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Public Health, Health Protection

Outbreak Management:
An information resource for care homes

Infection Prevention & Control

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CONTENTS

Resources:

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1. INTRODUCTION

Good standards of infection prevention & control (IPC) reflect the overall quality of care delivered and can promote confidence in the quality of care residents and their families receive. In addition, The Health & Social Care Act 2008 and its associated "*Code of Practice on the prevention and control of infections and related guidance*" (Revised 2015)[1] outlines the x10 criterion which apply to all registered providers of healthcare and adult social care in England.

The purpose of this document is to ensure service users are cared for in a safe, clean environment, where the risk of healthcare associated infections are kept to a minimum, to protect service users from avoidable harm.

2. OBJECTIVES

Some infections can spread easily in enclosed settings, and can result in serious and sometimes life threatening scenarios. It is therefore essential that staff members remain vigilant and are able to identify and take prompt action to report and manage any outbreak.

Therefore, the aims of this pack are:

(i) to provide residential and nursing homes with clear guidance on infection prevention & control (IPC) precautions for protecting residents and staff from acquiring infection.

(ii) to restrict the spread of any infection through proactive management and reporting, in the event an infection should occur and

(iii) to clarify communication to promote robust outbreak reporting

3. DEFINITIONS

An '***outbreak***' is an incident where two or more people have the same disease or similar symptoms and are linked in time, place and/or association of person. An outbreak may also be defined as a situation when the observed number of cases unaccountably exceeds the expected number at any given time.

An '***incident***' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

4. RECOGNISING ILLNESS

Certain illnesses may have specific signs and symptoms e.g. flu-like illnesses have sudden onset of fever, headache, sore throat or cough but older people may present with unusual signs and

[1] Dept of Health (2015); Health & Social care Act 2008: *Code of Practice on the prevention and control of infections and related guidance*

symptoms – they may not have a fever, but they may present with a loss of appetite, unusual behaviours and/or a change in mental state.

5. Risk Assessment

It is essential to assess the risk of infection to residents and staff, to ensure that all precautions can be put in place, to include (where necessary) hand washing for staff, residents and visitors, isolation of affected residents, access to and use of personal protective equipment (PPE), management of waste, management of linen, staff uniform, cleaning of the environment and deep cleaning affected areas at the conclusion of the outbreak – *See Appendix 1 for Outbreak Checklist*

6. Reporting & Escalation

Table 1: Reporting an Outbreak

An ***'outbreak'*** is an incident where two or more people have the same disease or similar symptoms and are linked in time, place and/or association of person. An outbreak may also be defined as a situation when the observed number of cases unaccountably exceeds the expected number at any given time.

↓

Two or more residents/staff affected with symptoms

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1. **Report to LCC Health Protection Team**
   (Mon-Fri 8am-6pm)
   Tel: 01522 552993
   OR
   Email:healthprotectionteam@lincolnshire.gov.uk

2. **Report to Public Health England**
   (If out of LCC IPC hours)
   Tel: 0344 225 4524 – option 1

3. **Environmental Health (Local District Council)**

4. **Consider: Care Quality Commission**

7. ROLE OF AGENCIES

Infection Prevention & Control Team Public Health, Health Protection Lincolnshire County Council Tel: **01522 552993 [In Hours]** Email:healthprotectionteam@lincolnshire.gov.uk	A Lincolnshire public health team, with specialist staff employed by County Council, to provide Infection Prevention & Control advice
Public Health England (East Midlands) Seaton House London Road Tel: **0344 225 4524 – Option 1 [Out of Hours]**	Public Health England (PHE) provide specialist support to prevent and reduce the impact of: • Infectious disease cases and outbreaks • Chemical and radiation hazards • Major emergencies
Environmental Health District Council	Environmental Health Officers are based within District Councils and work with local partners to address the wider determinants of health, including food safety, housing standards, health and safety, air quality, noise and environment issues.
Adult Social Care Commercial Team Lincolnshire County Council Email:CommercialTeamPeopleServices@lincolnshire.gov.uk	Commissioning and contract officers carry out reviews and work with residential care homes to gain assurance that service providers are delivering quality care for service users. During contract management meetings, the officers observe practice, the environment, review policies and guidance, evaluate service user records and care plans, discuss staff training and support, review training records and quality monitoring

8. IMMUNISATION & VACCINATIONS FOR STAFF & RESIDENTS

All staff should have access to Occupational Health services to assess vaccination and immunisation requirements of employees to ensure all staff are up to date with the UK immunisation schedule. In addition, all health and social care staff should be offered Hepatitis B vaccination, annual influenza vaccination, and other immunisations as appropriate for specific roles.

Influenza is a highly infectious acute viral infection of the respiratory tract. Influenza vaccination of health and social care staff aims to:

- Reduce the transmission of influenza within health and social care premises
- Contribute to the protection of individuals who may have a suboptimal response to their own immunisations
- Avoid disruption to services that provide their care

Lincolnshire County Council (LCC), in partnership with Public Health England (PHE) and NHS England (NHSE), is committed to supporting the annual National Flu campaign, to promote, safe, effective care for service users. The following information provides guidance for the recommended vaccinations for staff and service users.

For more detailed information, please consult the Green Book, available at; https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Service users:	**Annual seasonal influenza vaccination** is recommended for all service users living in and/or receiving residential care, where a rapid spread of infection is likely and can cause high rates of morbidity and mortality. Some people can be at greater risk of developing complications, (typically pneumonias) from influenza and becoming more seriously ill. These include people with complex medical conditions including chronic lung, heart, kidney, liver, neurological diseases; those with diabetes mellitus and those with suppressed immune system. **Pneumococcal vaccination** is recommended for all service users over the age of 65 years should receive one dose of pneumococcal vaccine. A single dose is also recommended for service users under the age of 65 years who are at increased risk from pneumococcal infection, including people with a heart condition, chronic lung disease and chronic liver disease. **Shingles vaccination** service users may be eligible for the shingles vaccine if aged 70 or 78 years old. In addition, anyone who was previously eligible (born on or after 2 September 1942) but missed out on their shingles vaccination remains eligible until their 80th birthday. When you're eligible, you can have the shingles vaccination at any time of year. The shingles vaccine is not available on the NHS to anyone aged 80 and over because it seems to be less effective in this age group.

