Public Health England

Protecting and improving the nation's health

Flu Resource Pack for Care Homes

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Developed by Public Health England North West Health Protection team (Greater Manchester, Cheshire and Merseyside and Cumbria and Lancashire) and colleagues:

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Purpose of this Resource Pack

Many care homes will have experienced cases and outbreaks of flu, and will be aware of the potentially serious and life-threatening implications for vulnerable residents. In addition, measures such as resident isolation and closing the care home to new admissions may stretch the resources of care homes and will present practical challenges to ensure the necessary infection prevention measures are taken. Outbreaks can be difficult and complicated to manage and it is important that care homes are aware of what to do when a case or outbreak is suspected, and who to turn to, to obtain adequate advice and support.

This document will provide care homes with all they need to know to protect residents and staff against flu. It contains some basic information on the flu virus, and provides guidance on how to prepare for the flu season and what to do when there is a suspected case or outbreak of flu in the care home.

The principles outlined in this resource pack also apply to other Acute Respiratory Infections or influenza-like illnesses.

Key Contact Details

Community Infection Control Teams (Monday –Friday 09:00 - 17:00)	
Bolton	01204 390982
Bury	0161 253 6900 / 0161 253 6839
Manchester	0161 234 1724
Oldham	0161 770 1276 / 0161 770 1467
Rochdale	01706 927088 / 01706 927084
Salford	0161 793 3599
Stockport	0161 474 2440
Tameside	0161 922 6194
Trafford	0161 928 4653
Wigan	01942 404240

Public Health England North West Health Protection Team (Greater Manchester) (24/7 service)	0344 225 0562 Option 3 then Option 1

Key resources included in this pack

- Action card for care homes: Planning for seasonal flu / Responding to outbreaks (annex 1)
- Catch it bin it kill it poster and hand washing posters (annex 2)
- Example visual sign to warn and inform visitors of outbreak (annex 3)
- Template list of residents in home with result for kidney function (e GFR) (annex 4, Table 1)
- Template daily log of new cases (annex 4, Table 2)
- Questionnaire used to gather information from care homes during outbreaks (annex 5)

Key Messages

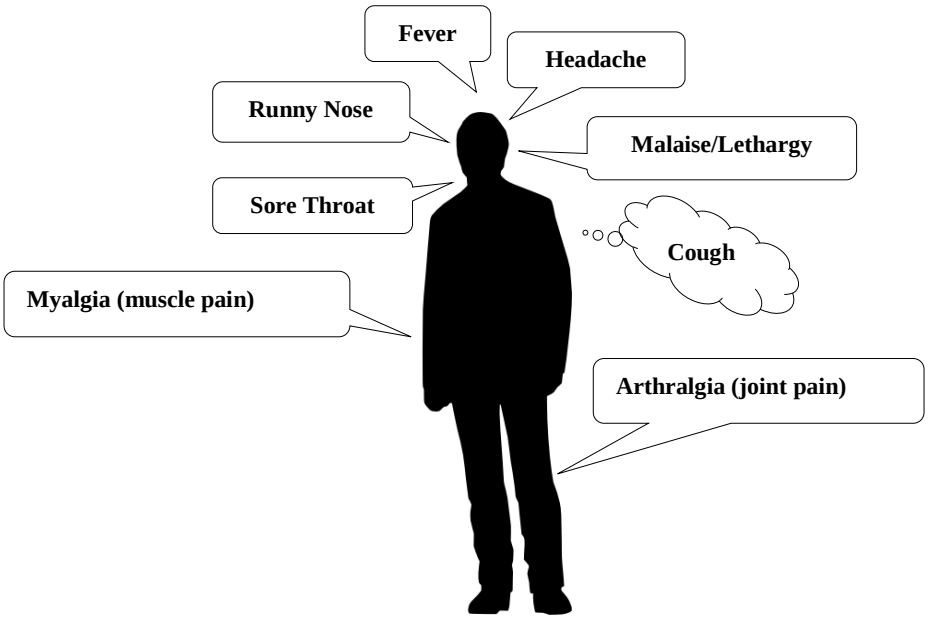
- **Flu is not just a bad cold**, it can be a serious illness in certain groups of people, including those aged 65 and over
- **The flu vaccine is the best way to protect people against flu**: eligible residents and staff should be vaccinated each year
- **Good infection control practice is essential to limit the spread of flu**, particularly once a case occurs in a care home.
- **Residents who are ill with symptoms of flu should be reviewed by their GP**
- **Staff who are ill with symptoms of flu should stay off work until fully recovered, and for five days** after the appearance of symptoms
- **Suspected outbreaks of flu or flu-like illness should be notified** to the local community infection control team in hours, or the Public Health England (PHE) Greater Manchester health protection team out of hours (see key contact details)

1 Key Facts about Flu

1.1 What is flu?

Flu (short for influenza) is a viral infection of the respiratory system (mouth, nose, airways, and lungs). It occurs mostly in the winter, which is why it is sometimes called 'seasonal flu'. It is passed from person to person directly through coughs and sneezes (droplet spread), through contact, e.g. kissing or shaking hands and also when a person gets the virus on their hands after touching surfaces or objects contaminated with the virus.

Signs and symptoms of flu:



For most healthy people flu causes fever, headache, sore throat, joint pain and fatigue, with recovery time ranging from two to seven days. However, for some, especially older people, pregnant women, and people with underlying health conditions, it can cause serious even life-threatening complications and death. Please refer to the table on the next page for a complete list of 'at risk groups' for flu.

There are three types of flu virus that cause flu - A, B and C, and different types of strains within these groups. You may have heard of flu branded with names such as 'H3N2', or H1N1. This term refers to the strain of flu virus. Each winter different strains of flu virus circulate, with one or two strains usually dominating.

1.2 What is Influenza like illness/Acute Respiratory Infection?

Influenza-like illnesses (ILI), also known as an Acute Respiratory Infection (ARI), describes illnesses that look like flu but that haven't been confirmed as being caused by a flu virus. Some of these can be caused by other viruses, for example Respiratory syncytial virus or Parainfluenza virus. ILI/ARI is passed from person to person in the same way as flu, so the infection control recommendations outlined in this resource pack also apply to cases and outbreaks of ILI/ARI.

1.3 Who is affected by flu?

Everybody can be affected by flu. There are some people who, if infected with flu, are at a higher risk of serious complications than individuals in the general population (see table below).

