**Acute Respiratory Infections [ARIs]**

**(including COVID-19 and Influenza)**

**Checklists for Care Settings**

**Aims & Objectives**

Aim: To assist residential adult social care settings in managing single cases and outbreaks of acute respiratory infections (ARIs) efficiently and effectively to:

1. reduce the number of cases, the severity of illness, the number of potential deaths
2. to reduce disruption to the provision of health and social care services

Objectives: To ensure:

1. appropriate measures are taken to prevent and control outbreaks

2. suspected outbreaks are detected early, and control measures are initiated promptly

3. relevant information is documented to allow review by the care settings and the Health Protection Team

**Key Messages: The 3 Ps**

**Prevention** is the most effective method of stopping transmission and outbreaks **before** they happen. Infection prevention and control measures should be in place in care and supported living settings at all times

**Preparedness** is about thinking ahead. Is the service resilient enough? How ready are you are to act in the event of an outbreak or incident? What will make you vulnerable? What risks do you have? Do you have clear instructions on what to do? Do you have business continuity plans e.g. other staff to draw on if required?

**Protection** is about quick detection. Recognising illness early and acting quickly protects resident and staff health; and helps to stop infections from spreading.

**Some Similarities and Differences between COVID-19 and Flu**

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|  | **COVID-19** | **INFLUENZA (Flu)** |
| **Similarities** | Both are infectious respiratory illnesses but caused by different viruses   * Some similar signs and symptoms (for differences see below) hence **testing** is required to confirm diagnosis * Can be asymptomatic, mild to severe disease and death possible * Transmitted by direct contact (person to person), droplets, aerosols and fomites * Possible to spread the virus for at least 1 day before symptoms develop | |
| **Differences** | * **Incubation period** = **Time from exposure to symptoms:**  Longer than flu. 1-14 days after exposure; usually 5 - 7 days. * **Infectious period**: Longer. From 2 days before to 10 days after onset of symptoms * **Therapeutic agents** include **antivirals and monoclonal antibody** - only for specified vulnerable groups | * **Incubation period** = **Time from exposure to symptoms:** Shorter than COVID-19. Usually 1-3 days, but possibly up to 5 days. * **Infectious period**: Shorter. From 12 hrs before to 3-5 days after onset of symptoms. * **Antivirals** used primarily for at-risk groups in closed settings |
| **Key Symptoms** | New continuous cough  AND/OR  Fever > 37.8  AND/OR  Loss of or change in smell/ taste | Fever > 37.8  AND  new onset or acute worsening of one or more respiratory symptoms: cough, hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing |
| Elderly people with multiple other health problems, may present with no fever but a rapid deterioration in physical or mental ability | |
| **Other symptoms** | Shortness of breath  Fatigue (tiredness)  Loss of appetite  Muscle aches  Sore throat  Headache  Nasal congestion  Diarrhoea, nausea and vomiting | Headache  Aching muscles  Aching joints |

Note

COVID-19 is the name given to the disease caused by the virus SARS-CoV-2 (often just called the COVID-19 virus)

**Definitions**

1. **Case definition for COVID-19**

**Possible/Suspected case of COVID-19**:

Any resident or staff member with symptoms of

* New continuous cough
* high temperature, fever or chills
* loss of, or change in, your normal sense of taste or smell

Other symptoms of COVID-19 may include

* shortness of breath
* unexplained tiredness, lack of energy
* muscle aches or pains that are not due to exercise
* not wanting to eat or not feeling hungry
* headache that is unusual or longer lasting than usual
* sore throat, stuffy or runny nose
* diarrhoea, feeling sick or being sick

Any of these symptoms may also have another cause. Other pre-existing health conditions should be considered in establishing the diagnosis, but it should also be noted that elderly people, in particular, with COVID-19 or Flu, can present with non-typical symptoms such as sudden decline in physical or mental ability, lethargy or change from usual demeanour without explanation

**Confirmed case of COVID-19**: Any resident or staff with an LFD or PCR positive test for COVID-19.

**Close Contact of a COVID-19 case:** Those most at risk of infection are those who live in the same household as someone with COVID-19 or have stayed overnight with that person during their infectious period

For those who care for positive cases, if the appropriate PPE was worn correctly, and with no breaches, then the carer would not be classified as a close contact.

1. **Outbreak of Confirmed COVID-19**

At least one positive case of COVID-19 AND one or more clinically suspected (or positive) cases of COVID-19, among residents and/or staff members, linked within the setting and with onset dates within a 14-day period.

1. **Case definition for Influenza Like illness (ILI)**

* Temperature ≥37.8C

AND one of the following

* acute onset of at least one of the following respiratory symptoms: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing

OR

* an acute deterioration in physical or mental ability without other known cause

Influenza like illness (ILI) can be caused by various different respiratory viruses, including COVID-19, Influenza, parainfluenza, human metapneumovirus, rhinovirus, adenovirus, respiratory syncytial virus.

