

Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites

**(Applicable to Lodges, Retirement Residences &
Designated Supportive Living sites - more specifically
Designated Assisted Living (DAL) sites.)**

Includes Influenza and Gastrointestinal Illness

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- For GI illness outbreaks, hand hygiene performed by food handlers is of particular importance, and should be stressed with food handling staff.
- Alcohol-based Hand Rubs during GI outbreaks – see Statement below:

Statement on use of Alcohol-based Hand Rub during GI Illness Outbreaks

- Alcohol-based hand rubs (minimum 70% alcohol) are an acceptable alternative to hand washing during GI illness outbreaks, when used according to label directions.
- If hands are visibly soiled, instead wash hands with soap and warm, running water.
- Plain soap and water are recommended following glove removal when caring for clients/residents with diarrhea and/or vomiting.

2.1.2 Environmental Cleaning

Environmental surfaces often become contaminated with feces or vomitus (and norovirus) during GI illness outbreaks. Thorough cleaning and disinfection can help interrupt disease transmission during GI illness outbreaks.

Recommended disinfectants

It should be emphasized that thoroughness of cleaning is more important in outbreak control than the choice of disinfectant used. However, based on study findings in the literature, effectiveness of norovirus inactivation varies by disinfectant category. Many disinfectants in wide use in AHS facilities have active ingredients known as quaternary ammonium compounds, or “quats.” Quats may not be effective for complete disinfection of surfaces contaminated with norovirus at the concentrations recommended for general disinfection by the manufacturer. SL/HL facilities should consider making disinfectants available that are known to be effective in inactivating norovirus (see below) during outbreak situations.

The following disinfectant categories/concentrations are recommended for disinfecting surfaces during GI illness outbreaks:

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 litres of water to achieve this concentration. A fresh solution must be prepared daily. If using other commercial hypochlorite-containing solutions, follow manufacturer’s direction for preparation.

NOTE: Surfaces must first be cleaned with an appropriate cleaning product before disinfection with a hypochlorite product (2 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 in AHS facilities is 0.5% accelerated hydrogen peroxide. There are other products available with this label claim.

Follow recommended cleaning and disinfection protocols, such as:

- Use a “wipe twice” procedure (a 2-step process) to clean and then disinfect surfaces (i.e. wipe surfaces thoroughly to clean visibly soiled material then wipe again with a clean cloth saturated with disinfectant to disinfect)
- Immediately clean and disinfect areas soiled with emesis or fecal material.
- Use fresh mop head, cloths, cleaning supplies and cleaning solutions to clean affected rooms, and after cleaning large spills of emesis or fecal material.
- The frequency of cleaning and disinfecting “high touch” surfaces (e.g. doorknobs, light switches, call bells, handrails) in client/resident rooms, care areas and common areas such as dining areas and lounges should be more than the minimum of once daily. Recommendations for enhanced cleaning may be made by Public Health.
- Clean and disinfect shared client/resident care equipment (e.g. commodes, blood pressure cuffs, thermometers) prior to use by a different client/resident.
- Consider discarding all disposable client/resident-care items and laundering unused linens (e.g., towels, sheets) from client/resident rooms when the isolation precautions for GI illness are lifted.
- Privacy curtains should be changed if visibly soiled and when isolation precautions for GI illness are lifted.
- Conduct a thorough, enhanced cleaning in all affected areas at the end of the outbreak.
- Note: upholstered furniture and rugs or carpets should be cleaned and disinfected when contaminated with emesis or stool, but may be difficult to clean and disinfect completely. Consult manufacturer’s recommendations for cleaning and disinfection of these surfaces. If manufacturer’s recommendations are not available, consult Public Health. Consider discarding items that cannot be appropriately cleaned/disinfected when possible/appropriate.)

2.1.3 Laundry

- Soiled laundry should be handled with minimal agitation and should be bagged appropriately.
- Staff handling soiled laundry should wear gloves at all times.
- Appropriate PPE (e.g. gowns) should be worn if there is a risk of contamination of employee clothing from body fluids or secretions.

2.2 Specimen Collection

Stool specimen results do not typically impact outbreak management strategies for GI illness outbreaks. However, from a public health perspective it is valuable to collect stool specimens from cases during outbreaks to try and identify the etiology, if possible.

Public Health will discuss specimen collection and transport procedures with appropriate staff during the outbreak. See **Attachment IV.1** for more information.

2.3 Administrative Measures

- Post outbreak signage (**Attachment II.1**) at the entrance of the site advising staff and visitors of necessary precautions.
- Assist with collection of appropriate specimens as directed by Public Health.
- Advise housekeeping staff and other staff as appropriate of enhanced environmental cleaning of affected area as outlined above.
- Advise staff to report symptoms of GI illness in themselves during the outbreak to their supervisor, so that their illness can be tracked for the scope of the outbreak.
- Ensure all recommended staff restrictions are implemented - see **Staff Restrictions** below.
- Advise staff about relevant work restrictions including working at other health care facilities.
- Ensure adequate availability of all supplies through notification of appropriate departments.