UK Health Security Agency

# UKHSA Winter-readiness (infection prevention) information for care homes in South East England

## Winter 2024/25

# About UKHSA

As the nation's expert national health security agency, the UKHSA will anticipate threats to health and help build the nation's readiness, defences and health security to lead strong and sustainable global, national, regional and local partnerships designed to save lives, protect the nation from public health threats, and reduce inequalities.

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www.gov.uk/ukhsa

*This document was originally designed by the London HPTs.*

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# Introduction

This pack provides information for care homes on preparing for the winter season, to try and help avoid cases and outbreaks of infectious disease.

Care home residents and staff are susceptible to infections which increase over the winter months, such as COVID-19, seasonal influenza (flu) and stomach infections (such as norovirus, the “winter vomiting bug”). These are very infectious and can cause outbreaks due to close contact in residential settings.

Good infection control practices can help reduce the risk of outbreaks occurring.

Older people and those with chronic illnesses are particularly at risk of developing more severe illness and complications from certain infectious diseases. The risk from many of these diseases, such as COVID-19, flu, pneumococcal infection, and shingles, can be significantly reduced through vaccination. It is therefore important that eligible residents are given the opportunity to protect themselves through vaccination. This also reduces the likelihood of outbreaks in a care home.

Cold weather can also put people at greater risk of ill-health and even death primarily because it increases the probability of complications from existing disease, and of injury due to falls.

## This briefing provides:

1. Key messages for care home managers on winter preparedness, including when and how to report outbreaks to your local Health Protection Team (HPT).
2. Two checklists on respiratory infections and norovirus readiness.
3. Links for posters and further information on RSV, COVID-19, flu, norovirus, shingles, and the health impacts of cold weather.

# Key messages for care home managers

## 1 Be prepared ✓

- Have a stockpile of personal protective equipment (PPE).
- Keep a supply of COVID-19 LFD tests.
- Ensure all residents and staff are immunised against flu.
- Ensure all care home residents and eligible staff are immunised against COVID-19.
- Ensure eligible residents and staff are immunised against RSV.
- Ensure your residents over the age of 65 are immunised against pneumococcal infection.
- Ensure your residents aged 70 to 79 years are immunised against shingles.

Links for further information on vaccinations can be found in this document.

## 2 Recognise outbreaks ✓

**Acute respiratory illness (ARI)** can be caused by a range of viruses, including influenza and SARS-CoV-2 (COVID-19). The symptoms of COVID-19 and other respiratory infections can be very similar. It may not be possible to tell if someone has COVID-19, flu or another respiratory infection based on symptoms alone. The symptoms of ARI can include: a raised temperature, a new continuous cough, a loss or change to your sense of smell or taste, shortness of breath, feeling tired or exhausted, an aching body, a headache, a sore throat, a blocked or runny nose, loss of appetite, diarrhoea, feeling sick or being sick. An outbreak of ARI in a care home is generally defined as two or more cases of the same disease or symptoms in epidemiologically linked residents within 5 days of each other.

**Norovirus** outbreaks should be suspected if two or more residents (or staff members) develop sudden onset diarrhoea and/or vomiting without any other obvious cause within two days of each other.

**Confirmed outbreaks** are those where two or more cases have been diagnosed with the same infection through a laboratory test or lateral flow device (in the case of COVID-19).

A senior health practitioner or consultant in health protection may judge there to be a probable outbreak separate to these definitions.

| **Confirmed outbreak** | | |
|---|---|---|
| Two or more cases have been diagnosed with the same infection through a laboratory test or lateral flow device (in the case of COVID-19). | | |
| **Probable COVID-19 outbreak definition** | **Probable influenza outbreak definition** | **Suspected norovirus outbreak definition** |
| There is one case of confirmed COVID-19 and there is no contradictory virological evidence from other symptomatic residents, with plausible routes of transmission within the home. | There is one case of confirmed influenza and there is no contradictory virological evidence from other symptomatic residents (such as positive COVID-19 lateral flow device (LFD) tests, although co-circulation and co-infection are possible); the plausibility of route of transmission within the home should be considered. | Two or more cases of diarrhoea and/or vomiting within 48 hours which occur in residents and/or staff. |

**Note:** There is a possibility of co-circulation and co-infection

# 3 Report outbreaks to your local Health Protection Team ✓

### COVID-19

If you have an outbreak of COVID-19 in your care home (involving multiple residents or staff with positive COVID-19 tests), this can be reported by email to SE.AcuteResponse@ukhsa.gov.uk

However, please contact us on 0344 225 3861 if any of the following apply:

- More deaths or hospitalisations than expected of staff or residents.
- Residents are unwell with respiratory symptoms but are testing negative for COVID-19.
- Significant increases in number of cases or difficulty in applying the outbreak control measures e.g. due to high numbers of staff isolating.