1. **Case definition for Confirmed Influenza (Flu)**

Any resident or staff member with laboratory or Point of Care Test positive for Influenza.

1. **Outbreak of Confirmed Influenza (Flu)**

At least one confirmed case of influenza AND one or more cases which meet the clinical case definition of ILI, among residents and/or staff members linked within the setting, within a 48-hour period.

1. **Acute Respiratory Outbreak**

TWO or more residents and/or staff members that meet the clinical case definition of ILI or COVID-19 with onset dates within 14 days, but without laboratory confirmation.   
[Consider an influenza outbreak as an alternative diagnosis if there are several residents with suspected chest infections]

1. **Infectious periods and Isolation periods**

**COVID-19:** 2 days before onset of symptoms (or date of test if asymptomatic) to up to 10 full days afterwards

**Flu and other respiratory viruses:** The period of infectiousness is generally assumed to start with onset of symptoms and last for the duration of symptoms. However, viral shedding may be prolonged particularly in elderly with long term medical conditions, and the risk of complications greater for those with Flu. Therefore, isolation periods for residents with flu in care homes should be at least 5 days from onset of symptoms. Staff (and residents in care settings other than residential/nursing homes) should isolate whilst acutely unwell – this will normally be for a period of at least 3 days – and should remain isolated until at least 24 hours free of fever and feeling well enough to work/go out.

**When to contact the Health Protection Team (HPT)**

**Tel: 0300 303 8162 – For all urgent enquiries**

1. Single cases of **Confirmed Flu in staff or resident** (usually only identified through testing after hospital admission) or a **COVID-19 high priority variant** (usually it will be the HPT who calls you)– call 0300 303 8162
2. **Outbreaks (2 or more linked cases associated with a setting within 14 days) – suspected or confirmed outbreaks; FLU, COVID-19 or unidentified acute respiratory infection**- call 0300 303 8162You should ensure you immediately isolate and test anyone symptomatic for covid-19 by LFD. Then call the HPT.   
   The HPT will help you risk assess the situation, advise on measures to prevent transmission and, if appropriate, the HPT can arrange swabbing/testing of symptomatic residents. **This includes Flu A/Flu B/RSV and other viral respiratory pathogens – these tests are NOT available with routine COVID-19 testing pathways**
3. **Hospitalisations** or **deaths** due to COVID-19, Flu or unidentified respiratory viral infection   
   (if you don’t need any assistance or advice, please email [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk) making sure you say that this is for information only;   
    if you need assistance or advice – call 0300 303 8162)
4. **A significant increase in the number of cases in an ongoing outbreak** call 0300 303 8162 (you do not need to inform us of a trickle of new cases unless you need our assistance or advice)
5. If you have **any concerns** about the management of cases/outbreak of COVID-19 or flu or you have **difficulty in applying the relevant control measures** – Call 0300 303 8162

URGENT ENQUIRIES - please telephone 0300 303 8162

Non-urgent Enquiries – email [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk) (not checked at weekends or bank holidays)

**Key Information to give to HPT**

* Type of setting e.g. residential care home, residential nursing home, hospice, learning disability, supported living setting, extra care, dementia care etc
* Specific risk factors e.g. people who walk with purpose, challenging behaviour, immuno-compromised etc
* Total number of residents with symptoms
* Total number of staff members with symptoms
* Confirmation of diagnosis (positive test)?
* Onset date of symptoms or positive test result for first case
* Onset date of symptoms or positive test result for most recent case
* Results of any recent testing
* Symptoms
* Total number of residents in the care setting
* Total number of staff employed by the setting and/or who visit on a regular basis if not directly employed e.g. staff delivering care within Supported Living settings etc
* Location of symptomatic cases with respect to layout e.g. particular floor/wing affected or throughout the setting?
* Any Aerosol Generating Procedures carried out?
* IPC measures in place
* Number of Staff in clinical risk groups for Flu (if flu suspected or confirmed)
* Any deaths or hospitalisations – If so, which hospital/when? Vaccination history of anyone hospitalised or died because of COVID-19 or flu
* Which GPs are the residents (symptomatic and non-symptomatic) registered with?

