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## Information Pack for Care Homes in Wales 2022-2023

(Influenza, COVID-19 and *Streptococcus pneumoniae*)

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**Date of issue:** 9th January 2023

**Version:** 1a

**Review date:** Spring 2023

### Distribution:

- Adult care homes in Wales
- Public Health Wales Health Protection and Out-of-Hours staff
- Care Inspectorate Wales
- Public / Partners (via corporate website)

### Purpose and summary of document:

This document is designed to be used by Care Homes in Wales for the 2022-2023 winter season.

The document outlines useful information on certain specific acute respiratory infections (ARIs) of public health importance, namely COVID-19, Influenza and *Streptococcus pneumoniae*.

The document provides information on how Care Home staff, residents and health care providers can work together to help prevent illness and manage cases of infection should they arise in the care home setting.

### Relevant Guidance

This information pack should be read in conjunction with the following guidance:

[Infection Prevention and Control Measures for SARS-CoV-2 \(COVID-19\) in Health and Care Settings in Wales](#)

[National Infection Prevention and Control Manual \(NIPCM\)](#)

[SOP 01 \(Management of Acute Respiratory Infection incidents in care & residential settings for 2022/23\)](#)

[Quick reference guide for care and residential settings v1 2022/23](#)

[Welsh Government – Social Care Guidance](#)

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## Introduction

The aim of this pack is to provide information to senior care home staff on the prevention and management of cases of flu, COVID-19 or *Streptococcus pneumoniae* in the care home setting.

The term “Acute Respiratory Infections” (ARIs) is used to capture illness caused by a wide variety of common viruses and bacteria

Acute respiratory infections of public health significance, specifically influenza (flu), COVID-19 and *Streptococcus pneumoniae* (also known as *S. pneumoniae* or pneumococcus) are common infectious diseases which are most prevalent during winter months.

Other acute respiratory infections such as human metapneumovirus, respiratory syncytial virus (RSV), parainfluenza and rhinovirus (a common cold virus) are also extremely common infections during the winter season but, whilst they can cause illness for individuals, they do not usually cause severe outbreaks in adult care home settings.

Acute respiratory infections can have serious consequences for vulnerable people as they are often elderly and frail with underlying health conditions. These infections spread rapidly in enclosed environments such as care homes due to the close contact between residents, staff and visitors.

**This pack focuses on three acute respiratory infections of public health significance – influenza, COVID-19 and *S. pneumoniae*.**

## Acute respiratory infections (ARIs)

Acute Respiratory Infections can spread easily in care home settings, putting residents, staff, families and visitors at risk.

Since there are so many different causes of acute respiratory infections, the symptoms can vary considerably. They may include:

- Continuous cough
- High temperature, fever or chills

- Headache that is unusual or longer lasting than usual
- Sore throat
- Coryza (stuffy or runny nose)
- Loss of, or change in, sense of smell or taste (characteristic of COVID-19)
- Shortness of breath
- Malaise (unexplained tiredness, lack of energy)
- Myalgia (muscle aches or pains that are not due to exercise)
- Anorexia (not wanting to eat or not feeling hungry) Nausea and/or vomiting
- Diarrhoea (with no other explanation)

Older people may not develop characteristic symptoms. Illness might show itself by a general decline in abilities or increased confusion.

## What is influenza (flu)?

Flu is a highly infectious viral illness. Complications of flu can include bacterial chest infections and meningitis. They can be life threatening and complications are most common in the very young, older people and people with certain underlying health conditions.

## What is COVID-19?

COVID-19 is caused by the SARS-CoV-2 virus: it first emerged as a pandemic in 2019-2020.

Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. COVID-19 can be life-threatening.

## What is *Streptococcus pneumoniae*?

*Streptococcus pneumoniae* (*S. pneumoniae* or pneumococcus) is a bacteria that is often carried harmlessly by many of us in our nose and throat.

However, it can sometimes cause infections in vulnerable people. *S. pneumoniae* is the main cause of community acquired pneumonia and

meningitis in children and the elderly, and of sepsis in those infected with HIV.

Pneumococcal infections usually fall into one of two categories:

- Non-invasive – these occur outside the major organs or the blood and tend to be less serious
- Invasive – these occur inside a major organ or the blood and tend to be more serious

Cases of invasive pneumococcal infection usually peak in the winter, during December and January. People with a weakened immune system are most at risk of catching a pneumococcal infection.

