



Guidelines for Outbreak Prevention, Management and Control in Work Camps January 2018

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Glossary of Terms

AHS: Alberta Health Services.

Client: A person that stays at, visits or uses the services of a work camp, and does not have an operational or administrative role at the work camp.

Close Contact: Any person suspected to have been exposed to an infected person or environment and had the opportunity to become infected or colonized with the germs.

Gastrointestinal (GI) Illness - For GI case and outbreak definitions refer to Section 2: Gastrointestinal (GI) Illness.

ILI: influenza-like-illness. For ILI case and outbreak definitions, refer to Section 2 - Influenza-like-illness.

Medical Officer of Health (MOH): a physician with specific training and expertise in public health given authority under the Alberta *Public Health Act* to protect the health of the community, including control of communicable disease.

Medical Officer of Health (MOH) Designate: A member of the Public Health staff designated by the Zone Medical Officer of Health to assist with outbreak management in the Zone.

Outbreak: The occurrence of more cases of a communicable disease than expected in a given area or among a specific group of people over a defined period of time.

Person-in-charge: The most accountable staff member at a work camp. There are many different situations with work camps: some companies contract out these facilities (whole or part) for their workers, and there can be multiple companies with workers staying at one work camp. Therefore it is critical to establish who is the “Person in Charge” in a work camp, who must be assigned the responsibility to maintain internal communications with all service providers (including OHS) at that work camp, and communications with Public Health.

Personal Protective Equipment (PPE): Refers to protective clothing or equipment used by staff, service providers and/or volunteers who work directly in areas with staff/clients. PPE protects from disabling injury or illness, including exposure to an infectious agent.

Staff: A person that has an operational or administrative role at a work camp.

Work Camp: one or more buildings established to accommodate persons who are employed in mining, lumbering, construction, drilling, resource exploration or any other similar industry, and facilities associated with their operation

Work Camps often have one or more common dining, sleeping or bathroom facilities. Under these circumstances, transmission of common communicable diseases from an infected person is more likely to occur, either by person-to-person spread or contaminated object-to-person spread.

AHS recognizes that limited staffing, physical lay-out, shared accommodation, and communal areas at facilities can pose challenges for implementing the recommendations outlined in this document. In recognizing these challenges, many of the recommendations suggest different options that could be used. It is also anticipated that facilities may develop their own custom options to meet the recommendations of the Medical Officer of Health/designate when developing their contingency plans for outbreaks of communicable diseases.

The notification of outbreaks and other infectious disease threats to public health in Alberta is required under Section 26 of the provincial *Public Health Act*. The Medical Officer of Health (MOH) is responsible for appropriate outbreak response (Section 29).

Note: This is not a complete infection prevention and control document. Only the minimum infection control strategies necessary for managing outbreaks of influenza-like illness, gastrointestinal illness and rash illness outbreaks are outlined here. For more detailed information about infection prevention and control or information about other types of disease outbreaks, please contact your Zone MOH/designate (see Table 1).

In order to best serve the clients of Alberta, Alberta Health Services (AHS) has divided the province into five zones (see Figure 1, page 8). Under the leadership of the Senior Medical Officer of Health for Alberta Health Services, each zone is supported by zone-specific Medical Officers of Health. The Zone Medical Officers of Health have designated Public Health staff to assist with outbreak management in each Zone (Table 1). In this guideline, they are referred to as the **Medical Officer of Health (MOH)/ designate**.

Purpose

The purpose of this document is to provide guidelines for outbreak prevention, control and management in Work Camp facilities across Alberta.

What is the Goal of Outbreak Management Guidelines?

The goal of this document is to provide current best-practice/evidence-based outbreak management guidelines that help reduce the spread of communicable disease outbreaks in Work Camps. Early recognition of unusual activity and swift response are essential for effective management of outbreaks.

Alberta Health Services will work collaboratively with Work Camp Operators to facilitate prompt response to help minimize the impact and manage the spread of common communicable disease outbreaks, including influenza-like illnesses, gastrointestinal illnesses and rash illnesses for the benefit of clients, the health system and work camp operations.

There are several important activities in outbreak management that the MOH/designate will recommend to be carried out in order to achieve these goals. These activities are described in the following sections of this guideline:

- Section 1: General Guidelines for Outbreak Management
- Section 2: Influenza-like Illness (ILI) Outbreak Management
- Section 3: Gastrointestinal (GI) Illness Outbreak Management
- Section 4: Rash Outbreak Management

Who do you contact in Alberta Health Services to report a possible communicable disease outbreak?

To report an outbreak or ask a question about communicable diseases or outbreaks, please contact the Zone MOH/designate in your area (see Table 1). There are five geographic areas (zones) in Alberta Health Services as shown on the map on the next page.

