



UK Health  
Security  
Agency

# **Winter-readiness information for Adult Social Care Settings in the East of England**

## About the UK Health Security Agency

The UK Health Security Agency (UKHSA) 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.

UKHSA East of England Health Protection Team (EoE HPT) is one of 9 Regions in England and is located in 2 offices in the region:

1. First Floor Nexus, Harlow Innovation Park, Harlow, Essex CM17 9LX and
2. The Mildenhall Hub, Sheldrick Way, Mildenhall, Bury St Edmunds, Suffolk IP28 7JX

[www.gov.uk/ukhsa](http://www.gov.uk/ukhsa)

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## 1. Introduction

This document is divided into two main sections covering key messages on outbreak of respiratory infections including early detection, prompt notification and management of outbreaks, and gastroenteritis that occur more often in the cooler months of the year followed by a checklist in Section 4 to give busy Adult Social Care (ASC) settings managers the choice to quickly review what processes and plans they have in place compared to national guidance.

Planning and preparedness is an essential aspect of readiness for care settings in the community.

Residents and staff in nursing and residential care settings are particularly susceptible to infections, which increase over the winter months. Acute Respiratory infections (ARI) including COVID-19 and viral gastroenteritis such as Norovirus may also spread rapidly in these types of settings, resulting in high numbers of cases due to prolonged close contacts between residents, and through direct and indirect care provided by staff. Consequently, outbreaks of acute respiratory illness in ASC settings should be managed by immediate implementation of the **Outbreak Control measures** and notification to the UKHSA East of England Health Protection Team (EoE HPT) and other relevant agencies as per the Health and Social Care Act 2008.

In addition to standard precautions as detailed in the **National infection prevention and control manual (NIPCM) for England**, particular attention should be given to how ventilation can be improved. Ventilation is an important control to manage the risk of respiratory viruses including COVID-19. Letting fresh air into indoor spaces can help remove air that contains virus particles, dilute their effect, and prevent the spread of infection. The comfort and wishes of the persons living and working in those settings should be considered in all circumstances, for example balancing ventilation with the need to keep people warm. Rooms may be able to be re-purposed to maximise the use of well-ventilated spaces.

Further information regarding ventilation can be found in **IPC resource for adult social care** and **Ventilation of indoor spaces**.

To decrease the risk of infection from contaminated linen, **Guidance for linen processing within adult social care** was published in 2023 and it is important that your local policies and procedures for the management of linen are in line with this guidance.

## 2. Key messages for ASC settings managers on winter readiness

### A. Planning and preparedness ✓

- Ensure you have adequate supplies of personal protective equipment (PPE).
- Ensure your residents and service users are immunised against seasonal influenza and COVID-19.
- Ensure your staff (especially those in clinical risk groups/eligible) are immunised against seasonal influenza and COVID-19.

- Ensure that all your policies and procedures including Standard Operating Procedures and Business Continuity Plans are up to date and communicated to staff.
- Ensure the person in charge is aware of how to report outbreaks (See Box 1 in Section C below) to the relevant agencies and what information is required for reporting.

#### B. Recognise respiratory outbreaks ✓

- You should consider the possibility of an outbreak where you have 2 or more cases of a particular illness within 5 days with a link to the ASC setting. In the first instance, you can seek confirmation of the diagnosis by using Lateral Flow Devices (LFD) for those eligible for COVID-19 treatments to exclude COVID-19 before reporting a suspected outbreak.
- Symptomatic testing with LFDs is advised only for those eligible for COVID-19 treatments during suspected outbreaks in ASC settings.
- People who test positive for COVID-19 can return to their usual activities after 5 days if they feel well and no longer have a high temperature. Testing is no longer required for individuals to return to normal before 10 days following a positive test.
- For outbreak identification purposes, only testing of the first 5 residents with symptoms of a respiratory infection will be arranged via the Community Provider for testing in the EoE HPT region. This is in addition to ongoing LFD testing for symptomatic individuals eligible for COVID-19 treatments. Note that COVID-19 PCR and whole home testing are no longer required for routine outbreak management.
- Outbreak measures can be lifted 5 days after the last suspected or confirmed case.
- There is no difference between advice for small care homes and other care homes.
- The EoE HPT can advise wider testing where there are specific concerns.

