

**Standard Operating Procedure (SOP) for
The Collaborative Management of Acute Respiratory Infection (ARI) in Residential
Care Settings by the Health Protection System in Wales**

Document title: SOP-020 Management of incidents, and outbreaks of acute respiratory infection (ARI) in residential care settings for adults for the winter period (2021/22)	Version: 1.1
Author: This document has been jointly authored by the Health Protection Team (HPT) in Public Health Wales (PHW) and representatives of the twenty two Local Authorities (LA).	Date produced: 19/11/2021
Agreed by: RCH Group	Date agreed: 19/11/2021
Authorised by: Welsh Government	Date authorised: 22/11/2021

Publication and audience: This standard operating procedure (SOP) is for the Health Protection System in Wales and follows the principles set out in the Communicable Disease Control Plan for Wales. The Health Protection System is a collaboration between Public Health Wales, the twenty two Local Authorities, and the seven Health Boards in Wales. It also relies on the input of other partner agencies such as Care Inspectorate Wales (CIW). The SOP clarifies the respective roles and responsibilities of partner agencies including the manager/responsible individuals in the management of acute respiratory infection (ARI)/COVID 19 incidents and outbreaks in adult care settings across Wales.

Purpose and summary of document: This SOP clarifies the public health actions in response to incidents/outbreaks of ARI (including COVID-19) in care settings in Wales for the 2021/22 winter period.

This SOP sets out to achieve four objectives:

1. To ensure care settings understand their responsibility for preventative measures and are prepared for cases, incidents, and outbreaks of ARI during the winter period. They should be prepared to risk assess these and have a plan to ensure appropriate interventions.
2. To reduce transmission in the setting through the rapid identification, testing and isolation of possible and confirmed cases of ARI.
3. To ensure appropriate information is collated to support the care setting with their risk assessment should they require assistance, especially in relation to control measures.
4. To ensure proactive support for care settings facing possible crisis (e.g. high numbers of symptomatic residents or staff shortages that risk resident safety).

Relevant Guidance

This SOP should be implemented in conjunction with the following guidance:

<https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/accordians/docs/infection-control-guidelines-for-care-homes/>

(General guidance on IP&C for care homes – note date for review is 2019, but it still applies)

<https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/accordians/docs/winter-preparedness-pack-for-care-homes-eng/>

(General winter preparedness guidance for care homes)

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-health-and-social-care/gui-001/> (13 August 2021 Version 4.7)

[Healthcare-associated COVID-19 infections, outbreaks and their management in inpatient settings](#)

[COVID-19: investigation and initial clinical management of possible cases - GOV.UK \(www.gov.uk\)](#)

<https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/accordians/docs/influenza-guide-for-care-home-managers-and-staff/>

(Note: dated for 2018/19 but general principles are still relevant)

1. Preparation and Prevention

Care settings should be supported ahead of the winter period in order to ensure they are prepared and empowered to respond effectively to cases of ARI. The Responsible Individual (RI) in the care setting should be aware that they are responsible for undertaking the initial risk assessment when they identify one or more cases of ARI and ensure they implement their preventative measure.

To support care settings in this regard, CIW and the Local Health Boards infection prevention control teams should provide clear communication on policy, guidance, and access to training/education to enable settings to prepare their preventative approach as well as respond effectively when incidents arise.

Partner agencies in the system should recognise the benefit of an up-front proactive approach to supporting homes ahead of the winter period in order to reduce the need for intense intervention later in the season.

