



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 5.6

DEPARTMENT: *Infection Control*

SUBJECT: *Enteric – Outbreak Protocol
(Contingency Plan) – Residents
and Staff*

APPROVAL DATE: April 2004

REVISION DATE: March 2016; March 2017

REVISION DATE: November 2018; December 2019; Dec. 2020; Nov. 2022

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PURPOSE: It is the policy of Elgin County Homes to prevent further transmission of enteric outbreaks through use of control measures and surveillance. Best practise guidelines and public health recommendations will be used in the management of any outbreak.

PROCEDURE:

All gastroenteric outbreaks are to be considered as food origin until proven otherwise in consultation with Public Health and results of stool culture and/or food samples if testing required, is known. Handwashing must be emphasized to all staff immediately.

Definition of Enteric Outbreak:

Two or more episodes of vomiting and/or diarrhea in a 24-hour period and no evidence of a non-infectious cause i.e. laxative, change in tube feeds, medication or diet.

OR

Stool culture positive for a pathogen (e.g. Norovirus, Campylobacter species,) with a compatible clinical symptom.

Resident Home Area

- a) Resident displaying symptoms according the enteric case definitions will be isolated for 24 hours. Two or more residents showing common symptoms may be reported as per policy 5.4 Outbreak Management – Roles and Responsibilities, outbreak control measures according to Public Health, and, ministry directives/documents. Contact precautions shall be implemented and supplies located outside the resident room. Any additional precautions would be as a result of lab testing results or upon recommendation of the Public Health/IPAC Program Manager/Manager of Resident Care.
- b) Residents who are isolated should have appointments and activities cancelled, and appropriate signage placed on their rooms directing visitors and all staff. In the event of a facility closure as declared by the Public Health, outbreak notices will be posted at all exterior doors.
- c) The Public Health Unit; IPAC Program Manager/Manager of Resident Care will determine quarantine measures and isolation time frames. Notices will then be posted accordingly. Daily assessment of resident conditions will be evaluated by the IPAC Program Manager/Public Health.



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- d) Staffing patterns, and breaks should remain as consistent as possible in affected areas in order to control staff and resident exposure to the symptoms (following staff cohorting policy wherever possible). The IPAC Program Manager/Manager of Resident Care will notify all departments of the suspected outbreak. Each department will follow procedures as outlined in this policy, according to [Public Health Enteric Outbreak Control Measures](#) and recommendations by the Medical Director/Manager of Resident Care.
- e) Initiate specimen collection of stool and/or emesis immediately. Public Health specimen collection bottles to be used. Notify the Public Health Laboratory for pick up. Document on the surveillance sheet.
- f) Keep track on surveillance sheet of all residents and staff affected, inclusive of date, time of onset, room numbers, symptoms exhibited and specimen collection.
- g) Registered staff will provide daily for the Dietary department, a written updated list of all affected residents including any diet changes required for residents in order to allow for the necessary changes to be made for the next meal provided.

Dietary Department

- a) Initiate tray room service, to all affected residents following [Dietary Policy 2.7 Tray Service](#)
- b) Have food samples available for Public Health Unit.
- c) Maintain as consistent staffing patterns as possible in service areas.
- d) Follow direction for the Medical Officer of Health/delegate regarding protocols for hygiene, sanitation, food handling, testing of equipment.
- e) In consultation with the Registered Dietitian and the Manager of Support Services will evaluate and make changes to the menu as applicable.
- f) Ensure clear fluid diet products available to nursing for the affected resident homes area, i.e., ginger ale, jello, clear broth, etc.

Housekeeping/Laundry Department

- a) Keep mops and cleaning equipment in the same areas.
- b) Use regular germicidal cleaning agents on floors, sinks, etc. unless otherwise recommended by Public Health.
- c) Do not clean emesis or feces with mops. If necessary, mop heads must be immediately changed.
- d) Maintain consistent staffing patterns in areas.



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- e) Enhanced cleaning protocols will be initiated paying special attention to high risk areas such as handrails, faucets, bedside tables, call bells, telephones, bedrails, or anything that residents may come in contact with.

Recreation Department

- a) Outbreaks may require the recreation programs be rescheduled or cancelled either in particular nursing areas or throughout the facility.
- b) Recreation staff will be assigned to specific resident area so that allowed on unit activities can occur if permitted as per the outbreak control measures from Public Health or MLTC directives
- c) Notification of volunteers may be necessary.
- d) Provide assistance with portering and feeding of residents in all areas.

Administration

- a) Postponement of admissions and/or of resident moves with the Home will be made by the IPAC Program Manager/Manager of Resident Care in consultation with Public Health.
- b) HCCSS to be contacted and arrange for families to be notified.
- c) See sample transfer and return algorithm for use during outbreaks per “Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, Ministry of Health Long-Term Care, March 2018” document.

Maintenance Department

- a) Avoid isolated rooms/areas where possible.
- b) Room filters may require cleaning following outbreak to reduce spread of infection.

Public Health

- a) Surveillance of precautions/practices by staff and visitors.
- b) Arrange training, education and support as required to all employees.
- c) Advise daily regarding status.
- d) Liaison between departments and external Infection Control Lead.
- e) Staff and visitor health surveillance.



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- f) Infection control surveillance.
- g) Evaluation of proceedings after outbreak contained.
- h) Support any required investigation.

Other Considerations

- a) Resident should be strongly encouraged to remain on his/her unit. Residents cannot be stopped from attending outside events or receiving visitors.
- b) Visitors should be strongly encouraged to not visit during an outbreak. Visitors should not visit more than one resident. Visitors will not be denied visitation unless so ordered by the Medical Officer of Health.
- c) Visitors should be screened for infectious symptoms and if symptomatic not be allowed to visit until 48 hours symptom free from last episode (diarrhea or vomiting)
- d) Visitors will be discouraged from bringing in food.
- e) All staff should remain off work until symptom free in accordance with the measures established by Public Health.
- f) Retain accurate records on the appropriate Public Health Line Listing Form.
- g) Precautions will be determined by Physician/ IPAC Program Manager/Manager of Resident Care based on the extent and type of precautions required.
- h) The Director of Homes and Seniors Services will communicate with any media personnel, i.e. radio, newspaper as per [Admin Policy #1.22 Communication – Media and News Release.](#)
- i) Staffing considerations will be determined by the Department Heads.
- j) Critical Incident will be initiated by the IPAC Program Manager/Manager of Resident Care for the Ministry of Health and Long-Term Care upon declaration of the outbreak. A report for Public Health will be prepared by the Manager of Resident Care and/or reviewed at the Professional Advisory Committee/Infection Control Meeting(s).
- k) Ensure proper reporting to Ministry of Labour occurs utilising IC Form 5.4.1

Referenced Documents:

[Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, March 2018.](#)