

Care Home Guidance for managing outbreak of Acute Respiratory Illness

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1. Introduction

This guidance aims to provide advice to staff working in care homes on the management of respiratory – related outbreaks in Nursing and Residential Care Homes. As the majority of such outbreaks are due to influenza virus, the guidance provides more detail on managing influenza outbreaks.

General guidance on influenza can be found on the following web sites:

www.publichealth.hscni.net.

www.fluawareni.info

www.rgia.org.uk

www.dhsspsni.gov.uk/hss-md-13-2015.pdf

<http://www.infectioncontrolmanual.co.ni/www.infectioncontrolmanualni.org>

<https://www.gov.uk/government/organisations/public-health-england>

2. Prevention of influenza

Vaccines are available against both influenza and pneumococcal disease and these can be used to prevent or reduce the likelihood of outbreaks of these diseases and their complications

Vaccination is of limited use as a control measure during an acute outbreak of influenza. It takes about a week to 10 days for the body to make antibodies to the influenza virus included in the vaccine. Antibodies are proteins that recognise and fight off germs that have invaded the blood, such as viruses. Antibodies help protect against any similar viruses which people then come into contact with. The influenza virus changes every year, so influenza immunisation is required annually to ensure protection against the latest strain of the virus.

3. Recognition of Single Case of Influenza

Box 1: Definition of Flu-like illness (FLI)

Oral temperature of 37.8⁰ 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

Prompt action is necessary if residents develop symptoms suggestive of flu – like illness (Box 1). The person in charge of the care home should contact the symptomatic resident’s GP for clinical assessment of the individual. Anti- viral treatment may be prescribed by the GP

Staff should remain vigilant for further cases of flu- like illness in either residents or staff

4. Recognition of outbreak of Influenza

Box 2: Definition of FLI outbreaks

Two or more cases (as defined above) arising within the same 48 hour period **OR** three or more cases arising within the same 72hour period, which meets the same clinical case definition and where an epidemiological link can be established

It is important that potential clusters are identified early so that immediate steps can be taken to prevent spread. If two or more suspected cases of FLI arise within the same 48 hour period in residents or staff the person in charge of the care home should first contact the symptomatic resident’s own GP for clinical assessment of each individual

The care home management should then notify the Public Health Agency (PHA) duty room (appendix 1 for contact details), where a clinical risk assessment will be undertaken by the care home management, PHA duty officer and General Practitioner(s).

5. Care Home reporting during outbreak

During an outbreak of ARI, it is important for the care home to provide a regular update on the situation to the PHA duty room, including information on newly symptomatic individual (residents or staff). This allows us to monitor the impact of the outbreak control measures that have been put in place. The care home should aim to provide a daily update to the duty room by midday every day (Appendix 4)

It is also important for the PHA to obtain a summary report of the outbreak when the outbreak has been declared over and terminal clean of the facility has been completed. Outbreak in care home caused by influenza may predate influenza actively in the community and thus provide valuable information. Information on all outbreaks is collected by the PHA surveillance team and reported both regionally and nationally. Appendix 4 provides a copy of the summary outbreak reporting form.

If residents with suspected or confirmed influenza require transfer to a hospital setting, the receiving Trust should be informed of the diagnosis. This enables the Trust infection control team to ensure the necessary infection control precautions are in place. Written documentation will assist communications of this information between care homes and the receiving organisation (Appendix 5)

6. Outbreak Control Measures

Outbreak control measures should be taken to interrupt transmission of a respiratory organism and thereby reduce morbidity and mortality of residents and staff.

Control measures include:

- Infection control measures (standard infection control and respiratory – based precautions)
- Environmental control measures, including cleaning and waste disposal
- Containment and alert measures to reduce exposure
- Specific control measures, such as antiviral medications for influenza

The PHA poster “*Guidance on outbreaks of influenza in care homes*” summarises information on recognising and notifying an outbreak of FLI to the PHA, and infection control measures (Appendix 3). Appendix 4 covers a summary checklist of the infection control measures that the PHA duty room will discuss with care home staff.

7. Environmental cleaning and disinfection guidance

Each care facility should have written protocols to guide routine general cleaning together with a written cleaning schedule that ensures all areas of the environment are regularly cleaned to a satisfactory standard. Staff undertaking cleaning should follow agreed protocols which are clearly set out. Staff should have access to adequate resources and equipment to achieve required standard of cleaning. COSHH regulations should always be adhered to and staff should use appropriate personal protective equipment (PPE) to protect themselves at all times.