RESPONSIBILITIES
<p>Care settings should:</p> <ul style="list-style-type: none">• Engage with opportunities for education and training to prepare for the winter period.• Ensure they have access to relevant guidance and that staff are aware of this.• Ensure they review and update their policies, procedures and risk assessments accordingly.• Ensure they have contingency plans to effectively manage ARI/COVID-19 incidents/outbreaks.• Be familiar with local arrangements (via local Health Board) for multiplex PCR testing and ensure prompt testing of any symptomatic staff or residents.• Continue routine testing of asymptomatic staff as per current policy.
<p>Care Inspectorate Wales should:</p> <ul style="list-style-type: none">• Provide support for the delivery of webinars to the care sector to prepare homes for the winter period.
<p>Health Boards should:</p> <ul style="list-style-type: none">• Provide infection prevention and control support for ARI (in collaboration with other agencies depending on local arrangements) proactively to homes to support them in preparing for the winter period.• Support settings to have appropriate contingency plans in place to effectively manage ARI/COVID-19 Incidents/Outbreaks.
<p>Public Health Wales should:</p> <ul style="list-style-type: none">• Develop and maintain guidance for the care sector on the IP&C measures that should be in place, including enhanced measures during incidents.• Support the delivery of training for the care sector with partner agencies (as described above).
<p>Local Authority should:</p> <ul style="list-style-type: none">• Share and encourage the care sector to participate in training in conjunction with other LA departments such as Social Services.

- Sharing of the most up to date guidance with the care sector.

Welsh Government should:

- Support the delivery of training to care settings (through CIW).
- Ensure the policy position relating to discharge from hospital, admissions to care settings, testing in care settings, and visiting is clearly communicated in a timely manner.

2. Definition and Notification of new incidents/outbreaks

Single cases of ARI/COVID-19 do not need to be notified to the LA or PHW. However, a single case of ARI/COVID-19 should prompt the RI/Care home manager of the setting to ensure appropriate IP&C measures are being implemented and maintained. The RI/Care home manager should inform the resident's GP and seek advice accordingly around managing the symptoms.

The RI/care home manager in the care setting should report an incident/outbreak if the definition below is met:

Two or more residents or staff with ARI/COVID-19 occurring within the care setting where transmission is assessed to have taken place within the setting.

The RI/Care home manager should use Annex C to gather information and risk assess possible ongoing transmission within the setting.

Cases in staff where there are explainable routes of transmission outside of the setting would not normally be considered an incident unless there is evidence of transmission within the setting.

Symptomatic residents/staff members do not need to be confirmed (with laboratory testing) before action is taken by the RI/Care home manager and the staff in the setting. Staff in the setting should take a precautionary approach to implementing control measures as per current guidance, on the basis of symptomatic individuals. Control measures should be implemented promptly. If there are 2 or more cases where there is clear transmission within the setting the RI/Care home manager should complete Annex C and await results.

RESPONSIBILITIES

Care settings should:

- Ensure early identification of symptomatic individuals that would indicate a potential incident/outbreak within the care home (in line with the definition above).
- Implement appropriate enhanced IP&C control measures.
- Arrange multiplex testing (via the local Health Board pathways) for **symptomatic** residents and or staff.
- Undertake a risk-assessment (complete Annex C) and implement control measures immediately in line with guidance where a potential incident is identified.
- The RI/Care home manager must ensure they inform CIW.

- Inform the resident's GP and seek support to assess confirmed or symptomatic residents.
- Ask the GP's advice on the use of antivirals (for cases and contacts) if influenza is confirmed.
- Where testing confirms any acute respiratory illness (including COVID-19), email the completed Annex C to PHW: aware@wales.nhs.uk

Care Inspectorate Wales should:

- Signpost RI/Care home managers to relevant guidance and further sources of advice to support them in carrying out a health and safety risk assessment of immediate and ongoing demands on resources (including staffing).

Health Boards should:

- Consider, with the Local Authority, providing staff support to care homes where illness affects staff and staffing capacity is low. The level of support may vary in each local health board region.
- Ensure there are clear testing pathways (including arrangements with primary care as appropriate) that are communicated to care homes.
- Ensure that testing pathways can be accessed by the care homes direct.
- Facilitate testing for symptomatic residents and or staff within care homes.
- Ensure results of testing are reported back to the responsible person at the home and to the relevant GP in a timely manner.
- Local IP&C teams to provide specialist advice and support to the care settings.

