

Suspect outbreak

If an outbreak is suspected, notify Huron Perth Public Health at 1-888-221-2133 ext 3284 or idteam@hpph.ca

After hours, call 1-800-431-2054

Facility name

1

2

Outbreak number (5183-202X-XXXXX)

Case Definition

A case is defined as a resident or staff who has been in the facility within the last 24 hours and is experiencing:

- Two or more episodes of unformed or watery stool within a 24-hour period OR
- Two or more episodes of vomiting within a 24-hour period OR
- One episode of unformed or watery stool and one episode of vomiting within a 24-hour period OR
- At least one symptom compatible with enteric infection (nausea, vomiting, diarrhea, abdominal pain or tenderness AND lab confirmation of a known gastrointestinal pathogen.

Enteric Outbreak Definition

An outbreak of gastroenteritis is defined as two or more people (residents or staff) with the same symptoms, in the same floor/unit within a 48-hour period.

Symptoms must meet the case definition above and not be attributed to another cause (e.g., medication side effects, laxatives, diet or prior medical condition) and are not present or incubating upon admission.

Surveillance

Report hospitalizations and/or deaths to HPPH 1-888-221-2133 ext 3284 Daily line listing with case updates of residents and/or staff; email idteam@hpph.ca
Notes

Contact precautions and/or droplet contact precautions

Increase auditing of hand hygiene practices during outbreaks

Hand hygiene

Reinforce hand hygiene with soap and water when visibly soiled.

Use alcohol-based hand rub (ABHR) 70-90%, when hands are not visibly soiled.

Post signs.

Stock supplies and check expiry dates.

Mask (based on point of care risk assessment)

During procedures likely to generate splashes or sprays of body fluids, feces or vomit.

3 Discard immediately after use.

Visitors should wear mask and eye protection when within two metres of case.

Eye protection (based on point of care risk assessment)

During procedures likely to generate splashes or sprays of body fluids, feces or vomit.

Clean or dispose once removed.

Contact precautions and/or droplet contact precautions

Increase auditing of donning and doffing practices during outbreaks

Gloves

With direct care and sample collection.

Change as needed (if ripped or damaged) and discard immediately after use before leaving room.

Perform hand hygiene.

3

Gowns

Long-sleeved gown during procedures likely to generate splashes or sprays of body fluids, feces or vomit.

Notes

Residents

Restrict cases to room

Until 48 hours symptom-free OR follow disease-specific exclusion criteria once causative agent is known, in consultation with health unit.

Residents with one symptom

Observe in room for 24 hours and use contact and/or droplet precautions.

Restrict residents of affected unit/floor where feasible.

Restrict admissions/readmissions to outbreak area

See <u>Sample Transfer and Return Algorithm During Outbreaks</u> | <u>Ministry of Health and Long-Term Care</u> (Appx 15, image 9).

Consider speaking with resident/family about current outbreak situation for informed decision making and to review admission with doctor.

Restrict transfers to other facilities.

Transfer to hospital required

Facility to advise hospital and paramedics of outbreak situation prior to transfer.

Restrict communal activities and day programs

No ill residents to attend, or cancel program.

Discontinue group outings from affected floor/unit.

Appointments

Reschedule non-urgent appointments.

Urgent appointments for residents can continue. Facility to advise clinic/hospital and transport prior to appointment.

Testing

Attempt to collect stool specimens from at least 5 symptomatic residents with diarrhea (formed stool will not be tested).

Ensure testing kits available and not expired.

Appropriate lab requisition available.

Notes

4

Staff/volunteers

Staff to report symptoms to facility as per facility policy.

Exclusion of ill staff/volunteers

48 hours symptom-free OR follow disease-specific exclusion criteria once causative agent is known, in consultation with health unit.

Cohort staff; if possible have dedicated staff care for ill residents OR provide care to ill residents last.

If working at more than one facility, staff need to advise all employers of outbreak status and follow other facility's policy.

5

Dietary staff

If staff become ill while doing food prep, may need to discard all *ready to eat food* prepared by the ill staff.

Any dietary staff worked while ill? Yes No

Notes

Notification

Notify other facilities

Outbreak Status Report will be generated by HPPH during regular business hours and shared with all Huron/Perth facilities.

6

Notify (responsibility of facility): Compliance Officer Ministry of Labour Identify spokesperson for media inquiries.

Notes

Visitors

Facility to inform residents and families of outbreak.

Reinforce hand hygiene.

Post outbreak signage on all entrances.

Restrict visiting for ill residents.

7

Visitors should not enter if they have any symptoms of gastrointestinal, respiratory or other communicable disease.

Notes

Environmental cleaning

Increase auditing of environmental cleaning practices during outbreaks

Cleaning and disinfection

Enhance environmental cleaning of high touch surfaces including kitchen and dining surfaces. Norovirus can last on surfaces for 12 days.

Increase cleaning and disinfection of all surfaces in residents' rooms to reduce spread.

Check concentration, contact time and effectiveness of disinfectant against Norovirus or identified pathogen.

Name of disinfectant DIN

Concentration used (if not ready to use)

8

Environmental cleaning

Increase auditing of environmental cleaning practices during outbreaks

Dedicate resident care equipment to ill resident or disinfect between uses.

Cleaning principles: Clean to dirty Top to bottom

Ensure availability of handwashing supplies, alcohol-based hand rub, cleaning/disinfectant wipes etc.

Kitchen

8

Advise kitchen to switch to bleach as sanitizer if what currently using is not effective against common outbreak pathogens (e.g., Norovirus) (Quat is typically ineffective)

- 100ppm for 45 seconds for utensils and dishwashing
- 5000ppm for 10 minutes for food contact surfaces
- See Chlorine Dilution Calculator | Public Health Ontario

If not using/switching to bleach, ensure the disinfectant used is effective against common outbreak pathogens and is approved for use in food premise and/or on food contact surfaces. Check Manufacturer's instructions for use (MIFU) and appropriate contact time.

Any changes in menu or new supplier? Yes No Request copy of menu. Any equipment failures (power, refrigeration, dishwasher, etc.)? Yes No Any special events or celebrations where food was served other than menu items (including food from another source or families)? Yes No

Notes

Declaring outbreak over

The end of an outbreak is determined on a case-by-case basis. The specific period will be decided by the health unit, in consultation with the facility and is based on the transmission risk.

The specific period varies by pathogen, but generally:

- If Norovirus* is suspected the outbreak can be declared over after five days with no new resident cases (one infectious period (72 hours) plus one incubation period (48 hours). If the last case is staff, outbreak can be declared over after one incubation period has passed (48 hours).
- If Norovirus is not suspected, no confirmed pathogen was found from testing and all appropriate precautions were taken, the outbreak can be declared over 48 hours after the symptoms of the last case have resolved.

*Kaplan's Criteria

When microbiological confirmation of a suspected Norovirus outbreak is not possible, the Kaplan Criteria may be applied to determine the likelihood that the outbreak is of viral origin.

These criteria are as follows:

- 1. a mean (or median) illness duration of 12 to 60 hours,
- 2. a mean (or median) incubation period of 24 to 48 hours,
- 3. more than 50% of people with vomiting, and
- 4. no bacterial agent found.

The criteria are very specific when all four criteria are present, there is a high likelihood that the outbreak is attributable to Norovirus. However, the criteria lack sensitivity—about 30% of Norovirus outbreaks do not meet these criteria. Therefore, the possibility of a viral etiology should not be discarded if these criteria are not met.