#### C. Report Respiratory outbreaks to your Local Health Protection Team seven days a week ✓

If you suspect an outbreak of respiratory illness in your ASC setting/care home, report this immediately to the residents' General Practitioner (GP) for clinical assessment during practice hours or NHS 111 out of hours. **Since 07/03/2024, you no longer need to notify a suspected respiratory outbreak to the East of England Health Protection Team (HPT) by phone or email. Respiratory outbreaks are now notified via CareOBRA**, which is an electronic web-based reporting tool for ALL respiratory outbreak including COVID-19 using the link or the QR code below –

Care Outbreak Risk Assessment (Care OBRA) Tool for Acute Respiratory Infections ([ukhsa.gov.uk](https://ukhsa.gov.uk))



See Box 2 in Section 3 below.

Prompt reporting of suspected outbreaks is essential to implement timely and effective control measures.

To minimise risk to people who receive care and support, social care providers should encourage and assist all their staff to get their seasonal vaccines. As a health and social care worker, you are eligible to access to the flu and COVID-19 vaccines – see [National Guidance](#) and [Eligibility for COVID-19 vaccine in Green Book](#).

Your employer can assist in the provision of the flu vaccination. They may do this by arranging for you to be vaccinated at your place of work or by arranging for you to be vaccinated off-site. Your employer should let you know which scheme they are running. If not, please ask them.

**D. Report outbreaks of diarrhoea and vomiting (2 or more linked cases) to the EoE HPT seven days a week ✓**

Outbreaks of diarrhoea and vomiting should be reported to the HPT on 03003038537 or emailing [eastofenglandhpt@ukhsa.gov.uk](mailto:eastofenglandhpt@ukhsa.gov.uk) as soon as they are recognised. See Box 2 in Section 3 below.

### 3. Acute Respiratory Infection (ARI) including Influenza and COVID-19

Covid-19 and other respiratory viruses are likely to co-circulate this winter. It may be difficult to distinguish between symptoms of COVID-19, influenza, and other respiratory viruses.

In addition, ASC settings/care home residents may not present with classical symptoms of COVID-19 or influenza. Therefore, non-COVID ARI should also be considered if there is a sudden deterioration in physical or mental health, with or without fever. Investigations into outbreaks of acute respiratory illness in ASC settings will need to consider the possibility that the outbreak is caused by COVID-19, influenza, or other respiratory viruses. Testing suspected ARI cases (who are eligible for COVID-19 treatments) with LFDs is quick and allows you to establish if COVID-19 may be the cause but note that it will not exclude concurrent circulation of other respiratory viruses.

Where an outbreak of respiratory illness is suspected, the ASC setting should contact the residents' GP for clinical assessment. **Since 07/03/2024, you no longer need to notify the suspected outbreak to the East of England Health Protection Team (HPT) by phone or email. Respiratory outbreaks are now notified via CareOBRA**, which is an electronic web-based reporting tool for ALL respiratory outbreak including COVID-19 using the link or the QR code below –

## Care Outbreak Risk Assessment (Care OBRA) Tool for Acute Respiratory Infections ([ukhsa.gov.uk](http://ukhsa.gov.uk))



The CareOBRA Tool is available at all times of the day or night for ASC staff to notify respiratory outbreaks and allow them to gather all the information required to facilitate the risk prioritisation automatically. Note that out of hours, if an outbreak is designated as High Risk, the ASC setting will be advised to call the Out of Hours Service to discuss the outbreak and instigate control measures. The HPT will risk assess and may arrange additional swabbing to detect influenza and other respiratory viruses. This is so that appropriate antiviral medication can be provided if influenza virus is detected to treat and prevent further cases.

