

Control of Gastroenteritis Outbreaks in Long-Term Care Homes

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A Guide for Long-Term Care Homes and Health Unit Staff

Public Health Division
Ministry of Health and Long-Term Care
September 2011

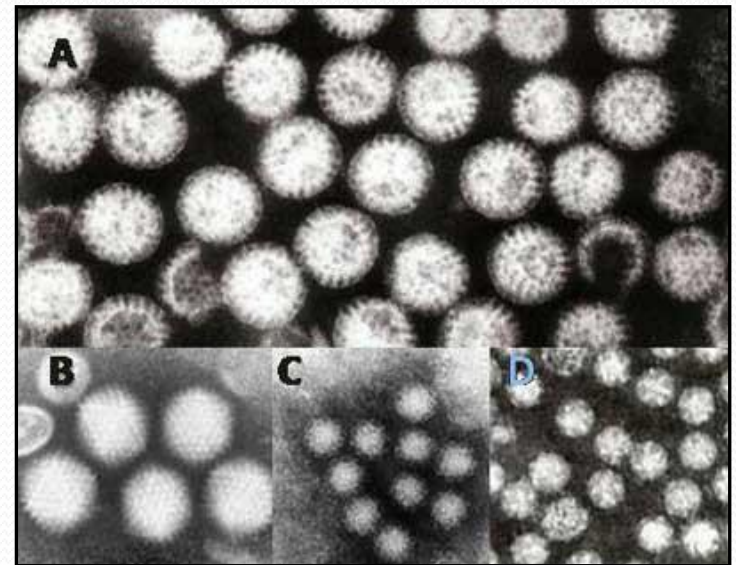
Lisa Fortuna
Jackson Chung
September 28th, 2011

Prevention & Management of Gastroenteritis Outbreaks

STEP	COMPONENT
1. Prevention Policies	Policy Preparation
	General
	Food
	Routine Practices and Additional Precautions
	Infection Prevention and Control Committees
	Education
	Food Handling Practices
2. Preparation	Outbreak Preparedness
3. Surveillance	Surveillance
4. Identification	Outbreak Detection
	Infectious Gastroenteritis Case Definition
	Outbreak Definition
	Suspected Gastroenteritis Outbreak Definition
	Gastroenteritis Outbreak Definition
5. Outbreak Management	1. Assess the Outbreak
	2. Implement General Outbreak Control Measures
	3. Consult with Public Health
	4. Declare an Outbreak
	5. Notify Appropriate Individuals/Agencies
	6. Hold an Initial Outbreak Management Team Meeting
	7. Monitor the Outbreak on an Ongoing Basis
	8. Declare the Outbreak Resolved
	9. Complete the Outbreak Investigation File
	10. Review the Outbreak

Outline

- Introduction
- Outbreak Preparedness
- Surveillance and Detection
- Management of the Outbreak
- Control of the Outbreak
- Declaring the Outbreak Over
- Food-borne Outbreaks
- Appendices
- Conclusion
- Questions



Introduction

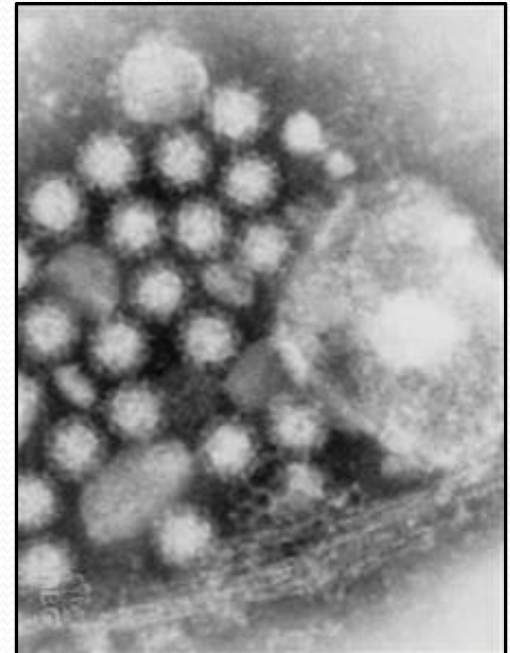
This guide will provide:

- The minimum standard to reduce and manage gastroenteritis outbreaks in LTCHs.
- Provide the most up-to-date, evidence-based information to control and manage gastroenteritis outbreaks in LTCHs.
- Outline the role of public health and the role of the LTCH in preparing for an outbreak, during the outbreak and after the outbreak is declared over.