Public Health Wales should:

- Take receipt of incident notification from care settings.
- Respond to requests for advice and provide assistance to RI/Care home managers in relation to confirmed influenza or confirmed other ARI incidents.
- Ensure the incident is created on Tarian in timely manner and upload Annex C from care home.
- Update influenza/ARI incidents on TARIAN.
- Confirmed COVID-19 incident - share the TARIAN incident with regional local authority for initial assessment.
- If confirmed influenza PHW AWARe team to action accordingly.

Local Authority should:

- Consider, with the Local Health Board, providing staff support to care homes where illness affects staff and staffing capacity is low. The level of support may vary in each local health board region.
- Respond to requests for advice and provide assistance to RI/Care home managers in relation to confirmed COVID 19 incidents.
- Update COVID-19 incidents on TARIAN.
- Inform other agencies if an incident in care home is escalating or there are areas of concerns.
- Inform PHW if they become aware of an incident/outbreak in a care home that is not COVID-19 related.

Welsh Government should:

- Receive and act on intelligence where this would influence future policy, in particular issues escalated through regional IMTs that relate to the care sector.

3. Monitoring incidents where ARI has been confirmed

New incidents of COVID-19 notified to AWARe should be monitored by the Local Authority in conjunction with the RI/Care home manager. The Local Authority should agree a process for monitoring the incident with the RI/Care home manager (frequency of calls, what information is required, trigger points for escalation etc).

If influenza is confirmed, a discussion about the ongoing management of the incident should take place between the RI/Care home manager and AWARe. It is the responsibility of the RI/Care home Manager in the care home to speak with the GP about prescribing antivirals for the cases and contacts.

Where co-infection with COVID-19 and any other acute respiratory illness is confirmed in a care home, PHW will lead on provision of ongoing advice and support, ensuring Local Authority/EHO are kept informed.

RESPONSIBILITIES
<p>Care homes should:</p> <ul style="list-style-type: none">• Engage with the relevant agency during the incident and provide requested information in a timely manner.• Ensure that any issues i.e. staff shortages / declining health of residents are escalated.• Liaise with the GP's / Primary Care Teams accordingly.
<p>Care Inspectorate Wales should:</p> <ul style="list-style-type: none">• Liaise with commissioners as required to ensure the RI/Care home manager is able to access support if needed in relation to their health and safety risk assessment of ongoing demands on resources (including staffing).
<p>Health Boards should:</p> <ul style="list-style-type: none">• Consider, with the Local Authority, providing staff support to care homes where illness affects staff and staffing capacity is low. The level of support may vary in each local health board region.• Ensure that results are reported back to the RI/Care home manager in a timely manner.• The local IP&C team provide additional support if required to care setting throughout the incident.
<p>Public Health Wales should:</p> <ul style="list-style-type: none">• Monitor influenza incidents/outbreaks in line with the AWARe Standard operating procedure and All Wales Outbreak Plan.• Agree frequency of contact with the RI/Care home manager for the duration of the incident, based on local risk assessment and knowledge of care home compliance. Frequency of support subject to ongoing review as the incident abates.

- Provide ongoing advice and support to the care home during an incident/outbreak of influenza or other ARI.
- Monitor incidents where more than one respiratory pathogen is identified.
- Provide specialist support to Local Authorities/EHO when required.
- Share information (via Tarian) with LA partners.

Local Authority should:

- Consider, with the Local Health Board, providing staff support to care homes where illness affects staff and staffing capacity is low. The level of support may vary in each local health board region.
- Agree frequency of contact with the RI/Care home manager for the duration of the incident, based on local risk assessment and knowledge of care home compliance. Frequency of support subject to ongoing review as the incident abates.
- Provide ongoing advice and support to the care home during an incident/outbreak of COVID-19.
- Liaise with the AWARe (PHW) team if an incident of acute respiratory illness other than COVID-19 is identified or when specialised support/advice is required

It is expected that partner agencies will work collaboratively to maintain oversight of incidents in care homes through the winter period. These multi-agency groups should meet regularly (frequency to be defined locally and depending on activity) and report issues through existing routes such as the regional IMT SBAR.

