Health and Wellness

Prince Edward Island Guidelines for Gastrointestinal Illness Prevention and Outbreak Management in Long-Term Care and Community Care Facilities

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How to Use This Guideline

This guideline provides Infection Prevention and Control (IPAC) recommendations for the prevention, recognition, management, and control of gastrointestinal (GI) illness outbreaks in long-term care facilities (LTCFs) and community care facilities (CCFs) in Prince Edward Island.

It is intended for facility operators, administrators, health care providers, environmental services staff, volunteers, and others involved in resident care and outbreak management. It should be used in conjunction with provincial legislation, facility policies and procedures, Routine Practices, and guidance provided by the Chief Public Health Office (CPHO).

Because the causative organism may not be known when symptoms first occur, facilities should initiate outbreak management measures based on the clinical and epidemiological circumstances rather than waiting for laboratory confirmation.

The recommendations should be applied using a risk-based approach that balances infection prevention and control with resident safety, dignity, quality of life, and the operational circumstances of the care setting. During an outbreak, facilities should work with the CPHO and other partners, as appropriate, to assess risk and determine suitable control measures.

1.0 Introduction

GI illness outbreaks can spread rapidly in LTCFs and CCFs because residents live in close proximity, share common spaces, and may require assistance with personal care, toileting, and activities of daily living.

Prompt recognition, reporting, and implementation of appropriate IPAC measures are important to protect residents and staff, reduce transmission, and support effective outbreak management.

2.0 Background

GI illness outbreaks may be caused by viral, bacterial, or toxin-mediated pathogens. They may affect residents, staff, volunteers, and visitors and can result in significant illness, increased demands on staff, disruption to facility operations, and reduced access to communal activities and services.

Viral pathogens are the most common causes of GI illness outbreaks in LTCFs and CCFs. The severity and duration of illness may vary depending on the causative agent and the health status of the affected individual.

3.0 Reporting Requirements

Suspected or confirmed GI illness outbreaks in a health facility or institution must be reported in accordance with the Prince Edward Island *Public Health Act* and the *Notifiable Diseases and Conditions and Communicable Diseases Regulations*. Timely reporting supports effective outbreak assessment, management, and public health response.

3.1 Facility Operators and Staff

Health practitioners and facility administrators must report suspected or confirmed GI illness outbreaks as required under the *Public Health Act* and applicable regulations.

- During business hours, report suspected or confirmed GI illness outbreaks to the CPHO at 902-368-4996.
- After hours, report suspected or confirmed GI illness outbreaks to the Nursing on Call service at 902-231-5824.
- Submit line lists and subsequent updates to the CPHO by fax at 902-620-3354, or as otherwise directed.

3.2 Laboratory

The Provincial Laboratory must report positive laboratory results associated with reportable diseases and conditions as soon as they are known. Reports should be made to the CPHO or designate by telephone, mail, fax, or electronic transfer, as required.

4.0 Summary of Gastrointestinal Illnesses

GI illness commonly presents with diarrhea, vomiting, nausea, abdominal pain or cramping, fever, and malaise.

Clostridioides difficile infection (CDI) may also cause diarrhea and clusters of cases within a facility. Because CDI has distinct epidemiology, transmission characteristics, and IPAC considerations, facilities should refer to the *Provincial Infection Prevention and Control Guideline: Clostridioides difficile Infection in Long-Term Care and Community Care Facilities* for CDI-specific guidance.

4.1 Common Causes of GI Illnesses

Norovirus is the most common cause of GI illness outbreaks in LTCFs and CCFs. Other causes may include bacterial pathogens such as *Salmonella*, *Campylobacter*, *Shigella*, Shiga toxin-producing *Escherichia coli* (STEC), and *Yersinia* species, as well as foodborne illness associated with contaminated food.

4.2 Transmission of GI Illnesses

GI pathogens may spread directly from person to person or indirectly through contaminated hands, stool, vomitus, food, water, equipment, or environmental surfaces. Droplets generated during vomiting may also contribute to the spread of some pathogens, including norovirus.

The risk of transmission may increase when:

- residents require assistance with toileting, continence care, or personal hygiene;
- hand hygiene practices are inadequate;
- environmental contamination is widespread;
- shared equipment is not appropriately cleaned and disinfected between uses;
- symptomatic residents continue to participate in communal activities; or
- symptomatic staff continue to work.

5.0 IPAC for Gastrointestinal Illnesses

This section outlines the core IPAC measures for preventing and managing GI illness in LTCFs and CCFs.

Key IPAC measures include Routine Practices, Point-of-Care Risk Assessment (PCRA), hand hygiene, appropriate use of personal protective equipment (PPE), environmental cleaning and disinfection, and implementation of Additional Precautions when indicated.

5.1 Routine Practices

Routine Practices are the foundation for preventing the transmission of infectious agents in LTCFs and CCFs and must be applied during all resident care.

Routine Practices include, but are not limited to:

- conducting a PCRA before every resident interaction;
- performing hand hygiene at appropriate moments of care;
- using PPE based on the assessed risk of exposure;
- following safe handling practices for equipment, linen, waste, and resident care items; and
- maintaining effective environmental cleaning and disinfection practices.

Residents, visitors, volunteers, and designated support persons should follow applicable IPAC measures, including hand hygiene and PPE requirements, as directed.

5.2 PCRA (Appendix B)

A PCRA should be performed before every interaction with a resident and before any care activity or procedure.

