

# Guide for Gastrointestinal Illness Outbreak Prevention & Control in Work Camps

Includes strategies to prevent the spread of viral respiratory illness



## If you have feedback about this guide email

Provincial SHE Environmental Acquired Disease Control Team at [SHE.EADCT@ahs.ca](mailto:SHE.EADCT@ahs.ca)

If you have questions about a specific outbreak, or work camp-specific processes, always direct your questions to your designated work camp supervisor or the Public Health Outbreak Team.

## Navigating this resource

- The most up-to-date version of the guide is the electronic version on the website. Printed copies of the guide should be considered current only on the date printed.
- Bolded terms are defined in the glossary.

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## Land acknowledgement

Our work takes place on historical and contemporary Indigenous lands, including the territories of Treaty 6, Treaty 7 & Treaty 8 and the homeland of the Métis Nation within Alberta and 8 Metis Settlements. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

# Introduction

**Work camps** are high-risk settings for the spread of communicable disease due to their remote nature and the close contact among individuals. Early detection of illness is important to reduce the spread of disease and prevent outbreaks<sup>1</sup>.

Operators are responsible to protect the health of those in their work camps. This guide provides best practice recommendations. It was developed by Safe Healthy Environments and Communicable Disease Control for work camps with one or more buildings established to accommodate persons who are employed in mining, lumbering, construction, drilling, tree planting, resource exploration or any other similar industry, and facilities associated with their operation.

Physical layout, shared accommodation, communal areas and remote location of work camps may pose challenges for implementing the recommendations outlined in this guide. Work camps may develop their own custom options to meet the outbreak recommendations when developing their contingency plans for preventing and managing outbreaks.

## Gastrointestinal illness outbreaks in work camps are reportable

Work camps are required to report **gastrointestinal illness** (GI) outbreaks and communicable diseases<sup>2</sup> under Section 26 of Alberta's [Public Health Act](#). This guide provides best practice recommendations for GI outbreak prevention and control to reduce the risk of spreading illness. The **Public Health Outbreak team** collaborates with work camps to manage outbreaks of GI illness.

## Respiratory illness outbreaks in work camps are not reportable

This guide provides general measures to prevent the spread of illness in work camps. Although outbreaks are not opened for viral respiratory illness, the Public Health Outbreak team is available to provide advice and support to work camps that are experiencing increased incidence of viral respiratory illness.

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<sup>1</sup> An outbreak occurs when there are more cases of a communicable disease than are normally expected in a specific time and place.

<sup>2</sup> A communicable disease is an illness caused by an organism or micro-organism or its toxins that is transmitted directly or indirectly from a person with infection, an animal or the environment.

# Section 1: Outbreak prevention

This section includes best practice recommendations to prevent the spread of illness.



## Key Actions

- ➔ Prepare for outbreaks.
- ➔ Promote immunization of staff/clients.
- ➔ Handle food safely.
- ➔ Maintain routine environmental cleaning and disinfection.
- ➔ Perform hand hygiene and respiratory etiquette.
- ➔ Isolate staff/clients with symptoms.
- ➔ Monitor for symptoms of illness.
- ➔ Restrict staff/clients with symptoms from attending work.

## 1.1 Prepare for GI illness outbreaks

Work camps are responsible to prepare for GI illness outbreaks annually. This allows for a rapid response and early intervention before illness spreads.

### Plan for GI illness outbreaks

- Develop an outbreak preparation and response plan to address recommendations in this guide.
  - Review recommendations in this guide with staff.
  - Contact the Public Health Outbreak team with questions or concerns about measures in this guide.
  - Update processes and train **staff/clients** on outbreak policies, including hand hygiene, respiratory etiquette and use of **personal protective equipment (PPE)**.
  - If possible, designate private rooms for staff/clients who have symptoms.
  - Have a plan for safe transportation of staff/clients who have symptoms.
- Assign a responsible person(s) to identify and report unusual patterns of GI illness.
- Stock adequate infection control supplies.
- Consider decreasing the number of high-touch surfaces with:
  - Motion-activated doors, faucets, toilets, urinals, soap and paper towel dispensers and lighting
  - Lined waste containers
  - No touch attendance methods such as key cards or electronic messaging.

