

Gastroenteritis Outbreak Control Measures for Long-Term Care Homes and Retirement Homes

Suspect outbreak

If an outbreak is suspected, notify

Huron Perth
Public Health at
1-888-221-2133 ext 3284
or idteam@hp-ph.ca

After hours, call
1-800-431-2054

1	Facility name _____
	Outbreak number (5183-202X-XXXXX) _____
	Case Definition A case is defined as a resident or staff who has been in the facility within the last 24 hours and is experiencing: • Two or more episodes of unformed or watery stool within a 24-hour period OR • Two or more episodes of vomiting within a 24-hour period OR • One episode of unformed or watery stool and one episode of vomiting within a 24-hour period OR • At least one symptom compatible with gastroenteritis infection (nausea, vomiting, diarrhea, abdominal pain or tenderness) AND lab confirmation of a known gastrointestinal pathogen.
	Gastroenteritis Outbreak Definition Two or more cases meeting the case definition with a common epidemiological link (e.g., specific unit or floor, same caregiver) with initial onset within a 48-hour period. Symptoms must meet the case definition above and not be attributed to another cause (e.g., medication side effects, laxatives, diet or prior medical condition) and are not present or incubating upon admission.

Outbreak administration

2	• Define the outbreak area of the home (e.g., floor, unit or whole facility). • Post signage at all entrances that indicates home is in a gastroenteritis illness outbreak. • Post signage at all entrances of gastroenteritis illness signs and symptoms. • Consider cohorting of staff and residents.
	• Ensure an adequate staffing plan is in place. Discuss any staffing concerns with Outbreak Management Team (OMT).
	Notes

Surveillance

Report hospitalizations and/or deaths to HPPH
1-888-221-2133 ext 3284

3	Email line listing with updates of residents and/or staff, as required. idteam@hp-ph.ca
	Notes

Additional precautions

4	Hand hygiene
	• Reinforce hand hygiene with soap and water when visibly soiled. • Use alcohol-based hand rub (ABHR) 70-90%, when hands are not visibly soiled. • Post signs and reinforce four moments of hand hygiene. • Ensure adequate PPE supplies, and check expiry dates.

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Contact and droplet precautions are recommended while the cause of the outbreak is being established and whenever vomiting is present or anticipated.

Ongoing assessments of the situation may change the additional precautions required.

Following identification of the outbreak pathogen, reassess required personal protective equipment using a **Point-of-Care Risk Assessment (PCRA)** and transition to pathogen-specific precautions as appropriate.

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Masking

- During procedures likely to generate splashes or sprays of body fluids, feces or vomit.
- Discard immediately after use.

Eye protection

- During procedures likely to generate splashes or sprays of body fluids, feces or vomit.
- Clean or dispose immediately after used.

Gloving

- Wear gloves upon entry into cases room
- Change as needed (if ripped or damaged) and discard immediately after use before leaving room.
- Perform hand hygiene every time remove or change gloves.

Gowning

- Wear long sleeved gown upon entry into cases room.

Notes

Residents

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Recommend case remain in their room

- Until 48 hours symptom-free OR follow disease-specific exclusion criteria once causative agent is known, in consultation with health unit.

Residents with one symptom

- Observe in room for 24 hours and use contact and droplet precautions.
- Restrict all affected residents to unit/cohort where feasible.

Avoid admissions/readmissions to outbreak area

- If admission is required, consider the following:
 - Resident (or substitute decision-maker) consents to the admission or transfer.
 - Resident is admitted or transferred to a private room.
 - Attending physician to be consulted.

- Avoid transfers to other facilities.

Transfer to hospital required

- Facility to advise hospital and paramedics of outbreak situation prior to transfer.

Communal activities and day programs

- Consider changing, postponing or canceling activities based on severity and spread (e.g. smaller group size).
- No ill residents to attend
- Discontinue group outings from affected floor/unit.