Outbreak Preparedness

Policy preparedness

- Disease Prevention
- Outbreak Preparedness
- Surveillance
- Management of an Outbreak
- Staff, Resident and Visitor policies



**Policies should be reviewed and updated annually

Outbreak Preparedness

Why prepare policies?

- Decrease the burden of illness for residents and staff
- Ensure education is provided to residents and staff.
- Ensure visitors/family understand policies on possible restrictions before an outbreak happens.



Surveillance

Surveillance is a systematic ongoing collection, collation, and analysis of data with timely communication and sharing of information.

Effective surveillance is essential to early identification so that the proper control measures can be put in place as quickly as possible.

Surveillance

Target groups

- Resident
 - Staff will be the ones to recognize and report initial signs of residents illness.
- Staff
 - When ill staff should self-screen, report illness and stay home.



Managing the Outbreak

What to do?

- Assess the outbreak
- Implement control measures
- Contact Public Health
- Declare the outbreak
- Notify other agencies/partners
- Create an Outbreak Team and schedule meetings



The spread of germs that make you and others sick

Do not visit if you have a:

Cough Sneezing

Fever Cold

Diarrhea

Vomiting

Clean your hands with alcohol-based hand rub:

- when you arrive
- before leaving
- after coughing, sneezing or blowing nose

Managing the Outbreak

What does the Outbreak Team Do?

- Review the current status of the outbreak
- Investigate
 - Sample collection
 - Work with partners
- Ensure control measures are in place
- Communication (internal and external)









Control of the Outbreak

Control measures are based on the clinical symptoms and the causative organism.

- Symptomatic residents who meet the case definition are to be restricted to their room for at least 48 hours after symptoms resolve.
- If is not possible to isolate the resident, cohorting may be necessary.

Cohorting – Cohorting of patients/residents: Grouping of patients/residents who present either with the same set of symptoms or are asymptomatic. Cohorting of staff: Grouping of staff to care for a specific group of residents or to assign them to a floor/unit that either contains or does not contain active cases.

Contact Precautions

CONTACT PRECAUTIONS – Non-acute Care Facilities	
	<p>Hand Hygiene as per Routine Practices Hand hygiene is performed:</p> <ul style="list-style-type: none"> ✓ Before and after each resident contact ✓ Before performing invasive procedures ✓ Before preparing, handling, serving or eating food ✓ After care involving body fluids and before moving to another activity ✓ Before putting on and after taking off gloves and other PPE ✓ After personal body functions (e.g., blowing one's nose) ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids ✓ After contact with items in the resident's environment ✓ Whenever there is doubt about the necessity for doing so ✓ Clean the resident's hands before he/she leaves his/her room
	<p>Resident Placement</p> <ul style="list-style-type: none"> ✓ Single room with own toileting facilities if resident hygiene is poor ✓ Door may remain open ✓ Perform hand hygiene on leaving the room or bed space
	<p>Gown [based on risk assessment]</p> <ul style="list-style-type: none"> ✓ Wear a long-sleeved gown for <u>direct care</u>* when skin or clothing may become contaminated
	<p>Gloves [based on risk assessment]</p> <ul style="list-style-type: none"> ✓ Wear gloves for <u>direct care</u>* ✓ Wearing gloves is NOT a substitute for hand hygiene ✓ Remove gloves on leaving the room or bed space and perform hand hygiene
	<p>Environment and Equipment</p> <ul style="list-style-type: none"> ✓ Dedicate routine equipment to the resident if possible (e.g., stethoscope, commode) ✓ Disinfect all equipment before it is used for another resident ✓ All high-touch surfaces in the resident's room must be cleaned at least daily
	<p>Visitors</p> <ul style="list-style-type: none"> ✓ Visitors must wear gloves and a long-sleeved gown if they will be in contact with other residents or will be providing <u>direct care</u>*, as required by Routine Practices ✓ Visitors must perform hand hygiene before entry and on leaving the room

