



Health and  
Wellness

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## Guidance for Management of a Gastrointestinal Outbreak at a Long-Term Care/Community Care Facility

Gastrointestinal (GI) infections may be caused by a variety of microbes, including bacteria and viruses. GI infections often cause symptoms including vomiting and/or diarrhea. Transmission of GI infections usually results from contact with infected individuals, from consumption of contaminated food or water or from exposure to contaminated objects or environmental surfaces.

This reference document is intended to provide information and guidance to facilities that are experiencing an increased number of GI infections where the infectious agent may or may not have been identified. Certain precautions taken by staff at a facility experiencing an increase in GI infections may help to prevent the further spread of infections and decrease the amount of time the facility must keep precautions in place.

### Definition of GI illness

To be defined as infectious gastroenteritis, at least one of the following criteria must be met in an individual:

- Diarrhea: 2 or more unformed or watery stools above what is normal for the resident within a 24-h period
  - Vomiting: 2 or more episodes in a 24-h period
  - 1 episode of unformed or watery stool and 1 episode of vomiting within a 24 h period
- OR

Both of the following:

- Lab confirmation of known GI pathogen
- At least 1 symptom:
  - Nausea
  - Vomiting
  - Abdominal pain/tenderness
  - Diarrhea

### Definition of an Outbreak

An outbreak is occurring when there are more than an expected number of residents with GI symptoms that can't be attributed to other causes. Generally, if you have **3 cases within 72 hours** or **2 cases within 48 hours** the Chief Public Health Office (CPHO) should be notified. Staff illness should also be considered when declaring an outbreak. If you are unsure if an outbreak is occurring call the CPHO for consultation.

## **Hand Hygiene**

The most important measure to prevent the spread of any infection is proper hand hygiene. Wash hands and lather with soap and warm water for at least 20 seconds. Be sure to get the back of your hands, between fingers and under finger nails as well as around the thumbs and up the wrist. Dry hands with a single service paper towel which can also be used to turn off the tap. Use of a hand sanitizer is also an acceptable form of hand hygiene but may not be as effective against microbes like norovirus.

Always practice hand hygiene before handling, preparing or serving food, after using the washroom, before and after resident or resident environment contact, before aseptic procedures and after cleaning/disinfecting potentially contaminated surfaces. Post signs to remind staff of the importance of frequent and proper hand hygiene practices.

## **Facility Staff**

- Exclude all ill staff (food handlers, care workers, housekeeping, etc.) from work while ill and until at least 48 hours after symptoms (eg. diarrhea) cease.
- Proper use of personal protective equipment (PPE) such as gowns, gloves and masks/eye protection when working with ill residents will help to reduce the spread of infections.
- Review and reinforce hand hygiene protocols as well as other routine practices and additional precautions for health care facilities and care givers.
- Keep staff informed about the outbreak.

## **Residents**

- Keep ill residents in their room until at least 48 hours after symptoms cease.
- Keep well residents away from affected floors or wings.
- Encourage and assist with resident hand hygiene.
- Restrict group activities during an outbreak.
- Avoid providing food or snacks in “common” servings, such as shared platters or containers and/or traveling room to room with a communal snack cart/tray.

## **Visitors**

- Inform visitors that there is an ongoing GI outbreak at the facility.
- Urge the public to refrain from visiting the facility during the outbreak or at any time if they have a GI illness.
- Encourage hand hygiene prior to visiting residents and before leaving the facility.
- During an outbreak, those who feel it is necessary to visit should be encouraged to visit their family members only.

## **Effective Cleaning Agents**

Disinfectants effective against norovirus and most other microbes include:

- 7% Accelerated Hydrogen Peroxide (AHP) mixed at a ratio of 1 part 7% AHP to 16 parts water - 1:16 (giving a 0.5% A.H.P. Solution), or;
- Household bleach (5-6%) mixed at a ratio of 1 part bleach to 10 parts water - 1:10 (giving approximately 5000 parts per million (ppm) chlorine).
- Using household bleach at the concentration recommended in this document may cause

irritation of the respiratory system for some people. Proper use of personal protective equipment may help to eliminate any reactions to chemicals.

- Ensure that material safety data sheets for any chemicals used in the facility are kept on hand for reference in case of accidental exposure.
- Quaternary ammonium (QUAT) sanitizers are not effective against organisms such as noroviruses and must be discontinued until the outbreak is declared over.

### **Cleaning and Disinfection**

- A facility's regular cleaning/disinfection schedule is important to maintain during a suspected or confirmed outbreak. However, during the outbreak, a facility must increase the frequency in order to prevent the spread of infections.
- Clean and then disinfect frequently touched surfaces (eg. rails, door handles, walkers, carts) at least twice daily with a disinfectant at the strength noted above. Cleaning the area with a detergent first will improve the effectiveness of disinfection.
- When a surface is soiled with vomitus, feces or blood, the material must be cleaned up using single use paper towel, bagged and sealed, then discarded. Disinfect the area with a solution of 1 part household bleach to 10 parts water (eg. 100ml bleach to 1 litre of water to give 5000 ppm). Accelerated hydrogen peroxide at the concentration recommended by the manufacturer may also be used to disinfect grossly soiled surfaces once the soil has been removed.
- In order for disinfection to be effective the disinfectant must remain in contact with the surface for a specific period of time. Refer to the manufacturer's information for proper contact time required for the disinfectant being used.
- Change disinfectant solutions daily or more frequently as required.
- To prevent disinfectants from becoming aerosolized use the bucket and cloth method or use a spray bottle set to 'stream' to apply the disinfectant directly on the surface or on a cloth.
- Never vacuum carpeted areas during an outbreak as viruses may become airborne. If carpet becomes contaminated use paper towel to clean up the material and then use a disinfectant designed for use on carpets and thoroughly steam clean the area if possible.
- For sanitizing food contact surfaces during an outbreak, the chlorine can be mixed to a maximum of 200 ppm (as determined with chlorine test papers) without a potable water rinse. The area should be cleaned first with a detergent to remove any food particles.
- Restrict kitchen access to well food handlers only.

For more information on infection control practices in a long term care or community care setting please contact the Chief Public Health Office at 368-4996.