
Section IV - Enteric Outbreak Guidelines

Purpose

The purpose of this chapter is to provide information and resources that will assist in the early recognition and control of outbreaks associated with gastrointestinal illness within your facility.

This chapter is organized to address the following topics:

1. Outbreak Process
 - Determining the existence of an outbreak.
 - Defining a case and creating a line list.
 - Declaring the outbreak, notification responsibilities and instituting outbreak controls.
 - Confirming the diagnosis.
 - Organizing the data in terms of time, place and person.
 - Developing a hypothesis.
 - Determining who is at risk.
 - Declaring the outbreak over.
2. Recommended Precautions
3. Resources
 - Enteric Outbreak Guideline
 - Enteric line list residents
 - Enteric line list staff
 - Enteric Outbreak Management Checklist
 - Stool collection technique
 - Enteric outbreak kit

Enteric Outbreak Process

1. Determining the existence of an outbreak

Suspect an outbreak whenever there are **two or more cases with similar signs and symptoms** (such as nausea, vomiting or diarrhea) **in the same geographical area in a 24-hour period, with no evidence of a non-infectious cause** (such as laxative use, change in tube feed or medication).²⁵

2. Defining a case and creating a line list

In collaboration with SMDHU, develop a working case definition to classify exposed persons as cases or non-cases. A “case definition” can be developed on the data collected from case symptoms using simple clinical criteria; the most common are identified on the line list.

A case definition example:

“Any resident or staff presenting with 2 or more symptoms of vomiting (at least 2 episodes) with or without diarrhea within 24 hours, or bloody diarrhea with cramps and fever presenting on or after February 9, 2006, or any lab confirmed cases.”

3. Declaring the outbreak, notification responsibilities and instituting outbreak controls

It is the decision of the facility, with the support of SMDHU, to declare an outbreak. Once this decision has been made, signage needs to be put up at all facility entrances.²⁵ A possible kitchen inspection may be arranged at the discretion of SMDHU and the Outbreak Management Team (Infection Control Team).

Notification needs to be initiated to:

- i) SMDHU – either assigned investigator during regular office hours or the on-call investigator. It is the responsibility of SMDHU to notify ambulance services and the public health laboratory. As soon as SMDHU has been notified, control measures will be reviewed as outlined in the resource: “Enteric Outbreak Management Checklist”.²⁵
- ii) Local hospitals – when transfers are necessary, ensure that the paramedics are aware that the facility is under outbreak precautions.²⁵
- iii) Nursing agencies and volunteer staff who assist at the facility.²⁵
- iv) LTC Compliance Advisor.
- v) Coroner’s Office – if deaths occur during the outbreak.²⁵

The facility is required under subsection 27(2) of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 to report outbreaks to SMDHU.²⁵

4. Confirming the diagnosis

Once the outbreak has been declared, your facility will be assigned an outbreak number that will be used to identify all lab specimens collected for testing.

**The outbreak number is: Health Unit – year – outbreak number
2260 – 200x – three digit number**

It is best to collect specimens as early as possible from at least three residents to identify the causative agent (maximum is 15 specimens).²⁵ Stool collection technique is reviewed in the resource: “Stool Collection Technique”.

Correct labeling of specimens is needed to ensure testing by the Public Health Lab. These are identified in the resource: “Labeling an Enteric Outbreak Kit”.²³

5. Orienting the data in terms of time, place and person

Create a histogram (epidemic curve) to help identify whether the outbreak is **common** or **propagated source**:

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- **Common source (point source) outbreak:** Exposure of a group of persons to a noxious influence that is common to the individuals in the group. When this occurs over a relatively brief period of time and all who fall ill do so within one incubation period. It results in a sudden rise in the number of cases and the classic example is a food poisoning at a common meal.
 - **Propagated source:** New cases of disease occur over a long period, indicating persistence of the disease source. The epidemic curve is characterized by a plateau. This outbreak is usually a person to person or continuing exposure from a single source spread of a disease in the community, or health care setting.

Place: Provides information on the geographic extent of the problem but also demonstrated clusters or patterns that provide clues to the causes of the outbreak. Clustering of cases in a section of the facility is consistent with a focal source or person to person spread, whereas scattering of cases throughout the facility is more consistent with a disseminated vehicle or common dining hall or the air circulation system.