Membership of these groups should include (as a minimum) representation from the Local Health Board, PHW, and Local Authority. Dependant on local arrangements this is likely to include a range of individuals responsible for the various aspects of support provided to homes. Other agencies (again, dependant on local arrangements) may also form part of the group or be co-opted as and when need arises.

The multiagency group should agree and define routes of escalation where homes requiring additional support are identified. Where additional support is required, the group should agree how this will be provided to the home, being clear on the actions to take forward and which agency is responsible for each action.

RESPONSIBILITIES

Multi-agency groups should:

- Agree membership and work collaboratively over the winter period to maintain oversight of care home incidents
- Meet on a regular basis, with the frequency of meeting determined by local need
- Agree local pathways for escalation of incidents where homes requiring additional support are identified.
- Ensure clarity of roles and responsibilities where additional support is required for homes experiencing challenge as a result of an incident/outbreak.

4. Escalation of incidents

Any organisation may escalate an incident internally within their own organisation or to any partner organisation. The reason for escalating, the response required and any additional interventions must be clearly communicated.

Once an incident has been escalated and the multi-agency group determine further action is required, a local Incident Management Team meeting (IMT) should be considered. Frequency of meetings will be agreed locally according to severity of the incident/outbreak and any concerns raised (See flowchart in Annex A)

5. Ending incidents

To end a COVID-19 incident / outbreak there should be no new symptomatic or confirmed cases associated with the outbreak for a minimum period of at least 14 days from last potential exposure to a case, whether in a resident or staff member. The last potential exposure is taken from the date of the resident's isolation in their room following application of transmission-based precautions **OR** for staff their last attendance at the workplace.

