

## LTC Viral Gastrointestinal (GI) Case and Outbreak Containment Toolkit Frontline Staff

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

### 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

- 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)

<b>Notification</b>	<ul style="list-style-type: none"> <li>● Care staff to notify nurse in charge</li> </ul>	
	<ul style="list-style-type: none"> <li>● Nurse to notify manager or designate for evenings and weekends</li> <li>● Initiate a <a href="#">paper line</a> list</li> </ul>	Site leader: _____ Contact: _____
<b>Additional Precautions</b>	<ul style="list-style-type: none"> <li>● Notify MRP</li> <li>● Review <a href="#">GI Communication Algorithm</a></li> </ul>	
	<ul style="list-style-type: none"> <li>● Place symptomatic residents on <a href="#">Contact Plus Precautions</a>, use eye protection as per signage when vomiting present</li> <li>● Maintain precautions until <b>48 hours</b> after symptoms have resolved</li> <li>● Place Contact plus and <a href="#">donning sign</a> at entrance to door in a visible location. Place <a href="#">doffing sign</a> in the doffing zone inside the room.</li> <li>● Make a plan to manage symptomatic <a href="#">Wandering Residents</a>.</li> <li>● Review <a href="#">Supporting Residents Experiencing Responsive Behaviours</a></li> <li>● Staff to identify roommates or tablemates where a resident may have had an episode of emesis or uncontained loose stool</li> </ul>	



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



## 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"> <li>● Care staff to notify nurse in charge</li> <li>● Care staff to initiate the <a href="#">paper line list</a></li> <li>● Review <a href="#">GI Communication Algorithm</a></li> </ul>
	<ul style="list-style-type: none"> <li>● Nurse to notify manager or designate</li> </ul> <p>Site leader: _____</p> <p>Contact: _____</p>
	<ul style="list-style-type: none"> <li>● Notify MRP</li> <li>● Site to notify ICP via email (line list)</li> <li>● ICP to contact MHO/designate when outbreak definition met</li> </ul>
GI Outbreak Declared	<ul style="list-style-type: none"> <li>● Close the affected floor/unit/ward or facility to new admissions, re-admissions or transfers and suspend group activities.</li> <li>● For medically necessary admissions or transfers, call the MHO and/or designate to review and discuss. <b>Mon-Fri 0800-1600: 604-675-3800 or 604-675-3900</b> <b>After Hours, Weekends and STAT Holidays: 604-527-4893</b></li> <li>● 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.</li> <li>● Post <a href="#">Outbreak Notification signage</a> at the facility entrance and/or floor/unit/ward advising visitors about the outbreak.</li> </ul>
Communication	<ul style="list-style-type: none"> <li>● Share information in Key messages and other documentation to staff at shift change</li> </ul>
Laboratory Specimens	<ul style="list-style-type: none"> <li>● Do not send specimens to lab until the outbreak confirmed.</li> </ul>



	<ul style="list-style-type: none"> <li>● Once outbreak declared, collect specimens for symptomatic individuals who meet case definition and send specimens to <u>BCCDC Public Health Laboratory</u>.</li> <li>● CD EHO or ICP must Complete the <u>BCCDC Public Health Laboratory Gastrointestinal Disease Outbreak Requisition</u> for each sample sent to the lab, indicate Viral / Bacterial Outbreak Test (do not use SAF vial).             <ul style="list-style-type: none"> <li>○ Indicate VCH CDC (MYIS #) as ordering physician.</li> </ul> </li> <li>● Weekends and stats, contact ICP for the outbreak identification and MYIS # for BCCDC requisitions on. Weekdays, CD EHO will provide outbreak identification and MYIS # for BCCDC requisition</li> <li>● Collect samples until confirmation of organisms for <u>2</u> residents.</li> <li>● Established courier: _____</li> <li>● Samples are received Monday – Sunday (including Statutory Holidays) between 0700-2300</li> <li>● Samples should be shipped or dropped off to:             <p style="text-align: center;"><b>BCCDC Public Health Laboratory Central Processing and Receiving</b> <b>655 West 12<sup>th</sup> Avenue</b> <b>Lane Level (at rear of building)</b> <b>Vancouver BC</b></p> </li> </ul>
<p><b>Staff Placement</b></p>	<ul style="list-style-type: none"> <li>● Cohort staff to affected area where possible.</li> <li>● 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.</li> <li>● Allied staff to provide support in unaffected units prior to working in affected areas of the home.</li> </ul>
<p><b>Resident Cases</b></p>	<ul style="list-style-type: none"> <li>● Place symptomatic residents on <u>Contact Plus</u> precautions             <ul style="list-style-type: none"> <li>○ Add mask and eye protection when vomiting present</li> </ul> </li> <li>● Maintain precautions until <b>48 hours</b> after symptoms have resolved.</li> <li>● Increase monitoring of all residents on the affected unit to <b>twice-daily</b> screening until <b>4 days</b> from last resident symptom resolution</li> <li>● Assess residents daily in unaffected areas.</li> <li>● Staff to identify roommates or tablemates where a resident may have had an episode of emesis or uncontained loose stool</li> <li>● Restrict movement of symptomatic residents outside of their rooms as much as possible and create management plans for those who wander.</li> <li>● Do not move asymptomatic roommates.</li> <li>● Do not admit or move asymptomatic residents into rooms on Contact Plus precautions.</li> <li>● Provide tray service (in room meals) for residents on precautions and identified close contacts.</li> <li>● Support residents to perform hand hygiene before and after meals, after toileting and after an episode of diarrhea and/or vomiting.</li> </ul>