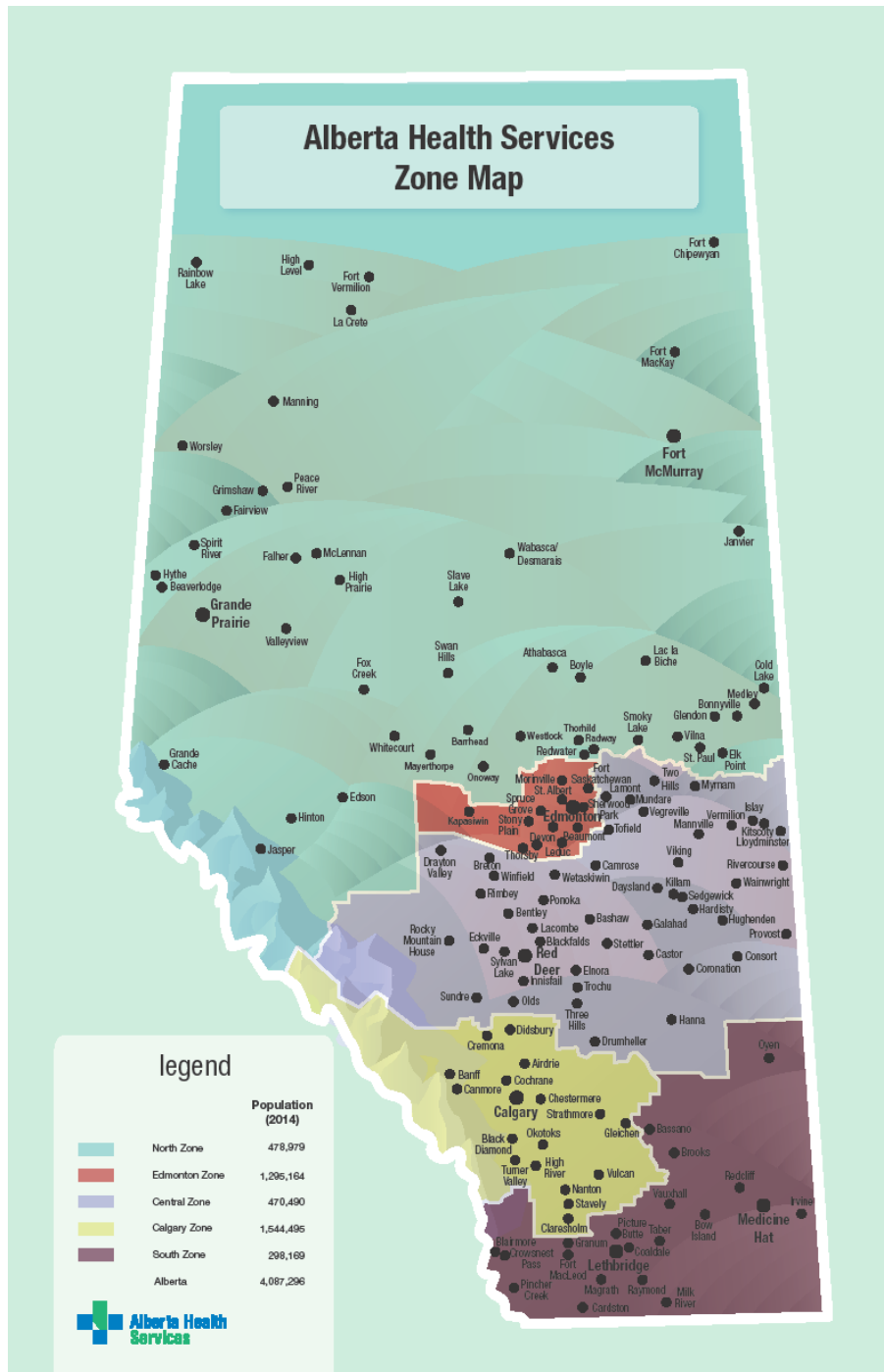
Table 1 provides contact information for notification of outbreaks or for questions about communicable diseases. During regular business hours (typically 8:30 a.m. – 4:30 p.m.) two sets of contact numbers appear:

- Environmental Public Health (EPH) – designated by the Zone MOH to assist with the outbreak management of gastrointestinal illnesses.
- Communicable Disease Control (CDC) – designated by the Zone MOH to assist with all other outbreaks.

If you are unsure which contact number to call, contact the Zone Communicable Disease Control Lead and they will be able to assist you. After regular hours and on weekends/holidays there is one on-call number for each Zone.

Figure 1. Alberta Health Services Zone Map

<https://www.albertahealthservices.ca/assets/zone/ahs-map-ahs-zones.pdf>



**Table 1: AHS Zone Medical Officer of Health/Designate Contacts
(Regular and After Hours)**

AHS ZONE	REGULAR HOURS Business hours may vary slightly from Zone to Zone, but are typically 8:30 am – 4:30 pm			AFTER HOURS
Zone 1 South	Communicable Disease Control	CDC Intake	587-220-5753	(403) 388-6111 Chinook Regional Hospital Switchboard
	Environmental Public Health	EPH CDC Lead	403-388-6689	1-844-388-6691
Zone 2 Calgary	Communicable Disease Control	CDC Intake	403-955-6750	(403) 264-5615 MOH On-Call
	Environmental Public Health	EPH Disease Control	403-943-2400	
Zone 3 Central	Communicable Disease Control	CDC Intake	403-356-6420	(403) 391-8027 CDC On-Call
	Environmental Public Health	24 Hour Intake	1-866-654-7890	1-866-654-7890
Zone 4 Edmonton	Communicable Disease Control	CDC Intake Pager	780-445-7226	(780) 433-3940 MOH On-Call
	Environmental Public Health	EPH		
Zone 5 North	Communicable Disease Control	CDC Intake	1-855-513-7530	1-800-732-8981 Public Health On-Call
	Environmental Public Health	EPH		

Roles and Responsibilities

This section describes the proposed roles and responsibilities for Alberta Health Services and for Work Camps.

What are Zone Medical Officer of Health/designate roles?

As stated in the *Public Health Act* Sections 26 and 29, the Zone MOH/designates have responsibility for appropriate outbreak response within their respective zones. This includes the following:

- Provide Alberta Health Services contact information for reporting outbreaks and for questions.
- Respond to any questions or concerns about managing outbreaks.
- Distribute the *Guidelines for Outbreak Prevention, Control and Management in Work Camps* as appropriate.
- Provide Work Camp facilities with information on how to identify potential outbreaks.
- Provide consultation on any reports of suspected outbreaks.
- Determine the need to initiate an outbreak investigation and declare an outbreak as appropriate.
- Advise on the appropriate outbreak control measures and then work collaboratively with Work Camp staff to implement these recommendations.
- Work with facility staff to determine education and training needs and facilitate access to educational resources as required.
- Declare the outbreak investigation over when appropriate.

What are the Work Camps' roles?

- Person-in-charge should assign responsible person(s) to monitor clients and staff to identify unusual patterns of illness at the Work Camp.
- Develop contingency plans to address the recommendations in the guidelines.
- Contact the Zone MOH/designate in your area with questions or concerns about the guidelines (see Table 1).
- Train and educate staff regarding the outbreak guidelines. Use Table 1 to contact your Zone MOH/designate with questions about training/educating staff.
- Notify the Zone MOH/designate (Table 1) if you think there may be an outbreak at your site.
- Implement the initial infection prevention measures outlined in the guidelines, as recommended by the Zone MOH/designate (see Section 1).
- Implement the specific communicable disease outbreak guidelines as recommended by the Zone MOH/designate. Although these recommendations may be challenging to implement, they are very important to prevent or control the spread of disease.
- Communicate Alberta Health Services recommendations for clinical assessment of clients and staff as indicated.
- Provide timely updates to the Zone MOH/designate during the course of an outbreak investigation as requested/required.