Person: Strongly related to exposure and risk are the factors of age, sex and occupation.

6. Developing a hypothesis

Organizing the information above may provide information that can suggest:

- The most likely type of illness
- The most likely vehicle involved
- Where and how the vehicle might have become contaminated
- Other possible causal relationships

7. Determining who is at risk

With the above hypotheses, identify what population is at risk of disease and emphasize good hand hygiene.

8. Declaring the outbreak over

The outbreak is declared over by your facility, in consultation with SMDHU. The general requirement of four (4) days from the last resolved resident case is based on the Norwalk-like illness pattern (2 days communicability and 2 days incubation period). Where other agents have been identified, the requirement will be different and consultation is needed with SMDHU.

Prevention and Control Measures

Environmental cleaning

Enhanced environmental cleaning should pay special attention to resident touch surfaces (i.e. bed side rails, telephone, light switches, door handles, faucets, commodes, toilets).²⁵

Cleaning should be conducted “clean to dirty” (i.e. items not frequently touched by the resident first to soiled washrooms). Disinfectant solutions should be applied directly to and saturating cleaning cloths rather than spraying or squirting onto the surfaces. Change cleaning cloths and mop heads frequently. Soiled surfaces should be cleaned of all visible material, and then disinfected with an increased level of solution. Dispose of faeces and vomitus in the toilet. If splashing is likely to occur, cleaning staff should wear utility gloves, a mask or face shield, and gown or other garment to protect clothing.

Soiled linens should be handled as little as possible and with minimal agitation. Laundry should be bagged, promptly, machine washed with detergent at the maximum cycle length, and machine dried.²⁵

Accommodation

Whenever possible, the ill resident should be placed in a single room with dedicated toileting facilities. Affected residents may be cohorted under the direction of the Infection Control Team. If the resident must remain in a multi-bed room/unit, signage must indicate that precautions are in place; a supply cart with PPE should be easily accessible; a laundry hamper placed as close to the resident’s bed space as possible; and a commode chair should be dedicated for the resident’s use.²⁵

Contact precautions

In addition to routine practices, initiate contact precautions as soon as possible for residents with diarrhea. Signage indicating that contact precautions are in place should be posted on the door of the resident’s room.

Gloves and gowns must be donned by all persons prior to entering the room and discarded appropriately upon exit of room.²⁵

Hand hygiene

Hand washing with soap and water for 10-15 seconds is required for the prevention of transmission. Alcohol-based hand gels may be used on hands after glove removal; however, soap and water is preferable wherever possible. Remember not to use the resident's designated sink as this will re-contaminate the healthcare worker's hands.²⁵

Do not discontinue enteric precautions until the resident has been symptom-free for 48 hours and only with consultation with the Infection Control Team.

Recommended Precautions

Residents

Restrict cases (ill residents) to their room until 48 hours symptom-free.²⁵

New admissions, re-admission of non-cases and transfers to other LTCHs are not recommended during an outbreak. Possible exceptions to this should be done in consultation with SMDHU.

Re-admission of cases who already met case definition prior to transfer is permitted provided appropriate accommodation and care can be provided.²⁵

Non-urgent medical appointments made before the outbreak should be rescheduled. Where it is necessary to keep the appointment, consultation and notification should be made with SMDHU.

Both transportation services and the receiving facility must be notified that the resident is on contact precautions prior to the transport. All equipment (i.e. stretcher, bed, wheel chair) used for the transfer should be cleaned before use with another resident.²⁵

Staff, students, volunteers

All staff, students, volunteers who experience gastrointestinal illness (vomiting and/or diarrhea) need to report this to the IPCP and should be excluded from work until they have been symptom-free for 48 hours. Asymptomatic persons should not work during an outbreak if their stool specimens are positive for the outbreak pathogen. Once the outbreak has been declared over, asymptomatic carriers of the outbreak pathogen may return to work. Prior to return to work, all staff must be assessed and instructed in personal hygiene and high-risk food preparation, either by the IPCP or designate. (^{25, 26})

Exceptions are noted below:

