

## Do residents or staff have any of the following symptoms (new or worsening)?

- Continuous cough
- Fever (37.8°C or above) or chills
- Loss of, or change in, sense of smell or taste (anosmia)
- Shortness of breath or wheezing
- Unexplained tiredness, lack of energy
- Muscle aches or pains
- Loss of appetite
- Headache that is unusual or lasts longer than normal
- Sore throat, stuffy or runny nose
- Diarrhoea, nausea or vomiting

**OR**

Sudden decline in physical or mental ability without other known cause eg delirium, new onset confusion, reduced alertness and mobility

**OR**

A positive test for COVID-19 or influenza.

If there are two or more residents or members of staff with onset of symptoms occurring within 14 days,

**YOU MIGHT HAVE AN OUTBREAK.**

Contact the PHA Duty Room on 0300 555 0119 for a risk assessment and take infection control measures.

If you are concerned about a resident's clinical condition, contact their GP or out of hours service.

The Public Health Agency will:

- risk assess for evidence of transmission within the home;
- provide verbal and written advice on IPC measures;
- work with care home staff to assess if further interventions are required.

## Outbreak and infection control measures

Refer to PHA guidance for more detailed information

### Hand hygiene and personal protective equipment

- Ensure that liquid soap and disposable paper towels are available at all hand wash sinks.
- Wash hands thoroughly using liquid soap and water, using the 'seven step technique'. Follow the 5 moments for hand hygiene:
  - 1 Before patient contact**
  - 2 Before a clean/aseptic procedure**
  - 3 After body fluid exposure risk**
  - 4 After patient contact**
  - 5 After contact with patient surroundings**
- Staff should complete a risk assessment regarding the use of personal protective equipment (PPE) when caring for residents. For detailed advice please see <https://www.niinfectioncontrolmanual.net/transmission-based-precautions/>



### Cleaning and waste disposal

- Increase cleaning of the environment. Pay special attention to touch points and shared equipment eg hoists.
- Encourage using tissues to catch coughs and sneezes. Bin the tissue and kill germs by washing hands thoroughly with soap and water.
- Provide tissues and covered sputum pots for affected residents.
- Dispose of these and personal protective equipment as clinical waste.
- Provide foot-operated bin for used tissue disposal in public areas.
- Ensure proper cleaning and replacement of oxygen/nebuliser equipment.
- Affected residents' laundry should be treated as infected.

### Reducing exposure

- Follow current guidance for unaffected residents.
- Admissions/transfers to the nursing home from a HSC facility should only take place following a risk assessment on a case-by-case basis in line with current guidelines. Testing is not required prior to admission.
- Staff should work in separate teams: one team caring for affected residents and the other caring for unaffected residents, where possible.
- Agency and temporary staff should shower and put on a clean uniform before moving to another facility.
- Staff who are unwell with a respiratory illness and who are unfit to perform their usual duties should contact their line manager and aim to reduce contact with others who would be particularly vulnerable should they contract a respiratory infection. See the care home guidance link below.
- Visiting may need to be restricted following a risk assessment.
- Identify hand hygiene point, with soap and water, for visitors on entering and leaving home. This practice must be reinforced during an outbreak.
- Discuss the presence of an outbreak with Trust facilities or services before any transfers.

Care home guidance can be found here: <http://pha.site/guidance-healthcare>

Public Health Agency Duty Room 0300 555 0119.