SECTION 1: GENERAL GUIDELINES FOR OUTBREAK MANAGEMENT IN WORK CAMPS

How are gastrointestinal illnesses, influenza-like illnesses and infectious rash illnesses spread?

Gastrointestinal illness (vomiting or diarrhea) is sometimes caused by a virus (such as norovirus). It can be transmitted directly from person-to-person or indirectly from the environment (e.g. a doorknob).



Influenza-like illness is often caused by viruses that are carried in the droplets coughed or sneezed into the air by infected people. The droplets can travel up to 2 metres and land directly on the mucous membranes of the eyes, nose, lips or mouth of another person and cause disease. The droplets can also cause disease if they land on a surface and then later come in contact with someone's mucous membranes, often through hand contact (e.g. a doorknob). The more crowded an area is the more likely transmission will occur.

Some rashes are spread from person-to-person while others can be caused by environmental irritants or other things.

What are some general strategies that can help manage and prevent spread of common communicable diseases?

(i) Monitor, Identify and Report

Work Camp staff should log all illness incidents and regularly watch for unusual patterns of illness in clients and staff at their site (e.g., diarrhea, vomiting, fever, cough or rash illness). This can be a challenge for large work camp settings; however, the more effective the monitoring, the earlier an outbreak can be detected and the easier it will be to bring under control.

When a higher than normal number of people with similar types of illness is identified over a short period of time (a few days), the facility should report this to the Zone MOH/designate promptly (Table 1). If you are uncertain if there is more illness than is normally expected, contact your Zone MOH/designate who can assist you.

(ii) How does the Zone MOH/Designate help?

When a suspected outbreak is reported to the Zone MOH/designate, they will assist you and your staff by providing information to help prevent further spread of the illness at your site. To do this, they need information about the potential outbreak, including:

- Reviewing the symptoms of ill individuals with you to see if they meet case definitions for influenza-like, gastrointestinal or rash illness (see Section 2, 3 and 4).
- Asking you when the illnesses started and how many individuals are ill in the facility to see if it is higher than would normally be expected.
- Asking you to track and report if more staff/clients become ill with the same symptoms so illnesses can be identified quickly and determine to what extent illness is spreading through your facility.

(iii) Implement Initial Infection Prevention and Control Measures

Outlined below are some general infection prevention and control measures that apply to all communicable diseases. If there is an outbreak in your facility, you will be advised to implement these measures. Later in this guideline, there are some disease-specific measures that may also be recommended (see Section 2 Influenza-like illnesses, Section 3 Gastrointestinal Illnesses and Section 4 Rash Illness).

a) *Hand Hygiene (Appendix C)*

Hand hygiene is one of the most effective ways to prevent or reduce the spread of germs that are responsible for many illnesses. Hands should be cleaned frequently with an alcohol-based hand sanitizer (minimum 70% alcohol) or soap and water. Anything that can be done to reduce barriers to hand hygiene, e.g. hand sanitizer next to the cafeteria line, providing soap and disposable towels etc. is best done before an outbreak arrives.



Hand hygiene is most important at the following times:

- Before eating or preparing food
- After coughing, sneezing, or blowing your nose
- Before and after contact with an ill person
- After touching dirty surfaces such as taps and doorknobs and after going to the bathroom



b) *Respiratory Etiquette (Appendix D)*

Respiratory etiquette is also essential in preventing the spread of illness - quite simply it is the right way to cover your cough:



3 Key Elements of Respiratory Etiquette

1. Covering cough/sneeze with a sleeve or tissue
2. Disposing of used tissues in garbage
3. Cleaning hands after coughing or sneezing

c) Isolation of Symptomatic People (Appendix A)

When possible, isolate ill people from others to decrease the person-to-person transmission of germs. Appendix A outlines some strategies as well as options for isolating those that are ill. Sending ill clients home (“changing out”) could result in illness spread (e.g. in the transport vehicle or plane). **Consult with Public Health before changing out ill clients.**

d) *Staffing Considerations*

- Anyone interacting with ill and potentially contagious people can reduce their risk of exposure to infected body secretions by wearing **Personal Protective Equipment (PPE)**. Facilities should have PPE available when needed. Facilities will also need to provide training on how to put PPE on and take it off (See Appendix B – Personal Protective Equipment).
- Staff should monitor themselves closely and notify their supervisor immediately if they become ill so they can be isolated appropriately. This is particularly important for food service workers that have vomiting and/or diarrhea. The Zone MOH/Designate can advise you when ill staff can return to their regular duties.
- The Zone MOH/designate may also advise you to minimize the movement of staff during an outbreak of a contagious disease. This can help prevent the spread of the illness to areas that are not affected by illness (See Appendix A – Isolation Strategies).

e) *Increased Cleaning and Disinfection*



During an outbreak it is important to increase the frequency of cleaning and disinfecting of high touch surfaces to at least twice daily. Some viruses can survive for several days on some surfaces.

Immediately clean and disinfect areas soiled with emesis or fecal material.

Staff doing the cleaning and disinfecting (including those handling dirty laundry) during an outbreak, should wear gloves and gowns. There is information about PPE in Appendix B.

Also refer to Appendix E – Increased Cleaning and Disinfection during an Outbreak.

f) *Food handling*

Germs from ill people (or from contaminated surfaces) can be transferred to food. During an outbreak, facilities should reinforce routine food safety and sanitation practices. Where possible, implement measures to minimize handling of shared food and items that may touch another person's food, such as:

- Discontinue self-serve buffet lines—have designated staff dispense food.
- Minimize handling of multiple sets of cutlery.
- Remove shared food containers from dining areas (e.g. shared pitchers of water, shared coffee cream dispensers, salt & pepper shakers, etc.).
- Dispense snacks directly to staff/clients and use pre-packaged snacks only.
- Ensure that food handling staff:
 - Practice good hand hygiene
 - Do not work in food handling areas if they are ill with gastrointestinal illness
- Ensure that all surfaces of the tables and chairs (including the underneath edge of the chair seat) are cleaned and disinfected after each meal.
- Staff assigned to housekeeping duties should not be involved in food preparation or food service.