At Risk Groups
Older people >65 years of age
Individuals with underlying chronic health conditions ***e.g. chronic lung disease, ischaemic heart disease, diabetes mellitus, obesity***
Individuals with reduced immunity ***e.g. following chemotherapy***
Pregnant women
Children under 6 months of age

1.4 Why is flu an important issue for care homes?

The 2014/15 flu season saw particularly high numbers of outbreaks of flu and flu-like Illness in care homes throughout the country. A total of fifty-five care homes reported outbreaks in the North West.

Flu outbreaks can have severe impact on care homes residents because:

- Care home residents are likely to be more vulnerable to flu due to their age or underlying medical conditions.
- Elderly residents are more likely to die from flu or suffer with severe symptoms or complications of flu, and therefore are more likely to require hospitalisation.
- Care homes residents and staff are likely to spend a lot of time together; therefore flu can spread rapidly in care homes, particularly if stringent infection control measures are not implemented.

Impact on care homes and services in general:

- Larger resources required to implement infection control recommendations
- The potential for having to close to new admissions,
- The potential impact on reputation, particularly where there are severe cases or deaths and any concerns over whether or not duty of care was met by the care home management and staff.

Further information on flu

http://www.nhs.uk/conditions/Flu/Pages/Introduction.aspx

http://patient.info/health/influenza-and-flu-like-illness

2 Preventing Flu: Vaccination for Residents and Staff Members

2.1 The flu vaccine

Flu vaccine is the most effective way to prevent flu and its complications.

Each year, the World Health Organisation monitors the epidemiology of flu across the world and makes recommendations on which virus strains to include in vaccines for the forthcoming season.

There are two main types of vaccine available: an inactivated one which is given by injection and a live one which is given by nasal spray. Eligible adults age 18 years and over are offered the inactivated vaccine which is usually injected into the deltoid muscle of the arm.

Most inactivated flu vaccines contain two subtypes of flu A and one type of B virus, this is known as a trivalent vaccine, but there is also a quadrivalent vaccine available which contains two subtypes of flu A and two B virus types.

It can take around two weeks following vaccination for a protective immune response to be achieved so the ideal time to vaccinate would be between September and early November.

2.2 Eligible groups

For the 2015/16 flu season, the following people are eligible for flu vaccination:
• age sixty-five years and over on or before 31 March 2016
• age between six months and sixty-five years in clinical risk groups
• pregnant women
• age two to four years old from 31st August 2015
• children in school years one and two
• primary school-age children who participated in the 2014/15 pilots
• those in long-stay residential homes
• carers and household contacts of immunocompromised individuals
• very overweight individuals
• health and social care workers who are in direct contact with patients or service users (vaccination should be offered by employer)

2.3 Effectiveness

Recent estimates suggest that flu vaccine has an overall effectiveness against confirmed disease of 59% in adults aged 18 – 65 years; estimates will vary from season to season depending on how well circulating strains are matched by the vaccine. Protection may be lower in those aged 65 years and over, however, immunisation has been shown to reduce the risk of bronchopneumonia, hospital admissions and mortality.

2.4 Myth busting

Myth 1: The flu vaccine can give you flu
None of the flu vaccines can cause clinical flu in those that are vaccinated. This is because the vaccine used for adults does not contain any live virus but only contains killed virus. However , there are lots of other respiratory viruses circulating around the same time as flu which could cause a respiratory infection and as the vaccine takes around two weeks to become effective, a vaccinated individual could be infected by the virus whilst their own protective response is developing.

Myth 2: The flu vaccine has bad side effects
Most people have no side effects at all - some complain of pain and a small swelling at the injection site, a fever which might require paracetamol for a day or two. Any other side effects are rare.

Myth 3: I had it last year; I don't need it again this year
The flu vaccine does not give lifelong protection against flu. Each year the circulating flu virus changes so the components of the vaccine will be different from last year.

2.5 The importance of vaccinating residents

- The aim of vaccination is to protect this vulnerable group who are at risk of serious illness or death should they develop flu
- It is less likely that there will be an outbreak in a care home where everyone is vaccinated and this will also contribute to the protection of vulnerable patients who may have a suboptimal response to their own vaccination

2.6 The importance of vaccinating staff members

- Frontline health and social care workers have a duty of care to protect their patients and service users from infection
- Staff members should be offered the flu vaccine by their employer and should have the vaccine as soon as possible. (This will ensure that they are protected from flu and that they do not transmit the virus to those they care for at work or to their family)

Access to the vaccine	
Residents	GP/Pharmacist
Health and social care workers with risk factors	GP/Pharmacist
Health and social care workers without risk factors	Employer/Occupational Health

