Acute Respiratory Infections [ARIs]

(including COVID-19 and Influenza)

Checklists for Care Settings

Aims & Objectives

Aim: To assist residential community care settings in managing single cases and outbreaks of acute respiratory infections (ARIs) efficiently and effectively to:

1. reduce the number of cases, the severity of illness, the number of potential deaths
2. to reduce disruption to the provision of health and social care services.

Objectives:

1. All appropriate measures are taken to prevent and control outbreaks.
2. Suspected outbreaks are detected early and control measures are initiated promptly.
3. All relevant information is documented, to allow review by the care home and the Health Protection Team.

Key Messages: The 3 Ps

Prevention is the most effective method of stopping transmission and outbreaks **before** they happen. Infection prevention and control measures should be in place in care homes at all times

Preparedness is about thinking ahead. Are you resilient enough? How ready are you are to act in the event of an outbreak or incident? What will make you vulnerable? What risks do you have? Do you have clear instructions on what to do? Do you have business continuity plans e.g. other staff to draw on?

Protection is about quick detection. Recognising illness early and acting quickly protects resident and staff health; and helps to stop infections from spreading.

Some Similarities and Differences between COVID-19 and Flu

	COVID-19	INFLUENZA (Flu)
Similarities	Both are infectious respiratory illnesses but caused by different viruses • Show similar signs and symptoms (some differences – see below) hence **testing** is required • Can be asymptomatic, mild to severe disease and death possible • Transmitted by contact [person to person], droplets, aerosols and fomites • Possible to spread the virus for at least 1 day before symptoms.	
Differences	• **Incubation period = Time from exposure to symptoms:** Longer than flu. 1-14 days after infection; usually 5 - 7 days • **Infectious period**: Longer. From 2 days before to 7 days after onset of symptoms. • **Antivirals** not approved yet	• **Incubation period = Time from exposure to symptoms:** Shorter time than COVID-19. Usually 1 - 3 days, but possibly up to 5 days. • **Infections period**: Shorter. From 12 hrs before to 3 - 5 days after onset of symptoms • **Antivirals** approved
Key Symptoms	New continuous cough OR Fever OR Loss of or change in smell/ taste	Fever > 37.8 AND new onset or acute worsening of one or more respiratory symptoms: cough, hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing
Other symptoms	Shortness of breath Fatigue (tiredness) Loss of appetite Muscle aches Sore throat Headache Nasal congestion Diarrhoea, nausea and vomiting	Headache Aching muscles Aching joints

Note
COVID-19 is the name given to the disease caused by the virus SARS-CoV-2 (often just called the COVID-19 virus)

Definitions

1. Case definition for COVID-19

Possible/Suspected case of COVID-19: Any resident or staff with symptoms of COVID-19 (fever, new continuous cough, change or loss of normal sense of smell or taste, new onset of influenza like illness or worsening shortness of breath).

Note: elderly people can often present with non-typical symptoms such as sudden decline in physical or mental ability, lethargy or change from usual demeanour without explanation.

Confirmed case of COVID-19: Any resident or staff with laboratory confirmed COVID-19.

Resident contacts: are those that

- Live in the same unit / floor as the infectious case (e.g. share the same communal areas) or
- have had face-to-face contact (within one metre) of a confirmed case, including being coughed on, having a face-to-face conversation, or having skin-to-skin physical contact or
- have had any contact within one metre for one minute or longer with a confirmed case, without face-to-face contact or
- Have spent more than 15 minutes within 2 metres of an infectious case

Staff contacts: are those that have had the following contact while not wearing appropriate PPE or who has had a breach in their PPE and:

- has had face-to-face contact (within one metre) of a confirmed case, including being coughed on, having a face-to-face conversation, or having skin-to-skin physical contact or
- has had any contact within one metre for one minute or longer with a confirmed case, without face-to-face contact or
- has spent more than 15 minutes within 2 metres of a confirmed case or
- has cleaned a personal or communal area of the home where a confirmed case has been located (note this only applies to the first time cleaning the personal or communal area) or
- has been notified that they are a contact of a co-worker who has been confirmed as a COVID-19 case or
- care home staff who have provided care within 2 metres to a possible or confirmed case of COVID-19 for more than 15 minutes or
- has travelled in a small vehicle with a case or in a large vehicle near a case.