The PCRA helps staff identify the risk of exposure to infectious agents and determine the actions and PPE required to protect residents, staff, and others in the care environment. Factors to consider include:

- the resident's symptoms and presentation;
- the anticipated care activity or procedure;
- the potential for contact with blood, body fluids, secretions, excretions, contaminated surfaces, or equipment; and
- the potential for exposure to vomitus or uncontrolled diarrhea.

Performing a PCRA supports appropriate PPE selection and helps reduce the risk of transmission of both known and unknown infectious agents.

5.3 Hand Hygiene (Appendix C)

Hand hygiene is one of the most important measures for preventing the transmission of GI illness.

5.3.1 Staff Hand Hygiene Requirements

Staff must perform hand hygiene:

- before and after resident contact;
- before preparing, serving, or handling food;
- before preparing or administering medications;
- before performing aseptic procedures;
- before putting on PPE, including gloves, and immediately after removing PPE;
- before and after contact with the resident's environment, including equipment and frequently touched surfaces;
- whenever hands are visibly soiled or may have become contaminated; and
- after personal hygiene activities such as using the washroom, blowing the nose, or touching the face.

Handwashing with soap and water is the preferred method of hand hygiene when caring for residents with vomiting or diarrhea, after using the washroom, whenever hands are visibly soiled, and before preparing, handling, serving, or consuming food.

5.3.2 Hand Hygiene Recommendations for Residents

Residents should be encouraged and assisted to perform hand hygiene:

- before eating, drinking, or handling oral medications;
- after using the washroom or commode;
- when entering or leaving their room;
- after episodes of vomiting or diarrhea; and
- whenever hands may be contaminated.

5.4 Additional Precautions: Contact Precautions and Droplet and Contact Precautions (Appendices D and E)

Additional Precautions should be implemented promptly when a resident has symptoms consistent with GI illness.

Contact Precautions

Contact Precautions should be implemented for residents with suspected or confirmed GI illness, including residents experiencing diarrhea.

Staff entering the resident's room or care space should wear:

- gloves; and
- a long-sleeved, cuffed gown.

Droplet and Contact Precautions

Droplet and Contact Precautions should be implemented when a resident is vomiting or when there is a risk of exposure to vomitus.

Staff entering the resident's room or care space should wear:

- gloves;
- a long-sleeved, cuffed gown;
- a medical mask; and
- eye protection.

Eye protection should consist of either a full-face shield that covers the front and sides of the face or well-fitting goggles. Regular eyeglasses and safety glasses do not provide adequate protection.

PPE should be donned outside the resident's room or care space before entering. PPE should be removed and discarded inside the resident's room or care space, near the exit, according to the recommended doffing sequence outlined in Appendices D and E. Hand hygiene must be performed at the appropriate steps during doffing and after all PPE has been removed.

6.0 Case Definitions for Gastrointestinal Illnesses

The following definitions are intended to support outbreak surveillance, outbreak recognition, reporting, and outbreak management in LTCFs and CCFs. They are not intended to replace clinical judgement, diagnostic criteria, or disease-specific case definitions.

Symptoms should not be attributable to another known cause, such as medication side effects, laxative use, dietary factors, CDI, or an underlying medical condition.

6.1 Gastrointestinal (GI) Illness

A GI illness case is defined as an individual meeting at least one of the following criteria:

Diarrhea
Two or more episodes of unformed or watery stool, corresponding to Types 6 or 7 on the Bristol Stool Chart, within a 24-hour period that are above what is normal for the individual (see Appendix A).

OR

Vomiting
Two or more episodes of vomiting within a 24-hour period.

OR

Combined Symptoms
One or more episodes of diarrhea and one or more episodes of vomiting within a 24-hour period.

OR

Bloody Diarrhea
One episode of bloody diarrhea.

OR

Laboratory-Confirmed GI Pathogen
Laboratory confirmation of a GI pathogen and at least one of the following symptoms:

- nausea;
- vomiting;
- abdominal pain or tenderness; or
- diarrhea.

6.2 GI Illness Outbreak

A GI illness outbreak is defined as:

Two or more cases of GI illness with a common epidemiological link, such as the same unit, floor, wing, or facility, with initial symptom onset occurring within a 48-hour period.

Staff illness should also be considered when assessing for and declaring a GI illness outbreak.

7.0 Outbreak Management for Gastrointestinal Illnesses

Prompt implementation of outbreak control measures is essential to reduce transmission of GI illness within LTCFs and CCFs. Outbreak management should focus on early identification of symptomatic individuals, implementation of appropriate IPAC measures, environmental cleaning and disinfection, effective communication, and ongoing monitoring for new cases.

Facilities should maintain communication with their IPAC professional or designate and the CPHO throughout the outbreak and implement additional measures based on local risk assessment and outbreak circumstances.

7.1 Facility-Wide Outbreak Management

When a GI illness outbreak is suspected or confirmed, facilities should:

- promptly notify the facility's IPAC professional or designate and the CPHO;
- implement outbreak control measures;
- maintain a line list of symptomatic residents and staff (Appendix G);
- monitor residents and staff for new symptoms;
- communicate outbreak information to staff, residents, families, visitors, and other relevant persons, as appropriate;
- reinforce Routine Practices, PCRA, hand hygiene, and Additional Precautions; and
- increase environmental cleaning and disinfection activities.

7.2 Management of a Symptomatic Resident

Residents meeting the GI illness case definition should be placed on appropriate Additional Precautions based on their symptoms.

Facilities should:

- have symptomatic residents remain in their room whenever possible;
- provide meals in the resident's room until Additional Precautions have been discontinued;
- encourage and assist residents with hand hygiene;
- dedicate resident care equipment whenever possible; and
- limit movement outside the resident's room to medically necessary purposes while symptoms are ongoing.

