Gastrointestinal (GI) Infection Outbreak Guidelines for Health Care Facilities

October 2017
Objectives

* **Recognize**
  * Early recognition of GI infection outbreak

* **Report**
  * Prompt reporting of outbreak to CD Unit and other appropriate people

* **React**
  * Swift reaction with appropriate outbreak control measures

* **Ready**
  * Be ready. Be prepared at the beginning of outbreak season with the right supplies. Use Routine Practices and good hand hygiene at all times to prevent outbreaks before they start.
* Gastrointestinal (GI) Infections are illnesses that cause diarrhea and vomiting
* Can be caused by bacteria (like Salmonella) or viruses (like Norovirus)
* Most common cause of GI outbreaks in Residential Care is Norovirus
How GI Illness Spreads

- **Direct contact** – Touching mouth (or food) with unwashed hand after direct contact with infected person (or their vomit or stool)

- **Indirect contact** - Unwashed hands after contact with contaminated object or shared equipment that is not cleaned after each use

- **Possible aerosols** created during vomiting or toilet flushing get in your mouth

- **Ingestion** - Eating or drinking contaminated food or drink
If you notice three or more residents or staff with diarrhea or vomiting in four days, it may be a Gastrointestinal (GI) Infection Outbreak.

Report it to your supervisor!
Gastrointestinal (GI) Infection Case Definition

**One of the following conditions** that can’t be attributed to another cause:

* Two or more episodes of diarrhea in a 24 hour period  
  (above what is considered normal for that individual)  
  OR
* Two or more episodes of vomiting in a 24 hour period  
  OR
* One episode each of vomiting and diarrhea in a 24 hour period  
  OR
* Positive culture for a known enteric pathogen with a symptom of GI infection (e.g. vomiting, abdominal pain, diarrhea)  
  OR
* One episode of bloody diarrhea
Rule out other causes...

Check over the resident/patient’s chart to see if illness may be attributed to laxative use, a new medication, diet or a prior medical conditions.
Potential Outbreak / Alert Stage

When one or two suspect cases of GI illness occur within a 4-day period within the same setting

- Implement Droplet & Contact Precautions when providing direct care to symptomatic residents/patients
- Separate symptomatic residents/patients from well residents/patients
- Increase monitoring and recording of GI illness among remainder of residents/patients and staff in same area

The purpose of taking action at this time is to prevent an outbreak from occurring
Gastrointestinal (GI) Outbreak Definition

Three (3) or more cases of GI infection within the same setting (e.g. unit, ward, wing or facility) in a four (4) day period
**New: Outbreak Management**

**IH Residential Facilities & Acute Sites**
- Managed by the facility ICP
- The ICP will consult with the MHO or the Medical Director of IPAC as per the GI Outbreak Guidelines

**Private & P3 Residential Facilities**
- Managed by the CD Unit
- The CD Unit will consult with the MHO as per the GI Outbreak Guidelines

After hours, all residential facilities call the MHO directly @ 1-866-457-5648. Acute sites call the Medical Microbiologist on call (through hospital switchboard).
If you think there is an GI outbreak happening in your facility:

**IH Residential Facilities & Acute sites**: contact your facility ICP

**Private & P3 Residential Facilities**: call the CD Unit

(1-866-778-7736)
ALL sites & facilities must report the outbreak to the

IH Communicable Disease (CD) Unit

Complete Section A of the IH RI and GI Outbreak Report Form and send to the CD Unit.

