Hand Hygiene
The single most important means of preventing the spread of illness:
Wash hands with soap/water and use alcohol based hand rubs:
- Before and after resident care
- Before meals
- Before and after glove removal
- After contact with the resident’s environment
- Visitors as well as staff and residents must wash hands
  - Help residents who are unable to wash their own hands
- Alcohol based hand rubs do not eliminate the need for proper hand washing.
- Alcohol based hand rubs should be at least 70% alcohol.
- Essential to wash with soap and water if hands are visibly dirty.

Gloves
- Do not replace hand hygiene.
- Must be removed and thrown out after each procedure on each resident and when leaving a room on additional precautions.
- 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 uniforms when contact with body fluids is expected.
- Are single use only, remove gown after each resident contact or when leaving room.

Masks and Goggles
- To be used by staff when in close proximity to 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, discard when leaving room.
- Reusable goggles need to be cleaned and disinfected (with an approved disinfectant) between use.

Face Shields
- To be used by staff when in close proximity to a resident who is currently vomiting or experiencing diarrhea or when cleaning surfaces that may have fecal or vomit material.
- If a face shield is used, goggles and a mask are not required.

Residents
- Notify residents about the illness and request that they report symptoms to staff.
- Confine ill residents to their room as much as possible until 48 hours symptom-free.
- Provide tray service for meals/snacks.
- Disposable dishes are not required.
Remove multi-use/touch items from dining areas/tables (salt, pepper, sugar, creamers and linens).

Staff
- Cohort as much as possible. Staff should not work with all residents throughout the site (as this can spread illness around). Try to designate staff to specific areas as much as possible.
- If it is not possible to designate staff to specific areas, organize duties from well residents to sick resident areas.
- Do not come to work or leave work if symptoms develop.
- Staff should report any symptoms of illness to their supervisor.
- Staff should not return to work until 48 hours symptom-free.
- Wash hands well after every resident contact.
- Refrain from touching your face/mouth/lips, chewing fingernails, etc.
- Clean up ASAP following your shift- shower, shampoo hair, clean clothes, etc.

Visitors
- Notify family members of outbreak and discourage any unnecessary visits.
- Post signage notifying of outbreak.
- Restrict visitors to visiting one resident only. Only those visitors who have been symptom free for 48 hours should visit.
- Visitors of ill residents must be educated on the use of PPE.

Stool Specimens
- Do not collect more specimens than the number requested by your outbreak response lead (public health inspector).
- Write the EI # provided to you on each requisition form. For more information on collection and how to complete the form, refer to the Stool Specimen Collection fact sheet.
- Use a specimen container with no liquid inside.
- Take specimens to your regular lab.
- If specimens cannot be delivered the same day to the lab, keep refrigerated.

Site
- Site will be closed for new admissions and transfers. If a transfer or admission is necessary, please contact your outbreak response lead (public health inspector) as a risk assessment worksheet will likely need to be completed.
- If resident requires transfer to acute care, notify transport staff (e.g. EMS) and the acute care site of current gastro outbreak present in site.
- Cancel all group activities (recreational/social activities).
- Cancel all volunteer activities (hair dressing, clergy, recreational therapy).
- Essential services need to be provided and do not need to be restricted (i.e. EMS, homemakers, respiratory therapy, food delivery).
- Surveillance of residents and staff is done on a daily basis. Fill in the tracking form and send to the fax number provided to you and by the time requested by your outbreak response lead (public health inspector).
• Do not have open or communal food sources available—chocolates, nuts, cookies, popcorn, etc. Many hands in open containers spreads illness.
• Arrange for cleaning staff and supplies (bedding, towels, gowns, gloves, etc.) as needed.

Housekeeping
• Wear required PPE (gown, gloves, and face protection).
• Increase the frequency of routine cleaning, especially in affected areas and for common touch surfaces (e.g. handrails, door knobs, call bells, push panels).
• The following disinfectant categories/concentrations are recommended for disinfecting surfaces and equipment during GI illness outbreaks (follow manufacturer's directions for use):
  1. Hypochlorite at a concentration of 1000 parts-per-million. Commercially available hypochlorite-containing solutions are recommended.
     Note: Freshly (i.e. daily) prepared, properly diluted household bleach solutions (e.g. 20ml of 5.25% sodium hypochlorite in 1 litre of water) can also achieve this concentration; however, these may not be effective for all GI outbreaks, or appropriate in all situations (e.g. may damage some surfaces or equipment). Diluted household bleach is a disinfectant only, not a cleaner, so surfaces must be cleaned first with a detergent before disinfection can take place. There are no manufacturer’s directions for use available, and so the needed contact time is not known.
  2. A surface 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 in AHS facilities is 0.5% accelerated hydrogen peroxide. There are other products available with this label claim.

Notes:
1. Equipment should be cleaned and disinfected only with a product listed in and following the procedures outlined in the manufacturer’s directions for that equipment.
2. Surfaces must first be cleaned prior to disinfection (2 step process). If the surface disinfectant product used has cleaning properties (detergent/disinfectant) it may be used for both steps. Follow manufacturer’s directions for use.

• Use a clean mop head, bucket, and cleaning supplies for each room where the resident is on additional precautions.
• Mop heads should be laundered in hot water and detergent and allowed to air dry before being used again.
• Place soiled bedding or clothing in a separate laundry bag if heavily soiled. Handle as little as possible. Wash separately from other items in hot water.
• Wear gloves, gowns, mask, and eye protection when handling soiled linens for washing.
• Soft furnishings (couches, chairs, mattresses) can be washed with detergent and hot water or steam cleaned.
• Carpets can be cleaned with detergent and hot water, then disinfected with a bleach solution (if bleach resistant) or steam cleaned.
Tasks required before releasing residents from “isolation”

- Residents should be thoroughly bathed and their hair cleaned.
- Dress the resident in freshly laundered clothes. Clothes that are worn daily, such as housecoats, sweaters, jackets, etc. should not be overlooked, and should be cleaned before being worn again.
- Aids to daily living such as wheelchairs, walkers, canes, and similar items should be cleaned and disinfected before being used. These articles may be cleaned ahead of time while the resident/patient is isolated to their room (as long as they are not re-contaminated prior to release).
- Once the resident/patient is up and about, their room should be cleaned. Bed linen should be changed and commonly handled items such as bed rails, handles, knobs, TV remotes, etc. should also be cleaned and disinfected.
- The above procedures need to be carried out with each ill resident before being released into the general population. Therefore, careful planning and scheduling of staff will be needed to coordinate environmental cleaning and resident’s hygiene.