

Gastrointestinal Outbreak Protocol

Site Applicability

PHC Acute, Long Term Care and Assisted Living sites

Practice Level

Basic Skills: Physicians, NPs, Nursing, Clinical Nurse Leader, Charge Nurse, Clinical Site Coordinator, Bed Placement Coordinator, Care Management Leader, Infection Control Practitioner & Operations Leader

Purpose

This document provides guidance and tools for the prevention, detection and management of gastrointestinal (GI) illness and outbreaks.

Standards

This document should be reviewed annually in September to ensure the appropriate steps have been taken to prevent, detect, and manage GI outbreaks and clusters should one occur.

Place all patients/residents with acute onset of gastroenteritis ([defined below](#)) initially on [Contact Plus](#) precautions. Precautions should be maintained until an infectious cause is ruled out or changed to the appropriate disease-specific precaution when an infectious cause is confirmed. Follow [Appendix A](#) for a simplified flowchart to distinguish GI and viral respiratory illness (VRI) cluster and outbreak management protocols.

The Outbreak Leader is by default, the Site Leader or the Patient/Resident Care Manager. The position may be delegated to another appropriate operations leader. Responsibilities of the Outbreak Leader include:

- Collaboration with IPAC and the unit care team to expedite & ensure transmission control measures are in place as appropriate
- Establishment of an outbreak management team (OMT). OMT membership will depend upon the facility's location, size and contractual status. IPAC's recommendations for OMT members are listed in [Appendix C](#).
- Scheduling and leading interdisciplinary meetings, daily outbreak meetings and outbreak debrief meeting after the outbreak has been concluded. Outbreak Leader may follow the [Acute and LTC Cluster or Outbreak Management Meeting templates](#) available on PHC connect.

Protocol

Assessment and Definitions

Gastroenteritis is a syndrome defined as any one of the following GI conditions that cannot be attributed to another cause such as new medications, laxative use, prior or current medical conditions causing diarrhea:

- Two or more liquid or watery stools (Bristol Stool Chart Type 6 or 7; see [Appendix B](#)) above what is considered normal for the individual within a 24 hour period; or
- Two or more episodes of vomiting in a 24 hour period; or
- One episode each of vomiting and diarrhea in a 24 hour period; or
- Positive culture for a known enteric pathogen and symptoms of GI infection (vomiting, abnormal pain, diarrhea)

Suspected GI Outbreak is a cluster of at least three (3) residents/patients and/or staff epidemiologically-linked with sudden onset of gastroenteritis. This calls for local and unit-specific interventions to identify cause and halt transmission.

GI Outbreak is declared by Medical Health Officer (MHO) in conjunction with PHC IPAC when three (3) or more residents/patients and/or staff meet the gastroenteritis case definition in the same geographical area within a 4 day period. At this stage, a causative agent is identified and investigation indicates that transmission most likely occurred within the same unit/facility rather than prior to admission. The need for additional control measures are considered to have a higher overall benefit than harm.

Norovirus is a type of virus that commonly causes gastroenteritis and GI outbreaks. Prominent symptoms include frequent liquid or watery stools and projective vomiting. Transmission occurs by person-to-person via the fecal-oral route. The incubation period is usually 24-48 hours and the illness usually lasts 12 to 72 hours. Cases require laboratory confirmation and testing will be coordinated with Infection Prevention and Control. See the [Norovirus](#) for more information.

Kaplan's Criteria: in the absence of laboratory confirmation, an outbreak occurring in a long-term care facility of acute gastroenteritis due to norovirus infection may be assumed to be present if all of the following criteria are present

- a. Vomiting in more than half of affected persons;
- b. A mean (or median) incubation period of 24-48 hours;
- c. A mean (or median) duration of illness of 12-60 hours; and
- d. No bacterial pathogen identified in stool culture

Interventions

Rapid implementation of infection control measures limit the spread and duration of GI transmission in healthcare facilities. **Therefore, units should, at minimum, implement the interventions in the table below when three or more patients/residents or staff in one geographic location (i.e. room, unit, neighborhood or floor) are identified with healthcare-associated GI.** Interventions are listed in order of priority and further categorized by roles and responsibilities.

Intervention	Description	Personnel Responsible
Additional Precautions	<p>Place symptomatic patients/residents on Contact Plus precautions (sign on door and Cerner banner bar).</p> <ul style="list-style-type: none"> If GI is laboratory confirmed, refer to PHC Diseases and Conditions Table for guidance specific to the infection identified If negative for GI, continue precautions until resolution of symptoms for 24 hours, or consult IPAC <p>Symptomatic and positive patients/residents should have a private toilet or dedicated bedside commode.</p>	CNL, CN or Primary Nurse
Patient/Resident Activities & Dining	<p>Symptomatic and positive patients/residents should perform diligent hand hygiene before meals, after toileting. Encourage use of Sani wipes, hand sanitizer or soap & water to perform diligent hand hygiene before meals, after toileting</p> <p>Arrange bedside meal tray service for symptomatic and positive residents/patients. Disposable dishes are not required.</p> <p>Need for pre-packaged, single-use food items, closure of communal dining services and further restriction of group activities will be evaluated by IPAC and the MHO.</p>	<p>Primary Nurse</p> <p>CNL or CN</p> <p>ICP</p>
Testing	<p>Collect stool or vomitus (only if stool unavailable) specimen in a sterile “orange top” container for all symptomatic patients/residents.</p> <p>Contact IPAC (working hours) or Medical Microbiologist (after hours and weekends via switchboard) to place order for appropriate test.</p>	CNL, CN or Primary Nurse

