Policy IFC-26: Gastroenteritis (Enteric) Infection Control

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Approval Authority: **Administrator, Norview Lodge**
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Criteria:

Definition of a Symptomatic Case; an individual having:

Two or more episodes of diarrhea or watery stools above what is normal for the Resident within a 24 hour period.
OR
Two or more episodes of vomiting in a 24 hour period.
OR
Stool culture positive for a pathogen with a compatible clinical syndrome.
OR
One episode of vomiting and one episode of diarrhea or watery stool in a 24 hour period.

There must be no evidence of a non-infectious cause; eg. laxative or change in medication/diet change.

Suspected Outbreak:

2 suspected cases of infectious gastroenteritis in a specific area, such as a home, unit or floor within 48 hours.

Outbreak – Definition:

3 or more cases of infectious gastroenteritis in a specific area within a 4 day period,
OR
3 or more units/floors having a case of infectious gastroenteritis within 48 hours

- All outbreaks are declared by Public Health

Nursing Department:

1. All symptomatic Residents should be placed on Droplet/Contact Precautions as soon as possible after symptoms are identified.
2. Staff will initiate droplet/contact precautions with anyone being admitted or returning from a social absence/LOA with symptoms of a gastrointestinal illness (failed ARI screening via the Symptom Surveillance Screening question in the EMAR system completed on all shifts)

3. Additional precautions will be initiated (i.e. PPE container outside of the resident's room with appropriate PPE, linen and garbage bag inside the resident's room, droplet/contact sign)
4. Residents who are asymptomatic and are roommates of Residents exhibiting symptoms require room isolation until COVID-19 is ruled out with a negative PCR result from the symptomatic roommate. Once COVID-19 is ruled out, the asymptomatic roommate no longer has to be isolated (See Management of COVID 19 Policy)
5. Initiate the droplet/contact checklist and document an Isolation Progress Note in Residents software system.
6. Obtain Sanuvox machine and place inside of resident's room to maintain/purify air quality.
7. Staff will notify the Medical Director and/or Nurse Practitioner for an evaluation, assessment, and diagnosis.
8. Notify Infection Prevention and Control.
9. Complete the shift surveillance form to submit to IPAC
10. A single room is preferred, however if this cannot be made possible symptomatic residents living in a basic room: Maintain a 2-metre spatial separation between Residents. Pull privacy curtains closed. Door to room may remain open.
11. All staff providing care or entering the room of a symptomatic resident are to wear Personal Protective Equipment.
12. Symptomatic Residents will be allowed to attend medically necessary appointments or activities and it is recommended they wear a mask (as tolerated for respiratory illnesses). Receiving facility should be notified of the potential outbreak so appropriate precautions can be taken for the Resident on arrival.
13. If a Resident must be transferred to another home for further medical evaluation, and the Patient Transfer Authorization Form done via internet–Staff must notify the transportation service and the hospital receiving the Residents status, prior to transfer.
14. If a Resident is to be sent to the hospital the home will notify the receiving hospital and ambulance that we are experiencing an Enteric Outbreak so that precautionary measures can be taken on their end.
15. Notify Power of Attorney for Care to update them on the Resident's condition and diagnosis.
16. Staff should cohort in affected areas to minimize staff and Resident exposure.
17. The Registered staff will notify all the other departments of isolated Residents via DL-Norview e-mail. E-mail communication will also be completed when the Resident is removed from isolation.
18. Residents who are isolated will have all their nonessential appointments cancelled.
19. Isolated residents are able to have essential caregiver visits but are not to participate in any social or temporary leaves of absence.
20. To prevent social isolation, 1:1 activity will be offered.
21. Frequent hand hygiene when entering and leaving the units, before and after break times and throughout the home.
22. Hand hygiene to be done completed per the 4 Moments and hand washing when hands are visibly soiled.

23. All reusable equipment will be cleaned and disinfected after each use. Whenever possible, disposable equipment will be used and discarded of immediately upon exiting the room where care is delivered.
24. Dedicated equipment is preferred for the symptomatic Resident when able
25. Surfaces and equipment will be cleaned and disinfected (or discarded) by staff performing procedures in room before leaving the room and before removing personal protective equipment.
26. Initiate specimen collections of stool samples immediately. Only the specimen collection bottles supplied by the Public Health Department are to be used. Once the specimens are collected and labelled, refrigerate, and submit to the Public Health Department. Contact the Stores Department for transport of the specimens to the Public Health Department.
27. Nursing mops are to be used for cleaning up emesis and stool. Water and mop heads need to be changed after each episode of cleaning up emesis or stool.
28. Documentation in the Resident Chart will include but not limited to: onset time and symptoms, vital signs, lab investigation including stool specimens collected and sent to The Public Health Unit, isolation if applicable, Doctor or Nurse Practitioner visits and other assessments/observations, as applicable.
29. Residents who are displaying symptoms must remain on isolation and in their rooms until they are 48 hours symptom free.
30. Gowns, gloves, mask and eyewear are to be worn by all staff (and visitors) for Residents who are symptomatic.
31. Linen is to be kept separate - place all soiled linen in red isolation bags.
32. Hand hygiene is to be done via the 4 Moments of Hand Hygiene.

