



Policy IFC-26: Gastroenteritis (Enteric) Infection Control

Approval Date: April 1988
Approval Authority: Administrator, Norview Lodge
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March 28, 2022, May 25, 2022, March 30, 2023

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. Isolation procedures initiated: (supplies are located on the Isolation carts in all home areas).
 - Droplet/Contact Isolation signs and routine practices are posted on the symptomatic Residents room doors.

- Residents who are symptomatic are isolated to their rooms when possible, and Residents displaying the same symptoms can be cared for in the same room.
 - Symptomatic Residents will be isolated to their own room if in a private. If in a basic, symptomatic Residents will be moved to a private room on the Resident Home area if possible.
 - 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)
 - Gowns and gloves are to worn and mask/ eyewear by all staff when performing direct care on the Residents who are symptomatic.
 - Linen is to be kept separate and place all soiled linen in isolation bags.
 - Hand hygiene is to be done before and after each Resident contact and upon entering and leaving the home areas via the 4 Moments of Hand Hygiene.
 - Keep a 2 metre separation between ill and non-ill Residents by closing privacy curtains.
 - During an enteric outbreak, Residents will be co-horted on their Resident Home Area.
2. Notify the Infection Prevention and Control Professional and initiate an Enteric Outbreak Line Listing Form.
 3. The Infection Prevention and Control Professional will notify the Public Health Department and obtain stool specimen kits and obtain 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.
 4. Discuss with Public Health any additional IPAC measures that are required to be implemented.
 5. Establish a case definition in consultation with Public Health.
 6. Co-horting of staff will be maintained as much as possible.
 7. The Registered staff and/or 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.
 8. Residents who are isolated and displaying symptoms will have all appointments and activities cancelled.
 9. The Medical Director and Pharmacy will be notified. The POA's of ill Residents will be notified.
 10. All Media questions are to be referred to the Administrator.

11. If a Resident is to be sent to the hospital-notify the receiving hospital and ambulance that we are experiencing an Enteric Outbreak so that precautionary measures can be taken on their end.
12. 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. Make a notation on the Enteric Outbreak Line Listing Form.
13. Dietary will retain food samples from 48 hours prior to outbreak.
14. 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.
15. 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.
16. 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, Dr's visits and other assessments/observations, as applicable.
17. Residents who are displaying symptoms must remain on isolation and in their rooms until they are 48 hours without symptoms.
18. 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.
19. New admissions (from community), Residents admitted to hospital prior to the outbreak, or admitted to hospital for reasons other than enteric illness may be admitted/re-admitted to the Long Term Care Home if the following conditions are met:
 - (a) The Resident or legally authorized substitute has been informed of the outbreak status and provided consent;
 - (b) The Residents physician has been informed of the outbreak status and provided consent (taking into consideration the severity of the particular outbreak relative to the Resident's condition).
20. If possible, dedicate shared equipment to symptomatic Resident (i.e. stethoscope, BP cuff, thermometer, etc.) If cannot dedicate shared equipment, then staff must disinfect equipment after each use.

Resident transfers from anywhere in the home to another Long Term Care Home is not recommended during an outbreak. Possible exception of this recommendation should be discussed with the Medical Officer of Health on an individual basis.

- Outbreak Management Team meeting will be held.

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. 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.
2. Paper plates, cups and plastic cutlery will be given to the symptomatic Residents at meals.
3. Paper service will also be used on the Coffee/Snack Carts.
4. The Dietary carts and all of the tables will be cleaned with disinfectant following each meal
5. Hand hygiene is to be done before and after each Resident contact and upon entering and leaving the home area.
6. Supply the home areas with containers of jello, broth and juices for the symptomatic Residents.

Activation Department

1. Outings, appointments, special events and program will be cancelled.
2. Co-horting of staff to be maintained as much as possible.
3. Hand hygiene is to be done before and after each Resident contact and upon entering and leaving the home area.
4. No visits by outside groups (entertainers/ volunteers).
5. No integration of Residents from different Resident Home Areas.

Housekeeping Department

1. Increase in cleaning procedures to be done throughout the home. Pay special attention to high touch surfaces such as door handles, bed railings, handrails, light switches, elevator buttons, over bed tables, dining room tables and counters
2. Housekeepers will increase the cleaning in the ill Residents immediate environment.
3. Hand hygiene to be done before and after each Resident contact and upon entering and leaving the home area.
4. Terminal cleaning the Resident room/environment when Droplet/Contact precautions are removed.

Physiotherapy/ Foot care

Conduct programs/ therapy in Residents room – Personal Protective Equipment required for ill 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.

Maintenance Department

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

Visitors

- 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.

All Staff/Students/Volunteers

1. Any staff/students/volunteers that phone in ill are to be asked their symptoms and an accurate log of the symptoms will be kept. Staff illness will be reported as an occupational illness and reported to the Ministry of Labour.
2. The staff/student/volunteer that is ill with enteric symptoms will be advised to remain off work until they have been 48 hours symptom free.

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.

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.

Education

- Training of staff/volunteers/student placements on the use of PPE and IPAC protocols.
- Must permit an organization completing an IPAC assessment and report to share the report with any of the following: public health units, local public hospitals, LHINS, the MLTC.
- 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