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Residents

5	Appointments
	• Reschedule non-urgent appointments. • Urgent appointments for residents can continue. Facility to advise clinic/hospital and transport prior to appointment.
	Testing
	• Attempt to collect stool specimens from at least 5 symptomatic residents with diarrhea (formed stool will not be tested). • Ensure testing kits available and not expired. • Appropriate lab requisition available. Use appropriate PPE when collecting swabs.
Notes	

Staff/volunteers

6	• Staff to report symptoms to facility as per facility policy.
	Return to work
	• Staff are to be off work until they are symptom-free for 48 hours OR follow disease-specific exclusion criteria once causative agent is known, in consultation with public health.
	Cohort Staff
	• Have dedicated staff care for ill residents, if possible, OR provide care to ill residents last.
	Working at other facilities
6	• If working at more than one facility, staff need to advise all employers of outbreak status and follow other facility's policy.
	Dietary staff
	• If staff become ill while doing food preparation, may need to discard all <i>ready to eat food</i> prepared by the ill staff. • Any dietary staff worked while ill? ☐ Yes ☐ No
	Notes

Visitors

7	• Visitors are allowed in an outbreak area. • Provide and encourage use of appropriate PPE, and reinforce hand hygiene. • Limit the number of residents visitors interact with and reinforce visitors to not participate in unnecessary social interactions. • Ensure symptom screening for visitors is in place (signage, sign-in log).	
	Notes	

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Environmental cleaning

Cleaning and disinfection

- Enhance environmental cleaning of high touch surfaces including kitchen and dining surfaces. Norovirus can last on surfaces for 12 days.
- Increase cleaning and disinfection of all surfaces in residents' rooms to reduce spread.
- Vacuum cleaning carpets and buffing floors during an outbreak have the potential to re-circulate norovirus and are not recommended.
- Check concentration, contact time and effectiveness of disinfectant against Norovirus or identified pathogen.

Name of disinfectant _____ DIN _____

Concentration used (if not ready to use) _____

- Dedicate resident care equipment to ill resident or disinfect between uses.

Cleaning principles: ☐ Clean to dirty ☐ Top to bottom

- Ensure availability of handwashing supplies, alcohol-based hand rub, cleaning/disinfectant wipes etc.

Kitchen

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- Advise kitchen to switch to bleach as sanitizer if what currently using is not effective against common outbreak pathogens (e.g., Norovirus) (Quat is typically ineffective)
 - 100ppm for 45 seconds for utensils and dishwashing
 - 1000ppm (min) to 5000ppm (max) for 10 minutes
 - See [Chlorine Dilution Calculator | Public Health Ontario](#)
- If not using/switching to bleach, ensure the disinfectant used is effective against common outbreak pathogens and is approved for use in food premise and/or on food contact surfaces. Check Manufacturer's instructions for use (MIFU) and appropriate contact time.
- Any changes in menu or new supplier? ☐ Yes ☐ No Send copy of menu for last 2 weeks
- Any equipment failures (power, refrigeration, dishwasher, etc.)? ☐ Yes ☐ No
- Any special events or celebrations where food was served other than menu items (including food from another source or families)? ☐ Yes ☐ No

Notes

Audits

- Increase frequency of audits:
 - Hand hygiene
 - PPE
 - Environmental cleaning

IPAC Hub

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- The IPAC Hub can assist the facility IPAC Lead with IPAC measures, staff education sessions, resource sharing and complete an IPAC outbreak audit/walk through of facility.
- In-person, virtual meeting or email consultation available
- Contact ipachub@hp-ph.ca

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Declaring outbreak over

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The end of an outbreak is determined on a case-by-case basis. The specific period will be decided by the health unit, in consultation with the facility and is based on the transmission risk.

The specific period varies by pathogen, but generally:

- If Norovirus is suspected the outbreak can be declared over after five days with no new resident cases (one infectious period (72 hours) plus one incubation period (48 hours). If the last case is staff, outbreak can be declared over after one incubation period has passed (48 hours).
- If Norovirus is not suspected, no confirmed pathogen was found from testing and all appropriate precautions were taken, the outbreak can be declared over 48 hours after the symptoms of the last case have resolved.

Notes

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Reviewed control measures

Required

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☐ Reviewed with outbreak management team.

PHN/PHI, sign and date here (Required)

X

Position at HPPH ☐ PHN ☐ PHI

Date (yyyy/mm/dd) _____