## **How are acute respiratory infections spread?**

ARIs can very easily spread from person-to-person. For this reason, it is important that people with an ARI should avoid contact with vulnerable individuals during their period of infectiousness. For residents, see current [guidance for people with symptoms of a respiratory infection, including COVID-19](#)

ARI can be transmitted by:

### **Droplet and Airborne Particles**

ARI can be caught and spread via respiratory droplets and/or airborne particles, that is through inhaling or having exposure to the infected person's respiratory secretions which are released into the air when they cough, sneeze, laugh or sing. This is why respiratory etiquette is important. Respiratory etiquette includes:

- Covering your mouth and nose with a tissue when coughing or sneezing;
- Dispose of the tissue in the nearest waste receptacle after use;
- Perform hand hygiene (e.g. hand washing with soap and water) after having contact with respiratory secretions and contaminated objects/materials.

**Direct contact** – through direct skin to skin contact, an infected person can pass the virus on for example by hand-to-hand contact e.g. shaking hands, or from contact with contaminated equipment or items. This is why hand hygiene and environmental cleaning are important.

**Indirect contact** – influenza (flu), COVID-19 and *S. pneumoniae* can survive on surfaces in the environment. People can therefore pick up the infection through contact, such as handling used paper tissues or equipment contaminated with respiratory secretions. This is why environmental cleaning and hand hygiene are important.

## How are acute respiratory infections prevented?

Care Home and social care staff have a duty of care to protect their clients/residents from acute respiratory infections ([Social Services and Well-being \(Wales\) Act 2014](#) ; [Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014](#))

There are four main ways to protect against acute respiratory infections:

1. Vaccination
2. Isolation/Exclusion
3. Treatment & Prophylaxis
4. Infection Prevention and Control

### 1. Vaccination

Vaccination remains the first line of defence and being fully up to date with all recommended vaccines is critical to protecting individuals in care homes. That is why it is important that everyone who is eligible takes up the offer of a vaccine (including any booster doses) when they are due, as it helps to ensure they have the best protection these vaccines offer.

Evidence shows that high levels of vaccination uptake amongst care home residents and staff helps to prevent acute respiratory infections in care homes.

All care home managers (or their deputy) are responsible for taking a planned approach in encouraging all their staff to take up the offer of flu and COVID-19 vaccinations.

Employers of staff in care homes should actively promote the benefit of vaccination by giving staff balanced, correct and timely information, and help staff to understand that if they decline their flu and/or COVID-19 vaccines they put themselves, their families, the people they care for and their service at unnecessary risk.

[Immunisation training resources and events - Public Health Wales](#) a specific page for Immunisation training resources and events on the PHW website.

[Immunisation and Vaccines - Public Health Wales \(nhs.wales\)](#) information regarding vaccinations for care home residents, next of kin and staff.

The following link to the NICE guidelines offers advice on how to increase uptake of the free flu vaccination among people who are eligible.

[Overview | Flu vaccination: increasing uptake | Guidance | NICE](#)

Employers should support care home staff to access their free NHS flu vaccinations. Staff should not be directed to seek **flu** immunisation from their GP surgery unless they are in a risk group (e.g. if they have a long-term health condition).

Most community pharmacies in Wales provide free flu and/or COVID vaccine for care home staff. An invitation letter can help remind staff to get their vaccine. Standard invitation letters are included within this pack (APPENDIX 1 & 2). For local community pharmacies, see [Pharmacies near you](#). To find out how to get the flu and COVID-19 Autumn booster please visit [Flu vaccine and COVID-19 Booster](#).

Care home managers should also encourage and facilitate vaccination, as appropriate, for their residents. This is generally done via primary care services.

It is crucial to maintain accurate and up to date records of staff and residents' vaccination status as this information helps you to risk assess should a case or outbreak occur in the care home.

- All care home staff who are in regular contact with residents in adult care homes in Wales are entitled to a FREE flu and COVID-19 vaccine from their local community pharmacy/Health Board/Trust.

### About flu vaccination

Annual flu vaccination is one of the best ways to protect against catching or spreading flu.

Care home staff are highly recommended to have annual flu vaccination. This is to protect themselves, their friends and family, and the residents in their care home, some of whom are likely to be the most vulnerable people in society.

Flu vaccination **cannot** give you flu.

Annual flu vaccination is recommended for a wide range of people including those at increased risk of becoming very ill if they catch it, due to age or a long-term health condition, and all care home residents and staff.