	<ul style="list-style-type: none"> <li>● Consider cleaning and disinfecting bedrails and over bed tables when delivering meals and when providing care.</li> </ul>
<b>Group Activities</b>	<ul style="list-style-type: none"> <li>● Asymptomatic resident may not leave the affected unit to participate in off unit activities.</li> <li>● No group activities on affected unit unless reviewed by ICP/EHO.</li> <li>● No shared food.</li> </ul>
<b>Staff Cases</b>	<ul style="list-style-type: none"> <li>● For symptomatic HCWs:             <ul style="list-style-type: none"> <li>➢ Not to work in any health care facility until they are symptom free for <b>48 hours</b>.</li> <li>➢ Food-handler staff not to work in any health care facility until they are symptom free for <b>72 hours</b>.</li> </ul> </li> <li>● VCH staff to report work absence to the Provincial Workplace Health Call Centre (1-866-922-9464)             <ul style="list-style-type: none"> <li>➢ Non-VCH staff report to: _____</li> </ul> </li> <li>● Staff who are <u>asymptomatic</u> may work at other facilities and should inform alternate work sites re: status of the outbreak.</li> </ul>
<b>Cleaning &amp; Disinfection</b>	<ul style="list-style-type: none"> <li>● Dedicate reusable equipment or use single use items where possible and clean and disinfect (two-step process) all shared items after every use.</li> </ul>
<b>Supplies</b>	<ul style="list-style-type: none"> <li>● <a href="#">Set-up PPE carts</a>.</li> <li>● 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.</li> <li>● Ensure staff have access to supplies on the unit and know where and how to access them.</li> </ul>
<b>Visitors</b>	<ul style="list-style-type: none"> <li>● <a href="#">Follow MoH guidance for visitors in LTC</a>. Any adjustments to visitor protocols are at the discretion of the MHO.</li> <li>● Inform non-essential staff/visitors of the presence of outbreak and associated risks.</li> <li>● Provide education to visitors'/family caregivers about precautions, hand hygiene and PPE donning/doffing.</li> <li>● Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances.</li> </ul>
<b>Staff Break Rooms</b>	<ul style="list-style-type: none"> <li>● Use disinfectant wipes and alcohol-based hand rub (ABHR) on break spaces.</li> <li>● If wearing a mask, change on entry to break space.</li> <li>● Remove common touch items from break spaces.</li> <li>● Avoid sharing of food/ food items.</li> <li>● Arrange for emptying, cleaning and disinfecting of staff/resident fridges.</li> </ul>
<b>Laundry</b>	<ul style="list-style-type: none"> <li>● Set up in room personal laundry and laundry hampers for residents on precautions.</li> <li>● Clean and disinfect carts/bins used to transport laundry prior to exiting unit</li> <li>● Use <a href="#">Point of Care Risk Assessment</a> (PCRA) when handling laundry and garbage.</li> </ul>



	<ul style="list-style-type: none"> <li>● Handle soiled laundry with minimum agitation.</li> </ul>
<b>Meals</b>	<ul style="list-style-type: none"> <li>● Group dining for unaffected residents to continue unless directed otherwise by the MHO and/or if resident chooses to eat in their room.</li> <li>● Tray service for all residents on Contact Plus.             <ul style="list-style-type: none"> <li>○ Disposables are not necessary unless operationally required.</li> </ul> </li> <li>● Support residents to perform hand hygiene prior to meals</li> <li>● Clean and disinfect carts/bins used to transport meals after each use</li> <li>● Ensure there are over bed tables for residents to dine in their room.</li> <li>● No shared food.</li> </ul>
<b>Discontinuing Precautions</b>	<p>When the resident is free of GI symptoms for <b>48 hours</b>:</p> <ul style="list-style-type: none"> <li>● Coordinate “additional precautions clean” with the resident(s) bath/shower to discontinue Contact Plus precautions.</li> <li>● Remove additional precaution signage when environmental cleaning is complete.</li> <li>● Identify additional precautions discontinued on line list.</li> </ul>
<b>Calling an outbreak over</b>	<ul style="list-style-type: none"> <li>● MHO/EHO will call an outbreak over once <b>2 incubation periods (96 hours)</b> have passed following resolution of symptoms in the last case.</li> </ul>

