UK Health Security Agency

Winter-readiness information for Adult Social Care Settings in the East of England

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1. Introduction

This document is divided into two main sections covering key messages on acute respiratory infections including early detection, prompt notification and management of outbreaks that occur more often in the cooler months of the year followed by a checklist in Section 4 to give busy Adult Social care (ASC) Settings managers the choice to quickly review what processes and personnel they have in place compared to national guidance. **Please note that guidance and local processes change from time to time, therefore we kindly request you take the time to read this document in full.**

During the winter season, updating and refreshing current processes on health considerations for residents and service users is important for managers of social care settings.

Residents and staff in nursing and residential ASC settings/care homes are particularly susceptible to infections, which increase over the winter months, such as seasonal influenza (flu), COVID-19 and viral gastroenteritis such as Norovirus. Non-COVID Acute Respiratory infections (ARI) may also spread rapidly in these types of settings, resulting in high numbers of cases due to prolonged close contacts between residents, and through direct and indirect care provided by staff. Consequently, outbreaks of acute respiratory illness in ASC settings should be managed by immediate implementation of the Infection Prevention and Control (IPC) measures.

In addition to standard precautions, particular attention should be given to how ventilation can be improved. Ventilation is an important control to manage the risk of Respiratory infection. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19. Where possible, rooms should be ventilated after any visit from someone outside the setting, or if anyone in the care setting has suspected or confirmed COVID-19. This is because ventilation is particularly important in spaces which are shared with other people for longer periods of time. The comfort and wishes of the person receiving care should be considered in all circumstances, for example balancing ventilation with the need to keep people warm. Rooms may be able to be re-purposed to maximise the use of well-ventilated spaces.

Further information regarding ventilation can be found in IPC resource for adult social care and Ventilation of indoor spaces.

To decrease the risk of infection from contaminated linen, ASC guidance Linen Information sheet it is important that your local policies and procedures for the management of linen are based on this guidance.

2. Key messages for ASC settings managers on winter readiness

A. Planning and preparedness ✓

- Ensure you have adequate supplies of personal protective equipment (PPE).
- Ensure your residents and service users are immunised against seasonal influenza and COVID-19.
- Ensure your staff (especially those in clinical risk groups) are immunised against seasonal influenza, and immunised against COVID-19 if immunosuppressed.
- Ensure that all your policies and procedures including Standard Operating Procedures and Business Continuity Plans are up to date and communicated to staff
- Ensure the person in charge is aware of how to report outbreaks (See Box 1 in Section C below) to the relevant agencies and what information is required for reporting

B. Recognise respiratory outbreaks ✓

- You should consider the possibility of an outbreak where you have 2 or more cases of a respiratory illness within 5 days with a link to the ASC setting. Test for confirmation of the diagnosis by LFD testing of up to five residents (where possible) to exclude COVID-19 before reporting a suspected outbreak.
- Symptomatic testing is advised only for those eligible for COVID-19 treatments and during suspected outbreaks in ASC settings.
- Residents who test positive for COVID-19 can return to their usual activities after 5 days if they feel well and no longer have a high temperature. Staff who test positive for COVID-19 should follow Guidance
- Prompt reporting to the HPT using Report an Outbreak tool (previously called CareObra) with all relevant information for risk assessment. The HPT will advise and assess if PCR testing is required.

  Outbreak measures can be lifted 5 days after the last suspected or confirmed case.There is no difference between advice for small care homes and other care homes.

  The EoE HPT can advise wider testing where there are specific concerns.

C. Report Respiratory outbreaks to your Local Health Protection Team seven days a week ✓

- If you suspect an outbreak of respiratory illness in your ASC setting/care home, report this immediately to the residents' General Practitioner (GP) for clinical assessment during practice hours or NHS 111 out of hours and notify the suspected outbreak to the East of England Health Protection Team (HPT) – see Box 1 below.

Box 1

How to report an outbreak of respiratory illness
You can use an online service if you provide adult social care. This includes a care home, supported living or extra care. Click on the link below for online reporting in and out of hours. NOTE: for out of hours notification of ARI outbreaks you MUST also call the HPT on 03003038537 - before 9am, after 5pm weekdays including Saturday and Sunday
Report an outbreak of acute respiratory infection in an adult social care setting – Report an outbreak (previously called CareObra)
Use this service to report: • a single confirmed case of flu in your setting • a new outbreak of acute respiratory infection (ARI) - 2 or more people in your setting with symptoms that started within 5 days of each other • a COVID-19 outbreak in your setting
ARIs include COVID-19, flu, respiratory syncytial virus (RSV), and other respiratory infections.
To report other outbreaks, see box 2 below
It should take about 10 mins to complete.

