Care Homes Winter Preparedness Resource Pack
2018-19
Introduction

About this resources pack
This document summarises relevant guidance into 1-2 page overviews to help care homes deal with the regular issues you experience during winter. You may wish to print some sections and laminate them for handy, quick reference. This document has been prepared by the Health Protection Team of Public Health Wales in collaboration with care home staff in Wales following a telephone survey and feedback received over the past year.

Navigation around this document
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Winter illness in care homes
During winter months, the main illnesses which cause problems in care home settings and the wider health system are caused by respiratory and gastrointestinal (GI) infections. Influenza (flu), is the most serious common respiratory illness in care homes. Norovirus, also known as the “winter vomiting bug” is the most common GI illness in care homes during winter.

Help stop the spread:
Both flu and norovirus are highly infectious. Wherever possible, residents should be managed in their care home setting to avoid spread of these infections to hospital settings. Additional pressures over winter can have a very substantial negative effect on the ability of hospitals to deliver routine and emergency services.

Useful resources:

PHW Beat Flu website
PHW Infection prevention and control website
PHW Infection Prevention and Control in Care Homes – All Wales Guidance
The Influenza Campaign: A guide for care home managers and staff
Guidelines for the management of norovirus outbreaks in community health and social care settings
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**What the PHW HPT does**

The Public Health Wales (PHW) Health Protection Team (HPT) provides a range of acute and proactive long term services to support health boards, local authorities and partner organisations to protect the health of the population of Wales from infectious causes and environmental hazards to health.

**How the PHW HPT operates**

The Health Protection Team operates 24 hours, every day of the year. During normal working hours (9am-5pm, Monday-Friday), the All Wales Acute Response (AWARe) team will be able to assist you with any notifications or enquiries. Outside of office hours, there is a team of Registrars and Consultants who deliver the service who can be reached via the three Ambulance Control contact numbers.

**Partnership working**

During an infectious illness outbreak in a care home, staff from the PHW HPT will work with health boards and local authority colleagues to support care home staff in managing the infection, prevention and control measures and advise on actions that need to be taken, by whom and by when.

**Contacting the PHW Health Protection Team**

**Office hours (9am-5pm, Monday-Friday)**

All Wales  📞 0300 00 300 32

**Out of hours (via Ambulance Control)**

North Wales  📞 0300 123 9235

Mid & West Wales  📞 0300 123 9236

South East Wales  📞 0300 123 9234
Local Authority Environmental Health Contacts

North Wales
Isle of Anglesey Council 01248 752832 ehealth@anglesey.gov.uk
Conwy Council 01492 575283 regulatory.services@conwy.gov.uk
Denbighshire Council 01824 706405 food.safety@denbighshire.gov.uk
Flintshire Council 01352 703386 food.safety@flintshire.gov.uk
Gwynedd Council 01766 771000 BwydalaechydDaIoigedwch@gwynedd.llyw.cymru
Wrexham County Council 01978 298997 healthandsafety@wrexham.gov.uk

Mid and West Wales
Carmarthenshire Council 01267 234567 publicprotection@carmarthenshire.gov.uk
Bridgend Council 02920 873823 communicabledisease@cardiff.gov.uk
Powys Council 01597 827467 Environmental.health@powys.gov.uk
Pembrokeshire Council 01437 775631 communicabledisease@pembrokeshire.gov.uk
Swansea Council 01792 635640 foodandsafety@swansea.gov.uk
Neath Port Talbot Council 01639 685678 ehd@npt.gov.uk
Ceredigion County Council 01545 570881 envhealth@ceredigion.gov.uk

South East Wales
Rhondda Cynon Taf Council 01443 425324 food.healthandsafety@rctcbc.gov.uk
Merthyr Tydfil Council 01685 725338 sian.rapson@merthyr.gov.uk
Cardiff Council 02920 873832 communicabledisease@cardiff.gov.uk
Vale of Glamorgan Council 02920 873823 communicabledisease@cardiff.gov.uk
Blaenau Gwent Council 01495 357813 Ehcnet@blaenau-gwent.gov.uk
Caerphilly Council 01443 866544 pinchm@caerphilly.gov.uk
Monmouth Council 01873 735497 environmentalhealth@monmouthshire.gov.uk
Newport Council 01633 851700 environmental.health@newport.gov.uk
Torfaen County Council 01633 648009 commercial.services@torfaen.gov.uk
Resources to reduce hospital admissions

The King’s Fund has identified key areas for staff training that are commonly reported in good practice as being essential to reducing hospital admissions. These key areas are summarised as:

- Maintain and use up to date comprehensive care plans
- Medications requirements and administration (including MAR sheet completion)
- Dementia and mental health coding entry and comprehension
- Appropriate use of oral nutritional supplements
- Appropriate isolation precautions and IP&C
- Managing infectious waste appropriately in rooms and around the home
- Appropriate inhaler techniques
- Basic assessment to provide information to GPs
- Good quality resident-centred care note writing
- Complete and accurate reporting
- Food first and food fortification
- DNAR forms and advanced care planning

Please also see the Norovirus hospital admission avoidance section of this resource pack.

Useful links:

Royal college of Nursing – Care plans
NICE Guidance 27 – Transition between hospital and care home settings
NICE pathway – admission to hospital from a social care setting
NICE Quality standard 136 – Transition between hospital and care home settings

Factors affecting full / partial closure of a home

The following factors are key to identifying whether all or a defined part of the home is affected by influenza or gastrointestinal illness. If you have any queries about closing part or all of your home, please contact the PHW Health Protection Team.

Factors suggesting the whole home should be judged as affected

- Small home (<30 residents)
- Significant staff illness across the home
- Home not divided into separate units
- Significant mixing at meal and activity times
- Cases not isolated early on (i.e. have contacted residents across the home)

Factors suggesting part of a home is affected

- Home divided into clear physical and functional parts (e.g. different floors)
• Separate staff for each part
• Few cases of staff illness or confined to one unit
• Larger homes (>30 residents)
• No or few communal activities
• Early isolation of symptomatic cases

A local risk assessment is required in all cases to take into account the different factors in individual settings and times. Care home closures (or part of the care home) to new admissions may be considered for at least 5 days after the onset of the most recent case to minimise transmission risk, according to the local risk assessment.

However, individual cases of influenza at high risk of prolonged shedding of influenza virus (see below) may need to be isolated until their symptoms end; this may be longer than the routine five-day period from the onset date of symptoms.

**Risk factors for prolonged flu virus shedding in the elderly**

- other major medical conditions (including malignancy, chronic lung disease, renal disease, heart disease, liver disease, stroke)
- an impaired immune system from conditions including systemic corticosteroid use, chemotherapy, organ or bone marrow transplantation, or advanced HIV/AIDS infection
- diagnosed with pneumonia
- antiviral therapy was started > 48 hours after symptom onset
- did not receive antiviral therapy
- persistent respiratory symptoms after 5 days of antiviral treatment

**PHW Extreme Cold Weather Advice**

Cold weather can pose serious public health risks, causing ‘excess’ deaths in winter compared with the rest of the year. This is because cold weather can contribute to hypothermia, falls and injuries, heart attacks, strokes, respiratory diseases and mental health problems, such as depression. Those most vulnerable to cold weather include older people and people with pre-existing medical conditions.