### Conditions which may increase the risk of serious influenza illness\*

- Neurological, hepatic, renal, pulmonary, and chronic cardiac disease
- lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
- a kidney disease
- clinical obesity (BMI of 40 and above).
- Diabetes mellitus
- pregnancy
- a chest complaint or breathing difficulties, including bronchitis, emphysema, or severe asthma
- a problem with your spleen, e.g. sickle cell disease, or you have had your spleen removed
- a heart problem
- had a stroke or a transient ischaemic attack (TIA)
- liver disease

Box 1: This list is not exhaustive. For full details refer to 'Immunisation against infectious disease'

### Reporting of outbreaks:

1. Respiratory infections – since 07/03/2024, respiratory outbreaks are notified via the CareOBRA Notification Tool available at: [Care Outbreak Risk Assessment \(Care OBRA\) Tool for Acute Respiratory Infections \(ukhsa.gov.uk\)](http://ukhsa.gov.uk)
2. Diarrhoea and vomiting outbreaks continue to be reported to the East of England HPT on 03003038537 or emailing [EastofEnglandHPT@ukhsa.gov.uk](mailto:EastofEnglandHPT@ukhsa.gov.uk) (during office hours Monday to Friday)

For out of hours and weekends call the same number as above.


Box 2 – how to notify outbreaks in and out of hours.

## 4. Adult and Social Care planning checklist for ARI including seasonal influenza (flu) and COVID-19

Below is a quick guide to check what processes and control measures should be available to effectively recognise, initiate control measures, and notify relevant agencies such as the UKHSA or commissioners.

<b>CHECKLIST: Actions to prepare for cases of respiratory illness (inc. seasonal flu and Covid-19)</b>	✓	X
<b>Keeping COVID-19 and flu out of Adult Social Care Settings</b>		
1. Ensure all your eligible residents are vaccinated against flu and COVID-19.		
2. Ensure that all staff involved in patient care have received their seasonal flu vaccine and COVID-19 booster in the autumn before any outbreaks of flu. <ul style="list-style-type: none"> <li>Further information is in the Flu vaccination <a href="#">National Guidance</a>.</li> </ul>		
3. Ensure staff are familiar with general Infection Prevention and Control (IPC) Guidance for Adult Social Care (ASC). Useful links: <ul style="list-style-type: none"> <li><a href="#">IPC in ASC settings</a></li> <li><a href="#">COVID-19-supplement to IPC measures in ASC settings</a></li> </ul>		
4. Ensure staff know how to contact their line manager if they have an infectious illness before coming to work.		
5. Reinforce knowledge of staff and residents about hand and respiratory hygiene. Free respiratory and hand hygiene posters and resources e.g. <b>Catch it, Bin it, Kill it</b> are available <a href="#">here</a> .		
6. Ensure that liquid soap and disposable paper towels are available, and/or alcohol-based hand rub (at least 70% alcohol content), in every room and communal areas, and stock levels are adequately maintained.		
7. If possible and safe to do so, use alcoholic handrubs in places where hand washing facilities are not available (e.g. entrances/exits, residents' lounge, dining room), and maintain supplies. If this is not possible based on risk assessment, consider staff using individual containers.		
<b>Identifying infection as soon as possible</b>		
8. Early recognition of a respiratory illness including influenza, COVID-19 or other respiratory outbreak amongst staff and/or residents is vital (i.e. two or more cases in last 5 days, linked by time, place, where they live or work). Provide training and awareness sessions for your staff on symptoms and signs of COVID-19 and Flu and what to do if they identify an outbreak (Ensure staff know that older adults with COVID-19 and flu may not show typical symptoms such as fever or respiratory symptoms). See Item 9 below for more information.		



