



LONG-TERM CARE DIVISION POLICY MANUAL

Manual 9 - Infection Control	Policy: 9-6-1
Management of a Gastroenteritis Outbreak	
Effective Date: October 28, 2016	
Approved by: October 20, 2020 by Strategic Leadership team	

POLICY

An outbreak is determined based on information provided by the Infection Control Professional (ICP)/Outbreak Management Team (OMT), in consultation with the Director of Nursing and Personal Care, Lambton Public Health and the Medical Director.

Definition: An "excess" number of cases over the expected, that appear to be epidemiologically linked within a determined geographical area and exhibiting the same signs and symptoms.

An excess number of cases are defined as: Enteric - 3 (same area/unit)

CASE DEFINITION

Case definitions are outbreak specific and must be developed at the onset of each outbreak. A case definition for the outbreak will be developed on the initial call to Lambton Public Health. The definition will be a collaborative effort of Public Health staff and the Infection Control Professional or designate of the Home based on clinical manifestations.

Initially a case definition should be general to all persons who could potentially have an enteric infection. As the outbreak progresses, the case definition can be revised to become more specific.

For example, at the onset of the outbreak investigation the case definition may read:
"A resident or staff member shall be considered a case if he/she exhibits the following symptoms: 2 or more bouts of nausea, vomiting, and/or diarrhea within a 24 hour period".

To be defined as a case within a gastroenteritis outbreak, **at least one** of the following must be met:

- Two or more episodes of loose/watery bowel movements (conforms to the shape of the container) within a 24-hour period, or **two or more** episodes of vomiting within a 24-hour period; **OR**
- One episode of loose/watery bowel movements (conforms to the shape of the container) and one episode of vomiting within a 24-hour period; **OR**
- Laboratory confirmation of a known gastrointestinal pathogen **and** at least one symptom compatible with gastrointestinal infection – nausea, vomiting, diarrhea, abdominal pain or tenderness

PROCEDURE

When the presenting symptoms are determined, place the symptomatic residents (vomiting and/or diarrhea) **ON CONTACT PRECAUTIONS**.

Refer to Policy #9-7-1 Additional Precautions

Initiate outbreak control measures including:

- Promotion of hand hygiene with staff, residents and visitors. Staff should not use the resident washrooms to wash their hands.
- Restriction of ill residents while communicable to their rooms (48 hours after symptom resolution). Ill staff should also be excluded based on the same communicability.
- Posting signage at appropriate locations to communicate the presence of an outbreak and any instructions of information.
- Review of precautions with all staff, physicians, residents, families and visitors.
- Ensuring availability and appropriate use of PPE consisting of masks, gloves and gowns.
- Increasing cleaning and disinfection of affected resident rooms, multi-use equipment, high touch surfaces and areas.
- If possible, cohort nursing staff and residents. Ideally, direct care providers (e.g. RN, RPN, HCA, PSW) should not provide care to both symptomatic and asymptomatic residents during the same shift. Dedicating equipment to symptomatic residents is recommended.
- The use of disposable dishes is not necessary or recommended.

Enhanced Environmental Cleaning/Sanitizing

- Ensure cleaning and sanitizing of environmental surfaces frequently contaminated by residents/staff (i.e. hand rails, door knobs, bathroom units, furniture)
- Ensure a process for proper disposal of contaminated materials
- Cleansing and sanitizing methods should be reviewed by Public Health Inspector
- Disposable dishes and cutlery are not required
- Refer to: **PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections and Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices**

Exclusion of Symptomatic Staff from Work/Home

- Staff who meet case definition are excluded from the Home until they have been 48 hours symptom free (i.e. food handlers, health care workers including volunteers and students)

Limited Visiting

- Signs should be posted in the Home indicating that there is an outbreak and visitors should be warned that they may be at risk of acquiring infection within the Home
- During an outbreak, visitors should visit only their own friend/relative, in their own room (not in a common area), and should be encouraged to wash their hands before and after the visit at hand hygiene stations in the Home
- Lambton Public Health does not recommend closing the Home to visitors/volunteers. Only in the case of extremely virulent disease would the Medical Officer of Health order the Home to be closed to the public

Suspension of Social Activities

- As much as possible, restrict activities to their respective units. The Outbreak Management Team must find a balance between restricting activities and to control the spread of infection and providing therapeutic opportunities from social activities
- PT or PTA will be restricted to each Home Area

Restrict New Admissions, Re-Admissions and Transfers

- Restricting admissions unnecessarily will create a backlog in acute care or other community Homes; on the other hand, admitting persons who are susceptible into an outbreak situation poses a risk to their health
- Residents can be transferred from the outbreak Home to a hospital with prior notification to Hospital Infection Control Officer or designate
- **Residents admitted from the outbreak Home to hospital with enteric illness** can be re-admitted to the LTCH at any time, provided that appropriate care can be given
- **New admissions (from community), residents admitted to hospital prior to the outbreak, or admitted to hospital for reasons other than enteric illness** may be admitted/re-admitted to the LTCH if the following conditions are met:
 - (a) the resident or substitute decision-maker has been informed of the outbreak status and provided consent;
 - (b) the resident's physician has been informed of the outbreak status and provided consent (taking into consideration the severity of the particular outbreak relative to the resident's condition)
- Resident transfers from anywhere in the Home to another Long-Term Care Home is not recommended during an outbreak. Possible exception of this recommendation should be discussed with the Medical Officer of Health on an individual basis

Advise Hospital Infection Control Staff of Outbreak Prior to Transferring a Resident

- Prior to transfer of residents to hospital, designated staff at the outbreak Home should contact the Infection Control Professional directly by phone to inform them that the resident is coming from an outbreak situation
- Inform them of the outbreak, the pathogen if known, and if the resident is symptomatic or not

Working at Other Homes

- During enteric outbreaks, staff/volunteers **should not** work at any other Home as directed by the local Public Health Unit. If asymptomatic staff choose to work at another Home, they must wait one incubation period (i.e. 48 hours) after working the last shift at the outbreak Home (if the causative organism is known, the waiting period may differ). Staff working at 2 Homes must inform the Infection Control Professional (ICP). Direction for staff working at different Homes is provided by Public Health and Homes adhere to this.

Declaring Outbreak Over

The outbreak is declared over by Lambton Public Health.

Complete the Outbreak Investigation File

Completion of the Final Report of an Institutional Gastrointestinal Outbreak is to be done jointly by the Home and Lambton Public Health. For a confirmed Gastrointestinal outbreak Lambton Public Health will submit the completed report to the Ministry of Health and Long-Term Care within 3 weeks after the outbreak has been declared over. Copies of all documents related to the outbreak are to be kept on file by the Infection Control staff at the Home.

Review the Outbreak

Arrange a meeting with Lambton Public Health to review the course and management of the outbreak. The purpose of this meeting is to review what was handled well and what could be improved for future outbreaks. Provide the report to the Infection Control Committee and a copy to be kept by the Home's Administration.

Refer to Outbreak Management Guidelines - Binder, provided by Lambton Public Health.

References:

Infectious Diseases Protocol Appendix B: Provincial Case Definitions for Reportable Diseases

Ontario Agency for Health Protection and Promotion Public Health Laboratories Branch.
Laboratory Guide for Gastroenteritis Outbreaks. March 2008.

MOHLTC Public Health Division Long-Term Care Homes Branch. *A Guide to the Control of Gastroenteritis Outbreaks in Long-Term Care Homes*. March 2018

Ontario Hospital Association. Enteric Diseases Surveillance Protocol for Ontario Hospitals. May 2016.