# ENTERIC OUTBREAK MANAGEMENT CHECKLIST

For Long-Term Care/Retirement Homes

**Refer to this checklist to manage your facility as per the Ministry of Health protocols and the Windsor-Essex County Health Unit (WECHU). Retain for your records.**

| **Facility Name:** | **Outbreak #:**<br>**2268 – –** | **Date:** |
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| **Outbreak Declaration:** ☐ Suspect ☐ Confirmed | | |
| **Affected Area:** Entire facility ☐ OR Name of unit(s): | | |
| "Client" refers to a resident, patient, or other person being supported within the facility. | | |

**Case definition: determined by the WECHU** (Click here or visit wechu.org)

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| ☐ Abnormal temperature | ☐ Vomiting | ☐ Diarrhea |
| ☐ Chills | ☐ Cramps | ☐ Nausea |
| ☐ Malaise/fatigue | ☐ Headache | ☐ Other: |

## CONTACT

☐ Identify the designated WECHU nurse for your outbreak:

**Nurse Name**: **Phone #:** 519-258-2146 ext.

For any questions or concerns please contact your designated nurse or the Infectious Disease Prevention Department at **519-258-2146 ext. 1420.** The WECHU business hours are from 8:30am - 4:30pm Monday to Friday. Contact the After-Hours hotline at **519-973-4510** to speak with on-call personnel outside of the WECHU business hours.

## IMMEDIATE PRECAUTIONS

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| If a client is symptomatic:<br>*More information available below | Individual should remain in their room. |
| | Implement **additional precautions** (i.e., Contact, Droplet *if applicable*). |
| | Provide the necessary **medical assessments.** |
| | **Test** to determine specific illness. |

## TESTING & SPECIMEN COLLECTION

☐ Ensure your facility has non-expired specimen collection kits, stored in a location that is known and accessible to staff. Additional specimen kits can be ordered online, see PHO's Kit and Test Ordering Instructions webpage to request these tests.

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| ☐ Lab Requisitions | Collect lab specimens from clients who most recently became ill **within 48 hours** of onset of symptoms and who have the most representative symptoms of the suspected illness. Consult with the WECHU as needed. |
| | **Complete** the lab requisition form in its entirety (ensure facility name and address on form). Include the **outbreak number** and at least **two client identifiers** on both the sample and the requisition form. |
| | Arrange for delivery to the lab within 72 hours – ensure you refrigerate the sample in a dedicated specimen fridge. |
| ☐ Test all symptomatic individuals | A total of **five** unformed stool specimens can be collected and sent to lab (testing will stop after **two** positive results). See PHO's Gastroenteritis – Stool Viruses webpage for more information. Ensure the date of symptom onset and date of collection are documented on the requisition. |

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| **LINE LISTS** | | |
| ☐ | Create a line list of clients who belong to the outbreak (click here to download the line list or visit wechu.org).<br>*Only include clients to line list who meet case definition. | |
| ☐ | Update and fax line lists daily to WECHU by 10:00 am to fax (519)-977-5097. | |
| **COMMUNICATION** | | |
| ☐ | **Post outbreak signage at all entrances of building.** | |
| ☐ | Notify all staff (including the house physician, facility pharmacist, DOC, etc.), students, volunteers, client families, and visitors of the outbreak.<br>The WECHU will send your facility an Advisory Notice to reflect the current outbreak.<br>An **Outbreak Notification** will be posted on the WECHU website alerting other health care facilities and agencies of current outbreak in your facility. | |
| ☐ | Convene a multidisciplinary Outbreak Management Team (OMT) and meet daily to review the status of the outbreak and support infection control efforts across the various departments (i.e., Nursing, Dietary, Environmental, House Physician etc.). | |
| **PUBLIC HEALTH INSPECTOR** | | |
| ☐ | Identify the designated Public Health Inspector (PHI) from WECHU for your facility:<br>**PHI Name:** _____ **Phone #:** 519-258-2146 ext._____<br>Your Public Health Inspector (PHI) may reach out to conduct a site visit and meet with the IPAC lead/OMT. | |
| **IPAC MEASURES** | | |
| ☐ | Refer to WECHU IPAC Hub website and the Ministry of Health documents for additional resources related to outbreak control measures:<br>Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025 (or as current)<br>Appendix 1: Ontario Public Health Standards, Gastroenteritis Outbreaks in Institutions and Public Hospitals – May 2022 or as current | |
| ☐ | Client Control Measures | Symptomatic clients should remain in their rooms and cohort cases (i.e., limit movement between clients in outbreak area and non-outbreak areas) were possible. |
| | | Refer to Section 1.3 of the *Outbreak Quick Guide 6.0* for more information. |
| ☐ | Additional Precautions | All positive cases should be placed on **contact precautions** in addition to routine practices. **Droplet precautions** may be required based on PHO's Risk Assessment Related to Routine Practices and Additional Precautions. Refer to Public Health Ontario for more information on additional precautions. |
| | | **Post additional precautions signage on the door of case rooms.** |
| ☐ | Staff/ Students/ Volunteers Control Measures | Minimize movement of staff/students/volunteers between affected and unaffected areas as much as possible (i.e., cohorting staff). |
| | | **Exclude** ill staff/students/volunteers for **at least 48 hours** after their last symptom or longer if indicated by your facilities internal policies.<br>***NOTE:*** *If a specific causative agent is known, disease-specific exclusions apply.* |