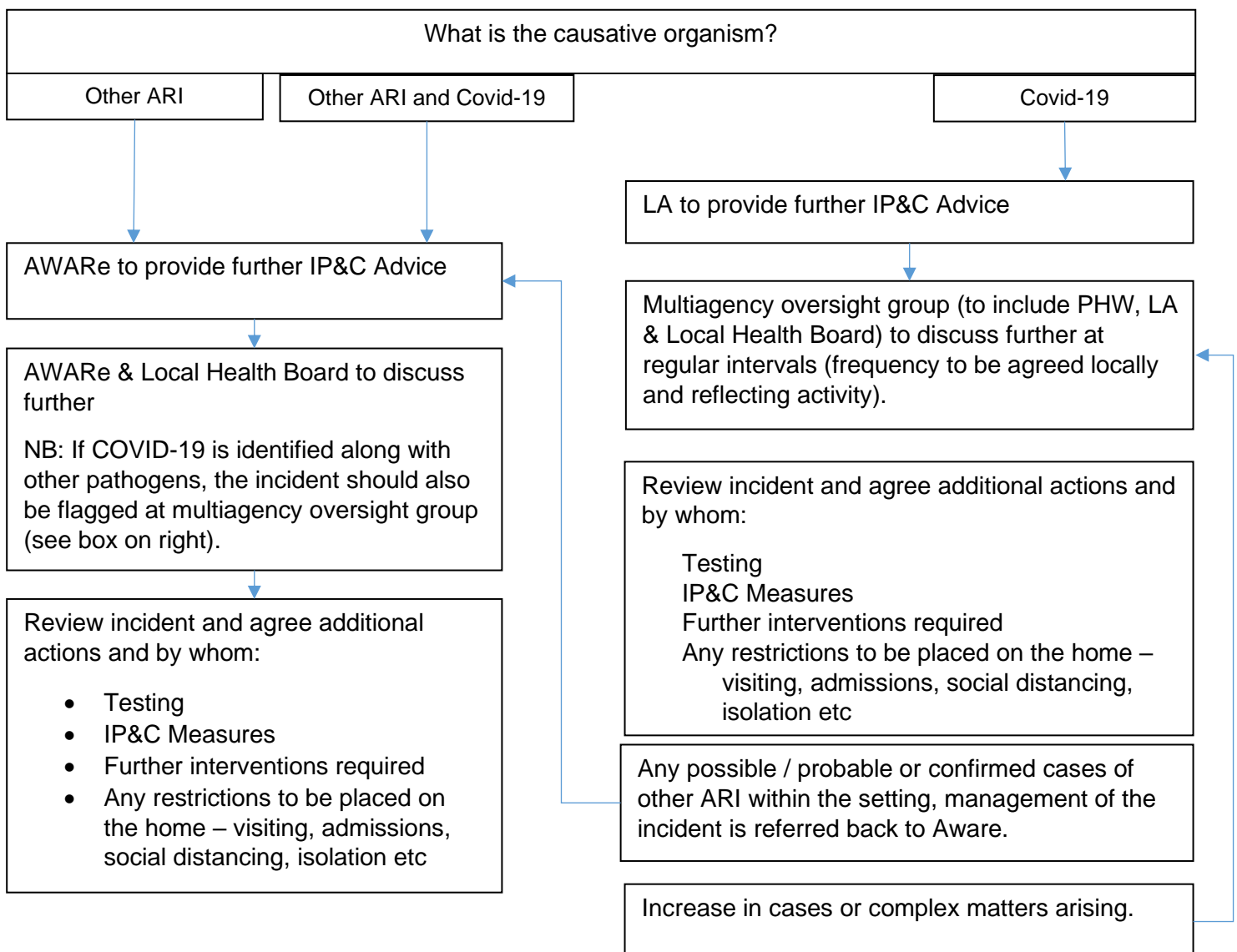
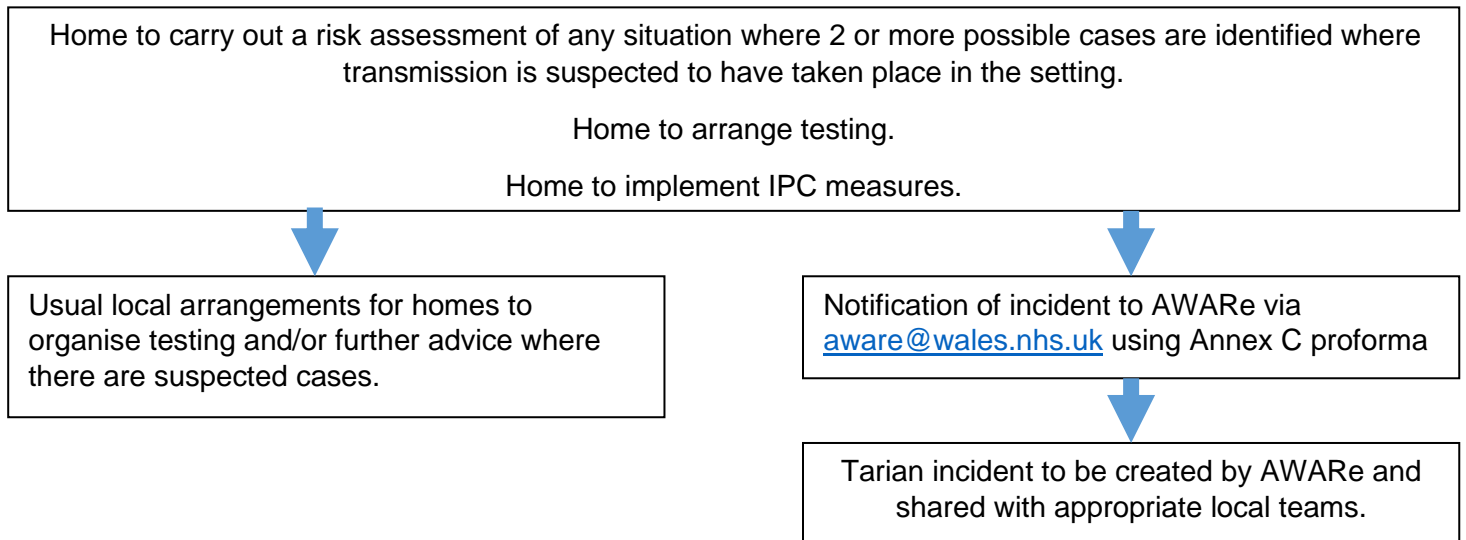
To end an incident/outbreak of flu there should be 10 or more days since the last symptom onset in a case.

