

Vancouver Coastal Health – Public Health, Gastroenteritis Outbreak Control Policy

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| <p>Purpose</p> | <p>Early detection and implementation of control measures are essential for the control of outbreaks of infectious gastroenteritis in health care facilities.</p> <p>Under the Public Health Act, the Medical Health Officer has the authority and responsibility to direct the management of outbreaks in the community and in health care facilities. The purpose of this document is to summarize the recommendations of the Medical Health Officer primarily for the prevention and control of viral gastroenteritis outbreaks e.g. Norovirus in acute and long term care facilities in Vancouver Coastal Health. Should another enteric pathogen be identified, the MHO or designate may change the recommended measures.</p> <p>The recommendations in this document should be incorporated in to existing gastrointestinal illness infection control guidelines in acute and long-term care facilities including contracted services such as food, housekeeping and laundry.</p> |
| <p>Prevention and Early Detection</p> | <p>The Public Health Surveillance unit monitors a range of indicators on of gastrointestinal illness in the community. When the seasonal trend in gastrointestinal illness activity in the community increases, suggesting a high risk of outbreaks in health care facilities, facilities should implement disinfection of surfaces in emergency departments with 1:50 (1000PPM) dilution of bleach, in addition to routine cleaning. This measure is intended to reduce the risk of introduction of gastrointestinal pathogens, most likely Norovirus, from the community.</p> <ul style="list-style-type: none"> - When suspected cases of gastroenteritis occur, it is recommended that the facility : <ul style="list-style-type: none"> o Segregate the ill patients/residents and use contact precautions (see below). o Implement enhanced cleaning & disinfection practices (see below). o Begin a line list for patients/residents and staff (see below). - In the event of a suspected outbreak of gastroenteritis, immediately report and discuss the suspected outbreak with a Medical Health Officer (MHO) or designate [e.g. Environmental Health Officer (EHO), Adult Care Licensing Officer (ALO)] at Vancouver Coastal Health. |
| <p>Case Definitions:</p> | <ul style="list-style-type: none"> • Case of Gastroenteritis - Two or more liquid or watery stools above what is normal for the person within a 24-hour period; OR - Two or more episodes of vomiting within a 24-hour period; OR - One episode each of vomiting and diarrhea in a 24 hour period OR - One episode of bloody diarrhea OR - Lab confirmation of a known enteric pathogen with at least one symptom compatible with a GI infection (i.e., nausea, vomiting, diarrhea, abdominal pain, bloody stools or tenderness) <p>Note: Care must be taken to rule out non infectious causes of these symptoms. For example, new medications, laxatives, other illnesses, causing vomiting or diarrhea.</p> |

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| | <ul style="list-style-type: none"> • Suspected Outbreak of Gastroenteritis (in the absence of an identified pathogen) <ul style="list-style-type: none"> - <u>Three or more cases with gastroenteritis symptoms are noted within the same setting (i.e. floor, unit, ward) in a four-day period.</u> • Confirmed Outbreak of Gastroenteritis <ul style="list-style-type: none"> - <u>Evidence of transmission of a pathogen causing gastroenteritis.</u> <p><u>Note: An outbreak is confirmed by a review of cases by the facility director or infection control doctor in consultation with the Medical Health Officer.</u></p> |
| <p>Outbreak Detection and Confirmation</p> | <ul style="list-style-type: none"> • In the event of a suspected outbreak of gastroenteritis, immediately report and discuss the suspected outbreak with a Medical Health Officer (MHO) or designate [e.g. Environmental Health Officer (EHO), Adult Care Licensing Officer (ALO)] at Vancouver Coastal Health. The MHO or delegate will assess the case histories with the reporting facility and if indicated will declare an outbreak. - The MHO or designate will post the outbreak details on the <u>VCH Hospital & Long-term Facility Outbreak Bulletin</u> <p>The local MHO or designate can be reached at the following numbers: Coastal Garibaldi (604) 886-5600 Richmond (604) 233-3147 North Shore (604) 983-6700 Vancouver (604) 675-3900</p> <p><i>On Call MHO – after office hours/weekends: 604 527 -4893</i></p> |
| <p>Outbreak Management</p> | <ul style="list-style-type: none"> • Designate an outbreak leader (e.g., Infection Control Professional (ICP), Director of Care, etc.). For large outbreaks an outbreak team should consist of an outbreak leader and representatives from infection control, nursing, medical, housekeeping, food services, laundry services, occupational health and public health. Additional team members may be invited to meet specific needs. • Maintain an Outbreak Line List of cases including staff (nursing, food handlers, housekeeping). Record the details as required on the attached VCH Gastroenteritis Outbreak Line List for Facilities (see page 6 for template). Forward the line list as and when requested to the MHO or designate. • Facility <ul style="list-style-type: none"> - Close the affected floor/unit/ward or facility to new admissions, readmissions or transfers unless medically necessary. If an admission or transfer is deemed medically necessary call a MHO or designate to review and discuss. - Post outbreak notification sign(s) at facility entrance and/or floor/unit/ward advising visitors about the outbreak (see page 8 for template) - Notify housekeeping, food services and laundry that the facility has an outbreak of gastroenteritis so that department-specific outbreak management protocols are initiated. • Patients/Residents <ul style="list-style-type: none"> - Restrict as much as possible, ill patients/residents to their rooms for 48 hours after cessation of symptoms. - As much as possible, serve meals to ill patients/residents within their rooms or floor/unit/ward. |