**Note:** You do not need to let us know about every new case or the results of an individual COVID-19 LFD test.

### Other respiratory infections

Your local Health Protection Team (HPT) can provide guidance if there is an outbreak of ARI (acute respiratory illness) in your care home. If you have an outbreak of flu, your HPT will be able to advise whether antivirals are indicated and, if so, make arrangements for these to be prescribed.

Our contact details are:

a. Telephone (Mon-Fri 9am-5pm):  0344 225 3861
b. Email (Mon-Fri 9am-5pm): SE.AcuteResponse@ukhsa.gov.uk
c. Out-of-hours telephone (Mon-Fri 5pm-9am, Saturday and Sunday): 0344 225 3861

## When to call

Please contact us if:

- two or more residents or staff are unwell with flu-like illness and have tested negative for COVID-19 on LFD or PCR, or
- you are informed of a case of confirmed flu in a resident (for example if they are tested because of a hospital admission). Whilst you may not have an outbreak, we can talk you through general control measures and what you need to do if there are further cases, or
- you have an outbreak of diarrhoea or vomiting (regardless of any laboratory results).

**Note:** It is important that outbreaks of flu-like illness are reported to your HPT without delay because the window for antiviral use is very short. However, please test for COVID-19 before contacting your HPT (this can be done using lateral flow testing) to rule out a COVID-19 outbreak first.

# Care home planning checklist for acute respiratory infections including RSV, COVID-19 and seasonal influenza (flu)

| | Date completed | Completed by | |
|---|---|---|---|
| | | | |

| | Actions to prepare for cases of COVID-19 and seasonal flu | ✓ | X |
|---|---|---|---|
| | **COVID-19 vaccination: residents and staff** | | |
| 1 | Advise any staff working in social care or in care homes for older people to arrange for a COVID-19 vaccine | | |
| 2 | Ensure that the care home GP (or alternative provider) has offered the COVID-19 booster vaccine to eligible residents who are in these categories in the autumn. | | |
| | **Flu vaccination: residents and staff** | | |
| 1 | Are you a long-stay residential or nursing home? | | |
| 2 | Do you have any residents who are 65 or over? | | |
| 3 | Do you have any residents in a clinical risk group (including those with chronic respiratory, cardiac, kidney, liver, neurological disease, diabetes, or obese BMI>40)? | | |
| 4 | If yes to **any** of the above, ensure that the care home GP (or alternative provider) has offered the appropriate seasonal flu vaccine to residents in these categories in the autumn, before any outbreaks of flu are likely to occur. NOTE: anyone living in a long-stay residential care home should be offered the flu vaccination. | | |
| 5 | Advise any pregnant staff that they are eligible for the seasonal flu vaccine (from 1st September 2024). | | |
| 6 | Remind staff of the importance of having the seasonal flu vaccination and ensure that your frontline health and social care staff have received their seasonal flu vaccine in the autumn before any outbreaks of flu are likely to occur. This should include any agency staff. | | |
| | **RSV vaccination: residents and staff** | | |
| 1 | Advise any staff that they are eligible for the RSV vaccine from 1st September 2024, if they are at least 28 weeks pregnant. This is arranged through their GP. | | |
| 2 | RSV vaccine should be provided to any residents who are aged over 75 and under age 80, on 1st September 2024<br>(note this is not an annual vaccine) | | |
| 3 | RSV vaccine should be provided to residents once they become aged 75, if this is after 1st September 2024 (note this is not an annual vaccine) | | |