1. **Salmonella typhi and paratyphi:** Carriers of these organisms must be excluded from food handling and resident care activities until the carrier state is eradicated.
2. **Hepatitis A:** If symptoms or circumstances are suggestive of Hepatitis A, the food handler or HCW must remain off work until 7 days following onset of jaundice. Hepatitis A virus vaccine should be given for post-exposure prophylaxis of contacts (including other food handlers) as soon as possible and preferably within 7 days of exposure to the case (National Advisory Committee on Immunization, 2002). Administration of immune globulin (IG) is recommended for immunocompromised contacts who may not respond fully to the vaccine.
3. **Norovirus (Norwalk-like Disease):** Persons with symptoms or circumstances suggestive of *Norovirus* disease must remain off work until symptom-free for 48 hours. In outbreaks of *Norovirus*, patient-staff cohorting should be implemented; persons working in the affected unit should not work in other units or facilities until the outbreak is over.
4. **Shigella:** Persons with symptoms suggestive of *Shigella* must submit stool specimens for culture. If *Shigella* is cultured, the person must be excluded from food handling and patient care activities until two negative stools have been obtained, 24 hours apart, beginning at least 24 hours after diarrhea ends. If treated with antibiotics, the first stool must be submitted at least 48 hours after the last dose.

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5. **Non-outbreak status:** Staff, students, volunteers experiencing vomiting and/or diarrhea of a probable infectious nature should be excluded from work until they have been symptom-free for 24 hours. ²⁶

Where the individual is identified as being a symptom-free carrier of: *Campylobacter* sp., *Salmonella* sp. (excluding Typhi and Paratyphi), *E. coli* 0157:H7, *E. histolytica*, *Yersinia* and *Giardia*, they may continue to work as long as hand hygiene is assessed to be good by the IPCP or designate.

Staff working in multiple health care facilities:

“Staff, students, or volunteers, who also work at other health-care facilities, day-care centres and food premises, should advise their employers that they have been working in an institution at which there is an outbreak. They should immediately stop working at all institutions/facilities if they develop symptoms of gastrointestinal illness. Depending on the policies of their employers, staff may be asked not to return to work until 48 hours after their last exposure at the outbreak institution. This period could be modified if the causative agent is known. Staff should change their uniforms between facilities and before leaving the affected facility” ⁴⁹.

If the outbreak is confirmed as Norovirus:

Staff, students and volunteers working in an affected unit should not work in other units or facilities until the outbreak is over ⁵⁰.

Visitors

Ill visitors shall not be permitted in the home. Visitors who are permitted to visit during an outbreak shall be required to:

- Wash hands on arrival and just before leaving the resident’s room.
- Visit only one resident and exit the home immediately after the visit.
- Wear appropriate PPE.

Resources

- Enteric Outbreak Guideline
- Filling in a Enteric Outbreak line list – resident
- Filling in a Enteric Outbreak line list – staff
- Enteric Outbreak Management Checklist
- Stool Collection Technique
- Labeling an Enteric Outbreak Kit

Enteric Outbreak Guidelines

Suspect an outbreak whenever there are **two or more cases with similar signs and symptoms** (such as nausea, vomiting or diarrhea) **in the same geographic area in a 24-hour period, with no evidence of a non-infectious cause** (such as laxative use, change in tube feed or medication).

Steps to effective enteric outbreak management:

1. Staff will notify the IPCP of the facility if the above criterion has been met.
2. Create a case definition. (i.e. 2x vomiting with/or without diarrhea within 24 hours or bloody diarrhea with cramps and fever).
3. Start a separate line list for both staff and residents from the information on the line list instructional sheets. *Attachment: "Filling out an Enteric Outbreak line list – resident and staff"*
4. Review and implement outbreak management checklist. This document will guide you along as to what general infection control measures should be followed. *Attachment: "Enteric Outbreak Management Checklist"*
5. The facility Infection Control Team will review surveillance information collected and decide if an outbreak is suspected. It is the responsibility of the facility, in consultation with SMDHU to decide if an outbreak is to be declared.
6. The SMDHU investigator must be informed if an outbreak is suspected or declared. If an outbreak is declared, the SMDHU will record the case definition and generate an outbreak number.
7. The facility will fax the line list (both resident and staff) and signed outbreak management checklist to the SMDHU.