Admissions and Transfers

New admissions or internal transfers are generally not advised during gastrointestinal outbreaks. If a Resident is returning from absence, due diligence should be observed in protecting them by IPAC measures/precautions (i.e., private room, enhanced monitoring)

IPAC will consult with Public Health in the following circumstances:

- The Resident is from a health care facility in outbreak and is going to an institution that is not in outbreak and there are concerns with compliance of IPAC measures.
- The Resident is from the community or a health care facility not in outbreak and going to an institution in outbreak and any of the following apply
- New outbreak has been declared with an ongoing investigation
- Outbreak is uncontrolled/uncontained
- Admission/transfer to an area where many Residents are unable to follow IPAC measures or Resident is unable to isolate and/or follow IPAC measures
- Resident is severely immunocompromised
- Informed consent has not been obtained from the Resident
- Additionally, for admissions or transfers from an acute care facility, the discharging physician should agree to the admission or transfer to an institution in outbreak

Infection Prevention and Control Lead and/or delegate

- Establish a case definition in consultation with Public Health.
- Outbreak Management Team meeting will be held.
- Discuss with Public Health any additional IPAC measures that are required to be implemented.
- The Infection Prevention and Control Lead will notify the Public Health Department and obtain stool specimen kits and an Outbreak Number.
- The Infection Prevention and Control Professional will also notify the Ministry of Health and Long-Term Care of the outbreak via CIS – Critical Incident System when outbreaks are confirmed.
- The Infection Prevention and Control Lead will notify the other departments of the outbreak via e-mail. An email notification is sent to all persons within the home and applicable staffing agencies.
- The IPAC Lead and/or designate will update the outbreak assessment email, communicate PCR results, and will advise when the ill Resident(s) may come off isolation.
- Maintain accurate records of all Residents affected, inclusive of date time of onset and symptoms and if specimens have been obtained on the Enteric Outbreak Line Listing Form and communicated with Public Health
- The Infection Prevention and Control Professional will follow up with notification to appropriate Ministry officials and the Public Health Department if the Employee reports an occupational illness.
- All Media questions are to be referred to the Administrator.
- The Medical Director, Pharmacy, JHSC, and applicable unions will be notified.
- Signs/alerts will be posted on the home area doors and the external doors to the home indicating that there is an outbreak and the potential for risk of infection.

Role of Public Health in Outbreaks

- Only the local public health unit can declare an outbreak and declare when it is over.
- The IPAC Lead and/or delegate will follow the direction of the public health unit in the event of a suspect or confirmed COVID-19 outbreak.
- The IPAC Lead and/or delegate will follow any guidance provided by the local public health unit with respect to any additional measures that must be implemented.
- The local public health unit is responsible for managing the outbreak response.
- Local public health units have the authority and discretion as set out in the Health Protection and Promotion Act to coordinate outbreak investigation, declare an outbreak based on their investigation, and direct outbreak control measures.

Personal Protective Equipment

1. **Gloves**
- Follow Routine Practices
2. **Gowns**
- Follow Routine Practices
3. **Eyewear:**
   In addition to Routine Practices**,** wear goggles/face shield when working within two (2) meters of the Resident.

Masking:

- All staff will perform a point-of-care risk assessment prior to any ill Resident interaction to determine their use of masking (surgical or N95 mask if COVID-19 is Suspected or Confirmed) and will include assessing the exposure risk specific to the care intervention being performed and the duration of the activity.

Declaring the Outbreak over

This is completed in consultation with the Public Health Unit.
Once outbreak has been declared over, an Outbreak Management Team meeting will be held to review the outbreak and debrief applicable Residents, families and staff.

Symptomatic Resident Diet:

Refer Resident to the Dietician re: clear fluids.

Day One: Clear fluids: water, coke, gingerale, Pepsi, Popsicles, broth, jello
Day Two or when symptom free: Start with fluids and regular food except: milk, cheese, coffee, orange juice, apple juice, cranberry juice.

If symptoms reoccur then return to previous diet.
After Day Two diet given, and Resident remains symptom free for a further 24 hours then no dietary restrictions.

Food Services Department

1. Dietary will retain food samples from 48 hours prior to outbreak.
2. The Nutritional Services Supervisor will keep previously collected food samples and keep in freezer until the Public Health Unit requests them for testing or until the outbreak has been declared over.
3. Paper plates, cups and plastic cutlery will be given to the symptomatic Residents at meals.
4. Paper service will also be used on the Coffee/Snack Carts.
5. The Dietary carts and all of the tables will be cleaned with disinfectant following each meal
6. Hand hygiene is to be done before and after each Resident contact and upon entering and leaving the home area.
7. Supply the home areas with containers of jello, broth and juices for the symptomatic Residents.
8. Non-outbreak home areas will be served first, following the home area in outbreak to maintain a clean to dirty approach. Soup and cereal can be served first in each home area, then proceed with main courses etc.

