



Institutional Enteric Outbreak Control Measures

Notes: Implement control measures that are applicable to your setting. The term 'resident(s)' refers to residents, patients, and/or clients throughout this document.

Communication	Suspect	Confirmed
Notify all staff, students, volunteers, residents, and families of the outbreak as soon as it is confirmed (MOH, p. 25). Outbreaks in Health Care Facilities- What families and visitors need to know fact sheet is available on the Health Unit's website.		
Notify all relevant external partners once an outbreak is confirmed (MOH, p. 42, 47).		
Post signs at all entrances, indicating that the facility is experiencing an outbreak (MOH, p. 47).		
Complete separate line listings for ill staff and residents daily and fax to the PHU by 11am to 705-482-0670 .		
Fax a copy of the menu for the 7 days prior to the onset of symptoms in the first case to 705-482-0670 .		
Organize an outbreak management team meeting at the facility, with CDC in attendance where possible (MOH, p. 47).		
Infection Prevention and Control (IPAC) Measures		
Reinforce the importance of Routine Practices, including hand hygiene and respiratory etiquette with staff, students, visitors, volunteers, and residents (MOH, p. 36, 46).		
Encourage residents with gastroenteritis (GI) symptoms to remain in their rooms and provide tray food service if appropriate. Place these residents on Additional Precautions until 48 hours after symptoms have resolved or guidelines based on a causative agent (MOH, p. 25).		
Additional Precautions - Contact Precautions should always be used in addition to Routine Practices. Droplet precautions are recommended when there may be splashing or aerosolization of bodily fluids (PIDAC, 2012 p. 13, 15, 78). See PHO's Performing a Risk Assessment Related to Routine Practices and Additional Precautions .		
Cohort residents and staff as much as possible (e.g., assign some staff to only care for ill residents while others care for well residents or assign staff to specific floors/units) (MOH, p. 29, 36, 41).		
Staff Measures		
Exclude symptomatic staff, students, and volunteers from work until 48 hours after symptoms have resolved or guidelines based on causative agent (MOH, p. 36, 88-89).		
If staff work in multiple settings/locations, it is recommended that they advise the other settings of the confirmed outbreak to determine if they should continue working in multiple places (MOH, p. 68).		
If dietary staff become ill while working, discard all ready-to-eat food they prepared while on shift (MOH, p. 89).		
Environmental Cleaning and Disinfection		
Clean and disinfect common areas (MOH, p. 38-40): <ul style="list-style-type: none"> At least once daily for low touch surfaces (e.g., shelving, windowsills, white/message boards). Minimum twice daily for high touch surfaces (e.g., door handles, knobs, light switches, handrails, phones, elevator buttons, staff equipment, etc.) treatment areas, dining areas, and lounge areas. Immediately for any visibly dirty surfaces For more information refer to PIDAC's (2018) Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings to help assess cleaning requirements.		
Non-critical medical equipment (stethoscope, blood pressure cuffs) should be dedicated. If unable to dedicate, shared equipment should be cleaned and disinfected between resident use (MOH, p. 38).		
Remove all organic matter prior to disinfection. For disinfection, use a hospital grade disinfectant or improved hydrogen peroxide or hypochlorite solution (1 part bleach to 9 parts water) (PIDAC, 2018 p. 108-110).		
Promptly clean and disinfect surfaces contaminated by stool and/or vomit. Immediately cover spillage with dry disposable paper towels (PIDAC, 2018, p. 169).		