Cleaning is a process that removes visual dirt and contamination and many micro-organisms. Warm water and detergent should be used and most of the time cleaning is effective at decontaminating both equipment and the environment.

However in certain situations (e.g. during an outbreak or increased incidence of infection or in the case of *influenza*, surfaces and equipment require both cleaning and disinfection.

Disinfection is a process that reduces the number of germs to a level at which they are not harmful. It is only effective if surfaces and equipment have been cleaned thoroughly with detergent and water beforehand (if a combined detergent/disinfectant product is not used). Warm water and detergent (diluted as per manufactures’ instructions) should be used to clean hard surfaces followed by disinfection with 1000ppm (0.1%) chlorine releasing agent/hypochlorite solution or chlorine dioxide solution (diluted as per manufactures’ instructions). The hypochlorite or chlorine dioxide solution will kill both bacteria and viruses provided it is used as per manufactures’ instructions. Hypochlorite solutions are corrosive; it is recommended the solution is rinsed off commodes, mattresses and stainless steel

surfaces with warm water at the end of the process. Some chlorine dioxide solutions do not need to be rinsed off.

7.1 Routine general cleaning

Routine cleaning of the environment should be undertaken at least **daily** within the care facility. Thorough cleaning with neutral detergent and water is the most common means of removing micro-organisms and dirt. If soiling (with blood and/or bodily fluids) is evident then general cleaning should be followed with a disinfectant clean - using a chlorine releasing product/sodium hypochlorite or a chlorine dioxide solution at the appropriate concentration and for the correct contact time. If using a hypochlorite solution the area should then be rinsed and dried. Some chlorine dioxide solutions do not need to be rinsed off.

Always ensure that surfaces that are being disinfected are compatible with the product being used.

7.2 Enhanced cleaning

During an outbreak of infection or an unusual increase in incidence of a particular organism, enhanced routine cleaning (**minimum twice daily**) is recommended. This will entail cleaning/disinfection of the environment including frequently touched surfaces, and any area/piece of equipment that may potentially be contaminated.

Depending on the type of outbreak in the care facility, certain areas will require more frequent cleaning and disinfection e.g. sanitary areas will require more frequent cleaning and disinfection during an outbreak of gastrointestinal infection.

Note: Examples of frequently touched surfaces are-bed tables, bed rails, the arms of chairs, sinks, call bells, door handles and push plates.

7.3 Terminal cleaning

Terminal cleaning is the thorough cleaning/disinfection of **all** surfaces including floors and re-useable equipment either within the whole care facility or within a

particular part of the facility (e.g. an individual ward/department/unit). This may be required in the following scenarios:

- Following an outbreak or increased incidence of infection
- Following discharge, transfer or death of individual patients who have had a known infection – ***individual patient room/bay/unit***
- Following isolation/contact precaution nursing of a patient – ***individual patient room/bay/unit***

A terminal clean will generally be commenced following discussion and agreement between the Infection Prevention & Control Team and the nurse or manager in charge of the ward/unit/facility. The terminal clean should not commence until the relevant room/area has been fully vacated.

Note: The cleaning schedule in use in the facility should clearly advise which member of staff is responsible for cleaning different areas of the room/areas included in the terminal clean.

Note: In addition to the above some facilities/organisations employ the use of other technologies when doing terminal cleans (e.g. Steam, vaporised hydrogen peroxide). This is an additional step in the cleaning process which is undertaken in some organisations but should not substitute the physical decontamination of the environment/equipment with detergent & water and disinfectant.

N.B. Administration of medication by nebulisation is NOT likely to generate infectious aerosols i.e. not requiring FFP3 level protection.

Terminal cleaning procedure:

- Gather all equipment required for the terminal clean to the point of use i.e. mop bucket, shaft and mop head/ disposable colour coded cloths/disposable roll /yellow clinical waste bags and tags/alginat& red bags/wet floor sign/vacuum cleaner fitted with a HEPA filter.
- Don Personal Protective Equipment (PPE) - disposable apron and gloves - before entering the room, discard all disposables in the room/bed space/unit

(e.g. hand towels, magazines, bottles, toilet rolls, etc.) All materials must be treated as clinical waste. Dispose of this waste, remove PPE and decontaminate hands.

