

Enteric Outbreak Management Algorithm for LTCH/RH

STEP 1: Assessment

*Note: steps 1 to 3 may occur concurrently

STEP 2: Reporting to WECHU

STEP 3: Implement IPAC Measures

STEP 4: Specimen Collection

STEP 5: Additional Precautions

YES

Has **one** resident had **2 or more episodes of new and unexplained vomiting and/or diarrhea in a 24-hour period** (i.e., *not* related to an underlying condition, medication or diet change etc.)?

NO

Meets SUSPECT OUTBREAK definition report to WECHU

Monday to Friday 8:30am to 3:30pm:
Call 519-258-2146 ext. 1420
After hours: Call 519-973-4510

Fax Line List to 519-977-5097.
 Line lists will be followed up by the CDOT team during business hours.

UNCERTAIN

WECHU does not need to be notified.

The resident does not need to be isolated. Continue to monitor the resident.

If they **develop new or worsening symptoms**, go back to **step 1**.

- The ill resident should be placed on **additional precautions** in a private room. If a private room is not available, implement **additional precautions** and the following measures: 1) draw the curtain 2) dedicate equipment 3) dedicate toileting facilities.
- Use contact precautions: gown and gloves.** Staff may need to add a mask and eye protection based on their Point of Care Risk Assessment (PCRA) if the resident is actively vomiting/uncontrolled diarrhea.
- If** the resident has any of the following symptoms (such as vomiting or diarrhea) in addition to respiratory symptoms follow the **Outbreak Quick Guide 5.0** for additional IPAC measures: runny nose or nasal congestion, sneezing, sore throat, muscle pain, fatigue, cough, chills, headache, or shortness of breath.
- Use a disinfectant that is effective against Norovirus as well as enhanced cleaning and disinfection.
- Review Recommendations for Outbreak Prevention and Control in Institutions and CLS and Enteric Outbreak Management Checklist.**

- Place resident on **additional precautions** for 24 hours to **monitor for new or worsening symptoms** and encourage to stay in their room.
- Consult** with the resident's physician (MD) or nurse practitioner (NP) for an assessment.
- If new or worsening symptoms develop, go to **step 1**.
- Use contact precautions or as determined by staff PCRA when providing direct care or interacting with the resident's environment.
- If no new or worsening symptoms develop** and/or if there is an alternate, non-infectious diagnosis, additional precautions may be discontinued and testing is not recommended.

- Collect stool samples**, if applicable, for testing. If resident is experiencing both respiratory and enteric symptoms, collect both PCR swabs and stool samples, if applicable.
- Label the specimen**, at minimum with the following: outbreak number (if applicable), resident's name, date of birth and date of collection.
- Print lab requisition on bright colour paper** and complete all fields. Verify that the same resident identifiers on the lab requisition match the specimen container.
- Ensure lids are securely tightened to prevent samples from leaking during transport.
- Pack specimens in appropriate specimen bag, labelled with the outbreak number (if applicable). Send specimens with lab courier ASAP. Refrigerate the specimens until they are ready to be transported.
- Food Samples:** Retain a minimum of 200g samples of food, labeled and in a frozen state for collection and testing by a Public Health Inspector. Food samples can be kept for up to 10 days.
 - Note: If causative agent is Norovirus, food samples will not be submitted for testing.

Acute Respiratory infections

- Refer to Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings.**
- Case Management:** Page 51.
- Contact Management:** Page 52.
- Antivirals:** Consult with resident's MD/NP.

Viral Gastroenteritis (e.g. Norovirus) or Unknown Pathogen

- Case Management:** until 48 hours after the last episode of vomiting or diarrhea.
- Contact Management:** Not required.

Other Pathogens

- Refer to **Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings** Table 8.1: (pages 73-84) for disease-specific information.

It is the responsibility of the facility to follow and implement all measures as set out in the **Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Setting** (February 2025, or as current). If there are any discrepancies between this resource and the guidance, the directions from the guidance should be followed. Consult WECHU for outbreak questions.

Adapted with permission from HNHB IPAC Hub - October 2025