

Acute Respiratory Illness

North West Care Home Outbreak Action Card

Your Local Contacts

Bury Council Health Protection Team (Bury HPT)	
Bury Health Protection Team	0161 253 6900
Email: infectionprevention@bury.gov.uk	
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)
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)
<p>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.</p>	

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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 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 (see Appendices 5a, 5b and 6 in **NHS England » National infection prevention and control manual for England – appendices**)
- 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 a flu outbreak. A central record of COVID vaccination status and eligibility for COVID-19 treatment should also be kept. Template in Appendix 1.

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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 a rapid LFT . Care homes should stock tests for eligible people – check where to get there from here . UKHSA 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 Outbreak	An ARI outbreak consists of 2 or more positive or clinically suspected linked cases of ARI, within the same setting within a 5-day 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 Bury HPT or UKHSA NW HPT during weekends and bank holidays). The HPT may recommend and arrange multiplex PCR testing if required. Care home must undertake LFT tests for eligible persons before discussion with the HPT
PUBLIC HEALTH ACTIONS SHOULD NOT BE DELAYED WHILE AWAITING CONFIRMATORY TEST RESULTS	

Testing pathway:

If HPT have approved testing

- ❑ Bury 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 Bury HPT/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 Bury HPT or UKHSA HPT (as per local arrangements), who will inform the care home.

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- In an ARI outbreak, activation of antiviral pathways for whole home prophylaxis will be a decision made in conjunction with UKHSA HPT, with delivery by BARDOC.
- GPs can assess suitability of antiviral treatment and prophylaxis in individuals testing positive, or exposed to influenza, if clinically indicated.

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** 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, including temperature, pulse, respiratory rate and oxygen saturations twice daily if possible.

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 Bury HPT /UKHSA NW HPT as requested. See Appendix 2.
- Increase the frequency of infection control audits to weekly.

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**.

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National Guidance Documents active links

<p>Influenza-like Illness</p> <ul style="list-style-type: none"> • 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 	<p>Infection Prevention and Control</p> <ul style="list-style-type: none"> • 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
<p>National COVID-19 Guidance</p> <ul style="list-style-type: none"> • 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 	<p>Cleaning and Waste Management</p> <ul style="list-style-type: none"> • Safe management of healthcare waste • Decontamination of linen for health and social care <p>Other</p> <ul style="list-style-type: none"> • CQC: Adult social care: information for providers

