



PUBLIC HEALTH AGENCY

**Advice on Managing Outbreaks
in
Care Facilities
Version 1.0**

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Guidance Information

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March 2024	<p>Amalgamated the following outbreak packs;</p> <ul style="list-style-type: none"> • Advice on Managing Incident and Outbreaks in Independent Sector Care Homes, Norovirus. January 2024 • Managing COVID-19 and FLI Outbreaks in Care Homes and Other Residential Facilities. March 2023. <p>Following new testing guidance for Care Facilities on 29th February 2024.</p>	1.0

Glossary

Clostridioides Difficile	C. Diff
Department of Health	DoH
Gastrointestinal	GI
Health Protection Duty Room	HPDR
Infection Prevention and Control	IPC
Influenza Like Illness	FLI
Lateral Flow Device	LFD
Northern Ireland Ambulance Service	NIAS
Personal Protective Equipment	PPE
Public Health Agency	PHA
United Kingdom Health Security Agency	UKHSA

1.0 Introduction

The aim of this outbreak pack is to provide advice and guidance for staff working within Care Homes, Supported Living or other residential type settings dealing with an outbreak of respiratory illness (*either Influenza Like Illness (FLI) or COVID-19*) or Gastrointestinal (GI) Illness. For the purpose of this document information will refer to care facilities which will aim to incorporate all of these types of care settings in the community¹. If the setting is a Trust facility please contact your local Infection Prevention and Control (IPC) team for advice and guidance.

It is recommended that this document is downloaded from the Public Health Agency (PHA) website before use to ensure you are referring to the most up to date version. There are a number of useful links throughout the document, we would therefore advise that the document is not printed to enable you to access the links and view the information to provide support and guidance throughout the outbreak in the care facility.

If you suspect that the facility may have an outbreak you should contact the Health Protection Duty Room (HPDR) Team.

PHA
Health Protection Duty Room
4th Floor
12-22 Linenhall Street
Belfast
BT2 8BS
Telephone: 0300 555 0119
Email: PHA.DutyRoom@hscni.net

Notifications should **only** be notified via telephone.

The PHA Duty Room operate Monday to Friday 09.00 – 17.00.

On evenings, weekends or bank holidays the Duty Room Out of Hours service can be contacted by telephoning Northern Ireland Ambulance Service (NIAS) on 028 90 404090 and requesting to speak to the PHA Health Protection on call team.

¹ Not all guidance may be applicable to supported living facilities. If you are a manager of a supported living facility and need to discuss a query you have please contact the Health Protection Duty Room Team on 0300 555 0119.

2.0 Single Case Definitions

2.1 Single Case definition – COVID-19

Currently, the most common symptoms of COVID-19 are similar to other respiratory viruses such as Influenza, for a link of symptoms you can locate them on the [Department of Health's \(DoH\) website](#).

Regardless of a person's vaccination status, older people in care facilities may present with more nuanced symptoms of respiratory illness such as new onset confusion, reduced alertness, reduced mobility and diarrhoea. It is important to note that on occasion, they may not develop fever.

2.2 Single Case definition – Influenza Like Illness (FLI)

Using the United Kingdom Health and Safety Agency (UKHSA) definition of FLI case definition for care facilities, residents and / or staff are required to have;

Oral or tympanic temperature over 37.8°C

AND

Acute onset of at least one of the following acute respiratory symptoms;

Cough (with or without sputum)
Hoarseness
Nasal discharge or congestion
Shortness of breath
Sore throat
Wheezing
Sneezing

OR

An acute deterioration in physical or mental health ability without other known cause.

Individuals with symptoms suggestive of COVID-19 or FLI should exclude as appropriate, further information on exclusion can be found in this document in **5.5 Exclusion of Residents** and **5.6 Exclusion of Staff**.

2.3 Single case definition - Gastrointestinal (GI) Illness

An individual with gastrointestinal symptoms such as diarrhoea, vomiting, abdominal pain and fever caused by various bacteria, viruses and parasites. For further information you can refer to the [PHA Website](#) or for information on Norovirus – a frequent cause of GI infection, you can refer to the [NI IPC Manual](#).

3.0 Outbreak Definitions

If you suspect that you may have an outbreak in your facility please refer to the poster on the [PHA website](#) for further information and contact the HPDR Team. A risk assessment can be completed with the HPDR Team and the team can provide advice and guidance on managing the outbreak.

3.1 Outbreak Definition for Respiratory Type Illness (Including COVID-19 and / or Influenza).

Two or more cases that meet the clinical definition of a FLI or have tested positive on Lateral Flow Device (LFD) for COVID-19

AND

Have an epidemiological link to the care facility

AND

Contact between cases has occurred within the infectious period²

OR

Resident case(s) with no potential transmission link outside of the facility
i.e. no visitors and no visits out of the facility into the community.

² Specific information required regarding infectious period - [Guidelines for PHE Health Protection Teams on the management of outbreaks of influenza-like illness \(ILI\) in care homes \(publishing.service.gov.uk\)](#)

The criteria for contacting HPDR Team to assist with a risk assessment once an outbreak has been declared;

- Two or more hospitalisations due to respiratory illness in 48 hours
- Two or more deaths due to respiratory illness within 48 hours
- >20% residents symptomatic at any stage of outbreak in the affected unit
- Significant concerns not addressed by the guidance.

3.2 Outbreak Definition for GI Illness.

The definition of a potential GI outbreak is two or more separate episodes of diarrhoea and/or vomiting that are not explained by another diagnosis or process (such as known colitis, enteral feeding, laxative use, etc.) among two or more residents or staff members associated with the care facility within a 72-hour period.