3 A single suspected case of flu: Actions required

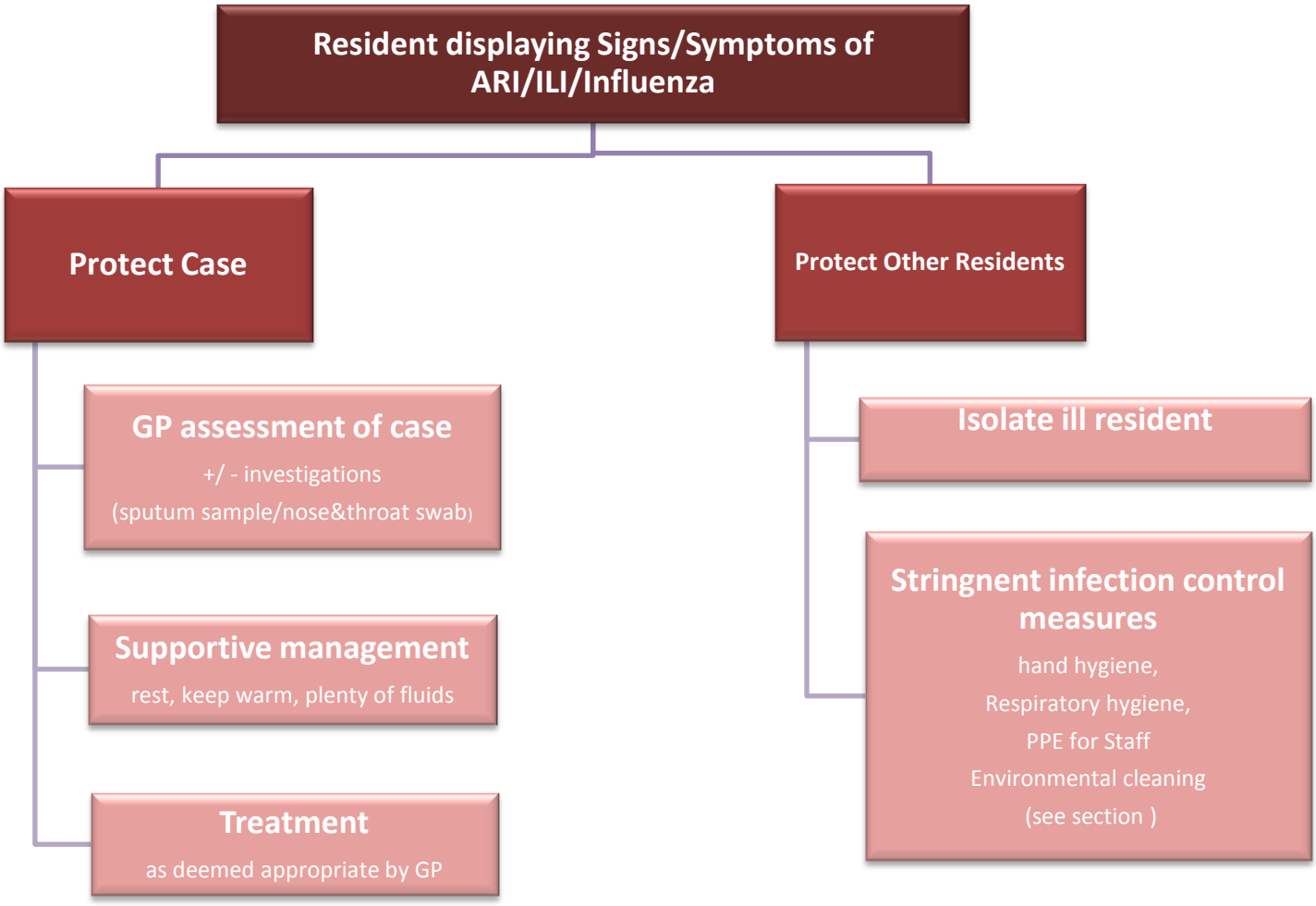
3.1 When to suspect flu

When to suspect flu/ILI
• Oral (mouth)temperature of 37.8° or more
PLUS
• New onset or acute worsening of one or more respiratory symptoms: • cough (with or without sputum),hoarseness, • nasal discharge or congestion, shortness of breath • sore throat • wheezing • sneezing, • chest pain
OR
• in older people an acute deterioration in physical or mental ability without other known cause
NOTE: • In older people, flu can often present without a fever. • Flu can sometimes cause a milder illness than expected: the severity can depend on the type of flu strain causing the illness and whether or not the infected person has been vaccinated. • People with chest infections can have flu at the same time as the chest infection: 'co-infection' is not uncommon during the flu season.

Key message: if in doubt, ask for a clinical review by a doctor.

3.2 Suspected case in a resident

Flowchart showing actions to take if a single case of flu is suspected



Infection control measures for a single case

- Standard infection control precautions and respiratory hygiene/cough etiquette should be implemented, these are described in section 4.3
- **If possible a symptomatic resident should be cared for in a single rooms until fully recovered and at least five days after the onset of their symptoms**.
- A symptomatic resident should be discouraged from using common areas where feasible.
- A symptomatic resident should have an adequate supply of tissues and covered sputum pots, as well as convenient and hygienic methods of disposing of these.
- Staff caring for symptomatic residents should use adequate personal protective equipment (PPE), as outlined in section 4.3
- Special attention to cleaning areas which have potentially been contaminated by respiratory secretions from symptomatic residents (e.g. after areas where residents have coughed or sneezed). Detailed advice is outlined in section 4.3

