



CHECKLIST FOR THE CONTROL OF GASTROENTERITIS OUTBREAKS

- Notify* the appropriate personnel about the outbreak (ex. Algoma Public Health, the hospital where residents are being transferred, all staff at the facility, Ministry of Health and Long-Term Care [MOHLTC], family members etc.).
- Begin a separate line list for ill residents and ill staff. Develop a preliminary case definition. Fax to APH at 705-541-7346 or email ehclerical@algomapublichealth.com *each morning* until the outbreak is declared over.
- Discuss *stool specimen collection*, labeling and testing procedures with APH. Request an Outbreak Number for the investigation.
- Call an outbreak management team meeting. Refer to the *Control of Gastroenteritis Infection Outbreaks in long-Term Care Homes* (MOHLTC, 2018) for specific details about what this meeting should entail.
- Encourage ill residents to *stay in their rooms* (ex. provide tray service).
- Place *appropriate precaution signs* on doors of ill resident's rooms that advise all visitors to check at the nursing station before entering the room.
- Post *signs* at entrances of the facility and/or the affected unit/area and leave an automated phone message discouraging visitors during the outbreak.
- Provide appropriate *personal protective equipment* (PPE) to staff and visitors (ex. PPE carts at entrance to ill residents rooms).
- Require anyone providing direct care to ill residents to wear the necessary PPE (gloves and gown for contact precautions plus mask and eye protection for droplet-contact precautions).
- Ensure staff *adhere to routine practices and additional precautions* where required. Hand hygiene and environmental cleaning audits are recommended.

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- Cohort staff/volunteers by assigning some staff to look after ill residents and others to look after well residents only, or assign to dedicated units/floors.
- Enhance *environmental cleaning/disinfection*:
 - Ensure the disinfectant chosen is appropriate for the suspected outbreak agent (ex. Norovirus kill claim). Ensure it is used according to manufacturer's instructions (ex. dilution and contact time).
 - Increase routine cleaning and disinfection of all high-touch surfaces (ex. door handles, hand rails, light switches etc.).
 - Increase cleaning and disinfection of all surfaces in the ill resident's immediate environment.
 - Disinfect shared resident equipment after each use and discard disposable equipment before leaving the room.
 - If possible, dedicate reusable equipment to ill residents.
 - Promptly clean and disinfect surfaces contaminated by stool and vomit.
- Staff/volunteers with symptoms should not enter the facility and should remain off work for at least *48 hours* after symptoms have resolved. If a causative agent is known, disease-specific exclusions may apply.
- Recovering staff/volunteers returning to work should care *only* for ill residents.
- *Enhance visitor monitoring and restrict visitor hours*:
 - Ensure they are aware of their risk of infection.
 - Educate visitors on performing hand hygiene appropriately.
 - Recommend that while visiting, they avoid communal areas and visit only one resident at a time and wear PPE as needed.
 - Visitors must not enter the facility if they have gastrointestinal symptoms, respiratory symptoms or another communicable disease.
- Reschedule meetings and discontinue group outings on the affected unit/floor, or the entire home if the outbreak spreads to two or more floors/units. Do not permit visits by outside groups (ex. entertainers). Conduct on-site programs (ex. physiotherapy, foot care) in resident rooms.
- *Restrict resident movement to and from the facility. Residents who were hospitalized* due to infection from the outbreak may return once they are well, however residents who were not line-listed should not return to the home during the outbreak, if possible. Stop new admissions if possible.