Please note that the use of disposable plates and cutlery by ill staff/clients is not required during outbreaks. Please contact the Zone MOH/designate with any questions.

(iv) Consider Cancelling Group Activities

The Zone MOH/designate may recommend canceling scheduled events during the outbreak that involve groups of individuals. Continuing with these events during an outbreak can put additional people at risk of becoming ill. Consult Public Health with any questions about group/social activities, or other situations where clients may congregate during outbreaks.

On-going Monitoring

It is important that your staff are always watching for unusual patterns of illness.

Communication

The Zone MOH/designate will advise the facility:

- To inform staff and service providers that an outbreak is being investigated in the facility.
- To ensure appropriate PPE is used.
- To advise site visitors (see definition) to perform hand hygiene on arrival and exit and limit their movement throughout the facility.

Declaring Outbreak Over

Outbreak restrictions must remain in place until the outbreak has been declared over by the Zone MOH/ designate.

SECTION 2: INFLUENZA-LIKE ILLNESS OUTBREAK MANAGEMENT IN WORK CAMPS

What is ILI?

CASE DEFINITION FOR ILI:

Acute (new) onset of respiratory illness with fever (greater than 38°C) and cough, AND one or more of the following:

- Sore throat
- Joint pain
- Muscle aches
- Severe exhaustion

In persons 65 and older, fever may not be prominent.

How is ILI spread?

ILI is often caused by viruses that are transmitted by the droplets coughed or sneezed into the air by infected people. The droplets can travel for up to 2 metres and land directly on the mucous membranes of the eyes, nose, lips or mouth of another person and infect them. The droplets can also cause disease if they land on a surface and then later come in contact with someone's mucous membranes, often through hand contact (e.g. a doorknob). The more crowded an area is the more likely transmission will occur.

When is a person with ILI infectious?

From about one day before symptoms develop up to seven days after symptoms appear.

Unfortunately this means that the person can transmit the disease even before they know they are ill. However, regular and frequent hand hygiene together with good respiratory etiquette will still protect people.



How can you prevent the spread of ILI in your facility?

(i) Immunize your clients and staff.

Influenza virus is one of the viruses that can cause ILI and there is a vaccine that can help prevent the common types of influenza virus that circulate each year.

Seasonal influenza vaccine

One of the most important measures to prevent infection with and spread of influenza viruses is for everyone to be immunized every year before influenza season arrives (between mid-October and April). Annual seasonal influenza vaccine is available, free of charge, from mid-October from your community health care provider or Public Health Centre.

Since the influenza virus is always changing, the seasonal influenza vaccine is updated each year based on the recommendations of the World Health Organization (WHO).

- The seasonal influenza vaccine protects against the influenza virus strains most likely to circulate in the coming year. This means you need to get immunized every year.
- Seasonal influenza vaccine helps to protect people against infection with seasonal influenza.
- It takes about two weeks for the individual to develop protection.

Please call Health Link (dial 8-1-1) for information regarding influenza immunization and where to access vaccine in your community or you can view the clinic schedules for influenza vaccine on the Alberta Health Services website at the following link:

www.albertahealthservices.ca/influenza.asp .

(ii) Monitor staff, clients and visitors to ensure recognition of outbreaks as early as possible.

The earlier an outbreak of ILI is identified, the earlier control measures can be started to minimize the impact and manage the spread of ILI. To the best of your ability, continually monitor your staff and clients for signs and symptoms of ILI.

(iii) Identify potential ILI using the case definition

Please refer to the case definition at the beginning of Section 2 or contact the Zone MOH/designate (see Table 1) if you are unsure.

(iv) Recognize when there may be an outbreak

In general, an outbreak of ILI would be an increase in the number of people who are ill with ILI symptoms within a seven-day period.

If you are unsure if there is an outbreak, contact the Zone MOH/designate for your area (See Table 1).

(v) Report ILI outbreaks to the Zone MOH/Designate

It is important to report ILI outbreaks to the Zone MOH/designate as soon as possible using the zone contact information from Table 1. The Zone MOH/designate can provide the best information to help bring the outbreak to an end sooner.

The type of information needed to assess ILI at your facility includes, but is not limited to:

- name, address, and main telephone number of facility
- facility contact for the MOH/designate (It is helpful if this person is familiar with the infection control and outbreak protocols)
- total number of staff and clients at the facility
- number of staff and clients affected
- onset date of symptoms
- ILI symptoms that are being noticed
- duration of illness in those who are ill
- information regarding any medical assessment or physician diagnosis
- severity of the illness (hospitalizations, deaths)
- any infection control measures that have already been implemented

(vi) Implement Initial Infection Prevention and Control Measures

a) Hand Hygiene

See Appendix C for information on Hand Hygiene.

b) Respiratory Etiquette

See Appendix D for information on Respiratory Etiquette.

- c) *Isolation of Symptomatic People*
See Appendix A for Isolation Strategies.
- d) *Staffing Considerations*
See Section 1; Initial Infection Prevention and Control Measures
- e) *Increased Cleaning and Disinfection*
See Appendix B – Personal Protective Equipment and Appendix E – Increased Cleaning and Disinfection During and Outbreak
- f) *Food Handling*
See Section 1; Initial Infection Prevention and Control Measures
- g) *Consider Canceling Group Activities*
See Section 1; Initial Infection Prevention and Control Measures

What should you communicate during an ILI outbreak?

- Inform all staff and clients that an ILI outbreak is occurring in the facility
- Site visitors should be asked to report to reception where they would be advised of personal precautions including proper hand hygiene before and after visiting.
- Encourage staff and clients not to work when they are ill.
- Encourage any site visitors not to visit when they are ill.
- Post signs in conspicuous areas (see sample sign in Appendix F) to communicate outbreak information to staff, clients and visitors.

When should you seek medical care for ILI?

