



Infection Prevention and Control Self-Assessment Tool for Care Homes Preparing for COVID-19 and Flu

This is an infection control assessment tool that can be used by care home managers to prepare for winter respiratory infections. This tool may also contain content relevant for assisted living complexes.

The items assessed support the key strategies of:

1. Keeping COVID-19 and Flu out of the care home
2. Identifying infections as early as possible
3. Preventing spread of COVID-19 and Flu in the care home
4. Using personal protective equipment (PPE)
5. Identifying and managing severe illness in residents with COVID-19 and Flu

The goal of the assessment is for Care Home Managers to identify their Flu and COVID-19-specific preparedness needs.

1. Keeping COVID-19 and Flu out of the care home	Comments
☐ a) Ensure all your residents are vaccinated against flu and COVID-19.	
☐ b) Ensure that all staff involved in residents care (including all women at any stage of pregnancy) have received their seasonal flu and COVID-19 vaccines in the autumn.	Your flu lead/champion can access the resources available from the PHE SW Immunisation and Screening Team. Care home GPs can now immunise care home staff. See Flu and Flu vaccination 2021/21: A toolkit for care homes
☐ c) Provide guidance to staff members who car share together.	See Coronavirus (COVID-19): safer travel guidance for passengers - GOV.UK (www.gov.uk)
☐ d) Encourage staff to maintain social distancing if they meet colleagues outside of work.	
☐ e) Provide education to residents on ways they can protect themselves.	See the leaflets for residents, staff and visitors in the Winter Readiness Toolkit for Care Homes and Residential Care .
☐ f) Inform residents of the actions being taken to protect them from winter infections.	
☐ g) Provide hand wash products that are gentle to the skin, to promote hand hygiene.	Skin soreness can be linked to using antibacterial soaps, insufficient rinsing and not drying hands properly. Ensure hands are wet before hand-wash is applied and dry thoroughly after washing. Staff may blame alcohol hand rub for hand soreness because it will cause stinging if applied to skin that is already sore.

2. Identifying infections as early as possible	Comments
☐ a) Provide training and awareness sessions for your staff.	
☐ b) Provide information for staff on what to do if they suspect an outbreak.	Print out the Care Staff Action Cards for Flu / COVID-19 and Gastroenteritis .
☐ c) Inform staff of the role of PHE Health Protection Team, so they know to contact PHE when advice is needed.	PHE Contact details are on the Action Cards above. Display the Poster How and when to contact the HPT in the care home for all staff to see
☐ d) Ensure staff know what to do and who in the care home to notify if they develop symptoms of infection.	Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection
☐ e) Ask residents to report if they are feeling unwell or have new symptoms.	
☐ f) Ensure staff know that older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms.	Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhoea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
☐ g) Have a plan for new admissions whose COVID-19 status is unknown.	Coronavirus (COVID-19): admission and care of people in care homes

3. Preventing spread of COVID-19 and Flu in the care home	Comments
☐ a) Keep a record of your staff and resident flu and COVID-19 vaccinations where senior staff can access it.	This information will help inform outbreak risk assessments. You can use the Capacity Tracker to capture vaccination uptake in your staff and residents
☐ b) Keep a record of any residents who have renal (kidney) impairment where staff can access it.	Having information on this makes prescribing flu antiviral medication residents easier, especially for the Out of Hours GP services. Document creatinine clearance, urea and electrolytes for each resident.
☐ c) Ensure your infection control policy and procedure documents are up to date.	Plan for how residents who develop COVID-19 and their close contacts will be handled. E.g. Prioritise for testing, isolation arrangements.
☐ d) Teach staff how they can use an outbreak chart to manage an outbreak.	See Checklist for COVID-19 and Flu Outbreaks in Care Homes
☐ e) Inform residents of what they need to do if there is an outbreak in the care home.	Includes hand hygiene, self-isolation, social distancing.
☐ f) Consider having a dedicated area to cohort residents with the same infection.	
☐ g) Consider how a dedicated team of staff can care for cohorted residents.	

4. Use of personal protective equipment (PPE)	Comments
☐ a) Ensure staff are trained in the use of PPE, donning, removal and disposal	see you tube video Putting on and removing PPE – a guide for care homes
☐ b) Show staff and visitors how to ensure PPE is correctly positioned for best fit.	See the information leaflet on PPE
☐ c) Assess the current supply of PPE and other critical items. Have a back-up plan if you don't have enough.	See PPE Portal https://nhs-ppe.co.uk/customer/authentication
☐ d) Implement measures to optimise the current PPE supply.	
☐ e) Have PPE available in all resident care areas.	
☐ f) Provide foot operated bins for the disposal of PPE items and used tissues.	If bins quickly fill up, consider having a large bin or increase frequency of emptying bins. Ensure waste containers are available for residents use in their rooms and in common areas.
☐ g) Audit compliance with PPE usage and hand hygiene on removal of PPE.	

5. Identifying and managing severe illness in residents with COVID-19 and Flu	Comments
☐ a) Staff are aware of the process to notify GP and other care providers about the health status of residents.	
☐ b) If a resident is transferred to another health or social care setting, the new setting and the people transporting them are aware if the resident is infectious and the measures needed to prevent spread to others.	
☐ c) There is a procedure in place for families to visit residents receiving end of life care.	
☐ d) If a resident dies unexpectedly, COVID-19 is considered as a possible cause.	Covid-19 swabs may possibly be taken at post-mortem.
☐ e) Provide training to staff on the care of the deceased	Staff need to know if any extra procedures are needed if a resident has died of an infectious disease.

If you require any further information to prepare of winter infections, email swhpt@phe.gov.uk