

Leamington Mennonite Home  
Long Term Care

**INFECTION CONTROL  
POLICY AND PROCEDURE**

<b>CATEGORY:</b> Disease-Specific Precautions	<b>SUBJECT:</b> Gastrointestinal Infection Management	<b>SECTION:</b> H <b>POLICY:</b> 3
<b>DATE:</b> January 30, 2024	<b>Administrator's Signature:</b> _____ <i>J. M.</i>	
<b>REVISION DATES:</b>	<b>IPAC Lead's Signature:</b> _____ <i>L. Coppola, R.N.</i>	

**GASTROINTESTINAL INFECTION MANAGEMENT**

**POLICY:**

To prevent the transmission of gastrointestinal infections to residents and staff. To determine a gastrointestinal infection, one of the following criteria must be met:

1. Two or more liquid or watery stools above what is normal for the resident within a 24-hour period  
**OR**
2. Two or more episodes of vomiting in a 24-hour period  
**OR**
3. One episode of diarrhea or watery stool (takes the form of its container) and one episode of vomiting within a 24-hour period,  
**OR**
4. Both of the following
  - a) a stool culture positive for a pathogen (E.g., Salmonella, Shigella, E. coli, Campylobacter spp., rotavirus)  
**AND**
  - b) at least one of the following symptoms:
    - i. Nausea
    - ii. Vomiting
    - iii. Abdominal pain or tenderness
    - iv. Diarrhea

**PROCEDURE:**

- 1) If a resident has any of the above listed symptoms, they should be reported to the Registered Staff immediately.

The Registered Staff will:

- 1) Assess resident and if they meet the criteria listed above, isolation will be initiated. Out of an abundance of caution, the Home will utilize Contact Droplet Precautions for gastrointestinal infections.
- 2) Contact Droplet Precautions for a Gastrointestinal infection should include:

- Preferably a private room; or
  - In a semi-private room:
    - Maintain physical separation and draw privacy curtain between residents to promote separation of items.
    - A covered garbage pail is to be placed inside the resident's room.
    - An isolation laundry hamper is to be placed inside the resident's room. Laundry bags are to be hand delivered to the laundry room, not thrown down the laundry chute.
    - Proper Contact/Droplet precaution and donning and doffing signage is to be placed on the door to educate staff and visitors.
    - Provide an isolation supply cart (masks, gowns, gloves, eye protection, sanitizer) outside the resident's room.
    - Consult the IPAC Lead/DNPC on the need for a commode for symptomatic resident or roommate. If a commode is used in symptomatic resident's room, it is to be cleaned and disinfected after each use. See *Policy & Procedure on Equipment Cleaning – Resident Care & Medical*.
    - Signage will be placed on the resident's door notifying visitors to see the Registered Staff before entering the room. Registered Staff are to educate the visitors on contact precautions and hand hygiene. Visitors will be required to wear all necessary PPE for all visits.
    - BP cuffs, stethoscope etc. will be disinfected after contact with resident.
- 3) Perform a COVID-19 Rapid Antigen Test (RAT) on resident to rule out COVID-19. If resident tests positive for COVID-19 refer to *Policy & Procedure Section M Pandemic* for further guidance.
  - 4) Continue to perform a RAT on resident each morning for 5 days to ensure COVID-19 negative.
  - 5) Place out *Just the Facts Worksheet: Gastrointestinal Infection* for PSW staff and email the fact sheet to department leaders to relay to their staff.
  - 6) Notify the IPAC Lead and DNPC. The Medical Director will be notified by DNPC.
  - 7) Document resident's symptoms on *Daily Infection Signs and Symptoms Tracking Form*. Document all necessary information in resident's progress notes and update POA/SDM.
  - 8) Obtain stool sample if ordered by Medical Director.
  - 9) Reassess resident after 48 hours from last symptoms to determine if isolation can be ended. Resident may come out if no new symptoms occurring and symptoms are improving or as directed by IPAC Lead/DNPC. Continue COVID-19 RAT for the total 5 days even if removed from isolation after 2 days. (If an outbreak occurs, isolation durations will be guided by PHU).
  - 10) When a resident is removed from isolation and are in a semi-private room, the Registered staff are to send an email to Maintenance to remove the privacy curtains to have them laundered.

The IPAC Lead/DNPC will:

- 1) Review lab results with Medical Director if a stool sample was sent.
- 2) Monitor *Daily Infection Signs and Symptoms Tracking Form* and updates from Registered Staff on any new resident's showing similar signs and symptoms.
- 3) Review the PHU's definitions of Suspected and Confirmed gastrointestinal outbreaks and if criteria are met, contact PHU.
- 4) See *Section F Outbreak Management* for further information on outbreak protocols.

The PSW staff will:

- 1) Don and doff PPE per protocol before entering and exiting resident's room.
- 2) Clean and disinfect any basins or equipment used by resident.
- 3) Disinfect toilet/commode after each use.
- 4) Provide bed bath.

The Housekeeping staff will:

- 1) Follow routine room cleaning protocols including:
  - Dedicated toilet brush in bathroom. Discard when Contact Droplet Precautions are discontinued.
  - Cleaning high touch surfaces daily including side rails, commodes, door knobs, light switches, call bells, drawer handles, and closet door handles.
  - Laundry can be washed using normal wash and dry cycles.
  - Cleaning should be conducted from least contaminated surfaces to most contaminated surfaces.
  - Dedicated cleaning cloths and mop heads are to be used and changed on a daily basis.

The Dietary staff will:

- 1) Provide resident tray service until clear.
- 2) Provide disposable dishes for all meals. Dishes are to be disposed of in the resident's garbage.
- 3) Tray is to be sanitized with disinfectant wipes before returning to the servery.

Diet directive examples for nausea and vomiting:

**Day 1:**

Breakfast: ginger ale, apple juice, jello, tea, toast/crackers if tolerated  
Lunch & Supper: clear broth with toast/crackers if tolerated.  
Push water between meals.

**Day 2: For intermittent nausea/vomiting:**

Breakfast: oatmeal, cheese, scrambled eggs, peanut butter as tolerated  
Lunch & Supper: soup with noodles or rice as tolerated.

**Day 3: For mild nausea/vomiting**

Breakfast: same as Day 2  
Lunch & Supper: turkey or chicken sandwich, clear soup with vegetable and rice or noodles.

**PUSH FLUIDS and watch for signs of dehydration.**