Activation Department

1. Symptomatic Residents or those on Additional Precautions are not recommended to participate in in-person group or social activities with other Residents.
2. Large group activities should be discontinued in affected units.

3. Co-horting of all Residents within the home will be placed on hold for a total of 5 days (including day zero). When transmission is not evident in other home areas, integration will continue for all Residents who are not affected by the outbreak.
4. Outbreak home area will not integrate for the duration of the outbreak.
5. Co-horting of staff to be maintained as much as possible.
6. Hand hygiene is to be done before and after each Resident contact and upon entering and leaving the home area.
7. No visits by outside groups (entertainers/ volunteers) to the outbreak home area
8. Cleaning and disinfecting of shared equipment between Residents.

Housekeeping Department

1. Increase in cleaning procedures to be done throughout the home.
2. Housekeepers will increase cleaning to high touch surfaces in the outbreak home area and in ill Residents room and environment for the duration of the outbreak.
3. Enhanced cleaning of high touch surfaces will include: door handles, bed railings, handrails, light switches, elevator buttons, over bed tables, dining room tables and counters in the outbreak home area and ill Residents immediate environment twice daily.
4. Terminal cleaning the Resident room/environment when Droplet/Contact precautions are removed.
5. Housekeeping staff will use a broad spectrum cleaner/disinfectant.

Physiotherapy/Occupational Therapy/Foot care/Hairdressing

1. Conduct programs/therapy (1:1) – Personal Protective Equipment required for ill Residents.
2. Co-horting of all Residents within the home will be placed on hold for a total of 5 days (including day zero). When transmission is not evident in other home areas, integration will continue for all Residents who are not affected by the outbreak.
3. Cleaning and disinfecting of shared equipment between Residents

Laundry Department

1. Wash isolated linen as per policy and procedure.
2. Hand hygiene to be done before and after each Resident contact and upon entering and leaving the home area.
3. Handle soiled laundry/linen as little as possible.
4. PPE must be worn when handling soiled laundry

Maintenance Department

Hand hygiene to be done before and after each Resident contact and entering and leaving the home area.

Visitors

- General visitors are encouraged to postpone their visit.
- Caregivers should be educated on the potential risk of exposure when visiting a symptomatic Resident.
    - Must wear PPE (mask, gown, gloves, appropriate eye protection) and perform hand hygiene with ABHR before donning and doffing PPE when visiting a symptomatic Resident.
- Perform hand hygiene before and after visits and as applicable.
- Keep internal traffic to a minimum and only visit their Resident and no other Resident.
- Wear the required PPE as required.
- Not to visit if they themselves are ill.
- Symptomatic Residents with GI symptoms, social activities should be postponed until Additional Precautions are discontinued.
- 1:1 visits with essential caregivers or visitors may continue if Additional Precautions are followed.

All Staff/Students/Volunteers

1. Staff illness with a known link to the outbreak will be reported as an occupational illness and reported to the Ministry of Labour only upon submission of an employee incident report.
2. HCWs/staff who develop gastrointestinal symptoms at work are recommended to perform hand hygiene and leave work as soon as possible.
3. For gastrointestinal illness, depending on the policies of their employers, staff may be asked to not return to work until symptom-free for 48 hours. This period could be modified if the causative agent is known.

Working at Other Homes

- Staff with diarrhea and vomiting should not work at any facility until they have remained symptom free for 48 hours.
- It is recommended that staff advise their employers that they are working at a facility with an outbreak.
- Asymptomatic staff should change their uniforms between facilities and before leaving the affected facility.

Education

- Training of staff/volunteers/student placements on the use of PPE, hand hygiene and IPAC protocols.
    - This policy will be given with orientation to all new employees and reviewed annually via Surge Learning for all staff.
    - This policy will be reviewed by Resident Council, Family Council and Public Health as required.

Communications:

- LTCHs must keep staff, Residents and families informed, including frequent and ongoing communication during outbreaks.
- Issuing a media release to the public is the responsibility of the Administrator and will be done in collaboration with the public health unit.
- This policy will be reviewed and tested annually and within 30 days of an outbreak being declared over.
- A written record of the testing of this policy and any changes of this policy will be kept.
- A copy of this policy is posted on the Norview Lodge Website and hard copies will be made available upon request.

Reference:

PIDAC: Routine Practices and Additional Precautions for all Health Care Settings- November 2012

PIDAC: Best Practices for surveillance of Health Care Associated Infections – In Patient and Resident Populations, 3rd Edition – July 2011

MOHLTC: Recommendations for the control of Gastroenteritis Outbreaks in Long-Term Care Homes, March 2018

Ontario. Ministry of Health. Recommendations for outbreak prevention and control in institutions and congregate living settings. Toronto, ON: King's Printer for Ontario; 2024