

Enteric outbreak control measures checklist

Outbreak number: 2241-20 _____ – _____	Facility name:	
Date checklist completed:	Date outbreak declared:	Date outbreak declared over:
Contact name:	Case definition:	

Consult with KFL&A Public Health (KFLAPH)

Obtain outbreak number from KFL&A Public Health (KFLAPH) – contact covid duty desk 613-549-1232, ext. 4722 or email **covid.IPAC@kflaph.ca** who will reach out to your PHI/PHN team if available.

Fill out the enteric line list for residents and for staff and upload to your Sharepoint account.

Obtain stool samples from symptomatic residents using enteric outbreak kits, and COVID-19 specimen and send to PHOL.

After hours, store samples in refrigerator, not freezer; deliver to lab the next business day.

Notification

Communication to family and notify of the outbreak.

Notify visitors and post signs on entrance doors to facility indicating there is an outbreak.

Notify MOHLTC via the Critical Incident System.

Implement contact precautions

Increase hand hygiene. Alcohol-based hand rub containing at least 70% alcohol preferred when hands are not visibly soiled.

Reinforce hand hygiene with staff, residents, visitors, and volunteers; assist residents with compliance.

Glove and gown for direct care of a case (fluid resistant preferred); discard after use, perform hand hygiene.

Mask and eye protection should be considered when resident care activities are likely to generate splashes of stool and/or vomit.

Environmental controls

Increase frequency of cleaning and disinfection of high touch surfaces.

Increase cleaning and disinfection of washrooms and commodes to twice daily for rooms in isolation; cleaners wear PPE, discard after use, perform hand hygiene.

Dedicate resident care equipment to symptomatic resident.

Roommates do not share toilet facilities with symptomatic residents.

Ensure common tubs and lifts are cleaned and disinfected thoroughly between residents.

Follow the manufacturer's instructions for use of disinfectants, especially contact times.

Outbreak management team (OMT) meeting

Form an OMT with representation from each operational area of the facility; include those with decision-making authority and a representative from KFLAPH.

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Residents	
Restrict cases to room for 48 hrs after last episode of vomiting or diarrhea if COVID-19 negative.	
Postpone appointments and elective tests/procedures until after case's symptoms have resolved; if unable to reschedule, notify transfer service and receiving facility regarding details of the outbreak.	
Cohort residents to unit.	
Cancel or reschedule communal activities on affected units.	
Conduct programs such as physiotherapy for residents in their rooms on affected units.	
Cancel or reschedule group outings from affected units.	
No interaction between residents on affected units and on-site child-care or day program participants.	
Staff	
Exclude symptomatic staff, students, and volunteers for 48 hrs after last episode of vomiting or diarrhea.	
Cohort staff if possible. Minimize movement of staff between affected and unaffected units; if moving between units is necessary, visit the outbreak unit last.	
Working at other facilities is not advised but will depend on individual facility policy.	
Visitors	
Visitors should not enter facility if they do not pass screening; post signage.	
Limit number of visitors while residents in isolation; provide education on hand hygiene and use of PPE.	
Visiting by outside groups (e.g., entertainers, community groups, etc.) are not permitted in the outbreak facility/area(s). Exceptions are to be discussed with KFLAPH.	
Admissions and transfers	
New admissions or transfers into the affected unit are generally not advised. Consider the status of the outbreak, system capacity, immune status of the new resident, and preferences of the new resident and referring physician; consult KFLAPH if necessary.	
Residents who have left the affected unit temporarily can be transferred back in if they were cases; return of non-cases to the affected unit is generally not advised. See considerations above; consult KFLAPH if necessary.	
Transfer of symptomatic residents to other LTCH is generally not advised; discuss exceptions with KFLAPH.	
Transfer to hospital: advise hospital and ambulance/transfer service.	
Ongoing monitoring	
Conduct ongoing surveillance to identify new cases.	
Monitor status of symptomatic residents and staff; note hospitalization or death on the line list.	
Update line listing of residents and staff, upload to Sharepoint every weekday.	
Audit for compliance with control measures.	
Declare outbreak over	
The specific time period required to declare the outbreak over will be made in consultation with KFLAPH based on the causative agent identified. Norovirus and "unknown agent" outbreaks can be declared over five days after onset of symptoms in the last case or one incubation period (48 hours) has passed since staff last worked in the facility.	

Source: bit.ly/3oxBQPa