GASTROENTERITIS OUTBREAK CHECKLIST
Long Term Care Facilities and Retirement Homes

OUTBREAK PHASE

Date of onset of symptoms: ____________________________
Location(s) of Outbreak: ______________________________
Outbreak Declaration date: ____________________________

OUTBREAK MANAGEMENT AND CONTROL

☐ Peel Public Health has been informed regarding increased # of cases of residents (or staff) with similar gastroenteritis symptoms and progression of cases throughout unit(s)/home
☐ Peel Public Health has declared the home is experiencing a gastroenteritis outbreak and the home/unit is closed
☐ A case definition has been established
☐ Outbreak Management Team (OMT) has convened (including Peel Public Health as a member of the OMT)
  ☐ Minutes are taken of each meeting and distributed to the OMT
  ☐ Frequency of OMT meetings has been established
  ☐ Progression of outbreak has been evaluated, included and not limited to the following:
    ☐ Specimens collection details
    ☐ # cases – staff and resident – review line listing
    ☐ Infection control measures:
      ☐ Barriers
      ☐ Restrictions
      ☐ Environmental cleaning
      ☐ Communication
      ☐ Internal
      ☐ External
      ☐ Education provided and education required
      ☐ Home policies implementation
    ☐ Other
☐ Criteria for termination of outbreak (declared over) has been established. And decisions are determined by the OMT in consultation with Peel Public Health/Medical Officer of Health
☐ Outbreak debriefing meeting has been planned

☐ SURVEILLANCE
☐ Resident Surveillance
  ☐ Resident surveillance is done daily (as per the Daily Report of Infection tool)
  ☐ Residents with new onset gastroenteritis symptoms have been identified immediately and the ICP has been notified
  ☐ Close observation for additional gastroenteritis cases continues
  ☐ Resident line listing has been initiated. The ICP has assessed that the
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Residents meet case definition
□ Each unit has a separate line listing. ALL symptomatic residents are documented on the internal line listing by the ICP
□ The ICP has reviewed each case and has documented on an external line listing only those residents who meet case definition
□ The ICP has communicated # of cases with Peel Public Health and faxes the resident external line listing to Peel Public Health daily (905-793-2114)

□ Staff Surveillance
□ Staff sick calls have been reviewed
□ Staff with gastroenteritis symptoms have been identified and ICP is aware of the unit in which staff work to monitor transmission and progression and whether the staff meet case definition
□ A staff line listing has been initiated and includes the following information:
  □ area worked
  □ onset date of symptoms
  □ last day worked
  □ next scheduled date to work
  □ gastroenteritis symptoms
  □ date symptoms resolved
□ The ICP has communicated the # of cases to Peel Public Health and faxes the staff line listing to Peel Public Health daily (905-565-6178)
□ Staff ill with gastroenteritis symptoms have been sent home (refer to associated home policies and procedures)

□ PRECAUTIONS
□ Symptomatic staff have been excluded from work according to 1 Ontario Hospital Association. Enteric Diseases Surveillance Protocol for Ontario Hospitals. November 2011.

□ Hand hygiene
□ An adequate supply of alcohol based hand rub is available (for each staff if possible)
□ Hand hygiene product has been evaluated for effectiveness against identified organisms (E.g. Clostridium difficile)
□ Additional hand hygiene stations are available as needed (e.g. entrance to unit)
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☐ Process to monitor and maintain (‘keep filled’) hand hygiene containers is in place
☐ Importance of proper hand hygiene technique has been reinforced with all staff (e.g. at team conference)
☐ Importance of proper hand hygiene technique has been reinforced with all persons entering building (volunteers, visitors, external service providers)
☐ Residents are regularly reminded and/or assisted to perform hand hygiene prior to group activities, meals or snacks, after toileting and other activities, etc.
☐ Hand hygiene compliance has been monitored and audited during outbreak
☐ Symptomatic residents have been restricted to their rooms. Room-mates of symptomatic residents have also been restricted to their rooms wherever possible.
☐ Non-symptomatic residents have been restricted to their unit
☐ Personal Protective Equipment (PPE) has been stocked outside symptomatic resident’s room
☐ Personal Protective Equipment (PPE) is available & staff are aware of location after office hours and are able to access without difficulty.

Additional precautions:
Contact Precautions:
☐ Gowns
☐ Gloves

Routine Practices:
If risk of splash of body fluids:
☐ Surgical mask (fluid resistant)
☐ Eye protection (goggles) (or face protection – shield)

☐ All registered staff have been authorized to initiate additional precautions. The ICP remains the only staff member who is authorized to discontinue additional precautions
☐ Contact signage has been posted on the door of symptomatic residents
☐ Sharing of toilets and commodes is avoided
☐ Equipment has been dedicated to symptomatic residents (confined to their rooms) and not shared with asymptomatic residents (e.g. thermometers, BP cuffs)
☐ “Wanderers” have been identified and management of this population has been considered. E.g. Their paths have been established and known to staff, and/or modified work staff have been assigned to monitor and assist resident often with hand hygiene
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☐ Importance of reporting gastroenteritis symptoms have been emphasized.
   Additional precautions are initiated in any residents who have more than 1
   gastroenteritis symptom

