

ENTERIC OUTBREAK CONTROL MEASURES

Name of Facility:	Outbreak #: 2268 - _____ - _____	Date:
Affected Area: Entire Facility: <input type="checkbox"/> OR Name of Affected Area:		
Case definition: will be determined by WECHU. Only add residents to line list that meet case definition once outbreak declared. Select symptoms that apply: <input type="checkbox"/> abnormal temp <input type="checkbox"/> nausea <input type="checkbox"/> vomiting <input type="checkbox"/> abdominal pain <input type="checkbox"/> diarrhea		
SURVEILLANCE		Start Date
Track resident and staff cases on line lists. Update and fax the list daily to WECHU at 226-783-2132 or call 519-258-2146 Ext 1420 and ask to speak with an Infectious Disease Prevention team member. WECHU business hours are from 8:30am - 4:30pm Monday - Friday. After Hours and on weekends please contact WECHU at 519-973-4510 to speak with the person on call		
Audit – observe staff practices (i.e. hand hygiene, cleaning, use of PPE) if outbreak persists		
COMMUNICATION		Start Date
Ensure outbreak signage is posted at your facility for staff and visitors		
Notify resident families – at facility’s discretion		
Notify staff – ensure that outbreak control measures is posted for staff in known and accessible areas		
Medical advisor – facility to notify medical advisor		
Other health care facilities and agencies – WECHU will send out an outbreak notification		
WECHU Website – a list of current outbreaks are available at www.wechu.org		
HAND HYGIENE		Start Date
Hand Hygiene <input type="checkbox"/> Reinforce resident and staff hand hygiene, soap/water, 70-90% alcohol-based hand sanitizers <input type="checkbox"/> Implement the use of alcohol-based hand rubs in areas where sinks are not readily available <input type="checkbox"/> Food handlers must use liquid soap and water to wash their hands		
Ensure availability of handwashing supplies and hand sanitizer		
PERSONAL PROTECTIVE EQUIPMENT (PPE)		Start Date
Droplet-contact precautions	Post additional precautions (droplet-contact) signage on the door of case rooms	
	Masking and goggles or a shield is recommended for direct contact with an ill resident who has active vomiting or explosive diarrhea as one of their symptoms	
	Gloving – perform hand hygiene before applying and after removal; discard immediately after use and wash hands	
	Gowning if clothing likely to be contamination during patient care	
	Provide covered containers in resident’s rooms for the disposal of soiled PPE	
ENVIRONMENTAL CLEANING/RESIDENT EQUIPMENT		Start Date
Enhanced environmental cleaning	Increase frequency of cleaning and disinfecting of frequently touched items and surfaces (e.g. washrooms, handrails, table tops, chair arm rests)	
Disinfection	Choose product with proven efficacy against identified pathogens – Follow manufacturer’s directions on proper concentration and contact times. Contact your PHI with any further questions or clarifications 519-258-2146 Ext 4475	
Dedicate use of equipment	Dedicate use of equipment when possible to the ill resident or clean and disinfect between use as per manufacturer’s directions e.g. wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers	

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Handle commodes/bedpans carefully	Commodes should remain with the resident and are to be cleaned and disinfected. If possible, use disposable bedpans	
Do not take temperatures rectally		
SPECIMEN COLLECTION		Start Date
Timing and selection of cases – consult with WECHU as needed on which residents are to be sampled		
Communication of results – WECHU will notify the facility of test results as soon as they are available		
Ensure availability and adequate supply – of non-expired test kits, stored in a location that is known and accessible to staff		
RESIDENT MOVEMENT		Start Date
Isolate suspect cases	Residents with one symptom should be isolated for at least 24 hours using same precautions; extend isolations if symptoms persist or worsen Note: Frail residents with small appetites may only have one episode of vomiting or diarrhea and may not exhibit other signs and symptoms associated with gastrointestinal illness	
Isolate residents who meet case definition	For 48 hours after their last symptom has stopped Note: Confining ill residents to their room should not be done if it causes undue stress or agitation and can be done without applying restraints	
Restrict residents to the unit	If the outbreak is confined to one unit/floor, the residents from the affected area should avoid contact with residents in other areas of the home. Note: Asymptomatic residents from the outbreak unit/floor may leave the LTCH to visit in the community as long as they understand they are not to visit other health care institutions	
Activities/meetings on the unit	Reschedule communal meetings on the affected unit/floor. Visits by outside groups (i.e. entertainers, community groups) are not permitted during the outbreak. Well residents may participate in small group activities and therapies on the unit only; proper precautions should be taken and the outbreak unit should be scheduled last	
Admissions/readmissions	For all outbreaks , admissions and readmissions can be considered on a case by case basis. Please refer to the “ Sample Transfer & Return Algorithm for use during Outbreaks ” (pg. 89 in A Guide to the Control of Respiratory Infection Outbreaks in Long –Term Care Homes) You may consult the WECHU public health nurse to assist in making the appropriate determination @ 519- 258-2146 Ext. 1420 or contact the assigned nurse to your case	
Medical/other appointments	If possible, reschedule non-urgent appointments until outbreak is over	
Transfers to hospitals	Advise ambulance service of outbreak prior to resident transfer	
Transfers to other facilities	Generally discouraged	

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STAFF/VOLUNTEERS/STUDENTS		Start Date
Exclude ill staff/students/volunteers	Ill staff should not enter the home, but should report the illness to their supervisor. Ill staff/students/volunteers should be excluded for at least 48 hours after their last symptom	
	Note: if a specific causative agent is known, disease-specific exclusions apply	
	If dietary staff become ill while working, discard all ready-to-eat food they prepared while on shift	
Cohort staff	Minimize movement of staff/students/volunteers between affected and unaffected units/areas and consider cohorting staff – assigning some staff to care for ill residents and others to care for well residents. Where possible, have recovering staff returning to work, care for symptomatic residents	
Working/volunteering at other facilities	Staff working at another facility should wait at least 48 hours after their last exposure at the outbreak facility. This period may be modified if the causative agent is known	
VISITORS		Start Date
Provide education	E.g. hand hygiene; appropriate use of PPE	
Discuss visiting conditions	Encourage visitors to postpone visit whenever possible. Discourage children from visiting unless there are exceptional circumstances. Those who do visit should: <ul style="list-style-type: none"> • practice vigilant hand hygiene • visit residents in their rooms and avoid communal areas • visit only one resident • do not mingle • use appropriate PPE especially if providing direct care Provide visitors with WECHU pamphlet “ What Visitors Need to Know ” during an outbreak	
Active screening of outside workers and visitors	Ill visitors should be advised not to visit while they are ill and until 48 hours after symptoms have ended	

Specific Outbreak Measures:

 Enteric Precautions

 Kitchen Inspection

 Specimens Collected

Contacts	Name	Phone	Ext	Comments
Public Health Nurse		519-258-2146		
Public Health Inspector		519-258-2146		

Facility Lead Signature: _____ **Date:** _____