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| | <ul style="list-style-type: none"> - Remind patients/residents to wash hands thoroughly and report incidents of diarrhea/vomitus. - Do not transfer well patients/residents into rooms with ill people. - Minimize contact between patients/residents on affected floors/units/wards with unaffected areas. - Provide all patients/residents with information on the illness and personal protective measures. - Well patients/residents may attend their required health care appointments. Advise the receiving facility about the presence of the outbreak. - In consultation with the MHO or designate decrease or discontinue group activities or outings. Well patients/residents should not be discouraged from outings with family members. <ul style="list-style-type: none"> • Staff - <u>Exclude ill staff until they are symptom free for 48 hours; ill food handlers until they are symptom free for 72 hours, or as directed by the MHO (or designate).</u> - Remind excluded staff that they may not work at other facilities during this period. - Staff with no symptoms may continue to work in health care facilities. - Staff should self-monitor for GI symptoms and report illness as per the employers protocol. Staff ill while at the facility must report the incident immediately to their supervisor. Ensure the area where the GI episode occurred is cordoned off until thoroughly cleaned and disinfected. - Review hand washing protocol with staff. - Staff should not share washrooms with residents; food handlers should have designated washrooms. - As much as possible, cohort staff to care for the ill patients/residents and/or to the same floor/unit/ward. |
| <p>Infection Control & Cleaning and Disinfection Procedures</p> | <ul style="list-style-type: none"> • Hand Washing - Hand washing with liquid soap & warm water should be practiced by all staff at all times. - Alcohol (70% ethanol/ethyl alcohol or 1-propanol) based hand sanitizer may be as an alternative to liquid soap & water when a sink is not readily available and provided that hands are not visibly soiled. <p>Note: Isopropyl alcohol hand sanitizers are not considered to be effective against non-enveloped viruses such as norovirus.</p> <ul style="list-style-type: none"> • Contact Precautions In addition to routine precautions use contact precautions when providing direct care or within 2 meters of ill patients/residents. - Use gloves when providing direct care. After removal of gloves, wash hands with liquid soap or use alcohol based hand sanitizer between patients/residents. - Use gowns and change when contamination of the health care providers clothing is possible. <ul style="list-style-type: none"> • Droplet Precautions In addition to routine and contact precautions staff and visitors are to use droplet precautions when patients/residents are actively vomiting or experiencing explosive diarrhea. |