## 1.2 Use prevention practices to stop the spread of illness

### Promote immunization of staff/clients

- Immunization is the best protection against vaccine-preventable diseases.
- Recommend staff/clients receive an annual influenza immunization and are up to date for COVID-19 and other recommended vaccines.

### Handle food safely

- Follow routine safe food handling practices to reduce contamination.
  - Wash hands well and often, especially before and after food preparation, after handling raw meat and when hands become contaminated.
  - Keep raw meat, poultry, eggs, fish and shellfish away from other foods/surfaces and separate from ready-to-eat foods.
  - Use separate cutting boards and preparation areas whenever possible to further separate raw and ready-to-eat foods.
  - Perform frequent kitchen cleaning/disinfection.
  - Keep perishable food in safe temperature zones, and use within appropriate timeframes.
  - Store pantry items to prevent contamination. Use a first in first out approach.
- Refer to information from Environmental Public Health for Food Facilities at Information for Your Business.

### Maintain routine environmental cleaning and disinfection

- **Cleaning** refers to using soap or detergent to remove visible dirt, grime, and impurities. Cleaning does not kill germs but helps remove them from the surface.
- **Disinfection** refers to using chemicals to kill germs on surfaces.

#### Steps for cleaning and disinfection

If using separate products for cleaning and disinfection:

- Use a “wipe twice” procedure (two-step process) to clean and then disinfect
  - First: Clean surfaces using a cleaning product such as soap or detergent, paying special attention to removing any visible dirt.
  - Second: Wipe again with a clean cloth saturated with approved disinfectant.

If using a product approved for use as a one-step cleaner-disinfectant:

- If the surface is visibly clean, the product may be used without a pre-cleaning step. Follow the manufacturer’s instructions.
- If the surface is not visibly clean, first clean the surface and then disinfect using the “wipe twice” (two-step) process described above. Follow the manufacturer’s instructions.

- Follow Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities and Linen in Community-based Services.



## Incorporate optimal ventilation

### Assess current ventilation

- Evaluate existing HVAC systems (maintenance status and filter type), airflow patterns, and opportunities for natural ventilation.

### Maximize outdoor air

- Increase the intake of outdoor air through HVAC systems.
- Open windows and doors when weather and safety conditions permit, especially in common areas and sleeping quarters.
  - Use fans carefully to increase air exchange with open windows (avoid blowing air directly from one person to another).

### Improve air filtration

- Ensure HVAC filters are properly installed and changed regularly according to manufacturer instructions. Use the highest efficiency filters that the system can accommodate.
- Consider portable High-Efficiency Particulate Air (HEPA) filters
  - Use portable HEPA filtration units in poorly ventilated areas, sleeping rooms, isolation areas, and common spaces to supplement general ventilation.

## Perform hand hygiene

- Hand hygiene (washing or sanitizing hands) is the most effective way to prevent the spread of illness.
- Reduce barriers to hand hygiene.
  - Place hand sanitizer stations throughout the work camp where practical, such as at entrances, hallway and next to the cafeteria line.
  - Provide soap and disposable towels at handwashing sinks.
- Use alcohol-based hand rub when performing hand hygiene except when plain soap and water is recommended.
- Wash hands with soap and water:
  - When hands are visibly soiled with food, dirt, or blood and body fluids
  - Before eating or preparing food
  - After coughing, sneezing or blowing nose
  - Before or after contact with a staff/client with symptoms
  - Immediately after using the bathroom
  - After touching visibly dirty surfaces.

## Perform respiratory etiquette

- Cover coughs and sneezes with a sleeve or tissue.
- Dispose used tissues in the garbage.
- Perform hand hygiene after coughing or sneezing.



