

Outbreak Management Roles and Responsibilities – By Service Gastrointestinal Infection (GI) Outbreaks

1. Initial Response – Suspected Outbreak

Outbreak Lead (PCC/RCC/Manager or Delegate)

- ❑ Place all patients/residents with Gastroenteritis symptoms infectious cause suspected, on **Contact Plus Precautions** (add **Droplet Precautions** if vomiting).
- ❑ Alert **Infection Control (regular office hours)** (or the MHO/Medical Microbiologist/Pathologist on-call after hours) if the facility/unit suspects a GI outbreak in either staff or patients¹
 - VCH owned and operated facilities:**
 - ❑ **Mon-Fri, during regular office hours, notify your Infection Control Practitioner (ICP)**
 - ❑ **After regular office hours and statutory holidays, notify:**
 - VA & Coastal Acute Sites: Medical Microbiologist on call: 604-875-5000
 - Richmond Acute: Pathologist on call: 604-278-9711
 - Long Term Care: Medical Health Officer on call: 604-527-4893
- ❑ **Collect diarrhea stool specimen (preferred), or vomitus specimen** as per advice from Infection Control/MHO/Med Micro/Delegate. Label specimens with patient label; add “(Suspect) Outbreak Label”.
- ❑ After consultation with Infection Control, **alert Stores** that additional hand hygiene products, gloves, gowns, eye protection and masks will be required.
- ❑ If after hours, alert housekeeping (regular hours ICP will contact housekeeping)
- ❑ **Start line listing** of only those **patients/residents** & **staff** who fit clinical/microbiological definition.²
- ❑ **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** guide

Infection Prevention and Control (IPAC)

- ❑ **Review patients/residents on line list** to ensure they meet clinical case definition.
- ❑ **Report suspect outbreak to the Infection Control Officer (ICO) & Medical Health Officer (MHO)**
- ❑ **Advise sample collection** on suspect clinical cases.
- ❑ **Ensure proper set up of precautions** instituted: Signage, PPE, hand hygiene stations, AHP wipes, soiled linen hampers, garbage, and special separation.
- ❑ **Ensure all patients/residents with Gastroenteritis symptoms/infectious cause suspected, are on Contact Plus Precautions** (add **Droplet Precautions** if vomiting).
- ❑ **Complete and send Enhanced Cleaning Request Form** to Environmental Services
- ❑ **Collaborate with MHO/ICO** as necessary.

¹ Three or more cases of gastroenteritis within the same setting within a four-day period

² Two episodes of vomiting or diarrhea in a 24 hour period.

2. Outbreak Declared

Outbreak Lead (PCC/RCC/Manager or Delegate)

- ❑ **Close indicated unit(s) to admissions and transfers** as per instructions from IPAC/Medical Health Officer (MHO)/Med Micro/Delegate.
- ❑ **Notify all department leads** that they are to follow their outbreak guidelines for all areas
- ❑ **Notify Priority Access** to restrict admissions/transfers as directed
- ❑ **Arrange for Notification of facility staff, professionals, and allied service providers of the outbreak.** Provide only essential therapeutic services, use appropriate personal protective equipment (PPE) and follow infection prevention and control measures.
 - ❑ Notify housekeeping, food services and laundry that the facility has a gastroenteritis outbreak so that department-specific outbreak management protocols are initiated (e.g. Close kitchen; discard open food from refrigerators; clean and disinfect; tray service).
 - ❑ Notify other service providers such as volunteers, clergy, Handy DART, oxygen service, BC Ambulance, paid companions, students, and others of any outbreak control measures that may cancel or affect their provision of service.
 - ❑ Notify any facility that would have admitted a resident from you within the past 24-48 hrs that you have a Gastroenteritis outbreak.
 - ❑ Notify family/significant others of resident RE: outbreak and potential risk. Limit visitors as much as possible.
- ❑ Arrange for [outbreak signage](#) to be posted on the doors of Facility/Unit entry ways.
- ❑ Assemble **extra hand hygiene stations at entrances.**
- ❑ **Restrict or limit visitors** as appropriate. Ill visitors should not visit. Visitors should visit only one patient/resident.
- ❑ **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](#) guide
- ❑ **Cancel all group activities** ([Checklist for Management of GI Outbreak, p. 4](#)).
- ❑ **Close patient kitchen** if present on unit.
- ❑ Ensure that ice machines are used only for medical care and not for beverages or oral intake (Food Services to provide extra fluids to prevent dehydration). Place signage on machine.
- ❑ **Clean out all staff fridges** to allow housekeeping to properly disinfect.
- ❑ **Clean up staff room.** Staff to use plastic or own utensils during outbreak and do not share.
- ❑ Dedicate staff to affected unit **whenever possible**, when not possible, start in non-outbreak area and finish work day in outbreak area. Avoid going back and forth between
- ❑ **Post signage: No sharing of food** for both staff and patients. This includes group meals [on affected unit(s)] until further notice during the acute stage of the outbreak.
- ❑ **Ensure all staff report workplace absence** to Workforce Scheduling Services ([Absence Call Line](#)). Staff with GI symptoms must also report to the [Provincial Workplace Health call Center](#) and their manager or delegate. Symptomatic staff to remain home until symptom free for 48 hours, 72 hours for food handlers.