2. Case definition for Influenza Like illness (ILI)

- Oral or tympanic temperature ≥37.8C AND one of the following:
- acute onset of at least one of the following respiratory symptoms: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing

  OR
- an acute deterioration in physical or mental ability without other known cause

Influenza like illness can be caused by various different respiratory viruses, including COVID-19, Influenza, parainfluenza, human metapneumovirus, rhinovirus, adenovirus, respiratory syncytial virus

3. Case definition for Confirmed Influenza (Flu)

Any resident or staff with laboratory confirmed diagnosis of Influenza.

4. Acute Respiratory Outbreak

TWO or more residents or staff that meet the case definition of ILI or COVID-19 with onset dates within 14 days, but without laboratory confirmation.
[Consider an influenza outbreak as an alternative diagnosis if there are several residents with suspected chest infections]

5. Outbreak of Confirmed Influenza

At least one laboratory confirmed case of influenza AND one or more cases which meet the clinical case definition of ILI, among individuals (residents or staff) at the care home, arising within the same 48-hour period

6. Outbreak of Confirmed COVID-19

At least one laboratory confirmed cases of COVID-19 AND one or more cases which meet the clinical case definition of COVID-19 among individuals (residents or staff) with at the care home and with onset dates within 14 days.

When to call the Health Protection Team (HPT)

1) **Single case of suspected or confirmed COVID-19, ILI or flu in a resident** (we can arrange testing and will give IPC advice)
2) **A suspected outbreak of COVID-19 or flu in the care home** (we can arrange testing and will give IPC and outbreak management advice)
3) **>1 staff member off sick with symptoms of COVID-19 or ILI OR 1 staff member laboratory confirmed with COVID-19 or flu**
4) If you have **any concerns** about the management of cases/outbreaks of COVID-19 or flu.

Key Information to give to HPT

- Residential Home / Nursing Home / Dementia ?
- CQC number for the home
- Onset date of first case:
- Onset date of most recent case
- Symptoms of cases
- Total number of residents in the care home:
- Total number of staff employed by the home:
- Total number of residents with symptoms
- Total number of staff with symptoms
- Location of symptomatic cases with respect to layout of whole home
- Numbers of Staff in clinical risk groups
- Any recent testing? results?
- Any deaths or hospitalisations – Which hospital/when?
- Which GPs are the residents (symptomatic and non-symptomatic) registered with?

Checklist for care homes during COVID-19 pandemic and throughout winter season

Key Guidance	
• DHSC/PHE/CQC/NHSE Admission and Care of Residents during COVID-19 Incident in a care home • PHE COVID-19: infection prevention and control • PHE COVID-19: how to work safely in care homes	Tick / Comments
Infection Prevention and Control	
Reinforce Infection Control Precautions to all staff **Hygiene – hand & respiratory** • Reinforce education of staff and visitors about **Error! Reference source not found.** and **Error! Reference source not found.** and display posters widely • Provide waste bins for every resident • Ensure safe disposal of tissues (as **Error! Reference source not found.**) **Hand Hygiene Facilities** • Ensure liquid soap and disposable paper towels are available at each wash basin. If handwashing facilities are not readily available ensure alternatives such as alcohol gel hand rub is in every room/communal area, and stocks are adequately maintained. If it is not possible to have alcohol hand rub in rooms/communal areas, consider providing staff with individual containers.	
Personal protective equipment (PPE). Staff should make a local risk assessment regarding the suspected organism and the use of PPE. • Ensure that PPE is available, i.e. disposable gloves, aprons, and fluid resistant surgical masks (FRSM), plus eye protection for procedures that may generate splashback. Ensure gloves & aprons changed between residents, masks changed at intervals and eye protection worn according to risk assessment (see guidance). • *NB: PPE should be stored outside residents' rooms.* • Ensure staff training on PPE/IPC in place including agency and bank staff • *See* PHE COVID-19: infection prevention and control & • PHE COVID-19: how to work safely in care homes *We are currently in a period of sustained community transmission. Older people might not have typical symptoms of COVID-19 and some asymptomatic staff or residents could be carrying the virus. PPE should be worn whenever you are within 2m of a resident*	
Linen, waste and Environmental cleaning • Equipment should be for single-use wherever possible • Ensure linen management and clinical waste disposal systems are in place, including foot operated bins. • Clean surfaces, and high touch areas frequently – at least twice daily. Clean common equipment between residents, e.g. hoists, aids, baths, showers and then disinfect with a chlorine-based solution (1000 ppm) • Increase external ventilation/open windows	

