

Outbreak Control Measures- Institutional Enteric Outbreak		Applicable = <input type="checkbox"/>
		Not Applicable = <input checked="" type="checkbox"/>
Communication		
1.	Communicate information about outbreak to all staff, residents, families and volunteers	<input type="checkbox"/>
2.	Notify appropriate external agencies of the outbreak	<input type="checkbox"/>
3.	Post signs at all entrances indicating that the facility is experiencing an outbreak	<input type="checkbox"/>
4.	Complete line listings for ill staff and residents daily and fax to the health unit by 11am at 705-482-0670	<input type="checkbox"/>
5.	Fax a copy of the menu for the 7 days prior to the onset of symptoms in the first case to 705-482-0670 .	<input type="checkbox"/>
Infection Prevention and Control Precautions		
6.	Reinforce the use of routine practices (hand washing and PPE) with staff, visitors and residents	<input type="checkbox"/>
7.	Encourage residents with gastroenteritis symptoms to remain in their rooms and provide with tray food service if appropriate. Place these residents on additional precautions until 48 hours after symptoms have resolved or guidelines based on a causative agent	<input type="checkbox"/>
8.	Additional Precautions - Contact Precautions should always be used in addition to Routine Practices. Droplet precautions are recommended when there may be splashing or aerosolization of bodily fluids.	<input checked="" type="checkbox"/>
9.	Exclude symptomatic staff/students and volunteers from work until 48 hours after symptoms have resolved or guidelines based on causative agent	<input type="checkbox"/>
10.	Cohort residents and staff as much as possible (eg. Assign some staff to only care for ill residents while others care for well residents or assign staff to specific floors/units)	<input type="checkbox"/>
11.	Staff, students or volunteers who work in other health care settings, child care centres and food premises should advise their employers that they have been working in a facility where there is an enteric outbreak. Depending on the policies of their employers, staff may be asked not to return to work until 48 hours after their last exposure at the outbreak institution.	<input type="checkbox"/>
12.	If dietary staff become ill while working, discard all ready-to-eat food they prepared while on shift.	<input type="checkbox"/>
Environmental Cleaning and Disinfection		
13.	Increase routine cleaning and disinfection of all frequently touched surfaces such as door handles, bed railings, hand rails, light switches, elevator buttons, over-bed tables, dining tables, and counters	<input type="checkbox"/>
14.	Increase the cleaning and disinfection of all surfaces in the ill resident's immediate environment	<input type="checkbox"/>
15.	Remove all organic matter prior to disinfection. For disinfection, use a hospital grade disinfectant, accelerated hydrogen peroxide or hypochlorite solution (1 part bleach to 9 parts water).	<input type="checkbox"/>
16.	If possible dedicate equipment to each symptomatic resident. If not, properly clean and disinfect equipment shared between residents after each use	<input type="checkbox"/>
17.	Promptly clean and disinfect surfaces contaminated by stool and vomit. Immediately cover spillage with dry disposable paper towels	<input type="checkbox"/>
18.	Clean contaminated carpets and soft furnishings with hot water and detergent or steam clean. Vacuum cleaning is not recommended.	<input type="checkbox"/>

Admissions and Transfers		
19.	Admission of new residents and return of residents who have not been line listed to the affected unit/floor is generally not recommended. If required, this recommended measure may be altered as the outbreak comes under control, in consultation with the Health Unit.	<input type="checkbox"/>
20.	Advise hospital ICP/other facility, EMS workers or transfer agencies of outbreak prior to any transfer or outpatient procedures, even if resident is not from affected area.	<input type="checkbox"/>
21.	Transfer of residents to other LTCHs during an outbreak are not recommended. Transfers can be considered on a case-by-case basis by both facilities and the Health Unit	<input type="checkbox"/>
For Facilities in Nipissing and Northeast Parry Sound Districts ONLY.		
22.	Review/discuss availability of the Nipissing/Northeast Parry Sound Health Care Providers Outbreak Protocol see page 3 for repatriation of residents or admission of new residents, if necessary. A three-way conference call may be initiated.	<input type="checkbox"/>
Activities and Visitors		
23.	If possible, reschedule all non-urgent medical and other appointments until outbreak over	<input type="checkbox"/>
24.	Reschedule communal meetings on the affected unit/floor. Meetings or activities may continue in non-affected areas. Continue with on-site programs such as physiotherapy and foot care for residents in their rooms, if possible. Use proper precautions for ill residents	<input type="checkbox"/>
25.	Discontinue group outings from the affected unit/floor and visits by outside groups	<input type="checkbox"/>
26.	Complete closure of a home to visitors is not permitted unless there is an order from the MOH. Visitors should be advised of potential risk for acquiring illness at facility and IPAC precautions.	<input type="checkbox"/>
Laboratory Testing		
27.	Physician or health care provider order obtained to collect specimens	<input type="checkbox"/>
28.	Ensure there are an adequate number of specimen kits on site (check expiry dates)	<input type="checkbox"/>
29.	Call CDC Public Health Nurse/Inspector to arrange pick up of specimens	<input type="checkbox"/>
30.	Collect stool specimens from symptomatic residents; maximum 15 specimens	<input type="checkbox"/>

References:

Ministry of Health and Long-Term Care, Public Health Division. (2018). [Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes](#). Queen's Printer for Ontario: Toronto, Canada.

Nipissing/Northeast Parry Sound Health Care Providers Repatriation Working Group. (Revised October 2019). *Nipissing/Northeast Parry Sound Health Care Providers Outbreak Repatriation and Admissions Protocol*. Retrieved from: <https://www.myhealthunit.ca/en/health-professionals-partners/long-term-care-and-retirement-homes.asp>