Upholstered furniture, rugs, or carpets are difficult to clean and disinfect. Consult manufacturer's instructions on cleaning. Steam clean as soon as possible. Consider only using cleanable, non-porous surfaces in settings that is compatible with the cleaners and disinfectants used (MOH, p. 38-39).		
If the laundry machine has been used to clean soiled (vomit, diarrhea) laundry, a bleach cycle of the laundry machine is recommended to be run (without laundry) before washing the next load (MOH, p. 39).		
Admissions and Transfers		
New admissions are generally not recommended. If a resident is returning from absence, due diligence should be observed in protecting them by IPAC measures (MOH, p. 86). If required, this recommended measure may be altered as the outbreak comes under control and in consultation with the Health Unit.		
Transfer of residents to other LTCHs during an outbreak is not recommended. Transfers can be considered on a case-by-case basis by both the facilities and the Health Unit (MOH, p. 86).		
Review/discuss the Nipissing/Northeast Parry Sound Health Care Providers Outbreak Protocol , on page 3, for repatriation of residents or admission of new residents. A three-way conference call with the Health Unit may be initiated if necessary.		
The return of residents, who were line-listed and were part of the outbreak, is permitted provided appropriate accommodation and care can be provided.		
Advise hospital Infection Control Practitioner (ICP)/other facility, EMS workers, or transfer agencies of outbreak prior to any transfer or outpatient procedures, even if resident is not from affected area (MOH, p. 33-34).		
If resident from a LTCH/RH is being admitted to the North Bay Regional Health Centre, complete the North Bay Regional Health Centre Outbreak Transfer Notification Form and fax to the Infection Control Department.		
Activities and Visitors		
Institutions cannot restrict or deny absences for medical, palliative, or compassionate reasons at any time (MOH, p. 65).		
Symptomatic residents or those on Additional Precautions are not recommended to participate in in-person group or social activities with others (MOH, p. 34).		
Low-risk small group activities for asymptomatic residents may continue in the outbreak area with the following measures in place: physical distancing, hand hygiene, cohorting, and monitoring for symptoms (MOH, p. 48). High-risk activities are suspended in the outbreak area including large group activities and bus/group outings (MOH, p.45).		
General visitors should postpone all non-essential visits to residents in the outbreak area for its entire duration (MOH, p. 34).		
Symptomatic residents or those on Additional Precautions may continue to interact with essential caregivers/visitors as long as Additional Precautions are followed (MOH, p. 34).		
Essential caregivers/visitors should be directed to the reception desk prior to visiting residents. They should be educated on the potential risk of exposure when visiting a symptomatic resident. If an essential caregiver/visitor is symptomatic themselves, they should not enter the setting unless under exceptional circumstances (MOH, p. 34-35).		
Meals and Dining		
Symptomatic residents should receive tray meal service in their rooms, where possible (MOH, p. 34, 49).		
Use cohorting and physical distancing in communal areas/dining areas (p. 45). Close buffet lines and have food plated by staff, encourage staggered eating times for diners, pre-set tables with utensils to minimize resident handling, limit/close communal food or snacking areas and sharing of food between residents or staff, individually wrap snacks, and use single-packet condiments when able (MOH, p. 49).		
Laboratory Testing		
Physician or healthcare provider order obtained to collect specimens.		
Ensure there are an adequate number of specimen kits on site (check expiry dates).		
Call CDC Public Health Nurse to arrange pick up of specimens, if required.		
Collect stool specimens from symptomatic residents; maximum 5 specimens. See PHO's Enteric Outbreak Kit Order #: 390036 for collection instructions and the PHO Gastroenteritis - Stool Viruses for Testing Indications.		
If food is suspected as the cause of illness, food samples must be kept for testing (MOH, p. 88).		



References

Ministry of Health (MOH). (2025). Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings. Retrieved from: <https://www.ontario.ca/files/2025-02/moh-recommendations-for-outbreak-prevention-and-control-in-institutions-and-clc-en-2025-02-28.pdf>

Nipissing/Northeast Parry Sound Health Care Providers Repatriation Working Group. (Revised October 2019). *Nipissing/Northeast Parry Sound Health Care Providers Outbreak Repatriation and Admissions Protocol*. Retrieved from: <https://www.myhealthunit.ca/en/health-professionals-and-partners/long-term-care-and-retirement-homes.aspx#Nipissing--Northeast-Parry-Sound-Healthcare-Providers-Outbreak-Repatriation-and-Admissions-Protocol>

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