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| **Standard Infection Prevention and Control Measures for acute respiratory infections, including COVID-19 and Influenza (Flu)**  **Key Guidance** | |
| * DHSC [Infection prevention and control in adult social care settings](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings) * DHSC [Infection prevention and control in adult social care: COVID-19 supplement](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement) * UKHSA [Coronavirus (COVID-19) testing for adult social care services](https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings) * [NHS England » National infection prevention and control](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/) manual for England * UKHSA [Living safely with respiratory infections, including COVID-19](https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19) * UKHSA [COVID-19 vaccination programme](https://www.gov.uk/government/collections/covid-19-vaccination-programme) * UKHSA [Ventilation to reduce the spread of respiratory infections, including COVID-19](https://www.gov.uk/guidance/ventilation-to-reduce-the-spread-of-respiratory-infections-including-covid-19) | Tick / Comments |
| **Vaccination: refer to** UKHSA [The complete routine immunisation schedule](https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule) for eligibility and ‘The Green Book’ for disease specific information  UKHSA [Immunisation against infectious disease](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book) |  |
| All eligible residents are up to date with their vaccinations:   * COVID-19 * Influenza * Shingles * Pneumococcal |  |
| All eligible staff are up to date with their vaccinations   * COVID-19 * Influenza * MMR * Hepatitis B |  |
| There is a record of staff and resident vaccinations including those who declined |  |
| **Infection Prevention and Control (IPC) - general** | |
| An Infection Prevention and Control (IPC) policy is available to all staff which includes guidance on standard infection control precautions  DHSC [Infection prevention and control: resource for adult social care](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care) and additional precautions required for COVID-19 infections  DHSC [Infection prevention and control in adult social care: COVID-19 supplement](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement) |  |
| There is/are IPC champion/s who encourage/s good practice and carries out regular audits of practice |  |
| All staff have received training on IPC at induction (inc. bank/agency staff)  All staff have received annual refresher on IPC (including bank/agency staff) |  |

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| **IPC - hand and respiratory hygiene** | |
| There are adequate stocks of liquid soap and disposable paper towels and they are available at each hand wash basin which is dedicated only to handwashing. |  |
| Alcohol hand rub/gel is available for staff at the point of care, especially where handwash basins are not readily accessible (consider individual gel containers if necessary) |  |
| Hand hygiene practices of staff (how and when to clean hands and being ‘bare below the elbow’ are monitored for example by observing practice |  |
| Posters for hand and respiratory hygiene are displayed widely for staff and visitors e.g.[catch-bin-kill.pdf (england.nhs.uk)](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf)  WHO [5 moments for hand hygiene](https://www.who.int/multi-media/details/your-5-moments-for-hand-hygiene-mdros-moment-2-(a4))  [Campaign Resource Centre](https://campaignresources.phe.gov.uk/resources) |  |
| Residents are encouraged/helped to clean hands regularly |  |
| Residents have easy access to tissues and waste bins for their safe disposal in their rooms and in communal spaces |  |
| **IPC - Linen, waste and environmental cleaning** |  |
| General waste, Clinical waste disposal systems are in place, including foot operated bins |  |
| Linen is managed appropriately, and water-soluble bags are available (and used for linen generated by persons with infection) |  |
| Staff wear a clean uniform daily & change out of their uniforms prior to leaving the setting. If uniforms are laundered at home, they should be washed at the highest temperature that the material will tolerate. |  |
| Cleaning equipment (e.g. cloths) is single-use wherever possible |  |
| A cleaning schedule is available with clear responsibilities for individuals |  |
| Cleaning staff have received induction/refresher training including correct use and storage of cleaning products and colour coding of equipment |  |
| Surfaces and high touch areas are cleaned frequently (and increased if a resident/s has an infection) with detergent (or a combined detergent/disinfectant product) |  |
| A hypochlorite disinfectant is available for use in affected rooms/areas |  |
| Equipment/facilities that must be shared by residents, e.g. hoists, baths and showers etc is thoroughly cleaned and then disinfected with a chlorine-based solution (1000 ppm) and allowed to dry between each use |  |

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| **IPC - other environmental considerations** |  |
| Ventilation is maximised e.g. windows opened to allow flow of air across communal rooms from outside |  |
| Communal areas are uncluttered, and chair position helps to encourage spacing between residents |  |
| Mixing of staff and residents between different areas of the setting is minimised as far as is reasonable and practicable (and as long as this does not adversely affect health and wellbeing of residents) |  |
| **Visiting by friends / family** | |
| Visitors are advised and encouraged to clean their hands regularly when in the setting |  |
| Visitors undertaking personal care are trained in how to use PPE |  |
| Visitors know that they should not enter the setting if they are feeling unwell.  See DHSC [COVID-19 supplement to the infection prevention and control resource for adult social care](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care) |  |
| **Care planning** | |
| Residents (and staff) who are at higher risk of COVID-19 have been identified  See guidance:   * UKHSA & DHSC [COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) * UKHSA & DHSC [COVID-19: guidance for people whose immune system means they are at higher risk](https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk) * UKHSA [Reducing the spread of respiratory infections, including COVID-19, in the workplace](https://www.gov.uk/guidance/reducing-the-spread-of-respiratory-infections-including-covid-19-in-the-workplace) * NHS [HR guidance on protecting vulnerable staff](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/annex-2-supporting-our-vulnerable-staff.pdf) |  |
| Every resident has a care plan as agreed with them, their relatives (as appropriate) and their GP. This includes advance care planning, mental capacity assessments, plans to deal with walking with purpose, end of life considerations & hospitalisation, access to COVID-19 drug treatments for those who are eligible etc  See British Geriatric Society: [Managing the COVID-19 pandemic in care homes](https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes) |  |