Residents should remain on appropriate Additional Precautions until at least 48 hours after the last episode of vomiting or diarrhea.

If a transfer to another care setting is required, the receiving facility should be informed of the facility's outbreak status, the resident's symptoms, and any Additional Precautions in place.

7.3 Admissions, Readmissions, and Transfers During Outbreaks

Admissions, readmissions, and transfers to outbreak-affected areas may be permitted during an outbreak. The receiving facility is responsible for these decisions, based on a risk-benefit assessment, the resident's care needs, the risk of transmission, and its ability to maintain safe care and required IPAC measures.

Key Considerations

When considering an admission, readmission, or transfer during an outbreak, assess the following:

- **Scope of the outbreak:** Is the outbreak limited to one household, unit, or section, or does it involve the entire facility?
- **Outbreak status and management:** Consider the length of time since the most recent case, the attack rate, the severity of illness, and whether transmission is ongoing.
- **Staffing:** Is adequate staffing available to provide care safely?
- **Resident-specific factors:**
    - Is the area to which the resident is being admitted or returning affected by the outbreak?
    - Has the resident had previous exposure to the circulating pathogen?
    - What are the resident's comorbidities and overall health status?
- **Ability to provide safe care:** Can the facility implement the required Routine Practices and Additional Precautions?
- **Communication:** Have the resident or substitute decision-maker and the most responsible provider been informed of the outbreak and the potential risks associated with the admission, readmission, or transfer?
- **Risk versus benefit:** What are the risks and benefits of proceeding immediately compared with delaying the admission, readmission, or transfer?

Admissions and Readmissions

Where possible, an admission or readmission to an outbreak-affected area may be deferred until the outbreak is declared over. However, deferral should not be automatic and should be balanced against the resident's care needs and the risks associated with delaying admission or return.

When an admission or readmission is being considered before the outbreak is declared over, the receiving facility should consult with its IPAC professional or designate to develop a plan for safely accommodating and managing the resident. The referring or discharging care team should also be involved, as applicable. The receiving facility is responsible for the final decision regarding whether the admission or readmission can be safely accommodated.

The plan should identify any Routine Practices and Additional Precautions required to safely manage the resident**.** The resident or substitute decision-maker should be informed of the outbreak and the potential risks before the admission or readmission occurs.

Transfers to Acute Care

A transfer required for urgent medical assessment or treatment should not be delayed because of an outbreak.

The transferring facility should inform EMS and the receiving facility that the resident is being transferred from a facility experiencing a GI illness outbreak. The transferring facility should also communicate:

- the resident's symptoms and current clinical status;
- any known or suspected pathogen;
- the resident's potential exposure to the outbreak;
- any relevant test results; and
- any Additional Precautions currently in place.

Appropriate Routine Practices and Additional Precautions should be maintained during transport and upon arrival, based on the resident's symptoms and the known or suspected cause of the outbreak.

7.4 Communal Dining, Recreational Activities, and Group Events During Outbreaks

Facilities should assess communal dining, recreational activities, and group events based on outbreak circumstances and risk of transmission.

Considerations may include:

- restricting symptomatic residents from communal dining and group activities;
- modifying, postponing, or cancelling activities in affected areas when transmission risk is elevated;
- limiting movement of residents between affected and unaffected areas of the facility; and
- supporting activities that promote resident well-being while minimizing transmission risk.

Nourishment Areas and Food Sharing

During a GI illness outbreak:

- access to shared nourishment areas by residents, visitors, designated support persons, and volunteers should be restricted;
- communal food sharing, buffet-style service, and shared food containers should be avoided;
- individually packaged food and snacks are preferred;
- food carts should remain outside resident rooms whenever possible; and
- hand hygiene with soap and water should be performed before preparing, handling, serving, or consuming food.

7.5 Screening and Management of Symptomatic Staff

Staff should perform daily self-assessment for GI illness symptoms during an outbreak.

Symptomatic staff should:

- report symptoms according to organizational processes; and
- remain off work until at least 48 hours after the last episode of vomiting or diarrhea and until other symptoms have resolved or significantly improved.

Facilities should reinforce outbreak measures with all staff, including students, volunteers, physicians, contractors, and other personnel.

Non-essential staff may be restricted from outbreak-affected areas based on facility risk assessment.

7.6 Screening and Management of Symptomatic Visitors and Volunteers

Visitors, designated support persons, and volunteers with GI illness symptoms should not enter the facility until at least 48 hours after the last episode of vomiting or diarrhea and until other symptoms have resolved or significantly improved.

Visitors, designated support persons, and volunteers should be informed of the outbreak and any precautions they are required to follow.

Visitors, designated support persons, and volunteers who enter the facility during an outbreak should:

- perform hand hygiene when entering and leaving the facility;
- limit visits to a single resident whenever possible;
- follow any PPE requirements identified by the facility; and
- leave the facility promptly following the visit.

Additional visitor restrictions may be implemented in consultation with the facility's IPAC professional or designate or the CPHO if outbreak control measures are not effective.

7.7 Specimen Collection

Stool specimen collection may assist in identifying the causative pathogen during an outbreak.

When indicated, and in consultation with the facility's IPAC professional or designate, or the CPHO, as appropriate:

- stool specimens should be collected from symptomatic residents as early as possible in the outbreak, while the stool is still liquid or semisolid;
- specimens should be unformed and take the shape of the specimen container, as formed stool specimens are typically not appropriate for testing;
- specimens from multiple symptomatic residents may be collected to support identification of the causative pathogen; and
- additional testing may not be required once the outbreak pathogen has been identified, unless otherwise directed.