☐ Activity restrictions (as applicable) have been initiated for residents/units who
   are symptomatic
   ☐ Hairdresser/barber
   ☐ Physiotherapy
   ☐ Chaplaincy
   ☐ Pet
   ☐ Day care/senior care
   ☐ Pharmacy

☐ Large group activities and small group activities are decided by the Outbreak
   Management team on a daily basis

☐ Mail delivery process has been determined by the Outbreak Management
   Team

☐ External appointments for symptomatic residents have been postponed (if
   possible). Discussion with ICP and/or DOC has been done regarding external
   appointment for all residents on a case-by-case basis

☐ New admissions/transfers have been stopped to unit/home as determined by
   the OMT in collaboration with Peel Public Health

☐ The Outbreak Management Team (OMT) will make decisions regarding return
   of residents on leave (case-by-case basis) or other unusual circumstances

☐ External service providers (e.g. chiropody, optometry, oxygen supply, medical
   laboratory, radiology etc.) who are providing service on site have been
   informed regarding outbreak and need to use additional precautions for any
   symptomatic resident. It is recommended to provide service to symptomatic
   residents last (after well residents) or consider postponing. Discussion with
   ICP and/or DOC is done regarding service needs for individual residents on a
   case-by-case basis

☐ Staff have been cohorted to care for symptomatic residents or non-
   symptomatic residents only (wherever possible). E.g. Assigned to specific
   unit/floor/wing/building only and staff assignments to symptomatic residents or
   non-symptomatic residents only

☐ Areas for staff breaks, smoking, travel throughout building, elevator use, staff
   entrances etc have been determined and communicated by the OMT

☐ Staff who work at other facilities have been informed to change their uniform
   prior to working at this home

☐ Staffing patterns have been evaluated and determined by OMT to meet
   adequate coverage (daily basis)
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☐ A member of the OMT has been assigned to be available after business hours and on weekends and holidays
☐ Visitor restrictions have been determined by the OMT
☐ Volunteer restrictions/student restrictions etc have been determined by the OMT

☐ SPECIMENS
  ☐ Current and complete enteric kits are available
  ☐ An outbreak number has been assigned in collaboration with Peel Public Health in order to process an outbreak specimen by Central Public Health Laboratory (CPHL). Outbreak # for specimens: __________
  ☐ Stool specimens have been collected on the newest onset symptomatic resident/s, early in their illness.
  ☐ Enteric bottles have been labelled correctly. Requisition is complete and correct
  ☐ Stool specimens have been stored in a specimen refrigerator (separate from other laboratory specimens) until transport
  ☐ Stool specimen has been transported in a specimen bag with ice pack to Public Health Laboratory (as per discussion with Peel Public Health)
  ☐ Enteric specimen supply has been restocked

☐ EDUCATION
  ☐ Education to staff has been reviewed regarding contact precautions and correct use of PPE
  ☐ Hand hygiene is done after removing PPE, leaving room and as per routine practices
  ☐ Staff education for registered and non-registered staff (all departments – dietary, housekeeping, activation, laundry, maintenance, PSW, volunteer, etc.) has been reinforced regarding:
    ☐ Assessment of gastroenteritis symptoms
    ☐ Initiation of additional precautions as soon as residents manifest gastroenteritis symptoms
    ☐ Restriction of symptomatic residents to their rooms
    ☐ Enhanced cleaning and disinfection
    ☐ Importance of educating visitors, and others regarding the outbreak, use of PPE, etc.
  ☐ Visitors and others have received education regarding the outbreak,
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□ gastroenteritis signs and symptoms, restrictions, not visiting when unwell, use of PPE, hand hygiene, etc
□ Housekeeping staff have received a review of outbreak cleaning

□ COMMUNICATION
□ External signage (entrances) have been posted to indicate home/unit(s) in gastroenteritis outbreak
□ Compliance ministry has been notified regarding outbreak (see standard form)
□ External service providers have been notified regarding outbreak
□ Ambulance notification transfer form (and process) has been completed for every transfer
□ Consistent key messaging to staff re outbreak has been developed for daily, during business hours and after business hours communications
□ Families have been notified regarding outbreak and is kept up to date as changes occur
□ Staff have been reminded to be provide consistent key messages to visitors and others
□ Responsibility for communication externally (media, other authorities, etc. has been assigned by the OMT)

□ ENVIRONMENTAL
□ Cleaning of all equipment and environment continues to be done on a regular basis and has been specifically assigned E.g. Scales, commodes, wheelchairs, laundry carts, other carts, etc
□ Increased frequency of cleaning of “high-touch surfaces” has been initiated on affected unit; routine cleaning (E.g. floors) has been re-evaluated/considered
□ Type of disinfectant has been evaluated for level of disinfection
□ Contact time for the disinfectant is followed
□ Cleaning processes have been evaluated by the OMT (E.g. Need to move to bucket and rag technique)
□ Cleaning and disinfection of Multi-use Resident Equipment (on units and in all areas (physiotherapy, activation, volunteer programs, etc) has been done after each use
□ Special attention to cleaning of all washrooms has been done
□ All equipment is cleaned, then disinfected between use on residents (e.g. stethoscope, thermometer, etc.)
□ Terminal cleaning is done when residents are no longer symptomatic
□ Discharge cleaning is done as a routine
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☐ Checklists and audits of housekeeping are being done