Enteric Outbreak Control Measures

Facility Name and Address: **Outbreak Number:**		
Health Unit Investigator: **Phone Number:**	**Outbreak Coordinator:** **Phone Number:**	
Initial Outbreak Classification Choose an item.		
Lakelands Public Health - Peterborough office: • Monday – Friday 8:30 am to 4:30 pm contact 1-844-575-4567 • Afterhours: 705-760-8127	**Lakelands Public Health -Haliburton County, Northumberland County or City of Kawartha Lakes offices:** • Monday- Friday 8:30am- 4:30pm contact 1-844-575-4567 • After Hours: 1-888-255-7839	
1.0	**Line List**	**Reviewed**
1.1	Update line list daily, Monday to Friday	☐
2.0	**Outbreak Case Definition**	
2.1	Case definition: Any resident or staff of XXX with illness onset from DATE or later who has symptoms of infectious gastroenteritis (2 or more episodes of diarrhea and/or vomiting in 24 hours).	☐
3.0	**Specimens Collection and Submission** ****only submit specimens for symptomatic individuals****	
3.1	Whenever possible, submit specimens directly to PHOL or to PHOL via the Health Unit PHOL Pick-up times at the Health Unit as follows: • Port Hope Office- 10:30am • Lindsay Office- 11:30am • Haliburton Office- 8:30am (office closed 10:00-10:15, 13:00-14:00, 15:00-15:15) • Peterborough – N/A; sites to deliver directly to PHOL	☐
3.2	• Use general lab requisition, writing "Enteric Outbreak Investigation" under the tests requested, and checking off congregate setting. • Ensure symptoms are captured on lab requisition; *asymptomatic residents will not be tested* • Ensure two unique and matching identifiers on both specimen and lab requisition • Check to ensure specimen kits are not expired. • If limited stool available for sampling, prioritize viral testing (white cap) • Note that specimens must be received at PHOL within 72 hours of collection	☐
4.0	**Communication**	
4.1	Submit daily line lists to the Health Unit, except on weekends and STAT holidays.	☐
4.2	Contact Public Health immediately if there are additional cases outside of the outbreak area, or if there is a significant change in severity of illness, number of hospitalizations or deaths.	☐
4.3	Facility to advise & update health care partners and other agencies of the outbreak.	☐
5.0	**General Outbreak Control Measures**	
5.1	**Entrance Signage** • Post outbreak notification signs at all entrances to the facility and affected area(s).	☐

	• Post notices on the door of ill resident/patient rooms advising visitors to check in at the nursing station. *See section 8.0* for *Visitor Control Measures.* • Signage is available here: Lakelands Public Health Infection Prevention and Control (IPAC) Hub	
5.2	**Screening** • Active screening for staff, and visitors working in the outbreak area prior to entering the unit is recommended. • Passive screening signage is posted at all facility entrances/triage areas and all people entering the facility must passively screen for symptoms.	☐
5.3	**Hand Hygiene** • Reinforce the "4 moments of hand hygiene". • Ensure that 70-90% alcohol-based hand rub and/or handwashing stations are located at point-of-care, entrances, common areas etc. • Encourage/assist/remind/provide opportunity for residents to perform hand hygiene.	☐
5.4	**Personal Protective Equipment (PPE)** • Use PPE as per PIDAC's *Routine Practices and Additional Precautions in all Health Care Settings*. All HCWs or essential caregivers providing direct care to or interacting with cases should wear eye protection (goggles, face shield, or safety glasses with side protection), gown, gloves, and a well-fitted medical mask (surgical/procedure) • Ensure adequate and accessible PPE inventory available to staff and residents/patients	☐
5.5	**Audits** • Staff should complete weekly audits, at minimum, for the duration of the outbreak (hand hygiene, PPE use, and cleaning and disinfection); results should be reviewed with staff and OMT	☐
5.6	**Surveillance** • Enhanced symptom assessment for all residents	☐
5.8	**Cohorting** • Staff and residents/patients from outbreak affected areas and non-outbreak affected areas should not mix. Minimize movement between areas as much as possible.	☐
5.9	**Environmental Cleaning** • Enhance cleaning and disinfection of high touch surfaces twice daily using a broad-spectrum viricidal disinfectant with a Drug Identification Number (DIN). • When possible, use dedicated resident/patient care equipment or clean and disinfect between use. • Ensure staff clean and disinfect environmental trolleys (e.g. laundry carts) meal services equipment (e.g. food carts) after each use.	☐
6.0	**Resident Control Measures**	
6.1	**Additional Precautions** • Ill residents/patients should be on contact droplet precautions in their rooms and tested appropriately.	

