

FAQs for Acute Respiratory Infection in Care Homes Dec 2022

This document is best viewed with the Navigation Pane open.

The full care home guidance documents underpinning this document can be found [here](#). Please refer to these documents first if you have any queries.

Identifying Acute Respiratory Infection

1. What is an acute respiratory infection?

This term refers to an infection, typically an infection, that can affect the parts of the body involved in breathing, such as the sinuses, throat, airways or lungs and can impact on the ability to breathe normally. COVID-19 and Influenza (commonly known as 'Flu') are both examples of viruses that can cause an infection leading to an acute respiratory infection.

2. Are COVID and Influenza related?

Although the symptoms of COVID and influenza can be similar, they are caused by different viruses. Most aspects of the prevention of the spread are the same for COVID and Influenza including the need for isolation. However, the treatments available are different and this is why COVID and Influenza are sometimes treated differently.

3. What are the typical symptoms of an acute respiratory infection including COVID and Influenza?

The **typical** symptoms for COVID and Influenza include:

COVID-19	Influenza
<ul style="list-style-type: none">• Continuous cough;• High temperature, fever or chills;• Loss of, or change in, your normal sense of taste or smell;• Shortness of breath;• Unexplained tiredness, lack of energy;• Muscle aches or pains that are not due to exercise;• Not wanting to eat or not feeling hungry;• Headache that is unusual or longer lasting than usual;• Sore throat, stuffy or runny nose;• Diarrhoea, feeling sick or being sick.	<ul style="list-style-type: none">• Oral or tympanic temperature $\geq 37.8^{\circ}\text{C}$
<p>AND one of the following:</p> <ul style="list-style-type: none">• Acute onset of at least one of the following acute respiratory symptoms:• Cough (with or without sputum),• Hoarseness,• Nasal discharge or congestion,• Shortness of breath,• Sore throat,• Wheezing,• Sneezing.	<p>OR</p> <p>An acute deterioration in physical or mental ability without other known cause.</p>
<p>Residents who have symptoms of a respiratory infection (above) AND are too unwell to carry out their usual activities</p> <p>Any of these symptoms may also have another cause. Particular judgement should be applied to those who may experience symptoms on this list routinely as part of a pre-existing health condition in order to distinguish these symptoms from symptoms of COVID-19.</p>	

4. Are there other symptoms to look out for in an elderly person?

Elderly people may experience **atypical** symptoms of an acute respiratory infection. It is important to look out for other atypical symptoms including a sudden decline in physical or mental ability without other known cause, e.g. delirium, new onset confusion, reduced alertness, reduced mobility, or diarrhoea.

5. What is a possible case of acute respiratory infection in a care home?

A possible case of respiratory infection is someone who has developed one or more of the typical or atypical symptoms listed in Questions 2 and 3. On occasions there may be doubt as to whether a person is a possible case of acute respiratory infection. Where there is doubt and if a test result (positive or negative) would affect their management, then a lateral flow test should be taken.

6. A resident has longstanding chest problems and has had no change in their condition. Are they considered a possible case of acute respiratory infection?

No. Refer to Q2-5 for further information

7. A resident has longstanding health problems and has developed new symptoms? Are they considered a possible case of acute respiratory infection?

If there are new typical or atypical symptoms (refer to Q2-5 for further information), the resident should be considered as a possible case.

8. A resident has longstanding health problems and their symptoms have worsened suddenly? Are they considered a possible case of acute respiratory infection?

If there is an acute or unexpected worsening of longstanding symptoms that are not explained by their existing condition, the resident should be considered as a possible case. Refer to Q2-5 for further information.

9. What is the isolation period for staff with respiratory infection?

- Care home staff who are COVID positive should follow the current DOH guidance outlined [here](#).
- It is important to note that someone with a [negative](#) COVID-19 test result may still have a respiratory virus infection which can spread and cause illness in others. Even with a negative COVID-19 test result, public health advice continues to be that individuals, with a high temperature or who have respiratory symptoms and do not feel well enough to go to work or carry out normal activities, are strongly advised to stay at home and minimise contact with others until they are well, in order to help avoid spreading illness.

Contacting the Health Protection Duty Room (HPDR)

10. When should I contact the HPDR about acute respiratory infection in the facility?

- When there are TWO or more cases of acute respiratory infection in the facility within 14 days, a risk assessment of a possible outbreak is required. To determine if you require a risk assessment, please refer to questions 12-14 of these FAQs.
- You should contact the HPDR, if any of the following apply:
 - Two or more hospitalisations due to respiratory infection within 48 hours
 - Two or more deaths due to respiratory infection within 48 hours
 - >20% residents symptomatic at any stage of outbreak in the affected unit
 - Significant concerns not addressed by guidance
- Routine notification of additional cases in an existing outbreak is not considered an urgent issue; this can be performed using the RQIA app.
- Issues with testing, staffing and PPE should be directed to your local Trust.