Email cdunit@interiorhealth.ca or fax to 250-549-6310

For IH Residential Facilities & Acute sites: send a copy to your ICP.
Report: **Revised Form**

### Section A: Initial Reporting Information

- **Onset Date of First Case (day/month/year)**
- **Date Outbreak Declared (day/month/year)**
- **Total Number (N) of cases on the day the Outbreak is declared**
- **Patients/Residents**
- **Staff (all disciplines involved)**

#### Typical Symptoms (please tick all that apply)
- GI Symptoms: 
  - Diarrhea
  - Vomiting
  - Abdominal pain
  - Nausea
  - Headache
  - Fever >38° or abnormal temperature
- RI Symptoms:
  - New or worsening cough
  - Fever >38° or abnormal temperature
  - Runny nose
  - Sore throat
  - Headache
  - Fatigue
  - Muscle or joint pain

### Section B: Daily Outbreak Reporting

<table>
<thead>
<tr>
<th>Patients/Residents</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of onset for most recent case (day/month/year)</td>
<td></td>
</tr>
<tr>
<td>Number of new cases in last 24 hours</td>
<td></td>
</tr>
<tr>
<td>Number of cases misidentified and REMOVED</td>
<td></td>
</tr>
<tr>
<td>Number of cases misidentified and ADDED</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL NUMBER OF CASES TO DATE**

| **TOTAL NUMBER OF CASES HOSPITALIZED > 12 HOURS TO DATE** | |
| **TOTAL NUMBER OF DEATHS DIRECTLY ATTRIBUTED TO OUTBREAK** | |

**DAILY TOTAL NUMBER OF VACANT BEDS**

### Section C: Outbreak Declared Over

- **Date of Onset for most recent case in Facility (day/month/year)**
- **Date Outbreak declared over (day/month/year)**
- **Total number of cases**
Total staff who are hired to work in OB area, not per shift.
**Initial Report: Example**

**Interior Health**

**RI and GI Outbreak Report Form**

Please complete and email to cdunit@interiorhealth.ca or fax to 250-549-6310
For IH facilities, send a copy to your ICP as well

<table>
<thead>
<tr>
<th>Type of Outbreak:</th>
<th>GI (Gastrointestinal)</th>
<th>RI (Respiratory)</th>
<th>Date (dd/mm/yyyy)</th>
<th>04/10/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name:</td>
<td>Shady Pines</td>
<td>City/Town: Kelowna</td>
<td>IH Facility</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Private</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>P3</td>
<td></td>
</tr>
<tr>
<td>Outbreak Location:</td>
<td>(unit/cottage/floor)</td>
<td>OR Entire facility</td>
<td>Number of beds in</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outbreak Location</td>
<td></td>
</tr>
<tr>
<td>Name of Person Reporting:</td>
<td>Anni Nurse</td>
<td>Contact Phone: (250) 555-1234</td>
<td>Facility Phone: (250) 555-1122</td>
<td></td>
</tr>
</tbody>
</table>

**Section A: Initial Reporting Information**

<table>
<thead>
<tr>
<th>Onset Date of First Case (dd/mm/yyyy)</th>
<th>02/10/2017</th>
<th>Date Outbreak Declared (dd/mm/yyyy)</th>
<th>04/10/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients / Residents</td>
<td>6</td>
<td>Staff (all disciplines included)</td>
<td>1</td>
</tr>
<tr>
<td>Total Number (#) of cases on the day the Outbreak is declared</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number (#) of people living or working in Outbreak location</td>
<td>59</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

**Typical Symptoms (check all that apply)**

GI Symptoms: 
- X diarrhea
- X vomiting
- X abdominal pain
- X nausea
- X headache
- X fever >38° or abnormal temperature

RI Symptoms: 
- X new or worsening cough
- X fever >38° or abnormal temperature
- X runny nose
- X sore throat
- X headache
- X fatigue
- X muscle or joint pain
Residential facilities and Acute sites will no longer declare GI outbreaks:

* **IH Residential Facilities:** outbreaks declared by facility ICP, consulting with MHO as needed

* **Private & P3 Residential Facilities:** outbreak declared by CD Unit, consulting with MHO as needed

* **Acute sites:** outbreak declared by Medical Director of IPAC in consultation with the ICP
* In preparation for outbreak season, facility should create an OMT – set up by the Director of Care or Most Responsible Person at facility