- On commencing the terminal clean don PPE as before.
- Prepare cleaning solutions in a container (dilution as per manufacturer's instruction). Do not mix chemicals and only use a cleaning product provided by your employer. It is important to follow the manufacturer's guidelines for dilution of the product and contact time.
- Ventilation of the area/room being cleaned must be adequate; if there is no window, the door should be left open when applying the hypochlorite/chlorine dioxide solution. Please note that COSHH regulations must be adhered to when using chemical disinfectants.
- Prepare rinse water to rinse all items following cleaning and disinfecting (if rinsing is required) before drying. In particular it is important to rinse chlorine containing solutions from stainless steel surfaces to prevent corrosion.
- Use disposable cloths/paper roll for cleaning throughout the terminal clean. Where available and appropriate use disposable mop heads - after use these should be disposed into clinical waste bag prior to exiting the area/room.
- Ensure that PPE is changed when moving from one room/area to another and disposed PPE into clinical waste.
- Always decontaminate your hands after removing and disposing of PPE.

Terminal cleaning regime:

Using neutral detergent and water followed by a sodium hypochlorite solution	Using a combined detergent and sodium hypochlorite solution	Using a chlorine dioxide solution
<p>Remove soft furnishings (bedclothes, curtains if applicable) and place in a water soluble bag and into a red linen bag. Process all linen, laundry etc. as infected linen.</p> <p>Some curtains may require specialist cleaning. The dry-cleaning specialist should be informed that the curtains have come from an outbreak situation.</p>	<p>Remove soft furnishings (bedclothes, curtains if applicable) and place in a water soluble bag and into a red linen bag. Process all linen, laundry etc. as infected linen.</p> <p>Some curtains may require specialist cleaning. The dry-cleaning specialist should be informed that the curtains have come from an outbreak situation.</p>	<p>Remove soft furnishings (bedclothes, curtains if applicable) and place in a water soluble bag and into a red linen bag. Process all linen, laundry etc. as infected linen.</p> <p>Some curtains may require specialist cleaning. The dry-cleaning specialist should be informed that the curtains have come from an outbreak situation.</p>
<p>Take down blinds (if appropriate) and clean using a prepared solution of neutral liquid detergent in warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm</p>	<p>Take down blinds (if appropriate) and clean using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate.</p>	<p>Take down blinds (if appropriate) and clean using a prepared solution of chlorine dioxide (dilution as per manufacturer's instruction).</p>

Using neutral detergent and water followed by a sodium hypochlorite solution	Using a combined detergent and sodium hypochlorite solution	Using a chlorine dioxide solution
(0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and dry if appropriate.		
Commence cleaning of high level surfaces. Clean first with a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and dry if appropriate.	Commence cleaning of high level surfaces using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate.	Commence cleaning of high level surfaces using a prepared solution of chlorine dioxide (dilution as per manufacturer's instruction).
High level cleaning will include: Curtain rails/tracks /high level window ledges and frames/ screen rail if present /walls /television (stands and leads)/top of wardrobes units/light fittings/lampshades	High level cleaning will include: Curtain rails/tracks /high level window ledges and frames/ screen rail if present /walls /television (stands and leads)/top of wardrobes units/light fittings/lampshades	High level cleaning will include: Curtain rails/tracks /high level window ledges and frames/ screen rail if present /walls /television (stands and leads)/top of wardrobes units/light fittings/lampshades

Using neutral detergent and water followed by a sodium hypochlorite solution	Using a combined detergent and sodium hypochlorite solution	Using a chlorine dioxide solution
and any other high level equipment.	and any other high level equipment.	and any other high level equipment.
Place bed in horizontal/flat position. Clean first with a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and dry if appropriate.	Place bed in horizontal/flat position. Clean using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate.	Place bed in horizontal/flat position. Clean using a prepared solution of chlorine dioxide (dilution as per manufacturer's instruction).
Commence cleaning of furniture, fixtures and fittings in the area. Radiator covers must be removed to permit cleaning of the radiator. Cleaning will include, locker, table, chairs, stool, lamp, tops of oxygen tanks and suction equipment, wardrobe, sink, mirror, doors, door handles, bin	Commence cleaning of furniture, fixtures and fittings in the area. Radiator covers must be removed to permit cleaning of the radiator. Cleaning will include, locker, table, chairs, stool, lamp, tops of oxygen tanks and suction equipment, wardrobe, sink, mirror, doors, door handles, bin	Commence cleaning of furniture, fixtures and fittings in the area. Radiator covers must be removed to permit cleaning of the radiator. Cleaning will include, locker, table, chairs, stool, lamp, tops of oxygen tanks and suction equipment, wardrobe, sink, mirror, doors, door handles, bin