11. When should I contact the HPDR on call about acute respiratory infection in the facility?

Care homes can contact the out of hours service regarding URGENT issues.

- When there are TWO or more cases of acute respiratory infection in the facility and risk assessment of a possible outbreak is required. To determine if you require a risk assessment, please refer to questions 12-14 of these FAQs. Contact regarding risk assessment should ideally occur between 9-5pm Monday-Sunday.
- You should contact the HPDR, if any of the following apply:
 - Two or more hospitalisations due to respiratory infection within 48 hours
 - Two or more deaths due to respiratory infection within 48 hours
 - >20% residents symptomatic at any stage of outbreak in the affected unit
 - Significant concerns not addressed by guidance
- Routine notification of additional cases in an existing outbreak is not considered an urgent issue; this can be performed using the RQIA app.
- Urgent issues with testing, staffing and PPE should be directed to your local Trust.

12. When should I use the HPDR reporting form?

The reporting form, found [here](#), should only be used after an OUTBREAK has been declared by the HPDR. The completed form should be emailed to PHA.dutyroom@hscni.net

Identifying an Outbreak

13. What is the definition of an Outbreak?

An outbreak is defined as two or more cases that meet the clinical case definition of acute respiratory infection in individuals (resident or staff) with an epidemiological link to the care home and onset dates within 14 days but without laboratory confirmation.

14. The home is NOT in outbreak and I have ONE resident /staff member who has developed one or more typical or atypical symptoms. What should I do?

- Isolate symptomatic resident / exclude symptomatic staff member as soon as possible
- Perform a lateral flow test on all symptomatic residents
- An outbreak will not be declared but remain vigilant for other symptomatic residents / staff
- Seek clinical advice for residents if required
- The self-isolation period for individuals with respiratory infection is 5 days. After this time residents may leave isolation providing they have fully recovered from their acute infection.

15. The home is NOT in outbreak and I have TWO or more residents/staff who have developed one or more typical or atypical symptoms. What should I do?

- Isolate symptomatic resident / exclude symptomatic staff member as soon as possible
- Perform a lateral flow test on all symptomatic residents
- Report the COVID tests and results [here](#)
- Contact HPDR for a risk assessment Monday-Sunday 9am-5pm
- If an outbreak is declared, HPDR will advise on further actions
- Seek clinical advice if required.
- Individuals at the very highest risk of developing severe illness should they contract COVID may be eligible for new COVID treatments. Further information on the treatments available and who is eligible for them can be found [here](#). It is very important that positive LFD results are reported on the [portal](#) as soon as possible.
- The symptomatic residents and staff should complete the appropriate isolation period
- Update the RQIA app daily

16. The home has an OUTBREAK and another resident / staff member has developed one or more typical or atypical symptoms, what should I do?

- Isolate each symptomatic resident / exclude symptomatic staff member as soon as possible
- Perform a lateral flow test on newly symptomatic residents
- Report the COVID tests and results [here](#)
- Update the RQIA app daily
- Seek clinical advice if required.
 - Individuals at the very highest risk of developing severe illness should they contract COVID may be eligible for new COVID treatments. Further information on the treatments available and who is eligible for them can be found [here](#). It is very important that positive LFD results are reported on the [portal](#) as soon as possible.
- The symptomatic residents and staff should complete the appropriate isolation period

17. The home has an OUTBREAK and there are residents who have developed symptoms, how do I inform the HPDR?

- Update the RQIA app daily
- The HPDR will make regular contact with a facility when there is an outbreak in progress
- If the HPDR is already aware of the outbreak, and you are able to follow the recommendations and do not have any concerns you do not need to contact the HPDR when more residents develop symptoms. However, you should contact the HPDR as soon as possible if any of the following apply:
 - Two or more hospitalisations due to respiratory infection within 48 hours
 - Two or more deaths due to respiratory infection within 48 hours
 - >20% residents symptomatic at any stage of outbreak in the affected unit
 - Significant concerns not addressed by guidance

18. There are close contacts who have no symptoms, what should happen to them?

There is currently no additional requirement to test asymptomatic residents or to isolate asymptomatic close contacts. There should be increased vigilance for symptoms for those who are close contacts. If any of the typical or atypical symptoms develop, residents / staff should follow the guidance for symptomatic people above.