The flu vaccine is usually available from the end of September each year. It can take up to 14 days for the immune system to fully respond to the vaccine. Therefore, to be best protected, it's important to be vaccinated before flu starts circulating in the community. However, the vaccine can still offer protection against flu even when given later in the winter season.

The flu vaccine composition is reviewed each year by the World Health Organization (WHO) to help ensure the vaccine provides the best protection. This is because different types/strains of flu virus circulate each winter. This is why eligible people should be vaccinated every year as well as due to waning immunity.

It is still possible to get influenza infection after being vaccinated, however symptoms are likely to be milder (or absent) in people who have received vaccine.

### About COVID-19 vaccination

Safe and effective vaccines are available that provide protection against serious illness, hospitalisation and death from variants of the SARS-CoV-2 virus.

Millions of people around the world have been vaccinated against COVID-19.

Staff and residents are encouraged to take up the offer of all COVID-19 vaccine doses recommended as soon as possible, including booster doses.



It is still possible to get COVID-19 infection after being vaccinated, however symptoms are likely to be milder (or absent) in people who have received vaccine.

### About Pneumococcal vaccination

People who are at increased risk of serious pneumococcal infection are eligible for a pneumococcal vaccination. This vaccine for adults is called Pneumococcal polysaccharide Vaccine (PPV for short). Those eligible include adults aged 65 years and over as well as individuals with certain long-term health conditions, such as a serious heart or kidney condition.

The pneumococcal vaccine protects against infections caused by the most common types of pneumococcal bacteria.

## 2. Isolation/Exclusion

ARIs can very easily spread from person-to-person. For this reason, it is important that people with an ARI should avoid contact with vulnerable individuals during their period of infectiousness.

For residents, see current [guidance for people with symptoms of a respiratory infection, including COVID-19](#)

Table 1 details the incubation and infectious periods and provides isolation/exclusion advice on flu, COVID-19 and *S. pneumoniae*.

<b>Table 1</b>	<b>Flu</b>	<b>COVID-19</b>	<b>S. pneumoniae</b>
<b>Incubation period (time from picking up an infection to developing symptoms)</b>	1 to 3 days	5-6 days on average (range 1-14 days)	range can be as short as one to 3 days.
<b>Infectious period (time during which you can pass the infection on to others)</b>	1 day before symptoms appear to 5 days after onset of symptoms*	2 days before symptoms appear and can be infectious for up to 10 days*.	Unknown. Transmission can occur if the germ is present in respiratory secretions.

<b>Staff</b>	Exclude from work for at least the first 5 days after onset of symptoms. Then staff can return when they no longer have any symptoms.	Always follow current Welsh Government advice on exclusion/self-isolation for COVID-19. See <a href="#">COVID-19 testing for health and social care workers</a>	Symptomatic staff should be excluded for the first 24 hours after commencing on appropriate antibiotics.
<b>Residents**</b>	Isolate and care for within their own room for at least the first 5 days after onset of symptoms. Then residents can mix with others when they no longer have any symptoms.	Isolate for 10 days from date of onset.	Symptomatic residents should be isolated in single rooms for the first 24 hours after commencing on appropriate antibiotics.

\* Immunosuppressed individuals may be infectious for longer.

\*\*It may not be possible to isolate residents who are inclined to wander within the setting. Every attempt should be made to try and avoid contact with other residents. However, staff need to balance residents' mental wellbeing with their safety.

### 3. Treatment/Prophylaxis

It is important that prompt review of residents with symptoms of acute respiratory infections is undertaken by a General Practitioner. They may confirm the suspected diagnosis and start appropriate treatment for the individual or identify a different cause of illness. The GP will also determine when it is appropriate to take nose/throat swabs from residents with symptoms.

Care home managers are responsible for keeping the GP updated with any new symptomatic residents and reminding them of those in high-risk groups.

## Flu

Antivirals work by stopping viruses (such as influenza) from multiplying in your body. They help to reduce the length of illness, can relieve some of the symptoms and reduce the potential for serious complications.

If influenza is suspected or confirmed, the care home manager is responsible for requesting the General Practitioner (GP) to undertake a risk assessment regarding prescribing antivirals

- a) as treatment for symptomatic residents
- b) as protection (prophylaxis) for other residents who may have been exposed.

National guidance for GPs to use to assess if antivirals are appropriate is available here: [Guidelines for Health Protection Teams on the management of outbreaks of influenza-like illness \(ILI\) in care homes](#)

If staff members have been exposed to flu, and are themselves in a risk group, they can seek prophylactic antivirals from their own GP.

