

Influenza – Guidance for Care Homes

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Introduction

The Influenza Guidance for Care Homes has been developed to provide key information to assist with prevention and control of cases of influenza in care homes. The checklists included in this pack should be used in addition to the Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) as per the [National Infection Prevention and Control Manual \(NIPCM\)](#). This pack comprises:

- Roles and Responsibilities – to guide decision making
- Information for Care Home staff
- A prevention checklist – to be completed prior to the season starting
- A checklist for everything that needs to be done on the first day an outbreak is identified
- A daily checklist for every day until an outbreak is over
- An outbreak data record sheet for tracking cases and symptom onsets
- Information for visitors and residents
- Posters for displaying during the season and during outbreaks

Influenza should be suspected in any person who develops fever/high temperature in addition to acute respiratory symptoms

**If 2 or more people have these symptoms within 2 days of each other,
IT COULD BE AN OUTBREAK**

IF YOU CONSIDER AN OUTBREAK OF INFLUENZA IS LIKELY:

- **Contact your local health protection team (HPT) immediately**
- **Start the Influenza Outbreak Checklist**

1. Roles and Responsibilities:

Person in charge of Care Home
<input type="checkbox"/> Ensure ongoing compliance with Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs). <input type="checkbox"/> Report all residents with acute respiratory infections (i.e. suspected influenza) to the GP. <input type="checkbox"/> Report to your HPT if you and the GP are clinically suspicious of 2 or more cases of acute respiratory infection (i.e. influenza) with onset within 2 days of each other. <input type="checkbox"/> Work with the HPT in completing the daily assessments and keeping the HPT updated. <input type="checkbox"/> Ensure there are sufficient staff available to deal with the residents' needs.
GP
<input type="checkbox"/> Provide clinical assessment to determine outbreak status. <input type="checkbox"/> Provide advice to person in charge of Care Home to inform HPT. <input type="checkbox"/> Provide specific advice regarding treatment options for residents and staff.
Health Protection Team (HPT)
<input type="checkbox"/> Advise on the control measures required and specimens to be collected. <input type="checkbox"/> Offer specific advice regarding treatment and vaccination protocols for residents and staff. <input type="checkbox"/> Advise on discontinuation of control measures and actions prior to re-opening of the Care Home if closed at any time

2. Key information for Care Home staff

What is Influenza?

Influenza or 'Flu' is an acute viral infection affecting the respiratory tract.

There are three main types of influenza virus (A, B & C) that affect humans but Influenza A is the most common and usually the cause of flu outbreaks in winter.

What are the symptoms?

Influenza should be suspected if the following symptoms are present:

A FEVER/HIGH TEMPERATURE PLUS ANY OF THE FOLLOWING:

- Loss of physical functioning/mental decline
- Sore throat
- Shortness of breath (more than usual)
- Productive cough (with or without sputum)
- Aching muscles
- Headache
- Other chest symptoms/ chest pain
- Hoarseness/wheezing
- Runny nose or congestion
- Increased lethargy and/or general malaise
- Loss of appetite/reduced food intake

Residents should be closely monitored for relevant signs and symptoms, particularly during the winter months when flu is most common.

**If you suspect a resident has flu,
IMMEDIATELY consult the resident's GP and
the person in charge**

How long do symptoms last?

For most people, symptoms usually resolve within 3-7 days.

Care home residents are extremely vulnerable because they are often elderly and frail, have underlying health conditions and are living in a closed environment where the virus can spread easily. Serious health complications, including secondary chest infections and pneumonia, can develop as a result of the flu and in these situations it can be life-threatening.

How is it treated?

Healthy people usually recover with rest, plenty of fluids, and over-the-counter paracetamol or ibuprofen. People at greater risk, including care home residents, may be given prophylactic antiviral medication, regardless of whether they have had their seasonal flu vaccination. Some people may require supportive care in hospital.

How is it spread?

Influenza virus is spread by **respiratory droplets**. Infected people cough or sneeze and the virus is sprayed into the air, landing on nearby surfaces and objects or into their hands. It is passed to other people when they are in close contact i.e. they are touching hands or are sneezed on, or when they touch surfaces or objects that are contaminated with droplets. **People can be infectious 1 day before their symptoms begin until 5-7 days after their symptoms have gone however the average infectious period is 2 days.**

What is an influenza outbreak?

An outbreak is when 2 or more people develop flu symptoms with onset within 2 days of each other within the same healthcare setting.

Confirmed Case	Any resident who has/had an influenza like illness and has tested positive for influenza
Possible case	Any patient with an influenza like illness not yet laboratory confirmed
Asymptomatic case	Any patient who is asymptomatic but has tested positive for influenza

How can you reduce the risk of an influenza outbreak happening?