- Prompt reporting of suspected outbreaks is essential to implement timely and effective control measures.
- To minimise risk to people who receive care and support, social care providers should encourage and support all their staff to get a COVID-19 vaccine when they are eligible as per guidance here.

As a social care worker, you are eligible to access to the flu vaccine – see guidance here. This includes all frontline workers employed by the following types of social care providers without employer-led occupational health schemes:

- a registered residential care or nursing home supported living settings
- registered domiciliary care provider
- a voluntary managed hospice provider
- Direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants (PAs)

Depending on occupational health arrangements, your employer can assist in the provision of the flu vaccination. They may do this by arranging for you to be vaccinated at your place of work or by arranging for you to be vaccinated off-site.

Your employer should let you know which scheme they are running, or, where applicable, advise you to use the NHS complementary scheme. If not, please ask them.

Staff without an occupational health offer are able to access flu vaccination for free through their GP or local pharmacy by self-declaring as a health and care worker in the National Booking System.

- Book, change or cancel a free NHS flu vaccination at a pharmacy - NHS
- Find a pharmacy that offers free flu vaccination - NHS

This autumn-winter, the Covid-19 vaccine is available to people aged 75 and over, people who are immunosuppressed, and older person care home residents.

D. Report other outbreaks of diarrhoea and vomiting and any unusually high numbers of unwell residents to your Local Health Protection Team 7 days a week ✓

Box 2

Report outbreaks of diarrhoea and vomiting (2 or more cases)
03003038537 or emailing EastofEnglandHPT@ukhsa.gov.uk (during office hours Monday to Friday 9 – 5pm). Please note Report an Outbreak tool is currently for respiratory infection only.
For out of hours and weekends call 03003038537

3. Acute Respiratory Infection (ARI) including Influenza and COVID-19

Covid-19 and other respiratory viruses are likely to co-circulate this winter. It may be difficult to distinguish between symptoms of COVID-19, influenza, and other respiratory viruses.

In addition, ASC settings/care home residents may not present with classical symptoms of COVID-19 or influenza. Therefore, non-COVID ARI should also be considered if there is a sudden deterioration in physical or mental health, with or without fever. Investigations into outbreaks of acute respiratory illness in ASC settings will need to consider the possibility that the outbreak is caused by COVID-19, influenza, or other respiratory viruses. ASC settings should continue to follow the current guidance on measures to prevent COVID-19. Testing suspected ARI cases with LFDs, where possible, is quick and allows you to establish if COVID-19 may be the cause but note that it will not exclude circulation of concurrent respiratory viruses. Access to free COVID-19 LFDs can be obtained through local pharmacy, only for symptomatic individuals who are at higher risk and are eligible for COVID-19 treatment (see NHS website for list of higher risk groups COVID-19 testing - NHS). You can find a pharmacy with free COVID-19 LFDs here Find a pharmacy that offers free COVID-19 rapid lateral flow tests - NHS.

Where an outbreak of respiratory illness is suspected, the ASC setting should contact the residents' GP for clinical assessment and the East of England HPT - See Box 1 in Section C above. Please note that a clinical diagnosis of chest infection does not exclude presence of flu or Covid-19 as it is possible to have a bacterial chest infection on top of flu or Covid-19.

The HPT will risk assess and may arrange additional swabbing to detect influenza and other respiratory viruses. This is so that appropriate antiviral medication can be provided if influenza virus is detected to treat and prevent further cases. This is only possible if respiratory outbreaks are reported promptly.

Conditions which may increase the risk of serious influenza illness*

- Neurological, liver or kidney disease
- Lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
- Severe clinical obesity (BMI of 40 and above)
- Diabetes mellitus
- Pregnancy
- Long-term breathing or lung complaint e.g., severe asthma, COPD
- A problem with your spleen, e.g. sickle cell disease, or you have had your spleen removed
- Heart or blood vessel disease
- Had a stroke or a transient ischaemic attack (TIA)

Box 2: This list is not exhaustive. For full details refer to 'Immunisation against infectious disease'

4. Adult and Social Care planning checklist for Respiratory illness including seasonal influenza (flu) and COVID-19

Below is a quick guide to check what processes and control measures should be available to effectively recognise, initiate control measures, and notify relevant agencies such as the UKHSA or commissioners.