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| | If dietary staff become ill while working, discard all ready-to-eat food they prepared while on shift. |
| | Staff working at another facility should notify the other facility of their exposure and follow the WECHU and facility specific exclusion requirements. |
| ☐ Dietary | Sick clients should receive meals (tray service) in their room. |
| | **Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms.** |
| | **DO NOT** dispose of food samples until speaking with your PHI or PHN. |
| ☐ Visitor Control Measures | Restrict visitors to essential caregivers on affected units. |
| | Ensure those who do visit:<br>• Practice vigilant hand hygiene<br>• Visit clients in their rooms and avoid communal areas<br>• Visit only one client; do not mingle with other clients<br>• Use appropriate PPE especially if providing direct care |
| | Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended. |
| | Provide visitors with the WECHU pamphlet **"**What Visitors Need to Know" during an outbreak. |
| ☐ Enhanced Environmental Cleaning | Increase frequency of cleaning and disinfecting of high touched areas and surfaces to entire facility a **minimum of twice daily** (e.g., washrooms, handrails, tabletops, chair arm rests, doorknobs, etc.). |
| | Choose products with proven efficacy against identified germs. Follow the manufacturer's directions on proper concentration and contact times. For more information, refer to PHO's Best Practices for Environmental Cleaning – April 2018 or as current. |
| | Dedicate use of equipment, when possible, to the ill client or clean and disinfect between use as per manufacturer's directions (e.g., wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers, etc.). |
| | Commodes should remain with the client and are to be cleaned and disinfected. If possible, use disposable bedpans. |
| | Limit movement of equipment/supplies through affected areas. |
| ☐ Hand Hygiene | Ensure proper hand washing is maintained by clients and staff by providing ample supply of soap and access to 70-90% alcohol-based hand sanitizers when sinks are not readily available. |
| | During suspected or confirmed Norovirus outbreaks, emphasize hand washing with soap and water. Hand sanitizer does not work well against Norovirus. |

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| ☐ PPE | Ensure proper PPE (for example, masks (N95 where applicable), gloves, gowns, eye protection etc.) are available and accessible throughout the facility. |
| | **Wear proper masks, goggles and/or face shield** when providing care within two meters of case/suspect case, if droplet precautions are initiated.<br>*Dispose mask after **single use** and clean and disinfect goggles. |
| | Perform hand hygiene before applying and after removal of gloves.<br>*Discard immediately after use and wash hands. |
| | Wear **gowns** only if skin or clothing likely to be contaminated during care. |
| | Provide a **container for soiled PPE/linen**:<br>• If the container is located *inside* the client room, the container must be a **minimum of 6ft** or more away from the client's bed.<br>• If not possible, place the container *outside* the room a **minimum of 6ft** away from any clean linen.<br>*Ensure alcohol-based hand sanitizer is available by the container. |
| ☐ Audit | Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.). |
| ☐ Activities | Discontinue group outings from the affected unit/floor. |
| | Reschedule communal meetings or activities on the affected unit/floor (or entire facility if outbreak is determined to be facility wide). Meetings or activities may proceed in non-affected units/floors. |
| | Conduct on-site programs in client/resident/patient rooms, if possible. |
| | Social activities should be postponed for clients/residents/patients with GI symptoms until additional precautions are discontinued. |
| | Asymptomatic or well clients on affected units may continue to participate in small group activities (i.e. physiotherapies, occupational therapy etc.) on the unit only; proper precautions should be taken, and the outbreak unit should be visited last. |
| | Exceptions regarding non-outbreak units/floors should be discussed with the OMT involving outside groups such as entertainers, volunteer organizations, and community groups. |
| ☐ Admissions/ Readmissions & Transfers | Limit, if possible, when a new outbreak has been declared. For specific guidance on admissions/readmission, refer to **Section 8.5 and 8.6** of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025 or as current. |
| ☐ Medical/Other Appointments | If possible, reschedule non-urgent appointments until the outbreak is over. |

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| **Signature and Designation:** | **Date:** |