

Your Local Contacts

Community Infection Prevention and Control Team (CIPCT)

Westmorland and Furness Council, Community Infection Prevention and Control Team (CIPCT), Health Protection Team.

Email contact is preferred.

Contact via IPC@westmorlandandfurness.gov.uk

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- Meryl Lawrenson, Health Protection Specialist Nurse: 07990 568 647

UKHSA North West Protection Team (HPT)

Telephone number (all hours): 0344 225 0562

Reporting outbreaks of suspected confirmed acute respiratory infection (ARI)

Monday to Friday, 9am to 5pm: Community Infection Control Team (CIPCT)

Weekends and Bank Holidays, 9am to 5pm: Local UKHSA Health Protection Team (HPT) 0344 225 0562

After 5pm: Refer to this resource pack and follow up the next day with either CIPCT (weekdays) or UKHSA HPT (weekends)

The most common causes of acute respiratory infection (ARI) in care homes are influenza (flu), COVID-19, and other common viruses such as respiratory syncytial virus (RSV), rhinovirus, adenovirus, parainfluenza and human metapneumovirus (hMPV). This ARI Action Card will provide care home workers and managers with the key steps they need to take to prevent, identify and respond to ARI outbreaks in care homes.

Prevent and Prepare

Preventing ARI outbreaks is the most effective way to reduce the impact of influenza, COVID-19 and flu-like illnesses.

Care home staff should:

- Follow the [Infection prevention and control: resource for adult social care](#) guidance and practice [standard infection control precautions](#) (SICPs).
- Ensure adequate Lateral Flow Tests (LFT) are available for all residents who are eligible for COVID-19 treatments. Stocks can be acquired from local pharmacies. – [check where to get LFT kits here](#). **UKHSA do not hold stocks of LFT kits.**
- Ensure adequate stocks of liquid soap, paper towels, alcohol-based hand rub and tissues are provided throughout the care home for staff, residents and visitors.
- Ensure Personal Protective Equipment (PPE), including disposable gloves, aprons, surgical masks and eye protection, is adequately stocked and staff are confident with donning, doffing and disposing of PPE.
- Clean surfaces and high touch areas frequently, regularly clean commonly used equipment and ensure there is an adequate supply of cleaning products.
- Ventilate rooms by letting in fresh air from outdoors to remove suspended ARI viruses.
- Book a seasonal influenza vaccine, and COVID vaccine if eligible, to protect themselves and their residents as soon as possible via local or [national booking services](#).

Acute Respiratory Illness – North West Care Home Outbreak Action Card

Care home managers should:

- Review sick leave policies and occupational health support for staff and support unwell or self-isolating staff to stay at home as per [national guidance](#).
- Actively encourage ALL staff and residents to receive their free seasonal **flu** vaccine and receive a [COVID-19 vaccination](#) (for those who are either aged 75 years and over, residents in a care home for older adults, or immunosuppressed) via the [national booking service](#).
- Ensure business continuity plans and care home infection control policies are up to date and followed by all staff.
- Nominate staff members to act as ARI coordinators and manage working practices and care home environment on every shift.
- Ensure that sufficient PPE is available for staff, and that they are trained in its safe use and disposal. Guidance on the use of PPE for non-aerosol generating procedures (APGs) in adult social care settings can be found [here](#) and for aerosol generating procedures can be found [here](#).
- Stock enough COVID-19 test kits ([available at pharmacies](#)) for symptomatic testing of individuals eligible for treatment ([eligibility criteria is here](#)).
- Maintain a central record of all residents' flu vaccination status and latest kidney function test (where available) to support antiviral prescribing in the event of a flu outbreak. A central record of COVID vaccination status and eligibility for COVID-19 treatment should also be kept. Template in Appendix 1.

Acute Respiratory Illness – North West Care Home Outbreak Action Card

Identify

Symptoms of flu-like illness are similar for most respiratory viruses and difficult to identify the cause. ARI in care homes should initially be managed with stringent infection control measures as per guidance, and prompt testing is recommended to confirm the diagnosis. Early notification and prompt clinical assessment is key.