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| **Checklist for all Cases of**  **COVID-19, Influenza-Like-Illness (ILI) or unidentified Acute Respiratory Infection (ARI)** | |
| **These items are additional to those in the previous checklist i.e.**   * **Standard Infection Prevention and Control Measures for all acute respiratory infections, including COVID-19 and Flu** | |
| Symptomatic **staff** are not in the workplace. |  |
| Symptomatic **staff** are testing themselves for COVID-19 by LFD on day 0 and 48 hours later (if the first test is negative). |  |
| Symptomatic **residents** are isolatedin their room/accommodation, with access to their own bathroom wherever possible and their own equipment |  |
| Symptomatic **residents** are being tested forCOVID-19 by LFD on day 0 and 48 hours later (if the first test is negative) |  |
| Additional measures to encourage isolation when required are in place (e.g. increased staffing and activities see [Maintaining-Activities-for-Older-Adults-during-COVID19.pdf (healthinnovationnetwork.com)](https://healthinnovationnetwork.com/wp-content/uploads/2020/04/Maintaining-Activities-for-Older-Adults-during-COVID19.pdf)) |  |
| If isolating fully is not possible (e.g. a resident who walks with purpose), steps to reduce risk are considered e.g. mask wearing if tolerated, increased cleaning and disinfection of touched surfaces outside of the room and providing access to outdoor spaces within the grounds through a well ventilated route where they will not come into contact with others |  |
| Visitors to symptomatic residents are aware of the possible infection and are risk assessed prior to visit (1 visitor can visit in any circumstance if safe for them to do so) |  |
| Staff are aware of the symptoms to look out for and are trained in the use of pulse oximeters and NEWS2/RESTORE2 tools to monitor residents with symptoms (links to further resources in DHSC [COVID-19 supplement to the infection prevention and control resource for adult social care](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care) |  |
| Any resident case who has received a letter advising that they are eligible for COVID-19 antivirals or monoclonal antibody therapeutic treatments- are supported to follow the instructions within the letter and/or contact their GP  (note: the HPT cannot advise on therapeutic treatments for COVID-19) |  |
| If there is a case of COVID-19 in a member or staff or a resident and if setting eligible: Rapid Reponse testing of staff has been started (see UKHSA [Coronavirus (COVID-19) testing for adult social care services)](https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings) |  |