Other respiratory acute illness should be ended in accordance to the specific illness guidance.

The leading agency supporting the care home with the ongoing incident/outbreak will advise the care home when the incident can end.

This may be taken to local multi-agency meetings for discussion if required, but should not unnecessarily delay ending of incidents.

Annex A



Annex B

TABLE 1: Premises in scope of the SOP and Adaptations		
Type of care setting	Type of service/ additional information	Variations
Care homes – nursing and residential	Registered with CIW for the provision of care to adults, including long-stay respite care (14 days or more).	In Scope – no adaptations
Short-term respite care (for both adults and children)	Providing short-term respite care (<14 days duration)	Out of scope
Supported Living Accommodation	Providing 24-hour care to more than one adult in a setting	Out of scope – relevant guidance/policy relating to household setting should be applied.
Supported Living Accommodation	Providing limited care to more than one adult living in a communal facility e.g. hostel, half-way house.	Out of scope – relevant guidance/policy relating to household setting should be applied.
Supported Living Accommodation	Providing an element of domiciliary care to adults living within their own homes with access to some communal facilities e.g. extra care housing	Out of scope – relevant guidance/policy relating to household setting should be applied.
Private hospitals	Hospitals providing care on behalf of the NHS or social services to individuals typically substance use and mental health	Out of Scope
Domiciliary care	Care provided to an individual in their own home	Out of Scope
Small Care Homes (child)	Registered with CIW for the provision of care to children. Caring for a small number of children in a household setting.	Out of Scope
Large Care Homes (child)	Registered with CIW for the provision of care to children.	Out of Scope

TABLE 1: Premises in scope of the SOP and Adaptations

	Caring for a small number of children in a larger setting.	
Residential School or college	Residential setting providing care plus schooling on site, including secure facilities.	These are complex settings and proposed actions should be discussed with partner agencies (i.e. PHW, LA, Health Board) before action is undertaken, they are therefore outside the scope of this SOP.
Domiciliary care	Care provided to an individual in their own home	Out of Scope
Residential settings for Adults		Out of Scope

ANNEX C

Case management report and risk assessment form for Acute Respiratory Illness in care home setting when there are two or more suspected or confirmed cases identified in a care setting.

Part 1		Details of Incident: Two or more suspected or confirmed cases of ARI/COVID 19 in a care setting in residents or staff				
Name of Establishment						
Type of Establishment						
Address						
Day time and after hours contact number		Email				
Date, time and symptoms of first case Staff or Resident						
Date, time and symptoms of latest case Staff or Resident						
Estimated number involved		Residents		Staff		
Details of suspected / confirmed cases						
Name	DOB	Symptoms	Staff or Resident	Onset date	Suspected / confirmed	
PLEASE NOW COMPLETE RISK ASESMENT (Part 2) AND ACTION LIST TO IDENTIFY RELEVANT ACTIONS THEN CONTINUE WITH THE FINAL CHECKLIST IMMEDIATELY BELOW TO SUMMARISE ACTIONS TAKEN						
Dates	Tasks		Y/N	N/A	Comments	Completed by
	If confirmed COVID 19- refer to GUI 001 for further guidance and inform EHO					
	If confirmed influenza – Refer to Public Health Wales flu guide for care home managers and staff Inform PHW & E-mail Annex C and risk assessment to AWARe team at PHW					
	Implement, review, enhance and monitor IP&C measures including prompt isolation of all cases in single room isolation or consider cohorting (seek specialist advice if cohorting considered (PHW/EHO)					
	Inform CIW if an incident/outbreak					

