

# Guidance on outbreaks of influenza in care homes

Do residents or staff have the following symptoms?

Oral or tympanic temperature of 37.8°C or above **PLUS**

Acute onset of one or more of these symptoms:

- cough (with or without sputum)
- sneezing
- runny nose or congestion
- hoarseness
- sore throat
- shortness of breath
- wheezing

**OR**

Sudden decline in physical or mental ability without other known cause

If there are **2 or more** residents or staff with all symptoms occurring within **2 DAYS (48 HOURS)**, in the same area of the care home,

**you might have an outbreak.**

If not already done, please contact their GP(s) and the Public Health Agency Duty Room (0300 555 0119) on the same day and take the infection control measures listed below.

The Public Health Agency will:

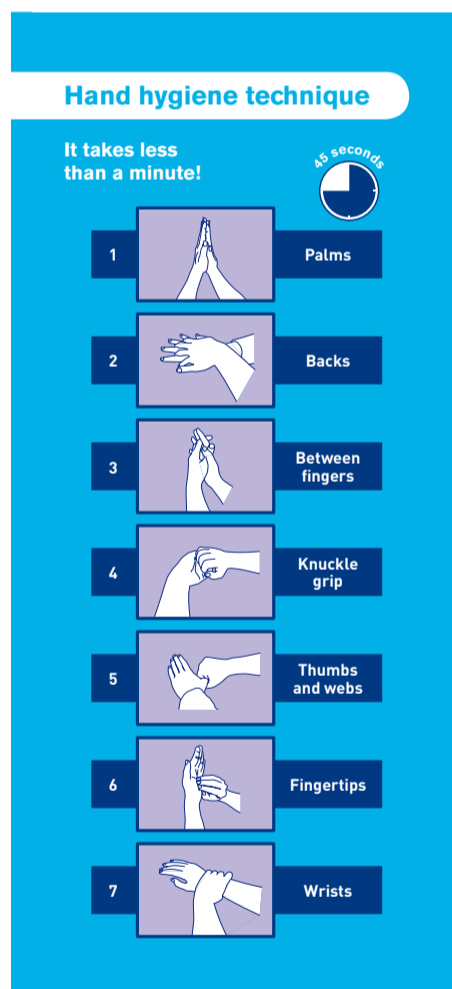
- identify the cause of the outbreak;
- guide control measures;
- work with care home staff to provide treatment which will be prescribed by GPs;
- provide recommendations on the use of antivirals for symptomatic and asymptomatic residents following risk assessment.

## Outbreak and infection control measures

All residents and staff should be offered seasonal flu vaccination each year.

### Hand hygiene and personal protective equipment

- Ensure that liquid soap and disposable paper towels are available at all hand wash sinks.
- Wash hands thoroughly using liquid soap and water, using the 'seven step technique'. Do this:
  - 1 Before patient contact
  - 2 Before a clean/aseptic procedure
  - 3 After body fluid exposure risk
  - 4 After patient contact
  - 5 After contact with patient surroundings
- Staff should wear single use plastic aprons and gloves when caring for affected residents.



### Cleaning and waste disposal

- Increase cleaning of the environment. Pay special attention to touch points and shared equipment eg hoists.
- Encourage using tissues to catch coughs and sneezes. Bin the tissue and kill germs by washing hands thoroughly with soap and water.
- Provide tissues and covered sputum pots for affected residents. Dispose of these and personal protective equipment 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.

### Reducing exposure

- Admissions/transfers to the nursing home from a HSCT facility should only take place following a risk assessment on a case-by-case basis in line with current guidelines.
- No day centre attendance.
- No group activities, such as therapies, games, hairdressing.
- No outpatient appointment unless deemed essential.
- Staff should work in separate teams: one team caring for affected residents and the other caring for unaffected residents.
- Agency and temporary staff who are exposed during the outbreak 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 the home until fully recovered.
- Identify hand hygiene point, with soap and water, for visitors on entering and leaving home. This practice must be reinforced during an outbreak.
- Nursing home should alert the Northern Ireland Ambulance Service if a resident requires transfer to a HSCT facility.
- Isolate affected residents, ideally in own room or cohort residents if possible until 5 days from onset of symptoms or fully recovered.

Public Health Agency duty room 0300 555 0119.