## Staff/client to wear appropriate PPE

- Wearing PPE reduces the risk of exposure.
- Have PPE available for staff/clients.
- Some equipment is cleanable, but most PPE equipment is disposable and is for single use only.
- Advise staff/clients that PPE is not to be shared.

PPE Type	Recommendations
Gloves	<ul style="list-style-type: none"><li>• Wear non-sterile gloves when in contact with staff/clients who have symptoms or if in contact with body fluids.</li><li>• Wear general-purpose reusable gloves for environmental cleaning and disinfecting.</li><li>• Gloves are an additional measure and are not a substitute for hand hygiene.</li><li>• Wear a gown and gloves if in contact with surfaces heavily contaminated with vomit or diarrhea.</li><li>• Wear utility gloves and gown for cleaning and disinfecting, including doing laundry.</li><li>• Clean hands before and after wearing gloves.</li></ul>
Masks	<ul style="list-style-type: none"><li>• Wear a well-fitting mask that covers the nose, mouth, and chin.</li></ul> <p><b>Staff/clients who have symptoms</b></p> <ul style="list-style-type: none"><li>• Staff/clients who have respiratory symptoms are recommended to wear a mask when outside of their room.</li></ul> <p><b>Staff/clients who do not have symptoms</b></p> <ul style="list-style-type: none"><li>• Mask may be encouraged for all staff/clients as an additional measure when there is a high risk of respiratory infection.<ul style="list-style-type: none"><li>○ Masks may be removed to eat and drink.</li></ul></li></ul>
Facial protection	<ul style="list-style-type: none"><li>• Use a face shield (with a mask and gown) to protect from splashes of vomiting or diarrhea.</li><li>• Use eye protection with a mask to protect from respiratory illness.</li></ul>
Gowns	<ul style="list-style-type: none"><li>• May be used for direct contact with staff/clients who have symptoms or their environment, and staff/clients cleaning potentially infected areas.</li></ul>

## 1.3 Prevent spread of illness

### Be aware of symptoms and how illness is spread

- **GI illness** (vomiting, diarrhea) is spread directly from person-to-person or indirectly from the environment, such as by touching a doorknob or contaminated surface.
- **Respiratory illness** (fever, chills, runny or stuffy nose, sore throat, cough, difficulty breathing or shortness of breath, loss or altered sense of taste/smell, muscle ache or joint pain, and headache) is spread primarily through respiratory droplets

expelled during coughing, sneezing, or talking. It can also be spread by touching contaminated surfaces and then touching the eyes, nose, or mouth.

### Monitor for staff/clients who have symptoms

Regular monitoring of illness may be a challenge for large work camp settings, however, the earlier a GI illness outbreak is detected the easier it is to bring under control.

- Log illness as per work camp plan to identify unusual patterns of illness.
- To determine if illness reporting criteria is met, refer to [Section 2: Identify and report gastrointestinal illness outbreaks](#)

### If staff/clients develop symptoms at work

Symptoms	Action
GI illness	<ul style="list-style-type: none"><li>• Perform hand hygiene.</li><li>• Notify supervisor and leave the workplace as soon as possible.</li><li>• Supervisor to direct environmental cleaning (with PPE) of any bathroom facilities used by the staff/client while ill, or other areas that may have been contaminated with vomit or diarrhea.</li></ul>
Viral respiratory illness	<ul style="list-style-type: none"><li>• Perform hand hygiene and respiratory etiquette.</li><li>• Notify supervisor and leave the workplace as soon as possible.</li></ul>

### Implement work restrictions for staff/clients who have symptoms

#### Isolation recommendations for staff/clients who have symptoms

- Isolate in a private room if possible.
- Provide meal service to the staff/clients in their room.
- Use a dedicated bathroom when a room is shared.
  - If not available, clean and disinfect the shared showers and bathrooms after use and prior to use by another staff/client.
- Implement site transportation plan when considering transporting staff/clients who have symptoms.