Using neutral detergent and water followed by a sodium hypochlorite solution	Using a combined detergent and sodium hypochlorite solution	Using a chlorine dioxide solution
<p>(inside and out), hand towel holder (inside and out), clean using a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and dry if appropriate.</p> <p>Please note that oxygen & suction connections should be changed and single patient use equipment should be discarded and replaced with new.</p>	<p>(inside and out), hand towel holder (inside and out), clean using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate.</p> <p>Please note that oxygen & suction connections should be changed and single patient use equipment should be discarded and replaced with new.</p>	<p>(inside and out), hand towel holder (inside and out), clean using a prepared solution of chlorine dioxide (dilution as per manufacturer's instruction).</p> <p>Please note that oxygen & suction connections should be changed and single patient use equipment should be discarded and replaced with new.</p>
<p>Hospital environments do not normally contain soft furnishings; however if applicable, soft furnishings must be steam cleaned if the fabric can withstand</p>	<p>Hospital environments do not normally contain soft furnishings; however if applicable, soft furnishings must be steam cleaned if the fabric can withstand</p>	<p>Hospital environments do not normally contain soft furnishings; however if applicable, soft furnishings must be steam cleaned if the fabric can withstand</p>

Using neutral detergent and water followed by a sodium hypochlorite solution	Using a combined detergent and sodium hypochlorite solution	Using a chlorine dioxide solution
<p>required temperature.</p> <p>Steam cleaning not only removes dust and debris but also uses a high temperature to achieve decontamination. Consideration should be given to industrial steam clean and records should confirm that all soft furnishings/carpeted areas have been cleaned using this method.</p>	<p>required temperature.</p> <p>Steam cleaning not only removes dust and debris but also uses a high temperature to achieve decontamination. Consideration should be given to industrial steam clean and records should confirm that all soft furnishings/carpeted areas have been cleaned using this method.</p>	<p>required temperature.</p> <p>Steam cleaning not only removes dust and debris but also uses a high temperature to achieve decontamination. Consideration should be given to industrial steam clean and records should confirm that all soft furnishings/carpeted areas have been cleaned using this method.</p>
<p>Commence cleaning of toilet if cleaning an ensuite. Clean all fixtures and fittings clean using a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and</p>	<p>Commence cleaning of toilet if cleaning an ensuite. Clean all fixtures and fittings using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate. Cleaning will include sink, mirror, towel holder, toilet roll holder, bin (inside and out), door handle and toilet</p>	<p>Commence cleaning of toilet if cleaning an ensuite. Clean all fixtures and fittings using prepared solution of chlorine dioxide (dilution as per manufacturer's instruction). Cleaning will include sink, mirror, towel holder, toilet roll holder, bin (inside and out), door handle and toilet bowl and cistern.</p>

Using neutral detergent and water followed by a sodium hypochlorite solution	Using a combined detergent and sodium hypochlorite solution	Using a chlorine dioxide solution
<p>dry if appropriate. Cleaning will include sink, mirror, towel holder, toilet roll holder, bin (inside and out), door handle and toilet bowl and cistern.</p> <p>Clean and reline bin. Replenish supplies of toilet rolls and soap.</p>	<p>bowl and cistern.</p> <p>Clean and reline bin. Replenish supplies of toilet rolls and soap.</p>	<p>Clean and reline bin. Replenish supplies of toilet rolls and soap.</p>
<p>Damp mop floor using a solution of neutral detergent and warm water (dilution as per manufacturer's instruction).</p> <p>Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and dry if appropriate.</p> <p>Ensure that surfaces that are being disinfected using a chlorine based product are compatible with the product being used and rinsed. Skirting boards must be</p>	<p>Damp mop floor using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate.</p> <p>Ensure that surfaces that are being disinfected using a chlorine based product are compatible with the product being used and rinsed. Skirting boards must be cleaned thoroughly.</p>	<p>Damp mop floor using a prepared solution of chlorine dioxide (dilution as per manufacturer's instruction). Ensure that surfaces that are being disinfected using a chlorine dioxide product are compatible with the product being used. Skirting boards must be cleaned thoroughly.</p>

