name & Contact:Click here to enter text. |  |  | Click here to enter text. |
| 1. **Close indicated unit(s) to admissions and transfers (**unless medically necessary or otherwise directed by IPAC/MHO**).** Notify receiving unit/facility on patient/resident transfer. |  |  | Click here to enter text. |
| 1. **Notify all department leads** that they are to follow their outbreak guidelines for all areas |  |  | Click here to enter text. |
| 1. **Notify non-facility staff, professionals, and service providers of the outbreak**   Provide only essential therapeutic services |  |  | Click here to enter text. |
| * Notify housekeeping, food services and laundry so that department-specific outbreak management protocols are initiated |  |  | Click here to enter text. |
| * Notify other service providers of any outbreak control measures that may cancel or affect their provision of service (see list in # 5) |  |  | Click here to enter text. |
| * Notify any facility that admitted a resident from you within the past 24-48 hrs |  |  | Click here to enter text. |
| * Notify Priority Access |  |  | Click here to enter text. |
| * Notify family of resident of the outbreak and potential risk. Limit visitors. |  |  | Click here to enter text. |
| 1. Schedule daily outbreak meeting/teleconference with key stakeholders |  |  | Click here to enter text. |
| 1. **Cancel group outings and large group gatherings in the facility**\*(per MHO/designate)   **SAMPLE** |  |  | Click here to enter text. |
| * + - Food related (cooking, potlucks, birthday parties, etc.) |  |  | Click here to enter text. |
| * + - Hand contact activities (dancing, cards, bingo, crafts, folding linen, etc.). |  |  |
| * + - Hair salon |  |  |
| * + - Occupational therapy/physiotherapy |  |  |
| * + - Pet therapy |  |  |
| * + - Foot care |  |  |
| * + - Chapel |  |  |
| * + - Day care (children) |  |  |
| * + - Day program, visiting groups & outings |  |  |
| * + - Outside meetings held in facility |  |  |
| **7.** Arrange **for** [**outbreak signage**](http://ipac.vch.ca/Pages/IPAC-Posters-Signage.aspx)on the doors and post on boards |  |  | Click here to enter text. |
| 8.Place approved **hand sanitizer at all entrances** for visitor use |  |  | Click here to enter text. |
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| **Outbreak Control Measures: Patients/Residents**  **Outbreak Control Measures: Patients/Residents** | **Done** | **Initial** | **Comments** |
| **1. Maintain line list for** all symptomatic patients/residents (see #8 below, for daily maintenance) |  |  | Click here to enter text. |
| **2. Restrict movement** of symptomatic patients/residents outside of their rooms as much as possible: may cohort symptomatic patients/residents with same laboratory confirmed organism. |  |  | Click here to enter text. |
| **3. Provide tray service** (meals to room) |  |  | Click here to enter text. |
| **4.** Post [**Contact Plus**](http://ipac.vch.ca/Documents/Additional%20Precautions/Online/Contact%20Plus%20Precautions%20sign%20VCH.0433.pdf) **Precautions** signage(add **[Droplet](http://ipac.vch.ca/Documents/Additional%20Precautions/Online/Droplet%20Precautions%20sign%20VCH.0434.pdf) Precautions** for facial protection if vomiting) |  |  | Click here to enter text. |
| 1. **Dedicate patient care equipment** to symptomatic patients/resident; thoroughly clean and disinfect any equipment used between residents and after use) |  |  | Click here to enter text. |
| **6. Encourage diligent hand washing** and use of alcohol hand sanitizer for all patients/residents |  |  | Click here to enter text. |
| **7.** Monitor patients/residents for new cases of gastroenteritis |  |  | Click here to enter text. |
| **8. Implement strategies to prevent or manage dehydration** (Vancouver Community Residential Care  Sites, Richmond and Coastal sites)   * Remind staff about risks of dehydration during outbreak episodes. * Identify at risk residents: inform dietitian, pharmacist and MRP. * Contact Central food Services (Sodexo) to supply extra water/juice jugs to residents on the unit * Consider reviewing diet order request: e.g. add extra fluids to meal trays or switch to full fluid diet as appropriate. * Follow [**Early Detection and Prevention of Dehydration in older adults**](http://vch-connect/programs/hcc/policiesguidelines/Documents/VCH%20Hydration%20Management%20_Quick%20reference%20Guide%20Early%20Detection%20and%20Prevention%20of%20Dehydration%20in%20older%20adults%202017.pdf) guide |  |  | Click here to enter text. |
| **9.** Update line listings for ill patients/residents daily; record symptoms onset and resolution |  |  | Click here to enter text. |
| **10. Fax updated line lists to the** [**Infection Control department**](http://ipac.vch.ca/contact-us) |  |  | Click here to enter text. |