Not all individuals with ILI need to be hospitalized. Facilities should make arrangements for isolated individuals to continue to receive their meals and provide a designated staff person to be their contact. Ill individuals should seek medical attention if their symptoms worsen and they exhibit any of the following: high fever/chest pain/shortness of breath; decreased level of consciousness; confusion; severe dehydration (sunken eyes, decreased urination, leathery skin). It may be necessary to call 9-1-1 if an individual needs emergency care.

Advice for care of ill individuals can be obtained by calling Health Link or on-line health information can be accessed on the My Health Alberta website at the following link:
<https://myhealth.alberta.ca/health/pages/conditions.aspx?hwid=hw122012>

When is the ILI outbreak declared over?

The Zone Medical Officer of Health/designate will ask facility staff to continue to monitor for and report cases of new illness. Outbreak measures remain in place until the outbreak has been declared over by the Zone MOH/designate.

Watching for ILI after the outbreak

It is important to continue to monitor for ILI for a few days after the outbreak is over. Contact the Zone MOH/designate if new, unusual levels of ILI are observed after the outbreak is over.

*If you are unsure what type of medical care is needed (clinic or emergency care)
Health Link can provide information about diseases and treatments and can help you to
find the appropriate medical care. Call **811***

SECTION 3: GASTROINTESTINAL ILLNESS OUTBREAK MANAGEMENT IN WORK CAMPS

What is GI Illness?

CASE DEFINITION FOR GI ILLNESS:

At least **ONE** of the following criteria must be met and not be attributed to another cause (e.g. Clostridium difficile diarrhea, medication, laxatives, diet or prior medical condition etc.):

- 2 or more episodes of diarrhea (i.e. loose or watery stools) in a 24 hour period, above what is normally expected for that individual, OR
- 2 or more episodes of vomiting in a 24 hour period, OR
- 1 or more episodes of vomiting AND diarrhea in a 24 hour period, OR
- One episode of bloody diarrhea

How is Gastrointestinal (GI) Illness spread?

Gastrointestinal illness (vomiting or diarrhea) is sometimes caused by a virus (such as norovirus). It can be transmitted directly from person-to-person or indirectly from the environment (e.g. a doorknob). People with GI illness may shed millions of virus into the environment from their vomit or stool. The more crowded an area is the more likely transmission will occur. Gastrointestinal illness may be spread by food but an outbreak does not automatically imply food-poisoning. Transmission of illness is often by the fecal-oral route (people or surfaces contaminated by stool, even microscopically) and thus hand-washing is essential to limit spread.

When is a person with GI illness infectious?

Usually, while ill with vomiting or diarrhea and up to 48 hours after these symptoms disappear.

Unfortunately this means that the person can transmit the disease for a short period even after the symptoms go away. However frequent hand washing, will still protect people.

How can you prevent the spread of GI Illness in your facility?

(i) Monitor clients and staff to ensure recognition of outbreaks as early as possible

The earlier an outbreak is identified the earlier control measures can be started to minimize the impact and manage the spread of GI illnesses. Continually monitor clients and staff to see if they meet the case definition for gastrointestinal illness that appears above.

(ii) Identify potential GI illness in clients and staff using the GI illness case definition

See the case definition listed above

(iii) Recognize when there may be an outbreak of GI illness

In general, an outbreak is “more of an illness than we’d expect”, and so it is facility staff that will know best if a GI illness outbreak is occurring at Work Camp site.

One suggested definition of a gastrointestinal illness outbreak is two or more clients or staff at a facility that have new GI illness, with initial onset within 48 hours of each other.

If you are unsure if there is an outbreak, contact the Zone MOH/designate for your area (See Table 1: AHS Zone Public Health Contacts).

(iv) Report GI Illness outbreaks to the Zone MOH/Designate

It is important to report GI illness outbreaks to the Zone MOH/designate as soon as possible. They can provide the best information to help bring the outbreak to an end sooner.

The following information that is needed to assess the GI illness at your facility includes, but is not limited to:

- name, address, and main telephone number of Facility
- facility contact person for the MOH/designate to communicate with (It is helpful if this person is familiar with the infection control and outbreak protocols)
- total number of clients and staff at the facility
- number of clients and staff affected
- onset date of symptoms
- GI symptoms that are being noticed
- duration of illness
- information regarding any medical assessment or physician diagnosis
- any infection control measures that have already been implemented

(v) Implement the Initial Infection Prevention and Control Measures

- a) *Hand Hygiene*
See Appendix C for information on Hand Hygiene.
- b) *Isolation of Symptomatic People*
See Appendix A for Isolation Strategies.
- c) *Staffing Considerations*
See Section 1; Initial Infection Prevention and Control Measures
- d) *Increased Cleaning*
See Appendix B – Personal Protective Equipment and Appendix E – Increased Cleaning and Disinfection During and Outbreak
- e) *Food Handling - see Section 1; Initial Infection Prevention and Control Measures*
- f) *Consider Cancelling Group Activities*
See Section 1; Initial Infection Prevention and Control Measures

What should you communicate during a GI outbreak?

- Inform all staff and clients that a GI outbreak is occurring in the facility.
- Site visitors should be asked to report to reception where they would be advised of personal precautions including proper hand hygiene before and after visiting.
- Encourage staff and clients not to work or visit the Work Camp when they are ill.
- Post signs in conspicuous areas (see sample sign in Appendix F) to communicate outbreak information to staff and clients.

When should you seek medical care for a client/staff with GI illness?

It is important to plan on the assumption that not all individuals who are ill need to be hospitalized. Facilities should provide food and water to isolated individuals and designate a staff person to be their contact. Ill individuals should seek medical attention if their symptoms worsen and they exhibit any of the following: decreased level of consciousness; bloody diarrhea; confusion; severe dehydration (sunken eyes, decreased urination, leathery skin). It may be necessary to call 9-1-1 if an individual needs emergency care.

If you are unsure what type of medical care is needed (clinic or emergency care), [Health Link](#) can provide information about diseases and treatments and can help you to find the appropriate medical care. Call **811**

When is the GI illness outbreak declared over?

Outbreak restrictions remain in place until the outbreak has been declared over by the Zone MOH/designate. The guideline for declaring an outbreak over is:

- 48 hours from symptom resolution in the last case.