	Covid vaccination: Those over the age of 65 years have by far the highest risk from Covid-19 infection, and the risk increases with age. Residents in care homes for older adults have been disproportionately affected by the Covid-19 pandemic. Evidence from the UK indicates that the risk of poorer outcomes from Covid-19 infection increases dramatically with age in both healthy adults and in adults with underlying health conditions. The service users should receive 2 doses of the vaccine. Reinforcing immunisation booster doses of the Covid-19 vaccine are not yet recommended because the need for, and timing of, boosters has not yet been determined. **Other vaccinations** where underlying medical conditions indicate (i.e. Hepatitis A vaccination for those with chronic Hepatitis B infection.
Staff:	**Influenza vaccination** is strongly recommended for all health & social care staff with direct patient/service user contact, including residential care home and domiciliary care staff. Staff immunisation may reduce the transmission of influenza to vulnerable service users, reducing the risk of avoidable harm, some of whom will have impaired immunity. **Hepatitis B** for staff coming into contact with service users' blood, blood stained body fluids or body tissues. **Covid vaccination** is recommended for those working in long-stay residential and nursing care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. Health and social care staff should receive 2 doses of the vaccine. Reinforcing immunisation booster doses of the Covid-19 vaccine are not yet recommended because the need for, and timing of, boosters has not yet been determined. Other vaccinations where underlying medical conditions indicate (i.e. Hepatitis A vaccination for those with chronic Hepatitis B infection).

9. General principles of Outbreak Management

It is important to recognise potential outbreaks promptly and for care staff to implement control measures as soon as possible to prevent further cases. Staff must be aware of the signs of infection, particularly in the elderly, e.g. fever, diarrhoea or vomiting, unexpected falls and confusion. They must also know to report these signs immediately to senior management staff when they occur.[2]

Every residential care home should have an outbreak management plan that clearly outlines communication procedures and defines what information needs to be collated.

To reduce the risk of cross contamination and prevent spread, key principles that need to be applied are (Table 2):

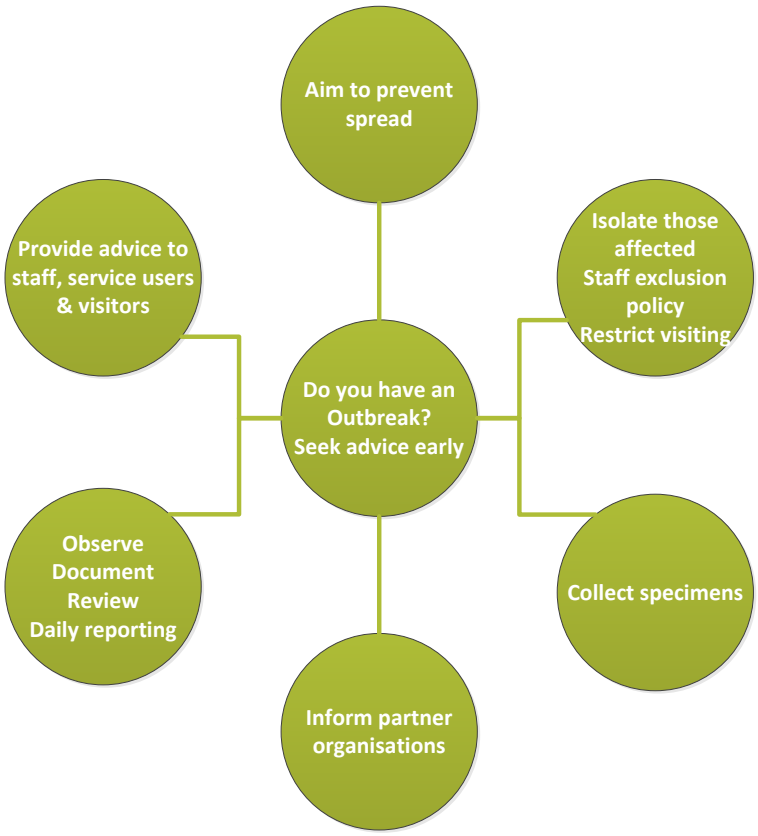
- inform and seek advice early
- isolate those that are affected
- restrict visiting
- implement the staff exclusion policy
- take samples
- inform partner organisations e.g. GP, community nurses
- maintain robust records and provide daily updates, restrict visiting
- provide advice to staff, service users and family/friends

The following information should be kept for residents with suspected or confirmed infections or infectious disease, to include; name, age, date of birth; GP name & address; date of onset of symptoms and cessation of symptoms; type of symptoms; samples taken (and sent); diagnosis; source of infection (if known); contacts – family, staff, visitors; outcome; whether the case was notified/reported (and date of reporting). Information should also be kept for any staff members that develop similar symptoms.

Examples of forms that can be used to separately record the names of affected staff and affected residents can be found in Appendix 3 and 4.

[2] Department of Health (2013) Prevention & control of infection in care homes – an information resource. Available at: https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published (accessed 31/03/21).

Table 2: General Principles of Outbreak Management



10. ACTIONS

A number of supportive action cards are outlined as a source of specific guidance, to include:

A. Diarrhoea and Vomiting
B. Clostridium difficile
C. MRSA
D. Influenza-like illness
E. Covid-19
F. Scabies

DIARRHOEA AND/OR VOMITING ACTION CARD		Tick
Please consider all the actions below (mark as not applicable [NA] as necessary)		
Definition of D&V outbreak is; ***Two or more cases of diarrhea and/or vomiting – with evidence of bowel movements which indicate Bristol Stool Chart grading 6 or 7, which are unusual to the resident(s) and/or staff members normal bowel action.***		
1.	**In Hours - Inform the LCC Infection Prevention & Control (IPC) Team – Tel: 01522 553729** The IPC Team will be your first point of contact during an outbreak. Upon notification of the outbreak, the IPC team will cascade this information to the Whole Health Economy IPC group and will notify Public Health England on your behalf. The IPC team will provide daily support and advice – the information they will require on a daily basis is as follows; ○ Total number of staff affected ○ Total number of residents affected ○ Number of newly affected residents (per 24 hours) ○ Number of newly affected staff (per 24 hours) ○ Number of residents who continue to be symptomatic ○ To maintain robust record keeping and reduce the risk of confusion it is recommended that all resident/staff initials are used to report those affected.	
2.	**Out of Hours - Inform Public Health England Tel: 0344 225 4524 (option 1)** They will require the following information; ○ Name, address and telephone number of affected home ○ Onset of symptoms – date and time ○ Total number of residents in the home ○ Total number of staff employed in the home ○ Number of symptomatic residents and staff, at time of reporting outbreak	
3.	**Consider informing Environmental Health** (if food poisoning is suspected) These are the questions that Environmental Health may ask: ○ Number of meals per day - residents and staff? ○ If staff have been ill, consider if they have eaten from the care home? ○ Are day visitors catered for? And if so, how many? ○ Do you use a distribution kitchen? E.g. are hot meals sent offsite to another satellite kitchen? If so, where? And how many? Has this ceased during the current outbreak? ○ How many residents and staff are ill, time, onset date, symptoms? ○ Have kitchen staff been contacted about possible symptoms? ○ Have any household contacts for kitchen staff & care assistants been unwell with diarrhoea and vomiting symptoms? ○ Are kitchen staff aware of the 72 hour rule for exclusion? ○ Has anyone vomited in the dining room? **Environmental health staff may wish to conduct a site visit, to ask further questions**	
4.	**Care Quality Commission** do not routinely need to be informed, but this documentation can be used to provide evidence for your CQC inspection	
5.	**Staff Actions:** ○ **Report** ALL cases of diarrhoea and vomiting to the person in charge ○ **Document** the details of all symptomatic residents and staff cases on the outbreak management charts – **See Appendix 3 (Staff monitoring form) and Appendix 4 (Residents monitoring form)** ○ **Close the home to;** ▪ Admissions (Postpone non urgent transfers and assess non urgent hospital outpatient appointments - If hospital appointments are essential and this can	

