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**CONFIRMED – ENTERIC OUTBREAK CONTROL MEASURES**

**FOR LONG-TERM CARE HOMES & RETIREMENT HOMES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outbreak #** | Click to enter text. | | **Facility Name & Affected Unit(s)** | | | | Click to enter text. | | | |
| **Type of Outbreak** | **Enteric** | | **Facility Outbreak Lead & Phone Number** | | | | Click to enter text. | | | |
| **Outbreak Pathogen(s)** | Pathogen identified: Click to enter text. | | | Results Pending | | | Unknown | | | |
| **Outbreak Classification & Date** | **Suspect Enteric**  **Two cases in a specific area within 48 hours**  **Confirmed Enteric**  **Three or more cases within a four-day period in a specific area**  **Three or more units or floors having a case within 48 hours** | | | | | | | | | Date |
| Date |
| **Outbreak Case Definition** | A resident or staff member that meet the following criteria:   * **Two or more episodes of new or worsening enteric symptom(s), as noted below:**   Nausea  Vomiting  Diarrhea  Other: Click to enter text. | | | | | | | | | |
|  |  | | | | | | | | | |
| **Health Unit Contact Information** | **Elgin St. Thomas**  Mon-Fri (8:30am – 4:30pm):  **Ph:** 519-631-9900/**Fax:** 519-631-1682  ***After-hours/holidays:*** **Ph:** 519-631-9900 ext. 0 | | | | **Oxford**  Mon-Fri (8:30am – 4:30pm):  **Ph:** 519-421-9901/**Fax:** 519-539-6206  ***After-hours/holidays:* Ph:** 519-421-9901 ext. 0 | | | | | |
| **SWPH Investigator Name & Contact Information** | Click to enter text. | | | | | | | | | |
| **Date Control Measures Provided** | Date | **Prepared By:** | | | | Click to enter text. | | | | |
|  |  | | | |  | | | |  | |
| **CONTROL MEASURES CHECKLIST – CONFIRMED ENTERIC OUTBREAK AFFECTED UNIT:** Click to enter text.  Once an outbreak has been declared, the home should immediately take the following steps: | | | | | | | | | | |
| **SURVEILLANCE** | | | | | | | | **Start Date** | | **Comments/**  **Amend Date** |
| **Facility will:** | | | | | | | | | | |
| **Monitor** **residents, staff and visitors for symptoms** as per current Ministry Guidelines. | | | | | | | | Date | | Comments |
| **Track symptomatic staff and residents** using an outbreak [line list](https://www.swpublichealth.ca/en/partners-and-professionals/outbreak-resources-for-ltchs.aspx) | | | | | | | | Date | | Comments |
| **COMMUNICATION** | | | | | | | | **Start Date** | | **Comments/**  **Amend Date** |
| **Provide daily updates** to SWPH about new cases, hospitalizations, and significant changes to SWPH | | | | | | | | Date | | Comments |
| **Arrange an outbreak meeting** (i.e., with members of the outbreak management team) | | | | | | | | Date | | Comments |
| **Post:**   * [Outbreak signage](https://www.swpublichealth.ca/en/partners-and-professionals/signage-downloads.aspx) at all entrances and all affected areas * [Additional precautions](https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/routine-practices-additional-precautions/additional-precautions-signage) signs at the entrances to the symptomatic resident’s rooms * A copy of the outbreak control measures in an area for staff to see | | | | | | | | Date | | Comments |
| **Notify:**   * **Medical director and other members of the facility’s outbreak response team** about outbreak * **Residents, families, visitors** about the outbreak and the precautions/restrictions in place | | | | | | | | Date | | Comments |
| **Provide outbreak education** to staff, residents, visitors | | | | | | | | Date | | Comments |
| **SWPH will Post an** [**outbreak status report**](https://www.swpublichealth.ca/en/partners-and-professionals/outbreak-status-reports.aspx?_mid_=104080) to communicate outbreak status with stakeholders. (Confirmed outbreaks only) | | | | | | | | Date | | Comments |
| **SWPH Assist with media requests**, if needed | | | | | | | | Date | | Comments |
| **IPAC ASSESSMENTS** | | | | | | | | | | |
| **Complete** [**COVID-19: Self-Assessment Audit Tool for LTCH and RHs**](https://www.publichealthontario.ca/-/media/documents/ncov/ltcrh/2021/12/covid-self-assessment-audit-tool-ltc.pdf?sc_lang=en) **WEEKLY** for the duration of the outbreak. Keep the IPAC audit results for at least 30 days and share with public health | | | | | | | | Date | | Comments |
| **IPAC Assessments by the IPAC hub** may be arranged by facility request to: [ipachub@swpublichealth.ca](mailto:ipachub@swpublichealth.ca) | | | | | | | | Date | | Comments |