OR

- 96 hours from onset of symptoms in the last case.

Whichever occurs first.

Watching for GI illness after the outbreak

It is important to closely watch for GI illness in clients and staff in the few days after the outbreak is over. Contact the Zone MOH/designate if new GI illness is observed after the outbreak is over.

SECTION 4: RASH OUTBREAK MANAGEMENT IN WORK CAMPS

What is a rash?

A rash is a change in skin color/texture/appearance that may be present in just one area or spread all over the body. Symptoms can include redness, “spots”, itching, or fluid-filled blisters. Fever or cold-like symptoms may also be present, depending on the cause. Some rashes are easily spread from person-to-person while others can be caused by environmental irritants.

Recognize when there may be a rash outbreak

A rash outbreak is generally defined as: rash onset within a 10-day time frame in two or more individuals that share common living spaces (e.g. dining room, kitchen, washroom, sleeping accommodations) or prolonged time together in the same confined space (e.g. room, vehicle).

If you are unsure if there is an outbreak, contact the Zone MOH/designate for your area (See Table 1).

Report rash outbreaks to the Zone MOH/Designate

It is important to report outbreaks of rash illness to the Zone MOH/designate as soon as possible (Table 1). The Zone MOH/designate can provide the best information to help bring the outbreak to an end sooner, such as enhanced environmental cleaning for outbreaks associated with bed bugs. Although many rashes are mild and may not be contagious, some rashes can be more serious for people, including contacts of the person with the rash.

APPENDICES

Appendix A – Isolation Strategies

It is recognized that Work Camp facilities may encounter a range of issues when attempting to provide isolation for ill individuals. Factors that will impact ability to isolate include physical layout of the facility, staff availability, and type of services offered.

Important factors to consider when choosing isolation options include:

- Sending ill clients home (“changing out”) could result in illness spread (e.g. in the transport vehicle or plane). **Consult with Public Health before changing out ill clients.**
- Ill individuals need easy access to washroom facilities, preferably restricted for their use only.
- Ill individuals need access to food, drinks and potentially medication.
- The MOH/designate will advise how long individuals need to remain isolated.

Isolation Strategies – Influenza-like Illnesses

Restrict individuals with ILI to private rooms

Whenever possible, individuals with ILI should be “isolated”, that is, remain in their rooms with meal service. It is recognized that it can be a challenge to find private rooms for individuals in Work Camps.

Restrict individuals with ILI to a separate dorm or wing

When it is not possible to isolate individuals with ILI to private rooms, consider isolating ill individuals together in a separate room or separate area, floor or wing.

Arrange sleeping quarters as needed so that the distance between individuals that are ill with ILI symptoms and individuals that are not ill with ILI symptoms is at least 2 metres.

Staff working in the areas with individuals that have ILI should avoid or minimize contact with individuals that are not ill, including their physical space. The facility should also consider minimizing movement of staff between floors/areas, especially if some areas are unaffected.

Staff who have been immunized with the current year’s seasonal influenza vaccine should be assigned to care for symptomatic ILI individuals, if possible. This minimizes the risk of further cases of illness.

Exclude staff and clients with ILI from work until they are over their acute symptoms and have been without fever for at least 48 hours. This minimizes the chance of further spread.

Restrict interactions with site visitors and other groups during an outbreak

Group gatherings provide increased opportunity for germs to be spread from person to person. Ill and potentially contagious individuals should not participate in any group activities at the facility. The Zone MOH/designate will advise the facility staff if group activities should be suspended during the outbreak.

Clients and staff of the facility may become infected and carry the germs back to their home. Facility staff should advise clients that there is an outbreak and clients should be instructed to use appropriate precautions if it is necessary for them to be present in the facility.

Isolation Strategies – Gastrointestinal Illnesses

Restrict clients with GI illness in private rooms

Whenever possible, symptomatic clients (those with vomiting or diarrhea), should be “isolated”, that is, remain in their rooms with meal service until they have been without vomiting or diarrhea for 48 hours

Restrict clients with GI illness to a separate dorm or wing

When it is not possible to isolate clients with GI illness to private rooms, staff may consider isolating clients ill with GI illness together in a separate room, separate area, separate floor or wing. If clients are moved in this way, it is crucial to fully clean the room that sick clients are leaving before putting non-affected clients into the room.

Staff working in the areas with clients with GI illness should avoid or minimize contact with staff/clients who are not ill, including their physical space

Staff that work near isolated individuals (e.g. cleaning staff) should avoid contact with staff and clients who are not ill with GI illness. The facility should also consider minimizing movement staff/clients between floors/areas especially if some areas are unaffected.

Exclude staff and service providers with GI illness from work while ill with vomiting or diarrhea and for a minimum of 48 hours after vomiting and diarrhea have resolved.









This minimizes the risk of further cases of illness.

Handling soiled laundry from ill client’s room

Consult with Public Health regarding safe handling of soiled laundry from ill client rooms.

Appendix B – Personal Protective Equipment (PPE)

Anyone interacting with ill and potentially contagious people can reduce their risk of exposure to infected body secretions by wearing **Personal Protective Equipment (PPE)**. Facilities should have PPE available when needed.

	Influenza-like Illness	GI Illness	Rash	
Gloves				<p>Wear non sterile gloves when in contact with symptomatic individuals and infected body secretions. For environmental cleaning and disinfecting, general-purpose reusable utility rubber gloves are appropriate.</p> <p>Gloves should be used as an additional measure and not as a substitute for hand hygiene. Clean your hands before and after wearing gloves.</p>
Masks		Not Required	May be Required*	Wear surgical/procedure masks when in contact with individuals with ILI/Influenza. Individuals with ILI/Influenza should wear masks when outside their isolation area.
Eye Protection		Not required	May be Required*	Eye protection (goggles) or face shields should be worn by staff any time a surgical/procedure mask is used.
Gowns				For direct contact with a symptomatic individual or their environment including any staff cleaning potentially infected areas.

*Masks/eye protection may be required for some types of rash illness. Consult with MOH/MOH designate and/or site medical designate to determine whether masks are recommended on a case by case basis.