	be discussed with the health professional the resident is due to see, inform the nurse in charge about the outbreak so that they can arrange for the resident to be seen possibly at the end of the day and as quickly as possible avoiding exposure to other people). ▪ Hairdressers, chiropodists and activity co-ordinators	
6.	**Day Centre's** should be closed, unless they can be accessed independently from the home and do not share staff with the home or receive meals from the home's kitchen.	
7.	**Inform visitors of the closure** Put a poster on the entrance of the home **(see resources enclosed)** to inform visitors there is an outbreak. Everyone who attends the home needs to report to the person in charge. Visitors are advised to stay away until the home is 72 hours free of symptoms.	
8.	**Inform the affected residents GP** In addition, all visiting health care staff must be made aware of the outbreak, to include community nurses, physiotherapists, occupational therapists and pharmacists. Non-essential care must be deferred until after the outbreak and **ALL visiting staff MUST wash their hands on entering the premises and on departure. Alcohol hand rub is NOT a suitable alternative.**	
9.	**If a resident requires an emergency admission to hospital**, the home manager (or designated deputy) must inform the ambulance service (EMAS) and Accident & Emergency Department (or the admitting ward), of the homes outbreak (regardless of whether the resident is affected), so the resident can be suitably isolated. In addition the home manager must complete a **Transfer Form – see appendix 6.**	
10.	**Isolate the affected residents until they have been symptom free for 72 hours, particularly those with vomiting.** Where residents are difficult to isolate (EMI units) try as much as possible to cohort the residents that are symptomatic into one area.	
11.	**Staff Rota** To minimise cross contamination of unaffected areas, cohort staff to provide care to affected versus non affected residents and avoid moving staff between homes and floors, until the conclusion of the outbreak.	
12.	**Stool Specimens** Commence affected residents on a **Stool Monitoring Form - see appendix 5.** Consider taking a stool specimen, which must fill half the specimen pot and MUST be watery diarrhoea (Bristol Stool 6/7 - NOT formed stools). The specimen can still be taken even if it is mixed with urine and it is alright to scoop the sample from the toilet or from an incontinence pad. Sampling early may identify the cause of the outbreak and halt the need to take further samples. Samples must be labelled clearly with the affected resident/staff details, the name of the home followed by '***outbreak***' and the tests requested as '***M, C & S and virology***'.	
13.	**Staff Exclusion Policy** Exclude all staff with symptoms until they have been asymptomatic for 48 hours. Staff should be advised to submit stool samples to their GPs and must be advised not work in any other care home until symptom free for 48 hours.	
14.	**Eating and Drinking** Staff must not eat and drink except in designated areas, e.g. dining room or staff room. Open boxes of chocolates and fruit bowls must be removed and discarded in an outbreak.	
15.	**Staff Uniform** All staff should change out of their uniforms prior to leaving their place of work and wear a clean uniform daily. If uniforms are laundered at home they should be washed immediately, on a separate wash to other laundry and at the highest temperature the	

	material will allow. Staff should wear disposable gloves and aprons whilst cleaning and when attending to personal care. Gloves and aprons should be changed between service users.	
16.	**Cleaning** **Ensure the home is thoroughly cleaned daily** using a hypochlorite (chlorine based) solution 1000 parts per million (e.g. Milton 1:10). To achieve this, dilute 1 Milton 4g tablet in 500mls water, or add 1 part Milton 2% solution to 10 parts water.) ○ All eating surfaces, toilet areas, sluice areas and laundry should be cleaned twice daily ○ Commodes and toilet seats must be cleaned after each use ○ Points of contact e.g. door handles, light switches, toilet flushes must be cleaned frequently throughout the day ○ Vomit and/or faecal spillages must be covered immediately with disposable paper roll/towel before removing the spillage. Once removed, clean the surrounding area with hot soapy water, followed by disinfection with the **hypochlorite** solution of 1000 parts per million. Always clean a wider area than is visibly contaminated ○ Carpets contaminated should be cleaned with hot soapy water (or a carpet shampoo), once the spillage has been removed with paper towels. The carpet should then be shampooed and/or steam cleaned **Always wear an apron and gloves when disposing of faeces/vomit**	
17.	**Macerator/bedpan washer** Access to an operational macerator or bedpan washer is essential during an outbreak to reduce all risks of cross contamination. All faults must be dealt with immediately as urgent. If you do not have access to either, identify a designated toilet to decant commode contents but do not allow residents to use the toilet until the outbreak is concluded.	
18.	**Reopening** ○ The Infection Prevention & Control Team (Tel: 01522 553729) will advise when the home can re-open ○ The affected home should not be reopened until it has been free of symptoms for 72 hours ○ Prior to re-opening, a thorough 'deep clean' should take place of all affected rooms; this means that all floors, surfaces and equipment should be thoroughly cleaned, flooring washed/shampooed or steam cleaned, with curtains put through a wash cycle ○ Electrical items such as telephones and computer key boards also need to be cleaned with a (damp but not wet) cloth.. Followed by a disinfectant wipe.	