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| **Checklist for all outbreaks of Acute Respiratory Infection (ARI) including Flu and COVID-19** | | | |
| **These items are additional to those in the previous checklists i.e.**   * **Standard Infection Prevention and Control Measures for all acute respiratory infections, including COVID-19 and Flu** * **Cases of COVID-19, ILI or ARI** | | | |
| **Isolation of residents and exclusion of staff** | | |  |
| Staff are regularly monitoring residents (and themselves) for new symptoms and/or any deterioration that requires medical review | | |  |
| If not done so already, Rapid Reponse testing of staff has been started as well as outbreak testing - see  [[Coronavirus (COVID-19) testing for adult social care services](https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings)](https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings)) | | |  |
| Symptomatic staff (and/or those with a positive test) are excluded from work and have been tested for COVID-19 (see previous table) | | |  |
| Symptomatic residents (and/or those with a positive test) are isolated in their rooms with dedicated bathroom facilities and equipment where possible and have been tested for COVID-19 (see previous table) | | |  |
| If isolation in single rooms is not possible: symptomatic residents are cohorted in one room/area of the home | | |  |
| Staff cohorting is in place: where possible, staff have been divided into teams, with one team caring for residents who are symptomatic and one team caring for the other residents. Where possible agency staff are not allocated to caring for symptomatic residents. | | |  |
| Agency staff have been ‘block booked’ and/or encouraged to work in the same setting during the outbreak to avoid ‘seeding’ of outbreaks between settings. They have been informed of the outbreak and need to watch out for symptoms and stop working immediately if symptomatic and get tested for COVID-19. | | |  |
| Permanent staff are working in only this setting as far as possible to prevent ‘seeding’ to other settings | | |  |
| Use of communal areas has been limited and strategies are in place to support people who walk with purpose and/or are isolated - See The British Geriatric Society: [Managing the COVID-19 pandemic in care homes](https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes)  See[Maintaining-Activities-for-Older-Adults-during-COVID19.pdf (healthinnovationnetwork.com)](https://healthinnovationnetwork.com/wp-content/uploads/2020/04/Maintaining-Activities-for-Older-Adults-during-COVID19.pdf) for ideas to support resident activities when in isolation/during outbreak restrictions) | | |  |
| Pulse oximetry is available to monitor residents oxygen saturation (in a care home)  • They are appropriately decontaminated between residents  • Staff understand how to use these and how to recognize and communicate any deterioration to GP/NHS 111 | | |  |
| **Restriction of admission/closure** |  | | |
| Potential new admissions during this outbreak have been individually risk assessed – see note below |  | | |
| An outbreak does not mean automatic closure for new admissions. However, each **new admission should be risk assessed** (with the relevant stakeholders as required e.g. the resident, their family, commissioning authority [LA, CCG] other care setting, hospital discharge team, etc.) Risk assessment can be based on the number of residents and/or staff affected, their location within the setting, whether symptomatic residents can be effectively isolated, cohorting possibilities for staff, staffing levels, availability of PPE, compliance with recommended testing, vaccination coverage etc. | | | |
| **Transfers** |  | | |
| **Planned transfers and appointments** have been reviewed (including with GP where appropriate) and for those which are clinically necessary and cannot be postponed- the receiving setting/department and transport service have been informed of the outbreak and resident’s current infection status prior to transfer | |  | |
| **Medical Emergencies:** Staff are aware of the need to communicate the setting’s outbreak status and the infection status of the resident to the ambulance service and receiving hospital/setting | |  | |
| **Recent hospital admission-** The hospitals to which residents have recently been admitted (for whatever reason) in the days prior to the outbreak being identified, have been informed of the setting’s outbreak status | |  | |
| Provide a surgical mask for a resident to wear for their transfer, if tolerated | |  | |
| **Cleaning, waste disposal, laundry** |  | | |
| Cleaning frequency has been increased especially of rooms of people with symptoms/infection, touch points in corridors outside these rooms (especially if door cannot remain closed) and in communal areas. | |  | |
| The cleaning schedule is being maintained and documented, with clear responsibilities. Those undertaking these duties are trained. | |  | |
| If not used already, disposable/ single use cleaning cloths are available and are used. | |  | |
| A 1000 ppm Hypochlorite disinfectant is available and used during the outbreak after surfaces are cleaned with detergent (or a combined detergent/disinfectant is in use). It is made up and stored correctly as per manufacturer’s instructions | |  | |
| A plan is made for a deep clean of the setting once the outbreak is over | |  | |
| Water soluble linen bags are available and used for the laundry generated by a person with a known/suspected infection | |  | |
| Hazardous/clinical waste bags are available and used for potentially contaminated waste | |  | |
| The setting is well ventilated with outside air, especially in communal areas/corridors | |  | |
| Guidance on laundry, environmental cleaning, waste management and ventilation can be found in DHSC Infection prevention and control: resource for adult social care  DHSC COVID-19 supplement to the infection prevention and control resource for adult social care | | | |
| **Visiting** |  | | |
| Visiting has been limited to 1 indoor visitor per resident where required (and End of Life visits are always facilitated) | |  | |
| Visitors are encouraged to wear a mask while in setting and know not to visit if feeling unwell | |  | |
| Visitors providing personal care are tested as per guidance and are trained in the appropriate use of PPE ( see DHSC [COVID-19 supplement to the infection prevention and control resource for adult social care](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care) for more details) | |  | |
| **Notices and Communications** |  | | |
| Notices about the outbreak are displayed at all entrances including exclusion information for staff or visitors with symptoms |  | | |
| Notices are outside the rooms of symptomatic residents |  | | |
| If required, letters for Relatives, Staff, Residents have been sent (templates provided by the HPT on notification of an outbreak) |  | | |
| All relevant **GPs** have been informed of the presence of a respiratory outbreak. The HPT can provide a **template letter** |  | | |
| The individual GPs have been informed that their registered patient/s has a confirmed infection |  | | |
| **Visiting health professionals** e.g. district nurses, physiotherapists etc have also been informed of the outbreak. Visits should be deferred unless essential and if visits occur, appropriate PPE should be worn (as for staff) |  | | |
| Note: The HPT will inform the LA and CCG of the outbreak | | | |
| **Documentation** |  | | |
| Capacity Tracker is updated daily |  | | |
| A log of cases is being maintained to monitor the outbreak (you may wish to use log sheet below) |  | | |