| | | | |
|---|---|---|---|
| | **Respiratory hygiene and infection control precautions** | | |
| 1 | Ensure infection control policies are up to date, read and followed by all staff. | | |
| 2 | Conduct a hand washing audit and educate staff on the importance of hand washing and the appropriate hand washing technique. | | |
| 3 | Reinforce education of staff and residents about hand and respiratory hygiene. Use posters attached at the end of this document e.g. Catch it, Bin it, Kill it. | | |
| 4 | Ensure disposable tissues and foot-operated bins are available. | | |
| 5 | 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. | | |
| 6 | If possible and safe to do so, place alcohol gel in places where hand washing facilities are not available (e.g. entrances/exits, residents' lounge, dining room), and maintain adequate supplies in view of increased use. | | |
| 7 | Ensure that Personal Protective Equipment (PPE) is available i.e. disposable gloves, aprons, surgical masks, and used according to the IPC guidelines for adult social care. | | |
| 8 | Ensure linen management systems are in place as well as clinical waste disposal systems including foot operated bins. | | |
| 9 | Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, detergent). | | |
| 10 | Think about what opportunities there are within your setting to maximise ventilation, safely, in the event of an outbreak. Guidance on ventilation can be found here: Ventilation to reduce the spread of respiratory infections. | | |
| | **Prompt testing and isolation of residents and staff** | | |
| 1 | Ensure you have a stock of COVID-19 LFD tests, ensuring that there are at least 3 tests available per eligible individual to enable them to test for 3 consecutive days if they develop symptoms of acute respiratory infection. LFD tests should be available from participating pharmacies. | | |
| 2 | Ensure staff know how to recognise cases and outbreaks of acute respiratory illness, (see page 5 for more details). | | |
| 3 | Maintain a list of which residents, if any, are eligible for COVID-19 treatments. The full list of groups who may be eligible for COVID treatment can be found in NICE guidelines.<br><br>**Note** all residents over the age of 70yrs in a care home are eligible for COVID-19 treatments and free LFD tests. | | |
| 4 | Ensure staff are aware that any resident who is eligible for COVID-19 treatments and who develops symptoms of a respiratory illness should take an LFD test immediately. They should then follow the guidance for people who are eligible for COVID-19 treatments.<br><br>Please ensure you know the local NHS pathway to enable residents access COVID-19 treatments or seek clarity from your local ICB IPC lead. | | |
| 5 | Ensure staff are aware that COVID-19 LFD testing should also be done if there are two or more linked cases of respiratory illness, irrespective of eligibility for COVID-19 treatments, to inform outbreak risk assessment. | | |
| 6 | Ensure staff are aware that any resident or staff member with symptoms of a respiratory infection or a positive COVID-19 test should follow the IPC guidelines for adult social care for isolation/returning to work. | | |

| | | | |
|---|---|---|---|
| | **Reporting to the local Health Protection Team** | | |
| 1 | Ensure you know when and how to contact your local HPT: report two or more cases of 'non-covid' flu-like-illness, single cases of confirmed influenza, and outbreaks of diarrhoea or vomiting (see page 8 for more details). | | |
| 2 | Prepare for record keeping to help with investigations of any outbreaks: it may help to have a list of your staff and residents ready to go, including dates of birth, GP details, and COVID-19/flu vaccination status. This list can then be used for recording symptoms, onset dates and other details during outbreaks. | | |

# Care home planning checklist for norovirus

| Date completed | Completed by |
|---|---|
| | |

| Actions to prepare for norovirus (winter vomiting bug) season | ✓ | X |
|---|---|---|
| **Infection control precautions** | | |
| 1. Ensure infection control policies are up to date, read and followed by all staff. | | |
| 2. Conduct a hand washing audit and educate staff on the importance of hand washing and the appropriate hand washing technique. | | |
| 3. Ensure that liquid soap and disposable paper hand towels are available in all toilets and communal bathrooms, including individuals' room/ensuite. | | |
| 4. Ensure that Personal Protective Equipment (PPE) is available i.e. masks, gloves, aprons. | | |
| 5. Ensure linen management systems are in place as well as clinical waste disposal systems, including foot operated bins. | | |
| 6. Refer to the norovirus poster attached to this document for further information which can be displayed for staff and visitors in the care home. | | |
| 7. Remind any staff with symptoms to remain off work until 48 hours after symptoms have stopped. | | |
| **Reporting to the local Health Protection Team** | | |
| 8. Ensure you know how to recognise an outbreak of diarrhoea and/or vomiting (D&V) amongst staff and/or residents in care homes (two or more cases within 48 hours). | | |
| 9. Ensure you know when and how to contact your local HPT: outbreaks of D&V should be reported promptly to the local HPT for a full risk assessment and further guidance (even if care home already aware of local D&V outbreak management guidelines). | | |
| 10. Prepare for record keeping to help with investigations of any outbreaks: it may help to have a list of your staff and residents ready to go, including names, dates of birth and room location in the care home. This list can then be used for recording symptoms, onset dates and other details during outbreaks. | | |