Although antibiotics cannot treat or cure flu, they can be used to treat some of the complications of flu, such as secondary chest infections or pneumonia.

## COVID-19

Individuals who are at highest risk of getting seriously ill from COVID-19 can receive treatment from their GP. This could be an antiviral medicine or a neutralising monoclonal antibody (nMAb) medicine.

The antivirals available for COVID-19 are different to those used for influenza.

Guidance for GPs on assessing suitability for antivirals for COVID-19 infection in their residents is also available.

## Streptococcus pneumoniae

The standard treatment of choice for residents with confirmed *S. pneumoniae* infections is antibiotics.

## 4. Infection Prevention and Control

Infection prevention and control is a practical, evidence-based approach preventing care home residents and staff from being harmed by avoidable infections. Effective Infection prevention and control requires constant action at all levels of the care home system, including policymakers, managers, staff, visitors, and residents.

Use of facemasks should be risk assessed and applied in compliance with current [Public Health Wales COVID-19 Infection Prevention and Control guidance](#). This guidance should be read in conjunction with the [National Infection Prevention and Control Manual \(NIPCM\)](#).

Clicking on the following hyperlinks will direct you to the relevant chapters of the [National Infection Prevention and Control Manual \(NIPCM\)](#):

[1.1 Patient Placement/Assessment for infection risk](#)

[1.2 Hand Hygiene](#)

[1.3 Respiratory and Cough Hygiene](#)

[1.4 Personal Protective Equipment](#)

[1.5 Safe Management of Care Equipment](#)

[1.6 Safe Management of Care Environment](#)

[1.7 Safe Management of Linen](#)

[1.8 Safe Management of Blood and Body Fluid Spillages](#)

[1.9 Safe Disposal of Waste \(including sharps\)](#)

[1.10 Occupational Safety: Prevention and Exposure Management \(including sharps\)](#)

## **What to do if you have symptomatic staff or residents**

**Staff** displaying symptoms of acute respiratory infection should:

- Stay away from work.
- Arrange a test in line with local Health Board/Trust arrangements. This should be a PCR test (not a lateral flow test) that looks for COVID-19 as well as other acute respiratory infections (often called

a respiratory Multiplex PCR) See: [Testing for health and social care workers with ARI symptoms.](#)

If they are confirmed as having influenza, COVID-19 or *S. pneumoniae* they should stay away from work for the appropriate exclusion period (see Table 1).

**Residents** with symptoms suggestive of ARI should:

- Be cared for in their own room and avoid contact with other residents e.g. have their meals in their own room rather than in the dining room until their period of infectiousness has passed and until they are fully recovered.
- Have a prompt full assessment by their GP including consideration of medication.
- Be tested in line with current Welsh Government guidance: [COVID-19 testing for health and social care workers | GOV.WALES](#)

Ensure infection prevention and control practices in line with the National Infection Prevention and Control Manual (NIPCM) are followed, paying particular attention to:

- The use of appropriate PPE
- Encouraging respiratory and cough hygiene/etiquette
- Thorough environmental cleaning including care equipment, with appropriate products
- Appropriate waste management
- Thorough and frequent hand hygiene
- Improving air flow within the care area

If there are two or more confirmed cases of influenza, COVID-19 or *S. pneumoniae* in a 14 day period among staff and/or residents, use the decision tree in [Quick reference guide for care and residential settings v1 2022/23](#) to see if transmission is likely to have occurred in the care home.

You should continue with the actions listed above and notify the cases by submitting an Annex C form to the Health Protection Team (All Wales Acute Response) by email: [aware@wales.nhs.uk](mailto:aware@wales.nhs.uk)

Once you have notified the cases, someone from the Local Authority TTP Team or Health Protection Team will get in touch to give further support.

You do not need to tell us about staff or residents with rhinovirus, human metapneumovirus, or parainfluenza.

