Influenza Outbreak Control Measure Trigger Tool for Care Homes

To be used on instruction of your Health Protection Teams (HPT)

The control measures in this tool are in addition to Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs)

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Health Protection Scotland

Version 1.0 October 2015
Influenza Outbreak Control Measures Trigger Tool for Care Homes

This Influenza Outbreak Trigger Tool for Care Homes is designed for use in any care home where residents have influenza – it should be used on the advice of your Health Protection Team (HPT) when there is evidence of ongoing transmission in the Care Home.

The Influenza Outbreak Trigger Tool for Care Homes comprises:

- Roles and Responsibilities.
- A Key Information sheet – which the HPT may adapt.
- A checklist of everything that needs done on the first day.
- A daily checklist for every day until the HPT says the outbreak is over.
- General information.

CONTACT YOUR LOCAL HEALTH PROTECTION TEAM:

If a GP considers an outbreak of influenza is likely, complete page 4 of this document prior to phoning the HPT seeking advice.

Local HPT’s phone number: ...............................................................................................................................

<table>
<thead>
<tr>
<th>Roles and Responsibilities</th>
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<tr>
<td><strong>Person in charge of Care Home</strong></td>
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Further information on Standard Infection Control Precautions and Transmission Based Precautions can be found in the National Infection Prevention and Control Manual http://www.hps.scot.nhs.uk/haiic/ic/publicationsdetail.aspx?id=49785

Key information:

**Case Definitions:**

| A Confirmed Case | Any resident who has/had an influenza like illness and has tested positive for influenza in [Care Home area] since [time period ] |
| Asymptomatic case | Any patient who is asymptomatic but has tested positive for influenza in [Care Home area ] since [time period ] (Time period is 24 hours before first case). |
| A possible case | Any patient with an influenza like illness whose test results are awaited/or not. |
| A staff case | Any member of staff with influenza like illness whether or not laboratory confirmed |
| Care Home Acquired | Any case whose symptoms developed >48 hours after admission |

**Relevant signs/symptoms** that could indicate residents may have/be developing influenza

| Raised temperature | Sore throat |
| Chest symptoms/productive cough (more than usual) often associated with increase in prescribing with antibiotics | Shortness of breath (more than usual) |
| Any increase or change in sputum production | Other chest symptoms |
| Myalgia (muscle aches) | Runny nose |
| Increased lethargy and/or general malaise | Other e.g. Confusion, headache |

During the winter months especially, closely monitor residents for the influenza relevant signs and symptoms.

**Modes of spread for influenza:**

**Droplets:** Disseminated via the respiratory tract during coughing, sneezing etc., usually within 1 metre.

**Contact (direct/indirect):** Infectious particles disseminated during coughing/sneezing can land on surfaces and subsequently be transmitted via gloved (and un-gloved hands) to infect patients and/or staff.
The person in charge of the Care Home, fill this out following discussion with the GP and then phone your HPT

<table>
<thead>
<tr>
<th>Name of the contact person for this care home and their phone number</th>
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<tbody>
<tr>
<td>How many people are or have been symptomatic (as listed on page 2)? Specify the number of residents/staff</td>
</tr>
<tr>
<td>What are their symptoms, e.g. cough, fever etc?</td>
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<tr>
<td>When did the first person have these symptoms?</td>
</tr>
<tr>
<td>When did the last person become symptomatic?</td>
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<tr>
<td>What is the GP’s assessment?</td>
</tr>
<tr>
<td>GP’s name and phone number.</td>
</tr>
<tr>
<td>Did the residents with symptoms have their flu vaccine this autumn?</td>
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<tr>
<td>Has anybody died with the same symptoms in the past 30 days?</td>
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<tr>
<td>Have any respiratory (or relevant) specimens been sent to the lab?</td>
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<tr>
<td>What is the seasonal flu vaccine uptake of Permanent/Bank staff? (i.e. how many staff do you have and how many have had flu vaccine this season).</td>
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<tr>
<td>Is there any other information the HPT should know?</td>
</tr>
</tbody>
</table>

Write down here the name of the member of the HPT you have spoken with:

**Record here advice from HPT on care home admission restrictions (tick box that applies)**

| Do not admit to care home | Do not admit to section area (name) of care home: | No restrictions |

**Consider Visitor restrictions**

The HPT and GP will advise what specimens to take and how to take them. Write this information here:

Other: Write down what they have asked you to do:

**Completed by:**

Name: ___________________________  Designation: ___________________________
### Initial Control Measures

**Residents Placement:**

- **Ask residents who have symptoms** to stay in their room.
- **A Risk Assessment** must be in place if residents cannot stay in their room.
- **Close doors** of symptomatic resident’s room and inform relatives (undertake a safety risk assessment for door closure).
- **Place signage on entry** to the care home indicating resident movement restrictions.