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| | <ul style="list-style-type: none"> - Use surgical masks and eye protection within 2 meters of patients/residents who are actively vomiting or experiencing explosive diarrhea or when cleaning up areas grossly contaminated by feces and/or vomitus. • Visitors and volunteers <ul style="list-style-type: none"> - Limit as much as possible non-essential staff/visitors from the affected area. - Advise essential visitors/family caregivers about relevant personal precautions including hand hygiene. - If possible, provide for visitors a designated washroom or hand sink. • Laundry <ul style="list-style-type: none"> - Transport laundry from outbreak affected floor/unit/ward in tagged and closed leak-resistant bags. - Use gloves, water-resistant gowns or plastic aprons, and surgical masks to handle contaminated laundry. - Handle soiled laundry with minimum agitation. - Wash with detergent in hot water in a commercial laundry machine and then machine (hot-air) dry. • Food and dietary services <ul style="list-style-type: none"> - <u>Exclude ill food handlers until they are symptom free for 72 hours or longer, as directed by the MHO or designate.</u> Careful attention to hand hygiene is important upon returning to work. - Discard exposed food (handled by an ill food handler). - Consult with your EHO if food is the suspected source of infection/outbreak. - Ensure that dietary services has a gastroenteritis outbreak control plan/protocol that includes meal service delivery to affected floors/units/wards - Implement enhanced cleaning and disinfection procedures of the kitchen and the patients/residents, staff or visitor eating areas. - If possible food handlers should use a separate washroom from the patients/residents, visitors and other staff. • Enhanced Cleaning & Disinfection <ul style="list-style-type: none"> - Increase the frequency of routine floor/unit/ward, washroom and toilet cleaning. - Implement a program of increased cleaning and disinfection of common touch surfaces such as door handles, handrails, sink/toilet handles, ice machines, light switches and water fountains/dispensers. - Disinfect environmental surfaces using 1:50 (1000 parts per million) bleach solution. The surface must stay wet for at least one minute and then let air dry. Prepare fresh bleach solution daily using 4 teaspoons (20mL) of domestic 5.25% bleach to 1 liter of water to produce a concentration of about 1000 PPM. • Cleaning up vomit or feces on hard surfaces <ul style="list-style-type: none"> - Use contact precautions (disposable gloves, water-resistant gowns, surgical masks, eye protection). - Use paper towels to soak up excess liquid; dispose in a plastic garbage bag. - Clean the area with detergent and water using a single-use cloth. - Disinfect the contaminated area with 1:10 (5000PPM) bleach solution. The surface must stay wet for at least one minute and then air dry. Prepare fresh bleach solution daily using 1 cup (250 mL) of domestic 5.25% bleach to 2.5 liters of water to produce a concentration of about 5000 PPM. - Put disposable gloves, gowns/aprons, and masks in garbage or reusable |
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| | <p>aprons/gowns in laundry bag.</p> <ul style="list-style-type: none"> - Wash hands thoroughly using liquid soap and water for at least 30 seconds. <p>** In consultation with an MHO (or designate) or ICP an appropriate alternative disinfectant to bleach may be considered.</p> <ul style="list-style-type: none"> • Cleaning other contaminated materials <ul style="list-style-type: none"> - Wash all dishes, utensils and trays in a commercial dishwasher with hot water or a chemical sanitizer rinse. Do not cross contaminate dirty and clean dishes. - Clean vinyl covered furniture or mattresses with detergent and hot water, then disinfect with bleach solution. - Clean soft furnishings with detergent and hot water or steam clean. - Contaminated carpets should not be vacuumed but can be cleaned with detergent and hot water or steam cleaned. - Wash non-disposable mop heads with detergent in hot water using a commercial laundry machine and then machine (hot-air) dried. - Clean & disinfect common use medical equipment between clients, such as wheelchairs, BP cuff's, lifting belts, slings, and stethoscopes etc. as per manufacturer's instructions. |
| Specimen Collection | <ul style="list-style-type: none"> - A VCH EHO or ICP will complete and forward to the BCCDC the Public Health Microbiology & Reference Laboratory Notification Form (see page 9) and will include the outbreak identification code/number. - Use GI disease specimen outbreak kits provided by a VCH EHO or by your ICP. - In consultation with a VCH EHO or ICP use the BCCDC Public Health & Microbiology Reference Laboratory GI Disease Outbreak Requisition form (see page 10). Ensure that all required fields have been completed. - Specimens should be couriered or dropped by facility staff to the BCCDC. An EHO/ALO can assist you in clarifying the transportation details. |
| Outbreak - Termination | <ul style="list-style-type: none"> - The VCH MHO or designate in consultation with the facility will declare the outbreak over. - An outbreak is normally declared over by the MHO when two incubation periods have passed since the resolution of symptoms in the last case (i.e., 96 hours for norovirus) An outbreak summary must be sent to the MHO or designate (see page 12 - VCH Enteric Outbreak Summary Form) within two weeks of the restrictions being lifted. |

References:

1. Gastrointestinal Infection Outbreak Guideline Working Group - Provincial Infection Control Network of British Columbia. Gastrointestinal Infection Outbreak Guidelines for Healthcare Facilities – June 2010.
2. A. Faremo CPHI (C)., - VCH Facility Outbreak Response Guideline – Gastrointestinal Illness – Jan. 2008
3. Gehrke C., Steinmann J., Goroncy-Bermes P., Mikrolab GmbH, Norderoog 2, D-28259 Bremen, Germany. Inactivation of feline calicivirus, a surrogate of norovirus (formerly Norwalk-like viruses, by different types of alcohol in vitro and in vivo. J. Hosp. Infection. 2004 Jan: 56(1) 49-55
4. Park GW, Barclay, Macinga D, Charbonneau D, Pettigre CA, Vinje J. Dision of Viral Disease, Centers for Disease Control and Prevention, Atlanta, Georgia, USA. Comparative efficacy of seven hand sanitizers against murine norovirus, feline calicivirus, and GII.4 norovirus. J Food Protection 2010 Dec: 73 (12): 2232-8

Gastroenteritis Outbreak Line List for Facilities

The attached form is to be used by facilities suspecting or experiencing a gastroenteritis outbreak to track their cases.