| **HAND HYGIENE** | | | | | | | | **Start Date** | | **Comments/**  **Amend Date** |
| **Promote frequent hand hygiene**   * Reinforce resident and staff hand hygiene, soap/water, 70-90% alcohol-based hands * Implement the use of alcohol-based hand rubs in areas where sinks are not readily available | | | | | | | | On-going | | |
| **Ensure availability** of handwashing supplies and alcohol-based hand rub | | | | | | | | On-going | | |
| **ADDITIONAL PRECAUTIONS** | | | | | | | | | | |
| **Additional Precautions:**   * [Droplet and contact precautions](https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/routine-practices-additional-precautions/additional-precautions-signage) | | | | | | | | Date | |  |
| For assistance in obtaining PPEmessage<https://hmmscovid19.ca/>; [EOCLogistics.MOH@ontario.ca](mailto:EOCLogistics.MOH@ontario.ca) | | | | | | | | On-going | | |
| **STAFF, VOLUNTEERS & VISITORS** | | | | | | | | **Start Date** | | **Comments/**  **Amend Date** |
| **Symptomatic Staff:**   * Staff experiencinggastroenteritis (GI) symptoms should be assessed for COVID-19. If COVID-19 is ruled out the staff member should stay off work **a minimum of 48 hours after their GI symptoms have resolved**. The LTCH may consult with SWPH once a pathogen has been identified where the exclusion period may need to be adjusted. | | | | | | | | Date | | Comments |
| **Working at Multiple Facilities:**   * Asymptomatic staff must wait 2 days from the day they last worked at the affected facility before working at another facility. | | | | | | | | Date | | Comments |
| **Cohort staff when possible,** to cases only and/or to affected or unaffected units | | | | | | | | Date | | Comments |
| **Visitors**   * **Encourage family and friends to stay in touch** through video conferencing, telephone calls * **General visitors should postpone non-essential visits** to residents in the outbreak area for the duration of the outbreak. If they do visit, they should avoid visiting multiple residents, must wear appropriate PPE and perform hand hygiene when entering and exiting the home and when leaving the resident room | | | | | | | | Date | | Comments |
| **RESIDENT MOVEMENT** | | | | | | | | **Start Date** | | **Comments/**  **Amend Date** |
| **Isolation** | | | | | | | | | | |
| **Suspect Enteric Case:**   * For resident(s) with one episode of vomiting or diarrhea **AND** negative COVID-19 test – **keep isolated on droplet-contact precautions for 24-hour observation. If any additional episodes of vomiting or diarrhea occur, isolate as per direction below** | | | | | | | | Date | | Comments |
| **Enteric Case:**   * For resident(s) with two or more episodes of vomiting and/or diarrhea **AND** negative COVID-19 test – **keep isolated on droplet-contact precautions until 48 hours symptom-free (72 hours symptom-free for confirmed Norovirus Outbreak)** | | | | | | | | Date | | Comments |
| **Activities, Appointments, Absences** | | | | | | | | | | |
| **Appointments**   * Reschedule non-urgent appointments * Appointments and absences for medical, palliative or compassionate reasons are permitted at any time. This includes when a resident is in isolation on additional precautions and/or when a home is in an outbreak; in these situations, homes must consult SWPH for further advice | | | | | | | | Date | | Comments |
| **Off Unit Activities**   * Residents who are in isolation on additional precautions and/or reside in an area of the home that is in an outbreak should not participate in non-essential, social or temporary absences * Residents within the outbreak area of the home should be restricted to the unit | | | | | | | | Date | | Comments |
| **On Unit Activities**   * Residents on the affected unit who are not in isolation may participate in small group activities and therapies on the unit only; proper precautions should be taken, and the outbreak unit should be visited last * Visits by outside groups (i.e., entertainers, community groups) are not permitted during the outbreak | | | | | | | | Date | | Comments |
| **NEW ADMISSIONS, READMISSIONS & TRANSFERS** | | | | | | | | **Start Date** | | **Comments/**  **Amend Date** |
| * Refer to the “[Transfer and Return Algorithm](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/RESP_Infectn_ctrl_guide_LTC_2018_en.pdf)” (page 77) * **Interfacility Transfers:** Must go through the Provincial Transfer Authorization Centre (PTAC). This does not apply to life threatening emergencies | | | | | | | | Date | | Comments |