#### PPE is recommended when in contact with staff/clients who have symptoms

- Contact with staff/clients who have GI symptoms:
  - Diarrhea: wear gloves and gown
  - Vomiting and diarrhea: wear gloves, gown and mask.
- Contact with staff/clients who have respiratory symptoms:
  - Mask and eye protection.

### Return to work after illness

#### Return to work after GI illness

- Stay away from work until at least 48 hours after the last episode of vomiting and/or diarrhea.

### Return to work after viral respiratory illness

- Stay away from work for at least 24 hours after all the following conditions are met:
  - Viral respiratory illness symptoms have improved,
  - Fever-free without the use of fever-reducing medication, and
  - No new viral respiratory illness symptoms have developed.
- Returning to work after recovering from illness:
  - For five calendar days staff/clients are recommended to wear a mask and perform frequent hand hygiene when in contact with others, as they may still be infectious for a short time after recovery.

## 2. Identify and report gastrointestinal illness outbreaks



### Key Actions

- ➔ Monitor for symptoms of GI illness in staff/clients.
- ➔ Determine if staff/clients meet criteria for a GI illness case.
- ➔ Keep track of GI illness cases.
- ➔ Report to the Public Health Outbreak team if there are more ill staff/clients than would be expected.
- ➔ Inform work camp administrative staff that a report was made to the Public Health Outbreak team.

### 2.1 Monitor and report gastrointestinal illness symptoms

#### Monitor for symptoms

Keep track of staff/clients who have GI symptoms (GI illness cases).

#### Report GI illness cases

Count staff/clients as a GI illness case if they develop at least one of the following that are not caused by something else, such as medication, laxatives or diet:

- Two or more episodes of diarrhea (loose, or watery stools) in a 24-hour period, above what is normally expected for that individual OR
- Two or more episodes of vomiting in a 24-hour period OR
- One or more episodes of vomiting AND diarrhea in a 24-hour period OR
- One episode of bloody diarrhea OR
- Laboratory confirmation of a known enteric pathogen.

Note: Laboratory confirmation is not required.

#### When to report to the Public Health Outbreak team

- Report when there is a higher-than-normal number of GI illness cases identified over a 48-hour period.

#### How to report to the Public Health Outbreak team

- Send an email to the Public Health Outbreak team at [SHE.EADCT@ahs.ca](mailto:SHE.EADCT@ahs.ca).

- Include the following:
  - Work camp type, name, address, and main telephone number
  - Name and contact information of individual making report
  - Contact person and contact information (the contact person is recommended to be familiar with infection control and outbreak protocols)
  - Total number staff/clients at the work camp and/or sites served by the work camp (if known)
  - Number of staff/clients who have symptoms
  - Onset date of symptoms
  - Type of GI symptoms
  - Duration of illness
  - Infection control measures implemented.

### **Inform work camp administrative staff that a report was made**

- Make internal notifications after reporting to the Public Health Outbreak team as per work camp plan.

## **2.2 After reporting**

### **The Public Health Outbreak team will contact the work camp**

The Public Health Outbreak team will determine if the work camp meets outbreak criteria. They will review the initial report and:

- Ask if there are additional GI illness cases since the initial report was made
- Request outbreak control measures be put in place
- Send an email to the work camp providing ongoing contact information and instructions for how to complete daily reporting.

# 3. Gastrointestinal illness outbreak control



## Key Actions

- Isolate staff/clients who have symptoms.
- Perform hand hygiene.
- Inform staff/clients, contractors and partners of the outbreak.
- Identify and report new GI illness cases daily.
- Coordinate staff/client assignments.
- Complete outbreak environmental cleaning and disinfection.
- Plan safe activities for staff/clients who do not have symptoms.
- Initiate outbreak modifications for food service.
- Collect specimens if directed.
- Manage relapse GI cases.

## 3.1 Isolate staff/clients who have symptoms

### How to isolate staff/clients who have symptoms

- Refer to [Section 1.3 Prevent the spread of illness](#)

**Handwashing with plain soap and water is preferred during GI illness outbreaks.**

If a sink is not available:

- Use alcohol-based hand rub (minimum 60-90% alcohol).
- When able, locate a sink and wash hands with plain soap and water.