CHECKLIST: Actions to prepare for cases of respiratory illness (inc. seasonal flu and Covid-19)	✓	X
Keeping COVID-19 and flu out of Adult Social Care Settings		
1. Ensure all your eligible residents are vaccinated against flu and COVID-19 (programme opens 1 October), and against RSV and pneumococcal if turning age 75		
2. Ensure that all staff involved in patient care have received their seasonal flu vaccine (from 1 October) and if immunosuppressed receives a COVID-19 booster (from 1 October), before any outbreaks of flu or Covid. Staff with an occupational health offer can access vaccination via their employer. Staff without an occupational health offer can self-declare as a health and care worker and receive vaccination through their GP or pharmacy. • Further information is in the Flu vaccination in Vaccination		
3. Ensure staff are familiar with general Infection Prevention and Control (IPC) Guidance for Adult Social Care (ASC), as well as specific COVID-19 guidance for ASC. Useful links: • IPC in ASC settings • COVID-19-supplement to IPC measures in ASC settings		
4. Ensure staff know to contact their line manager if they may have an infectious illness before coming to work.		
5. Reinforce knowledge of staff and residents about hand and respiratory hygiene. Free respiratory and hand hygiene posters and resources e.g. **Catch it, Bin it, Kill it** are available here.		
6. Ensure that liquid soap and disposable paper towels are available, and/or alcohol-based hand rub (at least 70% alcohol content), in every room and communal areas, and stock levels are adequately maintained		
7. If possible and safe to do so, use alcoholic handrubs in places where hand washing facilities are not available (e.g. entrances/exits, residents' lounge, dining room), and maintain supplies. If this is not possible based on risk assessment, consider staff using individual containers.		
Identifying infection as soon as possible		

8. Early recognition of a respiratory illness including influenza, Respiratory Syncytial Virus (RSV), COVID-19 outbreak amongst staff and/or residents is vital (i.e. two or more cases in last 5 days, linked by time, place, where they live or work). Provide training and awareness sessions for your staff on symptoms and signs of COVID-19 and Flu and what to do if they identify an outbreak (ensure staff know that older adults with COVID-19 and flu may not show typical symptoms such as fever or respiratory symptoms). Useful resource: People with symptoms of respiratory infections including on COVID-19 available at: Guidance		
9. Inform your staff of the role of UKHSA East of England HPT, so they know when and how to notify outbreaks of respiratory illnesses See Section 2: **Box 1 – how to notify outbreaks in and out of hours**		
10. Monitor for symptoms or ask residents to report if they are feeling unwell or have new symptoms		
11. Ensure staff know when to request clinical assessment of residents/service users by their GP/Community Matron		
Preventing Spread of COVID-19 and Flu in ASC Settings		
12. Maintain high standards of record keeping in the event of an outbreak of acute respiratory illness to help investigate the outbreak (i.e. list of staff and resident cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first case, total number of residents in ASC Settings, location of cases and their flu vaccination status)		
13. Keep a record of your staff and resident flu and COVID-19 vaccinations where senior staff can access it. This information will help inform outbreak risk assessments.		
14. Keep a record of any residents who have renal (kidney) impairment where staff can access it. Having information on this makes prescribing flu antiviral medication residents easier, especially for the Out of Hours GP services. Where available, document creatinine clearance, urea and electrolytes for each resident.		
15. Ensure your infection control policy and procedure documents are up to date. Plan for how residents who develop COVID-19 and their close contacts will be handled including Business Continuity Plans in case of staff shortage.		
16. Inform residents of what they need to do if there is an outbreak in ASC Settings (includes hand hygiene, respiratory hygiene and self-isolation)		
17. Consider having a dedicated area to cohort residents with the same infection.		
18. Consider how a dedicated team of staff can care for cohorted residents for the duration of the outbreak.		
19. Ensure linen management systems are in place as well as clinical waste disposal systems, including foot operated bins.		
Use of personal protective equipment (PPE)		
20. Ensure staff are trained in the use of PPE.		
21. Show staff and visitors who provide direct care to their loved ones how to ensure PPE is correctly positioned for best fit.		
22. Ensure that PPE is readily available in all residents' care areas. Assess the current supply of PPE and other critical items. Have a back-up/Business Continuity plan if you do not have enough.		

23. Provide foot operated bins for the disposal of PPE items and used tissues.		
24. Audit compliance with hand hygiene and PPE usage.		
Identifying and managing COVID-19, Flu and other respiratory viruses outbreaks		
25. Outbreaks of respiratory illness should be reported promptly to the East of England HPT using Report an Outbreak tool. Inform all staff of the role of HPT, so they know when and how to notify outbreaks of respiratory illnesses See Section 2: **Box 1 – how to notify outbreaks in and out of hours**		
26. Staff are aware of the process to notify GP and other care providers about the health status of residents.		
27. If a resident is transferred to another health or social care setting, the new setting and the people transporting them are aware if the resident is infectious and the measures needed to prevent spread to others.		
28. Follow the current guidance COVID-19 testing in adult social care settings		
29. When notified, the HPT can advise on, and arrange, tests and antivirals for flu and other respiratory viruses, based on risk assessment.		
30. Inform the EoE HPT when there are COVID-19 or Flu related hospitalisations, deaths, operational issues, or evidence of continued transmission despite all precautions		
31. Ensure staff are aware that COVID-19 or Flu positive patients discharged from hospital to ASC Settings can be admitted if the home is satisfied they can be cared for safely as per guidance.		
32. There is a procedure in place for families to visit residents during outbreaks, in line with national guidance.		
33. Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, detergent). Frequency of cleaning should be increased in an outbreak and as necessary.		
Date completed:		
Completed by:		
Notes and Action Plan can be added here		