**Travel advice in cold weather**

Residents making trips outside the home in cold conditions, whether accompanied or not, should wear appropriate clothing. During severe weather conditions it is recommended that these trips are avoided where possible in order to reduce the risk of illness and falls. If you use a minibus or similar vehicle, ensure it is in good working order and allow plenty of time for your journey. Always carry a basic emergency kit in case you become stuck in the cold:
A basic kit should include:

- Mobile phone
- Map
- Jump leads
- Torch
- Warning triangle
- Ice scraper
- De-icer
- First Aid Kit
- Warm clothes and a blanket

Cold weather and care home staff

Alongside the general advice listed above, staff should be reminded to take extra care and allow more time to get to and from work in colder weather conditions. When extreme conditions such as heavy snow, wind or rain are expected it is advised that considerations for service capacity are made in the event of staff being unable to get to work. This may include accommodating key staff on site or within walking distance overnight if transport network disruption is anticipated.

Visitors

If extreme conditions are limiting access to your home it may be worth considering warning frequent visitors, such as health and social care professionals and friends and family members, in order to minimise unessential trips or to discuss other options.

Care home supplies

Ensure supplies of required medications and other equipment is readily available and accessible and consider how potential consequences of disrupted transport links, including disrupted access to your care home and possible delays in pharmaceutical supplies, would be dealt with.

Useful resources:

- PHW Extreme Cold Weather advice pages
- Cold Weather Advice for the Public
- Cold Weather Advice for health and social care professionals
Influenza (“Flu”)

Influenza is an acute viral illness of the respiratory tract. Influenza is transmitted rapidly in closed environments by droplets in the air.

Prevention of flu:

- Annual flu vaccination is the single most effective way to protect against catching or spreading flu
- All residents should be offered a flu vaccination every year
- All care home staff with direct client contact should be offered annual flu vaccination (they can get this from their community pharmacy and will need to take evidence they are eligible because of their employment)
- Residents are at increased risk of catching and dying from flu if cared for by unvaccinated staff

Useful resources:

1. The Influenza Campaign: A guide for care home managers and staff
2. Letter for care homes to give to staff for them to take to the community pharmacy Bilingual
3. Find your local community pharmacies here
4. Care home poster Bilingual Flu Poster
5. Care home flyers:
   - Bilingual Flu Flyer 01
   - Bilingual Flu Flyer 02
   - Bilingual Flu Flyer 03
   - Bilingual Flu Flyer 04
6. Catch it Bin it Kill it poster Bilingual
7. Video: Flu and you - the benefits of flu immunisation for those aged 65 and over
   - English
   - English subtitles
   - Welsh subtitles
8. Video: Phil Bennett encourages those who are 65 and over to have their flu vaccine
   - English subtitles
   - Welsh subtitles
9. Video: Louise’s story – a healthcare worker who was hospitalised with flu
   - English
   - Welsh subtitles
10. Videos: Promoting why the flu vaccine is important to staff
    - Chief Nursing Officer’s message to staff
    - Flu Vaccine: why not?
    - Flu Vaccine: why not? (Welsh)
    - Why I had the flu vaccine
    - Why I had the flu vaccine (Welsh)
    - Spread the word – healthcare workers discuss flu
    - Spread the word – (Welsh)

Useful links:

www.beatflu.org / www.curwchffliw.org

PHE – Guidelines on the management of outbreaks of influenza-like illness in care homes Oct 2018
Influenza considerations for the elderly

There are many causes of respiratory infection, most of which have seasonal increases over the winter months. The elderly are at greater risk of complications from such infections and practices need to be modified in light of this.

Special considerations for older people:

Evidence shows that viral shedding following influenza infection can be prolonged among some elderly persons, particularly among people with chronic long-term medical conditions and individuals on immunosuppressive therapy. As such, isolation of flu cases may need to be extended for cases with the following risk factors:

- other major medical conditions (including malignancy, chronic lung disease, renal disease, heart disease, liver disease, stroke)
- impaired immune system from conditions including systemic corticosteroid use, chemotherapy, organ or bone marrow transplantation, or advanced HIV/AIDS infection
- diagnosed with pneumonia
- antiviral therapy was started > 48 hours after symptom onset
- did not receive antiviral therapy
- persistent respiratory symptoms after 5 days of antiviral treatment

Swab samples and flu outbreaks

Taking oral viral swabs at an early stage is important when managing an outbreak and should be guided by GPs and Public Health Wales’ Health Protection Team. Swab results are important, for example, in advising on when anti-virals may be required, or when anti-virals may be discontinued. Generally, it is advisable to test up to 3 of the most recently symptomatic residents/staff members during a care home outbreak. Swabbing 3 different residents provides a balance between the number of swabs required to confirm the cause of an outbreak, and maintenance of local clinical microbiological and public health capacity.

Monitoring for respiratory infections:

Enhanced surveillance for further cases should consist of daily monitoring of all residents by care home staff, for elevated temperatures and other respiratory symptoms. It is important to identify infected residents as early as possible in order to implement infection control procedures such as isolation to reduce the further spread of infection.

Useful links:

PHE – Guidelines on the management of outbreaks of influenza-like illness in care homes Oct 2018
Influenza outbreak: control & communications

Care home managers should consult the PHW document “The Influenza Campaign: A guide for care home managers and staff” for full information and resources in preparing for and managing flu. Extracts of this are included in this resource pack.

What is considered to be an outbreak of flu in a care home?

Symptoms of influenza are a fever, PLUS new onset, or acute worsening of one or more of the following symptoms:

- cough
- nasal discharge or congestion
- shortness of breath
- sore throat
- wheezing
- hoarseness
- chest pain

You may have an outbreak of flu if, in the same area of the care home, you have:

- 2 OR MORE cases demonstrating the symptoms listed above arising within the same 48-hour period, **OR**
- 3 OR MORE cases within same 72-hour period At this time you should contact the Public Health Wales Health Protection Team on 0300 00 300 32.

Outbreak Management:

It is important to recognise potential flu outbreaks promptly. Care home staff should ensure timely and appropriate control measures are implemented to prevent further cases. Staff must be aware of signs of flu infection within both the residents and themselves, and the need to report these signs immediately to senior management staff when they occur. Flu can spread readily to other residents, members of staff and visitors resulting in outbreaks. Care homes should have their own clear and concise written outbreak plan appropriate to the services provided, detailing the actions to be taken in the event of an outbreak. Care home management must communicate details regarding the outbreak to the following people:

- **CIW**
- GPs of symptomatic residents - for medical review
- Public Health Wales Health Protection Team - for advice
- Residents
- Residents’ families and visitors (advise on visiting and other control measures may be necessary)
- Other care providers, if a resident is admitted to hospital or transferred
- Infection Control Teams at health boards if hospitalisation of residents during outbreak occurs.

Outbreak Actions:

Effective communication of the outbreak needs to reach all staff (including, where relevant, agency staff and contractors) outlining some of the key actions that may be necessary during an outbreak:

- Reinforce hand and respiratory hygiene messages for residents, staff and visitors
- Appropriate isolation of symptomatic residents until recovered
- Enhanced cleaning schedules
- Enhanced observation to identify suspected new cases and if confirmed, implement necessary control measures
- Exclude affected staff from work until recovered
- Close care home to new admissions
- Postpone day care visits and outside trips
- Delay re-admission of a resident following discharge/transfer from hospital if they have not had flu
- Restrict visitors
- Postpone visits from non-essential outside service providers e.g. hairdresser, podiatrist, etc.

**When discussing a possible outbreak with the Public Health Wales Health Protection Team:**

The Public Health Wales Health Protection Team will ask you to provide lots of important information. Use the ‘Flu Outbreak Record Form’ on the following page to gather and record the information needed before you ring. The care home manager should ensure clear written outbreak documentation is maintained including case listings, details, onset date, symptoms, outbreak measures in place, and further actions required. This record should be kept centrally for staff to access in the absence of the manager. Additionally, the type of infection and how it was managed should be detailed in affected residents’ individual notes. During an outbreak of flu, care home management should also have a range of printed advice available for care staff, residents, and visitors, in a language that they understand taking into account any cultural or language barriers, so that everyone is fully informed of the situation (resources available in flu guidance for care home managers).