- Please maintain an outbreak line list of cases including staff (nursing, food handlers, housekeeping) and forward the line list as and when requested to the MHO or designate.
- All fields marked with an * are required.

Case definitions

- **Case of Gastroenteritis**
 - Two or more liquid or watery stools above what is normal for the person within a 24-hour period; **OR**
 - Two or more episodes of vomiting within a 24-hour period; **OR**
 - One episode each of vomiting and diarrhea in a 24 hour period **OR**
 - One episode of bloody diarrhea **OR**
 - Lab confirmation of a known enteric pathogen with at least one symptom compatible with a GI infection (i.e., nausea, vomiting, diarrhea, abdominal pain, bloody stools or tenderness)

Note: Care must be taken to rule out non infectious causes of these symptoms. For example, new medications, laxatives, other illnesses can cause vomiting or diarrhea.

Suspected Outbreak of Gastroenteritis

Three or more cases of gastroenteritis infection are noted within the same setting (i.e. floor, unit, ward) in a four-day period.

Confirmed Outbreak of Gastroenteritis

Evidence of transmission of a pathogen causing gastroenteritis.

Note: An outbreak is confirmed by a review of cases by the facility director or infection control doctor in consultation with the Medical Health Officer.

If you have any questions, please contact your local Environmental Health Officer, Adult Care Licensing Officer or Infection Control Professional.



Attention

We presently have a number of patients/residents currently experiencing vomiting or diarrhea. You may wish to reconsider visiting at this time.

Please let the staff know who you are visiting and they will give you the necessary instructions.

Please wash your hands and/or apply alcohol hand sanitizer before visiting and when leaving.

Thank-You

Fax to Environmental Microbiology at (604) 707-2607

Date: _____

It is important to complete all information requested. Incomplete forms may result in testing delay. * See reverse for instructions

OUTBREAK IDENTIFICATION: _____

Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009)

HA & AREA: _____

e.g. IHA, East Kootenay

CONTACT NAME: _____

EHO MHO ICP Medical Microbiologist

Other, specify _____

CONTACT TELEPHONE: _____

Results: The person listed as the Contact will be notified of lab results by telephone. Public Health will continue to receive lab reports.

LOCATION OF OUTBREAK

NAME OF INSTITUTION/EVENT/SOURCE: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

TELEPHONE: _____

OUTBREAK SETTING

- Residential Care
- Hospital/Acute Care
- Child Care/Pre-School
- School/University
- Correctional
- Restaurant/Food Establishment
- Cruise Ship
- Conference/Meeting/Hotel
- Private function
- Camp
- Other: _____

OUTBREAK SUB-SETTING

Residential Care:

- Acute Care
- Extended Care
- Private Hospital
- Assisted Living
- Other: _____

Child Care Centres (Age of Children):

- 0 – 36 months
- 3 – 5 yrs
- Multi-Age

OUTBREAK DESCRIPTION

CASE HISTORY

ONSET DATE OF FIRST CASE: _____
(DD/MMM/YYYY)

NUMBER OF PATIENTS/RESIDENTS ILL: _____

TOTAL NUMBER OF PATIENTS/RESIDENTS: _____

NUMBER OF STAFF ILL: _____

TOTAL NUMBER OF STAFF (APPROX.): _____

SIGNS / SYMPTOMS

(MUST be completed for appropriate testing. Provide number of cases.)

