

**Infection Prevention and Control Guidance and Action Checklist for outbreaks of influenza like illness in care homes**

**Please notify the Infection Prevention and Control Service at the start of a suspected outbreak on 0116 305 0705 or** [**infection@leics.gov.uk**](mailto:infection@leics.gov.uk)

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| **Commencement of Incident** | | | | |
| **Person completing initial checklist and date:** |  | **Definition of influenza like illness:**  Oral or tympanic temperature ≥ 37.8˚C  AND one of the following  Acute onset of at least one of the following symptoms:  Cough (with or without sputum), hoarseness, nasal discharge or congestion,  Shortness of breath, sore throat, wheezing, sneezing  OR  Acute deterioration in physical or mental ability without other known cause  Alternatively, a laboratory detection of influenza virus would fulfil the definition of a case of influenza | **Date checklist completed:** |  |
| **Date of first case(s)** |  | **Actions Required:** | Yes/No |
| **Number of residents that have been symptomatic** (include those now recovered) |  |
| **Number of staff that have been symptomatic** (include those now recovered) |  | **Actions Completed:** | Yes/No |
| **Current status of home:**  *Isolation or closure is generally recommended for a period of 5 days after the onset of the most recent case* | Closed  Partially closed  Open |

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| **Check and review as necessary the following sections. Only one column should be ticked i.e. Yes/No and each entry should be dated** | | | | | |
| 1. **Notifications** | **Date** | **Yes**  **✓** | **No**  **✓** | **N/A**  **✓** | **Comments**  **Actions to be taken to ensure compliance** |
| **ALL organisations listed below must be informed as soon as possible once a respiratory outbreak is suspected** | | | | | |
| Relevant GP Practices informed. |  |  |  |  |  |
| Public Health England informed.  Tel. 0344 2254524 Option 1 (Contactable 24/7). |  |  |  |  |  |
| Local Authority Infection Prevention and Control Service informed.  Tel. 0116 305 0705 or [infection@leics.gov.uk](mailto:infection@leics.gov.uk) |  |  |  |  |  |
| Local Authority informed   * Contracts & Quality Team (County)   Tel. 0116 305 4699   * Quality Assurance and Compliance Team (City)   Tel. 0116 454 4420   * Quality Assurance Team (Rutland)   Tel. 01572 758 365  Name of allocated officer if known |  |  |  |  |  |
| All staff including agency staff informed. |  |  |  |  |  |
| Residents’ families and any other visitors informed (*where applicable*). |  |  |  |  |  |
| Visiting health and social care professionals and other service providers informed. This would include; dentists, optometrists, chiropodists, social workers, hair dressers, complimentary therapists etc. A joint assessment has been made as to the necessity of any visits. Symptomatic residents if seen are visited after asymptomatic residents. |  |  |  |  |  |
| NHS Community Nursing/Therapy Services informed if currently visiting. Tel. 0300 300 1000, Option 1. (Contactable 24/7). A joint assessment has been made as to the necessity of any visits. Symptomatic residents if seen are visited after asymptomatic residents. |  |  |  |  |  |
| Any receiving health or social care organisation informed if involved in the transfer or discharge from the care home of a resident. Use the intercare transfer form as detailed in the DH Guidance *Prevention and control of infection in care homes – an information resource (Appendix 3).* |  |  |  |  |  |
| If a resident requires admission to hospital or attendance at an out-patient appointment, staff have notified the receiving organisation in advance to allow sufficient arrangements to be put into place to reduce the risk of cross infection (using the intercare transfer form as detailed in the DH Guidance *Prevention and control of infection in care homes – an information resource (Appendix 3).* |  |  |  |  |  |
| East Midlands Ambulance Service informed if involved in the transportation of a resident. |  |  |  |  |  |
| Out of Hours Service informed at the time of requesting a visit. |  |  |  |  |  |
| 1. **Specimens** | **Date** | **Yes**  **✓** | **No**  **✓** | **N/A**  **✓** | **Comments**  **Actions to be taken to ensure compliance** |
| **Obtaining viral swabs from symptomatic residents and/or staff ar an early stage is important for the management fo the outbreak.**  **Specimen collection should be discussed with the GP in the first instance.**  **PHE will advise whether GPs need to undertake throat swabbing if an outbreak of influenza is suspected.** | | | | | |
| Specimens have been collected as advised and sent to the laboratory. |  |  |  |  |  |
| The dates any specimens have been collected and sent to the laboratory for testing has been documented in the residents’ notes |  |  |  |  |  |
| 1. **Standard Precautions and Source Isolation** | **Date** | **Yes**  **✓** | **No**  **✓** | **N/A**  **✓** | **Comments**  **Include any actions to be taken to ensure compliance** |
| All people entering and leaving the home are aware of the need for hand hygiene using soap and water. |  |  |  |  |  |
| 70% alcohol hand rub is provided for visitor use and supplementary use by staff after hand washing |  |  |  |  |  |
| Source isolation precautions have been commenced on all symptomatic residents suspected of having an infection |  |  |  |  |  |
| There is a system for informing all staff that source isolation precautions are required |  |  |  |  |  |