An outbreak of flu is likely to have resource implications for a care home. These may include the need for extra staff and the increased use of disposable items or laundry, it is advisable that directions on how to manage such issues is contained within the care home’s outbreak plan. In some circumstances, it may be necessary to close the home to new admissions or visitors as a temporary measure.
### Flu Outbreak Record Form

<table>
<thead>
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<th>Resident / Staff Name, DOB, Sex (M/F)</th>
<th>Date of symptoms onset</th>
<th>Symptoms</th>
<th>Date recovered</th>
<th>Flu vaccination</th>
<th>Date notified to HPT</th>
<th>Assessed by GP (Y/N &amp; Date)</th>
<th>Anti-virals prescribed (Y/N and date)</th>
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</table>
Important notice for all staff

We have had confirmed cases of flu virus

ALL staff should follow these control measures:

1. **Restrict:**
   - Access to home to essential visitors only
   - Staff movement between floors/areas – stick to assigned area
   - Resident movement between floors/areas
   - No staff with symptoms of flu-like illness should come to work
   - Re-schedule non-essential outpatient appointments where possible
   - Unwell residents to stay in their own bedrooms where risk assessment allows

2. **Prevention and control measures**
   - Reinforce good hygiene practice before and after interactions with residents ([hand hygiene](#))
   - Use gloves and aprons when attending to ALL residents and dispose of in a hazardous clinical waste bin/bag (orange/striped bags) in their room PRIOR to leaving their room.
   - Keep bedroom doors closed if occupants have signs or symptoms of flu, according to risk assessment
   - Minimum 3x daily cleaning and disinfection of frequent “touch points” such as toilet flushes, grab rails, door handles, light switches, telephones, keypads etc.
   - Home approved disinfectants to be used for cleaning ALL surfaces on a regular basis
   - DO NOT ALLOW exposed or communal foods for staff / residents (e.g. chocolates and fruit bowls)

3. **Inform**
   - Residents, friends and family of the reason for visitors’ restriction
   - Residents admitted to hospital: inform ambulance staff and hospital of flu outbreak - refer via Patient Access / Bed Manager, not directly to A&E
   - All residents to be on fluid charts during outbreaks
   - Health messages to residents / visitors should be passed on by the qualified nurse or management

If you have any queries, please see the manager

THANK YOU
VISITORS IMPORTANT NOTICE

We have had confirmed/suspected cases of flu in our home

We are restricting visiting. Please help us to manage flu by:

1. Letting us know if you or someone you live with has been suffering from any cold, flu like symptoms or respiratory/chest problems. If you do - **PLEASE DO NOT VISIT** until you’ve completely recovered. (Instead of visiting, please phone and make an enquiry)

2. If you do visit, please report to the person in charge prior to visiting any resident.

   Please **wash your hands before and after** visiting relatives/friends and use the hand sanitiser in reception as you enter and leave the home

3. We recommend that no babies or children visit at this time

4. If you do visit, please avoid visiting more than one resident.

   Thank you for your co-operation
Important notice for all staff

**FLU ISOLATION**

1. Wash hands before entering **and** after leaving this room

Wear an apron and gloves when entering this room

2. Dispose of apron & gloves into “hazardous” waste bin/bag (orange/striped bags) in room **before** leaving

3. Use alcohol-based hand gel after disposing of gloves and apron

**If you have any queries, please see the manager**

THANK YOU
For information only – sent out with annual flu campaign information packs

Medi 2018

Annwyl gydweithiwr,

Mae tymor y ffliw yn agosau ac mae amrywiaeth o adnoddau a deunyddiau ar gael i’ch helpu chi i godi ymwybyddiaeth o bwysigrwydd brechiad y ffliw i grwpiau cymwys yng Nghymru. Mae hyn yn cynnwys preswylwyr cartrefi gofal ac, am y tro cyntaf, mae hefyd yn cynnwys staff sy’n gweithio mewn cartrefi gofal i oedolion yng Nghymru sydd à chyswllt rheolaidd â’r preswylwyr.

Mae sampl o adnoddau Iechyd Cyhoeddus Cymru sydd ar gael i’w harchebu yn awr o www.publichealthwales.org/health-information-resources wedi’u cynnwys gyda’r llythyr yma.

Ewch i wefan Curwch Ffliw am fwy o wybodaeth ac i weld amrywiaeth o adnoddau y mae posib eu lawrlwytho:

www.curwhschffliw.org
www.beatflu.org

Hefyd mae croeso i chi ddilyn a hoffi tudalennau Curwch Ffliw ar gyfngau cymdeithasol (Twitter a Facebook) a defnyddio #curwchffliw yn eich deunydd cyfathrebu.

Gellir gweld diweddiad Canllaw Ymgyrch y Ffliw ar Gyfer Cartrefi Gofal ar www.iechydcyhoedduscymru.org/canllawffliwcartrefigofal

Os oes gennych chi unrhyw ymholiadau, anfonwch e-bost i phw.vaccines@wales.nhs.uk.

Yn gywir,

Rhadgen Afiechdydon Ataliadwy Trwy Frechu
Iechyd Cyhoeddus Cymru

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Rhadgen Afiechdydon Ataliadwy Trwy Frechu
Iechyd Cyhoeddus Cymru

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Vaccine Preventable Disease Programme (VPDP)
Public Health Wales,
Floor 4, 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ
Dear colleague,

The flu season is fast approaching and there are a range of tools and resources available to help you raise awareness of the importance of flu vaccination for eligible groups in Wales. This includes care home residents, and for the first time, also includes staff working in adult care homes in Wales with regular contact with residents.

Enclosed is a sample of the Public Health Wales resources that are now available to order from www.publichealthwales.org/health-information-resources.

Visit the Beat Flu website for more information and to access a variety of downloadable resources:

www.beatflu.org
www.curwchffliw.org

Please also feel free to follow and like the Beat Flu social media pages (Twitter and Facebook) and use the #beatflu in your communications.

The Influenza Campaign Guide for Care Homes has been updated at:
www.publichealthwales.org/fluguideforcarehomes

If you have any queries, please email phw.vaccines@wales.nhs.uk

Yours sincerely,

Vaccine Preventable Disease Programme
Public Health Wales
Dyddiad:

Anwyl Fferylltydd Cymunedol,

Fel y gwyddoch, mae pob aelod o staff mewn cartrefi gofal i oedolion sy’n dod i gyswllt rheolaidd â’r preswylwyr yn gymwys am frechiad y ffliw am ddim gan y GIG eleni yng Nghymru. (Cylchlythyr Iechyd Cymru (2018) 023: Y Rhaglen Imiwneiddio Genedlaethol Rhag y Ffliw 2018-19).

Enw’r Aelod o Staff:

Enw Llawn y Cartref Gofal:

Rwyf yn cadarnhau bod yr unigolyn uchod yn gweithio yn y cartref gofal hwn ac mewn cyswllt rheolaidd â’r preswylwyr.

Yn gywir,

Eich enw

Rheolwr y cartref
Dear Community Pharmacist,

As you know all adult care homes staff in regular contact with residents are eligible for a free NHS flu vaccine this year in Wales. (Welsh Health Circular (2018) 023: The National Influenza Immunisation Programme 2018-19).

**Name of Staff Member:**

**Full Name of Care Home:**

I confirm that the above individual is an employee of this care home and is in regular contact with residents.

