## **OUTBREAK**

cleaning and disinfection.

## **Enteric Outbreak Control Measures Checklist**

Facility: _		Date:	
Date Outb	oreak Declared:	Outbreak #:	
Health Uni	it Contact:		
Infectious	Disease Program intake line: 807-625-8318		
	IMMEDIATE CONTROL MEASU	IRES FOR OUTBREAK	
	Isolate symptomatic residents, use appropriate Notify staff of potential outbreak. Start Line Listing of symptomatic residents and 8 807-625-4822. Collect Stool specimens – Request Enteric Outb Notify the Thunder Bay District Health Unit of potentials and ask for ID on call.	staff, and fax separately to secure fax line: reak Kits from TBDHU if needed.	
	men Collection:		
	stool specimens using Enteric Outbreak Kit o	on up to FIVE symptomatic residents.	
	expiry dates on kits.		
		ate are included on all specimen containers.	
☐ Complete all sections of requisition – include OB Number.			
□ Ensure outside	containers are closed <b>tightly</b> before placing pocket.	into biohazard bag, and place requisition in	
☐ Refrigerate sample, and arrange for transport to PHL within 72hrs of collection.			
☐ Addition	al enteric Kits can be requested from the He	alth Unit.	
Control Mea	sures for Residents:		
	·	ns for 48-72 hours (72hrs strongly recommended) sment, droplet precautions may also be required.	
	cases whenever possible – i.e. group person e for isolation.	s with similar symptoms when single rooms not	
through		to non-outbreak areas. If a case must move cautions i.e. monitoring of hand hygiene, increase	
	share equipment between residents OR thore ates do not share toilet facilities with sympto		
Control Mea	sures for Staff and Volunteers:		
☐ Emphas	size the importance of strict hand hygiene.		

☐ Provide education to staff on routine practices, additional precautions, environmental

	Cohort staff when able – staff working on affected unit / floor should not work in non-outbreak areas.		
	Report staff illness to charge person including symptoms & onset date.		
	Exclude ill staff, students and volunteers for 48 hours after symptoms have resolved.		
	Some infectious agents have longer exclusion periods. Consult with Health Unit.		
	Staff/volunteers who work in more than one facility should notify the facility NOT in outbreak and follow their policy regarding exclusion.		
	During an outbreak, food samples may need to be submitted for testing. Retain 200g ready-to- eat food samples from each meal for the duration of the outbreak (refer to Control of Gastroenteritis Outbreaks in LTCH's for further information).		
Con	itrol Measures for Visitors:		
	Notification of visitors through signage at entrances and resident rooms.		
	Notify all agencies contracted to work in the facility.		
	Ill visitors should not be permitted in the facility.		
	Encourage well visitors to reschedule their visit if possible; if necessary, instruct visitor to:		
	» Clean hands before and after visit.		
	» Use appropriate PPE for direct care of ill residents.		
	» Visit only one resident, clean hands and exit facility.		
=nv	ironmental Cleaning:		
	Increase frequency of cleaning and disinfection of high touch surfaces.		
	Promptly clean and disinfect surfaces contaminated by stool and vomit.		
	Clean soiled carpets and soft furnishings with hot water and detergent, or steam clean – vacuum cleaning is not recommended.		
	Use appropriate products for cleaning and disinfection.		
<b>A</b> dn	nissions, Re-admission, and Transfers:		
	Admissions/transfers/return from absence decisions may be made in consultation with TBDHU and the OMT.		
	Notify Hospital Infection Control Practitioner if transferring resident to hospital.		
Med	lical Appointments:		
	Re-schedule non-urgent appointments until after the outbreak is over.		
Con	nmunal Activities:		
	Cancel or postpone large gatherings and group outings.		
ш	Conduction-site programs such as physicinerapy for isolated residents in their rooms if possible.		