CLOSTRIDIUM DIFFICILE ACTION CARD		Tick
Please consider all the actions below (mark as not applicable [NA] as necessary)		
1.	If you have a resident who is Clostridium difficile positive, follow the Department of Health's '**SIGHT**' advice, as outlined below; **S** – **Suspect** a case may be infectious where there is no other cause for diarrhoea **I** – **Isolate** resident while you investigate until clear of symptoms for 72 hrs **G** – **Gloves** & aprons to be used for all contact with the resident & their environment **H** – **Hand** wash with soap & water - before and after each contact with the resident & their environment. Alcohol gel **does not work** against Clostridium difficile **T** – **Test** the stool - Inform the resident's GP & immediately send a specimen to request Clostridium difficile screening (if three or more instances of Bristol Stool Chart type 5, 6 or 7, within 24 hours] – **see appendix 1.** Please contact the LCC Infection Prevention & Control Team if any of your residents has recently been discharged from hospital and was diagnosed with Clostridium difficile whilst in hospital.	
2.	The GP should review any antibiotics that the resident is taking.	
3.	Other medication such as laxatives and other drugs that may cause diarrhoea should also be reviewed.	
4.	Ensure that fluid intake is recorded, and that it is adequate.	
5.	Record all bowel movements on a stool chart, in line with the Bristol Stool Chart.	
6.	All residents with diarrhoea should be isolated in their own room until they are symptom free for a minimum of 72 hours.	
7.	Re-enforce Standard Infection Control Precautions to all staff.	
8.	Residents must be assisted to wash their own hands after using the toilet, commode and/or bedpan.	
9.	Wear disposable gloves and aprons when carrying out **any** care (i.e. not only when contact with blood and/or body fluids is anticipated).	
10.	If the affected resident does not have their own en-suite toilet, use a dedicated commode (i.e. for their use only), which can remain in their room until they are well. Identify a dedicated area where the commode contents will be decanted.	
11.	Treat all linen as infected, and place directly into a water-soluble bag prior to removal from the room – handle with gloves and apron.	
12.	Routine cleaning with warm water and detergent is important to physically remove any spores from the environment. This should be followed by wiping all hard surfaces with a chlorine based (1000ppm) disinfectant.	
13.	Ensure that visitors wash their hands with soap and water at the beginning and end of visiting.	
14.	It is important to ensure there are adequate stocks of liquid soap, paper towels, single-use gloves, plastic aprons and pedal operated bins.	
15.	It is not necessary to send further stool samples to the laboratory to check whether the resident is free from infection.	
16.	Symptoms may recur in about one in five people. If this happens, inform the GP and maintain all enhanced precautions.	

MRSA ACTION CARD Please consider all the actions below (mark as not applicable [NA] as necessary)		Tick
Like any other resident, those with MRSA should be helped with handwashing if they are unable to do so for themselves. They should be encouraged to live a normal life without restriction but there is need to consider the following.		
1.	Affected residents with open wounds should be allocated single rooms where possible	
2.	Residents with MRSA can share a room but NOT if they or the person they are sharing with has open sores or wounds, urinary catheters or other invasive devices	
3.	They may join other residents in communal areas such as sitting or dining rooms, as long as any sores or wounds are covered with an appropriate dressing, and regularly changed	
4.	Staff members with eczema or psoriasis should not perform intimate nursing care on residents with MRSA	
5.	Staff members should complete procedures for other residents before attending to residents with MRSA	
6.	Staff should perform dressings and clinical procedures in the individuals own room	
7.	Isolation is not generally recommended, and may have adverse effects upon resident's mental and physical condition unless there are clinical reasons such as open wounds.	
8.	Inform hospital staff if the person is to attend the Out-patients Department or be admitted to hospital	
9.	Screening of residents and staff is not necessary in Care Homes. If for any reason it is being considered, contact Public Health England for advice. In such cases, also inform the GP who may send wound swabs for investigation	
10.	Contact LCC IPC team for any resident with MRSA who has a post-operative wound, urinary catheter or invasive device	
11.	If a resident does become infected with MRSA, contact their GP who should contact the Microbiologist for advice on treatment AND inform LCC IPC Team for advice. Cover any infected wounds or skin lesions with appropriate dressings.	
12.	**Please also inform LCC IPC team of any PVL (Panton-Valentine Leukocidin) producing MRSA, affecting any resident or staff member**	

Residents may be transferred from hospital while *colonised* or *infected* with a variety of antibiotic-resistant bacteria, including Methicillin Resistant Staphylococcus Aureus (MRSA). Often these bacteria will be colonising the skin or gut, without causing harm to the resident, and will not cause harm to healthy people.

Because colonisation can be very long-term, it is not necessary to isolate residents known to be colonised with antibiotic-resistant bacteria. Good hand hygiene and the use of standard precautions will help minimise the spread of these organisms in a care home environment.

Residents colonised with antibiotic resistant bacteria will not routinely require repeated sampling or treatment to clear their colonisation. The resident's GP or the LCC Infection Prevention & Control Team will advise when this is appropriate.

If a resident, previously known to be colonised with antibiotic-resistant bacteria requires admission to hospital, the referring GP should include this information in the referral letter.

People with MRSA do not present a risk to the community at large and should continue their normal lives without restriction. MRSA is not a contra-indication to admission to a home or a reason to exclude an affected person from the life of a home. However, in residential settings where people with post-operative wounds or intravascular devices are cared for, infection control advice should be followed if a person with MRSA is to be admitted or has been identified amongst residents.

Residents may need to be screened for MRSA colonisation on admission to hospital. The hospital or resident's GP will advise on this and any subsequent treatment required.

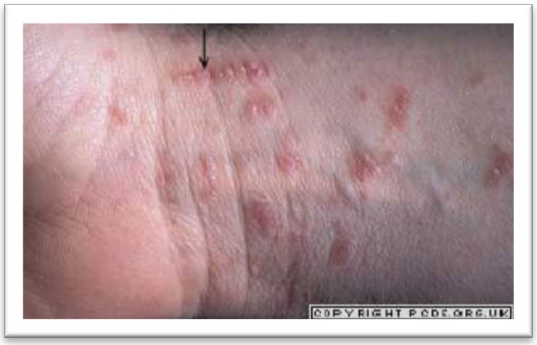
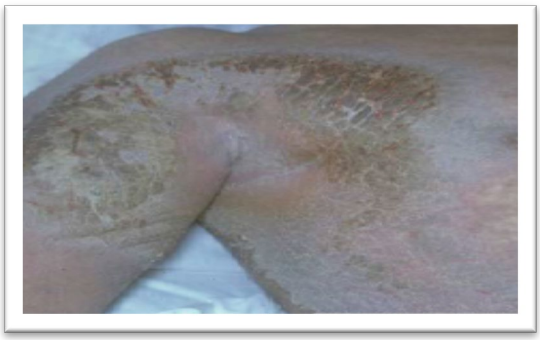
Adapted from page 47/48 of Prevention and Control of Infection in Care Homes.