Using neutral detergent and water followed by a sodium hypochlorite solution	Using a combined detergent and sodium hypochlorite solution	Using a chlorine dioxide solution
cleaned thoroughly.		
Decontaminate domestic equipment following use Treat mops as infected linen / dispose of single-use mop-heads. Mop buckets must be emptied and cleaned using a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and dry if appropriate.	Decontaminate domestic equipment following use Treat mops as infected linen / dispose of single-use mop-heads. Mop buckets must be emptied and cleaned using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate.	Decontaminate domestic equipment following use Treat mops as infected linen / dispose of single-use mop-heads. Mop buckets must be emptied and cleaned using a prepared solution of chlorine dioxide (dilution as per manufacturer's instruction).
Waste bags should be sealed using twist swan-neck method and secured with a tag (provided by the waste contractor) when <u>$\frac{3}{4}$ full</u> . Free liquid clinical waste should be disposed of in appropriate container	Waste bags should be sealed using twist swan-neck method and secured with a tag (provided by the waste contractor) when <u>$\frac{3}{4}$ full</u> . Free liquid clinical waste should be disposed of in appropriate container	Waste bags should be sealed using twist swan-neck method and secured with a tag (provided by the waste contractor) when <u>$\frac{3}{4}$ full</u> . Free liquid clinical waste should be disposed of in appropriate container

Using neutral detergent and water followed by a sodium hypochlorite solution	Using a combined detergent and sodium hypochlorite solution	Using a chlorine dioxide solution
provided by the waste contractor, secure lid and attach traceable tag when <u>¾ full</u> .	provided by the waste contractor, secure lid and attach traceable tag when <u>¾ full</u> .	provided by the waste contractor, secure lid and attach traceable tag when <u>¾ full</u> .
Remove P.P.E. and decontaminate hands.	Remove P.P.E. and decontaminate hands.	Remove P.P.E. and decontaminate hands.
<p>Notify nurse in charge on completion of work to facilitate review and assurance that the terminal clean has been completed to required specification and standard.</p> <p>Inspection and /or audit of the terminal clean will provide assurance that deep clean has been completed to the required specification.</p>	<p>Notify nurse in charge on completion of work to facilitate review and assurance that the terminal clean has been completed to required specification and standard.</p> <p>Inspection and /or audit of the terminal clean will provide assurance that deep clean has been completed to the required specification.</p>	<p>Notify nurse in charge on completion of work to facilitate review and assurance that the terminal clean has been completed to required specification and standard.</p> <p>Inspection and /or audit of the terminal clean will provide assurance that deep clean has been completed to the required specification.</p>

AVOID LEAVING AND RE-ENTERING THE AREA UNTIL THE TERMINAL CLEAN IS FULLY COMPLETED.

THOROUGH PREPARATION AND SYSTEMATIC APPROACH IS KEY TO ACHIEVING SUCCESSFUL TERMINAL CLEAN!

Appendix 1 – PHA contact details

PUBLIC HEALTH AGENCY

Health Protection

Duty Room

4th FLOOR

12-22 LINENHALL STREET

BELFAST

BT2 8BS

Tel: 0300 555 0119

Email: pha.dutyroom@hscni.net

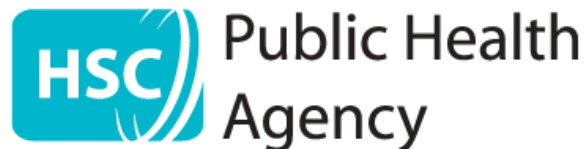
Appendix 2: Summary checklist of infection control measures

Infection Control, Hand Hygiene and Personal Protective Equipment (PPE)	✓
Isolate Affected resident(s) in single room for at least 5 days after symptoms stated or until fully recovered	
Ensure liquid soap and disposable paper towels are available at all hand wash sinks. Wash hands thoroughly using liquid soap and water, using 7 step technique before and after contact with residents or their environment (5 moments for hand hygiene)	
Staff should wear single use plastic aprons and gloves when caring for affected residents (standard precautions)	