* Members can include MHO, IH facility ICP, CD Specialist, facility administrator or Director of Care, Charge Nurse, housekeeping, food services rep

* Purpose is to review outbreak control measures so outbreak can be declared over ASAP
Notify the following partners of the outbreak:

* Community Care Licensing Officer
* CIHS Administrator on Call
* Manager, Care Coordinator or designate
* Medical Director of the facility and other physicians
* Staffing office
* Hospitals/facilities where residents have recently transferred
* Other service providers
  * Patient Transport Services, lab services, BC Ambulance, haemodialysis units, oxygen service provider, pastoral care, etc…
Daily Reporting to the CD Unit is Required During the Outbreak.

Complete Section B of the **IH RI and GI Outbreak Report Form** daily

Fax to the CD Unit at 250-549-6310 or email to **cdunit@interiorhealth.ca**

**IH Residential Facilities & Acute sites:** Send this form to facility ICP as well.
**Daily Reporting**

**Section B: Daily Outbreak Reporting**

<table>
<thead>
<tr>
<th>Patients / Residents</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of onset for most recent case (dd/mm/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Number of new cases in last 24 hours</td>
<td></td>
</tr>
<tr>
<td>Number of cases misidentified and <strong>REMOVED</strong></td>
<td></td>
</tr>
<tr>
<td>Number of cases misidentified and <strong>ADDED</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL NUMBER OF CASES TO DATE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL NUMBER OF CASES HOSPITALIZED &gt; 12 HOURS TO DATE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL NUMBER OF DEATHS DIRECTLY ATTRIBUTED TO OUTBREAK</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DAILY TOTAL NUMBER OF VACANT BEDS</strong></td>
<td></td>
</tr>
</tbody>
</table>

**NEW:** Report daily please!
## Daily Reporting: Example

### Type of Outbreak
- **GI** (Gastrointestinal) - [ ]
- **RI** (Respiratory) - [x]

### Date
- **05/10/2017**

### Facility Name
- **Shady Pines**

### City/Town
- **Kelowna**

### Outbreak Location
- [x] Entire facility

### Number of beds in Outbreak Location
- **60**

### Number of Person Reporting
- **Anni Nurse**

### Contact Phone
- **(250) 555-1234**

### Facility Phone
- **(250) 555-1122**

## Section B: Daily Outbreak Reporting

<table>
<thead>
<tr>
<th></th>
<th>Patients / Residents</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of onset for most recent case</td>
<td>5 Oct 2017</td>
<td>5 Oct 2017</td>
</tr>
<tr>
<td>Number of new cases in last 24 hours</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Number of cases misidentified and <strong>REMOVED</strong></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Number of cases misidentified and <strong>ADDED</strong></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL NUMBER OF CASES TO DATE</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL NUMBER OF CASES HOSPITALIZED &gt; 12 HOURS TO DATE</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOTAL NUMBER OF DEATHS DIRECTLY ATTRIBUTED TO OUTBREAK</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>DAILY TOTAL NUMBER OF VACANT BEDS</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Notify PHSA Labs

* Nursing Staff to Complete PHSA(BCCDC) GI Disease Outbreak Notification Form and FAX to 1-604-707-2607 prior to sending samples

* Form found on Quick Reference Guide: GI Infection Outbreak Guidelines for Health Care Facilities

* Form also on Inside Net: Com Dis – GI Outbreaks – Forms & Tools

<table>
<thead>
<tr>
<th>COLLECT AND SEND SPECIMENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assign Outbreak Identification including facility, unit and year (i.e. “Cottonwoods Bridgeway 2013”).</td>
</tr>
<tr>
<td>Complete PHSA Gastrointestinal Disease Outbreak Notification Form &amp; fax to BCCDC. Send a copy with the specimens.</td>
</tr>
</tbody>
</table>
Outbreak Identification instructions on back of form - Facility/ward or 'neighborhood'/year