INFLUENZA-LIKE ILLNESS ACTION CARD		Tick
Please consider all the actions below (mark as not applicable [NA] as necessary)		
1.	Is it an outbreak? Do you have 2 or more residents with the following; Oral or tympanic temperature ≥37.8°C **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	
2.	**If you suspect an outbreak inform;** ☐ **Public Health Lincolnshire – Tel: 01522 553729 [In Hours]** ☐ **Public Health England – Tel: 0344 225 4524 (option 1) [Out of Hours]** ☐ **GP's of the affected service users**	
3.	If cases fit the definition above then testing by taking a throat swab is required. Contact your GP to ask for viral swabbing to be done. ☐ Swabs should be dry swabs in viral transport media (usually pinkish fluid in a bottle but may be other colours) ☐ Swabs for chlamydia screens can be used but not charcoal swabs ☐ Swabs can be obtained from local microbiology laboratories ☐ The test requested should be 'testing for respiratory viruses' or 'respiratory virus screen' Test up to 5 of the most recently symptomatic patients/staff members during a care home outbreak.	
4.	Implement infection prevention & control precautions, e.g. hand washing, use of PPE, increased environmental cleaning	
5.	Encourage affected service users to remain in their room, and rest.	
	Ensure the home is thoroughly cleaned daily using a hypochlorite (chlorine based) solution 1000 parts per million (e.g. Milton 1:10). To achieve this, dilute 1 Milton 4g tablet in 500mls water, or add 1 part Milton 2% solution to 10 parts water.)	
6.	Maintain daily monitoring of all service users for elevated temperature and other respiratory symptoms to be able to identify affected individuals as early as possible	
7.	Staff should be allocated to work in separate teams, to facilitate caring for affected service users versus non affected	
8.	Staff with symptoms should be excluded from work until fully recovered, e.g. at least five days after the onset of symptoms	
9.	Close the home to; ☐ Admissions (Postpone non urgent transfers and cancel non urgent hospital outpatient appointments - [If hospital appointments are essential and this can be discussed with the health professional the resident is due to see, inform the nurse in charge about the outbreak so that they can arrange for the resident to be seen possibly at the end of the day and as quickly as possible avoiding exposure to other people). ☐ Hairdressers, chiropodists and activity co-ordinators	
10.	Inform visiting healthcare professionals so they can reorganise their visits to ensure	

	your home is the last home they visit during the day.	
11.	Daily actions: ☐ Nominate a named staff member to co-ordinate & communicate outbreak information ☐ Maintain & update the Outbreak Chart, recording affected services users / staff ☐ Maintain information about the immunisation status (influenza & pneumococcal) for service users & staff to aid risk assessment	
12.	If a service user requires transfer to hospital during an outbreak – inform the hospital in advance and complete a **Transfer Form – see appendix 7**, to accompany the service user.	
13.	The home should be closed until you are symptom free for 5 days after the onset of the last case.	

CORONAVIRUS IN CARE SETTINGS: MANAGEMENT OF KNOWN OR SUSPECTED CASES		TICK
Please consider all the actions below (mark as not applicable [NA] as necessary)		
1.	Residents should only be subject to enhanced infection prevention and control (IPC) measures if they are confirmed as being infected with coronavirus; awaiting the results of swabbing or if they meet the case definition and are suspected to have Covid-19 – **please see here for current case definition.**	
2.	**Suspected cases** Any suspected cases (anyone showing symptoms) should arrange to be tested as soon as possible. Information on this can be accessed here.	
3.	**Who to inform** One or more clinically suspected or confirmed cases in staff or residents: immediately contact your local Health Protection Team (HPT), Public Health Lincolnshire, for advice and start rapid response daily staff testing (see 14).	
4.	**Outbreak** An outbreak is defined as two or more confirmed or clinically suspected cases within 14 days – detected by either LFD or PCR testing. If you suspect that there is a possible outbreak in your home, do not hesitate to contact the HPT and initiate outbreak testing (see 15).	
5.	**Key contacts for early advice and support include:** ☐ Lincolnshire Health Protection Team – Tel: 01522 552993, Mon to Fri 8am to 6pm. ☐ Public Health England – Tel: 0344 225 4524 (option 0, option 1) [Out of Hours] ☐ 111 online Coronavirus available here or via calling 111 service if they are unable to access the online platform.	
6.	**In the interim** ☐ Isolate or ask the service user to self-isolate in a single room if in a residential setting or at home if in the community. ☐ Prevent potential transmission of infection to other service users and staff by following the IPC steps in section 7.	
7.	**Implement infection prevention and control precautions** ☐ Good hand hygiene should be implemented before entering and after leaving the room or house. ☐ Belongings and waste must remain in the room or house and the door should remain closed. (If the person tests positive the local Health Protection Team will advise what to do with waste and laundry). ☐ Staff should wear appropriate PPE, in line with infection control precautions, such as gloves, apron, and fluid resistant surgical masks, all PPE should be disposed of in clinical waste, as per policy. ☐ If possible, allocate a toilet and washing facilities for the individual and if this is not possible, aim for them use facilities after everyone else and clean them in line with guidance.	
8.	**Distancing** Encourage affected service users to remain in their room or home, rest and keep hydrated whilst treating any symptoms with over the counter remedies. The door of any room they are restricting themselves to should be kept closed. If possible, open a window to the outside to help keep the room well-ventilated. Staff should be allocated to work in separate teams, to facilitate caring for affected service users versus none affected.	
9.	**Cleaning** The room should be cleaned regularly, and the wider home should implement an outbreak standard of cleaning practice. Cleaning of the wider environment should be undertaken daily using a hypochlorite (chlorine based) solution 1000 parts per million (e.g. Milton 1:10). To achieve this, dilute 1 Milton 4g tablet in 500mls water, or add 1 part Milton 2% solution to 10 parts water.)	
10.	**Monitoring** Maintain daily monitoring of all service users for elevated temperature and other respiratory symptoms to be able to identify affected individuals as early as possible.	