Note: PPE is for single use only. Some equipment is cleanable, for example cloth gowns which are laundered and may be used again, but most PPE equipment is disposable and is for single use only.

For influenza-like illnesses

- When staff interact with isolated individuals, wear appropriate PPE (gown, mask, eye-protection and non-sterile gloves) and sit next to rather than in front of them if you need to be within 2 metres.

For GI illnesses

- Ensure that personal protective equipment (gowns and gloves) is available for staff that will be in contact with surfaces heavily contaminated with vomit or diarrhea.
- Staff doing the cleaning and disinfecting (including dirty laundry) should use utility gloves and gowns.

For Rash

- When staff interact with isolated individuals, wear appropriate PPE when required. Type of PPE required depends on rash illness identified. Consult with MOH/designate to determine appropriate PPE on a case-by-case basis.

(i) Putting on (Donning) Personal Protective Equipment (PPE)

<https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-donning-ppe-poster.pdf>

1 HAND HYGIENE



A Using an alcohol-based hand rub is the preferred way to **clean your hands**.

B If your hands look or feel dirty, soap and water must be used to wash your hands.

2 Gown




A Make sure the gown covers from neck to knees to wrist.

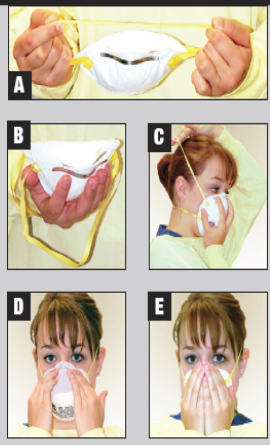
B Tie at the back of neck and waist.

3 Procedure/surgical mask

- ◆ Secure the ties or elastic bands around your head so the mask stays in place.
- ◆ Fit the movable band to the nose bridge. Fit snugly to your face and below chin.




N95 respirator



- A** Pre-stretch both top and bottom straps before placing the respirator on your face.
- B** Cup the N95 respirator in your hand.
- C** Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.
- D** Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.
- E** Fit check the N95 respirator.

4 Eye protection or face shields



- ◆ Place over the face and eyes and adjust to fit.

5 Gloves




- ◆ Pull the cuffs of the gloves over the cuffs of the gown.

(ii) Taking off (Doffing) Personal Protective Equipment (PPE)

<https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-doffing-ppe-poster.pdf>

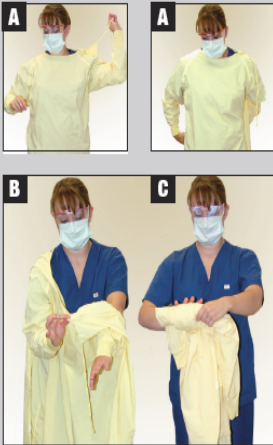
1 Gloves



A Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.

- ◆ Hold the glove in the opposite gloved hand.
- B** Slide an ungloved finger or thumb under the wrist of the remaining glove.
- C** Peel the glove off and over the first glove, making a bag for both gloves.
- ◆ Put the gloves in the garbage.

3 Gown




A Carefully unfasten ties.

B Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.

C Turn the gown inside out during removal.

- ◆ Put in hamper or, if disposable, put in garbage.

5 Eye protection or face shield



- ◆ Handle only by headband or ear pieces.
- ◆ Carefully pull away from face.
- ◆ Put reusable items in appropriate area for cleaning.
- ◆ Throw disposable items into garbage.

2 HAND HYGIENE



A Using an alcohol-based hand rub is the preferred way to **clean your hands**.

B If your hands look or feel dirty, soap and water must be used to wash your hands.

4 HAND HYGIENE



- ◆ **Clean your hands.** (See No. 2)
- ◆ Exit the patient room, close the door and **clean your hands** again.

6 Mask or N95 respirator



- ◆ Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- ◆ Start with the bottom tie, then remove the top tie.
- ◆ Throw the mask in the garbage.

7 HAND HYGIENE

- ◆ **Clean your hands.** (See No. 2)

Criteria for selecting eye protection

- Prescription eye glasses are not acceptable as eye protection.
- Eye protection must provide a barrier to splashes from the side.
- May use reusable goggles or disposable face shields.
- Reusable goggles must be cleaned and disinfected after each use.

Tips on selecting gloves

- The Public Health Agency of Canada recommends disposable medical gloves made of rubber, vinyl, nitrile, neoprene or latex.
- Medical gloves should never be used when handling cleaning chemicals. For environmental cleaning and disinfecting, general-purpose reusable utility rubber gloves are appropriate.

Cleaning reusable utility gloves

- Utility gloves should be washed inside and out after each use and hung to air dry.
- Utility gloves should only be used by one person and the cleaner may choose to wear disposable gloves inside the utility glove for comfort.

Appendix C – Hand Hygiene - Clean your hands properly

Hand hygiene is one of the most effective ways to prevent or reduce the spread of germs that are responsible for many illnesses. Hands should be cleaned frequently with an alcohol-based hand sanitizer (minimum 70% alcohol) or soap and water. Anything that can be done to reduce barriers to hand hygiene, e.g. hand sanitizer next to the cafeteria line, providing soap and disposable towels etc. is best done before an outbreak arrives.



(i) How to wash hands with soap and water

1. Use regular soap (e.g. liquid soap). Antibacterial soap is not necessary and can promote resistance to antibiotics.
2. Wet hands with warm, running water and lather well.
3. Rub the hands together for about the amount of time it would take to sing the song, "Twinkle, Twinkle, Little Star" (about 15–20 seconds).
4. Scrub all over, including the backs of the hands, the wrists, between the fingers and under the finger nails.
5. Rinse under running water (for about 10 seconds).
6. Dry with a clean or disposable towel.
 - o If using a public restroom, use a disposable towel to turn off the faucet to avoid further contact with the tap.

Store liquid soaps in closed containers and do not top up liquid soap containers. When the soap container is empty, it should be washed and dried before refilling with liquid soap.

(ii) How to clean hands with hand sanitizer (gels, liquids and foams)



When soap and water are not available and hands are not visibly dirty, hand sanitizers with a concentration of at least 70 per cent alcohol is an excellent choice to use.