### How long to isolate staff/clients who have symptoms

- Isolate staff/clients in their room until 48 hours after the last episode of vomiting and/or diarrhea.

### Strategies to manage severely ill staff/clients

- Provide food and water to staff/clients who are isolating.
- Where possible, designate a staff member to support staff/clients who are isolating.
- Staff/clients with worsening symptoms are recommended to access medical attention if they develop any of the following:
  - Decreased level of consciousness and/or confusion
  - Bloody diarrhea
  - Severe dehydration (sunken eyes, decreased urination, leathery skin).

- Call Health Link at 811 to determine the level of care required (clinic or emergency).
  - Larger work camps may consult with on-site medical staff.
- Call 9-1-1 if a staff/client requires emergency care.

## 3.2 Communicate and coordinate

### Inform staff/clients and partners of the outbreak

- Communicate outbreak protocols and procedures to staff/clients.
- Use established communication channels to notify staff/clients, other sites, partners, subcontractors or delivery personnel.
- Request that staff/clients such as medical staff, food services, environmental services, recreational services and spiritual care initiate outbreak control measures.
- Notify laundry services of the increased need for supplies.
- Post outbreak signs at the work camp building entrances where staff/clients enter.

### Identify and report new GI illness cases daily

- Monitor for new GI illness cases.
- Request staff/clients assess for GI illness symptoms prior to starting work.
  - Staff/clients to notify their supervisor if they become symptomatic.
  - Restrict staff/clients from work until 48 hours following the last episode of vomiting and/or diarrhea.
- Report GI illness cases to the Public Health Outbreak team, including those that are hospitalized or are deceased.
  - Refer to email sent by the Public Health Outbreak team for how to report new cases.

### Coordinate staff assignments

- Cohort staff to work only in affected areas or only in unaffected areas.
- Assign staff to only housekeeping duties, or food preparation/service. If this is not possible, request they complete any food preparation/service tasks before beginning housekeeping duties.
- Consult with work camp supervisor or the Public Health Outbreak team if considering **cohorting** staff/clients.

## 3.3 Complete outbreak environmental cleaning and disinfection

### Increase cleaning and disinfection frequency in outbreak areas<sup>3</sup>

Clean and disinfect visibly dirty surfaces immediately, including all surfaces soiled with

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<sup>3</sup> Increased cleaning and disinfection may not be required in settings such as private offices and administrative areas. Use routine cleaning and disinfection practices. Consult with the Public Health Outbreak team.



vomit or stool. Prioritize high-traffic areas.

- Viruses may survive for several days on some surfaces.
- Follow [Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities](#) during GI illness outbreaks.

Areas to clean and disinfect	Frequency
<ul style="list-style-type: none"><li>• Low touch surfaces such as shelves and windowsills</li></ul>	At least once daily and when visibly dirty
<ul style="list-style-type: none"><li>• High touch surfaces such as doorknobs, light switches, handrails, phones, and elevator buttons</li><li>• <b>Mug up room</b> surfaces such as cooler door handles, tray rails, coffee machine/pot</li><li>• Care/treatment areas, including PPE carts</li><li>• Equipment such as computer keyboards, mouse, screens, desks, telephones, and touch screens</li></ul>	At least twice daily and when visibly dirty
<ul style="list-style-type: none"><li>• Dining areas and lounges</li><li>• High touch table and chair surfaces, including the underneath edge of the chair seat and table</li></ul>	After each use
<ul style="list-style-type: none"><li>• Upholstered furniture and rugs or carpets<sup>4</sup></li></ul>	When visibly dirty or contaminated with vomit or stool
<ul style="list-style-type: none"><li>• All affected areas</li></ul>	At the end of the outbreak

## Use a disinfectant that kills GI illness viruses

### Choose either:

- A disinfectant with a drug identification number that has a broad spectrum virucidal claim, or a specific virucidal claim against norovirus, feline calicivirus, or murine norovirus.
  - Refer to manufacturer instructions for product-specific cleaning and disinfection procedures, including compatible cleaners and disinfectants and contact time.
  - Use the product Safety Data Sheet for safety information.

OR

- Use (hypochlorite) at a concentration of 1000 parts per million (ppm). Use commercially available hypochlorite-containing solutions (preferred).

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<sup>4</sup> Upholstered furniture, and rugs or carpets may be difficult to clean and disinfect completely. Follow the manufacturer instructions for cleaning and disinfection of these surfaces. If the manufacturer instructions are not available, consult the Public Health Outbreak team. Consider discarding items that cannot be cleaned and disinfected.

- Refer to manufacturer instructions for product-specific cleaning and disinfection procedures, including compatible cleaners and disinfectants.
- Use the product Safety Data Sheet for safety information.

OR

- Alternatively, create a 1000 parts per million bleach solution by mixing 20 mL (four teaspoons) of unscented household bleach with 1000 mL (four cups) of water.
  - Store bleach solution in an opaque container and make a fresh solution at least every 24 hours. Bleach rapidly degrades in the presence of light and when mixed with water. Label container with date and time.
  - To effectively kill viruses, keep surfaces wet with the bleach water solution for at least one minute. Rinse food contact surfaces with clean water after cleaning with bleach.
- Considerations may be needed for septic systems. Consult with the Public Health Outbreak team.

#### Verify the concentration of the disinfectant

- When mixing disinfectants onsite, always verify the concentration using the test strips provided by the manufacturer.
- Test concentration daily.

#### Clean and disinfect rooms of staff/clients who are on isolation

- Wear PPE according to symptoms:
  - Diarrhea: wear gloves and gown
  - Vomiting and diarrhea: wear gloves, gown and mask.
- Clean and disinfect:
  - Move from clean to dirty and clean the bathroom last.
  - Change mop head (dry/wet), cloths, and cleaning solution after:
    - Cleaning each room for any staff/clients on isolation
    - After cleaning vomit or stool.
- When staff/client is no longer isolating:
  - Clean and disinfect the staff/client room, including furniture and equipment.

#### Clean and disinfect shared rooms and equipment

- First clean and disinfect bedspaces of staff/clients who are not on isolation.
- Then clean and disinfect bedspaces of staff/clients who are on isolation. Change mop head (dry/wet), cloths, and cleaning solution after cleaning each bedspace.
- Clean and disinfect shared showers, and bathrooms after use by staff/client who are on isolation and prior to use by another staff/client.
- Clean and disinfect only with a product listed in the manufacturer instructions. Follow the procedures outlined by the manufacturer.

#### Handle linen and laundry safely

- Incorporate laundry rooms into the cleaning schedule. Monitor their use, minimize

storage and clutter and focus on high touch cleaning and disinfection.

### Wear PPE

There is a risk of contamination of staff/client clothing from body fluids or secretions.

- Ensure PPE is available for use either in the laundry rooms or in an easily accessible area for use by staff/clients doing laundry.
- Wear PPE according to symptoms:
  - Diarrhea: wear gloves and gown
  - Vomiting and diarrhea: wear gloves, gown and mask.
- Follow correct doffing of PPE once soiled laundry is placed in the laundry bag.

### Handling soiled linen and laundry safely

- Remove soiling (for example stool) with a gloved hand and dispose into a toilet at the point of care. Do not remove stool by spraying with water.
- Handle soiled laundry with minimum agitation to avoid contamination.
- Contain wet laundry before placing it in a laundry bag (for example wrap in a dry sheet or towel).
- Bag or contain soiled laundry at the point of care. It is not necessary to double bag.
- Tie laundry bags securely and do not overfill.

### Keep linen and laundry used by staff/clients on isolation separate from other laundry

- Launder clothing and linens of a staff/client on isolation in a designated washing machine. If using a shared staff/client laundry room instead of a central laundry, dedicate one washing machine to wash soiled laundry for staff/client on isolation.
- Disinfect washer with a bleach cycle (without a load of laundry) prior to use by others if used to launder soiled items from a staff/client on isolation.