Actions	Acute Respiratory Tract Infections (ARI): Identification and initial actions
Symptoms	Acute respiratory infections present with symptoms including runny nose, sore throat, cough, wheeze and sometimes lethargy, body aches and fever. It is also important to consider the possibility of ARI if there is a sudden deterioration in physical health or mental ability, with or without fever, in the absence of a known cause. This is because older adults often do not present with the common symptoms of ARI if they have flu or COVID-19, and adults with conditions such as dementia may have a reduced ability to recognise or communicate when they feel unwell.
COVID-19 test	Anyone with symptoms who is eligible for COVID-19 treatments should be tested with a rapid LFT . Care homes should stock tests for eligible people – <u>check where to get there from here</u> . UKHSA do not hold stocks of LFT kits.
Arrange clinical assessment	Anyone with ARI symptoms or a positive test should receive an appropriate clinical assessment via GP/111/A&E (depending on symptom severity).
Ensure IPC precautions are followed	Follow the <u>Infection prevention and control: resource for adult social care</u> guidance and practice <u>standard infection control precautions</u> (SICPs)
When to report	If 2 or more linked care home residents develop symptoms of an acute respiratory infection within 5 days of each other, contact your local CICPT during the weekdays, or the HPT during the weekends, for further advice. The HPT may then recommend and arrange multiplex PCR testing of symptomatic residents for influenza and other respiratory viruses. Once an outbreak has been reported, if there are specific concerns such as a greater severity of illness than expected, more hospitalisations or deaths than expected, rapidly increasing cases despite control measures or any new relevant information, please contact your local CICPT or HPT (depending on local arrangements) during the weekdays, or the HPT during the weekends, using the contact details on the first page of this document.

PUBLIC HEALTH ACTIONS SHOULD NOT BE DELAYED WHILE AWAITING CONFIRMATORY TEST RESULTS

Testing pathway

If the HPT have approved testing

- The CIPCT or UKHSA HPT (as per local arrangements) will send an iLOG request form to the UKHSA Laboratory Manchester.
- The UKHSA laboratory will arrange for a courier to take the test kits to the home, wait for 30 minutes while swabs are taken, packaged, labelled and returned to the courier. The laboratory will inform CIPCT/UKHSA HPT if a same day courier has been arranged, who will then communicate this to the care home.
- A maximum of 5 kits will be available to test up to the five most recently symptomatic residents.
- Any symptomatic resident who is eligible for COVID-19 treatments should be tested with a rapid LFT in the care home. Please have stocks of LFTs available. The care home should contact the GP/111 to arrange for a clinical review of any residents with a positive COVID-19 LFT.
- Swabbing instructions will be included with these test kits. **Please ensure name, DOB & iLOG number are clearly written on all forms and specimen tubes.** Failure to follow this instruction will result in specimen rejection by the laboratory.

Results

- Results of the UKHSA respiratory virus testing will be initially provided to the CIPCT or UKHSA HPT (as per local arrangements), who will inform the care home.
- In an influenza outbreak, activation of AV pathways for whole home prophylaxis will be a decision made in conjunction with UKHSA HPT, with delivery according to local NHS arrangements.
- In the event of an influenza outbreak, the care home will be provided with a letter which should be given to all staff members, so they can see their GP for an assessment for antiviral therapy if they are in an at risk group. Please note that this year, staff members who are at higher risk of becoming unwell from flu are eligible for antiviral therapy irrespective of flu vaccination status.
- The GP or local provider will assess suitability of antiviral treatment and prophylaxis in individuals who are symptomatic or those exposed to influenza.

Acute Respiratory Illness – North West Care Home Outbreak Action Card

Respond

Once an ARI outbreak has been identified, all staff, residents and visitors must respond with timely control measures to ensure the outbreak can be brought under control.