| [**SPECIMEN**](https://www.swpublichealth.ca/sites/default/files/file-attachments/basic-page/1a_-_specimen_collection_instructions_estph.pdf) **COLLECTION** | | | | | | | | **Start Date** | | **Comments/**  **Amend Date** |
| **Residents with enteric symptoms:**   * Collect a nasopharyngeal swab for COVID-19 only **AND** a stool sample as per SWPH direction | | | | | | | | Date | | Comments |
| **Symptomatic staff:**   * Exclude symptomatic staff from work and provide direction to symptomatic staff on where they can be assessed and tested for COVID-19 **AND** provide them with the outbreak number | | | | | | | | Date | | Comments |
| **Ensure adequate supply of specimen kits and check expiry dates.**   * Keep outbreak kits in a location that is known and accessible to staff * Contact SWPH if more Enteric test kits are needed | | | | | | | | Date | | Comments |
| **Label the specimen container**, at a minimum with the following:   * Resident’s name, date or birth, health card number and date of collection | | | | | | | | Date | | Comments |
| **Enteric outbreak specimens should be submitted to:**  **Public Health Ontario Lab**   * Ensure outbreak number, client demographics, medical officer of health, and other clinical information (i.e. symptoms, onset dates, date of collection) is included on the [general public health requisition](https://www.publichealthontario.ca/-/media/documents/lab/general-test-requisition.pdf?la=en&sc_lang=en&hash=C49CC41A314364C6AF7B7A29385D521B), print requisition on coloured paper; up to 5 outbreak specimens will be tested. * Contact SWPH to pick-up specimen * Nasopharyngeal swabs collected for COVID-19 can be sent to the PaLM lab or the PHO lab to rule out COVID-19. **Note:** Discontinuation of COVID-19 testing may occur at the discretion of SWPH if an enteric pathogen has been identified and symptoms are compatible with the enteric case definition. | | | | | | | | Date | | Comments |
| **Refrigerate specimens** until they are ready to be transported | | | | | | | | Date | | Comments |
| **Test results** SWPH will provide resident test results once available | | | | | | | | Date | | Comments |
| **[ENVIRONMENTAL](https://www.publichealthontario.ca/en/eRepository/Best_Practices_Environmental_Cleaning.pdf) CLEANING** | | | | | | | | **Start Date** | | **Comments/**  **Amend Date** |
| Enhance cleaning and disinfection of the affected area(s):   * **Enteric outbreaks - Switch to intermediate/high-level disinfectant** | | | | | | | | Date | | Comments |
| **Follow the manufacturers instructions for use** | | | | | | | | Date | | Comments |
| **Ensure adequate stock** of ABHR, masks, eye protection, gloves, gowns; soap & paper towels etc. | | | | | | | | Date | | Comments |
| **Twice daily cleaning of high touch surfaces** (including break/lunchroom/common spaces) | | | | | | | | Date | | Comments |
| **Dedicate equipment** -or- clean & disinfect shared equipment between uses | | | | | | | | Date | | Comments |
| **OTHER RECOMMENDATIONS/COMMENTS** | | | | | | | | | | |
| Comments | | | | | | | | | | |
| **Declaring the Outbreak Over** | | | | | | | | | | |
| **Enteric outbreaks** can be declared over when one incubation period (usually 48 hours) plus one period of communicability have passed with no new cases identified. Following this process, enteric outbreaks can be declared over:  **4-5 days** after the symptom-resolution in the last case | | | | | | | | | | |
| [SWPH will notify stakeholders once the outbreak has been declared over (OSR)](https://www.swpublichealth.ca/en/partners-and-professionals/outbreak-status-reports.aspx?_mid_=104080) | | | | | | | | | | |
| Conduct debrief meeting with Outbreak Management Team. Date of debrief meeting: Click to add date.  n/a | | | | | | | | | | |

**References:**

1. Ministry of Health and Long-Term Care, 2018, Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, available online at:

[www.health.gov.on.ca/en/pro/programs/publichealth/oph\_standards/docs/reference/Control\_Gastroenteritis\_Outbreaks\_2018\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Control_Gastroenteritis_Outbreaks_2018_en.pdf)

1. Ministry of Health and Long-Term Care, COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Settings for Public Health Units: [www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH\_RH\_guidance\_PHU.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf)