

Gastrointestinal Illness: Information for Group Homes With Less Than 10 Residents

One of the most common causes of gastrointestinal illness is norovirus.

Norovirus is the name of a virus that causes a very contagious illness often thought of as the 24-hour or stomach flu. However, this illness is not related to the flu, which is a respiratory illness caused by a different virus, the influenza virus. An infection with Norovirus commonly occurs during the fall/winter seasons (September to April) and is spread through:

- ingestion of food or water contaminated by an individual infected with norovirus
- close contact with someone who is ill
- contact with any surface contaminated with the virus (e.g., hands, counters, sink taps, and bathrooms)

Because norovirus is so contagious, it can spread easily from person to person. Both the stool and vomit are infectious. It is, therefore, very important for people to follow good hand hygiene and personal hygiene practices even after they have recently recovered from the illness.

Symptoms

Symptoms can range from mild to severe and usually include vomiting and/or diarrhea, as well as any combination of:

- nausea
- abdominal cramps
- headache
- low-grade fever
- muscle aches

Onset of symptoms may be abrupt and these symptoms typically last between 12-60 hours. Most healthy individuals recover quickly; however, a person is still considered contagious for up to 48 hours after they feel better.

The symptoms should be unusual for that person. New medications, changes in medical condition, recent laxative use, and exposure to foods that the person has an allergy or sensitivity to should be ruled out.

COVID-19

The symptoms above can also be symptoms of COVID-19. If residents or staff have any of these symptoms, they should:

- stay home
- use a rapid test if available and consent is provided
- seek health care advice as appropriate
 - call Health Link (811)
 - call their primary health care practitioner
 - call emergency response (911)
- use the [AHS Online Self-Assessment](#) tool to determine if they should be tested

If a resident or staff tests positive for COVID-19 follow the [advice for all Albertans](#) as well as any current COVID-19 Chief Medical Officer of Health orders.

Hand Hygiene

Frequent and thorough hand hygiene should be performed by all. Visitors, as well as staff and residents, must perform hand hygiene. It may be necessary to help residents who are unable to perform hand hygiene.

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Wash hands with soap and water or use an alcohol-based rub. Alcohol-based hand rubs containing a minimum of 60% alcohol are as effective as soap and water when hands are not visibly soiled. They should be clearly labeled with a DIN or a claim as being effective and used prior to expiry date.

Situations when hand hygiene should be performed:

- before
 - providing care to residents
 - handling food
 - meals
 - bathing and providing incontinence care for residents
- after
 - providing care to residents and in between tasks on the same resident
 - touching used resident care equipment
 - touching soiled environmental surfaces
 - using the bathroom
 - blowing or wiping your nose
 - coughing or sneezing in your hand
 - cleaning up blood or body fluids
 - smoking
 - handling animals
 - bathing and providing incontinence care for residents

Wash hands with soap and water:

- when hands are visibly soiled
- after removal of gloves when caring for a client/resident that has diarrhea and/or vomiting

Residents

- Limit contact with sick individuals. Sick residents should stay in their rooms until they feel better.
- Serve meals to sick residents in their room.
- Ideally, dedicate a bathroom to be used by residents that are sick. Sick residents should continue to use this bathroom until 48 hours after their last episode of vomiting or diarrhea. If a bathroom cannot be designated, then a shared bathroom should be cleaned and disinfected after its use by the ill resident.
- As in routine daily practice, personal care items **should not** be shared: shampoo, razors, hair rollers, towels, combs, etc.
- Minimize common activities amongst residents and other homes.
- Residents should stay home for at least two full days (48 hours) after the symptoms have ended and they feel better. They should not attend group events, clubs, sports teams, volunteer work, or visit their loved ones in the hospital, continuing care, or lodges.

Personal Protective Equipment

- Use appropriate personal protective equipment (PPE) when entering the room of sick residents, or when cleaning-up after sick residents.
- Licensed group homes must use PPE as per any current Chief Medical Officer of Health orders at the time of the outbreak.

Gloves

- Do not replace hand hygiene.
- Must be removed and thrown out after each procedure on each resident and when leaving a sick resident's room.
- Hand hygiene must be performed **before** gloves are put on and **after** gloves are removed.

Gowns

- To be used by staff to prevent contamination of clothing when contact with body fluids is expected.
- Are single-use only. Remove gown after each resident contact or when leaving the sick resident's room.

Masks and Goggles

- To be used by staff when within two (2) meters of a resident who is currently vomiting or experiencing diarrhea, or when cleaning surfaces that may have fecal or vomit material.
- Masks are single-use only; throw out when leaving the room.
 - Consider use of KN95 or N95 masks for residents who are considered suspect COVID-19 cases.
- Reusable goggles need to be cleaned and disinfected with an approved disinfectant between use.

Staff

- Staff should report any symptoms of illness to their supervisor.
- If you are sick stay home or leave work if you develop symptoms.
- Staff should not return to work until at least 48 hours after their last episode of vomiting and/or diarrhea.
- Wash your hands properly after every resident contact.
- Refrain from touching your face, mouth, lips, or chewing fingernails, etc.
- Following your shift shower, wash hair, change into clean clothing, etc.
- Do not share food with other staff members and remove shared food items: candy bowl, box of donuts, etc.

Visitors

Educate visitors about:

- gastrointestinal illnesses and how they are spread
- hand hygiene practices
- the need to stay home if they become sick
- measures being taken to protect residents

Environmental Cleaning

- Increase the frequency of routine cleaning, especially in affected areas, and for common touch surfaces such as: handrails, doorknobs, tabletops, light switches, sink taps, kitchen counter tops, toilets, etc.
 - high touch surfaces should be cleaned at least twice a day
- Use a “wipe twice” procedure (a two-step process) to clean and then disinfect surfaces. Wipe surfaces thoroughly to clean visible soiled material; then wipe again with a clean cloth saturated with a disinfectant to disinfect.
- The following disinfectant categories/concentrations are recommended for disinfecting surfaces during clusters of gastrointestinal illnesses:
 1. Hypochlorite at a concentration of 1000 parts-per-million. If diluting household bleach (5.25% sodium hypochlorite), use fresh bleach and add 5 tablespoons bleach to 4 liters of water to achieve this concentration. A fresh solution must be prepared daily. If using other commercial hypochlorite containing solutions, follow the manufacturer's direction for preparation.

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NOTE: Surfaces must first be cleaned with an appropriate cleaning product **before** disinfection with a hypochlorite product (two-step process). If the hypochlorite product claims it is a detergent/disinfectant, it may be used for both steps.

2. A disinfectant with a Drug Identification Number (DIN) issued by Health Canada with a specific label claim against norovirus, feline calicivirus, or murine norovirus. An example of a product with this label claim currently in wide use is 0.5% accelerated hydrogen peroxide. There are other products with this label claim.

Laundry

- Handle as little as possible.
- Placed soiled bedding or clothing in a separate laundry bag.
- Immediately remove and wash items (clothes or linens) that may be contaminated with vomit or feces.
- Wear disposable gloves when handling soiled items, and wash your hands after.
- Use laundry detergent; wash and dry with hot and high-heat settings.
- Clean and disinfect surfaces of washer that have had contact with the soiled linen to avoid re-soiling as it is unloaded. Do the same for any buttons, knobs, or selection screens.

Kitchen

- Disposable dishes are not required.
- Dining areas should be sanitized after meals.
- Keep sick residents out of areas where food is being handled and prepared.
- Food that may have been contaminated should be thrown out.
- Avoid buffet or family style meal service during the outbreak; staff to portion foods onto plates when possible.

When residents have been feeling better for 48 hours:

- they should have a bath or shower, and wash their hair
- they should put on freshly laundered clothes
- aids to daily living should be cleaned and disinfected before being used: wheelchairs, walkers, canes, etc.
- Their room should be cleaned and disinfected
 - bed linen should be changed
 - commonly handled items should also be cleaned and disinfected: bed rails, handles, knobs, TV remotes, devices, etc.

Adapted From: Norovirus: Information for Food Establishments. Alberta Health Services, December, 2012.
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