- Getting the flu vaccine is the single best way to protect against catching and spreading the virus – it is modified each year to be as effective as possible.
- Refusing to be vaccinated puts yourself, your family, and the people you care for at unnecessary risk.
- Care home employers are responsible for ensuring vaccination arrangements are in place for their care home staff who have direct contact with residents.

What should you do if you suspect an outbreak of influenza in your care home?

- ✓ Inform the person in charge and contact the resident's GP for an assessment.
- ✓ Symptomatic residents should be cared for in their own rooms with the door closed until recovered with minimal contact with other residents e.g. avoid communal areas, have meals in their room etc.
- ✓ Use the appropriate personal protective equipment (disposable gloves, aprons, masks) when carrying out direct care.
- ✓ Wash your hands frequently with liquid soap and water as per the WHO 5 Moments; alcohol based hand rub (ABHR) can be used between washes.
- ✓ Practice good respiratory/cough hygiene.
- ✓ Encourage and assist residents and visitors to practice good respiratory/cough hygiene and good hand hygiene.
- ✓ Decontaminate frequently touched surfaces (door handles, light switches, call bells etc.) at least once daily and as often as you can during your shift, using a cleaning agent containing 1000 parts per million available chlorine.
- ✓ Make sure environmental and equipment cleaning schedules are in place and followed.
- ✓ Use the Influenza Outbreak Checklist and the Influenza Outbreak Daily Actions Checklist to organise infection prevention and control.

3. Checklist to prepare for influenza season

Actions to prepare for influenza season		√	x
1	Staff have been provided with information about the seasonal influenza vaccination.		
2	All staff involved in patient care have received this year's seasonal flu vaccine.		
3	Influenza vaccinations for residents have been organised with the Care Home GP(s).		
4	The flu vaccination status of staff is recorded and is kept up to date. (which will increase staff safety and inform care delivery during an outbreak)		
5	This guidance document has been read by all staff members.		
6	Staff education has been reinforced for respiratory and hand hygiene.		
7	Liquid soap and disposable paper hand towels are available in all public and communal toilets and in residents' en-suites.		
8	Sufficient quantities of alcohol based hand rub (ABHR) and disposable tissues are available for public and communal areas, and resident rooms.		
9	Waste disposal systems including foot operated bins are in place throughout the facility.		
10	Personal Protective Equipment (PPE) is available (disposable gloves, aprons and masks) in sufficient quantities and stored in a clean/dry area until required for use.		
11	A segregation system is in place for infectious laundry and water-soluble laundry bags are available.		
12	Sufficient quantities of cleaning materials are available including a cleaning agent that contains 1000 parts per million available chlorine.		
13	Appropriate measures are available for residents with symptoms for a minimum of 5 days after the onset of symptoms or until fully recovered. (including a safety risk assessment for keeping resident's room doors closed when symptomatic, and assessment of availability/suitability of care for multiple symptomatic residents)		
14	HPS Influenza Guidance for Care Homes poster are displayed in highly visible areas.		
15	'Catch it, Bin it, Kill it' posters are displayed in highly visible areas.		
Your local Health Protection Team contact details:			
Completed by:		Date:	
Designation:			

4. Influenza Outbreak Checklist

Checklist to be completed as soon as an outbreak is suspected.

Date the outbreak was identified:	
RESIDENT PLACEMENT	Please tick ✓:
Ask symptomatic residents to stay in their rooms; explain the need to keep the door closed	
If a resident cannot stay in their room, carry out a risk assessment and consider other care options	
Inform relatives and visitors of the isolation requirements and additional infection control measures	
ADMISSIONS, TRANSFERS, DISCHARGES	
Following HPT advice, delay any planned new admissions to the Care Home	
Consider temporary suspension of visiting with the HPT if considered beneficial to gaining control	
Following HPT advice, suspend inter-care transfers/medical appointments unless clinically essential	
Following HPT advice, notify all receiving units (ambulances/hospitals) of the outbreak if a resident has to be transferred	
STAFF	
Ensure that all staff on duty are asymptomatic; send all symptomatic staff home and only permit to return to work when they have been symptom-free for a minimum of 24 hours	
If possible, allocate staff to care for either symptomatic or non-symptomatic residents but not both	
If possible, allocate staff who have had their influenza vaccine to care for symptomatic	
Postpone visits from non-essential providers i.e. hairdressers, podiatrists etc.	
VISITORS	
Visitors with flu symptoms should be asked to not visit until they have been symptom-free for at least 48 hours	
Discuss temporary suspension of visiting with the HPT if considered beneficial to gaining control	
Offer visitors fluid resistant surgical facemasks (FRSM) if visiting a symptomatic resident or if the visitor has an underlying health condition and/or is at risk of more severe infection if they become ill	
CLINICAL MANAGEMENT	
Ensure symptomatic residents are clinically assessed by a GP (monitor continuously for any signs of respiratory distress (i.e. shortness of breath), dehydration, or further health deterioration)	
Following HPT advice, consider offering residents and staff the influenza vaccine if not already vaccinated; and/or antiviral medication to residents	
Following HPT advice, take samples from any resident with relevant symptoms for laboratory testing	
HAND HYGIENE (HH) & PERSONAL PROTECTIVE EQUIPMENT (PPE)	
Use alcohol based hand rub (ABHR) if hands are clean, otherwise wash with liquid soap and water	
Disposable aprons, gloves and fluid resistant surgical masks (FRSM) to be worn for every care episode	
Surgical masks should be removed and disposed of inside the patient room when at least 3 feet (1 metre) from the resident(s)	