5. Adult and Social care planning checklist for Norovirus season

Actions to prepare for Norovirus (winter vomiting bug) season	✓	X
Infection control precautions		
1. Ensure infection control policies are up to date, read and followed by all staff		
2. Conduct hand hygiene audits regularly. Educate staff on the importance of hand hygiene and the appropriate technique, especially during outbreaks.		
3. Ensure that liquid soap and disposable paper hand towels are available in all toilets and communal bathrooms, including individuals' room/end-suite **(NB: alcohol hand gel is of limited effectiveness against norovirus or Clostridium difficile)**		
4. Ensure that Personal Protective Equipment (PPE) is available and kept outside affected residents' rooms – i.e. disposable gloves, aprons.		
5. Ensure linen management systems are in place as well as clinical waste disposal systems including foot operated bins.		
Reporting to the local health protection team		
6. Early recognition of a diarrhoea and/or vomiting (D&V) outbreak amongst staff and/or residents in care homes is vital (i.e. two or more cases linked by time, place, where they live or work).		
7. Outbreaks of D&V should be reported promptly to the local health protection team for a full risk assessment and further guidance (even if care home is already aware of local diarrhoea and vomiting outbreak management guidelines). **See Box 2.**		
Diarrhoea and/or vomiting outbreak control measures		
8. Immediate control measures to be put into place when an outbreak of D&V is recognised are: • Isolation of residents/affected staff until clear of symptoms for 48 hours • Cohorting of affected residents/staff on a separate floor or wing of the home if possible • Enhanced cleaning of the environment with a detergent followed by hypochlorite solution and rinsing. • Effective hand washing with liquid soap and water **(DO NOT use alcohol-based hand rub only, as this has limited effectiveness against some diarrhoeal diseases).**		
9. Brief all staff on infection prevention and control measures during the outbreak e.g. during handover sessions throughout the day.		
10. Care home manager should organise stool sample collection of residents with ongoing symptoms as requested by either the home GP or the health protection team.		

11. Maintain high standards of record keeping to assist with investigation of the outbreak and help identify the source of the infection by completing a log sheet (i.e. list of staff and resident cases incl. dates of birth, GP details, symptoms and frequency, date of onset of symptoms of the first case, location of cases). You do not need to share this with the health protection team.		
12. Remove all alcoholic handrubs in use in the event of a D&V outbreak, as this has limited effectiveness against some diarrhoeal diseases.		
13. Admissions/discharges should be paused until the home has had no new cases for 48 hours and outbreak is declared over.		
14. Ensure residents are clinically assessed by their GP and rehydrated adequately especially if you are concerned.		
15. Transfer of residents to hospital or other institutions should be avoided unless medically required. If a transfer is necessary, inform the ambulance provider AND the receiving hospital/institution of the outbreak. This should be done before arrival if possible.		
16. Restrict visiting as much as possible and any visitors including health professionals should be advised of the outbreak and the need for thorough hand washing, using soap and water. Take advice from the HPT on excluding peripatetic staff such as occupational therapists and physiotherapists during an outbreak.		
17. Refer to the norovirus poster online for further information which can be displayed for staff and visitors at entrances and in the care home.		

6. Resources

For management of COVID-19
Infection prevention and control in adult social care: acute respiratory infection - GOV.UK

Find a pharmacy that offers free COVID-19 rapid lateral flow tests - NHS

Guidelines for the management of outbreaks of influenza-like-illness in care homes
Influenza-like illness (ILI): managing outbreaks in care homes – GOV.UK (www.gov.uk)

Leaflet - Flu vaccination: who should have it this winter and why
www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why

Leaflet - Flu leaflet for people with learning disability
An easy to read leaflet providing information on influenza (flu) and vaccination
www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability

Leaflet – Flu immunisation for social care staff and hospice staff
https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff

Further information and leaflets on flu can be found at
www.gov.uk/government/collections/annual-flu-programme

RSV Your guide to the RSV vaccine for older adults - GOV.UK

General infection control resource
COVID-19: infection prevention and control (IPC)
https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings
COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)

Helping to prevent infection: a quick guide for managers and staff in care homes
https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Infection%20prevention.pdf

Supporting vulnerable people before and during cold weather: for adult social care managers - GOV.UK

Norovirus

Poster
Further information is available in this norovirus poster which be displayed for staff and visitors in the care home

Guidance
https://www.gov.uk/government/publications/norovirus-managing-outbreaks-in-acute-and-community-health-and-social-care-settings