# Resources

## COVID-19

- Guidance: COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)
- Information about the COVID-19 vaccination: Coronavirus vaccine
- Posters – see below and: Campaign Resource Centre (dhsc.gov.uk)
- Information on eligibility and booking vaccine (live from 23rd Sept): Book Covid (nhs.uk)

## Flu

- Information about the Flu vaccination: Flu vaccination: who should have it this winter and why - GOV.UK (www.gov.uk)
- Leaflet – Flu leaflet for people with learning disability: Flu vaccination: easy-read flu vaccination resources - GOV.UK (www.gov.uk)
- Posters – see below and: Campaign Resource Centre (dhsc.gov.uk)
- Patient antiviral information template – see below. For use as directed by your HPT in the event of a flu outbreak requiring antivirals
- Information on eligibility and booking vaccine (live from 23rd Sept): Book flu (nhs.uk)

## Norovirus

- Poster – see below (also available at: Stop norovirus spreading this winter)

## Shingles

- Leaflets: these leaflets describe shingles and the benefits of vaccination for adults:
- Shingles vaccination for adults
- Poster – Who is eligible for the shingles vaccine this year? Shingles vaccination eligibility poster

## Pneumococcal disease

- Information about the pneumococcal vaccine: Pneumococcal vaccination (nhs.uk)

## RSV (respiratory syncytial virus)

- Programmes letter for vaccination against respiratory syncytial virus: Introduction of new NHS Vaccination programmes against RSV

## Cold weather

- Action cards for health and social care: Cold weather and health: action cards - GOV.UK (www.gov.uk)

## Visiting guidance

- Guidance to support safer visiting as per new CQC fundamental standard (Regulation 9A) on visiting in care homes: Supporting safer visiting in care homes during infectious illness outbreaks




If you are vaccinated and catch flu this winter, you are likely to have milder symptoms and recover faster.

**Get your flu vaccination.**

For more information visit **www.nhs.uk/wintervaccinations**




Help keep yourself and the people you care for safe this autumn and winter.

**Get your COVID-19 vaccination.**

For more information visit **www.nhs.uk/wintervaccinations**

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# Stop norovirus spreading

Norovirus, also known as the ‘winter vomiting bug’, is the most common stomach bug in the UK. It can spread easily through close contact, or by contaminated surfaces, food or water.

The main symptoms of norovirus include a sudden onset of nausea, followed by projectile vomiting and diarrhoea, usually 1 to 2 days after becoming infected. Other common symptoms include a high fever, a headache and aching arms and legs.

Good hand hygiene is important to stop norovirus spreading.

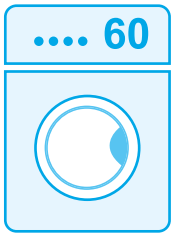
**To stop norovirus spreading, you should:**

- wash your hands thoroughly using soap and warm water after using the toilet or contact with a sick individual and before preparing and eating food.
- stay off school or work until you have not been sick or had diarrhoea for at least two days
- not rely on alcohol gels instead of washing your hands, as these do not kill the virus
- wash any contaminated clothing or bedding using detergent at 60°C using disposable gloves to handle any items
- use bleach-based cleaners to disinfect surfaces

## If you catch it, stay home for 48 hours after your symptoms clear

### DO ✓

**Wash clothes and bedding at 60°C**




**Wash hands with soap, clean surfaces with bleach-based disinfectants**



### DON’T X

**Go to work or school, visit care homes or hospitals**



**Prepare food for others**



Most people will make a full recovery in 2-3 days without needing any medicine. It is important to keep hydrated – especially children and the elderly.

Try not to visit A&E or GP surgeries if you have symptoms of norovirus unless advised to do so by a healthcare professional, as this may spread the bug to others. Call ahead to a GP or ring NHS 111 if you are worried about your symptoms.