19. There are TWO or more residents / staff members with POSITIVE LFDs, should we perform Whole Home Testing?

Whole home testing and testing of asymptomatic individuals is no longer required. Please only test symptomatic individuals unless specifically advised otherwise by the HPDR.

Resident Testing

20. What is the current testing requirement?

A single LFD test for each symptomatic patient is required as soon as possible after the onset of infection.

PCR testing is only required for a maximum of FIVE residents in order to establish the cause of an outbreak. It should only be performed following risk assessment by HPDR. To determine if you require a risk assessment, please refer to questions 12-14 of these FAQs. Additional guidance regarding testing will be provided on completion of the risk assessment.

21. When is repeat resident testing required?

In general, after an initial LFD / PCR is performed, no further LFD testing is required. However, repeat LFDs / PCRs may be performed in response to a request from a clinician or from the HPDR.

22. Laboratory PCR Testing has been extended to include Influenza, how do I test for Influenza?

Testing for Influenza should only be carried out following the completion of risk assessment with HPDR. To determine if you require a risk assessment, please refer to questions 12-14 of these FAQs. Additional guidance regarding testing will be provided on completion of the risk assessment.

Ending Isolation

23. How long is the isolation period for a resident with an acute respiratory infection?

The self-isolation period for care home residents who test positive for COVID-19 is reduced to five days providing they have recovered from their acute illness (further testing is not required). This is new guidance because:

- a less severe presentation of COVID-19 in care home residents in recent months has been observed;
- there are potential harms associated with prolonged isolation;
- the potential risk to others in the care home from prolonged infectiousness (beyond 5 days) is relatively small as compared to the other sources of risk of acquiring COVID-19.

Unless otherwise advised by the HPDR, the self-isolation period for individuals with respiratory infection is 5 days. After this time residents may leave isolation providing they have fully recovered from their acute illness.

This depends on the results of any testing below. See table below:

Symptoms?	COVID Status	Influenza Status	Isolation Requirement	Criteria to end Isolation
No	Testing not required	Testing not required	Isolation not required	Isolation not required
Yes	NEGATIVE	NEGATIVE	5 days from date of symptom onset	Completion of isolation period and fully recovered from acute infection
Yes	POSITIVE PCR or LFD	UNKNOWN / NEGATIVE	5 days from date of symptom	Completion of isolation period and fully recovered from acute infection
Yes	NEGATIVE	POSITIVE	5 days from date of symptom onset	Completion of isolation period and fully recovered from acute infection
Yes	POSITIVE PCR or LFD	POSITIVE	5 days from date of symptom onset	Completion of isolation period and fully recovered from acute infection

Infection Control

24. I have questions regarding infection prevention and control (IPC), what should I do?

The Northern Ireland IPC manual is available [here](#). If you are unable to obtain the answer to your query using the manual, you can contact the HPDR.

25. I have been advised that I can perform a terminal clean, how do I do this?

Details of how to perform a terminal clean are outlined [here](#).

26. When can I start to terminal clean?

The HPDR will advise on when terminal cleaning can begin.

Ending an Outbreak

27. When is the outbreak over?

The decision to declare an outbreak over is made by the HPDR. This decision is based on the completion of a terminal clean and the submission of the outbreak report.

Visiting / Trips Out / Overnight Stays

28. What is the current guidance regarding visiting / trips out / overnight stays?

Current guidance can be found [here](#). Regardless of outbreak status, so long as the care home has capacity and visitors are aware of the ongoing situation, there should be no restrictions on visiting, trips out or overnight stays. Appropriate dynamic risk assessment of the care home should be used to inform decisions on the day-to-day running of visiting. IPC mitigations should be adhered to as appropriate.

Discharges from Hospital / Admissions from Community Settings

29. What is the current guidance regarding discharges from hospital into a care home?

Current guidance can be found [here](#).

30. What is the current guidance regarding admissions to a care home from a community setting?

Current guidance can be found [here](#).

PPE Supplies

31. We have a shortage of PPE, what should we do?

Please contact your local Trust.

Staffing Issues

32. We are having problems getting staff, what should we do?

Please contact your local Trust.

Guidance for Staff Members

33. What is the current guidance for staff members regarding PPE?

Current guidance regarding PPE can be found [here](#).

34. What is the current guidance for staff members regarding isolation?

As care home staff, please refer to the guidance in the CMO letter which can be found [here](#).

35. What is the current guidance for staff members regarding testing?

As care home staff, please refer to the guidance in the CMO letter which can be found [here](#).