<p>9. Inform your staff of the role of UKHSA East of England HPT, so they know when and how to notify outbreaks of respiratory illnesses.</p> <p>Respiratory outbreaks are now notified via CareOBRA, which is an electronic web-based reporting tool for ALL respiratory outbreak including COVID-19 using the link or the QR code below – <a href="#">Care Outbreak Risk Assessment (Care OBRA) Tool for Acute Respiratory Infections (ukhsa.gov.uk)</a></p>  <p>See Section 2: <b>Box 2 – how to notify outbreaks in and out of hours in Section 3 above</b></p>		
<p>10. Monitor for symptoms or ask residents to report if they are feeling unwell or have new symptoms</p>		
<p>11. Ensure staff know when to request clinical assessment of residents/service users by their GP/Community Matron</p>		
<p><b>Preventing Spread of COVID-19 and Flu in ASC Settings</b></p>		
<p>12. Maintain high standards of record keeping in the event of an outbreak of ARI 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 setting, location of cases and their flu vaccination status)</p>		
<p>13. Keep a record of your staff and resident flu and COVID-19 vaccinations where staff in charge can access it. This information will help inform outbreak risk assessments.</p>		
<p>14. 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 providers. Document creatinine clearance, urea and electrolytes for each resident.</p>		
<p>15. Ensure your infection control policy and procedure documents are up to date. Plan for higher than usual number of residents requiring self-isolation and Business Continuity Plans in case of staff shortage.</p>		
<p>16. Inform residents of what they need to do if there is an outbreak in your setting (includes hand hygiene, respiratory hygiene and self-isolation)</p>		
<p>17. Consider having a dedicated area to cohort residents with the same infection</p>		
<p>18. Consider how a dedicated team of staff can care for cohorted residents</p>		
<p>19. Ensure linen management systems are in place as well as clinical waste disposal systems, including foot operated bins.</p>		
<p><b>Use of personal protective equipment (PPE)</b></p>		
<p>20. Ensure staff are trained in the use of PPE.</p>		
<p>21. Show staff and visitors who provide direct care to their loved ones how to ensure PPE is correctly positioned for best fit.</p>		

22. Ensure that PPE is readily available in all residents' care areas. Assess the current supply of PPE and other critical items. Have a back-up/Business Continuity plan if you do not have enough.		
23. Provide foot operated bins for the disposal of PPE items and used tissues.		
24. Audit compliance with hand hygiene and PPE usage.		
<b>Identifying and managing COVID-19, Flu and other respiratory viruses' outbreaks</b>		
25. Outbreaks of respiratory illness should be reported promptly to the East of England HPT via CareOBRA. Inform all staff of the role of HPT, so they know when and how to notify outbreaks of respiratory illnesses.  See Section 2: <b>Box 2 – how to notify outbreaks in and out of hours in Section 3 above.</b>		
26. Staff are aware of the process to notify GP and other care providers about the health status of residents.		
27. If a resident is transferred to another health or social care setting, the new setting and the people transporting them should be informed of an outbreak in the setting, and if the resident is infectious and the measures needed to prevent spread to others.		
28. When notified, the HPT can advise on and arrange testing for respiratory viruses, based on risk assessment including sourcing antivirals when flu is confirmed to be circulating the setting.		
29. Inform the EoE HPT when there are respiratory infection-related hospitalisations, deaths, operational issues, or evidence of continued transmission despite all precautions		
30. There is a procedure in place for families to visit residents during outbreaks, in line with <b>national guidance</b> and <b>Supporting safer visiting in care homes during infectious illness outbreaks guidance</b> .		
31. Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, detergent). Frequency of cleaning should be increased in an outbreak and as necessary.		
Date completed:		
Completed by:		
<b><u>Notes and Action Plan can be added here</u></b>		