Contact numbers:

Assigned Health Unit Liaison for the Facility:

(weekdays between 0830 hours – 1630 hours) 705-721-7520

After hour's on-call line:

(weekdays between 1630 hours – 0830 hours and weekends): 1-888-225-7851

8. Collect stool samples from at least three residents with the most recent onset of enteric symptoms. Ensure that each specimen is appropriately labeled, and has a multiple specimen collection form included. All specimens need to be bagged in a brown paper bag prior to courier pick up. Where possible, consider staff as a sample source. *Attachment: "Stool Collection Technique" and "Labeling an Enteric Outbreak Kit"*.
9. Once specimens are collected and bagged, contact your SMDHU investigator to arrange pick up and delivery to Orillia Public Health Lab. Your SMDHU investigator will contact you if a rapid test result is positive. Note: The only rapid test available for enteric diseases is for Rotavirus.
10. The facility will continue to fax the updated line list to the SMDHU investigator in Barrie: (705) 733-7738 or in Gravenhurst: (705) 684-9959 daily by noon.
Note: Do not create a new line list each day. Once a person is no longer ill, do not remove their name from the line list or delete symptoms. It is only necessary to indicate their resolution date in the column on the line list.
11. Continue to monitor residents and staff at your facility and add the appropriate information to the line list for the duration of the outbreak.
12. Once the outbreak is declared over, complete summary reports with your SMDHU investigator.

Reference

Ministry of Health and Long-Term Care/Mandatory Programs and Services/Public Health Branch. A guide to the control of enteric disease outbreaks in health care facilities. Ontario Ministry of Health; 1993.

Filling out an enteric outbreak line list: Resident

- There are two line lists; one for resident and one for staff. Residents and staff cases need to be recorded on separate line lists.
- It is important to complete facility name, outbreak number, and date declared on each sheet submitted to ensure they are not mixed in with other outbreaks.

Your facility name

ENTERIC ILLNESS LINE LISTING FORM
RESIDENTS

SIMCOE MUSKOKA DISTRICT HEALTH UNIT
15 Sperling Drive, Barrie, ON L4M 8K9
TEL: 705-791-7520

Name of Facility: _____

Outbreak Number: 2260

Date outbreak declared: _____

Fax completed form to CD Team at: (705) 733-7738

Case # (sequentially)	Case Identification			Symptoms										Specimens / Diagnostics			Prophylaxis / Treatment		Date outbreak declared yyyy / mm / dd		
	Name	Date of Birth (yy/mm/dd)	Floor/Room number	Onset date of first symptom (yy/mm/dd)	Fever	Vomiting	Nausea	Cramps	Watery diarrhea	Bloody diarrhea	Loose stools	Decreased appetite	Chills	Other - please specify	Private lab tests	PHL "Enteric kit" (yy/mm/dd)	Lab results	Hospitalized		Comments (Treatment, etc.)	Date resolved (yy/mm/dd)
1	SCHMOE, Joe	1937/01/01	2B	M	✓	✓	✓	✓	✓	✓	✓	✓			06/02/21			Y			

This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The personal health information collected in this form will be used only for outbreak management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Associate Director of Corporate Services, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 8K9, telephone (705) 721-7520.

Number sequentially. Do not change or reassign numbers without consulting with SMDHU investigator

Enter case name: LAST NAME, first name

Important outbreak management indicator

Earliest onset date for all symptoms.

Tick or indicate all that are appropriate

Date specimen was collected

Date case symptoms resolve.

Include important information such as treatment or prophylaxis dose and start dates, hospitalization date etc.

Test results will be received from the Public Health Lab through SMDHU

Filling out an enteric outbreak line list: Staff

- There are two line lists; one for resident and one for staff. Residents and staff cases need to be recorded on separate line lists.
- It is important to complete facility name, outbreak number, and date declared on each sheet submitted to ensure they are not mixed in with other outbreaks.

Your facility name.

The outbreak number provided by the SMDHU.

Date outbreak declared
yyyy / mm / dd

Number sequentially.
Do not change or reassign numbers without consulting with SMDHU investigator.

Enter case name: LAST NAME, first name Indicating occupation.