• Guidance on waste management can be found in Annex J of DHSC/PHE/CQC/NHSE Admission and Care of Residents during COVID-19 Incident in a care home. Waste should be stored for 72 hours before disposal if COVID-19 is suspected or confirmed and there are no clinical waste facilities available. • Staff should change out of uniforms prior to leaving the home. They should wear clean uniform daily. If uniforms laundered at home, they should be washed at the highest temperature that the material will tolerate. • Guidance on linen & environmental cleaning can found in Annex G of DHSC/PHE/CQC/NHSE Admission and Care of Residents during COVID-19 Incident in a care home	
• **Social Distancing and Shielding** - Due to the Covid-19 pandemic, all care homes should be reducing contact between residents in communal areas. Some particularly vulnerable residents will also require shielding throughout the pandemic - see Annex A of DHSC/PHE/CQC/NHSE Admission and Care of Residents during COVID-19 Incident in a care home **.** They should not share any communal areas, including bathrooms with others. • **Shielding of highly vulnerable staff** - PHE COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable and - PHE COVID-19: guidance for employees, employers and businesses and - NHS HR guidance on protecting vulnerable staff	
• **Care plans** should be put in place in liaison with GP, care home, residents and relatives. This should include advance care planning, mental capacity assessments, plan to deal with "wandering", end of life considerations & hospitalisation • See British Geriatric Society: Managing the COVID-19 pandemic in care homes	
• **Transfer of residents** to hospital or other institutions should be avoided unless clinically necessary/medical emergency and, if possible, advised by the GP – see Annex D DHSC/PHE/CQC/NHSE Admission and Care of Residents during COVID-19 Incident in a care home • If transfer is required, transport services (including emergency ambulances) and the receiving hospital/setting should be made aware of any suspected outbreak in the home, and/or if the resident is a suspected case BEFORE transfer • Whilst transferring, the resident should wear a surgical mask (if tolerated). • If appointments or transfers are essential, inform the clinic/hospital so appropriate infection control plans can be made for the resident.	
• **Visitors** should be limited to only essential persons, i.e. main carer. Discourage visits by children. Family and friends should be advised not to visit care homes and encouraged to use electronic means instead. See Local authority website for more details on whether visitors are appropriate in your area at this time • See DHSC Update on policies for visiting arrangements in care homes	

Checklist for Single Case of Acute Respiratory Infection / Influenza Like Illness

These items are additional to those in the previous checklists for

- **Care homes during the COVID-19 pandemic and through the winter season**

• **Send symptomatic staff home to get tested via the online portal or dial 119.** They should avoid using public transport • **Isolate symptomatic resident** in their room • **Ensure all IPC measures** as above are in place • **Call the HPT: Tel 0300 303 8162** • If appropriate, HPT will arrange swabbing/testing of symptomatic resident • HPT will advise and give information on Infection Prevention Control. Outbreak Recognition and Management.	

Checklist for outbreak of Acute Respiratory Infection / Influenza Like Illness

These items are additional to those in the previous checklists for

- **Care homes during the COVID-19 pandemic and through the winter season**

• **Send symptomatic staff home to get tested via the online portal or dial 119.** They should avoid using public transport • **Isolate symptomatic residents in their rooms and cohort symptomatic residents**, where possible, e.g. into one wing • **Ensure all IPC measures** as above are in place • **Twice daily monitoring of symptoms among residents** (including temperature check) • **Daily symptom check for staff** • **Call the HPT on 0300 303 8162** • If appropriate, HPT will arrange **swabbing/testing of all symptomatic residents** • HPT will advise and give information on Infection Prevention Control. Outbreak Recognition and Management • **Visiting by friends and family should cease** In exceptional situations such as end of life, immediate next of kin may be allowed in for short visits. They should be supervised by staff to put on and take off PPE (as would staff). There should be no/very limited physical contact between the case and their relatives (e.g. hugging, holding hands) and the visitors should limit any contact with surfaces etc. as much as possible. Wash hands and dry thoroughly before and after visits. All visitors should remain vigilant for symptoms see DHSC Update on policies for visiting arrangements in care homes • **Staff cohorting** When possible, divide staff into teams, with one team caring for residents who are symptomatic and one team caring for the other residents. Avoid, where possible allocating agency staff to caring for symptomatic residents. • **Enhanced cleaning** care homes should already be using chlorine-based solutions for regular cleaning during the COVID-19 pandemic, but in the event of an outbreak of respiratory illness, the frequency of cleaning should be increased, particularly for high touch areas. Deep cleaning should also be undertaken. See Annex G in Admission and Care of Residents during COVID-19 Incident in a care home and PHE COVID-19: infection prevention and control	
Notices and Documentation	
• Put up **notices** of the outbreak at all entrances including exclusion information (staff or visitors) with symptoms. Also, outside rooms of symptomatic residents. • Enter the details of symptomatic cases on **Resident and Staff Log sheet** for COVID-19 or influenza [last two pages of this document].	

