

Gastrointestinal Illness Outbreak

Checklist for continuing care homes

This checklist provides general measures for controlling gastrointestinal (GI) illness outbreaks. Refer to the [Guide for Outbreak Prevention & Control in Continuing Care Homes](#) for detailed recommendations. When applicable, follow facility-specific policies.

Isolate symptomatic or confirmed residents (refer to section 5.1)

- Wash hands with soap and water.
- Conduct an Infection Prevention and Control Risk Assessment prior to every resident interaction and use personal protective equipment (PPE).
- Identify newly symptomatic or confirmed residents.
- Isolate symptomatic or confirmed residents until 48 hours after the last episode of vomiting and/or diarrhea:
 - Diarrhea only: Use Contact precautions.
 - Vomiting with or without diarrhea: Use Droplet and Contact precautions.

Communicate and coordinate (refer to section 5.2)

- Inform HCW/staff, residents, family/guardians and partners of the outbreak.
- Post outbreak signs at the facility/unit entrance.
- Direct HCW/staff to stay home until 48 hours after the last episode of vomiting and/or diarrhea and to report symptoms to the manager/designate.
- Report daily to the AHS Public Health Outbreak team as per zone process.
- Direct HCW/staff to care for asymptomatic residents before symptomatic and confirmed residents.
- Cohort HCW/staff to work only in affected areas or only in unaffected areas.

Complete outbreak environmental cleaning and disinfection (refer to section 5.3)

- Increase cleaning and disinfection frequency in all areas.
- Immediately clean and disinfect visibly dirty surfaces.

- Perform cleaning and disinfection wearing PPE and use a disinfectant that kills GI illness viruses.
- Clean and disinfect resident room, moving from clean to dirty. Clean bathroom last.
- Handle soiled linen and laundry safely.

Plan safe activities for residents who are not isolating (refer to section 5. 4)

- Postpone/cancel all group activities unless there are extenuating circumstances.
- Consult with the AHS Public Health Outbreak team regarding restricting group activities if they are an essential part of treatment.

Plan safe visits (refer to section 5. 5)

- Provide safe visiting guidance to DFSPs and visitors
- Demonstrate how to use PPE if visiting an isolating resident.
- Advise designated family support persons (DFSPs) and visitors of risk of exposure to illness and to practice hand hygiene before and after visiting.

Admission, transfers and discharge restrictions (refer to sections 5. 6 and 5.7)

- Implement restrictions as directed by the AHS Public Health Outbreak team for the facility/unit.
- Use the *Risk Assessment Matrix* and the *Risk Assessment Worksheet* as per zone process.

Use food service modifications (refer to section 5. 8)

- Initiate outbreak modifications for food service.
- Provide meal service to isolating residents in their rooms.

Specimen collection (refer to section 5. 9)

- Collect specimens as directed by the AHS Public Health Outbreak team.
- Ensure proper specimen collection, handling and labeling, including the outbreak EI number.