CARE ENVIRONMENT	
Remove fans and any other equipment that could increase environmental contamination	
De-clutter the environment to allow effective cleaning	
Remove exposed food stuffs from resident rooms and communal areas	
Provide tissues and covered sputum pots for residents; dispose of tissues as healthcare waste	
Provide tissues and foot-operated bins for the disposal of used tissues in communal areas	
Clean all frequently touched surfaces (i.e. door handles, light switches) preferably at least twice daily using a cleaning agent that contains 1000 parts per million available chlorine (ppm av cl.)	
A terminal clean of residents rooms performed once resident is no longer considered infectious and/or following resident discharge	
A terminal clean of the wider facility performed once all residents and staff have been symptom-free for ≥48 hours (i.e. once the outbreak is over, with HPT agreement)	
CARE EQUIPMENT	
Provide resident-dedicated care equipment if possible i.e. commodes, washbowls, lifting equipment	
Clean communal resident equipment between residents using a cleaning agent with 1000 ppm av cl.	
COMMUNICATIONS & KNOWLEDGE	
Ensure all staff members (Carers, cleaners, catering, bank staff) are aware of the situation, their responsibilities and what to do if they or a resident develop symptoms	
Place appropriate signage in highly visible places at the entry to the home and in affected areas	
Inform all visitors/relatives of the situation, precautions and risks- particularly for vulnerable groups	
Provide relatives/visitors with Washing Clothes at Home Leaflet	
Provide relatives/visitors with 'Influenza - Information for residents and visitors'	

Further information on Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) can be found in the National Infection Prevention and Control Manual

<http://www.nipcm.scot.nhs.uk/>

5. Influenza Outbreak Daily Actions Checklist

For ongoing monitoring until outbreak is under control.

Daily Influenza Checklist: complete daily during outbreak												
						Date:						
Date of first symptoms:				Completed by (initials):								
Number of new symptomatic residents today:												
Total number of symptomatic residents today:												
Confirmed cases of influenza today:												
Total cases possible /confirmed (total number of affected residents to date):												
Are any residents giving cause for concern due to outbreak infection?						Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Number of new symptomatic staff today:												
Total number of staff affected to date:												
Resident Placement: doors to symptomatic residents rooms are closed and signage is clear (if appropriate); where possible, symptomatic and asymptomatic residents are kept apart and common areas are closed												
All residents have been told about the outbreak, advised to avoid common areas, reminded to practice good respiratory/cough hygiene and frequent hand hygiene, and have been given the 'Influenza - Information for residents and visitors' leaflet												
Resident care: Care assessments are completed for today; any concerns have been raised with the GP												
Resident care: Antibiotic/antiviral prescribing for all residents has been reviewed with the GP and administered as required												
Inter-care facility transfers (if clinically essential) have been pre-agreed with HPT; receiving units have been informed												
Relatives/carers of residents discharged to home care have been advised of the situation												
Care Worker practices: Sufficient staff are on duty for all areas; staff on duty are all asymptomatic												
Care Worker practices: Where possible, staff are allocated to care for symptomatic or non symptomatic residents, but not both												
There are sufficient supplies of PPE (glove, aprons, masks), ABHR, liquid soap, disposable towels and tissues												
There is sufficient dedicated care equipment (i.e. washbowls, commodes, lifting equipment)												
All communal resident care equipment has been cleaned following use and is in a ready-for-next-resident use condition												
All areas are clutter free and bins have been emptied and are easily accessible for residents to dispose of tissues												
Affected areas have been disinfected as per the enhanced cleaning protocol (1000 ppm av cl/all frequently touched surfaces)												
Following any resident discharges, and prior to admitting a new resident, a terminal clean of the room/area has been carried out												
Residents and visitors have been updated about any restrictions or changes to visiting policy												
All changes to outbreak status have been communicated to staff/relatives and residents within the facility												
A terminal clean of the wider facility has been organised with the HPT once all persons have been symptom-free for at least 48 hours												

7. Influenza - Information for residents and visitors

What is influenza?