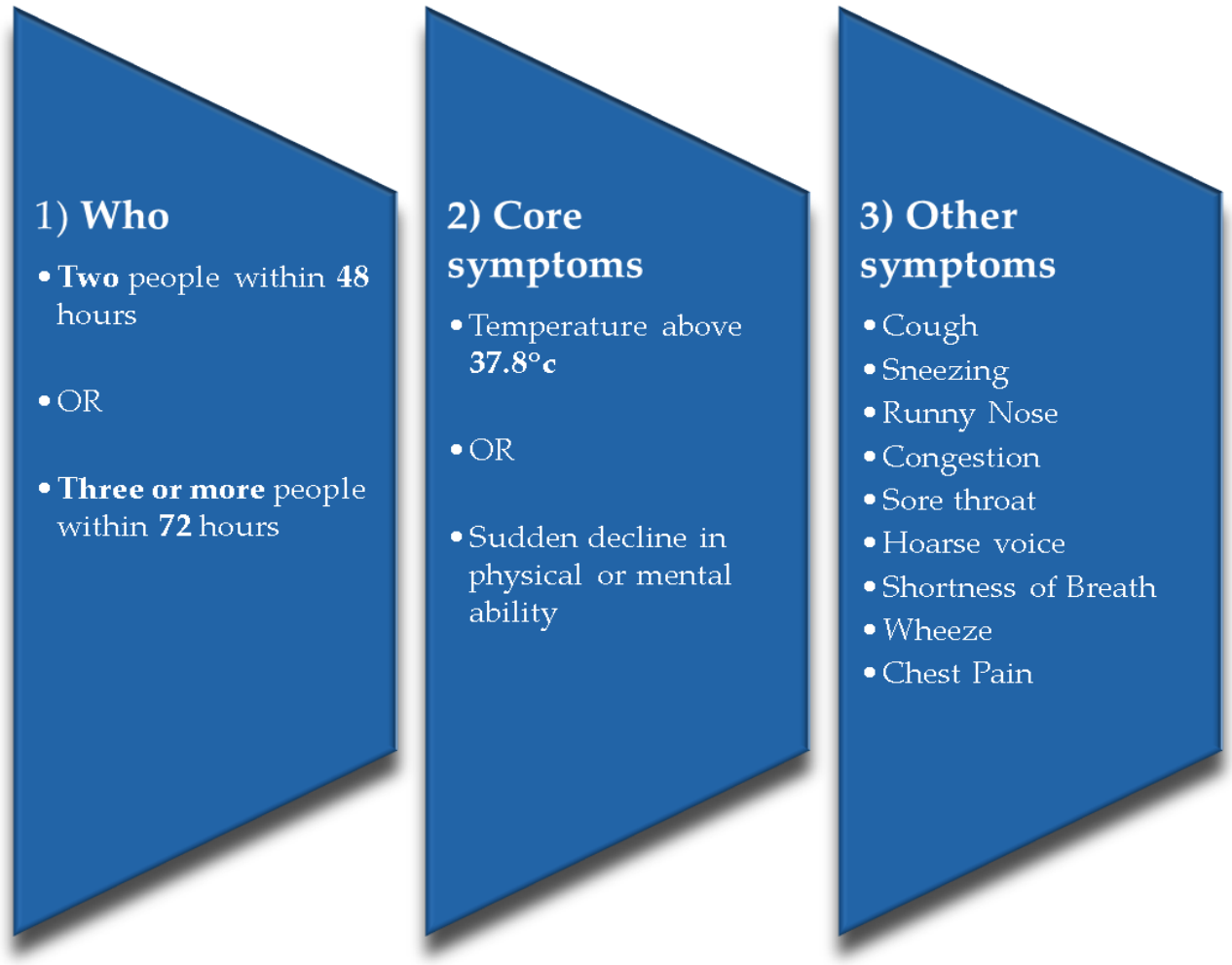
3.3 Suspected case in member of staff

- **Symptomatic staff should be excluded from the home until fully recovered and at least five days after the onset of their symptoms**.
- Uniforms should not be worn between home and the place of work.
- Uniforms and other work clothing should be laundered at work if there are facilities for this. If laundered at home the general advice on washing work clothes separately would apply.
- All care homes should have a business continuity policy in place.
- Support is available from the Local Authority via contract monitoring.

4 Flu outbreaks

4.1 When to suspect an outbreak?

Public Health England guidance defines an outbreak as two or more cases arising within the same 48 hour period, or three or more cases arising within the same 72 hour period, and where there is a link (for example all cases are in the same unit/area of the care home).



If the above criteria are met, we advise adherence to the following steps (section 4.2 overleaf) to ensure the outbreak is dealt with in an effective manner.

4.2 Actions to take when an flu outbreak is suspected

Contact GP

- General Practictioner must assess each resident and advise on immediate management
- GP to liaisewith PHE HPT to assist Risk Assessment to determine if the illness could be Flu

Contact ICN (during office house)

- Report the suspected outbreak to the Community Infection Control Nurse .
- Community ICN will assess the situation and liaise with GP / local PHE NW's Health Protection team
- Community ICN will:
- Advise on Infection control measures
- Assist with sample collection and processing
- Maintain contact with the home until outbreak is declared over

Contact PHE (out of hours)

- NW PHE's Health Protection team should be contacted out of hours by the home directly /During routine hours via the Community ICN .
- PHE will liaise with GP/Community ICN to assess the likelihood of the outbreak being due to Influenza
- An outbreak control team may be set up .
- PHE will liaise with community infection control teams to ensure appropriate Infection control measures are in place and advise on swabs to be taken.
- If the outbreak is likely to be caused by Influenza ,PHE will trigger the use of antivirals if appropriate

Document

- Ensure a list of residents with suspected ARI/ILI are kept up to date, and copies of updated list are shared with ICN/PHE/other provider as required (Annex 4)

Implement Advice

- Care home should ensure advice of GP/ICN/PHE is implemented
- Ensure prescribed mediactions (including antivirals)are given in a timely manner

When a flu outbreak is suspected in a care home:

The care home will be asked to: (see annex 1 for action cards)

- Name a **lead member of staff** to liaise regularly with the local infection control team or the PHE North West's Greater Manchester health protection team
- Provide the relevant **information** when requested by ICNs or PHE (see annex 5)
- Keep a **daily log of new cases** (see annex 4 for a template)
- Ensure appropriate **infection control measures** are in place for the duration of the outbreak, detailed recommendations are outlined in section 4.3, key themes include:
    - Standard infection control precautions and respiratory hygiene/cough etiquette
    - Isolation of cases (including cohorting)
    - Adequate Personal Protective Equipment (PPE) for staff
    - Exclusion of symptomatic staff and visitors
    - Particular attention to cleaning
    - Special considerations for discharge from hospital to care home
    - Potential closure to new admissions
- Support the outbreak control team with:
    - Collection of **respiratory swabs** – this is very important as it can confirm that the outbreak is caused by flu
    - Arranging **antiviral treatment and prophylaxis** where required

The partners in the outbreak control team will:

- Provide **infection control advice** to the care home
- Arrange for **respiratory swabs** to be taken from affected residents (if not already done)
- Make a decision on the need for residents (sick residents and their close contacts) and staff to receive **antiviral medication**.
- **Review** the situation on a regular basis and decide on when the outbreak can be declared over
- Prepare a holding **press statement** and share this with the relevant Local Authority communications team

4.3 Infection Prevention and Control

In the event of an outbreak, the standard infection control principles that should be in place in all health and care settings should be maintained.

Standard infection control precautions:

- Staff should wash their hands thoroughly using soap and water, or use a 70% alcohol hand rub before and after any contact with residents.
- Placing hand rub dispensers at the residents' bedsides for use by visitors and staff should be considered if safe to do so.
- It is advisable to recommend carrying out a risk assessment before introducing alcohol gels into the workplace.

Respiratory hygiene/cough etiquette

- Where possible, respiratory hygiene/cough etiquette should be implemented whenever residents or visitors have symptoms of respiratory infection to prevent the transmission of all respiratory tract infections in long-term care facilities.
- When an outbreak of flu is being considered, respiratory hygiene/cough etiquette is essential and must be implemented
- Supporting materials on '**catch it bin it kill it'** campaign from the department of health are available here, a copy of the poster is also included in annex 2 http://webarchive.nationalarchives.gov.uk/20071204130130/dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_080839

Respiratory hygiene and cough etiquette include the following:

- Posting visual signs at the entrance to the home instructing residents and visitors to inform staff if they have symptoms of respiratory infection, discouraging those who are ill from visiting the home, and encouraging them to practice respiratory hygiene/cough etiquette. Ensure these are brightly coloured to stand out from normal door signs. An example is provided in annex 3.
- Encouraging staff, patients and visitors to avoid touching their eyes and nose to minimise the likelihood of infecting themselves from viruses picked up from surfaces or other people.
- Providing tissues to residents and visitors who are coughing or sneezing so that they can cover their mouth and nose. Providing no-touch receptacles for used tissue disposal.
- Providing tissues and alcohol-based hand rubs in common areas and waiting rooms.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- Encouraging coughing persons to sit at least 3 feet away from others, if possible.
- Residents with symptoms of respiratory infection should be discouraged from using common areas where feasible.
- Residents should have an adequate supply of tissues and covered sputum pots, as well as convenient and hygienic methods of disposing of these.

