



Public Health
England

Protecting and improving the nation's health

Winter-readiness information for London care homes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Published Sept 2018 (reviewed Aug 2019)

PHE publications

gateway number: 2017358

PHE supports the UN

Sustainable Development Goals



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Introduction

As winter approaches, it is important that care home managers are reminded and updated on important health considerations for their residents.

Care home residents and staff in long-stay residential care homes are particularly susceptible to infections which increase over the winter months, such as seasonal influenza (flu) and stomach infections (such as norovirus). These are very infectious and cause outbreaks in residential settings due to the close contact between residents and staff. Transmission can sometimes be facilitated by inadequate infection control practices by carers.

Elderly people or those with chronic illnesses are also at risk of developing complications from certain vaccine-preventable diseases such as pneumococcal disease, flu and shingles infections. It is important that they are immunised to prevent such complications or reduce the likelihood of outbreaks in a care home.

This briefing provides:

1. Key messages for care home managers on winter preparedness.
2. Two checklists on flu and norovirus readiness and when and how to report outbreaks.
3. Leaflets and further information on flu, norovirus and shingles.

Key messages for care home managers on winter preparedness

1. Be prepared ✓

- Ensure your residents and staff are immunised against flu and have a stockpile of personal protective equipment (PPE) (see checklist on page 6).
- Ensure your residents over the age of 65 are immunised against pneumococcal disease.
- Ensure your residents are immunised against shingles when they reach 70 years of age. The vaccine is also available for anyone in their 70s who was born after 1 September 1942 who has not yet had the vaccine, and for anyone up to the age of 79 years who previously missed out on the vaccine.
NB: shingles vaccine is available throughout the year. Further information on shingles can be found on the [NHS choices website](#).

2. Recognise outbreaks ✓

3. Report outbreaks to your local health protection team seven days a week ✓

- North West London - 020 3326 1658
- North East and North Central London - 020 3837 7084
- South London - 0344 326 2052

Use the following weblink to find details of your local health protection team:

www.gov.uk/health-protection-team

London care home planning checklist for seasonal influenza (flu)

Date completed	Completed by	
Actions to prepare for cases of seasonal flu	✓	X
Flu vaccination		
1. Do you have any residents aged over 65?		
2. Do you have any residents in a clinical risk group (including those with diabetes, chronic respiratory, cardiac, kidney or neurological disease)?		
3. If yes to the above, ensure that the care home GP has administered the seasonal flu vaccine to residents in both categories in the autumn before any outbreaks of flu.		
4. Ensure that all staff involved in patient care (including all women at any stage of pregnancy) have received their seasonal flu vaccine in the autumn before any outbreaks of flu. <ul style="list-style-type: none"> • Staff can obtain the flu vaccine either from their GP or through arrangements made by their employer for occupational health or via www.londonflu.co.uk • Further information is in the Flu vaccination leaflet "Who should have it and why" 		
Respiratory hygiene & infection control precautions		
5. Ensure infection control policies are up to date, read and followed by all staff. Further information on the prevention and control of infection in care homes is also available at this Department of Health link		
6. Reinforce education of staff about hand and respiratory hygiene. Use this link to register for free respiratory and hand hygiene posters and resources e.g. Catch it, Bin it, Kill it		
7. 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		
8. Ensure that Personal Protective Equipment (PPE) is readily available i.e. disposable gloves, aprons, surgical masks.		
9. Ensure linen management systems are in place as well as clinical waste disposal systems, including foot operated bins.		
10. Ensure appropriate isolation of residents/staff with symptoms for a minimum of 5 days after the onset of symptoms or until fully recovered. Single cases should be isolated in their bedroom or, if there are two or more cases, consider cohorting them in a separate floor or wing of the home.		
11. If possible and safe to do so, use alcohol gel in places where hand washing facilities are not available (e.g. entrances/exits, residents' lounge, dining room), and maintain supplies in view of increased use.		
12. Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, detergent)		
13. Transfer of residents to hospital or other institutions should be avoided unless clinically necessary/medical emergency and advised by the GP.		
14. If a resident is transferred back to the care home from a hospital/institution with an influenza outbreak, inform the local health protection team.		
Reporting to the local health protection team		
15. Early recognition of an influenza/respiratory illness outbreak amongst staff and/or residents is vital (i.e. two or more cases linked by time and place).		
16. Outbreaks of influenza/respiratory illness should be reported promptly to the local health protection team – see also the HLP flu outbreak in care homes SOP for further information		
17. Maintain high standards of record keeping in the event of an outbreak of acute respiratory illness to help investigate the outbreak (i.e. list of staff and resident cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first case, total number of residents in the care home, location of cases and the flu vaccination status of cases, staff and other residents at the home)		
18. The health protection team will undertake a risk assessment and provide further advice (e.g. nose/throat swabs required and advice on those requiring antiviral treatment).		