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| **Additional COVID-19 specific interventions** | | | | |
| **Isolation/Exclusion periods** | |  | | |
| Resident cases are isolated, and Staff cases excluded from work, for 10 days from onset of symptoms (or positive test if have no symptoms). **This is day 0.** | |  | | |
| **Isolation/exclusion may be ended earlier if:**   * Two consecutive days of lateral flow tests taken at the earliest on days 5 and 6, and 24 hours apart, gives 2 negative results AND * The person is feeling better and has been free of fever for 48 hours without the use of medication to control fever e.g. paracetamol | |  | | |
| **Close contacts of COVID-19 cases** | |  | | |
| **Close contacts have been identified and risk assessments made- see below** | |  | | |
| Those most at risk of infection are those who live in the same household as someone with COVID-19 or have stayed overnight with that person during their infectious period. There is no requirement for close contacts to isolate. However, close contacts should:   * Minimise contact with the person who has covid-19 * Avoid contact with anyone who is at higher risk of severe covid-19 infection * Follow the advice regarding testing and isolation if they develop symptoms of COVID-19.   For staff who work with people at highest risk of becoming seriously unwell with COVID, a risk assessment should be undertaken, and consideration given to redeployment during the 10 days following last contact with the case | |  | | |
| **Testing for COVID-19 and lifting of outbreak restrictions** | |  | | |
| The email advice (regarding extent and duration of outbreak measures) sent by the HPT has been reviewed by a senior member of staff  See UKHSA [Coronavirus (COVID-19) testing for adult social care services](https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings)  and notes below | |  | | |
| * For standard outbreaks in residential care homes for the elderly, outbreak restrictions should remain in place until after recovery testing (no earlier than 10 days after the onset of the latest case/positive test) reveals no further cases * If, at initial risk assessment, it is considered unlikely that transmission between the cases occurred within your setting, and that the cases are likely unrelated to the setting (i.e. a cluster), then the HPT may advise that outbreak restrictions can be lifted after the two rounds of initial whole home outbreak testing at day 0/1 and day 4-7 reveals no further cases * If a high priority variant is detected through whole genome sequencing, then it is likely that outbreak restrictions will be in place until after recovery testing at 28 days after the latest case (as opposed to the standard 10 days)   For other types of care setting – see UKHSA [Coronavirus (COVID-19) testing for adult social care services](https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings) | | | | |
| **Additional Influenza (Flu) specific interventions** | | |
| **Isolation/Exclusion periods** | | |
| Symptomatic residents or residents who have tested positive for flu are being isolated in their rooms until at least 5 days after the date of onset of their symptoms and until free of fever for at least 24 hours and are feeling well | |  |
| Symptomatic staff or staff who have tested positive for flu are being excluded from work but may return when they feel well enough to do so AND they have been fever free for at least 24 hours | |  |
| **Note:** If there is any doubt as to infection or co-infection with COVID-19 then isolation should be maintained as per COVID-19 guidance. For those with major underlying illnesses, immunosuppression or pneumonia, infectiousness with influenza may be prolonged. | | |
| **Antivirals** | |  |
| There is a list (for example using log sheet below) which is being kept up to date of all residents confirmed with, or who have symptoms of influenza | |  |
| There is a list (for example using log sheet below) of all residents who may have been exposed to influenza | |  |
| There is an awareness of which staff are in high risk groups for complicated influenza ( see <https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/>) and have who have not been vaccinated for ‘flu in the current season | |  |
| If Flu is confirmed or considered to be highly likely, the HPT will recommend antivirals for **all symptomatic residents** and for **all exposed residents**, if they can be given within 36-48\* hours of onset of symptoms or exposure respectively. Antivirals will be prescribed by a GP and will be recommended regardless of the flu vaccination status of the resident.  For **staff**, the HPT will only recommend antivirals as a preventative measure for staff if the staff member is   * - in a high-risk group for flu AND * - has not had their seasonal flu vaccination for the current season at least 14 days previously AND * - they were not wearing the appropriate PPE when exposed   Treatment of symptomatic staff with antivirals is a clinical decision and should be made by the individual’s GP  \*within 48 hours for oseltamivir; within 36 hours if zanamivir is required | | |
| **Letters to staff, residents, visitors and GPs** | |  |
| The letters that were provided by the HPT (in the outbreak email) have been sent | |  |
| **End of Outbreak** | |  |
| For influenza or any respiratory virus other than COVID-19, the outbreak can be declared over if there are no new cases after 5 days since the onset of symptoms in the most recent case. | |  |

**Escalation**

**Contact the HPT again if you have:**

1. Single cases of **Confirmed Flu in staff or resident** (usually only identified through testing after hospital admission) or a **COVID-19 high priority variant** – call 0300 303 8162
2. **An Outbreak (2 or more linked cases associated with a setting within 14 days) – suspected or confirmed outbreaks; FLU, COVID-19 or unidentified acute respiratory infection**- call 0300 303 8162You should ensure you immediately isolate and test anyone symptomatic for covid-19 by LFD. Then call the HPT. The HPT will help you risk assess the situation, advise on measures to prevent transmission and, If appropriate, the HPT can arrange swabbing/testing of symptomatic residents. **This includes Flu A/Flu B/RSV and other viral respiratory pathogens – these tests are NOT available with routine COVID-19 testing pathways**
3. **Hospitalisations** or **deaths** due to COVID-19, Flu or unidentified respiratory viral infection   
   (if you don’t need any assistance or advice, please email [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk) making sure you say that this is for information only;   
    if you need assistance or advice – call 0300 303 8162)
4. **A significant increase in the number of cases in an ongoing outbreak** call 0300 303 8162 (you do not need to inform us of a trickle of new cases unless you need our assistance or advice)
5. If you have **any concerns** about the management of cases/outbreak of COVID-19 or flu or you have **difficulty in applying the relevant control measures** – Call 0300 303 8162