ENTERIC ILLNESS LINE LISTING FORM
STAFF

SIMCOE MUSKOKA DISTRICT HEALTH UNIT
15 Sperring Drive, Barrie, ON L4M6K9
TEL: 705-721-7520

Name of Facility: _____ Outbreak Number: 2260 _____ Date outbreak declared: _____
Fax completed form to CD Team at: (705) 733-7738

Case # (Sequentially)	Case Identification			Symptoms										Specimens & Diagnostics			Prophylaxis / Treatment		Return to work date (yy/mm/dd)
	Name and Position	Work Area	Date of Birth (yy/mm/dd)	Gender (M/F)	Fever	Yawning	Nausea	Cramps	Watery diarrhea	Bloody diarrhea	Loose stools	Decreased appetite	Other - please specify	Private lab tests	PHL "Enteric" kit (yy/mm/dd)	Tested	Comments (Treatment, etc.)	Last day of work (yy/mm/dd)	
	LODGE, Veronica RN	2B	1967/11/06	F		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			06/02/18	Y		06/02/17	
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This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.3. The personal health information collected in this form will be used only for outbreak management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Associate Director of Corporate Services, Simcoe Muskoka District Health Unit, 16 Sperring Drive, Barrie, ON L4M 6K9, telephone (705) 721-7520.

Include important information such as treatment or prophylaxis dose and start dates, hospitalization date etc.

Important outbreak management indicator.

Important if there is a need to locate other test results.

Earliest onset date for all symptoms.

Tick or indicate all that are appropriate.

Date specimen was collected.

Indicate test results done by own Physician.

Date case symptoms resolve.

Enteric Outbreaks

<i>Enteric Outbreak Management Checklist</i>	Date Initiated yy/mm/dd
1. Notify members of facility Outbreak Management Team (OMT) and facility medical advisor.	
2. Health Unit notification – CD team, Barrie or Gravenhurst	
3. Enteric precautions: f) Patient/resident placement – (private room if possible) discuss isolation of positive cases to rooms and dedicated toileting. g) Hand-washing – staff/volunteers and residents/visitors. - review use of alcohol based hand rubs h) Disposable gloves, gowns and masks (if indicated for staff exposure to respiratory secretions); discuss contact precautions. i) Patient/resident movement – for essential purposes only.	
4 Identify cases and high risk residents/staff. Start Enteric Line List (separate lists for resident/staff cases).	
5. Cohort nursing/residents as facility is able.	
6. Exclude ill staff members. Exclusionary period to be reviewed with health unit. ICP to discuss with symptomatic employee the issue of exclusion from working in other facilities.	
7. Discuss deferring admissions, readmissions and transfers.	
8. Notify relatives. Restrict or limit visiting. Educate visitors re precautions. Post signage indicating outbreak in facility.	
9. Notify local hospital – Infection Control Practitioner, Emergency Department, CCAC, Nursing agencies, LTC Compliance Advisor.	
10. Cancel social activities and community meetings/functions to prevent mingling of ill and well residents.	
11. Thorough cleaning/sanitizing of equipment with high level disinfectant.	
12. Specimen collection: Number of kits on site _____ Expired? <input type="checkbox"/> Yes <input type="checkbox"/> No Call CD Team for arrangement of pick-up of specimens.	
13. Complete documentation – i.e. Line Listing. Daily update of new and resolved cases to be faxed to health unit – CD Team.	

Reviewed with: _____ by: _____

Date: _____
 yy/mm/dd

Copy faxed to facility Yes No

Enteric Outbreak Kits

For the collection and the transportation of stool specimens for virus culture, electron microscopy, PCR, and direct antigen testing: bacterial, parasitic and viral agents may produce gastroenteritis. The enteric outbreak kit has been designed for the investigation of these agents simultaneously at the beginning of an outbreak when the causative agent is unknown. The enteric outbreak kit includes three vials, each with a colour-coded cap (green-bacterial examination, white-viral and toxin examination, yellow-parasitology examination,).

Guidelines for Multiple Specimen Collection:

1. **DO NOT USE EXPIRED KITS**
2. Collect the specimen(s) as early as possible following the onset of symptoms.
3. Label each specimen container and the biohazard bag with the resident's full name, date of specimen collection and the outbreak number.
4. Place one of the four corresponding kit numbered labels located on the biohazard bag on each of the three vials. Ensure one label is left on the bag for laboratory use.
5. Aseptically remove cap from the vial.
6. Stool specimens that have been in contact with the water in the toilet are unacceptable.
7. Infants/Toddlers not toilet trained: Collect the stool from the soiled diaper or from the potty.
8. It is important to fill every vial with the appropriate quality of stool, see table below.