- ❑ Manager may contact Workforce Scheduling Services to redirect absence reports (email or phone call) for the duration of the outbreak to facilitate compilation of the staff line list. The provincial Workplace Health Call Center can provide numbers of affected staff members to manager but will not release specifics (staff name).
- ❑ Asymptomatic staff may continue to work in healthcare facilities, but self-monitor for symptoms and report illness as above if symptoms develop.
- ❑ Dedicate staff to affected unit **whenever possible**, when not possible, start in non-outbreak area and finish work day in outbreak area. Avoid going back and forth between
- ❑ **Ensure communication of Contact Plus Precautions** (and any additional precautions) when patient must go off the ward **for medical purposes**. **Alert the receiving area** in advance.
- ❑ **Arrange Daily teleconference** with key stakeholders
- ❑ **Maintain [patient/resident line list](#) and fax daily to Infection Prevention and Control**
- ❑ Schedule regular staff huddles to reinforce key messages: hand hygiene, PPE use, cleaning & disinfection monitoring for new cases
 - ❑ **Brief Staff on assisting with cleaning patient/resident hands** before eating meals and after using toilet if unable to manage independently.
 - ❑ **Remind staff regarding vigilance with hand hygiene processes.**
 - ❑ **Remind staff to clean own work surfaces** (with AHP wipes) and keyboards (with alcohol wipes) every shift.

Infection Prevention and Control

- ❑ **Complete and send Enhanced Cleaning Request Form** to Environmental Services if not already done at suspect stage. Include EVS on daily Outbreak Report.
- ❑ **Daily rounds** to ensure all Infection Control measures are in place.
- ❑ **Attend staff huddles, provide outbreak education as needed**
 - ❑ Review and demonstrate cleaning & disinfection technique
 - ❑ 4 moments for hand hygiene, ABHR as preferred method unless hands are visibly soiled or dealing with *C. diff*, patient/resident hand hygiene
 - ❑ Review and demonstrate PPE donning & doffing technique
- ❑ **Daily review of line listing** to confirm all patients/residents line listed meet clinical or confirmed case definition.
- ❑ **Attend daily outbreak meeting/ teleconference.**
- ❑ **Initiate, maintain and distribute Daily Outbreak Report.** Distribute widely, ask outbreak leader for facility/unit distribution list as required, include: facility department leads, administrators, PCC/RCC, unit educator, Pharmacy, EVS, Food Services, Stores, Facilities and Maintenance Operations, Workforce Scheduling Services, VCH Workplace Health & Safety, Medical Health Officer, Infection Control Officer, Allied Health, Security, Communications.
 - ❑ Notify hospitality department (television hook-up) and educate on how to operate during GI outbreak
- ❑ **Maintain Outbreak Database**
- ❑ **Follow all laboratory specimens** sent for results.
- ❑ **Communicate specimen results to Unit/Facility Outbreak Lead** as soon as results available
- ❑ **Log specimen results** in Outbreak Database.
- ❑ **Liaise at least daily with Unit/Facility Outbreak Lead** or manager.
- ❑ **Remote sites should reconfirm process to expedite specimen delivery**

- ❑ Determine when outbreak is over with MHO (in consultation with ICO) (two incubation periods, 96 hours after symptoms resolve)
- ❑ Arrange follow-up education sessions as required with Operations Coordinator/Manager.
- ❑ Coordinate debrief on outbreak conclusion.

Environmental Services

- ❑ Follow regional enhanced cleaning protocol.
- ❑ Representative to attend outbreak teleconference or liaise daily with Infection Control and management team.
- ❑ Maintain Log of any symptomatic workers.
- ❑ Ensure that staff do not come to work ill and do not return until 48 hours symptom-free, if they have been affected
- ❑ Ensure staff wear all required PPE:
 - ❑ masks and eye protection when cleaning up feces or vomitus and within 2 meters of the patient/resident with vomiting; in addition to gloves and gown used for Contact Plus Precautions.
- ❑ Ensure staff are vigilant with hand hygiene

Provincial Workplace Health Call Center

- ❑ Contact the manager of the affected area by phone to have staff with GI symptoms directed to the [call center](#) to file WorkSafeBC claim. Send follow-up email with information poster to manager.
- ❑ Ensure that staff knows not to come to work ill and not to return until 48 hours symptom-free if they have been affected OR 72 hours symptom-free if food handler.
- ❑ Provide numbers of infected staff to managers or Infection Prevention and Control if asked

Food Services

- ❑ Representative to attend Outbreak teleconference or liaise daily with Infection Control/Outbreak leader
- ❑ Maintain Log of any symptomatic workers.
- ❑ Ensure that staff do not come to work ill and do not return until 72 hours symptom-free if they have been affected.
- ❑ Ensure staff are vigilant with hand hygiene processes.

Physiotherapy and Occupational Therapy

- ❑ Ensure all multi-patient use physiotherapy equipment, and surfaces have been thoroughly cleaned and disinfected using hospital approved products.
- ❑ Close gym for duration of outbreak.
- ❑ Self-monitor for signs and symptoms of infection, and call the Workforce Scheduling Services [Absence Call Line](#) to report any related illness
- ❑ Ensure that staff know not to come to work ill and not to return until 48 hours symptom-free if they have been affected OR 72 hours symptom-free if food handler.
- ❑ Use [Infection Control Point of Care Risk Assessment](#) principles in arranging patient/resident workflow:
 - Whenever possible limiting work to **either** a non-affected unit, **OR** an affected unit, but not both,
 - If required to work multiple units, begin day by working on unaffected areas first, and finish day on the affected unit.
- ❑ Wear PPE as per Infection Control signage posted for each patient/resident.
- ❑ Ensure vigilant hand hygiene processes and assist patient/resident with hand hygiene.