### Recommendations for staff/clients doing their own laundry after isolation ends

- Use the designated washing machine if available.
- Follow recommendations above.

## 3.4 Limit staff/client interaction

Type of activity	Recommendation
<b>Shared equipment</b>	<ul style="list-style-type: none"><li>• Limit the use of equipment (e.g., computers, gear, flashlights, radios, mobile equipment, all-terrain vehicles, etc.) to one person, especially when it is difficult to clean and disinfect.</li><li>• If equipment must be shared, clean and disinfect it between users.</li></ul>
<b>Staff/client activities</b>	<ul style="list-style-type: none"><li>• Close common areas such as game rooms and gyms or increase cleaning of these areas until the outbreak is over.</li><li>• Postpone/cancel previously scheduled staff/client events.</li></ul>
<b>Transfers to</b>	<ul style="list-style-type: none"><li>• If any staff/client from the work camp requires acute medical attention</li></ul>

Type of activity	Recommendation
acute care	<p>or treatment at an acute care facility, notify the following so that precautions can be taken:</p> <ul style="list-style-type: none"> <li>EMS dispatcher and/or transport staff such as the EMS crew.</li> </ul>
Staff/Client transport	<ul style="list-style-type: none"> <li>Transport staff/client who require advanced medical care to the nearest hospital.</li> <li>Consideration for transport vehicles: <ul style="list-style-type: none"> <li>Set vehicle ventilation to outside air and consider keeping windows open, if weather permits.</li> <li>Clean and disinfect vehicles regularly used for staff/client transport. Focus on all high-touch surfaces such as door handles, windows, seats, seatbelts, controls.</li> </ul> </li> </ul>
Sub-contractors or delivery staff	<ul style="list-style-type: none"> <li>Advise sub-contractors or delivery staff to reschedule if ill.</li> <li>Contact work camp before arriving regarding any access limits.</li> <li>While at the work camp advise to: <ul style="list-style-type: none"> <li>Perform hand hygiene.</li> <li>Check with reception prior to any activities such as inspections.</li> <li>Follow recommendations for PPE.</li> <li>Minimize movement throughout the camp.</li> <li>Exit work camp immediately.</li> </ul> </li> </ul>

### 3.5 Use food service modifications

- Reinforce routine food safety and sanitation practices and implement measures to minimize handling of shared food and items.
- Close self-service nourishment areas accessed by staff/clients.
- Discontinue social sharing of food such as baking, birthday cakes and platters.
- Use individually portioned and/or plate food to avoid communal sources. Implement setting specific food service modifications as directed by the Public Health Outbreak team.

#### Prepare and serve food safely.

- Close buffet lines or have food service staff/clients dispense food onto plates.
- Have bags ready to go in mug up rooms.
- Cease **family-style meal service**.
- Dispense snacks directly to staff/clients and use prepackaged snacks.

#### Limit the use of shared items

- Do not preset tables in common dining areas to minimize contamination of items.
- Remove shared food containers from dining areas such as shared water pitchers, coffee cream dispensers, and salt and pepper shakers.
- Provide single-use condiment packets directly to each staff/client if used.

## 3.6 Specimen collection

### Collect specimens if directed by the Public Health Outbreak team

- Stool specimens may be recommended to identify the pathogen causing the outbreak.

## 3.7 Control measures for complex outbreaks

The Public Health Outbreak team collaborates with the work camp and other partners to monitor each outbreak. To improve control during complex outbreaks, the Public Health Outbreak team may request the work camp implement additional outbreak control measures that are not routine for all outbreaks.

## 3.8 How to manage relapse gastrointestinal illness cases

GI illness cases frequently relapse. That is, they experience onset of vomiting or diarrhea after being asymptomatic for up to 48 hours.

- The relapse is likely due to malabsorption during an existing norovirus infection rather than being a new infection.