Specimens should be collected, labelled, stored, and transported according to Provincial Laboratory requirements.

7.8 Resident Care Equipment

Reusable resident care equipment should be dedicated to the symptomatic resident whenever possible.

If equipment must be shared:

- clean and disinfect it between residents using a Health Canada-authorized disinfectant effective against the identified or suspected pathogen;
- follow the manufacturer's instructions for use, including concentration, contact time, surface compatibility, and any rinsing requirements; and
- discard items that cannot be properly cleaned and disinfected.

7.9 Environmental Cleaning and Disinfection

Enhanced environmental cleaning and disinfection are essential during GI illness outbreaks.

Facilities should:

- clean and disinfect high-touch environmental surfaces at least twice daily and more frequently when visibly soiled or otherwise required;
- clean surfaces before disinfection and prepare, apply, use, store, and replace cleaning and disinfecting products according to the manufacturer's instructions, including the required concentration and contact time;
- use cleaning methods that minimize aerosolization of contaminants;
- use a Health Canada-authorized disinfectant with a specific label claim against norovirus when norovirus is suspected or the causative organism has not yet been identified; and
- when another pathogen is identified or suspected, use a Health Canada-authorized disinfectant effective against that organism.

Refer to Appendix F for additional guidance on environmental cleaning and disinfection during GI illness outbreaks.

7.10 Linen, Food-Service Items, and Waste Management

Routine Practices are generally sufficient for handling linen, food-service items, and waste during a GI illness outbreak.

Staff should:

- perform hand hygiene after handling contaminated items;
- wear appropriate PPE as determined by the PCRA and Additional Precautions;
- follow routine facility procedures for the handling, transportation, cleaning, and disposal of linen, food-service items, and waste; and
- clean and sanitize food-contact surfaces, dishware, cutlery, and food-service equipment in accordance with applicable food premises requirements, provincial food-contact surface sanitation guidance, and the sanitizer manufacturer's instructions.

Facilities should not change food-contact sanitizer products or concentrations solely because of a GI illness outbreak. Any proposed change should comply with applicable food premises requirements and be discussed with Environmental Health when additional direction is required.

Before making any change, facilities should confirm that the product is intended for use on food-contact surfaces and consider its compatibility with the surface or equipment and any applicable rinsing requirements.

Before making any change, facilities should consider whether the product is intended for use on food-contact surfaces, its compatibility with the surface or equipment, and any applicable rinsing requirements.

8.0 Declaring the Outbreak Over

The CPHO is responsible for declaring a GI illness outbreak over in consultation with the affected facility.

The duration of an outbreak may vary depending on the causative pathogen, transmission patterns, and the occurrence of new cases. Ongoing surveillance should continue throughout the outbreak to identify new cases among residents and staff.

8.1 Outbreak Closure Criteria

When norovirus is confirmed, or when the causative pathogen remains unidentified but a viral cause is suspected, a GI illness outbreak may be declared over when 96 hours have passed since symptom onset in the most recent epidemiologically linked resident or staff case.

When another viral pathogen is identified, the outbreak may be declared over after two incubation periods of the identified pathogen have passed since symptom onset in the most recent epidemiologically linked resident or staff case.

Outbreaks associated with bacterial or other non-viral pathogens may require pathogen-specific closure criteria and should be managed in consultation with the facility's IPAC professional or designate and the CPHO.

Following outbreak closure, facilities should:

- communicate the closure to relevant stakeholders;
- remove outbreak signage;
- discontinue outbreak-specific measures as directed; and
- review the outbreak response to identify opportunities for improvement, where appropriate.

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Appendix A – Bristol Stool Chart

BRISTOL STOOL CHART

Prince Edward Island
CANADA

Use the Bristol Stool Chart to support assessment of stool consistency.
Types 6 and 7 are considered unformed or watery stool and are consistent with diarrhea.

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely liquid.