	Ensure that prompt multiplex PCR testing has been arranged via local Health Board for all symptomatic cases					
	Inform local IP&C team within the Health Board for specialist IP&C advice					
	Liaise with residents' GP as necessary					
	Communicate to all staff, relevant visitors about current situation and the control measures put in place					
Any additional information						

PART 2 – Risk assessment for possible/probable transmission within the care setting		
General	Yes / No	Supporting Information/Risk
Does the setting have preventative IP&C measures in place to reduce risk of exposure?		'No' – Provide details
Has there been any new admissions/transfers into the care setting within the last 14 days?		'Yes' – provide details
Have any breaches in PPE use been reported in last 14 days?		'Yes' – provide details
Are all staff compliant with weekly WHT?		'No' – Provide details
Are all healthcare staff trained in IP&C within the last 12 months?		'No' – Provide details
Have all healthcare staff received updated training on use of PPE in last 6 months?		'No' – Provide details
Do any staff work in other establishments?		'Yes' – provide details
<u>Symptomatic staff & residents only:</u>	Yes / No	If 'YES' –Provide details
Have any residents participated in any regular day time activities e.g. therapy; day centre		
Have residents had any contact or time away from the setting OR overnight (e.g. extended household/outing) in the last 14 days?		
Are the residents on the same wings/floors?		
Do residents share the same communal/dining areas?		
Have the residents had any visitors within the last 14 days who have developed ARI symptoms or tested PCR positive for COVID 19?		
Have any staff had contact with anyone in their household or close contacts (eg close friends/extended family) that have reported flu like or COVID 19 symptoms in the last 14 days?		

Has anyone in household or close contacts (eg close friends/extended family/visitors to the resident) tested COVID 19 positive in last 14 days?		
Have any symptomatic staff worked closely together eg same unit/ same shifts/ been in the same handover/share breaks together/car sharing?		
Conclusion		Has transmission occurred in the home? Summary of risk assessment.
Consider any risks identified in Part 2 of Annex C that may link symptomatic staff and/or residents where the risk of transmission may have been suspected or increased. If there has been any exposure to residents or staff (as above) or any breaches in IP&C/PPE compliance in the last 14 days, as applicable (as above), then possible/probable transmission between cases should be considered.		

ACTIONS

On review of your risk assessment, Is there a risk that transmission may have occurred between symptomatic cases? **Yes/No**

If 'Yes' with no confirmed cases:

- Ensure all symptomatic staff & residents are tested promptly (multiplex PCR via your local Health Board)
- Review and enhance IP&C preventative measures as per current guidance
- Isolate all symptomatic residents where possible, ideally in single room isolation with en-suite
- Monitor all residents for symptoms of ARI and respond promptly (as above)
- Inform CIW of suspected incident/outbreak

If 'No' with no confirmed cases:

- At this point it is not necessary to report to PHW or EHO
- Ensure all symptomatic staff & residents are tested promptly (multiplex PCR via your Health Board)
- Review and enhance IP&C preventative measures as per current guidance
- Isolate all symptomatic residents where possible, ideally in single room isolation with en-suite
- Monitor all residents for symptoms of ARI, and await results
- Respond promptly to any positive results a per SOP

If COVID 19 confirmed in 2 or more residents and/or staff:

- Inform your EHO, who will provide further support and advice
- Inform CIW of incident/outbreak
- E-mail a copy of Annex C and risk assessment to AWARe Health Protection Team at PHW: aware@wales.nhs.uk

If Influenza or other ARI confirmed in 2 or more residents and/or staff:

- Inform PHW, who will provide further support and advice via e-mail with a copy of Annex C and risk assessment to AWARe Health Protection Team at PHW: aware@wales.nhs.uk

If COVID-19 and Influenza confirmed in 2 or more residents and/or staff:

- Inform PHW, who will provide further support and advice
- E-mail a copy of Annex C and risk assessment to AWARe Health Protection Team at PHW: aware@wales.nhs.uk
- If EHO already supporting COVID-19 incident/outbreak inform EHO of influenza results