

Outbreak #: _____

Facility Name: _____

Health Care Centre Enteric Outbreak Management Checklist	Date Initiated yyyy/mm/dd
<p>1. Development of working case definition: Any (resident/patient) or staff of (unit/room or delete) at (facility name) who on or after (date):</p> <ul style="list-style-type: none"> more than one episode of diarrhea or vomiting within a 24 hour period, OR one episode of diarrhea and one episode of vomiting within a 24-hour period, OR one symptom of enteric illness accompanied with laboratory confirmation of a known gastrointestinal pathogen <p>Identify resident/patient and staff cases.</p> <ul style="list-style-type: none"> Start Enteric Line List (separate lists for resident/patient and staff cases). 	
<p>2. Notify members of the facility's Outbreak Management Team (OMT) including medical advisor.</p> <ul style="list-style-type: none"> Identify outbreak lead and backup for facility. Set up initial OMT meeting (facility and SMDHU to confirm frequency of outbreak meetings). SMDHU chairs OMT meetings. OMT partners include: Ontario Health, MLTC or RHRA (as applicable), IPAC Hub members (as applicable) 	
<p>3. Notifications and communication to families, visitors and community partners. Includes posting signage.</p>	
<p>4. Line list is faxed to health unit (705-733-7738) at the time of initial contact with the health unit.</p> <ul style="list-style-type: none"> Facility and SMDHU liaison to establish expectations re: communications and submission of updated line lists for the duration of the outbreak and set up of secure link for confidential health information. Outbreak Resources 	
<p>5. Implement general Infection Prevention and Control (IPAC) Measures (Droplet Contact precautions) as required by the MOHLTC Guide to the Control of Gastroenteritis Outbreaks in Long-Term Care Homes:</p> <ul style="list-style-type: none"> Ensure all supplies are readily available (ABHR, appropriate PPE, etc.). Symptomatic residents are encouraged to stay in their rooms and be provided with tray service for meals, as soon as symptoms are identified until 48 hours after symptoms have resolved. Ongoing surveillance of asymptomatic residents/patients. Review of importance of Hand Hygiene to staff, volunteers, residents, and visitors. Dedicate equipment to each ill resident when possible. 	
<p>6. Cohort care as a facility is able.</p> <ul style="list-style-type: none"> Limit movement of staff/residents/patients/visitors between affected and unaffected areas. Cohort staff to same unit for the duration of the outbreak (as best able). Cohort external agency staff to same unit for the duration of the outbreak (as best able). Within affected units, staff should be further subdivided to look after ill residents/patients while another set of staff look after well residents/patients. 	
<p>7. Cancel or reschedule social activities and communal meetings.</p> <ul style="list-style-type: none"> Group activities, outings, communal meetings and functions in the affected areas are cancelled or rescheduled. Conduct on-site programs such as physiotherapy and foot care for residents in their rooms, if possible. Proper precautions should be taken for ill residents. No interaction between the affected areas and participants in on-site child care or day programs should occur (if applicable). 	

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8.	Staff should advise their employer that they have been working in a facility that is in an active outbreak. If possible, staff are encouraged to limit work to one facility when one is in outbreak. Staff should immediately stop work if they develop symptoms.	
9.	Exclusion of ill staff who are line listed for appropriate time frames. <ul style="list-style-type: none"> Symptomatic staff report their illness to the facility and refrain from working while infectious. May return to work 48 hours after symptoms have resolved.	
10.	Enhanced and appropriate environmental cleaning and disinfection during outbreak. <ul style="list-style-type: none"> Cleaning is followed by adequate disinfection. Appropriate disinfectant utilized and as per manufacturers' directions including contact times. Increased frequency of cleaning and disinfecting is required for high touch surfaces, objects, and clients' environments. Cleaning and disinfection of multi-use equipment should be completed after each use.	
11.	Transfers, discharges, appointments and admissions should be done in consultation with SMDHU. <ul style="list-style-type: none"> Transfers, re-admission of non-cases and new admissions are not recommended during an outbreak but can be considered in collaboration with SMDHU ID facility liaison. 	
12.	Foodborne and waterborne transmission assessed during outbreak. <ul style="list-style-type: none"> Implement policies related to foods that are permitted to be brought in by families/catered. 	
13.	Early collection, storage, and submission of appropriate specimens; appropriate labeling (including requisitions). Number of kits on site _____ Expired? Yes No <ul style="list-style-type: none"> Ensure proper labeling/storage of samples and requisitions. If required, lab courier arrangements can will be made in conjunction with SMDHU ID facility liaison. 	

Facility	Name: _____	SMDHU	Name: _____
	Signature: _____		Signature: _____
	Date: _____		Date: _____
	Faxed to SMDHU: Yes No		Reviewed: Yes No