

Leamington Mennonite Home
Long Term Care

**INFECTION CONTROL
POLICY AND PROCEDURE**

CATEGORY: Dietary Department	SUBJECT: Contingency Plan: Suspected Foodborne Illness Outbreak	SECTION: 1 POLICY: 2
DATE: July 12, 2022	Administrator's Signature: <u><i>J. M.</i></u>	
REVISION DATES: March 2024	IPAC Lead's Signature: <u><i>Loppola, Rv.</i></u>	

CONTINGENCY PLAN: SUSPECTED FOODBORNE ILLNESS OUTBREAK

POLICY:

There is a contingency plan for use when foodborne illness is suspected.

PROCEDURE:

Foodborne Illness Identification:

Most foodborne illnesses are a result of enteric infections or intoxications that result from pathogenic bacteria or viruses. Symptoms range from vomiting, nausea, diarrhea, and cramps, and can present as severe as paralysis, kidney failure, or even death.

Symptoms can arise after the consumption of the contaminated food over a wide range of time – from 30 minutes to as long as two weeks later. Most often, symptoms will appear between four hours and 48 hours after eating contaminated food.

The IPAC Lead will:

- 1) Review the daily surveillance record and if foodborne illness is suspected, immediately notify the local Public Health Unit (PHU), the DNPC.
- 2) Ensure there are public health approved, non-expired stool collection kits available, and staff are aware of their location, and importance of early collection.

The Nurse will:

- 1) Complete the information for the resident on the daily surveillance record on PCC.
- 2) Rule out foodborne illness if several residents are presenting with similar symptoms at the same time.
- 3) Notify the IPAC Lead that there are residents presenting with the symptoms of foodborne illness.

The Personal Support Worker will:

- 1) Report to nurse any residents with the following symptoms:
 - vomiting, nausea, diarrhea, or abdominal cramps
 - low output of urine or dark, thick, or foul-smelling urine
 - paralysis

Outbreak Management:

The Management team will:

- 1) Meet daily with the IPAC Lead, the local PHU, and the nurse(s) from the resident home area of the affected resident(s) to discuss resident conditions and any other relevant protocols initiated.

The Director of Dietary Services will:

- 1) Make available to the local PHU all food samples that have been frozen and that were available to residents 72 hours prior to symptoms. Procedures also discussed or to be made available are:
 - Nature of food preparations
 - Identity of suppliers
 - Personnel responsible for tasks
 - Hours of work
 - Menu, including records of alternative meals for one week prior to the outbreak
 - Recipe procedures
 - HACCP strategies that are in use
- 2) Review the following temperatures that were taken and recorded and note any variances:
 - Dishwasher
 - Fridge
 - Freezer
 - If product was prepared on-site, the beginning and final prep temperature
- 3) Cooperate fully with all investigation into the source of the illness.
- 4) Review proper food handling procedures and good personal hygiene practices with team.
- 5) Increase auditing of all processes.
- 6) Identify action plans for any deficiencies immediately.

The Nurse will:

- 1) Place any resident exhibiting symptoms of suspected foodborne illness on appropriate contact precautions until the cause of the illness is confirmed or ruled out.
- 2) Collect and submit for testing a sample of stool from the affected resident(s).