London care home planning checklist for norovirus season

Date completed	Completed by	
Actions to prepare for norovirus (winter vomiting bug) season	✓	X
Infection control precautions		
Ensure infection control policies are up to date, read and followed by all staff		
Conduct a hand hygiene audit. Educate staff on the importance of hand hygiene and the appropriate technique, especially during outbreaks.		
Ensure that <u>liquid soap and disposable paper hand towels</u> are available in all toilets and communal bathrooms, including individuals' room/en-suite (NB: alcohol hand gel is of limited effectiveness against norovirus)		
Ensure that Personal Protective Equipment (PPE) is available and kept outside affected residents' rooms – i.e. disposable gloves, aprons.		
Ensure linen management systems are in place as well as clinical waste disposal systems including foot operated bins.		
Reporting to the local health protection team		
Early recognition of a diarrhoea and/or vomiting (D&V) outbreak amongst staff and/or residents in care homes is vital (i.e. two or more cases linked by time and place).		
Outbreaks of D&V should be reported promptly to the local health protection team for a full risk assessment and further guidance (even if care home already aware of local diarrhoea and vomiting outbreak management guidelines).		
Diarrhoea and/or vomiting outbreak control measures		
Immediate control measures to be put into place when an outbreak of D&V is recognised are: Isolation of residents/affected staff until clear of symptoms for 48 hours Cohorting of affected residents/staff on a separate floor or wing of the home if possible Enhanced cleaning of the environment with a hypochlorite solution. Effective hand washing with liquid soap and water (do NOT use alcohol-based hand rub as this has limited effectiveness against diarrhoeal diseases).		
Brief all staff on infection prevention and control measures during the outbreak e.g. during handover sessions throughout the day.		
Care home manager should organise stool sample collection of residents as requested by either the home GP or the health protection team.		
Maintain high standards of record keeping to investigate the outbreak and help identify the source of the infection by completing a log sheet (i.e. list of staff and resident cases incl. dates of birth, GP details, symptoms and frequency, date of onset of symptoms of the first case, location of cases)		
Remove all alcohol gel in use in the event of a D&V outbreak, as this has limited effectiveness against diarrhoeal diseases).		
Admissions/discharges should be suspended until the home has had no new cases for 72 hours and outbreak is declared over.		
Ensure residents are clinically assessed by their GP and rehydrated adequately.		
Transfer of residents to hospital or other institutions should be avoided unless in a medical emergency. If a transfer is necessary, inform the ambulance provider AND the receiving hospital/institution of the outbreak. This should be done before arrival if possible.		
Restrict visiting as much as possible and any visitors including health professionals should be advised of the outbreak and the need for thorough hand washing, using soap and water where feasible. Take advice from the HPT on excluding peripatetic staff such as occupational therapists and physiotherapists during an outbreak.		
Refer to the norovirus poster online for further information which can be displayed for staff and visitors in the care home.		

Resources

General infection control resource

Helping to prevent infection: a quick guide for managers and staff in care homes

<https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Infection%20prevention.pdf>

Flu

Checklist

See checklist on page 6 for actions to prepare for seasonal influenza.