Further information is available at NHS 111 or NHS.uk (https://www.nhs.uk/conditions/norovirus/)

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# Best Practice: How to hand wash step by step images

**Steps 3-8 should take at least 15 seconds.**

1



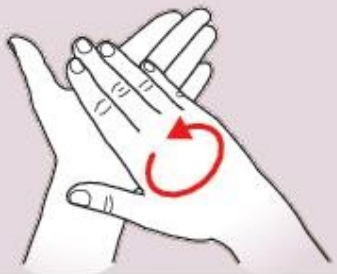
Wet hands with water.

2



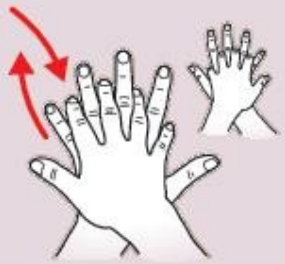
Apply enough soap to cover all hand surfaces.

3



Rub hands palm to palm.

4



Right palm over the back of the other hand with interlaced fingers and vice versa.

5



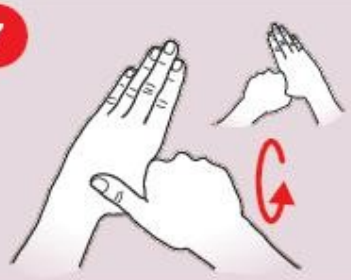
Palm to palm with fingers interlaced.

6



Backs of fingers to opposing palms with fingers interlocked.

7



Rotational rubbing of left thumb clasped in right palm and vice versa.

8



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

9



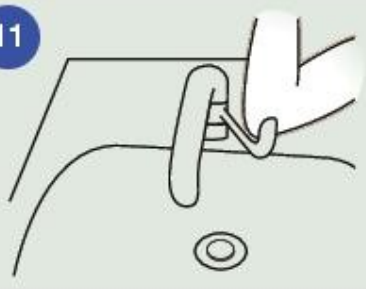
Rinse hands with water.

10



Dry thoroughly with towel.

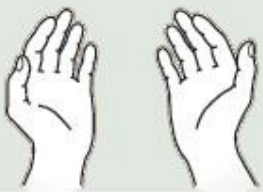
11



Use elbow to turn off tap.

12

Steps 3-8 should take at least 15 seconds.



... and your hands are safe*.

Adapted from the World Health Organization/Health Protection Scotland

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*Any skin complaints should be referred to local occupational health or GP.

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# Do you have 2 or more cases of flu-like illness in the care home?



**Fever of 37.8°C or above**



**New onset or acute worsening of one or more of these symptoms:**

- cough
- runny nose or congestion
- sore throat
- sneezing
- hoarseness
- shortness of breath
- wheezing
- chest pain



**Sudden decline in physical or mental ability**

If you notice 2 or more residents or staff in the care home with these symptoms, **you might have an outbreak.** Consider influenza as an alternative diagnosis in residents with suspected chest infection, fever or sudden decline in physical or mental ability.

- Isolate symptomatic residents
- Follow the guidance for COVID-19 testing in an outbreak
- If COVID-19 testing is negative, **consider influenza**

If you **suspect influenza**, or if you **need advice** regarding an outbreak of COVID-19, please call your Health Protection Team on 0344 225 3861 or email: SE.AcuteResponse@ukhsa.gov.uk

The Health Protection Team will work with care home staff and GPs to identify the cause of the outbreak, advise on infection control measures, and work with GPs to advise on treatment and prevention.

## Influenza in care homes patient information template

This form can be used to gather the necessary information to support clinicians in prescribing antivirals in the context of an influenza outbreak. It should be completed by the care home when antivirals are recommended by UKHSA and should include all residents that have been recommended to receive antivirals for treatment (cases) or prophylaxis (contacts). Please leave blank any information that is unavailable.

**Care home name ……..** **Name of person completing the form ……..**

| **Name** | **DOB** | **NHS number** | **Height** | **Weight** | **Renal function (GFR)** | **Any swallow issues?** | **Medical history** (specifically diabetes, cardiac disease, respiratory disease, neurological condition, severe immunosuppression, BMI ≥40) | **Allergies** | **Are they a case or a contact?*** If a case, include date that symptoms started |
|---|---|---|---|---|---|---|---|---|---|
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**This information will inform the decision of whether the patient should receive 'treatment dose' antivirals as recommended for cases of flu, or 'prophylactic dose' antivirals recommended for contacts. If unsure, include details of current symptoms*.

**Continue onto additional pages as needed.**