Restriction of admission / Closure	
• Complete the **Capacity Tracker** daily • Because we are likely to be in a period of prolonged community circulation of COVID-19, a **respiratory outbreak does not necessarily mean closure to admissions**. **Movements of residents should be restricted** between homes with **social distancing** between residents within the home. • Each **new admission should be risk assessed** with the relevant stakeholders. e.g. resident, family, LA, CCG, other care setting, etc. • For any respiratory outbreak, discuss any potential **closure to new admissions** with the hospital discharge team and CCG. Be aware that, with heightened bed pressures across the health and care sector, decisions around closure are not straight-forward. The decision to close will depend on the number of residents and/or staff affected, their location within the home, whether symptomatic residents can be effectively isolated, cohorting possibilities for staff, staffing levels, availability of PPE etc.	
Communications	
• **HPT can provide template letters for** Relatives**,** Staff**,** Residents **and** GPs • **Visiting health professionals** e.g. district nurses, physiotherapists should also be informed of outbreaks. Visits should be deferred unless essential and if visits occur, appropriate PPE should be worn (as for staff) • The HPT will inform the LA and CCG • The **Care Home should inform all GPs** with patients registered at the home of the presence of a respiratory outbreak and individual GPs for those residents with laboratory confirmed infection e.g. Flu, COVID-19	
Escalation	
• **Call the HPT again if:** - there is a death in the care home due to suspected or confirmed Flu or COVID-19 - there is a large increase in the number of cases - any of your residents or staff are hospitalised due to suspected or confirmed Flu or COVID-19 - there is difficulty in applying the relevant outbreak control measures on which the care home has been advised -	

Checklist for outbreak of Confirmed COVID-19

These items are additional to those in the previous checklists for

- **Care homes during the COVID-19 pandemic and through the winter season**
- **Outbreaks of any Acute Respiratory Infection / Influenza Like Illness**

Residents	
• **Symptomatic residents or residents who have tested positive** but are asymptomatic should be isolated in their rooms for 14 days after their onset of symptoms (see Annex C). If major underlying illnesses, immunosuppression or pneumonia, then infectiousness may be prolonged • **Resident and Staff Log sheet** (see Annex B) should also be isolated for 14 days after last exposure to the confirmed case. • **Discourage use of communal areas** • See The British Geriatric Society: Managing the COVID-19 pandemic in care homes for suggestions on how to manage **wandering residents** • If not possible to isolate contacts in their rooms, consider **cohorting** the contacts	
Staff	
• **Symptomatic staff or those who have tested positive but are asymptomatic** should stay at home until day 11 after the onset of symptoms. This applies as long as they have not been feverish for 2 days (without the use of medication) and if a cough or a change in normal sense of smell or taste is the only persistent symptom. • **Symptomatic staff members who test negative** for COVID-19 may return to work after the negative test result if they are well and have been not been feverish for 24 hours • **Staff with a household member who has symptoms** of COVID-19 will need to self-isolate for 14 days after onset of symptoms in the member. • **Staff contacts** of a resident with confirmed COVID-19 and who have not been wearing the appropriate PPE/had a breach in their PPE at the time of exposure will need to go home and self isolate for 14 days after the last exposure. They may not return to work before this even if they test negative • PHE COVID-19: management of exposed healthcare workers and patients in hospital settings and PHE Flowchart describing Return to work following a SARS-CoV-2 test • **Agency staff** exposed to people with suspected or confirmed COVID-19 should try to stay working in the same setting during the outbreak. If this is not possible they should be advised to watch out for symptoms of coronavirus and stop working immediately if symptomatic	
End of Outbreak	
• A Covid-19 outbreak can be declared over once no new cases have occurred, in the 28 days since the appearance of symptoms in the most recent case. After 28 days with no new cases, any new symptomatic residents should be treated as a new outbreak and the HPT called for further advice.	