URGENT ENQUIRIES - please telephone 0300 303 8162

Non-urgent Enquiries – email [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk) (not checked at weekends or bank holidays)

**What does good Respiratory Hygiene mean?**

Rigorous respiratory hygiene measures help prevent the spread of infection.

In practice this means:

* Single use, disposable tissues should be readily available and once used should be disposed of promptly in the nearest bin
* Hand hygiene facilities should be readily available with foot-operated waste bins
* Hands should be cleaned (using soap and water if possible or alcohol-based hand rub if not) after sneezing, coughing, using tissues or after any contact with respiratory secretions and contaminated objects
* Encourage residents and staff members to keep hands away from eyes, mouth, nose and from the front of masks
* Assist residents with the disposal of items, e.g. tissues contaminated with respiratory secretions and then wash hands. Where possible place waste bins or other receptacles near residents so they can dispose of items themselves

**What does good Hand Hygiene mean?**

**Soap and water**

* Use liquid soap, warm water and paper towels
* Ensure hand washing facilities are available in each resident’s room
* Ensure hand washing facilities are available in key areas e.g. kitchen, sluice, laundry, utility rooms, toilets, bathrooms and near cleaning cupboards
* Washing hands and forearms with soap and water for at least 20 seconds is essential at the following times:
* before touching each resident
* before clean/aseptic procedures
* after exposure to body fluids
* after touching each resident
* after touching resident surroundings
* before and after removing PPE
* on arrival and when leaving work
* before preparing food and eating/drinking
* after using the toilet
* before and after smoking/vaping

**Alcohol based hand rub**

* Undertake a risk assessment to ensure it is safe to use, store or carry these in your care setting
* Only use on hands that are visibly clean. If hands are visibly dirty, wash with soap and water as above.
* Do not use when caring for residents with diarrhoea and/or vomiting (alcohol gel is not effective against norovirus)
* Use 60-80% or above alcohol-based hand rubs
* At this strength, alcohol-based hand rubs are effective against enveloped viruses e.g COVID-19, Flu. (Note: alcohol is **not** effective at killing norovirus)

**Residents and visitors**

* Residents need to clean their hands regularly too. Assist residents where required and/or provide suitable wipes/rubs as per risk assessment.
* Any visitors should wash their hands on arrival to the home, ~~often~~ during their visit and immediately prior to departure.

**National Guidance Documents: COVID-19**

This local guidance document has been based on national UKHSA, NHS and government guidance. Hyperlinks to key national guidance are displayed here for reference - click on the link to be taken to the relevant guidance/information online.

**Guidance for the general public**

* UKHSA Living safely with respiratory infections, including COVID-19
* UKHSA [People with symptoms of a respiratory infection including COVID-19](https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19#private-cars-and-other-vehicles)

**Infection prevention and control**

* DHSC Infection prevention and control: resource for adult social care
* DHSC COVID-19 supplement to the infection prevention and control resource for adult social care
* [NHS England » National infection prevention and control](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/) manual for England
* WHO [5 moments for hand hygiene: with how to hand rub and how to handwash posters](https://www.who.int/multi-media/details/your-5-moments-for-hand-hygiene-mdros-moment-2-(a4))
* UKHSA [Catch it. Bin it. Kill it.](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf) poster
* UKHSA [COVID-19: personal protective equipment use for aerosol generating procedures](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)

