Your Local Contacts

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| **Bury Council Health Protection Team (Bury HPT)** |
| Bury Health Protection Team**Email**: infectionprevention@bury.gov.uk | 0161 253 6900 |
| **UKHSA North West Health Protection Team (UKHSA NW HPT)** |
| **Monday – Friday** 9am – 5pm | 0344 225 0562 (option 3) |
| **Out of Hours** | 0344 225 0562 (option 3) |

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| **Reporting outbreaks of suspected confirmed acute respiratory infection (ARI)**  |
| **Monday to Friday** 9am – 5pm | Bury Health Protection Team: 0161 253 6900 or infectionprevention@bury.gov.uk |
| **Weekends/Bank Holidays** 9am – 5pm (or after 5pm for urgent queries) | Local UKHSA Health Protection Team (HPT): 0344 225 0562 |
| **After 5PM**  | Refer to this resource pack and follow-up the next day with either Bury HPT (weekdays) or UKHSA NW 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.**

**Appendix 1:** Resident Information Template

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| **Appendix 1:** Resident Information Template- to be completed by by October each year and updated as required. |
| Room | Name | DOB | NHS No. | Medical Conditions | GP Practice | Date of 1st COVID-19 Vaccine | Date of 2nd 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) |
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| **In the event of an outbreak, this table will ensure that important information is recorded in one place and is easily accessible** |

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| **Appendix 2: Daily Log of Residents with suspected / confirmed ARI Template – send to** **infectionprevention@bury.gov.uk** **and update daily** |
| Room | Name | Age | NHS No. | Date of symptom onset | Symptoms\* | COVID-19 Vaccines1st? 2nd? Booster? | Flu VaccineYes/No (date) | Date GP informed | Date swabbed\*\* | Date Antivirals commenced | Date Bury HPT/ UKHSA NW HPT informed |
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| **\*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** |