Key actions for staff

- Ensure those confirmed with flu or COVID-19 receive appropriate antiviral treatment.
- Staff who have [symptoms of respiratory infection](#) should remain off work until they have recovered from the acute symptoms and try to avoid contact with other people. They should not return to work until they no longer have a high temperature (if they had one) or until they no longer feel unwell. This is unlikely to be within 3 days. However, if staff have tested positive for COVID-19, they should stay off work for a minimum of 5 days from onset of symptoms.
- Symptomatic staff should also follow the [guidance for people with symptoms of a respiratory infection including COVID-19](#).
- Follow the [Infection prevention and control: resource for adult social care guidance](#) and practice [standard infection control precautions](#) (SICPs).
- Ensure regular symptom checks for all residents and staff in line with routine care practices.

Key actions managers should take

- Adhere to [national guidance](#) and all [infection prevention and control measures](#).
- Ensure there is a named ARI co-ordinator on every shift.
- Maintain accurate records of residents with ARI symptoms and share these with CIPCTs/HPT as requested. See Appendix 2.
- Increase the frequency of infection control audits to weekly.

Acute Respiratory Illness – North West Care Home Outbreak Action Card

Declaring an outbreak over

- Outbreak measures can be lifted 5 days after the last suspected or confirmed case. This is from the day of the last positive test, or the day the last resident became symptomatic, whichever is latest.
- A local risk assessment should underpin the decision to lift outbreak control measures.
- Residents should be monitored for up to a further 5 days after this to ensure they can access appropriate treatments where necessary and IPC precautions should be maintained after the declaration of the end of an outbreak, in line with relevant [guidance](#).

National Guidance Document active links

Influenza-like illness

- [Influenza-like illness \(ILI\): managing outbreaks in care homes guidance](#)
- [To order influenza leaflets and posters](#)
- [Flu vaccination: who should have it this winter and why](#)
- [Influenza: treatment and prophylaxis using anti-viral agents](#)
- [Book, change or cancel a free NHS flu vaccination at a pharmacy](#)

Infection Prevention and Control

- [National infection prevention and control](#)
- [Standard Infection Control Precautions](#)
- [Infection prevention and control in adult social care settings](#)
- [Infection prevention and control \(IPC\) in adult social care: acute respiratory infection \(ARI\)](#)
- [PPE requirements when caring for a person with suspected or confirmed acute respiratory infection \(Infographic\)](#)
- [Infection prevention and control in adult social care: acute respiratory infection supplement](#)
- ['5 Moments of Hand Hygiene' poster](#)
- ['Catch it. Bin it. Kill it' poster](#)
- [GermDefence](#)
- [COVID-19: personal protective equipment use for aerosol generating procedures](#)
- [PPE guide for non-aerosol generating procedures](#)

National COVID-19 Guidance

- [Guidance for people with symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19](#)
- [Guidance for people aged 12 and over whose immune system means they are at higher risk of serious illness if they become infected with coronavirus \(COVID-19\)](#)
- [Guidance for living safely with respiratory infections, including coronavirus \(COVID-19\)](#)
- [People with symptoms of a respiratory infection including COVID-19](#)
- [COVID-19: guidance for people whose immune system means they are at higher risk](#)
- [COVID-19: information and advice for health and care professionals](#)
- [A guide to the COVID-19 autumn vaccination](#)
- [Book, change or cancel a COVID-19 vaccination appointment](#)

Cleaning and Waste Management

- [Safe management of healthcare waste](#)
- [Decontamination of linen for health and social care](#)

Other

[CQC: Adult social care: information for providers](#)

[illegible]



Appendix 2: Daily log of residents with suspected / confirmed ARI template

Room	Name	Age	NHS No.	Date of symptom onset	Symptoms ¹	COVID-19 Vaccines? 1 st ?2 nd ? Booster?	Flu Vaccine Yes/No (date)	Date GP informed	Date swabbed ²	Date Antivirals commenced	Date CIPCT informed

¹ Symptoms: T = Temp (>37.8c), NC = Nasal Congestion, ST = Sore Throat, W = Wheezing, S = Sneezing, H = Hoarseness, SOB = Shortness of Breath, CP = Chest Pain, AD = Acute deterioration in physical or mental ability (without other known source)

² If swabbed