Yours faithfully,

*Your name*

*Care home manager/your position*
Managing residents with diarrhoea or vomiting

There are many causes of diarrhoea and vomiting. Diarrhoea should always be taken seriously and assumed infectious in a residential setting. However, a review of an individual’s past medical history is important to recognise if the loose stools are a new symptom or could be related to medication or concurrent long term illness. The most common cause of infectious diarrhoeas in residential homes is viruses, such as Norovirus. These viruses spread very easily from person to person. Preventing this spread requires immediate and thorough action. Please use this info sheet in conjunction with the “Managing a diarrhoea or vomiting outbreak” info sheet.

What constitutes diarrhoea:

Individuals may have a single loose bowel movement without it necessarily being infectious. This is common in older people. Diarrhoea is the passage of watery stools with increasing frequency, at least 3 times in a 24-hour period. The Bristol Stool Chart gives an indication of stool appearance (see resources below), with types 6 and 7 regarded as diarrhoea. Consideration of the following reasons for diarrhoea should be the first step:

- Use of laxatives
- Change in diet
- Underlying bowel disease
- Recent GI surgery
- Use of certain medicines (e.g. recent antibiotics)

What to do if a resident develops diarrhoea:

- Isolate the resident immediately, in their own room if possible, with the door closed. If isolation is not practical, e.g. if they have mental health issues or are at risk of self-harm, undertake a risk assessment to determine risks to resident and others.
- Make other staff aware
- Ensure/assist with thorough hand washing, especially before/after meals and toilet
- Ensure stool chart details are accurately completed
- Ensure individual dietary needs are met

Caring for residents who are isolated:

- Toilet or commode (sole use) must be fully decontaminated after each use
- Ensure they are given regular drinks – use fluid charts
- Pay extra attention to mouth care and pressure area care
- Check in on them frequently (remember they are psychologically isolated too)
- Ensure they are able to get assistance from staff if required
- Clean all faecal incontinence immediately (see decontamination resources) using appropriate PPE

Isolation rooms should contain:

- Hand washing facilities including liquid-soap dispenser
- Disposable paper towels
- Sufficient PPE such as gloves and aprons (PPE items may be stored outside the resident’s room)
- Sufficient clothing and linen for the resident’s need
What to do if the diarrhoea is suspected to be infectious:

- If there is diarrhoea that is unusual for the resident, foul smelling, containing mucus or blood notify the resident’s GP and request a clinical review
- The GP may request submission of stool sample for laboratory testing to identify infective cause. This is particularly important if the diarrhoea follows a course of antibiotic treatment in case the resident has developed an infection with Clostridium difficile.
- Contact the PHW Health Protection Team (HPT) and your local authority Environmental Health Officer (EHO). They will advise whether samples of food should be retained and/or specimens taken from residents for investigation.
- **Sudden onset** of diarrhoea/vomiting and a steep increase in the number of residents and/or staff affected in a 24–48 hour period is a typical sign of a viral or food-borne problem. See D&V outbreak information.

Collecting and storing stool samples:

- Only send samples of diarrhoea classified as 5, 6 or 7 on the Bristol Stool Chart – the lab will not process solid stool samples as it is not diarrhoea.
- Label the container with the affected resident’s name, date of birth and the date of sample
- Place a receptacle in the toilet to catch the stool, such as a bedpan or disposable container. If using a reusable bedpan these must be thoroughly cleaned and disinfect afterwards
- Do not use faeces that has touched the inside of the toilet for the sample
- Use the spatula that comes with the container to place the stool in the container. If the faeces is very liquid, a syringe can be used to collect it.
- Aim to fill around a third of the sample container
- Empty surplus stool into the toilet and flush/clean the toilet
- **WASH YOUR HANDS** thoroughly with soap and warm running water
- Stool samples should be kept in a cool, dry place, ideally a dedicated fridge, for no more than 48 hrs

Residents at increased risk of complications from or spreading D&V include those with/who are:

- Diabetes
- Heart failure
- COPD
- Cancer
- Frail elderly
- Chronic kidney disease / Renal failure / Acute Kidney injury
- Mental health issues and neurocognitive impairments
- High risk medications

**Hospital admission and return:**

Do all possible to care for the resident in their own home. Ask:

- What benefit or difference in treatment would there be by admitting the resident to hospital?
- Can their care be managed appropriately in the current setting?

Contact the resident’s GP if there are any doubts about the correct course of care. See also information on discharge from hospital back to the resident’s care home.

**Useful resources**

- Royal College of Nursing – The management of diarrhoea in adults
- PHW Infection Prevention and Control in Care Homes – All Wales Guidance
- NICE – Diarrhoea adult’s assessment
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
Managing a diarrhoea or vomiting outbreak

Environmental Health Officers (EHOs) work with the Health Protection Team (HPT) and your Care Home to manage and investigate outbreaks. Please use this info sheet in conjunction with the “Managing residents with diarrhoea or vomiting” info sheet.

Communication:

Effective communication of the outbreak needs to be made to all staff including, where relevant, agency staff and contractors outlining some of the key actions that may be necessary during the outbreak:

- reinforce hand washing messages for residents, staff and visitors
- appropriate isolation of residents with infections
- review of the care provided to residents with regard to infection prevention and control (IPC) practices
- enhanced cleaning schedules
- provision of specific advice on the necessary control measures
- enhanced observation to identify suspected new cases and if confirmed, implement necessary control measures
- advise affected staff on exclusion from work (48 hours after asymptomatic or medical instructions)
- closure to new admissions (see factors affecting closure of a home)
- postpone day care visits and outside trips
- delay readmission of a resident following discharge/transfer from hospital
- restrict visitors (advise them regarding necessity for hand washing)
- postpone visits from non-essential outside service providers e.g. hairdresser, podiatrist, etc.

USE POSTERS – See resources below

Recording necessary information:

Care home manager should ensure clear written outbreak documentation is maintained including case listings, details, onset date, symptoms, outbreak measures in place, and further actions required. This record should be kept centrally for staff to access in the absence of the manager (see resources below).

- Observations including temperature
- Stool samples
- Fluid balance charts
- Bowel movement record charts – Use Bristol Stool Chart
- Nutritional assessments

Resources and equipment implications:

- Ensure staff do NOT work whilst symptomatic and for 48 hours after symptoms have stopped
- Ensure staff availability for extra shifts in the event of sick staff members
- Ensure adequate linen supplies, domestic and laundry staff
- Ensure adequate supplies of PPE for staff
- Undertake cleansing and maintenance of cleaning equipment (e.g. carpet cleaners, mop heads, buckets, brushes etc.)
Controlling infection and preventing spread:

- Let families and visitors know about the outbreak and precautions required
- Restrict visiting if an outbreak is declared

Treatment and recovery:

- Ensure nursing and/or medical review of symptomatic residents
- Ensure residents are properly hydrated and taking required medications such as rehydration aids
- Make all staff aware of relevant treatment and outbreak plans
- Review and discuss clinical management plans as they apply
- Allow a minimum recovery period of 4-5 days

Try to avoid hospital admission by always asking:

- What benefit would there be there or difference in treatment by admitting the resident to hospital?
- Can their care be managed appropriately in the current setting?

Residents with D&V symptoms associated with an outbreak: discharge from hospital back to the resident’s care home:

- Discharge to a home known not to be affected by an outbreak of vomiting and/or diarrhoea should not occur until the patient has been asymptomatic for at least 48 hours.
- Discharge to a home known to be affected by an outbreak at the time of discharge should not be delayed providing the home can safely meet the individual’s care needs.
- Those who have been exposed but asymptomatic patients may be discharged only on the advice of the local health protection organisation and infection prevention and control team. These recommendations should be formally agreed between hospitals and homes in a discharge policy.

Useful resources

GI illness awareness poster for staff
GI illness poster for visitors
GI illness case isolation poster for resident’s door
NHS - Norovirus information page
Norovirus and other gastrointestinal infections: outbreak control measures

An outbreak of gastrointestinal infection (GI) is defined as two or more cases of the same symptoms of diarrhoea/vomiting in the same setting, with a reasonable link between them, within 48 hours. In many cases of GI illness, especially norovirus, this link will simply be living in the same care home. Any queries should be clarified with the PHW Health Protection Team.

