



Outbreak Control Measures for Gastroenteritis in Long-Term Care Homes

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Outbreak prevention, preparation, implementation of control measures and early detection are vital to effective outbreak management. Control measures are to be implemented as soon as an outbreak is suspected.

It is important for Long-Term Care Homes to become familiar with MOHLTC’s *Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes (2018)*. Please refer to this document during outbreaks for guidance on outbreak management. This document is available online at http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Control_Gastroenteritis_Outbreaks_2018_en.pdf

Routine Practices (pgs 25-29)	
<ul style="list-style-type: none"> • Store clean personal protective equipment (PPE) <u>outside</u> of residents rooms • Provide containers for disposal of used PPE <u>inside</u> resident rooms • Routine practices for specific gastrointestinal microorganisms and conditions are outlined in Appendix 3, pg 70 	
Hand Hygiene	<ul style="list-style-type: none"> • Any action of cleaning ones hands: alcohol based hand rub (ABHR) <u>or</u> liquid soap and water • Ongoing education and audits • Easy access to hand hygiene agents and to hand washing sinks, dedicated to hand hygiene
Gloves	<ul style="list-style-type: none"> • Contact with blood, body fluids, secretions or excretions • Handling visibly soiled items • When providing direct care of ill resident • Ensure proper glove use (Box 8, pg. 28) • Hand hygiene before putting on and immediately after removal
Gowning	<ul style="list-style-type: none"> • Wear to protect skin and clothing during activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions • Cuffs of gloves must cover cuffs of gowns • Remove when contaminated and before leaving residents’ room or dedicated space • Hand hygiene before putting on and immediately after removal
Masks and Eye Protection	<ul style="list-style-type: none"> • Wear to protect eyes, nose, and mouth during procedures likely to generate splashes or sprays of blood, body fluids, secretions or excretions • Remove when contaminated and before leaving residents’ room or dedicated space • Hand hygiene before putting on and immediately after removal
Additional Precautions (pgs 30-33)	
<ul style="list-style-type: none"> • Necessary for certain pathogens and symptoms • To be used in addition to Routine Practices 	
Contact Precautions	<ul style="list-style-type: none"> • PPE
Other Strategies	<ul style="list-style-type: none"> • <u>Enhanced environmental cleaning and disinfection</u> (See Box 9, pg.31) • <u>Safe food handling practices</u>

	<ul style="list-style-type: none"> • <u>Staff health policy</u> • <u>Visitor health policy</u> • Signs, self screening, hand hygiene
Education	<ul style="list-style-type: none"> • Staff and volunteers (See Box 10, pg.33) • Residents and visitors
Control Measures for <u>Residents</u> (pgs 43-46) <ul style="list-style-type: none"> • Based on clinical symptoms and causative microorganism • Instructions for Feces Specimen Collection During Outbreaks (See Appendix 1, pg61) 	
Isolation	<ul style="list-style-type: none"> • Residents with gastrointestinal symptoms encouraged to remain in their room for at least 48 hours after symptoms resolve. <ul style="list-style-type: none"> ○ Tray service <u>for meals</u>. • Infected residents not allowed to participate in group activities for at least 48 hours after symptoms resolve. • Dedicated equipment <u>or</u> clean and disinfect between uses
Admissions	<ul style="list-style-type: none"> • Admission of new residents and return of residents who have not been line listed is not advised <ul style="list-style-type: none"> ○ Outbreak Management Team and Public Health Unit to discuss situation and consider all relevant factors (pg. 43) • See Transfer and Return Algorithm (Appendix 15, pg. 90-91)
Medical & Other Appointments	<ul style="list-style-type: none"> • Reschedule non-urgent appointments until outbreak is declared over • Consult with resident physician
Transfers	<ul style="list-style-type: none"> • It is not recommended to transfer any residents to another LTC • Notify the ICP of the receiving hospital/facility • Notify other agencies of the outbreak when arranging transfer (e.g., ambulance, Community Care Access Centre (CCAC), etc.)

Control Measures for Staff and Volunteers (pg 46)

Ill Staff	<ul style="list-style-type: none"> • Report to employer • Not return to work until at least 48 hours after symptoms have resolved • If a food handler, consult with Public Health on conditions for returning to work • Discard all ready-to-eat foods prepared by dietary staff that become ill while on shift
Well Staff	<ul style="list-style-type: none"> • Minimize movement (e.g., assign staff to ill residents, specific units, etc.) • Have recovering staff returning to work care for symptomatic residents • Staff members who work at other facilities must notify employers they have been working in a facility that is in an outbreak. Staff should change uniforms between facilities and before leaving affected facility.

Control Measures for Visitors and During Communal Activities (pgs 47-48)

- Visitors should be advised of potential risk of acquiring illness while visiting and they may pose a risk to residents
- **See Box 14** (pg. 47)

<ul style="list-style-type: none"> • Limit visiting hours • Limit number of residents to whom visitor has contact 	
Notification of Visitors	<ul style="list-style-type: none"> • Post outbreak notification signs at all entrances • Family members of ill residents are contacted • Inform frequent visitors of outbreak, if possible
Ill visitors	<ul style="list-style-type: none"> • Advise not to enter the facility. This applies at all times, not only during an outbreaks
Well visitors	<ul style="list-style-type: none"> • Perform hand hygiene • Visit residents only in their rooms. Avoid communal areas. • Visit only one resident and leave immediately afterwards. If both parents are in the home, visit the healthy parent first. • Personal protective equipment (PPE) when providing direct care
ILL RESIDENTS	<ul style="list-style-type: none"> • Signs are posted on residents' rooms or other visible locations advising to go to nurse's station • Visits should only take place in the residents' room • Discourage visitors from providing direct care or educate on PPE
Communal activities	<ul style="list-style-type: none"> • Discontinue activities (programs, group outings, entertainers etc.) on affected floor/unit • Conduct on-site programs (e.g. physiotherapy, foot care) for resident's in their room (proper precautions taken for ill residents) • Activities may proceed in non-affected floor/units • If outbreak is throughout facility restrict all meetings and activities
Closure of facility	<ul style="list-style-type: none"> • Not permitted unless an order issued by Medical Officer of Health under Health Protection and Promotion Act (HPPA) Section 13 Order

Enhanced Cleaning	
Environmental Cleaning	<ul style="list-style-type: none"> • Frequently touched surfaces should be cleaned daily and more often when soiled • Review disinfectant concentration and contact time • Consider using high level disinfection • LTCHs should become familiar with PIDAC's Best Practice for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings 3rd Edition (April 2018)
Resident Room / Care of Equipment	<ul style="list-style-type: none"> • Cleaning checklist for an ill resident's room during an outbreak (Appendix 8, pg76) • Dedicated equipment used whenever possible • Disposable equipment should be used whenever possible • Shared equipment, cleaned and disinfected prior to use and between residents

Reference: Ministry of Health and Long Term Care. Population and Public Health Division (March 2018). *Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes*. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Control_Gastroenteritis_Outbreaks_2018_en.pdf