Residents

- Residents should be monitored daily for elevated temperatures and respiratory symptoms. It is important to identify infected patients as early as possible in order to implement infection control procedures such as isolation and reduce the spread of infection
- If possible symptomatic residents should be cared for in single rooms until fully recovered and at least five days after the onset of symptoms.
- This is particularly important for symptomatic residents who are at higher risk of shedding the virus for long periods of time such as those with other major medical conditions or who have a weakened immune system: such residents should be prioritised for isolation (where there are limited facilities) and should be isolated until they are completely recovered. Further information available here: https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes (Supplementary guidance)

- If this is not possible then cohort suspected flu residents with other residents suspected of having flu; cohort residents confirmed to have flu with other residents confirmed to have flu. At the very least, symptomatic residents should be cared for in areas well away from asymptomatic residents.
- If the design of the care home and the numbers of symptomatic residents allows, the separation of symptomatic and asymptomatic residents in separate floors or wings of the home is preferable.

Staff

- **Symptomatic staff should be excluded from the home until fully recovered and at least five days after the onset of their symptoms**.
- If possible, staff should work with either symptomatic or asymptomatic residents (but not both), and this arrangement should be continued for the duration of the outbreak.
- Agency and temporary staff who are exposed to symptomatic residents during the outbreak should be advised not to work in other health care settings (e.g. in a local acute care hospital) until the outbreak is over.
- Agency and temporary staff who have not yet been exposed to symptomatic residents during the outbreak should be allowed to work in the care home only if they do not/will not work in another health care setting whilst the outbreak is on-going. If this is not possible, they should not work in the care home until the outbreak is over.
- Staff should clean their hands thoroughly with soap and water or a handrub (microbicidal handrubs, particularly alcohol-based) before and after any contact with residents.
- Uniforms should not be worn between home and the place of work.
- Uniforms and other work clothing should be laundered at work if there are facilities for this. If laundered at home the general advice on washing work clothes separately would apply.
- Depending on the causative organism, there may be a case for staff at risk of complications if infected (e.g. pregnant or immuno-compromised individuals) to avoid caring for symptomatic patients. A risk assessment will need to be carried out on an incident by incident basis.

Personal Protective Equipment (PPE)

- Staff should use single-use plastic aprons when dealing with patients, and gloves as appropriate.
- Glove wearing does not obviate the need for hand hygiene.
- Surgical masks should be worn by care staff attending to personal care needs of affected residents or working within three feet of an affected person. This is particularly important during cough-inducing procedures, including nebuliser administration.
- Masks should be removed on leaving the resident's room and disposed of as clinical waste following appropriate waste procedures.
- Homes should obtain masks from their usual PPE suppliers.
- All staff should perform hand washing immediately after de-masking, as per standard infection control precautions.
- More stringent infection control is needed when aerosol generating procedures (such as airway suction and CPR) are carried out on cases or suspected cases. Please get advice from the local community infection control team or Public Health England Health Protection team.

Visitors

- **Symptomatic visitors should be excluded from the home until fully recovered and at least five days after the onset of their symptoms**.
- Children and adults vulnerable to infection (such as those with problems with their immune system) should be discouraged from visiting during an outbreak
- Consistent with patient welfare, visitor access to symptomatic residents should be kept to a minimum
- Visitors should follow the respiratory hygiene and cough etiquette recommendations outlined above

Cleaning & waste disposal

- Enhanced cleaning regime and increase minimum daily horizontal surfaces e.g. lockers, window ledges, shared equipment i.e. hoist, commodes to be cleaned between use of residents.
- Care homes should have in place a Decontamination Policy and Cleaning Schedule. Colour coding of cleaning equipment (cloths, mops, gloves) is advisable to prevent cross contamination.
- Environmental cleaning should be stepped up, paying particular attention to door handles, handrails and wheelchair arms using detergent and hot water, followed by 1000 ppm of available chlorine or combination solution (disinfectant).
- Resident's clothes, linen and soft furnishings should be thoroughly washed on a regular basis, and all rooms kept clean, including TV remote controls, handles and light switches. More frequent cleaning of surfaces such as lockers, tables & chairs, televisions and floors is required, especially those located within 3 feet of a symptomatic patients. Hoists, lifting aids, baths and showers should also be thoroughly cleaned between residents.
- Clinical waste should be disposed of according to standard infection control principles

Further information:

https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes

4.4 Movement of residents in and out of the care home

- The care home may need to close wholly or in part to new admissions: the local infection control team or PHE North West's Greater Manchester health protection team can advise on this.
- Transfer of resident/s to hospitals or other institutions should be avoided unless clinically necessary / medical emergency and advised by GP.
- Re-arrange non urgent hospital/clinic appointments if possible.
- Inform the hospital in advance should a resident require admission to hospital during the outbreak.
- Inform visiting Health Professionals of outbreak and rearrange non urgent visits to the home.
- Residents should not transfer to other homes or attend external activities.
- A careful risk assessment is required for the care home accepting residents discharged from hospital back to the care home whilst the outbreak is on-going. the local infection control team or PHE North West's Greater Manchester health protection team can advise on this.

Further information:

https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes (Supplementary guidance)

4.5 When is an outbreak over?

An outbreak of flu is usually declared over once no new cases have occurred in the 5 days since the appearance of symptoms in the last case.

Annex 1: Care home action cards

Preparing for seasonal flu

(developed by PHE London- North East and North Central London Health Protection Team. Acknowledgement: Vivien Cleary)

Date completed	Completed by		
Actions to prepare for cases of seasonal flu		**√**	**x**
Flu vaccination			
1. Do you have any residents aged over 65?			
2. Do you have any residents in a clinical risk group (including those with chronic respiratory, cardiac, kidney, neurological disease and diabetes)?			
3. If yes to the above, ensure that the care home GP has administered the seasonal flu vaccine to residents in both categories in the autumn before any outbreaks of flu.			
4. Ensure that all staff involved in patient care (including all women at any stage of pregnancy) have received their seasonal flu vaccine in the autumn before any outbreaks of flu. • Staff can obtain the flu vaccine either from their GP or through arrangements made via their employer's occupational department. • Further information is in the Flu vaccination leaflet "Who should have it and why"			
Respiratory hygiene & infection control precautions			
5. Ensure infection control policies are up to date, read and followed by all staff			
6. Reinforce education of staff about hand and respiratory hygiene. Use this Department of Health link for respiratory hand hygiene posters e.g. Catch it, Bin it, Kill it			
7. Ensure that liquid soap and disposable paper towels are available, and/or alcohol-based hand rub, in every room and communal areas, and stock levels are adequately maintained			
8. Ensure that Personal Protective Equipment (PPE) is available i.e. disposable gloves, aprons, surgical masks.			
9. Ensure linen management systems are in place as well as clinical waste disposal systems including foot operated bins.			
10. If possible and safe to do so, use alcohol gel in places where hand washing facilities are not available (e.g. entrances/exits, residents' lounge, dining room), and maintain supplies in view of increased use.			
11. Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, detergent)			
12. If a resident is transferred back to the care home from a hospital/institution with an flu outbreak, inform the local community infection control team or the local PHE health protection team.			
Keeping records			
13. Resident details should be recorded with information on their flu vaccination status and their latest kidney function tests- see template in annex 4			