**Care home specific guidance and policy**

* UKHSA [Influenza-like illness (ILI): managing outbreaks in care homes](https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes) (due update Sept 22)
* UKHSA [Algorithm for outbreaks of acute respiratory infection in care homes](https://www.healthpublications.gov.uk/ViewArticle.html?sp=Salgorithmforoutbreaksofflulikeillnessincarehomes) (due update Sept 22)
* DHSC COVID-19 testing in adult social care
* DHSC [COVID-19: our action plan for adult social care](https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care)
* The British Geriatric Society: [Managing the COVID-19 pandemic in care homes](https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes).
* Social Care Institute for Excellence [Dementia in care homes and COVID-19 - Supporting residents, supporting carers, supporting homes](https://www.scie.org.uk/care-providers/coronavirus-covid-19/dementia/care-homes)
* Social Care Institute for Excellence SCIE COVID-19 hub for resources, funded by DHSC [Coronavirus (COVID-19) advice for social care](https://www.scie.org.uk/care-providers/coronavirus-covid-19/blogs?utm_campaign=11529370_SCIELine%2007%20May&utm_medium=email&utm_source=SOCIAL%20CARE%20INSTITUTE%20FOR%20EXCELLENCE%20&utm_sfid=003G000002gjMmgIAE&utm_role=Manager&dm_i=4O5,6V44A,OJP6B8,RJI2F,1)
* DHSC [Dedicated app for social care workers launched](https://www.gov.uk/government/news/dedicated-app-for-social-care-workers-launched)
* Video guidance on how to take nose and throat swabs <https://www.gov.uk/government/publications/covid-19-guidance-for-taking-swab-samples>

**Cleaning and waste management**

* DHSC [Management and disposal of healthcare waste (HTM07-01)](https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste)
* DHSC [Decontamination of linen for health and social care (HTM01-04)](https://www.gov.uk/government/publications/decontamination-of-linen-for-health-and-social-care)

[**Other**](https://coronavirusresources.phe.gov.uk/)

* [Campaign Resource Centre](https://campaignresources.phe.gov.uk/resources) leaflets and posters
* UKHSA [Guidance for care of the deceased with suspected or confirmed COVID-19](https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19) .
* <https://www.nhs.uk/oneyou/every-mind-matters>

**National Guidance Documents: Influenza**

* UKHSA Guidance for HPTs [Influenza-like illness (ILI): managing outbreaks in care homes](https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes) (due update Dec 21)
* UKHSA [Influenza: treatment and prophylaxis using anti-viral agents](https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents)
* UKHSA [Algorithm for outbreaks of acute respiratory infection in care homes](https://www.healthpublications.gov.uk/ViewArticle.html?sp=Salgorithmforoutbreaksofflulikeillnessincarehomes) (due update Sept 22)

**Local Guidance Documents**

For UKHSA SW guidance on **Infection prevention and control and winter preparedness** focusing on (but not exclusive to) flu, COVID-19, other acute respiratory infections and norovirus, see our Winter Preparedness Pack:   
[UKHSA Care Home and Residential Care Guidance - South West Councils (swcouncils.gov.uk)](https://swcouncils.gov.uk/ukhsa-care-home-and-residential-care-guidance/)

Note about this document – for any weblinks that become broken, the document can be found by typing the authoring organisation and the title into a search engine.

**Glossary**

AGP: Aerosol Generating Procedure

ARI: Acute Respiratory Infection

Asymptomatic = someone with no symptoms

CCG: Clinical Commissioning Group

CPAP: Continuous Positive Airways Pressure

CQC: Care Quality Commission

DHSC: Department for Health & Social Care

Fomite: inanimate object e.g. table, door handle on which body fluids may sit and from which they can then be transferred (e.g. by touching and then rubbing face) to another person

FRSM: Fluid resistant surgical mask

HPT: Health Protection Team

ILI: Influenza Like Illness

LA: Local Authority

NHSE: National Health Service England

PHE: Public Health England

PPM: Parts per million

UKHSA: UK Health Security Agency

VOC: Variant of Concern (COVID-19)

VUI: Variant Under Investigation (COVID-19)

Symptomatic Resident and Staff Log sheet - Complete Daily for symptomatic cases:

Acute Respiratory Illness  
In the event of an outbreak, this table will ensure important information is readily accessible

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RESIDENT LOG SHEET** | | | | | | | | | | |
| Room | Name | DOB | Date of last flu vaccines | Date of last C-19 vaccine | Date of onset of symptoms | Symptoms \* | Date seen by GP | Date swabbed (if swabbed) | Result | GP informed of test result |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **STAFF LOG SHEET** | | | | | | | | | | |
| Job Title | Name | DOB | Date of last flu vaccine | Date of last C-19 vaccine | Date of onset of symptoms | Symptoms \* | GP Surgery | Date swabbed (if swabbed) | Result | Last day worked /comments |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Symptoms \*** T = High Temp (>=37.8 C), C = Cough, LT/S = Loss of sense of taste or smell, ST = Sore Throat, RN = runny nose, FB = fast breathing/shortness of breath, CS = audible chest sounds, H= headache, LA = loss of appetite, AP = general aches /pains; O = Other symptoms [provide details] AD = Acute Deterioration in physical or mental ability (without another known source)

Updates

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Page | SECTION | UPDATES |
| 15.06.22 | all | all | Complete re-write following change to Living with COVID-19 and new tranche of guidance from April 22 |
| 04.10.22 | 20 | Local Guidance Documents | Added link to 2022-23 IPC and Winterpreparedness Pack hosted by SW Councils |