Specimens collected are also documented on this form
Collect & Send Specimens

* Collect specimens – stool and/or vomitus from cases within 3 days of symptom onset and send to BCCDC same day if possible

* Form found on Quick Reference Guide: GI Infection Outbreak Guidelines for Health Care Facilities

<table>
<thead>
<tr>
<th>COLLECT AND SEND SPECIMENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assign Outbreak Identification including facility, unit and year (i.e. “Cottonwoods Bridgeway 2013”).</td>
</tr>
<tr>
<td>Complete <a href="#">PHSA Gastrointestinal Disease Outbreak Notification Form</a> &amp; fax to BCCDC. Send a copy with the specimens.</td>
</tr>
<tr>
<td>Collect specimens on symptomatic cases. Fill out a <a href="#">PHSA Gastrointestinal Disease Outbreak Requisition</a> for each specimen and send with specimen to the PHSA Laboratory. Put IH CD Unit (C09768) in “Copy To” field.</td>
</tr>
</tbody>
</table>
- IH CD Unit (C09768) is entered in the **ADDITIONAL COPIES TO:** field

- Facility **OUTBREAK IDENTIFICATION** Number is written on lab requisition
Routine Practices and Droplet Contact Precautions

* until asymptomatic for 48 hours
* PPE – gloves, gown, surgical/procedure mask and eye protection
* Remember – the outside of your PPE is contaminated, so remove it and wash your hands BEFORE leaving the room/area.
* Hand Hygiene
Symptomatic Resident/Patient placement

**Acute**
- Single room with toilet & sink or cohort
- Limit movement; patient to stay in room

**Residential**
- Stay in room if possible and serve meals in room
- Designate toileting facility/equipment for ill resident
- Discontinue group activities in outbreak location
- If acute care transfer or medical appointment required, notify receiving facility and transport services
For re-admission/repatriation of residents from acute care to their residential facility, the MHO must be consulted:

**For IH Residential facilities**
* Consult with facility ICP
* ICP will consult with MHO
* After hours, call the MHO directly (1-866-457-5648)

**For Private & P3 Residential Facilities**
* Consult with the CD Unit
* CD Unit will consult with MHO
* After hours, call the MHO directly (1-866-457-5648)
**Staff**

* Staff with GI illness must not work until at least 48 hours AFTER symptoms have resolved
* Staff from an affected area may work elsewhere as long as they have not experienced any vomiting or diarrhea

**Visitors & Volunteers**

* Limit visit to family/friend only
* Post signage at facility entrance indicating outbreak and reinforcing hand hygiene
* Ill visitors/volunteers not to visit
React – Control Measures

Food Services

* Wash dishes in hot water and detergent
* Remove all open food items from resident and staff areas

Cleaning

* Areas contaminated with vomit or feces must be cleaned and disinfected immediately to a radius of 2 metres
* Increase frequency of cleaning/disinfection of common touch surfaces such as fixtures in bathrooms, handrails, sink/toilet handles, elevator buttons, tables, nourishment areas
* Disinfectant product changed to 0.5% Accelerated Hydrogen Peroxide solution or a 1000 ppm bleach solution (20 mL household bleach added to 1000 mL water)
GI Outbreaks can be declared over when 96 hours have passed without any new cases occurring in the facility.

**IH Residential facilities:** facility ICP will declare over, consulting with MHO as needed

**Private & P3 Residential facilities:** CD Unit will declare over, consulting with MHO as needed

**Acute sites:** ICP will consult with Medical Director of IPAC
All facilities/sites must notify the CD Unit that the outbreak is over. Complete Part C of the **IH RI and GI Outbreak Report Form** and send to the CD Unit.

IH Facilities and Acute sites: Send a copy to facility ICP as well.