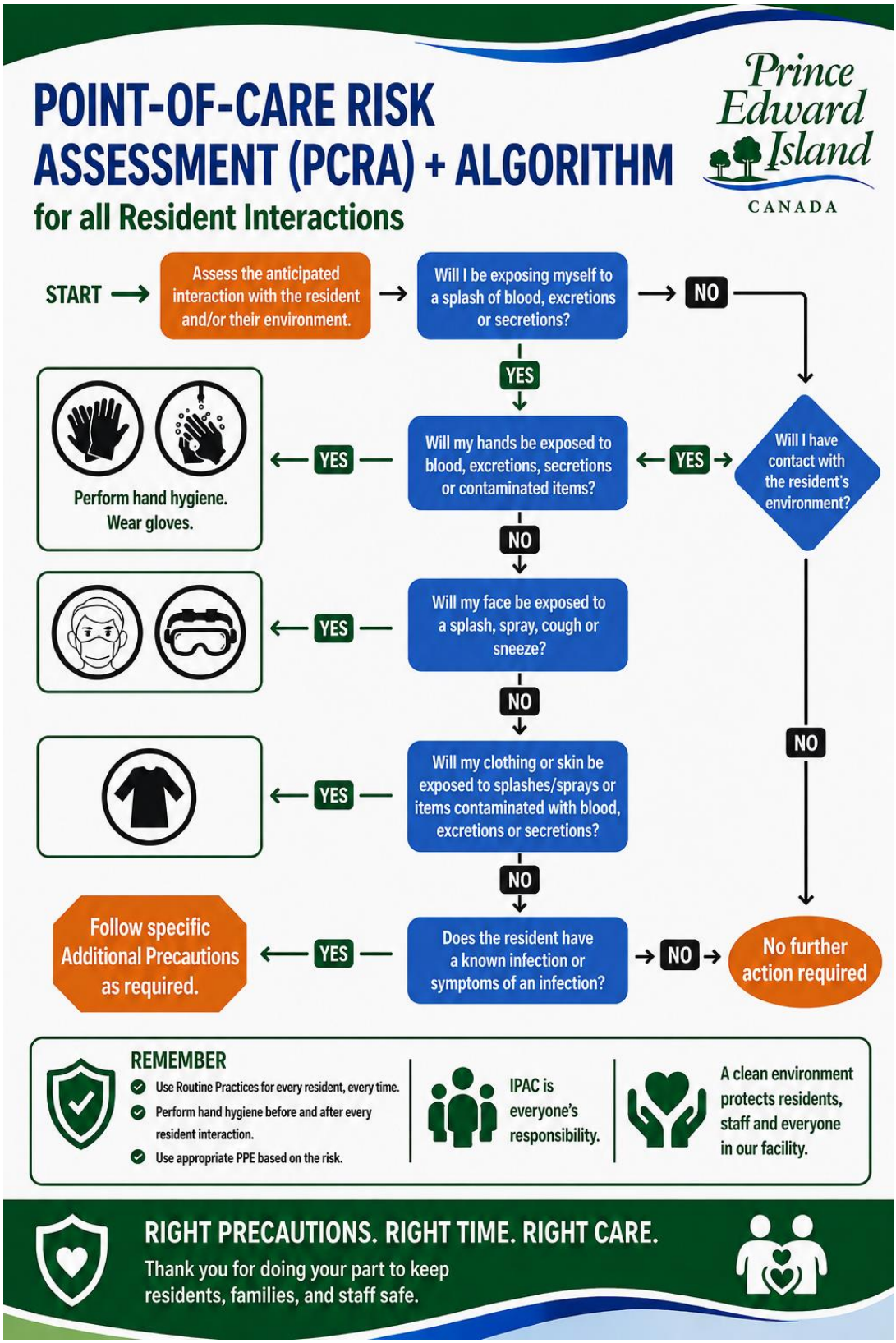
REMEMBER

- Use the chart to describe stool consistency consistently.
- Consider the resident's usual bowel pattern when assessing for diarrhea.
- For stool specimens, collect unformed stool that takes the shape of the specimen container, as directed by the laboratory.

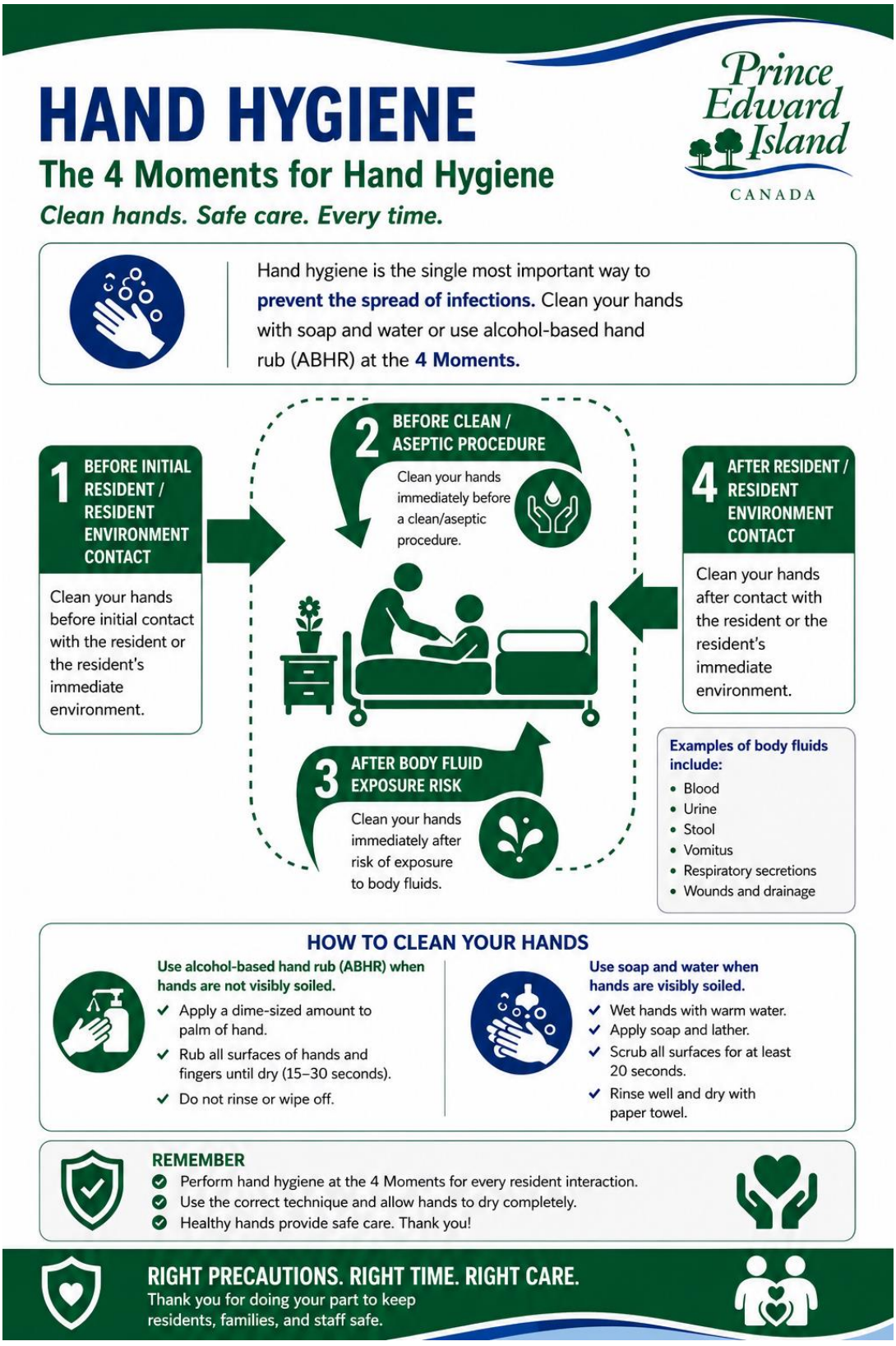
RIGHT PRECAUTIONS. RIGHT TIME. RIGHT CARE.