We recommend Care homes:

- Ensure clear written outbreak documentation is maintained. This will include maintaining records of infected residents/staff, onset date, symptoms, vaccination status and other relevant outbreak measures undertaken. This record should be accessible to all staff on duty.
- Communicate details regarding the outbreak to the following individuals/agencies:
  - Care Inspectorate Wales
  - Relevant health and other visiting professionals, including General Practitioners, Specialist Nurses, Hairdressers, Chiropodists etc
  - Residents' families and visitors - Advice on visiting will need to be provided in line with current national guidance: [Public health approach to respiratory viruses including COVID-19 2022 to 2023](#)
  - Other care providers if a resident is admitted to hospital, such as Welsh Ambulance Trust and the admitting ward.
- Display an appropriately worded poster on entry to the care home and to the affected units/floors/rooms (see APPENDIX 3 – Visitor Information Poster)
- Ensure staff are up to date with their infection prevention and control training
- Ensure adherence to the current [Social care approach to respiratory viruses: autumn and winter 2022 to 2023](#) to include:
  - Reinforcing hand and respiratory hygiene/etiquette messages, appropriate personal protective equipment for residents, staff and visitors.
  - Ensuring immediate isolation of symptomatic residents; and exclusion of symptomatic staff. A standard poster is available in the appendices than can be modified for use.
  - Ensuring appropriate ventilation of rooms and buildings.
  - Undertaking enhanced cleaning schedules
  - Risk assessing visits and outside trips
  - Risk assessing closure of care home to new admissions
  - Risk assessing the re-admission of a resident following discharge/transfer from hospital if they were not admitted due to the identified acute respiratory infection
  - Risk-assessing and enabling essential visits on a case-by-case basis e.g. those on End-of-Life Care Pathway.
  - Postpone non-essential visits e.g. hairdresser, podiatrist, etc.

- Reviewing vaccination status of residents and/or staff to identify any unvaccinated individuals. The opportunity should then be taken to encourage and support vaccination. See [Flu and COVID-19: A guide for adults](#).
- Be vigilant for new cases in residents and staff.
- Undertake contact tracing i.e. who the infected resident/staff has been in close contact within the care home during their period of infectiousness. Within larger care homes, it may be possible to identify specific units within the home where residents share specific common spaces. However, it is recognised that in some care homes, it may not be possible to identify such a subgroup due to small sizes or uncertain social mixing patterns.

### Admission of residents to the home

When an ARI incident is identified, a risk assessed process should be followed in respect of the admission of new residents to the home. A risk assessment should be informed by the number of residents and/or staff affected, their location within the home, whether symptomatic residents can be effectively isolated, cohorting possibilities for staff, staffing levels, availability of PPE and the ability of the home to comply with all required infection control measures. Decisions around potential closure are not straightforward and the care home should discuss this with the hospital discharge team and commissioning authority. It may also be advisable to suspend transfers to other care homes during the incident period. Visits or other transfers to acute medical facilities should be considered based on medical necessity and the destination facility should be warned in advance about the infection risk.

## APPENDIX 1 – Vaccination letter for staff (bilingual)

<Date>

Dear <name>

### **Did you know it is very important you get your free flu vaccine this year?**

As you are a care home worker, it is very important you protect yourself by having a flu vaccine this autumn/winter, and also make sure you are fully up to date with your COVID-19 vaccines. This will help protect you and also the people you care for, and those you work with, against infection.

Influenza (flu) and COVID-19 can both be very serious. That is why you are recommended an autumn COVID-19 booster and are also eligible for a free NHS flu vaccine. The flu vaccine is available for you from most community pharmacies. You will get a separate invitation for your COVID-19 vaccine. More information on how to get your vaccine can be found at this link: [Flu vaccine and COVID-19 Booster](#)

Our residents are at high risk of becoming seriously ill with flu and COVID-19. By having your flu vaccine each year and being up to date with your COVID-19 vaccines you will help protect yourself, and also the people you care for.

**Please contact your community pharmacy as soon as possible and get your free flu vaccine. Remember to tell them you are a social care worker. They may ask you for evidence to show you are a care home worker with regular client contact. So, take this attached letter with you.**

COVID-19 and flu are both likely to be circulating this winter, so it is more important than ever that you get your vaccines.

When you've had your flu vaccine, please let me know.

Yours sincerely

**[Care Home Manager name]**  
**[Position/title]**

Find out more about flu and the flu vaccine at <https://phw.nhs.wales/topics/immunisation-and-vaccines/>



<Dyddiad>

Annwyl <enw>

**Oeddech chi'n gwybod ei bod hi'n bwysig iawn eich bod chi'n cael eich brechiad fflw am ddim eleni?**

Gan eich bod yn weithiwr mewn cartref gofal, mae'n bwysig iawn eich bod yn gwarchod eich hun drwy gael brechiad fflw yr hydref yma, a hefyd sicrhau eich bod wedi cael eich brechiadau COVID-19 diweddaraf. Bydd hyn yn helpu i'ch gwarchod chi a hefyd y bobl rydych chi'n gofalu amdanynt, a'r rhai rydych chi'n gweithio gyda hwy, rhag haint.