## 5. Adult and Social care planning checklist for Norovirus season

Actions to prepare for Norovirus (winter vomiting bug) season	✓	X
<b>Infection control precautions</b>		
1. Ensure infection control policies and procedures are up to date, read and followed by all staff.		
2. Conduct infection prevention and control audits regularly. Educate staff on the importance of hand hygiene and the appropriate technique, especially during outbreaks.		
3. Ensure that <u>liquid soap and disposable paper hand towels</u> are available in all toilets and communal bathrooms, including individuals' room/end-suite ( <b>NB: alcohol hand gel is of limited effectiveness against norovirus or Clostridium difficile</b> )		
4. Ensure that Personal Protective Equipment (PPE) is available and kept outside affected residents' rooms – i.e. disposable gloves, aprons.		
5. Ensure linen management systems are in place as well as clinical waste disposal systems including foot operated bins.		
<b>Reporting to the local health protection team</b>		
6. 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, place, where they live or work).		
7. Outbreaks of D&V should be reported promptly to the EoE HPT by calling 03003038537 or emailing <a href="mailto:EastofEnglandhpt@ukhsa.gov.uk">EastofEnglandhpt@ukhsa.gov.uk</a> for a full risk assessment and further guidance (even if care home is already aware of local diarrhoea and vomiting outbreak management guidelines).		
<b>Diarrhoea and/or vomiting outbreak control measures</b>		
8. Immediate control measures to be put into place when an outbreak of D&V is recognised are: <ul style="list-style-type: none"> <li>• Isolation of residents/affected staff until clear of symptoms for 48 hours</li> <li>• Cohorting of affected residents/staff on a separate floor or wing of the home if possible</li> <li>• Enhanced cleaning of the environment with a detergent followed by hypochlorite solution and rinsing.</li> <li>• Effective hand washing with liquid soap and water (<b>DO NOT use alcohol-based hand rub as this has limited effectiveness against some diarrhoeal diseases</b>).</li> </ul>		
9. Brief all staff on infection prevention and control measures during the outbreak e.g. during handover sessions throughout the day.		
10. Care home manager should organise stool sample collection for affected residents as requested by either the home GP or the EoE HPT.		
11. Maintain high standards of record keeping to assist with investigation of the outbreak and help identify the source of the infection by keeping a 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. You do not need to share this with the EoE HPT unless requested.		
12. Remove all alcoholic handrubs in use in the event of a D&V outbreak, as this has limited effectiveness against some diarrhoeal diseases.		

<p>13. Admissions/discharges should be suspended until the home has had no new cases for 48 hours and outbreak is declared over. <b>However, this is based on risk assessment of the Care Home Manager, the resident and their loved ones as delaying discharges/admissions can have detrimental effect on the resident.</b></p>		
<p>14. Ensure residents are clinically assessed by their GP and rehydrated adequately especially if you are concerned.</p>		
<p>15. Transfer of residents to hospital or other institutions should be avoided unless medically required. If a transfer is necessary, inform the ambulance provider AND the receiving hospital/institution of the outbreak or if the resident is infectious. This should be done before arrival to the new setting verbally and in writing if possible.</p>		
<p>16. 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. Take advice from the EoE HPT on excluding peripatetic staff such as occupational therapists and physiotherapists during an outbreak.</p>		
<p>17. Refer to the <b>Norovirus Poster</b> online for further information which can be displayed for staff and visitors in the care home.</p>		

## 6. Resources

### **Guidelines for the management of outbreaks of influenza-like-illness in care homes**

[Influenza-like illness \(ILI\): managing outbreaks in care homes – GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/influenza-like-illness-managing-outbreaks-in-care-homes)

### **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](https://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](https://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>

Further information and leaflets on flu can be found at

[www.gov.uk/government/collections/annual-flu-programme](https://www.gov.uk/government/collections/annual-flu-programme)

### **General infection control resource**

COVID-19: infection prevention and control (IPC)

<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings>

**COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK**

([www.gov.uk](https://www.gov.uk))

### **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>

### **Norovirus**

#### **Poster**

Further information is available in this **Norovirus Poster** which be displayed for staff and visitors in the care home

#### **Guidance**

<https://www.gov.uk/government/publications/norovirus-managing-outbreaks-in-acute-and-community-health-and-social-care-settings>