Checklist for outbreak of Confirmed Influenza

These items are additional to those in the previous checklists for

- **Care homes during the COVID-19 pandemic and through the winter season**
- **Outbreaks of any Acute Respiratory Infection / Influenza Like Illness**

Residents	
• **Symptomatic residents or residents who have tested positive for flu** should be isolated in their rooms until they have been symptom free for 24 hours. Assume cases will be infectious for up to 5-7 days following the onset of symptoms or until full recovered If there is any doubt as to infection with COVID-19 or co-infection wit6h COVID-19 then isolation should be maintained for at least 14 days after onset of symptoms. Also, if major underlying illnesses, immunosuppression or pneumonia, then infectiousness with influenza may be prolonged • **Close Contacts** of confirmed cases of influenza (or respiratory viruses other than COVID-19) do not need to self-isolate entirely within their rooms but you should discourage use of communal areas during an outbreak	
Staff	
• **Symptomatic staff or those who have tested positive for flu** should stay at home until they have been symptom free for 24 hours. If there is any doubt as to infection with COVID-19 or co-infection wit6h COVID-19 then isolation should be maintained for at least 14 days after onset of symptoms. • **Symptomatic staff members who test negative** for COVID-19 may return to work after the negative test result if they are well and have been not been feverish for 24 hours • **Agency staff** working in a home where there is an outbreak of influenza should not work in other settings for at least 4 days after last contact with the home or, if exposure is continuous, when the outbreak is declared over	
Antivirals	
• If Flu is confirmed or considered to be highly likely, the HPT will recommend antivirals for all symptomatic residents if it can be given within 48 hours of onset of symptoms and for any exposed residents, if antivirals can be given within 48* hours of exposure. Antivirals will be prescribed by the GP and will be recommended regardless of flu vaccination status of the resident. • If flu is confirmed or considered to be highly likely, the HPT will only recommend antivirals for staff if they - are in a risk group for flu - AND have not had their seasonal flu vaccination for the current season (at least 14 days previously) • The HPT will provide template letters for staff, residents, visitors and GPs *within 48 hours for oseltamivir; within 36 hours if zanamivir is required	
End of Outbreak	
• For **influenza or any respiratory virus other than COVID-19,** the outbreak can be declared over if there are no new cases after 5 days since the appearance of symptoms in the most recent case. This should be based on risks as evidence shows prolonged viral shedding in older persons, so isolation may need to be longer.	

What does good Respiratory Hygiene mean?

Excellent respiratory hygiene helps prevent the spread of infection. In practice this means:

- Single use, disposable tissues should be readily available and once used should be disposed of promptly in the nearest bin
- Hand hygiene facilities should be readily available with foot-operated waste bins
- Hands should be cleaned (using soap and water if possible or alcohol-based hand rub if not) after sneezing, coughing, using tissues or after any contact with respiratory secretions and contaminated objects
- Encourage residents and staff to keep hands away from eyes, mouth, nose and from the front of any mask
- Assist any resident with the disposal of items, e.g. tissues contaminated with respiratory secretions and then wash hands. Where possible place waste bins or other receptacles near residents so they can dispose of items themselves

What does good Hand Hygiene mean?

Soap and water

- Use liquid soap, warm water and paper towels
- Ensure hand washing facilities are available in each resident's room
- Ensure hand washing facilities are available in key areas e.g. kitchen, sluice, laundry, utility rooms, toilets, bathrooms and cleaning cupboard
- Washing hands and forearms with soap and water for at least 20 seconds is essential at the following times:
    - before touching resident,
    - before clean/aseptic procedures,
    - after body fluid exposure/risk,
    - after touching resident and
    - after touching resident surroundings
    - after removing gloves
    - on arrival and when leaving work
    - before preparing food
    - after using the toilet
    - before and after smoking/vaping

Alcohol based hand rub

- Always do a risk assessment to ensure it is safe to use, store or carry these in your care setting
- Use on hands that are visibly clean
- Do not use when caring for residents with diarrhoea and / or vomiting (alcohol gel not effective against norovirus)
- Use 60-80% or above alcohol-based hand rubs
- Alcohol based hand rubs are effective against enveloped viruses e.g COVID-19

Residents and visitors

- Residents need to clean their hands regularly too. Assist residents or provide suitable wipes / rubs for residents (as per risk assessment)
- Any visitors should wash their hands on arrival into the home, often during their stay, and upon leaving

National Guidance Documents: COVID-19

This local guidance document has been based on national PHE, NHS and government guidance. Hyperlinks to key national guidance are displayed here for reference (click on the link to be taken to the relevant guidance/information online).