| Staff are aware that source isolation precautions should be continued until the resident is fully recovered and for at least 5 days after the onset of symptoms and until their bedroom has undergone a terminal clean |  |  |  |  |  |
| If there is no en-suite toilet then either a commode has been designated for the resident’s sole use and kept in their bedroom, or a toilet has been designated for the use of symptomatic residents |  |  |  |  |  |
| Commodes/designated toilets are cleaned and disinfected after each use |  |  |  |  |  |
| Hand hygiene facilities within each bedroom include; hand wash basin, liquid soap and disposable paper towels in a dispenser |  |  |  |  |  |
| Staff are aware of the correct hand hygiene procedure which includes the need to wash hands with liquid soap and water BEFORE and AFTER contact with any symptomatic resident in their environment |  |  |  |  |  |
| Residents are given the opportunity to wash their hands prior to eating and drinking and after using the toilet or being assisted with toileting |  |  |  |  |  |
| Messages about respiratory hygiene and cough etiquette (‘Catch it, Bin it, Kill it’) and hand hygiene are being reinforced among residents, staff and visitors |  |  |  |  |  |
| Symptomatic residents are provided with tissues and covered sputum pots which are disposed of as clinical waste |  |  |  |  |  |
| Advice has been obtained from PHE on the requirement and use of surgical face masks |  |  |  |  |  |
| If required, surgical face masks are available outside the bedrooms of symptomatic residents |  |  |  |  |  |
| PPE (disposable gloves and disposable plastic aprons) are available outside the bedrooms of symptomatic residents |  |  |  |  |  |
| PPE is removed inside the bedroom, disposed of into a clinical waste and hands are washed prior to leaving the bedroom |  |  |  |  |  |
| Used laundry is placed into a red soluble laundry bag or an alternative safe system for the handling of laundry is in place |  |  |  |  |  |
| Used laundry is double bagged with a disposable plastic bag or washable linen sack which has not been inside the bedroom |  |  |  |  |  |
| Disposable gloves and disposable plastic aprons are worn at all stages of the laundry process |  |  |  |  |  |
| Linen is not stockpiled inside the bedroom |  |  |  |  |  |
| Waste is double bagged as clinical waste and the outer bag has not been inside the bedroom |  |  |  |  |  |
| Crockery and cutlery is transported from the bedroom to the kitchen in a manner to prevent cross infection e.g. plastic meal tray bags, lidded washable container |  |  |  |  |  |
| Crockery and cutlery is cleaned in a dishwasher or a suitable alternative system is in place |  |  |  |  |  |
| Staff clean and disinfect affected bedrooms and communal areas each morning and afternoon paying particular attention to; toilets, commodes, hand wash basins, horizontal surfaces, shared equipment and frequent touch points (e.g. door handles) |  |  |  |  |  |
| Staff clean and disinfect any communal areas a resident enters whilst symptomatic as soon as practically possible |  |  |  |  |  |
| Cleaning is undertaken using hot water and detergent followed by rinsing with clean water and drying. Disinfection is undertaken using a chlorine based product: 1,000 parts per million of available chlorine. 1,000 = 0.1%. Alternatively, a combined detergent and chlorine 0.1% disinfectant product is used |  |  |  |  |  |
| Staff are aware that the domestic trolley remains outside the bedrooms at all times |  |  |  |  |  |
| Staff are aware that the medicine trolley remains outside the bedrooms at all times |  |  |  |  |  |
| Staff are aware that vacuuming in bedrooms where source isolation precautions are in place should be avoided until a terminal clean is undertaken whenever possible. |  |  |  |  |  |
| If used, all removable/accessible parts of the vacuum cleaner are cleaned and disinfected after being used in each source isolation bedroom and prior to being taken to another room, to avoid cross infection |  |  |  |  |  |
| 1. **Reducing Exposure.** | **Date** | **Yes**  **✓** | **No**  **✓** | **N/A**  **✓** | **Comments**  **Include any actions to be taken to ensure compliance** |
| The number of those staff exposed to aerosol generating procedures (such as nebulisers, airway suction and CPR) has been minimised |  |  |  |  |  |
| Aerosol generating procedures are performed in a well ventilated single room with the door closed |  |  |  |  |  |
| All residents have been offered the seasonal flu vaccination this year |  |  |  |  |  |
| All staff have been offered the seasonal flu vaccination this year |  |  |  |  |  |
| There is a notice at the care home entrance to inform staff and visitors of the outbreak and what actions they need to take |  |  |  |  |  |
| The elderly, very young, pregnant women and immuno-compromised individuals, who are at greater risk from the complications of flu, have been discouraged from visiting during the outbreak |  |  |  |  |  |
| Non-healthcare visitors have been informed that source isolation precautions are in place and what measures they need to take |  |  |  |  |  |
| Appropriate restrictions have been placed on visiting. Advice can be obtained from Public Health England or the Local Authority Infection Prevention and Control Service |  |  |  |  |  |
| Visiting groups, residents’ parties, social events etc. have been postponed |  |  |  |  |  |
| Residents are discouraged from attending external activities (unless it is essential e.g. to attend a funeral of a family member or a close friend) |  |  |  |  |  |
| All appointments other than clinically urgent appointments have been cancelled for symptomatic residents |  |  |  |  |  |