11.	**Visiting** In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life) to protect vulnerable residents, staff and visitors. Inform visiting healthcare professionals and allow only essential visitors. Inform all visitors of the potential for infection. Encourage all essential visitors to follow good hand-hygiene practices.	
12.	**Staff with symptoms** Staff with symptoms should be excluded from work, should self-isolate for at least 10 days from the onset of symptoms following the current advice. Staff with symptoms should not come into work for testing and should instead be tested via another channel – e.g. regional testing site, or home testing. If someone has serious symptoms they cannot manage at home they should use NHS 111 online.	
13.	**Close the home to** ☐ Admissions: Postpone non urgent transfers, and cancel non urgent hospital outpatient appointments. If hospital appointments are essential discuss with the health professional the resident is due to see if possible and inform the nurse in charge about the outbreak so that they can arrange for the resident to be seen at the end of the day (if possible) and as quickly as possible avoiding exposure to other people. ☐ Hairdressers, chiropodists and activity co-ordinators	
14.	**Daily actions** ☐ Nominate a named staff member to co-ordinate & communicate outbreak information ☐ Maintain & update the Outbreak Chart, recording affected services users/staff ☐ Maintain information about the immunisation status (influenza & pneumococcal) for service users & staff to aid risk assessment.	
15.	**Hospital transfer** If a service user requires transfer to hospital during an outbreak – inform the hospital in advance and complete a **Transfer Form – see appendix 7**, to accompany the service user.	
16.	**Declaring the outbreak over** The outbreak can be declared over once no new cases have occurred in the 28 days since the onset of symptoms in the most recent case, which is twice the incubation period.	

<table>
<tr><th colspan="2">SCABIES ACTION CARD
Please consider all the actions below (mark as not applicable [NA] as necessary)</th><th>Tick</th></tr>
<tr><td>1.</td><td>For all suspected cases, please consult with the service user's GP to confirm a diagnosis.</td><td></td></tr>
<tr><td>2.</td><td>Before any treatment is commenced (of all confirmed cases), please inform;
☐ LCC IPC team – Tel: 01522 553729 [In Hours]
☐ Public Health England – Tel: 0344 225 4524 (option 1) [Out of Hours]</td><td></td></tr>
<tr><td>3.</td><td>Treatment is most effective when carried out simultaneously and in a co-ordinated manner (ideally within 24 hours) – and usually includes close contacts and family members who have had prolonged skin to skin contact (even if they have no symptoms). These should all be treated at the same time to prevent reinfection. Confirmed cases will require two treatments 7 days apart</td><td></td></tr>
<tr><td>4.</td><td>Risk assess all service users and staff to evaluate the chance of infection to assist with appropriate follow up and treatment of contacts. All staff and service users identified as High or Medium risk should be treated, even in the absence of symptoms.
<table>
<tr><td>HIGH</td><td>Symptomatic staff and residents. Any staff who undertake intimate care of residents – day & night staff</td></tr>
<tr><td>MEDIUM</td><td>Asymptomatic residents who have care delivered by high risk staff
Staff who have intermittent direct personal contact with residents</td></tr>
<tr><td>LOW</td><td>Staff who have no direct or intimate contact with affected resident
Asymptomatic residents whose carers are not considered high risk</td></tr>
</table></td><td></td></tr>
<tr><td>5.</td><td>There are two main types of scabies – (i) Classic and (ii) Crusted (Norwegian) scabies, as shown below. Residents who present with classic scabies do not usually require isolation, however, residents with Crusted (Norwegian) scabies are highly contagious and DO require isolation precautions until treatment has been completed.</td><td></td></tr>
<tr><td colspan="2">Classic Scabies
[Arrow identifies presence of burrows]</td><td>Crusted (Norwegian) Scabies</td></tr>
<tr><td colspan="2"> 
</td><td>  </td></tr>
<tr><td>6.</td><td>Clothes, bedding and towels should be laundered after the first treatment, to prevent re-infestation and subsequent transmission to others. Machine wash and dry all clothing and bedding of affected residents using the hot water cycle (60 degrees plus for bedding) and as tolerated by the manufacturer guidelines for clothing. Items that cannot be washed should be kept in a sealed plastic bag for at least 72 hours.</td><td></td></tr>
<tr><td>7.</td><td>Soft furnishings that have cloth covering should be excluded from use for 24 hours after treatment, to ensure any mites which may be on the fabric to die. These items should then be vacuumed before being put back into circulation and used. Furnishings covered in wipe able material should be vacuumed and cleaned thoroughly with a hard surface cleaner. In cases of Crusted (Norwegian) Scabies vacuuming and damp dusting of the environment is essential management.</td><td></td></tr>
<tr><td>8.</td><td>Aprons and gloves should be worn when delivering personal care of known infected cases and when changing bedding.</td><td></td></tr>
</table>

APPENDIX 1: OUTBREAK MANAGEMENT – CHECKLIST

1. **INFORM**
   - ☐ Report Outbreak to Infection Prevention & Control (LCC) **[Tel: 01522 552993 – In Hours]**
   - ☐ Report Outbreak to Public Health England **[Tel: 0344 225 4524 Option 1 – Out of Hours]**
   - ☐ (Consider) informing Local Environmental Health (if appropriate)
   - ☐ Inform GP's, Staff, Residents & Visitors of the Outbreak and other visiting staff
   - ☐ Put up Outbreak Posters & Provide relevant information leaflets.
   - ☐ Advise visitors not to attend (esp. children, immune-compromised & anyone with Symptoms)
   - ☐ Ask visitors to report to the staff member in charge
   - ☐ Ask visitors to report any symptoms to staff
2. **HANDWASHING**
   - ☐ **Remove all alcohol based rub/gel – it is NOT effective with D&V outbreaks**
   - ☐ Ensure **ALL** staff wash their hands **before** and **after** every resident contact
   - ☐ Ensure all clients have their hands washed after going to the toilet, before meals and after any episode of diarrhoea and/or vomiting
   - ☐ Ensure **ALL** visitors wash their hands before and after every resident contact
   - ☐ Ensure sufficient soap (via a single cartridge dispenser) and hand drying facilities (paper towels) are available
   - ☐ Ensure catering staff are aware of the precautions required in food preparation and the importance of hand washing
   - ☐ Ensure that hand wash basins are free from any clutter – i.e. flannels, towels, toothbrushes etc.
3. **PERSONAL PROTECTIVE EQUIPMENT**
   - ☐ To be kept outside the affected resident's room and put on before entering
   - ☐ Wear single use disposable gloves and aprons whilst caring for the affected resident, cleaning up diarrhoea and during environmental cleaning of affected areas
   - ☐ If there is no automated sluice machine and waste has to be emptied down the toilet, staff should wear gloves, aprons, face mask and eye protection whilst emptying and cleaning the commode or bed pan
   - ☐ Clinical waste bags should be placed inside the resident's room for disposal of PPE
   - ☐ PPE must be worn when handling contaminated linen
4. **Cleaning**
   - ☐ De-clutter the resident's room as much as possible to assist in minimising contamination by spores and store food stuffs such as sweets, fruit and biscuits in air-tight containers in a cupboard
   - ☐ Clean the environment and any patient equipment twice a day and disinfect with a chlorine based solution. Pay special attention to lavatories and commodes.
   - ☐ Each day, frequently clean contact points touched by hand, e.g. door handles, light switches and call bells etc.
   - ☐ All equipment e.g. blood pressure monitors etc. should remain in the resident's room for the duration of the illness.
   - ☐ Treat all waste as infectious waste during the outbreak