Social distancing for different groups

- PHE COVID-19: guidance for households with possible coronavirus infection
- Gov.uk Stay alert: what you can and cannot do
- Gov.uk Staying safe outside your home
- PHE COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable

Infection prevention and control

- PHE COVID-19: infection prevention and control (IPC)
- PHE NHS COVID-19: Guidance for the remobilisation of services within health and care settings; Infection prevention and control recommendations
- WHO 5 moments for hand hygiene: with how to hand rub and how to handwash posters
- PHE Catch it. Bin it. Kill it. poster
- PHE COVID-19: putting on and removing PPE – a guide for care homes (video)
- PHE COVID-19: **management of staff and exposed patients or residents in health and social care settings**

Care home specific guidance and policy

- DHSC/CQC/PHE/NHSE Admission and care of residents during COVID-19 incident in a care home
- DHSC COVID-19: our action plan for adult social care
- PHE How to work safely in care homes
- The British Geriatric Society: Managing the COVID-19 pandemic in care homes.
- DHSC NHSE Reuse of medicines in a care home or hospice
- CQC Information for adult social care services during the COVID-19 outbreak

Cleaning and waste management

- DHSC Management and disposal of healthcare waste (HTM07-01)
- DHSC Decontamination of linen for health and social care (HTM01-04)
- PHE COVID-19: cleaning in non-healthcare settings
- PHE NHS COVID-19: Guidance for the remobilisation of services within health and care settings; Infection prevention and control recommendations

Provision of care in supported living and home care

Most of the principles in national Public Health England guidance for care homes apply to supported living and home care. There are some differences in approaches, particularly in relation to isolation of residents.

- PHE Coronavirus (COVID-19): providing home care
- PHE How to work safely in domiciliary care

Other

- Campaign Resource Centre leaflets and posters
- PHE Guidance for care of the deceased with suspected or confirmed COVID-19 .
- Dept for Transport Coronavirus (COVID-19): safer travel guidance for passengers

National Guidance Documents: Influenza

The PHE national guidance below is undergoing updates for the winter season 2020-21: expected to be published online in September/October 2020

- PHE Influenza-like illness (ILI): managing outbreaks in care homes
- PHE **Influenza: treatment and prophylaxis using anti-viral agents**
- PHE **Respiratory tract infections: infection control**

Note about this document – for any weblinks that become broken, the document can be found by typing the authoring organisation and the title into a search engine.

For links just labelled Annex X – these are part of the following document DHSC/PHE/CQC/NHSE Admission and Care of Residents during COVID-19 Incident in a care home

Glossary

AGP: Aerosol Generating Procedure

ARI: Acute Respiratory Infection

Asymptomatic = someone with no symptoms

CCG: Clinical Commissioning Group

CPAP: Continuous Positive Airways Pressure

CQC: Care Quality Commission

DHSC: Department for Health & Social Care

Fomite: inanimate object e.g. table, door handle on which body fluids may sit and from which they can then be transferred (e.g. by touching and then rubbing face) to another person

FRSM: Fluid resistant surgical mask

HPT: Health Protection Team

ILI: Influenza Like Illness

LA: Local Authority

NHSE: National Health Service England

PHE: Public Health England

PPM: Parts per million

Symptomatic Resident and Staff Log sheet - Complete Daily for symptomatic cases:

Acute Respiratory Illness

In the event of an outbreak, this table will ensure important information is easily accessible

RESIDENT LOG SHEET								
Room	Name & Date of Birth	Date of last flu vaccine	Date of onset of symptoms	Symptoms *	Date seen by GP	Date swabbed (if swabbed)	Result	GP informed of test result
STAFF LOG SHEET								
Job Title	Name & Date of Birth	Date of last flu vaccine	Date of onset of symptoms	Symptoms *	GP Surgery	Date swabbed (if swabbed)	Result	Last day worked /comments

Symptoms * T = High Temp (>=37.8 C), C = Cough, LT/S = Loss of sense of taste or smell, ST = Sore Throat, RN = runny nose, FB = fast breathing/shortness of breath, CS = audible chest sounds, H= headache, LA = loss of appetite, AP = general aches /pains; O = Other symptoms [provide details] AD = Acute Deterioration in physical or mental ability (without another known source).