**Care Home Restrictions**

- **Any planned new admissions to care home should be delayed** if instructed by the HPT.
- **Consider Temporary Suspension of Visiting** if considered beneficial to gaining control/or to reduce visitor risks.

**Transfer Advice**

- **If a resident requires to be admitted to a hospital or any other inter-care facility** the admission/care facility ward should be notified that he/she has came from a care home closed where people have influenza.

### CARE WORKER Practices and Restrictions

- **Ensure that all staff on duty are asymptomatic** (See relevant symptoms in page 3).
- **Refer all symptomatic staff to their GP.**
- **If possible allocate staff** to care for either cases or non-cases for the duration of the incident. (Reiterate SICPs and TBPs are required).
- **If possible allocate staff** who have had seasonal influenza vaccination this autumn to care for symptomatic residents.

**Assessment of Resident (cases and non-cases)**

- **Ensure residents have had their clinical condition reviewed by a GP if they have any signs of increased respiratory distress**, i.e. shortness of breath (more than usual), increasing confusion indicating dehydration.
- **Ensure residents are not at increased risk due to inappropriate medications e.g. antibiotics**
- **Consider offering residents the influenza vaccine if they have not been vaccinated**

### Hand Hygiene (HH) and Personal Protective Equipment (PPE)

- **If advocated by the HPT**, wear a surgical mask if within a minimum distance of approximately 1 metre (3 feet) around the infected case/entry to a case’s room.
- **Use Alcohol Based Hand Rub (ABHR)** if hands clean, otherwise wash with liquid soap and water.
- **HH before PPE** (apron [gown] and/or gloves, surgical mask [if appropriate]); PPE before entering area; PPE off before leaving area, HH after PPE removed.

**Safe Resident Environment**

- **To reduce contamination**, remove fans or other equipment that could exacerbate any environmental contamination.
- **De-clutter** the care home environment and remove exposed foodstuffs to facilitate effective cleaning.
- **Clean all frequently touched surfaces** and keep clean and dry. Increase frequency of cleaning, if possible with 1000 ppm av cl.
Day 0  Actions Checklist cont.

### Resident Care Equipment

- **Keep all communal resident equipment clean and dry. If possible** clean with 1000 ppm av cl (or the manufacturers recommended solution).

- **Provide resident-dedicated care equipment** if possible (commodes/washbowls/lifting-equipment, etc).

- **If the allocation of certain equipment cannot be achieved**, ensure all resident care equipment is adequately cleaned and decontaminated after use

### Communications and knowledge management by the HPT and or Care Home Manager

Ensure all staff members in the care home (including domestic staff) are aware of:

- **The current situation.**
- **How influenza can present in residents.**
- **How influenza spreads in the Care Home and what they need to do further reduce risk to residents and staff.**
- **What to do if any new residents develop symptoms.**
- **Their part in monitoring** for deterioration in residents and the situation in general, e.g. changes in how often to clean and the need to add disinfectants to routine cleaning if possible.

- **Check all members of staff know what to do should they develop any relevant symptoms**, i.e. seek medical help – report to GP not for duty.

- **Inform residents/relatives** of situation, precautions/restrictions and risks (document in the care record).

### Microbiological Screening of People

If advised by the HPT/GP

- **Take samples from any resident** with relevant symptoms (See relevant symptoms in page 3).

### Safe Management of Personal Clothing

- **Provide relatives** with washing instructions if personal clothing taken home.