Line List	<p>Initiate line list for all symptomatic patients/residents. Email line lists to PHC IPAC at phcinfo@providencehealth.bc.ca</p> <ul style="list-style-type: none"> Patient/Resident GI Outbreak Line List 	CNL, CN or Primary Nurse
Staff	<p>Ensure symptomatic staff do not work at any healthcare facility and report their symptoms to their manager.</p> <ul style="list-style-type: none"> Ill staff should be excluded from work until 48 hours after symptoms resolve. Food handlers should be excluded from work until 72 hours after symptoms resolve, or as directed by the MHO Staff should report GI illness to the Workplace Health Call Centre (1-866-922-9464). <p>Initiate and maintain line list for all symptomatic staff. Email line lists to PHC IPAC at phcinfo@providencehealth.bc.ca</p> <ul style="list-style-type: none"> Staff GI Outbreak Line List 	<p>Outbreak Leader, PCM or RCM</p> <p>Outbreak Leader, PCM or RCM</p>
Communication	<p>Inform IPAC (working hours) or Medical Microbiologist on-call (after hours and weekends via switchboard) of all probable or confirmed GI cases including patients/residents and staff.</p> <p>Arrange timely interdisciplinary meetings with key stakeholders to monitor progression of cases and outbreak.</p> <p>Inform Physician Groups, Allied health and all supporting services (EVS, Food Services, Laundry Services, Social Work, PT, OT, SLP, RT etc.) of current status and interventions in place.</p> <p>If Outbreak is declared, signage will be placed on all entrances and exits and reports will be provided via email throughout the progression</p> <ul style="list-style-type: none"> GI Outbreak Sign 	<p>CNL or CN</p> <p>Outbreak Leader</p> <p>ICP</p>
Cleaning & Disinfection	<p>Coordinate with EVS to include bleach cleaning & disinfection for all high-touch surfaces and terminal cleaning for symptomatic or confirmed patients/residents' rooms and bathrooms.</p>	CNL or ICP

	Follow Low Level Cleaning and Disinfection and the Master Equipment Cleaning List protocols for equipment and supplies. Bleach wipes should only be used when equipment is contaminated with vomit or feces, in alignment with manufacturer recommendations	CNL or ICP
Supplies	<p>Ensure there is an adequate supply of gowns, gloves, bleach wipes and alcohol-based hand rub. Alert stores as needed that additional supplies may be required.</p> <ul style="list-style-type: none"> Order Bleach Wipes through People Soft #00102042 <p>Ensure frequency and responsibility for stocking, cleaning and disinfection of the PPE cart is clearly established and communicated.</p>	<p>Outbreak Leader, PCM or RCM</p> <p>CNL or CNE</p>
Admissions & transfers	External transfers and internal bed moves should be reviewed with IPAC on a case-by-case basis, as guidance varies depending case numbers and outbreak declaration.	CNL, CML or CSC
Visitors	<p>Discourage visitation during Outbreaks. Encourage diligent hand hygiene upon entering and exiting the unit</p> <p>Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances.</p>	Outbreak Leader, PCM, RCM , CNL or CN

Personnel Responsible Abbreviations

CML - Care Management Leader

CSC - Clinical Site Coordinator

CN - Charge Nurse

ICP - Infection Control Practitioner

CNE - Clinical Nurse Educator

PCM - Patient Care Manager

CNL - Clinical Nurse Leader

RCM - Resident Care Manager

Conclusion of Outbreaks

The MHO is responsible for declaring the outbreak over. Generally, GI outbreaks have been concluded when two (2) incubation periods (96 hours) pass with no new cases identified or 96 hours from symptom conclusion.

IPAC will provide additional tools, resources and communicate about the discontinuation of measures upon conclusion. Moreover, unit should continue vigilant observation for new cases even after the outbreak is declared over.