Influenza (flu) is a viral respiratory illness that can affect many people during the winter months. Symptoms include a cough (chesty or dry), runny nose, congestion, sore throat, shortness of breath, aching muscles, exhaustion, cold sweats and a fever/high temperature.

Care home residents are at increased risk of complications including secondary chest infections and pneumonia and may require admission to hospital for supportive care. In these cases, flu can be life-threatening.

What is the treatment?

For most people, plenty of rest, keeping warm, drinking plenty of fluids (to prevent dehydration) and taking over-the-counter paracetamol or ibuprofen (to lower temperature and relieve aches) will help ease the symptoms. For more vulnerable people (pregnant women, children, the elderly, those with poor health), the GP may prescribe antiviral medication.

How is it spread?

When infected people cough or sneeze, the virus is sprayed into the air and droplets land on nearby surfaces, objects and equipment. People become infected in the following ways:

- Having close contact with an infected person - getting coughed or sneezed on, or shaking hands.
- Touching contaminated surfaces/objects (e.g door handles, tables, magazines).
- Eating food or drinks that someone who is ill has coughed or sneezed on.

Someone with flu can be contagious before they feel ill and can still spread the virus for up to a week after their symptoms have stopped.

What is an outbreak?

An outbreak happens when 2 or more people have flu at the same time in the same place; this can happen in hospitals, care homes and in the community.

Care home residents are extremely vulnerable because they are often elderly and frail, have underlying health conditions and are living in a closed environment where the virus can spread easily.

How do care homes control influenza?

- Staff will wear protective clothing (disposable aprons and gloves) and facemasks.
- Visitors will not be expected to wear disposable aprons and gloves unless they are helping a resident with personal care but may be offered facemasks.
- Cleaning and disinfection of affected areas will be increased.
- A restriction on visiting may be put in place if lots of residents are affected; you will be kept up-to-date of any changes to visiting policy and can ask a member of staff if you are concerned.
- Non-essential visits from hairdressers, podiatrists etc may be postponed.
- Residents may be offered preventative antiviral medication even if they have already had their seasonal flu vaccination and even if they have not yet developed the flu.

What can visitors do to help?

- ✓ Make sure you get your seasonal **flu vaccination** (if you are eligible).
- ✓ **Wash your hands** frequently with soap and water; alcohol hand rubs can be used between washes.
- ✓ Make sure you practice **good respiratory/cough hygiene**; cover your mouth when coughing or sneezing and try and catch it with a tissue; bin the tissue immediately and wash your hands straight away.
- ✓ Wear disposable aprons, gloves and a facemask if advised by a member of staff.
- ✗ Do not leave food open and exposed in residents rooms.
- ✗ If you are pregnant, have small children, or have a long term health condition we advise that you do not visit during a flu outbreak for your own safety; please discuss with a member of staff.
- ✗ If you think you might have the flu, **please do not visit the care home** as you could spread it; you can start visiting again when you have been symptom-free for at least 48 hours.

What can residents do to help?

- ✓ **Wash your hands** frequently with soap and water; alcohol hand rubs can be used between washes.
- ✓ Make sure you practice **good respiratory/cough hygiene**; cover your mouth when coughing or sneezing and try and catch it with a tissue; bin the tissue immediately and wash your hands straight away.
- ✓ If you are feeling unwell, tell a member of staff immediately.
- ✓ If you catch the flu, staff will ask you to stay in your room and keep the door closed until you are better.
- ✗ Do not use common areas of the home during a flu outbreak.

8. Posters for use during outbreaks

ATTENTION ALL VISITORS



**We are currently experiencing an
outbreak of influenza!**

If you are pregnant, have a chronic health condition, or have small children, we recommend that you do not visit during this time - **please see a member of staff for more information**



ATTENTION ALL VISITORS

Influenza outbreak!

Due to an outbreak of flu we are applying some infection control measures to help us stop the virus spreading.

Please see a member of staff before visiting to ensure it's safe to visit and to find out what you need to do.

If you think you have the flu, please don't visit until 48 hours after your symptoms stop – you could still pass the virus on.



Help protect our residents

**Please do not visit if you have
a fever or cough**



All visitors please:



- Wash your hands after arriving and before leaving



- Use a tissue when you cough or sneeze



- Put used tissues in the bins provided



- Wash your hands after coughing or sneezing

If you are ill and must visit, please speak to a member of staff