- ☐ When the resident has recovered and isolation has ceased, the resident's room must be thoroughly deep-cleaned
- ☐ Deep cleaning must include cleaning all surfaces, equipment, curtains, soft furnishings, washing walls and flooring to include steam cleaning or shampooing the carpet

5. COHORTING

- ☐ Isolate symptomatic residents as per action card
- ☐ Allocate dedicated staff to care for symptomatic residents versus non-symptomatic residents
- ☐
- ☐ Allocate dedicated staff to clean affected areas
- ☐ If there are no sluice facilities, identify a dedicated toilet for disposing of commode contents
- ☐ Do NOT allocate catering staff to care for affected residents or to clean affected area

6. RESTRICT MOVEMENT

- ☐ Suspend communal activities and any excursions
- ☐ In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life) to protect vulnerable residents, staff and visitors. Risk assessment to be done with help of HPT.
- ☐ Reschedule any non-urgent hospital appointments
- ☐ Consider suspending the use of the communal areas e.g. dining room, lounge

7. EXCLUDE SICK STAFF

- ☐ Exclude affected staff as per action card

8. LINEN

- ☐ Instruct staff in the correct management of handling soiled linen
- ☐ Ensure staff wear PPE when handling soiled linen
- ☐ Ensure adequate supplies of linen containers and leak proof bags
- ☐ Ensure **RED** (water soluble) bags are used for soiled linen
- ☐ Ensure ALL soiled linen is washed at the correct temperature
- ☐ Ensure ALL laundry staff wash their hands on entering and leaving the laundry
- ☐ Ensure that the washing machines are put through an empty hot wash cycle at the end of each day.

9. TRANSFERS

- ☐ Avoid transferring clients to other institutions while the outbreak is in progress
- ☐ Reschedule ALL NON-URGENT appointments
- ☐ If a transfer to hospital is necessary, ensure receiving hospital is aware of the outbreak and complete a TRANSFER FORM, to accompany the resident
- ☐ Restrict admissions of any new residents until the outbreak is over
- ☐ Ensure all returning residents are placed into protective isolation until the outbreak concludes.

10. REPORTING & PATHOLOGY TESTING

- ☐ Inform IPC team in Lincolnshire County Council – **Tel: 01522 552993 – [In Hours]**
- ☐ Inform Public Health England (PHE) – **Tel: 0344 225 4524 (option 1) – [Out of Hours]**
- ☐ Ensure samples are taken and the request form is correctly complete

- Update IPC Team/PHE of any notifiable events, including;
  - **Death of a client or staff member**
  - **A food handler developing diarrhoea and vomiting**
  - **Sudden increase in number of cases over a 24 hour period**
  - **Receipt of a pathology result identifying a potential foodborne source**

11. DOCUMENTATION

- Ensure accurate records are maintained daily, to record all affected residents and staff
- During an outbreak of diarrhoea and vomiting ensure staff use the **Bristol Stool Chart** on each affected resident to document each bowel motion to monitor fluid loss and frequency of motions.

APPENDIX 2: OUTBREAK MANAGEMENT – STAFF FORM

Name of residential Care Home					Tel. No:								
Date Outbreak Commenced:					Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Date Return to Work	Specimen date & results
No.	**Name of Staff**	**Job Role**	**Symptoms**	**Date sick leave commenced**									
E.g.	*Jo Bloggs*	*Carer*	*D,N,V*	*13.03.15*	*N*	*V*	*D, V*					*18.03.15*	*Yes – awaiting results*

Lincolnshire COUNTY COUNCIL
Working for a better future

APPENDIX 3: GENERAL OUTBREAK MANAGEMENT – RESIDENT FORM

Name of residential Care Home	Name of Manager
Date Outbreak Commenced:	Tel. No:

No.	Room No.	Resident's Name	DoB	Date & Time Symptoms Commenced	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Specimen Date & Result	Comments
Isolated En-suite PPE Available		Yes / No Yes / No Yes / No											

No.	Room No.	Resident's Name	DoB	Date & Time Symptoms Commenced	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Specimen Date & Result	Comments
Isolated En-suite PPE Available		Yes / No Yes / No Yes / No											

No.	Room No.	Resident's Name	DoB	Date & Time Symptoms Commenced	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Specimen Date & Result	Comments
Isolated En-suite PPE Available		Yes / No Yes / No Yes / No											

APPENDIX 4: D&V OUTBREAK MANAGEMENT – RESIDENT FORM

Name of residential Care Home	Name of Manager
Date Outbreak Commenced:	Tel. No:

No.	Room No.	Resident's Name	DoB	Date & Time Symptoms Commenced	Possible Cause of D&V	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Specimen Date & Result	Comments
					Antibiotics **Yes** / No Laxatives **Yes** / No Other Meds **Yes**/ No State: Altered bowel habit? **Yes** / No									
Isolated Yes / No En-suite Yes / No PPE Available Yes / No														

No.	Room No.	Resident's Name	DoB	Date & Time Symptoms Commenced	Possible Cause of D&V	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Specimen Date & Result	Comments
					Antibiotics **Yes** / No Laxatives **Yes** / No Other Meds **Yes**/ No State: Altered bowel habit? **Yes** / No									
Isolated Yes / No En-suite Yes / No PPE Available Yes / No														

No.	Room No.	Resident's Name	DoB	Date & Time Symptoms Commenced	Possible Cause of D&V	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Specimen Date & Result	Comments
					Antibiotics **Yes** / No Laxatives **Yes** / No Other Meds **Yes**/ No State: Altered bowel habit? **Yes** / No									
Isolated Yes / No En-suite Yes / No PPE Available Yes / No														

APPENDIX 5: D&V OUTBREAK MANAGEMENT – BOWEL MONITORING CHART

Name of Resident:	Date of Birth: or NHS No.	Date:

Name of Care Home:	Date	Time	Colour	Amount (S,M,L)	Bristol Scale (1-7)	Blood		Mucous		Date Specimen sent to lab	Specimen Result	Signature
Example:	*01.09.15*	*13:15*	*Light brown*	*Large*	*6*	*Y*		*Y*		*01.09.15*	*Pending*	*J Bloggs*
Bristol Stool Chart Type 1 Separate hard lumps, like nuts (hard to pass) Type 2 Sausage-shaped but lumpy Type 3 Like a sausage but with cracks on its surface Type 4 Like a sausage or snake, smooth and soft Type 5 Soft blobs with clear-cut edges (passed easily) Type 6 Fluffy pieces with ragged edges, a mushy stool Type 7 Watery, no solid pieces. **Entirely Liquid** **Amount Guide:** *Small ¼ of bedpan OR pad* *Medium ½ bedpan OR pad* *Large Most of bedpan OR pad*												

