MANAGEMENT OF A GASTROENTERITIS OUTBREAK

When the Infection Control Practitioner (ICP) is notified of a possible outbreak of gastrointestinal illness, the following action should be taken.

1. Determine the presenting symptoms. Place the symptomatic residents (vomiting and/or diarrhea) on contact precautions.

2. Develop a case definition using the MOHLTC case definitions⁴ for gastroenteritis outbreaks as a guide. Initiate a line listing (Appendix U1) and search for all resident and staff cases presenting with these symptoms. Use a separate line listing (Appendix U2) for staff.

3. If a cluster of similarly symptomatic residents is identified, notify and consult with Peel Public Health. Fax your line listing through to Peel Public Health so it can be reviewed with you.

4. If an outbreak is declared upon consultation with public health, organize an Outbreak Management Team (OMT) meeting. The Outbreak Management team should consist of dept heads and administration and any other persons to facilitate communication of the outbreak and control measures to be implemented.

5. Communicate restrictions and outbreak information to staff, residents, families, visitors and other health care facilities.

6. Collect appropriate specimens on recently symptomatic residents. Check the expiration date on the kits used for specimen collection and if expired, contact Peel Public Health to obtain new kits.
   ▪ Ensure appropriate specimens have been collected and laboratory requisitions properly completed (Appendix R)². Peel Public Health may assist in expediting the laboratory specimens. The Public Health Inspector (PHI) may visit the home to inspect the premises and food preparation and storage areas if food is suspected as the causative agent. Food samples, for laboratory analysis, may be collected at this time.

7. Initiate outbreak control measures³ including:
   ▪ Promotion of hand hygiene with staff, residents and visitors. Staff should not use the resident washrooms to wash their hands.
   ▪ Restriction of ill residents while communicable to their rooms (48 hours after symptom resolution. Ill staff should also be excluded based on the same communicability⁴.
   ▪ Posting signage at appropriate locations to communicate the presence of an outbreak and any instructions or information.
- Review of precautions with all staff, physicians, residents, families and visitors.
- Ensuring availability and appropriate use of PPE consisting of masks, gloves and gowns.
- Increasing cleaning and disinfection of affected resident rooms, multi-use equipment, high touch surfaces and areas.
- If possible, cohort nursing staff and residents. Ideally direct care providers (e.g. RN, RPN, HCA, PSW) should not provide care to both symptomatic and asymptomatic residents during the same shift. Dedicating equipment to symptomatic residents is recommended.
- The use of disposable dishes is not necessary or recommended.

8. Determine what activities need to be restricted and inform staff, residents and visitors of the restrictions. Restrictions may range from minimal (e.g. excluding symptomatic residents) to complete closure of the home. The decision to close all or part of the home will be made by the OMT in conjunction with Peel Public Health.

9. Communicate restrictions and information on the outbreak to other health care facilities. Residents who require transfer to an acute care facility must have the Respiratory Outbreak Transfer Notification form (Appendix Q) included in the documents sent with them to the receiving facility. In addition, the nursing staff should notify the receiving facility by phone that the home has an outbreak. If Peel Paramedic Services or an Ambulance Transfer Service is called to the home, they should also be informed of the outbreak. For dialysis patients, a transfer notification form should accompany the resident each time they go for treatment.

10. Continue surveillance for new cases in residents and staff and forward line listing to Peel Public Health via fax (905-565-6178) on a daily basis. Discuss with Peel Public Health whether specimens should be collected on new symptomatic cases until a causative agent is identified.

11. Once the OMT has declared the outbreak over, this information should be communicated to staff, residents, visitors, Paramedic and Transfer Services, and other health care facilities.

12. A written report should be prepared to summarize the outbreak in conjunction with Peel Public Health. The report should include an epidemic curve of the outbreak and an analysis of the cause(s) or contributing factors as well as recommendations to prevent future occurrences.

1. *Clostridium difficile outbreaks* please refer to Public Health Ontario. Provincial Infectious Disease Advisory Committee. Annex C: Testing, Surveillance and Management of *Clostridium difficile* in All Health Care

2. **Norovirus outbreaks** please refer to: [MOHLTC Position Statement: Recommended Length of Exclusion of Cases Associated with Norovirus Outbreaks and When to Declare the Outbreaks Over. September 2010](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx)

References:

1. Infectious Diseases Protocol Appendix B: Provincial Case Definitions for Reportable Diseases