<table>
<thead>
<tr>
<th>Section C: Outbreak Declared Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Onset for most recent case in Facility</td>
</tr>
<tr>
<td>(dd/mm/yyyy)</td>
</tr>
<tr>
<td>Patients / Residents</td>
</tr>
<tr>
<td>Total number of cases</td>
</tr>
</tbody>
</table>
## Final Report: Example

**Interior Health**

### RI and GI Outbreak Report Form

Please complete and email to cdunit@interiorhealth.ca or fax to 250-549-6310

For IH facilities, send a copy to your ICP as well

<table>
<thead>
<tr>
<th>Type of Outbreak:</th>
<th>GI (Gastrointestinal)</th>
<th>RI (Respiratory)</th>
<th>Date (dd/mm/yyyy)</th>
<th>11/10/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name</td>
<td>Shady Pines</td>
<td>City/Town</td>
<td>Kelowna</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(unit/cottage/floor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(unit/cottage/floor)</td>
<td></td>
<td>IH Facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(unit/cottage/floor)</td>
<td></td>
<td>Private</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(unit/cottage/floor)</td>
<td></td>
<td>P3</td>
<td></td>
</tr>
<tr>
<td>Outbreak Location</td>
<td>(unit/cottage/floor)</td>
<td></td>
<td>Entire facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(unit/cottage/floor)</td>
<td></td>
<td>Number of beds in</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>(unit/cottage/floor)</td>
<td></td>
<td>Outbreak Location</td>
<td></td>
</tr>
<tr>
<td>Name of Person Reporting</td>
<td>Anni Nurse</td>
<td>Contact Phone</td>
<td>(250) 555-1234</td>
<td>Facility Phone</td>
</tr>
</tbody>
</table>

### Section C: Outbreak Declared Over

| Date of Onset for most recent case in Facility (dd/mm/yyyy) | 07/10/2017 |
| Date Outbreak declared over (dd/mm/yyyy)                  | 11/10/2017 |

| Patients / Residents | 8 |
| Staff                | 3 |
* Keep specimen collection kits on hand at all times (see next slide for ordering)
* Ensure you have appropriate disinfectant in stock and staff are trained in its use
* Keep an up to date “Outbreak Box” with extra PPE, specimen collection kits, guidelines and documentation tools
* Provide yearly outbreak education to staff
* Use Routine Practices and hand hygiene diligently to avoid outbreaks
Form used to order GI Outbreak kits for specimen collection – a link to the form is in GI Outbreak guidelines and on the Inside Net (Tools & Forms).

Ensure that a supply of specimen containers is kept on hand as delivery of kits takes approximately two weeks.
Quick Reference: GI Infection Outbreak in Health Care Facilities

<table>
<thead>
<tr>
<th>CONFIRM &amp; DECLARE OUTBREAK</th>
<th>✓</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the current IHGI Outbreak Guidelines located on the <a href="http://inside.net">InsideNet</a> and the <a href="http://www.interiorhealth.ca">external IH website</a></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Review charts to ensure that patients meet GI infection criteria (2 or more episodes of loose/watery stools or vomiting above what is normal for the person within a 24 hour period with no other known cause)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Facility self-declares outbreak when 3 or more cases of GI infection in the same setting within the past 4 days.</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOTIFY</th>
<th>✓</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHCD Unit – Call 1-866-778-7736. Fill out all fields in Section A and the top section with date and facility information of the <a href="http://www.preventcarsoncancer.ca">RI and GI Outbreak Report Form</a> and email to <a href="mailto:cdunit@interiorhealth.ca">cdunit@interiorhealth.ca</a> or fax 250-549-6310.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Infection Control Practitioner (ICP). If your facility is assigned one, send ICP copy of all reports sent to CD Unit.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Director of Care or Most Responsible Person for your facility</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Community Care Facility Licensing Officer</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Any facility that may have admitted a resident from your facility in the past 72 hours</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Other service providers as appropriate (eg BC Ambulance, Hand Dent, WhS, Housekeeping, Medical Director, HD unit)</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLLECT AND SEND SPECIMENS</th>
<th>✓</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assign Outbreak Identification as facility, unit and year (i.e. “Cottonwoods Bridgeway 2013”).</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Complete <a href="http://www.preventcarsoncancer.ca">PHSA Gastrointestinal Disease Outbreak Notification Form</a> &amp; fax to BCCDC. Send a copy to BCCDC with the specimens.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Collect specimens on symptomatic cases. Fill out a <a href="http://www.preventcarsoncancer.ca">PHSA Gastrointestinal Disease Outbreak Requisition</a> for each specimen and send with specimen to the PHSA Laboratory. Put IHCD Unit (CO976B) in “Copy To” field. Contact local lab regarding shipping specimens (if agreement in place) or courier direct to BCCDC.</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMPLEMENT PRECAUTIONS</th>
<th>✓</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAILY UPDATES Complete Section B of <a href="http://www.preventcarsoncancer.ca">RI and GI Outbreak Report Form</a> and email or fax to CD Unit &amp; ICP every day.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Update <a href="http://www.preventcarsoncancer.ca">GI Outbreak Surveillance Tool</a> and send to ICP.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>OUTBREAK LOCATION Apply outbreak control measures to entire facility or single wing/unit. Apply to single wing/unit only if residents AND staff can be separated/cohorted away from larger facility.</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Hosted on the Communicable Disease webpage