APPENDIX 6

Bristol Stool Chart

Type 1		Seperate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges, (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. **Entirely Liquid**

APPENDIX 7: TRANSFER FORM

1. RESIDENT DETAILS Name: Address: Date Of Birth: NHS No.	**2. GP DETAILS** Name: Address: Tel. No:
1. TRANSFERRING FACILITY Name of Home: Address of Home: Tel. No:	**Is there a known infection risk?** ☐ No known Risk ☐ Confirmed risk ☐ Suspected risk *If you have ticked a box please specify what infection risk: e.g. Covid-19, Norovirus, Influenza etc.*
Have you informed the receiving service of the infection risk? ☐ YES – identify name of Ward/Dept &staff member ☐ NO	
Relevant specimen results:*[including admission screens, MRSA, C.Diff, Norovirus]*	
Is the client aware of their diagnosis/risk of infection:	☐ Yes ☐ No
Does the client require isolation?	☐ Yes ☐ No
Does the client have any of the following in place:	☐ DNACPR ☐ DoLs ☐ Living will
Are the next of Kin aware of the transfer	☐ Yes ☐ No
Contact details for next of Kin: Name: Address:	Relationship: Tel. No:

Date:	**Staff member completing the form:**	**Tel. No of home:**

APPENDIX 8: SUGGESTED CARE PLAN FOR CLOSTRIDIUM DIFFICILE

Isolation	☐ Isolate and barrier nurse the affected person in a single room (with en suite wc if possible). Commodes and bed pans should be dedicated for the sole use of the affected resident whilst symptomatic. ☐ If it is difficult to isolate the resident due to their mental health needs, extreme care will need to be taken to make sure any spillages are cleaned immediately. It may be necessary to employ additional staff to help care for residents in isolation or who need one-to-one care. ☐ Continue to isolate until the resident has been free of symptoms and loose stools for 72 hours. The resident may come out of isolation once they have passed a stool that is normal for them.
Monitoring of resident	☐ Document a plan of care in the resident's note, to evidence a written record of all monitoring and care given, to include a daily record of the resident's condition and bowel movements. ☐ Monitor the resident's condition carefully as this infection can cause rapid dehydration and rapid deterioration (within hours). Patients who are systemically unwell or have more profuse diarrhoea must be referred to their local GP ☐ Residents who are ill need to be monitored hourly day and night, to include; ○ An accurate fluid diary, recording all drinks taken ○ An accurate output chart to record the number of times the resident passes urine and how much and the number of times the resident has their bowels open ○ ALL bowel actions on a bowel chart, documenting the type of stool as per the Bristol Stool Chart ○ The resident's temperature on a daily basis - Report to the GP if the temperature is outside normal limits ○ Monitor the resident for abdominal pain, if pain develops, inform the GP ○ Monitor the resident's blood pressure every four hours (this should always be done in nursing homes and if possible in residential care homes) – Inform the GP if it falls outside normal limits ☐ If the resident becomes confused, stops eating or if you are at all concerned inform the GP ☐ Keep the resident and their relatives informed about their condition and why you are taking special precautions. ☐ If the resident is transferred to hospital, please call the hospital before the resident arrives so they can arrange immediate isolation and prevent a hospital outbreak. Inform the Infection Control Team, the Operations Manager or the A&E Manager, as appropriate to time of day. Tell the ambulance crew in advance.

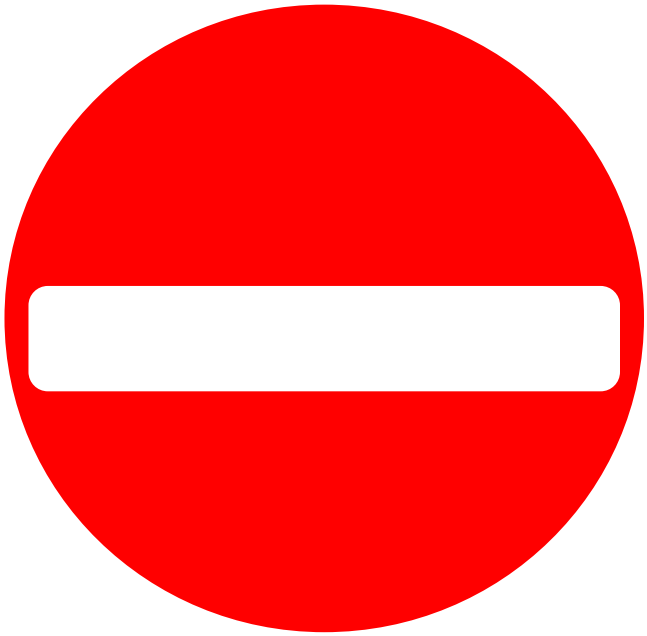
Treatment	☐ Request a GP visit to assess the resident - There may be an indication to commence treatment with an antibiotic. ☐ Please refer to links below for up to date treatment recommendations from PHE and medication management from the BCAP Formulary. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321891/Clostridium_difficile_management_and_treatment.pdf http://www.bcapformulary.nhs.uk/
Hand Hygiene	☐ Remember that alcohol gel does not work against Clostridium difficile. ☐ Residents and staff must wash hands with soap and water, including GPs and other visiting health care professionals ☐ Visitors will need to wash their hands with soap and water on arrival and on leaving the resident's room. ☐ Visitors should only go into their sick relative/friend's room and should not go into other areas of the home whilst the resident has symptoms.

D&V OUTBREAK MANAGEMENT

	**S**	**Suspect** a case may be infective where there is no clear alternative cause for diarrhoea
	**I**	**Isolate** the patient and consult with the infection control team (ICT) while determining the cause of the diarrhoea
 	**G**	**Gloves and Aprons** must be used for all contacts with the patient and their environment
	**H**	**Hand washing** with soap and water should be carried out before and after each contact with the patient and the patient's environment
	**T**	**Test** the stool for toxin, by sending a specimen immediately

INFECTION PREVENTION & CONTROL

NOTICE TO ALL VISITORS



We are currently experiencing an outbreak and are closed to non- essential visits

In order to reduce the potential spread of infection, we politely request that you:

- Report to the staff member in charge
- Please ensure you thoroughly wash your hands with soap and water when entering and exiting the care home
- Follow any instructions provided by the care home staff
- Keep visiting to a minimum
- Deter children from visiting

Thank you for your co-operation