Responding to an outbreak of flu or flu-like illness

Date completed	Completed by		
Actions to respond to a suspected or confirmed outbreak of flu or flu-like illness (i.e. two or more cases linked by time and place).		√	x
1. Ensure all symptomatic residents are assessed by a GP			
2. Inform the local community infection control team or the local PHE health protection team of the situation			
3. Ensure all infection control measures are in place (infection control advice will be supplied by the local community infection control team or the local PHE). Some key aspects include: • Respiratory hygiene for residents, staff and visitors • Isolating symptomatic cases • Excluding symptomatic staff and visitors from care home until fully recovered and for 5 days after the onset of their first symptoms • Avoiding transfers in and out of the home where possible • Cohorting staff and residents • Adequate Personal Protective Equipment (PPE) for staff • Enhanced cleaning			
4. Nominate a key member of staff to coordinate a guided response to the outbreak: they will be the key link for other partners to liaise with the care home about the outbreak			
5. Monitor residents daily to identify new cases (symptomatic residents) and keep a daily log of cases (see template in annex 4). Good record keeping is essential for outbreak investigation.			
6. Provide information as required to the local community infection control team or the local PHE health protection team. Accurate information is essential for outbreak investigation.			
7. Discuss the need for partial or whole closure to new admissions with the local community infection control team or the local PHE health protection team.			
8. Discuss any discharges from hospital to the care home with the local community infection control team or the local PHE health protection team			
9. Where advised to do so by the local community infection control team or the local PHE health protection team, support with the collection of respiratory swabs from symptomatic residents			

Annex 2: Catch it bin it kill it poster and Hand Hygiene guidance

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.

BIN IT

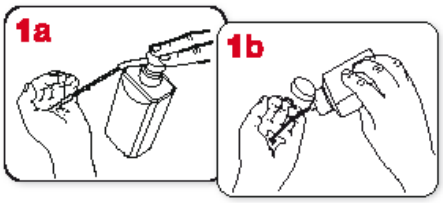
Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.

KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.

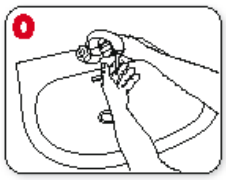
NHS

How to handrub?
WITH ALCOHOL-BASED FORMULATION

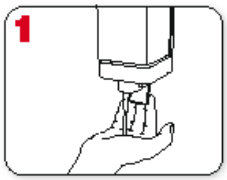


Apply a palmful of the product in a cupped hand and cover all surfaces.

How to handwash?
WITH SOAP AND WATER

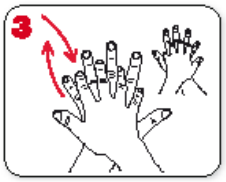


Wet hands with water

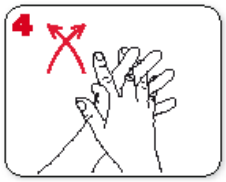


apply enough soap to cover all hand surfaces.

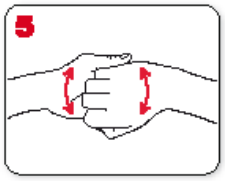
Rub hands palm to palm



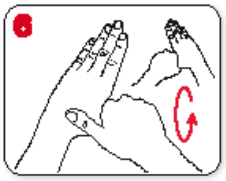
right palm over left dorsum with interlaced fingers and vice versa



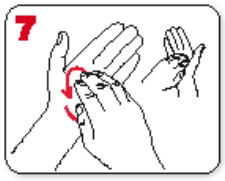
palm to palm with fingers interlaced



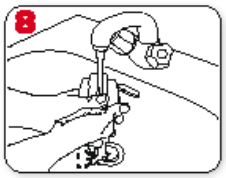
backs of fingers to opposing palms with fingers interlocked



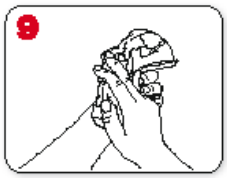
rotational rubbing of left thumb clasped in right palm and vice versa



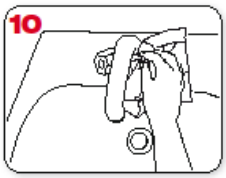
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



rinse hands with water

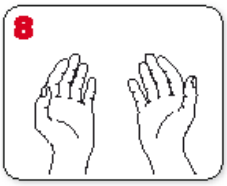


dry thoroughly with a single use towel



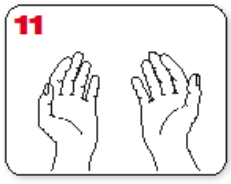
use towel to turn off faucet

20-30 sec



...once dry, your hands are safe.

40-60 sec



...and your hands are safe.