Thank you for doing your part to keep residents, families, and staff safe.

Appendix B- Point-of-Care Risk Assessment (PCRA)



Appendix C- Hand Hygiene



Appendix D – Contact Precautions

CONTACT PRECAUTIONS

Prince Edward Island
CANADA

When leaving the resident's room

Remove PPE in the correct order.

For residents with **suspected** or **confirmed GI illness** requiring **Contact Precautions**, including diarrhea, remove the following PPE before leaving the resident's room or care space.

1

REMOVE GLOVES

Grasp the outside of one glove at the wrist and peel away from the hand. Hold the removed glove in the gloved hand. Slide fingers of the ungloved hand under the wrist of the remaining glove and peel off over the first glove.

2

PERFORM HAND HYGIENE

Clean your hands immediately after removing gloves.

3

REMOVE GOWN

Unfasten ties, pull gown away from neck and shoulders, touching the inside of the gown only. Turn the gown inside out and roll into a bundle.

4

PERFORM HAND HYGIENE

Clean your hands immediately after removing the gown.

REMEMBER

- For GI illness, handwashing with soap and water is the preferred method of hand hygiene.
- Use Routine Practices and PCRA for every resident interaction.
- Perform hand hygiene before putting on PPE and after removing PPE.
- Dedicate resident care equipment whenever possible.
- Clean and disinfect shared equipment between uses.

RIGHT PRECAUTIONS. RIGHT TIME. RIGHT CARE.

Thank you for doing your part to keep residents, families, and staff safe.

Appendix E – Droplet and Contact Precautions

DROPLET AND CONTACT PRECAUTIONS

Prince Edward Island CANADA

Before entering the resident's room

Put on PPE in the correct order.

For residents with suspected or confirmed viral respiratory illness (VRI), wear the following PPE **before entering the room.**

1.

Perform hand hygiene

Clean your hands before putting on PPE.
Use soap and water when hands are visibly soiled; otherwise use alcohol-based hand rub (ABHR).

2.

Put on a long-sleeved, cuffed gown

Cover the front of the body from neck to mid-thigh and fasten securely.

3.

Put on a well-fitting medical mask

Ensure it fits over the nose and under the chin.

4.

Put on eye protection

Use a full-face shield that covers the front and sides of the face, or well-fitting goggles. Regular eyeglasses are not sufficient.

5.

Put on gloves

Extend gloves over the gown cuffs.

REMEMBER

- PPE must be worn upon entering the room of a resident on Droplet and Contact Precautions.
- Use Routine Practices and PCRA for every resident interaction.
- Perform hand hygiene before putting on PPE and after removing PPE.

AGMP NOTE

For an aerosol-generating medical procedure (AGMP), replace the medical mask with a fit-tested N95 or equivalent respirator. An N95 or equivalent respirator may also be used based on PCRA, facility policy, or direction from IPAC or CPHO.

RIGHT PRECAUTIONS. RIGHT TIME. RIGHT CARE.

Thank you for doing your part to keep residents, families, and staff safe.

DROPLET AND CONTACT PRECAUTIONS

Prince Edward Island
CANADA

When leaving the resident's room

Remove PPE carefully to avoid contamination.

Remove PPE in the correct order to prevent contamination of your hands, clothing, and environment.

1.

Remove gloves
Avoid touching the outside of the gloves.

2.

Perform hand hygiene
Clean your hands immediately after removing gloves.

3.

Remove gown
Unfasten ties and pull the gown away from the body.
Avoid touching the contaminated outside of the gown.

4.

Perform hand hygiene
Clean your hands immediately after removing the gown.

5.

Remove eye protection
Handle goggles or face shield by the arms, strap, or other clean areas only.

6.

Remove medical mask or N95 respirator
Handle by the ear loops, ties, or straps.
Do not touch the front.

7.

Perform hand hygiene
Clean your hands again after all PPE has been removed.

REMEMBER

- Discard single-use PPE in the appropriate waste container.
- Perform hand hygiene immediately if your hands become contaminated at any point during PPE removal.
- Follow facility procedures for reusable eye protection, if applicable.

NOTE
Remove PPE in a way that prevents contamination of your hands, clothing, and surrounding environment.

RIGHT PRECAUTIONS. RIGHT TIME. RIGHT CARE.
Thank you for doing your part to keep residents, families, and staff safe.