	• Additional precautions may be discontinued 48 hours after symptoms have resolved. • If an organism other than Norovirus is isolated, refer to Table 8.1 Organisms Commonly Associated with Gastroenteritis in Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings	
6.2	**Admissions and Transfers** • New admission to an outbreak area are generally not advised • Re-admission of line listed cases to an outbreak area(s) is allowed. • If required, re-admission of non-line-listed should be done in accordance with the Repatriation Tool PUBLIC HEALTH.pdf • Transferring facility is to advise receiving facility if a resident/patient develops symptoms or tests positive.	☐
6.3	**Absences and Leaves** • Temporary leaves for residents from an outbreak affected area to a private home are acceptable. If the resident/patient becomes ill and is transferred to another facility, family should inform the facility that the resident/patient is from an OB facility. • Symptomatic residents/patients can attend medically necessary appointments or activities. When attending these appointments, the receiving facility and transportation provider should be notified. Non-medical absences such as shopping and hair appointments should be rescheduled. • Well residents in non-affected areas of the home may continue their activities, including absences.	☐
6.4	**Group Activities and Communal Dining** • For clients/patients/residents with GI symptoms, social activities should be postponed until Additional Precautions are discontinued. • Small group activities on individual units/areas may continue for well residents/patients with appropriate precautions in place (e.g., hand hygiene). • Discontinue communal dining that mixes residents/patients from outbreak units and non-outbreak units. Communal dining on a single unit can continue for well residents/patients.	☐
7.0	**Staff Measures (including students/volunteers)**	☐
7.1	• Symptomatic staff must be excluded from working in any facility and report to Occupational Health/workplace and follow return to work guidance. • Staff may return to work if they are afebrile and their symptoms have resolved for 48 hours.	☐
7.2	• Staff who work in multiple settings/locations should advise their employers of the outbreak and follow workplace policies.	☐
7.3	• Staff should, where possible, work in either affected or unaffected areas, but not both. Staff should, where possible, work with either ill or with well residents/patients but not both. If this type of cohorting of staff is not possible, staff should be assigned to work first in unaffected areas or with well residents/patients while adhering to strict IPAC measures.	
8.0	**Visitor Control Measures**	

8.1	• General visits and visits from ill individuals, should be postponed unless extenuating circumstances exist (e.g. end-of-life visits/compassionate reasons) Follow the facility's visitor policy. • Well essential visitors are permitted to the home and should follow IPAC measures to reduce transmission. • Visiting by outside groups (e.g., entertainers, community groups, etc.) is not permitted in the outbreak area. • Onsite adult/childcare programs may continue if it is possible to ensure there is no interaction between the affected floor/unit staff or residents/patients and the participants in on-site child-care or other day programs.	☐
9.0	**Food Safety**	
9.1	• If requested, provide food samples, food history for cases, and detailed menus (if available).	
10.0	**Declaring Outbreaks Over**	
10.1	The decision to declare the outbreak over must be done in consultation with Public Health. Facility to advise appropriate healthcare partners when the outbreak has been declared over.	☐
Comments:		

Resources

1. Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings
2. Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings
3. IPAC Hub contact: ipachub@lakelandsph.ca for infection control inquiries.