Leaflet - Flu vaccination: who should have it this winter and why

www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why

Leaflet - Flu leaflet for people with learning disability

An easy to read leaflet providing information on influenza (flu) and vaccination.

www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability

Leaflet – Flu immunisation for social care staff and hospice staff

<https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff>

Guidance on outbreaks of influenza in care homes poster:

<https://www.gov.uk/government/publications/guidance-on-outbreaks-of-influenza-in-care-homes-poster>

Sutton CCG/care home flu awareness video – highlighting the importance of flu vaccinations for both staff and residents in care homes

<https://www.youtube.com/watch?v=cyrYR1z-oRI>

Public Health England Campaign Resource Centre – register free to download or order free resources for all PHE campaigns

<https://campaignresources.phe.gov.uk/resources>

Further information and leaflets on flu can be found at:

www.gov.uk/government/collections/annual-flu-programme

Norovirus

Checklist

See checklist on page 7 for actions to prepare for the winter vomiting bug (norovirus) and what to do in an outbreak.

Poster

Further information is available in this norovirus poster and can be displayed for staff and visitors in the care home

www.gov.uk/government/uploads/system/uploads/attachment_data/file/322947/Stop_norovirus_spreading_this_winter_leaflet.pdf

Shingles

Leaflets

These leaflets describe shingles and the benefits of vaccination for adults. The shingles vaccine is available throughout the year.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/697573/Shingles_leaflet.pdf

Further information on shingles can be found on the [NHS choices website](#).



Guidance on outbreaks of influenza (flu) in care homes

Do 2 or more residents or staff have the following symptoms?



Fever of
37.8°C
or above



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

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



Sudden decline in physical or mental ability

If you notice 2 or more residents or staff meeting these criteria, occurring within 2 DAYS (48 HOURS), in the same area of the care home **you might have an outbreak**. Consider influenza as an alternative diagnosis in residents with suspected chest infection



Contact your community infection control team (CICT) or PHE health protection team (HPT) immediately and take the infection control measures listed here



What the CICT or HPT will do:

- work with care home staff and GPs to identify the cause of the outbreak
- advise on infection control measures
- work with GPs to advise on treatment and prevention

INFECTION PREVENTION AND CONTROL MEASURES

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

Hand hygiene and protective clothing

- ensure that liquid soap and disposable paper towels are available at all sinks
- wash hands thoroughly using liquid soap and water before and after any contact with residents
- provide 70% alcohol hand rub for visitor use and supplementary use by staff
- staff should wear single-use plastic aprons and gloves as appropriate when dealing with affected residents. The HPT will advise on the use of surgical masks. Dispose of all these as infectious waste

Cleaning and waste disposal

- provide tissues and no-touch bins for used tissue disposal in public areas
- provide tissues and covered sputum pots for affected residents. Dispose of these as infectious waste
- wash residents' clothes, linen and soft furnishings on a regular basis, and keep all rooms clean

Clean surfaces of lockers, tables & chairs, televisions and floors etc frequently. Always clean hoists, lifting aids, baths and showers thoroughly between patients.

Reducing exposure

- consider closing the home (and any day care facility) to new admissions if the HPT confirms an outbreak
- residents should not transfer to other homes/attend external activities
- residents should only attend out-patient or investigation appointments where these are clinically urgent
- care for residents with symptoms in single rooms until fully recovered and for at least 5 days after the symptoms started
- affected residents should remain in their rooms as far as possible. Discourage residents with symptoms from using common areas
- as far as possible staff should work in different teams: one team caring for affected residents and the other caring for unaffected residents
- agency and temporary staff in contact with residents with symptoms should not work elsewhere (e.g. in a local acute care hospital, or other care home) until 2 days after last exposure
- staff and visitors with symptoms should be excluded from the home until fully recovered
- the elderly, very young and pregnant women, who are at greater risk from the complications of flu, should be discouraged from visiting during an outbreak
- inform visiting health professionals of the outbreak and rearrange non urgent visits to the home, if possible
- inform the hospital in advance if a resident requires urgent attendance at hospital