Cleaning, waste disposal and laundry	✓
Increase cleaning of the environment. Pay special attention to touch points e.g. toilet flush, door handles. Clean with detergent and a chlorine release product/or a combined detergent & chlorine release product/or chlorine dioxide product	
Encourage respiratory etiquette	
Provide tissues and covered sputum pots for affected residents. Dispose of these and PPE as clinical waste. Provide foot operated bin for used tissue disposal in public areas	
Ensure proper cleaning and replacement of oxygen/nebuliser equipment	
Affected residents laundry should be treated as infected	

Alert Measures	✓
Outbreak signage in reception area/entrance	
Advise restricted visiting, in particular the elderly, very young and pregnant women, as they are at greater risk from complications of flu	
Identify a hand hygiene point for visitors on entering and leaving home	
Ensure that liquid soap and disposable paper towels are available	
Visitors should be encouraged to wash hands thoroughly using liquid soap and water	

Containment measures	✓
Admissions/transfers to Nursing Home from trust facility is a joint discussion between trust & nursing home, based on risk assessment on a case by case basis in line with current PHE guidelines	
No day centre attendance	
No group activities e.g. therapies, games, hairdressing	
No outpatient appointment unless deemed essential	
Cohort of staff to symptomatic/asymptomatic residents	
Agency and temporary staff who are exposed during the outbreak should be advised not to work in any other health care settings until two days after last contact with the home	
Exposed staff should not attend external training	
Staff and visitors with symptoms should be excluded from home until fully recovered	
Nursing home should alert the NIAS if resident requires transfer to trust	



ALL VISITORS

IMPORTANT NOTICE

If you/or someone you live with, has been suffering from Flu like illness you must not visit.

Instead of visiting please phone the nurse in charge of the home to make an enquiry.

Wash your hands before and after visiting your relative or friend.

In the current circumstances we would recommend that babies and children are discouraged from visiting.

Please avoid visiting more than one relative/friend

Thank you for your cooperation

Appendix 4: Care home daily update reporting form – Form R1

Please complete daily and email to pha.dutyroom@hscni.net before 12 midday

Date		Care home		Completed by	
------	--	-----------	--	--------------	--

Number of **new** symptomatic cases today:

Residents: _____

Staff: _____

Residents hospitalised in **last 24hrs**: _____

Resident deaths **last 24hrs**: _____

Symptomatic clients: _____

Total Numbers affected to date:

Residents: _____

Staff: _____

Number of specimens sent to date: _____

Results: _____

How many hours symptom free? _____

Other information:

Summary Outbreak Report

Residential and Nursing Home

(To be completed when Outbreak is declared over)

Home Details	
Name:	
Address:	
Telephone	
Email	

Outbreak details	
Number of Residents in Home at time of Outbreak	
Number of staff in home	
Name of Staff Member responsible for Infection Control	
Nurse in Charge	
Date Outbreak Declared:	
Notified to: (name of person at Public Health Agency)	
Number of Residents ill:	
Number of Staff ill:	
Number of Persons Admitted to Hospital:	
Number of Persons Deceased:	
Main Symptoms: (please list)	

Number of Samples Obtained:	
Results Was a virus/organism detected: If yes, state results	
Control Measures Main measures taken to contain outbreak (please list):	
Any additional information:	

Completed by: _____

Job title: _____

Date: _____

This form should be completed and returned to:

Duty Room
Public Health Agency
12-122 Linenhall Street
Belfast
BT2 8BS
PHA.DutyRoom@hscni.net

Appendix 5: Care Home Transfer Form for FLI outbreak – Form R3

Please be advised that _____ (name of resident)
Is being transferred from a facility where there is a potential OR confirmed influenza outbreak.

Please ensure that appropriate isolation precautions are taken upon receipt of this resident.

At the time of transfer, this resident was:

Confirmed

Suspected

Appears free of influenza

Resident commenced on anti-viral medication on _____

Anti –viral medication prescribed & dose _____

Resident's vaccination status:

Pneumococcal Yes No

Influenza Yes No

For further information please contact:

Title: _____

Care Home: _____

Contact details: _____