Design: mondofoglia network

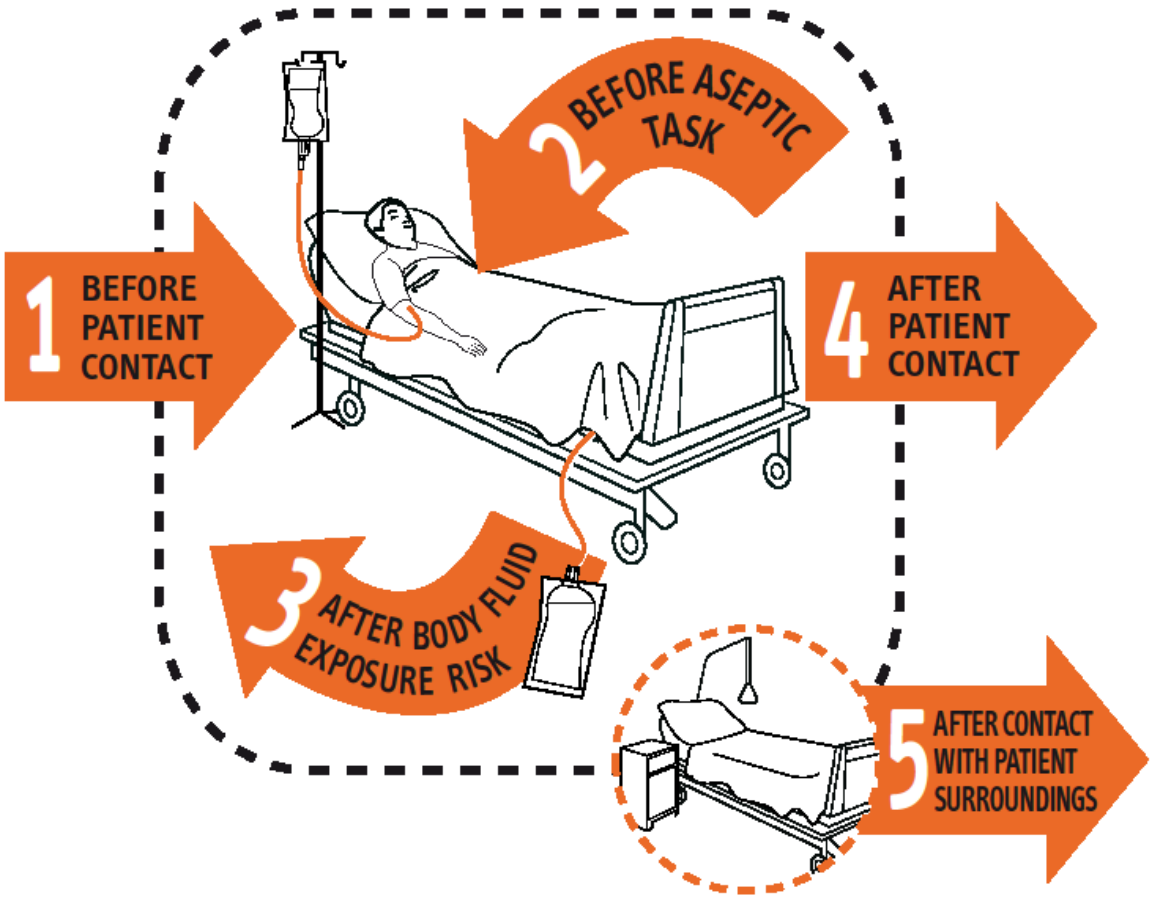
WORLD ALLIANCE FOR PATIENT SAFETY

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

World Health Organization

October 2006, version 1.

Your 5 moments for HAND HYGIENE



1 BEFORE PATIENT CONTACT	**WHEN?** Clean your hands before touching a patient when approaching him or her **WHY?** To protect the patient against harmful germs carried on your hands
2 BEFORE AN ASEPTIC TASK	**WHEN?** Clean your hands immediately before any aseptic task **WHY?** To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER BODY FLUID EXPOSURE RISK	**WHEN?** Clean your hands immediately after an exposure risk to body fluids (and after glove removal) **WHY?** To protect yourself and the health-care environment from harmful patient germs
4 AFTER PATIENT CONTACT	**WHEN?** Clean your hands after touching a patient and his or her immediate surroundings when leaving **WHY?** To protect yourself and the health-care environment from harmful patient germs
5 AFTER CONTACT WITH PATIENT SURROUNDINGS	**WHEN?** Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient **WHY?** To protect yourself and the health-care environment from harmful patient germs

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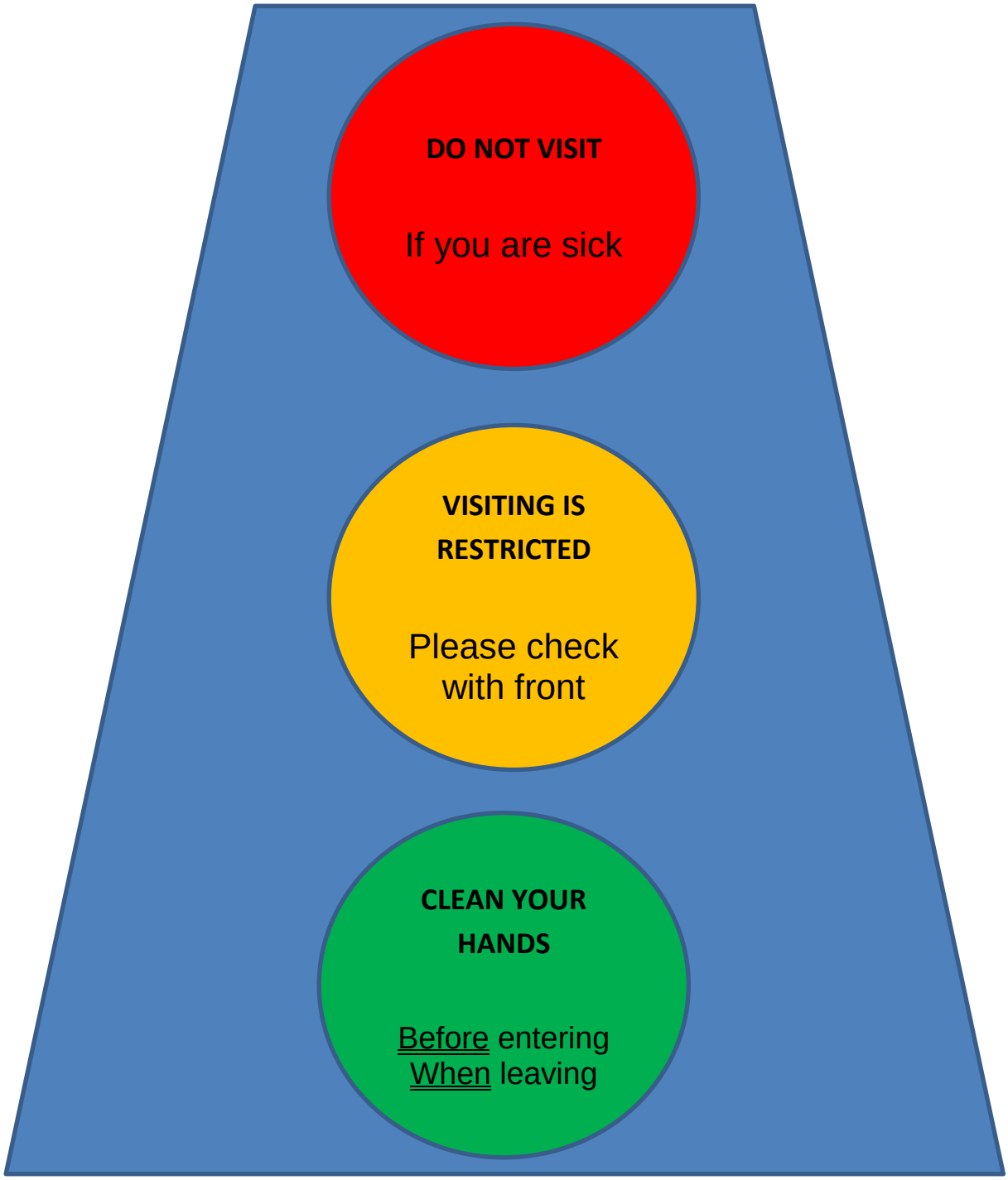
World Health Organization