- Diarrhea ()
 - Watery Bloody Persistent
- Vomiting ()
- Abdominal cramps ()
- Fever ()
- Other, specify: ()

MODE OF TRANSMISSION

- Food
- Water
- Person to person
- Unknown
- Other, specify: _____

| SAMPLE DETAILS (IF AVAILABLE) | PATIENT NAME (LAST NAME, FIRST NAME) | PHN | DOB (DD/MMM/YYYY) | Date Sample Collected (DD/MMM/YYYY) |
|----------------------------------|-----------------------------------------|-----|----------------------|----------------------------------------|
| | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |
| | 6. | | | |

PHSA LABORATORIES USE ONLY

1. Test results telephoned to: _____ Time and date of call _____ Lab Personnel Initial _____

2. Test results telephoned to: _____ Time and date of call _____ Lab Personnel Initial _____

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

- 1) Before shipping, send this completed form to Environmental Microbiology by fax: (604) 707-2607.
- 2) Enclose completed requisition(s) with the sample(s) and ship to BCCDC. If subsequent specimens are being sent to BCCDC each sample must include a properly filled out requisition form.
- 3) Test results will be telephoned as soon as they are available to the EHO, ICP, MHO or Medical Microbiologist designated above.
- 4) For inquiries contact the GI Outbreak Coordinator Line at (604) 707-2611 from 8:30am to 4:30pm Monday to Friday.

Completing Accompanying Documentation

One *Gastrointestinal Disease Outbreak Requisition* form must be completed for **each** sample, but only **one** *Gastrointestinal Disease Outbreak Notification Form* is required for each outbreak (max. six samples on 1st sampling). **Requisitions must include: Outbreak Identification, patient name, PHN, date of birth, contact name and telephone number, facility name and address.**

Submission of a completed *Gastrointestinal Disease Outbreak Notification Form* with the samples ensures that processing and reporting of findings reported are given highest priority.

Outbreak Identification

Please follow the guidelines when assigning the outbreak identification, as inadequate and inappropriate outbreak identification may result in delay or improper reporting of results!

General Guidelines:

| | First Word: | Second Word: | Example: |
|----|---------------------------------|------------------------|-------------------|
| 1) | FACILITY NAME | YEAR | Dove Care 2009 |
| 2) | FACILITY NAME | YEAR plus A, B, C etc. | Dove Care 2009B |
| 3) | FACILITY NAME plus ward abbrev. | YEAR | Dove Care 3W 2009 |

This name should reflect where the outbreak has occurred (i.e. the name of the facility) and the year that it occurred in (e.g. 2009).

- If a facility has more than one outbreak in the same year, consecutive capital letters of the alphabet (i.e. A, B, C etc) written after the year (e.g. 2009B) should be included in the outbreak name to differentiate the outbreaks.
- If a facility has a unique and short name (e.g. Dove Care) use the full name of the facility followed by the year in which the outbreak has occurred.
- If a facility has a long name (i.e. more than 3 words) use abbreviations, such as the first letter of each word, followed by the year in which the outbreak has occurred (e.g. "Bob and Jill Baker Institute for Laughter" would be abbreviated as "BJBIL").
- If a facility has many different wards, in addition to the facility name include abbreviations (as separate words), to differentiate various regions (e.g. 3W for Third floor on the West side of the building).

Outbreak Information

Name: Even though you may include the name of the facility in the outbreak name, please record the FULL name of the institution, restaurant, school, cruise ship, etc. where the outbreak occurred in the LOCATION OF OUTBREAK box.

Address and Postal Code: Please record the address and postal code of the outbreak setting.

Outbreak Setting: Please choose only one setting. If the outbreak began within a certain context (i.e. child care, restaurant, etc.) and then disseminated into the community. Please record the primary source of the outbreak (i.e. child care, restaurant, etc.)

Outbreak Sub-setting: Indicate the sub-setting as appropriate for Residential Care and Child Care Centres.

Outbreak Description

Please record total number of ill clients and staff at the facility.

Onset date of first case: Of all cases identified in the outbreak, determine the case with the earliest onset of symptoms. Please record the date in DD/MMM/YYYY format.

Signs & Symptoms

Symptoms (# of cases): Please record the number of cases (primary and secondary) who experienced each of the symptoms listed. Cases may be counted in more than one category.

Indications for Testing

Collect samples from patients presenting with illness within 24 hours of onset of symptoms. Samples from severely ill patients and children are acceptable after 24 hours of symptom onset.

Transportation of Samples

Assemble outbreak samples and ship in a cooler marked "Diagnostic Specimens", containing ice packs to maintain refrigeration temperature. Send by routine same day or overnight delivery or if not available, by courier.

GI Outbreak Kits

GI outbreak samples must be collected using a designated GI Outbreak Kit provided by the BCCDC Public Health Microbiology & Reference Laboratory. Each kit includes 6 sterile vials for feces, 2 sterile vials for vomitus, 8 biohazard bags, 8 *Gastrointestinal Disease Outbreak Requisition* forms and 1 *Gastrointestinal Disease Outbreak Notification Form*.

