Enteric outbreak control measures checklist

Outbreak number: **2241-20 -**	Facility name:	
Date checklist completed:	Date outbreak declared:	Date outbreak declared over:
Contact name:	Case definition:	

Consult with KFL&A Public Health (KFLAPH)	
Obtain outbreak number from KFLAPH — contact the IPAC team at 613-549-1232, ext. 4722 or email IPAC@kflaph.ca, who will reach out to your PHI/PHN team if available. On the weekend or after hours, consult with KFLAPH manager on-call by calling 613-507-3100.	☐
Complete the line list for residents and for staff and upload to your SharePoint account and notify KFLAPH.	☐
Obtain specimens from symptomatic residents (stool samples using non-expired enteric kits, PCR testing for COVID-19 and respiratory viruses) using the same outbreak number and send specimens to Public Health Ontario Lab (PHOL). Ensure to indicate "bacterial" and "viral" under "Tests Requested" on the requisition. Printing test requisitions on coloured paper is recommended to ensure specimens are expedited at the lab and receive eligible tests.	☐
Ensure the KFLAPH Medical Officer of Health (MOH) is listed as the ordering provider on test requisitions for all tests submitted under the outbreak number. If applicable, include the facility's health care provider under "Other Authorized Health Care Provider" on the test requisition.	☐
After hours, store samples in refrigerator, not freezer; deliver to lab the next business day. Call PHOL to drop off specimens after hours, weekends, and/or holidays if needed.	☐
Notification	
Communication to family and notification of the outbreak.	☐
Notify visitors and post signs on entrance doors to facility indicating there is an outbreak.	☐
Notify Ministry of Long-Term Care or RHRA as applicable.	☐
Implement additional precautions	
Gloves and gown for direct care of a case. Additional PPE may be required based on a point of care risk assessment (PCRA). Mask and eye protection should be considered when resident care activities are likely to generate splashes of stool and/or vomit, and/or COVID-19 is suspected.	☐
Increase hand hygiene. Alcohol-based hand rub containing at least 70 percent alcohol preferred when hands not visibly soiled.	☐
Reinforce hand hygiene with staff and residents. Assist residents with compliance.	☐
Environmental controls	
Clean and disinfect high touch surfaces twice daily and increase frequency as needed.	☐
Increase cleaning and disinfection of washrooms and commodes to twice daily for rooms in isolation; cleaners must wear PPE, discard after use, and perform hand hygiene.	☐
Ensure disinfectant product includes virucidal claim against Norovirus.	☐
Dedicate resident care equipment to symptomatic resident; if not dedicated, clean and disinfect between use.	☐
Roommates do not share toilet facilities with symptomatic residents.	☐
Ensure common tubs and lifts are cleaned and disinfected thoroughly between residents.	☐
Follow the manufacturer's instructions for use of disinfectants, especially contact times.	☐
If the laundry machine has been used to clean soiled laundry (vomit, diarrhea), clean and disinfect the washing machine before washing the next load as per facility policy.	☐
Outbreak management team (OMT) meeting	
Form an OMT with representation from each operational area of the facility; include those with decision-making authority and a representative from KFLAPH.	☐

Staff	
Exclude symptomatic staff, students, and volunteers for 48 hrs after last episode of vomiting or diarrhea or as applicable if a pathogen is identified	☐
Cohort staff: minimize movement of staff between affected and unaffected units; if moving between units is necessary, visit the outbreak unit last.	☐
Working at other facilities is not advised but will depend on individual facility policy.	☐
Resident control measures	
Restrict cases to room for 48 hrs after last episode of vomiting or diarrhea if COVID-19 negative. Roommate close contacts should be placed on additional precautions until testing rules out respiratory viruses for the case.	☐
Postpone medical appointments and elective tests/procedures until after case is finished isolation. If this is not possible, notify transfer service and receiving facility regarding details of the outbreak.	☐
Residents within the outbreak area should be cohorted to unit and not visit unexposed residents and units.	☐
Cancel or reschedule communal activities on affected units.	☐
Conduct programs such as physiotherapy for residents in their rooms on affected units.	☐
No interaction between residents on affected units and on-site childcare or day program participants.	☐
Nourishment areas/sharing of food	
Communal dining should be conducted so that the outbreak unit is cohorted separately from unexposed clients/patients/residents and units.	☐
Limit or close communal food or snacking areas and sharing of foods between residents or staff.	☐
Close buffet lines and have food plated by staff.	☐
Encourage staggered eating times for diners, if possible.	☐
Pre-set tables with utensils to minimize client/patient/resident handling.	☐
Individually wrapping snacks, and use of single packet condiments.	☐
Residents should have an opportunity to perform hand hygiene before and after each meal.	☐
Review home's policies and procedures on safe food handling.	☐
If outbreak source is suspected to be a food source and/or infected food handler, retain food samples as per facility policy.	☐
Visitors	
General visitors should postpone all non-essential visits to residents within the outbreak area (unless resident is receiving end-of-life care).	☐
Visitors should not enter facility if they do not pass screening; post signage.	☐
Limit number of visitors while residents in isolation; provide education on hand hygiene and use of PPE.	☐
Visits by outside groups (e.g., entertainers, community groups, etc.) are not permitted in the outbreak facility/area(s). Exceptions are to be discussed with KFLAPH.	☐
Admissions and transfers	
Avoid new resident admissions, readmissions, or transfers in the outbreak areas until the outbreak is declared over as directed by KFLAPH or as per current guidance. Consult with OMT when IPAC advice or risk mitigation is needed.	☐
Residents who have left the affected unit temporarily can be transferred back if they were cases; return of non-cases to the affected unit is generally not advised. See considerations above; consult KFLAPH if necessary.	☐
Transfer of symptomatic residents to other LTCH/RH is not advised; discuss exceptions with KFLAPH.	☐
Transfer to hospital: advise hospital and ambulance/transfer service.	☐
Ongoing monitoring	
Conduct symptom assessment (minimum twice daily) of all cases and contacts and once daily for all residents in the outbreak area.	☐
Monitor the status of symptomatic residents and staff; note hospitalization or death on the line list.	☐
Update line listing of residents and staff, upload to Sharepoint every weekday.	☐
Conduct weekly self-audits for duration of outbreak.	☐
Declare outbreak over	
The specific time period required to declare the outbreak over will be made in consultation with KFLAPH based on the causative agent identified. Norovirus and "unknown agent" outbreaks can be declared over five days after onset of symptoms in the last resident case. If the last symptomatic case was a staff member, the last day worked at the setting would be used as the last date of exposure.	☐