October 2006, version 1.

Annex 3: Example visual sign to warn and inform visitors of outbreak

We are presently experiencing an outbreak of influenza like symptoms within the care home.



PROTECT YOURSELF AND OTHERS

NOTICE

We are presently experiencing an outbreak of influenza like symptoms within the care home. After seeking specialist advice it is recommended that visitors should refrain from entering at present unless absolutely necessary.

In particular we would advise that children, pregnant women and those particularly vulnerable to infection do not visit at the present time.

If you would like further information regarding this issue then please contact the home by telephone.

As soon as this problem is deemed to be over, visiting will return to normal.

MANAGEMENT AND STAFF APPRECIATE YOUR HELP IN THIS MATTER

Annex 4: Record keeping templates for care homes

Developed by Cheshire & Merseyside Health Protection Team

In the event of an influenza outbreak, the tables on the next pages will help ensure that management of the outbreak runs as smoothly as possible. It ensures that important information is recorded in the same place and will be easily accessible in the event of an influenza outbreak in the home.

Table 1) List of Residents

The details asked for include a list of **all the residents in the home**, along with details of their GPs so they may be contacted if influenza is suspected in that patient. Most residents will be offered an influenza vaccine - it is important to know not only who has had the vaccine, but also how long ago they have had the vaccine. Please note that influenza vaccination in previous years does not have to be recorded. Finally, we ask that you complete the creatinine/eGFR section of the table to assist in the calculation of the correct doses of antiviral medication, if needed. The creatinine/eGFR is tested for on routine blood tests. The GP should be able to provide details of the most recent creatinine or eGFR level.

Table 2) Log of cases: List of Residents with Suspected/Confirmed Influenza Infection

The last table is a list of patients with suspected or confirmed influenza infection. We ask you to use this form in the case of influenza/suspected influenza cases in your home. You may be asked to fax a copy of this list to PHE England in the event of a suspected/confirmed outbreak (fax No. 0151 708 8417). The information in table 2 will be used by Public Health England to monitor local spread of the influenza infection.

We thank you for taking the time to compete the tables below.

Name of Home	
Type of Home	**Residential/Nursing/Other (please state)**
Manager	
Person completing list of residents (overleaf)	
Date of completion of list	
Date list updated	

Table 1: LIST OF RESIDENTS (To be prepared at the beginning of the flu season and updated as needed):

Room Number	Name of Resident	Date of Birth	Significant Medical conditions	GP	Influenza Vaccine (Y/N and date)	Kidney Function (eGFR/ Creatinine clearance)	Date of last blood test
				Name Address Tel No.			
				Name Address Tel No.			
				Name Address Tel No.			
				Name Address Tel No.			

Table 2: LIST OF RESIDENTS WITH SUSPECTED/CONFIRMED INFLUENZA INFECTION (Log of cases)

Room Number	Name of Resident	Onset of symptoms (date)	Symptoms[1] F, Ch, M, AL, C, P	Influenza Vaccine (Y/N and date)	Kidney Function (eGFR / Creatinine clearance)	GP informed (date)	Date swabbed	Antivirals commenced (date)	Local community infection control informed? (Y/N)

[1]Symptoms Key: F= fever (>38°C or 100.4°F oral), Ch=chills, M=myalgia (muscle ache), AL=appetite loss, C=cough, P=prostration (unable to get out of bed)

Annex 5: Questionnaire used to gather information required from Care Homes in for Outbreaks of Flu

Questionnaire for Care Home Outbreaks of Acute Respiratory Infections	
Date	Time
Name of the person notifying the cluster /outbreak?	
Has anyone else been notified? *E.g. local Public Health England Health Protection Team / Community Infection Control Team / Local Authority Public health Team*	
Name and address of the care home	Local Authority
Contact details	Named lead person in Care home
	Name and contact details of lead person in community infection control team
Clinical assessment	
GP assessment YES /NO (If no, advise that the GP carry out a clinical assessment before further action and report back to GMHPT after clinical assessment) If yes, give details below	
Details of the GP (name/contact details)	
Is the lead diagnosis for symptomatic residents flu-like illness?	
Current situation	
Total number of residents with flu-like illness	
Date of the first case presenting with flu-like illness	
Date of the last case presenting with flu-like illness	

Numbers hospitalised Give details	
Have there been any deaths related to flu-like illness Give details	
Total number of residents	
Does the home liaise with one GP surgery or do the residents have individual GPs? Please give details	
Total number of staff with flu like illness	
Total number of staff	
Samples	
Samples taken YES/NO	
If no, advise on sampling if the symptomatic cases have been clinically assessed and flu/flu-like illness is the probable cause of illness	
Number of samples taken /or to be taken (Target 5 samples)	
Date of samples	
Laboratory where samples have been sent Ilog Number if available	
Immunisation history	
Number of residents vaccinated	
Number of staff vaccinated	
Number of staff in a risk group	
Environmental assessment	
Description of the home and lay out.	

Identification of where the symptomatic patients live within the home (e.g. first floor) and whether they share communal areas.	
Identify where the symptomatic staff have worked within the home.	
Contact GMHPT/ 2nd on call out of hours Name of person completing the risk assessment	
Outcome	
Infection control measures in place (YES/NO) Any issues?	
Antivirals prescribed YES/NO	
Number of residents given antiviral **treatment**	
Number of residents given antiviral **prophylaxis**	
Number of staff given antiviral prophylaxis	
Sample results and strain	