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| **Outbreak Control Measures: Visitors** | **Done** | **Initial** | **Comments** |
| **1.** Ask visitors to limit visits until outbreak has been declared over. Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances |  |  | Click here to enter text. |
| **2.** Restrict visitation of multiple patients, residents/clients (i.e. do not visit room-to room) |  |  | Click here to enter text. |
| **3. Encourage diligent hand hygiene on entering facility** |  |  | Click here to enter text. |
| **4.** Ask visitors to implement infection control practices for isolated patients/residents (e.g. Hand hygiene, mask with visor (as necessary), gown, visit only family member/friend) |  |  | Click here to enter text. |

**SAMPLE**

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| **Outbreak Control Measures: Staff** | **Done** | **Initial** | **Comments** |
| 1. **Maintain line list** for all symptomatic staff, , contact the Provincial Workplace Health Call center for support in maintaining line list as needed |  |  | Click here to enter text. |
| 1. Symptomatic **staff should call the** [**Absence Call line**](http://vch-connect.vch.ca/ee/workplacehealth/my_return_to_work/absence_call/Pages/default.aspx) **to report illness,** the Provincial Workplace Health Call Center & their manager or designate |  |  | Click here to enter text. |
| 1. **Staff to notify their other employers** about outbreak. Staff working between outbreak and non-outbreak facilities will be at the determination of the MHO and Workplace Health. This may include attendance at meetings at other facilities. |  |  | Click here to enter text. |
| 1. **Use gown, gloves, masks (and eye protection as necessary)** when providing direct care to symptomatic patients/residents. |  |  | Click here to enter text. |
| 1. **Encourage diligent hand washing** and use of alcohol hand sanitizer for all staff/patients/residents |  |  | Click here to enter text. |
| 1. Dedicate staff to affected unit **whenever possible,** when not possible, start in non-outbreak area and finish work day in outbreak area. Do not go back and forth between |  |  | Click here to enter text. |
| 1. **Cohort staff** to have breaks separate from staff in unaffected areas (where possible) |  |  | Click here to enter text. |
| 1. **Staff to clean and disinfect common use items** before re-use (i.e. stethoscopes). Ideally dedicate equipment for ill patients/residents |  |  | Click here to enter text. |
| 1. **Monitor** staff for new cases of Gastroenteritis |  |  | Click here to enter text. |
| 1. Update line listings for ill staff **daily and fax to** [**IPAC**](http://ipac.vch.ca/contact-us) |  |  | Click here to enter text. |
| 1. Volunteers are cancelled |  |  | Click here to enter text. |
| 1. Clinical Instructor ensures students complete IPAC module. If allowed to work, use appropriate PPE, follow outbreak measures, and minimize contact with isolated residents. Instructor to monitor student’s compliance & competence. |  |  | Click here to enter text. |
| 1. Schedule regular safety huddles to provide outbreak update and to reinforce key messages for staff: hand hygiene, PPE use, cleaning & disinfection, monitoring for new cases |  |  | Click here to enter text. |
| 1. Post daily Outbreak Report sent by Infection Prevention and Control in area accessible to all unit staff |  |  | Click here to enter text. |

**SAMPLE**

IV. Outbreak Declared Over **- Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*GI Outbreak declared over by MHO – two incubation periods (96 hours) after last symptom resolution**

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| **Lifting of Restrictions** | **Done** | **Initial** | **Comments** |
| 1. Notify person in charge Name & contact: |  |  |  |
| 2. Notify all department leads that outbreak is now over and they may cease outbreak activities |  |  |  |
| 3. Arrange Isolation (i.e., terminal) cleaning for unit & patient/resident rooms as needed |  |  |  |
| 4. Arrange for the removal of outbreak signage |  |  |  |
| 5. Resume admissions and transfers |  |  |  |
| 6. Resume outings and large group meetings |  |  |  |
| 1. Resume dining room meal service |  |  |  |
| 1. Notify Priority Access that the outbreak is over |  |  |  |
| 9. Reorder replenishment supplies as needed |  |  |  |
| 10. Continue to monitor staff and residents/clients for signs and symptoms of gastroenteritis |  |  |  |
| 11. Conduct a post-outbreak debrief/review (Recommendations made for improved management of future outbreaks if necessary) |  |  |  |

For more information on Gastroenteritis Infection (GI) Outbreaks go [to ipac.vch.ca/outbreaks](http://ipac.vch.ca/outbreaks)

1. **1VGH specimens and select other preapproved specimens** are processed by VGH microbiology laboratory. [↑](#footnote-ref-1)