### If a relapse GI illness case is identified:

- Isolate staff/clients in their room until free of vomiting and/or diarrhea for 48 hours. Refer to [1.3 Prevent the spread of illness](#).
- Do not count as a new outbreak case if the relapse is within seven days of original symptom resolution.
  - Relapse cases are not included on new daily case listings.
- If a previously identified GI illness case has onset of GI illness symptoms after being symptom free for at least seven days, manage as a new case.

## 3.9 End the outbreak

The Public Health Outbreak team determines when the outbreak is over and advises the work camp to discontinue restrictions. After the outbreak is over, work camps will:

- Conduct thorough cleaning and disinfection in all affected areas.
- Remove outbreak signs from entrances.
- Communicate the end of the outbreak to staff/clients and partners.
- Review and evaluate the outbreak response with supervisors. Revise internal protocols for improvement.
- Follow the steps to monitor and report GI illness symptoms if staff/clients become newly symptomatic within seven days of the outbreak ending. Refer to [2.1 Monitor and report gastrointestinal illness symptoms](#).

## Data Collection for GI Illness Outbreak Management

The Public Health Outbreak team will direct work camps on how to report when the GI illness outbreak is opened. The individual responsible for completing and submitting the list of cases is work camp specific. Reporting may be done by work camp supervisor or another responsible staff.

Report the following data daily to the Public Health Outbreak team:

- **Outbreak work camp** (name, unit/floor, contact person, phone, and fax)
- **Date of report**
- **Population affected at time outbreak is reported** (total population at risk on the outbreak area (staff/clients); number of staff/clients who meet the case definition)
- **Outbreak/ exposure investigation number (EI)** (as provided by the Public Health Outbreak team)
- **Demographics of cases**
  - Staff/client: name, personal health number, date of birth, gender, unit/room number
  - Staff/client: number of new cases
- **Signs and symptoms**
  - Onset date
  - Signs and symptoms meeting case definition (vomiting, diarrhea, bloody diarrhea)
- **Lab tests/results**
  - Stool specimen (date sent)
  - Results
- **Hospitalization or death of case due to the outbreak**
  - Case hospitalized (name, personal health number, date of admission, name of hospital)
  - Case who died (name, personal health number, date, and cause of death).

# Glossary

**Clients:** Those who stay at the work camp.

**Cohorting:** Controlling the movement of staff for the purpose of limiting an outbreak to a specific area within a larger work camp. The physical separation of staff who have been or might have been exposed to infection from those who have not been exposed.

**Exposure investigation number (EI number):** A number assigned by the ProvLab to track laboratory specimens associated with an outbreak at a specific location and time.

**Family-style meal service:** Involves filling a common vessel, such as a tray or bowl, with a large portion of food and setting it on the table allowing staff to serve themselves.

**Gastrointestinal (GI) Illness:** For GI case and outbreak definitions refer to Section 2: Gastrointestinal (GI) Illness.

**Medical Officer of Health (MOH):** a physician with specific training and expertise in public health given authority under Alberta's Public Health Act to protect the health of the community, including control of communicable disease.

**Mug up room:** Additional food service areas outside of the common dining areas.

**Personal Protective Equipment (PPE):** Refers to protective clothing or equipment used by staff, service providers and/or volunteers who work directly in areas with staff. PPE protects from disabling injury or illness, including exposure to an infectious agent.

**Public Health Outbreak team:** This team is made up of Medical Officers of Health (MOH), the Communicable Disease Control (CDC) Nurses and Safe Healthy Environments Public Health Inspectors. It provides consultation and leadership in outbreak investigations in work camps and reports outbreaks to Primary and Preventative Health Services.

**Staff:** Those who are employed to run and/or support the work camp. This includes staff with or without operational or administrative roles. Some roles in the guide are designated to a supervisor, who is the most accountable staff member at a work camp.

**Work restriction:** A measure that prevents staff who have symptoms or are infected or susceptible from working until the risk for staff is low or minimal.