Links to the toolkit also in the Infection Control Manual

Access info on the Inside Net as well

Non-IH facilities can access tools on public website
Summary of Changes
Gastrointestinal Infection (GI) Outbreak Guidelines for Health Care Facilities
August 2017

Instructions to replace documents:
- This replaces Gastrointestinal Infection (GI) Outbreak Guidelines for Health Care Facilities September 2015
- If you have printed copies of the previous guidelines, please remove and put in the recycle bin

<table>
<thead>
<tr>
<th>N = New</th>
<th>R = Revised</th>
<th>Section(s) Revised</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>General Document</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>• For IH residential facilities and acute care sites, the site ICP will replace the CD Unit for questions or support regarding the outbreak. The ICP will consult directly with MHO (residential sites) or the Medical Director of IPAC (acute care) when necessary.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For private and P3 residential care facilities, the facility representative (Director of Care, Most Responsible person, nursing staff) will continue to consult with the CD Unit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• All sites (acute care sites and IH, private and P3 residential care facilities) will continue to notify the CD Unit that an outbreak is occurring or has ended, and will continue to send the IH and GI Outbreak Report Form daily to the CD Unit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Principles and Pre-Outbreak Preparation</td>
</tr>
<tr>
<td>N</td>
<td>R</td>
<td>• Recommendation to create an Outbreak Management Team (OMT) for the outbreak (pg. 4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Surveillance is more clearly defined (pg. 5)</td>
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<td>Outbreak Detection, Declaration and Investigation</td>
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<td>N</td>
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<td>• Definition of “Potential Outbreak/Alert Stage” added (pg. 6)</td>
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|        |             | • “Declaring an Outbreak”: facilities will no longer be declaring outbreaks. The site ICP or the CDU will now do this, consulting the MHO or Medical Director of IPAC as needed. Process outlined for each facility type on pg. 7.
In the past 4 days there have been 3 residents on your unit who have come down with bouts of vomiting and/or diarrhea - starting and stopping, some multiple episodes, some just one.

What should you do?
What Should You Do?

1. Put symptomatic residents on Droplet Contact Precautions
2. Because there are 3 residents who meet case definition, suspect an outbreak
3. For IH facility, notify ICP who will review & declare outbreak
4. For non-IH facility, notify CD Unit, who will review & declare outbreak
5. Notify Most responsible person who will call together OMT
6. Send Outbreak Report form to CD Unit and ICP (IH sites)
7. Notify Licensing and other partners
8. Collect specimens
9. Implement additional control measures using Quick Reference guide
10. Record resident/staff cases on Surveillance Tool
QUESTIONS?