Appendix F - Environmental Cleaning and Disinfection During GI Illness Outbreaks

Environmental Cleaning and Disinfection During GI Illness Outbreaks

Prince Edward Island CANADA

1. Purpose

Enhanced environmental cleaning and disinfection help reduce environmental contamination and transmission during a gastrointestinal (GI) illness outbreak.

2. General Principles

During a suspected or confirmed outbreak:

- continue routine environmental cleaning throughout the facility;
- increase the frequency of cleaning and disinfection in affected areas;
- prioritize frequently touched surfaces, washrooms, resident rooms, common areas, dining areas, and shared equipment;
- clean surfaces before disinfection (remove visible soil, feces, vomitus, and other organic material);
- follow the product label for dilution, application, contact time, storage, surface compatibility, and safe use; and
- ensure staff are trained in outbreak procedures and the appropriate use of personal protective equipment (PPE).

3. Disinfectant Selection

- Use a Health Canada-authorized disinfectant effective against the identified or suspected pathogen.
- If the causative organism is unknown, use a disinfectant appropriate for the suspected pathogen and follow any pathogen-specific provincial guidance.
- Accelerated hydrogen peroxide and chlorine-based disinfectants are examples of products that may be effective against norovirus. They are not the only acceptable options. Product selection should be based on the product's authorized claims, intended use, and compatibility with the surface or equipment.

4. Household Bleach – Quick Reference

If household bleach is used, confirm the sodium hypochlorite concentration on the product label. The dilution required depends on the bleach strength and the desired chlorine concentration.

Example dilutions (using 5.25% sodium hypochlorite)	Approximate chlorine concentration
1 part bleach + 49 parts water (20 mL bleach + 980 mL water = 1 L)	1,000 ppm
1 part bleach + 9 parts water (100 mL bleach + 900 mL water = 1 L)	5,000 ppm

- Use the Public Health Ontario Chlorine Dilution Calculator to determine the amount of bleach and water required for the desired concentration and volume.
- Prepare fresh solution daily and maintain the required contact time for the intended use.
- Add bleach to water when preparing the solution.
- Use only on compatible surfaces.

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Environmental Cleaning and Disinfection During GI Illness Outbreaks

Prince Edward Island
CANADA

5. Frequently Touched Surfaces and Shared Equipment

Frequently touched surfaces in affected areas should be cleaned and disinfected at least twice daily and more frequently when visibly soiled, contaminated, or frequently handled.

Examples include:

- door handles and handrails;
- light switches and call bells;
- faucets and toilet-flush handles;
- toilets, commodes, and bathroom surfaces;
- bed rails and chair arms;
- walkers and wheelchairs;
- resident lifts;
- medication carts;
- shared electronic devices; and
- dining tables and chairs.

Shared resident-care equipment must be cleaned and disinfected between residents. Where practical, dedicate frequently used equipment to symptomatic residents. Follow equipment manufacturer instructions. Do not apply liquids directly to electronic devices unless permitted by the manufacturer.

6. Vomiting or Fecal Contamination

When cleaning vomit or fecal contamination:

1. Restrict access to the area.
2. Conduct a Point-of-Care Risk Assessment (PCRA) and put on appropriate PPE.
3. Contain and remove visible material using disposable absorbent materials.
4. Place used materials directly into an appropriate waste container.
5. Clean the contaminated area and nearby affected surfaces.
6. Apply a disinfectant effective against the identified or suspected pathogen and maintain the required contact time.
7. Clean and disinfect reusable equipment used during cleanup.
8. Dispose of waste according to facility procedures.
9. Remove PPE and perform hand hygiene immediately.
10. Reopen the area only after cleaning and disinfection are complete and it is safe for use.

7. Carpeting and Porous Surfaces

If carpeting or another porous surface is contaminated:

- restrict access to the area;
- remove visible material using disposable absorbent materials;
- clean using a product and method suitable for the material (e.g., steam clean or hot-water extraction where permitted by the manufacturer and facility procedure); and
- allow the area to dry fully before reopening it.

Do not vacuum a contaminated area until visible material has been removed and the area has been appropriately cleaned and fully dried.

8. Food-Contact Surfaces and Food-Service Areas

- Clean food-contact surfaces before disinfection or sanitization.
- Use only products authorized for food-contact surfaces.
- Follow the product label for concentration, contact time, and potable-water rinsing, as required.
- If a food-contact surface is contaminated with stool or vomitus, clean the surface, disinfect using a product effective against the identified or suspected pathogen, and complete any required potable-water rinse before returning to routine food-contact surface sanitizing.

9. Safety Considerations

- Review and follow the product label and Safety Data Sheet (SDS).
- Ensure appropriate ventilation.
- Wear the recommended PPE.
- Never mix bleach with other cleaning or disinfecting products.
- Store products securely and away from residents, food, medications, and clean supplies.
- Consider respiratory irritation and surface damage when using chlorine-based products.