Affected areas

- Close affected areas (e.g. corridor or floor) to new admissions and transfers
- Restrict movement in affected areas to essential access (without restricting fire escape routes)
- Keep doors to single-occupancy rooms closed where risk assessment allows
- Place signs on entrance doors informing all visitors of the closed status
- Isolate affected residents where possible to their own room or a dedicated room
- Prepare for reopening by planning the earliest date for a deep clean

Staff and healthcare workers

- Ensure all staff are aware of the GI/norovirus situation and how norovirus is transmitted
- Ensure all staff are aware of the work exclusion policy (whilst symptomatic and until 48 hours after asymptomatic) and the need to go off duty IMMEDIATELY if they develop any symptoms
- Obtain stool samples from affected staff
- Allocate care staff to duties in either affected or non-affected areas of the home but not both unless unavoidable (e.g. therapists)

Resident and visitor information

- Provide all affected residents and visitors with information on the outbreak and the control measures they should adopt
- Advise visitors of the personal risk and how they might reduce this risk (washing hands)

Continuous monitoring and communications

- Inform CIW on 0300 7900 126
- Maintain an up to date record of all residents and staff with symptoms
- Monitor all affected residents for signs of dehydration and correct as necessary
- Maintain a regular briefing to the organisational management, Public Health Wales Health Protection Team and EHOs

Hand hygiene

- Use liquid soap and warm water as per "WHO 5 moments for hand hygiene" – see below
- Encourage and assist residents with hand hygiene

Personal Protective Equipment (PPE) – see PPE section

- Use gloves and apron to prevent personal contamination with faeces or vomit
- Consider use of face protection with a mask only if there is a risk of droplets or aerosols
**Environment**

- Remove exposed foods in communal areas, e.g. fruit bowls and chocolates, and prohibit eating and drinking by staff outside of staff room
- Enhanced cleaning and decontamination ensuring affected areas are cleaned and disinfected.
- Decontaminate frequently-touched surfaces with detergent and disinfectant containing 1000ppm available chlorine (see disinfection information below).
- For environment see spill kit section - decontaminate all faecal and vomit spillages: chlorine (see disinfection advice below).

**Equipment**

- Use single-resident use equipment wherever possible
- Discard all waste as infectious waste (orange/striped bags not black landfill bags)
- Decontaminate all other equipment immediately after use

**Linen and clothing**

- Wear PPE to deal with any contaminated linen
- Collect soiled lined in specially designated, washable soil bags (water-soluble or approved reusable)
- Use the most direct route to the laundry
- Do not sluice soiled linen or clothing
- Use a washing cycle of 60°C or higher
- Decontaminate trolleys and baskets if used
- See useful information for relatives and friends on washing clothes at home

**Useful resources:**

Health Protection Team at Public Health Wales contact numbers

PHW Infection Prevention and Control in Care Homes – All Wales Guidance
Important notice for all staff

We have had cases of diarrhoea/vomiting in our home

ALL staff should follow these control measures:

- No staff with diarrhoea/vomiting symptoms to come to work
- Symptomatic staff must not return to work until 48hrs after symptoms have cleared

1. Restrict:
   - Staff movement between floors/areas – stick to assigned area/floor/resident group
   - Access to the home to essential visitors only
   - Resident movement between floors/areas
   - Re-schedule non-essential outpatient appointments in those affected (discuss with hospital IP&C team)
   - Unwell residents to stay in their own bedrooms where possible and risk assessment allows

2. Prevention and control measures
   - Reinforce good hand-washing practice before and after interactions with residents (hand hygiene)
   - Use gloves and aprons when attending to ALL residents and dispose of these items PRIOR to leaving their room in a yellow clinical waste bin/bag.
   - Keep bedroom doors closed if occupants have diarrhoea and vomiting, according to risk assessment
   - Decontaminate commodes / equipment after each use.
   - Minimum 3x daily cleaning and disinfection of frequent “touch points” such as toilet flushes, grab rails, door handles, light switches, telephones, keypads etc.
   - Home approved disinfectants to be used for cleaning ALL surfaces on a regular basis
   - DO NOT ALLOW exposed or communal foods for staff / residents (e.g. chocolates and fruit bowls)

3. Inform
   - Residents, friends and family of the reason for visitors’ restriction
   - Residents admitted to hospital: inform ambulance staff and hospital of D&V - refer via Patient Access / Bed Manager, not directly to A&E
   - All residents to be on fluid charts during outbreaks
   - Health messages to residents / visitors should be passed on by the qualified nurse or management

If you have any queries, please see the manager
VISITORS IMPORTANT NOTICE

We have cases of diarrhoea/vomiting in our home

We are restricting visiting.

Please help us to manage sickness by:

1. Letting us know if you or someone you live with has been suffering from any diarrhoea or vomiting symptoms. If you do - **PLEASE DO NOT VISIT UNTIL 48 HOURS AFTER YOUR SYMPTOMS HAVE STOPPED**
   (Instead of visiting, please phone and make an enquiry)

2. If you do visit, please report to the person in charge prior to visiting any resident

3. If you do visit, please avoid visiting more than one resident

4. Please **wash your hands before and after** visiting relatives/friends and use the hand sanitiser in reception as you enter and leave the home

5. We recommend that no babies or children visit at this time

Thank you for your co-operation
**Important notice for all staff**

**DIARRHOEA / VOMITING ISOLATION**

1. Wash hands before entering and after leaving this room
2. Wear an apron and gloves when entering this room
3. Dispose of apron & gloves into “yellow” waste bin/bag in room **before** leaving
4. Wash hands thoroughly after disposing of PPE

If you have any queries, please see the manager

THANK YOU
Norovirus overview

**Symptoms**
Sudden onset of non-bloody, watery diarrhoea and/or vomiting which can be projectile. Abdominal cramps, muscle aches, headache, a feeling of weakness and a slightly raised temperature. People can become symptom free then relapse with more symptoms a few days later. Norovirus should be suspected in anyone who develops diarrhoea with or without vomiting and without any other obvious cause.

**Spread**
By direct contact transmission (touching someone) e.g. by not washing their hands after contact with faeces. Hands may be contaminated with norovirus without appearing visibly soiled.

By indirect contact transmission (touching something) e.g. contaminated object, such as a commode, furniture or equipment in the environment of an infected person.

Droplet transmission (spreading in the air) e.g. excessive vomiting can spread large quantities of virus in droplets which can contaminate surfaces of the care home.

**Incubation period**
The time from coming into contact with the virus to becoming ill is usually between 12-48 hours.

**Infectivity**
People with norovirus infection usually stop having symptoms within 2-3 days, but 40% of people can still have symptoms at 4 days. People are considered infectious until 48 hours after their bowel habit has returned to what is normal for them.