Related Documents

- [B-00-07-13074](#) – Contact Plus Precautions – Infection Control
- [B-00-07-13085](#) – Norovirus
- [B-00-07-13035](#) – Low Level Cleaning and Disinfection
- [B-00-07-13076](#) – Master Equipment Cleaning List

References

Provincial Infection Control Network of British Columbia. (2016). Gastrointestinal Infection Outbreak Guidelines for Healthcare Facilities. Available from https://www.picnet.ca/wp-content/uploads/PICNet-GI-Outbreak-Guidelines_Revised-June-2016.pdf

Vancouver Coastal Health. (2023). Outbreaks > GI Acute and GI Long Term Care. <http://ipac.vch.ca/outbreaks>

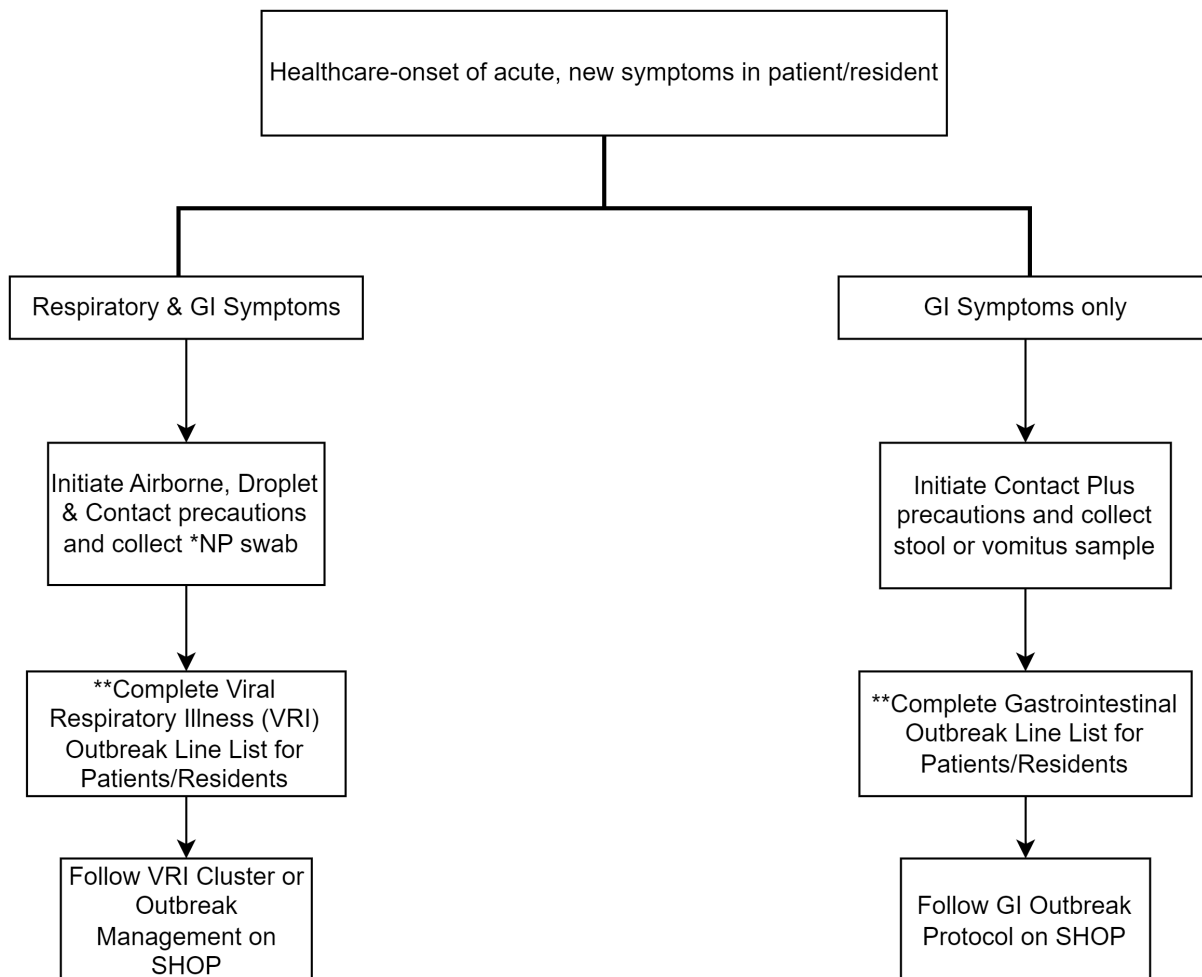
Appendices

[Appendix A:](#) VRI or GI Cluster/Outbreak Process Flow

[Appendix B:](#) Bristol Stool Chart

[Appendix C:](#) Recommended Membership for the Outbreak Management Team

Appendix A: VRI or GI Cluster/Outbreak Process Flow










*COVID-19 Rapid Antigen Test (RAT) may be used to deem infectivity and placement. However, PCR is required for all symptomatic cases

**Acute Care should send Line Lists if there is more than one case being investigated to deem if infection is hospital-acquired

Appendix B: Bristol Stool Chart

Bristol Stool Chart

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 its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Appendix C: Recommended Membership for the Outbreak Management Team

- Site Leader
- PCM or RCM for facility
- Site Physician Lead
- Clinical Nurse Leader or Charge Nurse
- Clinical Nurse Educator
- Infection control physician
- Infection Control Practitioner (ICP)
- Medical Health Officer (MHO) or delegate
- Occupational Health & Safety (OH&S) Personnel
- Manager or representative from Pharmacy
- Persons responsible for support services such as FMO, housekeeping, laundry & food services •
Leader or Manager of applicable Allied Health services (e.g. PT, OT, SLP, RT, Spiritual Health & Social Work etc.)

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