



## DAYCARE ENTERIC OUTBREAK CONTROL MEASURES

Facility: \_\_\_\_\_ Outbreak Number: 2239 - \_\_\_\_\_ - \_\_\_\_\_

**Case Definition:** A case is defined as a child or staff member who has been in the facility within the last 48 hours and is experiencing:

- Two or more episodes of unformed or watery stool within a 24-hour period OR
- Two or more episodes of vomiting within 24-hours OR,
- One episode of unformed or watery stool and one episode of vomiting within 24-hour period,
- At least one symptom compatible with enteric infection-nausea, vomiting, diarrhea, abdominal pain or tenderness AND lab confirmation of a known gastrointestinal pathogen.

### Enteric Outbreak-Definition:

Two or more cases in the facility (as defined above) within any 24 hour period.

SURVEILLANCE	Start Date	Stop Date
<input type="checkbox"/> Line listing of children– FAX to HCHU daily if new cases (519) 482-7820		
<input type="checkbox"/> Line listing of staff – FAX to HCHU daily if new cases (519) 482-7820		
PERSONAL PROTECTION		
<input type="checkbox"/> Hand Hygiene – Hand washing and use of alcohol sanitizers, use of sanitizers in children must be done under staff supervision-reinforce importance, post signs, stock supplies		
<input type="checkbox"/> Gloving – for direct child care such as changing diaper and cleaning the environment when fecal and vomits spillage exist; discard immediately after use and, wash your hands immediately		
CHILDREN		
<input type="checkbox"/> Restrict any ill child that meets the case definition in a separate room from other children until the parents come and take the child home		
<input type="checkbox"/> Children with one episode of one symptom:– either treat child the same as a you would a case, or as a minimum, put the child in a separate room and observe for at least two hours. If you observe more episodes or more symptoms, the child is then deemed a case. Call the parents or guardian of the child to come and pick up the child using same precautions as a child meeting case definition and add the child name to the line list.		
<input type="checkbox"/> Restrict children with same symptoms in same room / Cohort where feasible until parents come and pick up their children		
<input type="checkbox"/> Exclude all ill children from the daycare until they have been 48 hours absolutely symptom free		
<input type="checkbox"/> Closely monitor kitchen staff and exclude them from the daycare at the first sign of any symptoms (Notify the Health Unit immediately)		
<input type="checkbox"/> In the case of enteric symptoms in kitchen staff, carry out through environmental cleaning and disinfecting of the kitchen area and staff washroom		
STAFF/VOLUNTEERS		
<input type="checkbox"/> Advise staff to report symptoms to the daycare supervisor		
<input type="checkbox"/> Exclusion of ill staff/volunteers until 48 hours completely symptom-free		
<input type="checkbox"/> Working/ volunteering at other facilities – avoid working at another facility especially in other daycare, nursing home, hospital or food premises		

NOTIFICATION		
<input type="checkbox"/> Notify the health unit as soon as you suspect an outbreak		
<input type="checkbox"/> Notify parents of the outbreak and the importance of keeping their child away from the facility until they have been symptom free for a minimum of 48 hours		
ACTIVITY RESTRICTIONS		
<input type="checkbox"/> Stop sensory tables activities until the outbreak is over		
<input type="checkbox"/> Stop water play activities until the outbreak is over		
ENVIRONMENTAL CONTROLS		
<input type="checkbox"/> Enhanced environmental cleaning e.g. washrooms and all contact area, handrails, table tops		
<input type="checkbox"/> Cleaning and Disinfection – check concentration and contact time and confirm with Public Health the appropriate sanitizer is being used		
<input type="checkbox"/> Toy cleaning and disinfecting - consider more frequent and thorough cleaning and disinfecting of toys or other objects used by children during the outbreak. Please call the health unit to obtain information regarding the appropriate disinfectant.		
<input type="checkbox"/> Ensure availability - of handwashing supplies, hand sanitizer, disposable diapers, etc.		

**Medical Intervention:**


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**Outbreak Resolution Criteria:** 2 days after the last case was excluded from the facility or whatever is the period of the communicability for the pathogen - please contact the Huron County Health Unit for the further recommendation.

**Other Relevant Information:**


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**Communication/Contacts:**

	Name	Phone/Ext.	Pager	Comments
Public Health Nurse		482-3416 ext. ____		
Public Health Inspector		482-3416 ext. ____		
Public Health Manager or Designate		482-3416 ext. ____		
Contact individual at the Facility				
Media Contact Health Unit		482-3416 ext. ____		

**Investigator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_