**Survival in the environment**
Norovirus can survive on any surface including equipment for at least a week.

**Hand hygiene**
Norovirus remains active for several days on surfaces that have been touched and hands can and will transfer the virus. Alcohol based hand rubs (ABHRs) do not kill or remove norovirus, therefore:

- Residents rooms and communal toilets should have a hand wash basin, liquid soap, paper towels and a foot operated pedal bin.
- Always use liquid soap and warm running water for routine hand hygiene.
- **Do not** use ABHRs alone, when there is an outbreak of diarrhoea and/or vomiting (possible norovirus outbreak), or when caring for a resident who has diarrhoea and/or vomiting.
- Hands can and will be contaminated with the virus during routine activities like touching doors and telephones therefore frequent hand washing is necessary – follow the [5 moments for hand hygiene](#) and wash your hands

**NB:** Alcohol based hand rubs must be used before an aseptic technique after undertaking a routine hand wash.
Norovirus: avoiding unnecessary hospital admission

Aim:
To manage residents within their own home environment without the need to resort to acute hospital admission by treating individual residents appropriately to promote recovery

Early detection:
Medical and nursing review → Early support and advice → Standard precautions

Investigations:
- Observations (temperature, blood pressure, pulse)
- Stool samples / other samples
- Fluid balance charts

Monitoring:
- Assess hydration / Nutrition
- Awareness of reduced mobility / risk of falls
- Pressure area care / mouth care
- Awareness of social isolation

Residents who have a higher of complications due to norovirus:
- Diabetics
- Heart failure
- Chronic kidney disease / Renal failure / Acute Kidney injury
- COPD
- Cancer
- Frail elderly / Dementia residents
- Certain medications

Treatment and recovery:
- Close liaison with GP practice and early review within the home setting
- Ensure hydration and nutritional needs are met
- Clinical management plans (Recovery minimum 4-5 days)

Always ask
- What benefit or difference in treatment would there be by admitting the resident to hospital?
- Can their care be managed appropriately in the current setting?

Useful links:
Guidance for management of norovirus outbreaks in social care settings
King’s Fund – avoiding hospital admissions case studies (integration of primary and social care)
Norovirus information leaflet

Please visit go to the PHW website for the full leaflet (4 pages) to print.

What is Norovirus?

You've probably heard of the "winter vomiting bug" - that's what people call norovirus. Just because it's more common in winter, you can catch it at any time of year though. It spreads very easily, and it can affect anyone of any age, causing vomiting and diarrhoea.

Stay at home

Keep it to yourself

Advice for everyone

CADWCH O I CH’CH HUN
GRARTREF

Beth ydi noropeiriws?

Mae’n debyg eich bod wedi chwydd amd ti fy chwyr’r geisaf - ynorovirus. Ni allai’r geisaf ei wneud hefyd ymlaen o blwyddyn i blwyddyn gan ddefnyddio’r sefyllfa a oes am ei hoffi. Mae’n debyg eich bod wedi chwydd am, ac mae’n debyg eich bod wedi chwydd am ymlaen o blwyddyn i blwyddyn gan ddefnyddio’r sefyllfa a oes am ei hoffi.

You can print the full leaflet (4 pages) from the PHW website.
## Gastrointestinal Outbreak Record Form

<table>
<thead>
<tr>
<th>Full name, DOB, Sex (M/F)</th>
<th>Resident or staff (R/S)</th>
<th>Symptoms (D/V/D&amp;V/N/F/SC*)</th>
<th>Relevant past medical history</th>
<th>Onset date &amp; time</th>
<th>Symptom end date &amp; time</th>
<th>Resident location</th>
<th>Isolated (Y/N)</th>
<th>Reviewed by GP (Y/N and date)</th>
<th>Hospitalised (Y/N and date)</th>
<th>Stool sample sent (Y/N and date)</th>
<th>Date notified to HPT</th>
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</table>

*D = Diarrhoea; V = Vomiting; D&V = Diarrhoea & vomiting; N = Nausea; F = Fever; SC = Stomach Cramps
Hand hygiene

Proper and thorough hand hygiene is the essential, principal preventative measure for minimising and controlling infections.

**Hand washing benefits:**

- Helps minimise the spread of viral and bacterial infections
- Most important way to avoid transmission of harmful organisms and prevent cross infection
- Removes organic material and contaminants

**When hand hygiene is required:**

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

**Most commonly missed areas:**

<table>
<thead>
<tr>
<th>Area</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back of hand</td>
<td>Most frequently missed</td>
</tr>
<tr>
<td>Front of hand</td>
<td>Less frequently missed</td>
</tr>
</tbody>
</table>
How to hand wash

0. Wet hands with water
1. Apply enough soap to cover all hand surfaces.
2. Rub hands palm to palm
3. Right palm over left dorsum with interlaced fingers and vice versa.
4. Palm to palm with fingers interlaced.
5. Backs of fingers to opposing palms with fingers interlocked.
6. Rotational rubbing of left thumb clasped in right palm and vice versa.
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
8. Rinse hands with water.
9. Dry thoroughly with a single use towel.
10. Use towel to turn off faucet.
11. ...and your hands are safe.

Alcohol gels/rubs are NOT effective on soiled hands – after cleaning up vomit and diarrhoea use soap and water

Useful resources

PHW Infection Prevention and Control in Care Homes – All Wales Guidance

Useful links:

Five moments for hand hygiene – WHO webpage
Five moments for hand hygiene poster
WHO - How to hand wash & hand rub poster
Hand Hygiene Infection Control Audit

**Standards:** Hands will be decontaminated correctly and in a timely manner using a cleansing agent, at the facilities available to reduce the risk of cross infection.

**Date:** ........................................   **Auditor:** .................................................................

<table>
<thead>
<tr>
<th>Environment</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Liquid soap dispensers at each hand washing sink</td>
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<td></td>
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<tr>
<td>Disposable paper towels are available at all hand washing sinks</td>
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<tr>
<td>Hand washing sinks are clean and intact (check sink, taps, splash backs)</td>
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<tr>
<td>Warm water is used to wash hands</td>
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</table>

**Alcohol hand rub is available for use:**

<table>
<thead>
<tr>
<th>Entrance/exit to each floor</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Portable for clinical procedures</td>
<td></td>
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<tr>
<td>Alcohol based hand gel is used appropriately</td>
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</table>

**Hand Care**

<table>
<thead>
<tr>
<th>Staff nails, are short, clean, no nail varnish or false nails</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Hands and wrists are free of watches and jewellery (plain wedding bands only)</td>
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<tr>
<td>Hand washing poster are displayed in area visible to staff before and after resident contact and at each sink</td>
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<tr>
<td>Residents are offered hand hygiene facilities after using the toilet (e.g. - wipes)</td>
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</table>

**Observational Audit Hand washing Technique**

<table>
<thead>
<tr>
<th>Staff used correct procedure to wash hands</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Ancillary staff use correct procedure to wash hands</td>
<td></td>
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<tr>
<td>Staff indicate when it is appropriate to use alcohol gel</td>
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</table>

**Observation: Hand hygiene performed following:**

<table>
<thead>
<tr>
<th>Before Contact</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>After Contact (removal of gloves)</td>
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**IP&C Audit tools for care homes**

- Infection Prevention and Control posters, leaflets and audit tools
- Aseptic Technique Competency
- Aseptic Technique Procedure
- Decontamination of Equipment
- Hand Hygiene
- Environmental Cleanliness
Personal Protective Equipment (PPE)

Appropriate PPE helps protect residents, visitors and staff from infection. An adequate supply, which can cope with outbreak consumption levels, is essential. Selection and use of PPE is subject to careful assessment of the task to be undertaken and its related risks to both the resident and the care worker.

All PPE should be stored in a clean, dry area so that it does not become contaminated. **PPE is not a substitute for hand hygiene** and staff should ensure they thoroughly wash their hands following the removal of protective equipment. The principal PPE items are disposable gloves and aprons.