| Imminent admissions/discharges have been reviewed with the appropriate organisations and a plan of action has been agreed |  |  |  |  |  |
| Prospective residents have been made aware of the current situation within the home |  |  |  |  |  |
| Only essential transfers to other homes are being undertaken |  |  |  |  |  |
| The laundry facility continues to maintain the segregation of clean and dirty linen throughout the laundry process |  |  |  |  |  |
| All staff responsible for the laundering of soiled linen have easy access to PPE for all stages of the laundry process |  |  |  |  |  |
| Portable fans are not to be used during an outbreak of infection or when a resident is known or suspected of having an infectious agent (*Estates and Facilities alert Ref: EFA/2019/001*) |  |  |  |  |  |
| 1. **Monitoring and Documentation** | **Date** | **Yes**  **✓** | **No ✓** | **N/A**  **✓** | **Comments**  **Include any actions to be taken to ensure compliance** |
| Enhanced surveillance for further cases has been initiated by way of daily monitoring of all residents by care home staff, for elevated temperatures and other respiratory symptoms |  |  |  |  |  |
| Care home staff are monitoring all residents for elevated temperatures and other respiratory symptoms and documenting findings |  |  |  |  |  |
| Fluid balance charts are in use with all symptomatic residents and staff are aware of when and how to escalate to medical staff when concerns are identified with a service user’s hydration status |  |  |  |  |  |
| Infection prevention and control care plans have been commenced |  |  |  |  |  |
| There are appropriate Infection Prevention and Control Policies available for staff to refer to on the management of an outbreak of an influenza like illness |  |  |  |  |  |
| 1. **Staff** | **Date** | **Yes**  **✓** | **No ✓** | **N/A**  **✓** | **Comments**  **Include any actions to be taken to ensure compliance** |
| Staff with symptoms have been excluded from work until fully recovered |  |  |  |  |  |
| The number of staff in contact with symptomatic residents is limited as much as is practicably possible?  If able staff should work in separate teams: one team caring for affected residents and the other caring for unaffected residents |  |  |  |  |  |
| Agency and temporary staff who are exposed during the outbreak have been advised not to work in any other healthcare settings until two days after the last contact with the home or if exposure is continuous, when the home re-opens |  |  |  |  |  |
| Staff are aware that uniforms/work clothes should never been worn between home and the place of work |  |  |  |  |  |
| 1. **Closure of Incident.** | **Date** | **Yes**  **✓** | **No ✓** | **N/A**  **✓** | **Comments**  **Include any actions to be taken to ensure compliance** |
| **Public Health England should be contacted if unsure whether part or the entire home can be re-opened.** | | | | | |
| If PHE declared an official outbreak of influenza like illness, has re-opening of the home been discussed with them |  |  |  |  |  |
| Source isolation precautions were continued on a resident until they were fully recovered and for at least 5 days following the onset of symptoms |  |  |  |  |  |
| Source isolation precautions have been continued on the resident until a terminal clean of the resident’s bedroom has been undertaken. Cleaning is undertaken using hot water and detergent followed by rinsing with clean water and drying. Disinfection is undertaken using a chlorine based product: 1,000 parts per million of available chlorine. 1,000 = 0.1%. Alternatively, a combined detergent and chlorine 0.1% disinfectant can be used. |  |  |  |  |  |
| Prior to commencing each terminal clean the curtains were taken down and sent for laundering |  |  |  |  |  |
| Prior to commencing the terminal clean, the mattresses have been checked. If not covered, steam cleaned. If covered, unzip and check. |  |  |  |  |  |
| All bed linen and worn clothing has been removed from the bedroom for laundering |  |  |  |  |  |
| A terminal clean of all symptomatic resident’s bedrooms has been undertaken as described above |  |  |  |  |  |
| The carpet has been vacuumed and all removable/accessible parts of the vacuum cleaner have been cleaned and disinfected after being used in each source isolation bedroom |  |  |  |  |  |
| The floor has been mopped (if not carpeted) and the mop head has been sent for laundering (disposed of if single use). The mop handle and mop bucket have been cleaned and disinfected after use. |  |  |  |  |  |
| The carpet and/or soft furnishings have been steam cleaned where possible. All removable/accessible parts of the steam cleaner have been cleaned and disinfected after being used in each source isolation bedroom |  |  |  |  |  |
| All communal areas have had a deep clean. |  |  |  |  |  |

For infection prevention and control advice please call the Local Authority Community Infection Prevention and Control Service on: 0116 305 0705 Monday to Friday excluding Bank Holidays.

Evenings, weekends and Bank Holidays please call Public Health England on 0344 225 4524 Option 1.

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| **Summary of Incident** | | | | | | | | |
| **Start date** | **End date** | **Symptoms** | **No. residents affected** | **No. staff affected** | **No of beds** | **No of residents in hospital** | **Causative Organism identified** | **Comments**  ***E.g. escalation to PH.*** |
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**Additional Information**

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| **Date** | **Comments** | **Signature** |
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