To Order GI Outbreak Kits:

Use a BCCDC order form or a written request on your letterhead showing your shipping address and the number of kits required, send by mail ("attn. Shipping and Receiving") to the address overleaf or fax to (604) 707-2606.

PHSA Laboratories

Gastrointestinal Disease Outbreak Requisition

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Section 1 - Patient Information

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|-------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------|
| PERSONAL HEALTH NUMBER (or out-of province Health Number and province) | DOB (DD/MMM/YYYY) | GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK |
| PATIENT SURNAME | PATIENT FIRST AND MIDDLE NAME | |
| ADDRESS | CITY | POSTAL CODE |

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|---------------------------------------|
| DATE RECEIVED |
| PHSA LABORATORIES USE ONLY |
| OUTBREAK ID |

Section 2 - Healthcare Provider Information

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|---------------------------------------------------------------------------------|-----------------------------------------------|
| ORDERING PHYSICIAN (Provide MSC#) Name and address of report delivery | ADDITIONAL COPIES TO: (Address / MSC#) |
| <input type="checkbox"/> I do not require a copy of the report | 1. |
| CLINIC OR HOSPITAL Name and address of report delivery | 2. |
| PHSA CLIENT NO. | 3. |

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| SAMPLE REF. NO. |
| DATE COLLECTED (DD/MMM/YYYY) |
| TIME COLLECTED (HH:MM) |

Section 3 - Outbreak Information

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| OUTBREAK IDENTIFICATION: _____ Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009), as per instructions on page 2 of the <i>GI Outbreak Notification Form</i> |
| SUSPECTED ETIOLOGICAL AGENT: _____ |

Section 4 - Test Information

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| <p>TEST REQUESTED</p> <p><input type="checkbox"/> Viral / Bacterial Outbreak Test (do not use SAF vial)</p> <p><input type="checkbox"/> Ova & Parasitic Test (use SAF vial)</p> <p><input type="checkbox"/> Other, specify: _____</p> | <p>SIGNS / SYMPTOMS</p> <p><input type="checkbox"/> Diarrhea: <input type="checkbox"/> Watery <input type="checkbox"/> Bloody <input type="checkbox"/> Persistent</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Abdominal cramps</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Other, specify: _____</p> |
| <p>SAMPLE TYPE</p> <p><input type="checkbox"/> Feces <input type="checkbox"/> Vomitus</p> <p><input type="checkbox"/> Other, specify: _____</p> | <p>ADDITIONAL INFORMATION</p> <p><input type="checkbox"/> Initial sample <input type="checkbox"/> Follow-up sample</p> <p><input type="checkbox"/> Food handler <input type="checkbox"/> Staff member</p> <p><input type="checkbox"/> Recent travel, specify: _____</p> <p><input type="checkbox"/> Current antibiotics, specify: _____</p> <p><input type="checkbox"/> Other, specify: _____</p> |

For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's *Guide to Programs and Services* at www.phsa.ca/bccdcpublichealthlab

INSTRUCTIONS FOR SAMPLE COLLECTION / SUBMISSION

- Label vial with patient name before collecting sample.
- Pass feces or vomitus into a clean container avoiding contamination from urine or water from toilet.
- Use a **dry** sterile vial and fill up to the line indicated.
- Replace and tighten cap.
- Place vial in the biohazard bag and completed requisition in the outside pocket. Do not place the requisition inside the biohazard bag containing the specimens.
- Ova and Parasite Testing: Fill **red-capped vial** (with SAF) with 2-3 spoonfuls of feces to the line indicated and mix well. **Red-capped vial (with SAF) is not a suitable specimen for Viral/Bacterial Outbreak Test.**
- Return to Health Unit or BCCDC Public Health Microbiology & Reference Laboratory at 655 W. 12th Avenue, Vancouver BC V5Z 4R4 as soon as possible.
- Keep specimens at 10°-20°C for immediate (same day) delivery, otherwise, refrigerate at 4°C before transport with ice pack.
- Do not freeze sample.

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab



Wash Your Hands

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دست هایتان را بشوئید

Lávese las manos

Hãy rửa tay



How To Wash Your Hands



1 Wet Hands



2 Apply Soap



3 Rub Together



4 Rinse



5 Dry



6 Turn Off Tap

How To Use a Hand Sanitizer



1 Apply alcohol-based sanitizer



2 Rub over all surfaces of hands and fingers until dry