Task assessment:

- **who** is at risk and whether sterile or non-sterile gloves are required
- **what** the risk is (potential for exposure to blood, body fluids, secretions or excretions or introduction of micro-organisms into a sterile site)
- **where** the risk is, (contact with non-intact skin/mucous membranes during general care or due to an invasive procedure)

Disposable gloves:

- Required when contact with blood or body fluids or non-intact skin is anticipated
- They should be single use and well-fitting
- Sensitivity to natural rubber latex in residents, carers and care personnel should be documented
- Alternatives to latex gloves should be available, e.g. nitrile gloves.
- Powdered latex gloves should not be used.
- **Additionally**, a supply of sterile single use latex/latex alternative gloves should be used when undertaking invasive procedures
- Gloves should be discarded after each care activity for which they were worn, followed by hand washing, **before** contact with other items such as door handles, curtains, telephones and pens.
- It is never acceptable to wash gloves rather than change them

Disposable plastic aprons:

- Should be worn when there is any risk of clothing being contaminated (splash or spray) with blood or body fluids, or when a resident has a known infection (during direct care, bed-making or when undertaking the decontamination of equipment).
- Plastic aprons are single-use items, and should be used for one procedure or episode of care and then discarded as clinical waste on completion of the task.

Face masks and face protection

- Suitable eye and face protection such as visors should be used if there is a risk of blood and body fluid splash into the eyes, nose and mouth.
- Face masks should **only be used** on the advice of the infection prevention and control personnel, or when required by policy

Useful resources:

- [HSE PPE webpages](#)
- [Royal College of Nursing PPE webpage](#)
Decontamination procedures

Decontamination is the combination of processes (including cleaning, disinfection and sterilization) used to make objects and surfaces safe for further use. Effective decontamination is essential in reducing the risk of transmission of infectious agents. These procedures will ensure effective cleaning of vomit and diarrhoea which can be, and should be treated as, highly infectious.

**Identify definite or suspected vomit/diarrhoea spillage area(s)**
- Any vomit/diarrhoea spillages should be dealt with immediately
- Ensure adequate stock of cleaning equipment, paper towels, PPE, disinfectants and spill kits

**Protect yourself from infection**
- Wear disposable gloves and apron

**What's in a spill kit**
Spill kits are available for either Blood/biohazards or Vomit, sputum, saliva, urine and faeces

Spill kits typically contain the following items:
- 1 x pair nitrile gloves
- 1 x apron
- 1 x relevant quantity of biocide disinfecting granules sachet / chlorine tablets
- 1 x scoop and scraper
- 1 x clinical waste bag
- Paper towels
- Illustrated instructions

**Using a spill kit**
- Use granules provided with a spillage pack (follow instructions) or, paper towels/alternative to soak up the excess liquid
- Transfer these and any solid matter directly into a waste bag - you can use the disposable bag and scoop/scaper provided with the spillage pack
- Wash hands thoroughly using liquid soap, warm water and dry them

**Clean the vomit/diarrhoea contaminated area within a 2 metre radius (see flowchart)**
- Clean the contaminated area with detergent and hot water, using a disposable cloth
- Disinfect the contaminated area, including hand contact surfaces, with freshly made 1000ppm (0.1%) hypochlorite solution (bleach) and ensure sufficient contact time according to manufacturer instructions.
- Ensure mobile equipment is moved within the contaminated area to allow effective deep cleaning
- Dispose of all materials within contaminated area that cannot be sufficiently cleaned & disinfected
- Ensure ALL cleaning activities are undertaken in a methodical manner to prevent re-contamination
- Dispose of gloves, apron and cloths into the waste bag – seal all contents into the bag and dispose in external waste receptacle for hazardous waste (orange/striped bag).
- Wash hands thoroughly using liquid soap, warm water and dry them
Deep cleaning

- **Deep cleaning** needs to take place on a routine schedule AND once any outbreak has been declared over by the Public Health Wales Health Protection Team.

- Thoroughly decontaminate (clean and disinfect) everything you can. Soft furnishings require specific attention with dedicated devices such as steam cleaners.

- Concentrate on surfaces that may have been indirectly contaminated by hands and feet (i.e. corridors, floors, tables, chairs, walls, hand rails).

Toilets

- Diligence around required toilet cleaning and disinfection is necessary during cases of vomiting or diarrhoea.

- Ensure hand contact surfaces are thoroughly disinfected (i.e. toilet flushes, hand wash taps, door handles).

- Check hand wash provisions (soap, hot water, paper towels) and report any problems with hand washing facilities.

Cleaning equipment and supplies

- All cleaning equipment must be thoroughly cleaned and disinfected after use.

- Ensure no drips from it occur on transportation to the cleaning station / sluice.

Record all details

- Record all necessary details of the deep clean including chemicals used and areas, furnishings and articles cleaned.

Useful links:

- HSE – COSHH and cleanser key messages
- HSE – Diluting chemical concentrates
- HSE – Storing chemical products
- HSE – Manual cleaning and disinfecting surfaces
- HSE - Cleaning up body fluids
- Decontamination and disinfection guidance
- Decontamination during outbreaks
- Hygiene audit tools for care homes
Decontamination during outbreaks

Proper and thorough decontamination is required at all times to prevent infection in care homes. It is even more important to prevent spread of illness during outbreaks. This requires more attention than routine domestic cleaning.

Soiling and spillsages: (never use a vacuum cleaner for vomit or diarrhoea)

1. Wear appropriate PPE including disposable gloves and apron – use a spill kit
2. Use spill signage and barriers to warn others of the spillage area and that action is being taken
3. Clear up bulk of spillage using dedicated scoops and scrapers
4. Discard material immediately into dedicated waste bag
5. Biocide granules and powders help neutralise infectious body fluids, vomitus or faeces
6. Use dedicated washable brush/disposable cloth to clean area with detergent and hot water
7. Disinfect the area using a solution of 0.1% sodium hypochlorite (1000ppm available chlorine) in accordance with manufacturer’s instructions
8. Dry the area thoroughly and discard all PPE and disposable materials into the dedicated waste bag
9. Wash hands with liquid soap and warm water
10. Clean and disinfect reusable equipment using PPE and discard of PPE in dedicated waste bag (BAG the cleaning items if drips are likely on route to the cleaning station)

Note – Dedicated spill kits can be purchased with items and instructions for all the above points

Deep cleaning checklist after outbreak is declared over

1. Discard unused disposable care items
2. If items cannot be appropriately cleaned, consider discarding these items
3. Remove window and privacy curtains avoiding unnecessary agitation for laundering
4. Remove bed linen and unused linen for laundering
5. Decontaminate all reusable equipment in accordance with manufacturer’s instructions
6. Thoroughly clean all surfaces with neutral detergent. Use chlorine releasing agent (diluted to 1,000ppm) where items/surfaces allow available chlorine this should be used following cleaning or a combined chlorine and detergent product should be used and then dried.
7. Steam cleaning upholstered furniture and bed mattresses present in rooms is recommended
8. After cleaning, disinfect with 0.1% sodium hypochlorite (1000 ppm available chlorine)

Can I use steam cleaners?

Steam cleaning is highly effective at removing organic matter but may not inactivate norovirus. Therefore, hypochlorite disinfection (see product advice below) is still required for areas which have been previously steam cleaned. Separate, disposable single-use cloths should be used for each bed space.

Useful links:

Wales National Infection Prevention and Control Manual
Wales Infection Prevention and Control e-manual
PHW Infection prevention and control website
Guidance for management of norovirus outbreaks in social care settings
Decontamination flowchart (diarrhoea/vomiting)

Wear appropriate PPE (i.e. disposable gloves/apron)

If spillage is on **soft furnishings** DO NOT USE chlorine releasing agents

Wash area with disposable paper towels (or dedicated equipment) and a solution of general purpose detergent and warm running water. Steam cleaning is advised.

Remove any gross contamination (e.g. vomit/faeces) with a **spill kit**

Apply a solution of **1,000 ppm** available chlorine releasing agents. Follow manufacturer’s instructions or leave for 3 minutes.

Use disposable paper towels to clear the area and discard these into the healthcare waste bag.