1. Put the hand sanitizer (gel, liquid or foam) on the palm of the hand and rub hands together.

2. Cover all surfaces, including fingers and wrists, and rub until dry (about 15–25 seconds). Concentrate on finger tips, between fingers, backs of hands and base of thumb.
 - **Hand sanitizers don't work if hands are dirty.** When hands are dirty, wash with soap and water. If soap and water are not available, use a pre-moistened towelette to remove visible dirt. Then use a hand sanitizer as described above. Hand sanitizers have moisturizers in them allowing less skin dryness and irritation than hand washing.

(iii) When to wash your hands

a) Wash your hands before:

- Handling or eating food.
- Performing personal hygiene that involves your eyes, nose or mouth.
- Providing care (to protect the next employee).
- Using gloves.

b) Wash your hands after:

- Contact with a person who is ill or their immediate environment.
- Using gloves.
- Going to the toilet.
- Blowing your nose.
- Coughing or sneezing into hands.
- Handling garbage.
- Touching surfaces or equipment, especially soiled surfaces.
- Providing care to clients (to protect the person).

(iv) Promoting hand hygiene

- Teach staff and clients how to clean their hands.
- Post signs reminding everyone to do hand hygiene.
- Make hand hygiene supplies easily accessible, such as alcohol-based hand rub, soap, water, disposable towels, and garbage cans.
- Provide liquid soap for hand washing and towels to avoid contamination.
- Do anything that can be done to reduce the barriers to hand hygiene, e.g. hand sanitizer next to the cafeteria line; providing soap and disposable towels in washrooms.

It is best to have these preventive measures in place before an outbreak occurs.

Appendix D - Respiratory Etiquette

Respiratory Hygiene is the recommended method for preventing transmission of respiratory illness. Quite simply, it is the right way to cover your cough!

3 Key Elements of Respiratory Etiquette are:

1. Covering cough/sneeze with a sleeve or tissue.
2. Disposing of used tissues in garbage.
3. Washing hands after coughing or sneezing.

People should be encouraged to cover their mouth and nose when they cough or sneeze. This will help stop the spread of germs that can make people ill. It is important to keep your distance from people who are coughing or sneezing, if possible.

Cover Your Cough



Avoid touching your eyes, mouth and nose

Influenza spreads when the infected secretions from the mouth or nose of one person come into contact with the mucous membranes (mouth, nose or eyes) of another person. Without even realizing it, you may touch the infected nose and mouth secretions of someone who has influenza (e.g., by shaking hands). If you go on to touch your mouth, nose or eyes, the influenza virus may gain entry into your body causing infection.

Encourage people to practice respiratory etiquette at all times



Cover Your Cough

Stop the spread of germs
that make you and others sick!



cough or sneeze into your
sleeve, not your hands

OR



cover your mouth and
nose with a tissue put your used tissue
in the waste basket

Clean your hands after coughing or sneezing



wash your hands with
plain water and soap

OR



clean with waterless
hand cleaner

Cover Your Cough
Issued by: Infection Prevention and Control
Approved by: Pandemic (H1N1) 2009 Steering Committee

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Appendix E – Increased Cleaning and Disinfection during an Outbreak

During an outbreak situation there is a need to increase the frequency of cleaning and disinfecting of high touch surfaces to at least twice daily. Some viruses can survive for several days on some surfaces and under ideal conditions may still be capable of causing infection after more than a week.

- Cleaning and disinfecting is a two-step process that uses a “wipe twice” procedure to first clean and then disinfect. Wipe surfaces thoroughly to clean visibly soiled material, then wipe again with a clean cloth saturated with prepared disinfectant. To ensure product effectiveness, make sure to follow the directions on the disinfectant product label.
- Increase cleaning and disinfection of high touch surfaces include tabletops, light switches, door knobs, hand rails, sink taps, bathroom surfaces, kitchen counter tops, shared use objects, etc.
- Staff doing the cleaning and disinfecting (including dirty laundry) should use gloves and gowns (refer to Personal Protective Equipment in Appendix B).
- If possible, any furniture/equipment that is shared should be cleaned between uses or on a regular basis, whichever is appropriate.
- A thorough cleaning and disinfecting should be performed after the outbreak is over.

Cleaning for ILI Outbreaks

The influenza virus is easily killed by regular cleaning products. Organizations should follow their current procedures for cleaning and disinfecting. Garbage from a person with known or suspect influenza may be placed with the regular garbage for disposal. Wear recommended PPE (see appendix B).

Cleaning for GI Outbreaks

GI illness viruses are “tough” and are resistant to many disinfectants. It should be emphasized that thoroughness of cleaning is more important in outbreak control than the choice of disinfectant used. However, based on public health’s best information, the disinfectants listed below are recommended. Thankfully, one disinfectant that works well is inexpensive and widely available—household bleach.

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

Hypochlorite (household bleach) at a concentration of 1000 parts-per-million see below.

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.

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 Alberta Health Services facilities is 0.5% accelerated hydrogen peroxide. There are other products available with this label claim.

Remember to wear recommended PPE (see Appendix B).

Cleaning for Rash Outbreaks

Organizations should follow their current procedures for cleaning and disinfecting. Garbage from a person with rash may be placed with the regular garbage for disposal. Wear recommended PPE (see Appendix B).

Please call the Zone MOH/Designate if you have any questions about increased cleaning and disinfection.

Appendix F: Sample Outbreak Sign

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-facility-outbreak-stoplight-poster-colour.pdf>

OUTBREAK !

In this Facility

Do not visit
if you are
sick

**Visiting is
Restricted**
Please check with
front desk or staff

**Clean your
Hands**
before entering
when leaving

Alberta Health
Services

Protect Yourself and Others

Additional Resources

Alberta Health Services Influenza disease and immunization information:

<https://www.albertahealthservices.ca/>

My Health Alberta for general information on many diseases

<https://myhealth.alberta.ca/>

ILI Case Definition - Adapted from the FluWatch ILI definition, available at

<http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/flu-grippe/surveillance/index-eng.php>

GI Illness Case Definition - AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites or Supportive Living and Home Living Sites,

<https://www.albertahealthservices.ca/assets/healthinfo/Diseases/hi-dis-flu-prov-hsl.pdf>