Link to Washing clothes at home leaflet


- **Washing hands after** handling personal clothing is the key to safe management of personal clothing.
Daily Actions Checklist: Day: …/…/…. (the date the outbreak was identified)

<table>
<thead>
<tr>
<th>Care Home Manager Daily Outbreak Checklist. Complete daily until informed by HPT the outbreak is over.</th>
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<tbody>
<tr>
<td>Date (dd/mm/yy)</td>
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<tr>
<td>Completed by (initials)</td>
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</table>

Resident cases: new symptomatic residents today.
- Total symptomatic residents today.
- Confirmed cases of influenza today
- Total cases possible /confirmed (total number of affected residents to date).

<table>
<thead>
<tr>
<th>Are any residents giving cause for concern due to outbreak organism/infection?</th>
<th>Y/N</th>
<th>Y/N</th>
<th>Y/N</th>
<th>Y/N</th>
<th>Y/N</th>
<th>Y/N</th>
<th>Y/N</th>
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Staff; New symptomatic staff today.

Resident Placement: Restriction procedures are effectively established.

Resident Placement: Doors to restricted resident areas are closed and signage is clear (if appropriate). Provide "psychological" support for residents who are isolated.

Admission Restrictions: Are complied with.

Discharge/Transfer Restrictions: Inter-care facility transfers are pre-agreed with HPT. Hospital transfers are only if clinically necessary and the receiving area has been informed to prepare for resident being received.

Resident care checks: Clinical assessments are completed for today.

Resident care checks: Antibiotic/Antiviral prescribing for all residents has been reviewed today (if appropriate).

Care Worker practices and restrictions: Staff on duty are asymptomatic.

Care Worker practices and restrictions: Sufficient staff are on duty for all areas.

Care Worker practices and restrictions: Staff are allocated to restricted area or non restricted area.

HH and PPE: Hand hygiene is with ABHR if hands clean otherwise with liquid soap and water. HH before PPE: PPE before entry to area; PPE removed before exit; HH after PPE removed (+ surgical mask if advocated by the HPT).

Respiratory Etiquette: Residents are advised on the correct respiratory etiquette and assist where necessary.

Safe Resident Environment (SRE): All areas are clutter free.

SRE: Receptacle is easy accessible for residents to dispose of tissues

SRE: If possible cleaning of restricted areas is established with 1000 ppm av cl.

SRE: There are sufficient supplies of PPE and other sundries for safe practice.

SRE: Following resident discharge, terminal cleaning is carried out, prior to admitting a new resident.

Equipment: All Care Home equipment is visibly clean and in a ready for next-resident use condition.

COMPLETE OTHER SIDE
### Equipment
There is sufficient dedicated equipment if possible in the restricted areas.

### Knowledge Management
- All staff understand how the organism spreads, and how to practice safely.
- All staff are aware of the correct procedure for putting on and removing PPE.
- Residents/relatives/GPs are aware of the situation and what precautions to take (includes residents being discharged).
- Alert all people in the care home to the Public Health messaging “Catch it. Bin it. Kill it.”
- For discharged residents, GPs are being informed of any additional ongoing monitoring needed and, any actions should symptoms develop post discharge.
- All residents in the affected area have been given information on the situation and the need for compliance with good hand hygiene and safe handling of personal clothing.

### Information
- Ensure that treatment for residents with influenza is given as prescribed.
- HPT to advise on Care Home status (open/closed) and residents placement.
- HPT to advise if daily actions checklist still required.
  - If daily actions checklist is no longer required – ask domestic services for a terminal clean.
- HPT to confirm if re-opening criteria have been met.
- Communicate all changes to care home status to staff/relatives and residents within the Care Home.

### Control measures and trigger tool no longer required for care home

Date: ________________________________  HPT Signature: ________________________________

Date: ________________________________  SCN Signature: ________________________________
General Information

- The control measures in this tool are specific for influenza; however Health Protection Teams can localise this document as required for better staff understanding/compliance. E.g. local designation names and logos may also be used. As a consequence this document is available in word format.
- The choice of gowns or aprons for PPE is a local decision to be based on an assessment of likely personal contamination based on the patient population involved, i.e. the amount of likely exposure to secretions and other infectious body fluids.
- Surgical mask (type IIR) denotes a surgical mask that is fluid resistant.

Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ABHR</td>
<td>Alcohol based hand rub</td>
</tr>
<tr>
<td>GPs</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HH</td>
<td>Hand hygiene</td>
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<tr>
<td>HPT</td>
<td>Health Protection Team</td>
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<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>ppm av cl</td>
<td>parts per million available chlorine</td>
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