Thoroughly decontaminate the cleaning equipment using a solution of **1,000 ppm** available chlorine releasing agents. Follow manufacturer’s instructions or leave for 3 minutes. Then clean with a neutral detergent.

Wash area with disposable paper towels (or dedicated equipment) and a solution of general purpose detergent and warm running water.

Dry area or allow to air dry.

Discard paper towels and disposable Personal Protective Equipment worn immediately into the healthcare (including clinical) waste.

**Wash your hands**
Disinfection and dilution: product advice

Always follow the manufacturer’s instructions for the product you are using. All chemicals should be stored safely and securely in accordance to HSE guidelines. The concentration needed to kill norovirus should be 1000 parts per million (ppm) or 0.1% available chlorine. However, the dilution rates and contact times for hypochlorite solutions will vary with each product even with domestic bottles of bleach. If you are struggling to work this out, the following information below provides dilution rates and contact times for 2 commonly used products:

**Milton fluid** (containing 2% hypochlorite)

- This should be diluted to 1 in 20 (i.e. divide the volume of water by 20 to calculate volume of Milton required) e.g. for 1 litre (1000ml) of water add 50 ml of Milton
- Wipe over pre-cleaned surfaces. Ensure a contact time of 4 minutes

**Milton tablets**

- Use 1 Milton tablet for every 500ml water to create a 1000ppm solution
- Ensure a 4-minute contact time is used on the area to be disinfected.

You can also refer to a YouTube video about the product and correct making it up.


**Actichlor Tablets**

Ecolab Actichlor Tablets are an effective against Norovirus (follow the instructions for use to make up a 1,000ppm available chlorine). If in any doubt about product use always check with the manufacturer, especially regarding contact times. For Ecolab Actichlor tablets product needs to be in contact with surface for a minimum of 5 minutes.

You can also refer to a video about Ecolab Actichlor Tablets and correctly making it up.
Washing clothes and linen on site or at home

Sometimes it may be necessary for staff in care homes to ask a relative or friend of a resident to wash clothes at home. This is the PHW advice to anyone who washes their friend’s or relative’s clothing at home. A leaflet for friends/relatives can be found at the link below.

The risk of infection when washing patient clothes at home is low and this information in will help you and the friends/relatives to handle the clothes safely. Home staff should tell friends and relatives the main things that should be done but if they are unclear or concerned a copy of the PHW leaflet can be printed from the link below.

- The clothes should be given to you to take home inside a tied plastic bag
- Before dealing with any dirty clothes, cover any cuts or skin sores on your hand and lower arms with waterproof plasters
- Put on a pair of household rubber gloves before removing the clothes from the plastic bag. Put the clothes directly from the plastic bag into the washing machine, keeping them away from your body
- Try to avoid handling or sorting the clothes. Do not shake them. Do not soak them or hand wash them
- Put the plastic bag into your household waste bin immediately you have emptied it
- Wash these clothes separately from other laundry you may have, and don’t overload the washing machine
- Before taking off the rubber gloves, wash them with soap and warm water. Then wash your hands thoroughly with soap and warm water, after taking off the rubber gloves
- If the outside of the machine becomes soiled when loading it, clean it with a general purpose cleaner and put the cleaning cloth in the bin when finished. Wear rubber gloves when doing this, and wash your hands with soap and warm water afterwards
- Use your normal washing powder/liquid in the washing machine
- Wash the clothes using the highest temperature possible as per the care instructions on the label.
- Tumble dry the clothes where possible as per the care instructions. Otherwise, thoroughly air dry on a washing line or clothes horse
- When dry, iron on the hottest setting as per care instructions on the label
- Take the clothes back to the patient in a clean bag

Useful links:

PHW leaflet for friends and relatives on washing clothes at home
Vaccinations overview

This list is an overview of common immunisations administered in homes for the elderly. It is intended to act as an aide-memoir, not be exhaustive. All residents and staff should have their immunisation status clearly recorded in home records which should be immediately accessible on request by health professionals. If the person being immunised has any allergies or previous reactions to vaccines consult a doctor first.

**Influenza (Flu):**

**Who** – Residents and staff

**When** – Annual. Single injection. Ideally in October or November, but having it is better than not having it.

**What** – Flu vaccination to protect against the strains of flu likely to be circulating that season.

**Age** – All care home residents, irrespective of age. All staff with direct resident contact.

**Special groups** - All care home residents are at risk from influenza and are eligible for free influenza immunisation, irrespective of underlying medical conditions. All frontline care-home staff are eligible for free influenza immunisation in 2018-19 influenza season, and are encouraged to have influenza immunisation to prevent flu in themselves, colleagues and residents.

**Note** - the risk group requiring vaccination can alter upon an annual basis, so if uncertain staff should seek specialist advice.

**Pneumococcal infections:**

**Who** – Residents (including clinical risk groups) and staff

**When** – One-off. Single injection

**What** – PPV vaccination

**Age** – Residents and staff aged 65 years (or over if have not received it)

**Clinical risk groups** - Those under 65 years if they have chronic heart disease, chronic lung disease, kidney disease, liver disease, diabetes, a weakened immune system or on certain medications, splenic dysfunction, have had a cochlear implant or a cerebrospinal fluid leak. (green book chapter 25 p6)

**Note** - the risk group requiring vaccination can alter upon an annual basis, so if uncertain staff should seek specialist advice.

**Shingles:**

**Who** – Residents

**When** – One-off. Single injection. (Phased administration by year of birth since 2013)

**What** – Shingles vaccination

**Age** – Residents aged 70-79 years.

**Note** - Advice can be sought from GP surgeries if staff are uncertain. The shingles vaccine is a single dose course; the need for further doses is currently unknown. The shingles vaccine works very well in people who have had shingles before and it will boost your immunity against further shingles attacks.

https://www.nhs.uk/conditions/vaccinations/shingles-vaccination/
**Hepatitis B:**

**Who** – Residents and staff

**When** – Three doses.

**Where** – Thigh

**What** – Hepatitis B vaccination

**Age** – All staff and residents at high risk of exposure to the virus or complications of the disease is recommended.

[https://www.nhs.uk/conditions/vaccinations/hepatitis-b-vaccine/](https://www.nhs.uk/conditions/vaccinations/hepatitis-b-vaccine/)

**Recommended vaccination groups** - Those who:

1. are receiving regular blood or blood products and their carers
2. have chronic kidney disease
3. have chronic liver disease
4. have learning difficulties in residential accommodation

**Note** - Advice can be sought from GP surgeries if staff are uncertain.

**MMR:**

**Who** – Staff

**When** – Two doses (2 doses are given at 12-13 months and 40 months of age under routine UK schedule).

**What** – MMR vaccination

**Age** – MMR vaccine is especially important in the context of the ability of staff to transmit measles or rubella infections to vulnerable groups. While healthcare workers may need MMR vaccination for their own benefit, they should also be immune to measles and rubella in order to protect residents. Satisfactory evidence of protection would include official documentation of having received two doses of MMR or having had positive antibody tests for measles and rubella.

**Other vaccines:**

Some residents will be at increased risk to certain vaccine preventable diseases as a result of a medical condition, or treatment. Full assessment of each individual by care home staff / practice nurse / GP is necessary to determine if further vaccinations are required.

**Useful links:**


Information and guidance regarding all vaccine preventable disease can be found within Immunisation Against Infectious Disease 2006 – The ‘Green Book’ (Department of Health, 2006) [www.immunisation.dh.gov.uk/category/the-green-book](http://www.immunisation.dh.gov.uk/category/the-green-book)

Additional vaccine preventable disease information can also be accessed via Public Health Wales Vaccine Preventable Disease Program (VPDP) [www.wales.nhs.uk/immunisation](http://www.wales.nhs.uk/immunisation)

Routine immunisation schedule for Wales