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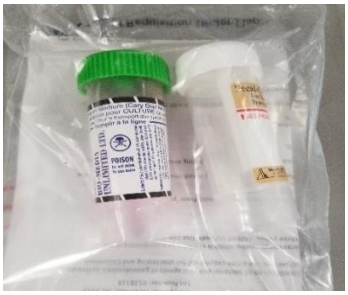
DISTRICT HEALTH UNIT
Your Health Connection

Quick Reference for Outbreak Kits - Collection and Labeling

ENTERIC



This Enteric Outbreak Kit allows your facility to collect faecal specimens to identify the infectious agent (bacteria, virus or parasite) that is causing your facility's gastroenteritis outbreak. Residents or staff recently line listed, meeting the case definition for the outbreak, should be tested. When possible 3 separate individual enteric outbreak kits should be submitted from a facility to help identify the infectious agent. The Enteric Outbreak Kit contains 1 green-capped vial for bacterial testing and 1 white-capped vial for viral testing. A yellow-capped vial for parasitology will be provided **if** the outbreak is suspected to be food borne or waterborne.

For instructions on how to complete the lab requisition - Please refer to the sample on our website under Outbreak Resources/Forms. Partially filled lab requisitions for faecal specimens for SMDHU region can also be found on the website.

Instructions
1. A risk assessment to be done prior to a procedure to assess all risks to acquiring an infectious agent.
2. Hand hygiene is done before and after handling blood or bodily substances such as collecting faecal samples, and before and after wearing PPE.
3. Gloves are to be worn when handling blood and bodily substances.
4. If there is a risk that during the collection procedure there is potential sprays or splashes of blood or bodily substances to clothes, forearms or face, a gown and/or eye protection is to be worn.
5. Remove the specimen collection vial(s) from the biohazard bag.
6. Faecal Specimens should be collected directly from: a) Soiled diaper, bed pan or commode, Or b) Instruct the resident/patient/staff to defecate into a clean container for collection. **Note**: Faeces that has been in contact with water in toilet are unacceptable.
7. Using the spoon from each vial, collect from different areas of the specimen, preferably faeces with blood, mucus or pus, and transfer to the vials as follows in this order: 1. Bacteriology - GREEN-capped vial with red-coloured transport medium. A collecting device (plastic spoon) is fitted inside the cap. **i.** Add faeces up to the line indicated. Do not overfill. **ii.** Mix into transport medium 2. Virology/Toxin – WHITE-capped vial which is empty with a plastic spoon. **i.** Add faeces up to the line indicated. Do not overfill. **ii.** Mix well into the liquid 3. Parasitology (**if specially requested**)- YELLOW-capped vial. **i.** Add faeces up to the line indicated. Do not overfill. **ALWAYS** replace and tighten cap.
8. Label each specimen container with the patient/resident's full name, date of collection and one other unique identifier such as the patient/resident's date of birth or Health Card Number. Failure to provide this information may result in rejection or testing delay.
9. Complete the **PHOL requisition**. It is important to complete sections as per the sample**.** **(1)** For "provide return address" use facility name; for "Clinician initial/surname…" use the ordering physician/NP; for "cc Doctor", use Dr Lee, SMDHU. **(2)** For "Patient info", enter resident name, DOB, health #, facility name in the address box & outbreak number. **(3)** For "patient setting", check institution. **(4)** For "reason for test" check diagnostic and complete date of collection.
10. Place specimen containers in the biohazard bag and seal bag.
11. Insert the completed requisition in the pocket on the outside of the sealed biohazard bag.
12. Refrigerate specimens immediately. Do not freeze specimens.
13. Contact the Simcoe Muskoka District Health Unit to arrange sample delivery to the lab.

Storage of unused kits: The kits can be stored at room temperature - **DO NOT USE EXPIRED KITS**.
Expiry date is either on the green-capped bottle or on the instruction sheet that comes with the kit.

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RESPIRATORY

Virus Respiratory Kits (6 Pack) contains 6 respiratory virus detection tests; 6 vials of transport media, 6 nasopharyngeal swabs and 6 Public Health Ontario Laboratory (PHOL) General Test Requisitions. Use of nasopharyngeal swabs allows a facility to collect, test and identify infectious agents (viruses) that may be the cause of a respiratory outbreak. Staff should collect 3 swabs from residents/patients who are recently line listed and meet case definition.

For instructions on how to complete the lab requisition - Please refer to the sample on our website under Outbreak Resources/Forms. Partially filled lab requisitions for nasopharyngeal swabs for SMDHU region can also be found on the website.

Instructions
1. A risk assessment is to be done prior to a procedure to assess all risks to acquiring an infectious agent.
2. Hand hygiene is done before and after handling blood or bodily substances such as collecting faecal samples, and before and after wearing PPE.
3. Gloves are to be worn when handling blood and bodily substances. If there is a risk that during the collection procedure there is potential sprays or splashes of blood or bodily substances or a patient/resident's respiratory secretions due to coughs and sneezes on clothes, forearms or face, a gown and/or eye protection and mask is to be worn.
4. Open the pouched seal pack and aseptically remove the sterile swab from the package.
5. Collect the specimen from the Mid-Inferior turbinate as early as possible following the onset of symptoms following the procedure in the diagram included in the Virus Respiratory Kit. ➢ For proper collection method, see the instruction sheet that is included in the kit.
6. Aseptically remove cap from vial and insert swab in medium.
7. Break swab shaft evenly at the scored line to fit in tube well below the cap and replace cap, closing tightly.
8. Label the specimen container with the patient/resident's full name, date of collection and one other unique identifier such as the patient/resident's date of birth or Health Card Number. Failure to provide this information may result in rejection or testing delay.
9. Complete the **PHOL requisition**. It is important to complete sections as per the sample. **(1)** For "provide return address" use facility name; for "Clinician initial/surname…" use the ordering physician/NP and for "cc Doctor", use Dr Lee, SMDHU. **(2)** For "Patient info", enter resident name, DOB, health #, facility name in the address box & outbreak number. **(3)** For "patient setting", check institution. **(4)** For "reason for test" check diagnostic and complete date of collection.
10. Place specimen in the biohazard bag and seal bag.
11. Insert the completed requisition in the pocket on the outside of the sealed biohazard bag.
12. To maintain optimum viability, the specimen should be stored and transported at 2 - 8°C or on wet ice to the laboratory for processing within 48 hours of collection.
13. Contact the Simcoe Muskoka District Health Unit to arrange sample delivery to the lab.

Storage of unused kits: Kits to be stored at 2-25°C. Improper storage will result in loss of efficacy.
DO NOT USE EXPIRED KITS

Revised by SMDHU, 2018
Information from Public Health Ontario Specimen Collection Guide Reviewed September 2016