Gall y fflw a COVID-19 fod yn ddifrifol iawn. Dyma pam yr argymhellir eich bod yn cael brechiad atgyfnerthu COVID-19 yn yr hydref ac rydych hefyd yn gymwys i gael brechiad y fflw am ddim gan y GIG. Mae brechiad y fflw ar gael i chi yn y rhan fwyaf o fferyllfeydd cymunedol. Byddwch yn cael gwahoddiad ar wahân ar gyfer eich brechiad COVID-19.

Mae ein preswylwyr mewn perygl mawr o fod yn ddifrifol wael gyda'r fflw a COVID-19. Drwy gael eich brechiad fflw bob blwyddyn, a'ch brechiadau COVID-19 diweddaraf, byddwch yn helpu i warchod eich hun, a hefyd y bobl rydych yn gofalu amdanynt.

**Cysylltwch â'ch fferyllfa gymunedol cyn gynted â phosibl i gael eich brechiad fflw am ddim. Cofiwch ddweud wrthynt eich bod yn weithiwr gofal cymdeithasol. Efallai y byddant yn gofyn i chi am dystiolaeth i ddangos eich bod yn weithiwr mewn cartref gofal sydd â chyswllt rheolaidd â chleientiaid. Felly ewch â'r llythyr sydd wedi'i atodi gyda chi.**

Mae COVID-19 a'r fflw yn debygol o fod yn cylchredeg gyda'i gilydd y gaeaf yma, felly mae'n bwysicach nag erioed eich bod yn cael eich brechiadau.

Pan fyddwch wedi cael eich brechiad fflw rhowch wybod i mi.

Yn gywir

**[Enw Rheolwr y Cartref Gofal]  
[Swydd/teitl]**

Mwy o wybodaeth am y fflw a brechiad y fflw yn <https://phw.nhs.wales/topics/immunisation-and-vaccines>

## APPENDIX 2 – Vaccination letter for staff to take to community pharmacist (bilingual)

<Date>

Dear Community Pharmacist,

**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, so is eligible for a free NHS flu vaccine.

Yours faithfully,

**[Care Home Manager name]**  
**[Position/title]**

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< Dyddiad >

Annwyl Fferyllydd Cymunedol,

**Enw'r Aelod o Staff:**  
**Enw Llawn y Cartref Gofal:**

Cadarnhaf fod yr unigolyn uchod yn gyflogai yn y cartref gofal yma a'i fod mewn cysylltiad rheolaidd â'r preswylwyr, felly mae'n gymwys i gael brechiad y fflw am ddim gan y GIG.

Yn gywir

**[Enw Rheolwr y Cartref Gofal]**  
**[Swydd/teitl]**

## APPENDIX 3 – Visitor Information Poster (delete if copying)



# VISITORS

## IMPORTANT NOTICE

We have suspected/confirmed cases of acute respiratory infection in our home and are therefore restricting non-essential visitors.

Our residents are extremely vulnerable and at risk for infection.

To protect them and you, please do not visit UNLESS ABSOLUTELY NECESSARY.

Please:

1. Check with Person in Charge, if you must visit, to comply with appropriate visiting advice such as using alcohol-based hand gel when entering and leaving the building; and visiting any residents.
2. Whilst we are restricting visiting, we ask that you:
  - a. Do not bring babies or children and immunocompromised persons to visit.
  - b. Try not to visit more than one resident.
3. PLEASE DO NOT VISIT if you have had a cold, flu like symptoms or COVID-19 in the last week. Instead of visiting, please phone.
4. Ensure you adopt the 'CATCH IT, BIN IT, KILL IT' message. Cover your mouth and nose when coughing or sneezing.

**Thank you for your co-operation**

## APPENDIX 4 – Summary Flowchart

### ARRANGE MULTIPLEX PCR TEST FOR STAFF OR RESIDENTS WITH ANY OF THE FOLLOWING:

- High temperature – oral or tympanic temperature  $\geq 37.8^{\circ}\text{C}$
- Acute onset of at least one of the following ARI symptoms: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing, loss of taste of smell OR an acute deterioration in physical or mental ability without other known cause

Also arrange Multiplex PCR test if our residents or staff have 2 or more of the above symptoms and are experiencing diarrhoea or vomiting. Remember there are other causes of diarrhoea and vomiting that may require medical review, and additional tests e.g. faecal sample).