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Appendix G – Line List

GI ILLNESS – SURVEILLANCE LINE LIST

Prince Edward Island CANADA

Facility Name: _____ Facility Type: ☐ Long-Term Care ☐ Community Care Unit/Wing/Neighbourhood: _____ Date: _____

RESIDENTS Total Number of Residents: _____ Number of Residents Ill: _____

No.	Name (Last, First)	PEI Health Number	Date of Birth (yyyy-mm-dd)	Room / Bed	Onset Date (yyyy-mm-dd)	Symptoms (use codes below)	Vomiting (No. episodes / 24 h)	Unformed stool (No. episodes / 24 h) above baseline	Specimen Collection / Testing			Notes / Comments
									Date (yyyy-mm-dd)	Stool Result (if tested)	Other Tests (if applicable)	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

STAFF Total Number of Staff: _____

No.	Name (Last, First)	Role / Department	Date of Onset (yyyy-mm-dd)	Date Last Worked (yyyy-mm-dd)	Symptoms (use codes below)	Notes / Comments
1						
2						
3						
4						
5						

SYMPTOM CODES (use all that apply)

- **V** Vomiting (≥2 episodes in 24 hours)
- **D** Diarrhea (≥2 episodes of unformed stool in 24 hours above the resident's usual baseline)
- **VD** Diarrhea (≥2 episode) AND vomiting (≥1 episode) in 24 hours
- **B** Bloody diarrhea (any episode)
- **N** Nausea
- **A** Abdominal pain, cramps, or tenderness
- **L** Loss of appetite
- **O** Other (specify in Notes)

A GI illness case is met by ANY of the following:

- ≥2 episodes of unformed stool in 24 hours above the resident's usual baseline, OR
- ≥2 episodes of vomiting in 24 hours, OR
- ≥1 episode of diarrhea AND ≥1 episode of vomiting in 24 hours, OR
- One episode of bloody diarrhea, OR
- A laboratory-confirmed enteric pathogen with at least one compatible GI symptom (e.g., nausea, vomiting, abdominal pain/cramps/tenderness, diarrhea).

REMINDERS

- Report according to facility and provincial requirements.
- Update the line list daily during an event or outbreak.
- Use one line per resident or staff member.

NOTES

- Retain as per facility policy.
- Add any additional facility-specific instructions in the Notes / Comments columns.

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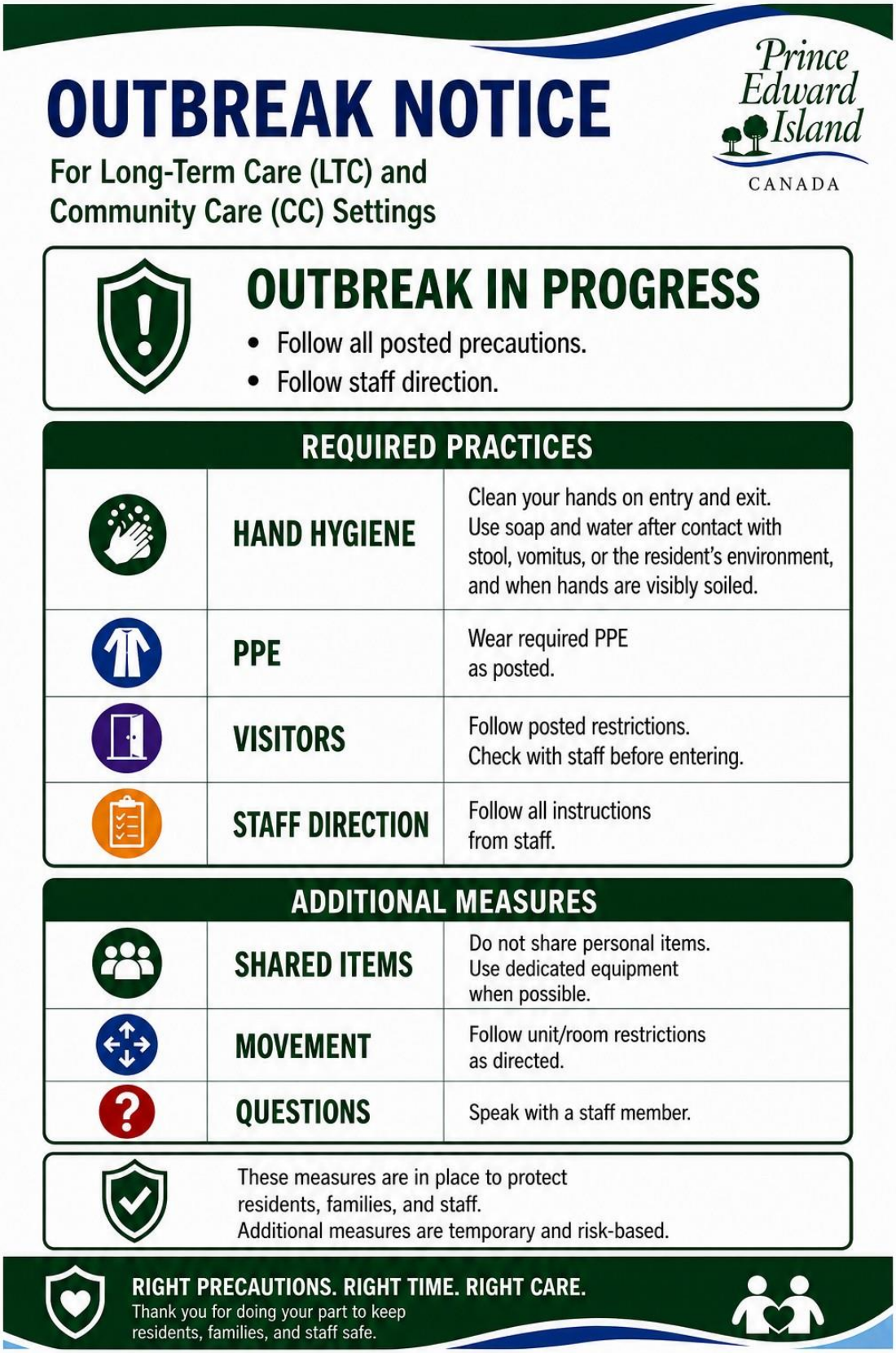
Appendix H – Outbreak Signage