BACTERIA – GREEN VIAL	VIRAL – WHITE VIAL	PARASITE – YELLOW VIAL
Add two to 3 spoonfuls of stool to the vial. Mix into transport solution. Replace cap on vial.	Add stool to indicated line level. Replace cap on vial.	Add stool to indicated line level. Mix into transport medium. Replace cap on vial

9. Place the vials in the biohazard bag and ensure the bag is sealed.
10. Refrigerate the specimens immediately – **Do Not Freeze.**
11. Call the health unit at 1-877-721-7520 Ext. 8809 to arrange for the courier to pick up the sample. After hours 4:30 pm to 8:30 am and on weekends and holidays, the health unit number is 1-888- 225-7851.
12. Specimens need to be sent to the Lab within 48 hours.

Reference:

Ontario Agency for Health Protection and Promotion, Ontario's Public Health Agency, Specimen Collection Guide, May 2010, Complete Plan, Public Health Laboratories, p.138. Available from: <http://www.oahpp.ca/services/specimen-collection-guide.html>

ENTERIC and RESPIRATORY OUTBREAK QUICK REFERENCE

Outbreak Definitions

Enteric

Two or more residents presenting with two or more episodes of vomiting and or diarrhea in a 24 hour period with no evidence of a non-infectious cause. (e.g. laxative change)

or

The rate of enteric illness exceeding the normal expected baseline rate for the facility during a specific period of time.

Respiratory

Two or more residents with two or more respiratory symptoms within a 48 hour period in the same geographic area. (e.g. unit, floor)

or

More than one unit having a case of acute respiratory illness within a 48 hour period.

or

A laboratory confirmed case of Influenza.

Suspect an Outbreak?

11. Notify the Infection Control Practitioner (ICP) or designate.

12. Create a case definition.

13. Start line lists: one for residents and one for staff.

14. Contact the Simcoe Muskoka District Health Unit (SMDHU) Communicable Disease Team.

15. Collect specimens on ill residents with recent onset.



SMDHU Contact Numbers

Business hours (0830-1630): 705-721-7520 ext. 8809

After hours (1630-0830 as well as weekends and holidays): 1-888-225-7851

16. **Enteric:** Use enteric outbreak stool kit, fill three containers provided. **Respiratory:** Use Nasopharyngeal Swabs.

17. Fill out appropriate information on lab submission form and obtain an outbreak number from the SMDHU.

18. Contact the SMDHU for pick up of samples for transport to the Orillia Public Health Laboratory.

19. Ensure appropriate Personal Protective Equipment (PPE) is available and implement Outbreak Control Measures.

20. Notify community partners such as CCAC, nursing agencies, and local hospital ICP and ER.

Outbreak Control Measures

➤ Increase hand hygiene for residents and staff.

➤ Enhance cleaning and disinfecting of all commonly touched surfaces.

➤ Post outbreak signage at all entrances to the facility.

➤ Isolate ill residents in their rooms until:

- **Enteric:** 48 hours symptom free or in consultation with the ICP or the SMDHU.

- **Respiratory:** until 5 days from onset of symptoms or when symptoms have resolved whichever is shorter.

➤ Exclude ill staff and volunteers from work until:

- **Enteric:** 48 hours symptom free.

- **Respiratory:** 5 days from onset of symptoms or when symptoms have resolved whichever is shorter.

➤ Limit visitors and unnecessary personnel from entering the facility or affected unit.

➤ Use Personal Protective Equipment (PPE) such as gloves, gowns, and masks when entering an ill resident's rooms. Appropriate signage at resident's door should direct staff about use of PPE.

➤ Cohort staff providing care to ill residents.

➤ Reschedule non-urgent appointments if possible.

➤ Notify receiving facility that your facility is in outbreak.

➤ Reschedule communal activities and meetings.

➤ Dedicate resident care equipment to ill residents.

➤ Provide health teaching to staff and residents