

Infection Prevention Team Newsletter January 2025

Happy New Year!

We hope you and your residents have enjoyed the festive period. Unfortunately, some care homes have been affected by Acute Respiratory Illnesses and Norovirus.

This newsletter is a reminder on how to protect against outbreaks and ensure you are ready to manage an outbreak this winter if needed.

Must Do's

- Acute Respiratory Illnesses (ARI) North West Care Home Outbreak Card? Sent 15 November 2024 from IPC@westmorlandandfurness.gov.uk (Appendix 1).
- All Care Homes should appoint an ARI Lead per shift, as part of the above guidance during this season.
- Check you have rapid Lateral Flow Tests (LFTs) to check for Covid-1. Find a pharmacy that offers free COVID-19 rapid flow tests – NHS (<u>www.nhs.uk</u>).
- Read your **isolation policy** and check you have **enough PPE**, Personal Protective Equipment includes gloves, eye protection, aprons/gowns and masks.
- Prepare a **Line List** this is a list of the residents and staff affected. For residents you will need to know the following: name, DOB, NHS No, height weight, renal function, medication, allergies, symptoms onset, vaccination status and room number in the home.
- Flu Swab organised by UKHSA following a negative Covid Test result.
- Anti-viral medication prescription, medicine used to treat people who have had symptoms of influenza for more than two days, considered highly effective at clearing up the virus that causes the flu and often prescribed prophylactically to contacts to reduce the spread.

Assessment for infection risk and subsequent correct resident placement is an essential infection prevention and control practice to prevent the spread of infection within care home settings.

Always use 'Standard infection control precautions' SICPs and, where required, 'Transmission based precautions' (TBPs), refer to the SICPs and TBPs policy for your Care Home.

Please be vigilant. Know:

- 1. Your IPC policies.
- 2. Your residents.
- 3. What symptoms to look out for.
- 4. Who to report to.

Please do continue to report incidents and outbreaks to the IPC team where we can offer outbreak support. Report via email to ipc@westmorlandandfurness.gov.uk (contact UKHSA out of hours 0344 225 0562)

Post Christmas

As you take down Christmas decorations, be mindful of how old decorations are and how you are storing them for the following year. Decorations must be cleaned before and after storage. If the decoration cannot be effectively cleaned (e.g. satin/glitter baubles) it should be disposed of.



Your Local Contacts

Community Infection and control team (CIPCT)									
Westmorland and Furness Council Community Infection Prevention and Control Team (CIPCT) Health Protection Team Contact via IPC@westmorlandandfurness.gov.uk	Email contact preferred Nicola Holland, Public Health Manager- Health Protection 07881 264861 Meryl Lawrenson, Health Protection Specialist Nurse 07990 568647								
UKHSA North West Health Protection Team (HPT)									
Monday – Friday 9am – 5pm	0344 225 0562								
Out of Hours	0344 225 0562								
Reporting outbreaks of suspected confirmed acute respiratory infection (ARI)									
Monday to Friday 9am-5pm	Community Infection Control Team (CIPCT)								
Weekends/Bank Holidays 9am-5pm (or after 5pm for urgent queries)	Local UKHSA Health Protection Team (HPT): 0344 225 062								
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) viruses, and other common viruses such as respiratory syncytial virus (RSV), rhinovirus, adenovirus, parainfluenza and human metapneumovirus (hMPV) and SARS-CoV-2 virus (COVID-19). 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 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 antiviral treatments. Stocks can be acquired from local pharmacies. - check where to get LFT kits here. UKHSA and the CIPCT 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.

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 (if over 65 by 31st of March 2025, in a clinical risk group or a care home resident) 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 to support antiviral prescribing in the event of an flu outbreak. A central record of COVID vaccination status and eligibility for COVID-19 treatment should also be kept. Template in Appendix

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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.

	Acute Respiratory Tract Infections (ARI)					
Definition	The UKHSA ARI case definition for use in care homes is acute onset of one or more respiratory symptoms (runny nose, sore throat,					
	cough, wheeze, lethargy, body aches and fever) and a clinician's judgement that the illness is due to an ARI.					
COVID-19 test	Anyone with symptoms who is eligible for treatments should be tested using a rapid LFT.					
	Care homes should stock tests for eligible people – check where to get them from here. UKHSA and the CIPCT do not hold stocks of					
	LFT kits					
Clinical Assessment	Anyone with ARI symptoms or a positive test, should receive appropriate clinical assessment via GP/111/A&E (depending on symptom					
	severity).					
Definition of an ARI	An ARI outbreak consists of 2 or more positive or clinically suspected linked cases of ARI, within the same setting within a 5-day					
Outbreak	period. This means the cases may be linked to each other and transmission within the care setting may have occurred.					
Testing	A suspected outbreak of ARI should be discussed with first with CIPCT (or HPT during weekends and bank holidays). HPT may					
	recommend and arrange multiplex PCR testing if required. Care home must undertake LFT tests for eligible persons before					
	discussion with CIPCT					

PUBLIC HEALH ACTIONS SHOULD NOT BE DELAYED WHILST AWAITING CONFIRMATORY TEST RESULTS

Testing pathway:

If HPT have approved testing

- ☐ CIPCT or UKHSA HPT (as per local arrangements) to send 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.
- 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 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 ARI 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.
	GPs can assess suitability of antiviral treatment and prophylaxis in individuals testing positive, or exposed to influenza, if clinically indicated.
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ınde	e an ARI outbreak has been identified, all staff, residents and visitors must respond with timely control measures to ensure the outbreak can be brought or control.
ley a	actions for staff:
	Ensure those confirmed with flu or COVID-19 receive appropriate antiviral treatment.
	Staff who have symptoms of respiratory infection and who have a high temperature or do not feel well enough to go to work are advised to stay away from work 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.
	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.
(ey	actions managers should take:
	Adhere to national guidance and all infection prevention and control measures.

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 Documents 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 Vaccine: Who should have it? Leaflet
- Protect Yourself From Flu (Easy Read leaflet for people with learning disabilities)
- 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: COVID-19 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

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Cleaning and Waste Management

- Safe management of healthcare waste
- Decontamination of linen for health and social care

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

Other

CQC: Adult social care: information for providers



Appendix 1: Resident Information Template

Room	Name	DOB	NHS No.	Medical Conditions	GP Practice	Date of 1 st COVID- 19 Vaccine	Date of 2 nd COVID- 19 Vaccine	COVID- 19 Booster Date	Eligible for COVID-19 Treatment?	Date of Flu Vaccine	Kidney Function: Date & result of most recent eGFR	Weight (Kg)

In the event of an outbreak, this table will ensure that important information is recorded in one place and is easily accessible



Appendix 2: Daily Log of Residents with suspected / confirmed ARI Template

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

^{*}Symptoms: T = Temp (>37.8 C), C = Cough, 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) **If Swabbed