Control of the Outbreak

Admissions of new residents

- Admissions of new residents to an outbreak affected unit/floor is not recommended



Control of the Outbreak

Re-Admissions of Residents

- Re-admission of a resident during an outbreak needs to be done in consultation with the Outbreak Management Team (OMT), the Public Health Unit, the family and the resident's physician.

Items to consider include:

- Has the resident already been ill as part of this outbreak?
- Is the outbreak under control?
- Is the resident physician in agreement given the residents current health status?
- Adequate staff is available to care for the resident
- The family member has been made aware of the outbreak and has given consent.

Declaring the Outbreak Over

The end of the outbreak is determined on a case by case basis by the OMT.

- If there are no new cases after one infectious period plus one incubation period
- A Norovirus Outbreak can be declared over after 5 days as per the Norovirus Position Statement.

**Position Statement:
Recommended Length of Exclusion for
Norovirus Outbreaks and When to
Declare Norovirus Outbreaks Over**

Enteric, Zoonotic, and Vector-Borne Disease Unit
Public Health Division
Public Health Protection and Prevention Branch
Ministry of Health and Long-Term Care
September 2010

Termination of Control Measures and Next Steps

The termination of control measures should be discussed by the outbreak management team.

Once the outbreak is declared over it is important:

- Return to use of Routine Practices
- Review the outbreak and make recommendations on what went well and what needs improvement.
- Create an Outbreak Investigation file, include,
 - Copies of lab reports
 - All minutes and other communication
 - Any other documents including line lists
 - A summary report

Food-borne Outbreaks

It is important to have policies and procedures for food handling such as:

- Exclusion criteria for food service staff who are ill
- Records for food suppliers
- Retaining food samples
- Temperature records
- Catered foods
- Common kitchens
- Compliance with Food Premises Regulations under HPPA

Food-borne Outbreaks

During an investigation it is important that the LTCH and the Public Health Unit work closely together.

It may be necessary to;

- Collect information from residents and staff on what they may have been exposed to
- Obtain clinical samples
- Review entire food service operations
- HACCP investigation
- Provide an alternative source of food or water

Appendices

- [Appendix 1. Instructions for feces specimen collection during outbreaks](#)
- [Appendix 2. Routine Practices, Additional Precautions, and reporting requirements for selected pathogens or conditions associated with gastroenteritis outbreaks](#)
- [Appendix 3. Routine Practices for all health care settings up](#)
- [Appendix 4. Signage for entrance to room of a resident requiring Contact Precautions in non-acute care facilities](#)
- [Appendix 5. Hand hygiene fact sheet for health care settings](#)
- [Appendix 6. Recommended steps for putting on and taking off personal protective equipment \(PPE\)](#)
- [Appendix 7. Donning and removal of personal protective equipment \(PPE\)](#)
- [Appendix 8. Cleaning checklist for an ill resident's room during an outbreak](#)
- [Appendix 9. Sample screening-policies sign to use during outbreaks](#)
- [Appendix 10. Sample surveillance sheet](#)
- [Appendix 11. Quick reference guide: suspected outbreak](#)
- [Appendix 12. Steps in the prevention and management of gastroenteritis outbreaks](#)
- [Appendix 13. Gastroenteritis outbreak: sample line-listing form](#)
- [Appendix 14. Position Statement: Recommended Length of Exclusion for Cases Associated with *Norovirus* Outbreaks and When to Declare *Norovirus* Outbreaks Over](#)
- [Appendix 15. Epidemiology of selected pathogens associated with gastroenteritis outbreaks](#)



Acknowledgements

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Thank you all for your patience !!

Questions