- **Criteria for suspecting an outbreak is due to Norovirus**
 - ✓ Short incubation (15 – 48 h)
 - ✓ Illness duration 12-60h
 - ✓ Vomiting in 2 or more symptomatic patients
 - ✓ Patients and staff affected

3.3 Refences for case and outbreak definitions

- [What to do if you catch Norovirus - PHA](#)
- [Infectious Diseases Table – NI Infection Control Manual](#)
- [Transmission Based Precautions – NI Infection Control Manual](#)
- [Norovirus – NI Infection Control Manual](#)
- [Respiratory Illnesses – NI Infection Control Manual](#)
- [Symptoms of Respiratory Infections including COVID-19 – NI Direct](#)
- [Information on Flu – NI Direct](#)
- [Coronavirus \(COVID-19\): Testing and Stay at Home Advice – NI Direct](#)

- [UKHSA Guidelines for Health Protection Teams on the Management of Outbreaks of Influenza-like Illness \(ILI\) in Care Homes](#)

4.0 Risk Assessment of an Outbreak

The information that will be required by the HPDR Team during a risk assessment of your suspected outbreak will be as follows;

- RQIA number(s).
- Information on the care home layout, including the number of bedrooms, units and residents in each unit.
- Timeline of the suspected outbreak; dates and symptoms of symptomatic residents and / or staff.

To Note:

- Testing may be recommended at time of risk assessment by the HPDR Team.
- Additional cases matching the outbreak case definition do not all need to be tested once the pathogen is identified³.

5.0 Infection Prevention and Control (IPC)

For information on IPC advice please refer to the [PHA Infection control manual online](#).

Information on specific IPC precautions can be found by following the links below;

5.1 Standard IPC and Respiratory Based Precautions

- [Hand hygiene](#)
- [The use of personal protective equipment \(PPE\)](#)

³ Testing can be completed for any resident or staff if clinically indicated and / or requested by a clinician but would not be routinely required as part of the outbreak response and PH recommendations.

5.2 Environmental Control Measures;

- [Handling and disposal of waste and sharps](#)
- [Handling and management of clean and used linen](#)
- [Decontamination of equipment](#)

5.3 Enhanced Cleaning

Enhanced cleaning information can be found on this [link](#).

5.4 Additional Advice;

- It is recommended that the movement of staff between floors and units in the care facility should be restricted.
- Staff should be advised to shower, wash hands and put on a clean uniform before moving to another facility to complete a shift.
- Staff should remain vigilant for symptoms.
- Clean, decontaminate and dry commode chairs after use. The seat, back, arms and frame should be cleaned. Particular attention should be given to cleaning the underside of the commode frame and arms.
- Remove exposed food from communal areas, e.g. fruit in bowls.
- Group activities and unessential therapy i.e. hairdressing should be avoided during an outbreak in the care facility.
- Admissions and transfers of new residents⁴ to the care facility is a joint discussion between the transferring hospital staff & the care facility staff, based on risk assessment.
- If an existing resident⁵ is discharged from acute services they can be received into their own single room in the facility after it has been terminally cleaned.

⁴ A new resident is a new admission who has not previously been resident in your care home.

⁵ An existing resident is someone who is usually a resident in your care facility and who has been transferred to another service (e.g. acute hospital services) for a period of care.

- Residents received from acute services should be cared for in their own room and encouraged to stay away from others until terminal clean of the whole facility has completed.
- For information specific to Norovirus / GI outbreak you can refer to the [NI IPC Manual](#).

5.5 Advice for Affected Residents

- All necessary procedures including personal care and environmental cleaning should be carried out within the individual's room.
- The individual should be cared for in their own single bedroom for;

FLI Outbreaks: 5 days from onset of symptoms or positive test whichever comes first.

The resident may continue to stay away from others after day 5 if resident has not fully recovered or has had a fever within the previous 48 hours.

GI Outbreaks: 48 hours from vomiting and / or diarrhoeal symptoms resolved.

If the cause of the outbreak is suspected or confirmed as a **C-Diff** infection please discuss exclusion measures with the HPDR Team.

- Allocate a personal commode to the affected person's room if only shared bathrooms are available.
- If shared bathrooms must be used, ensure increased frequency of cleaning and enhanced IPC measures are in place.
- Any other residents who have symptoms of FLI should have an LFD as soon as possible if they require this for COVID-19 treatment.
- Following risk assessment with the HPDR Team, you may be advised to test up to 5 residents with the most recent symptom onset.

FLI Outbreaks: Using COBAS tests.

GI Outbreaks: Faecal samples should be split into two containers, one sent to the local microbiology laboratory for O&S and C. Diff and the other sent to the regional virology laboratory in the Royal Victoria Hospital, Belfast.

Please note: vomit samples can also be sent to the virology laboratory for testing.

All samples sent to the laboratories for testing should be marked with the keyword 'Outbreak'. For further information on testing refer to 6.2 Testing Advice, Admissions and Transfers into Care Facilities.

5.6 Exclusion of Staff

5.6.1 FLI or COVID-19 Outbreak

- Staff who are unwell with a respiratory illness and who are unfit to perform their usual duties should contact their line manager and aim to reduce contact with others who would be particularly vulnerable.
- There is no requirement for staff to test when they have a respiratory illness to determine the cause of their illness, unless they are eligible for COVID-19 treatments or when testing is recommended as part of outbreak management.
- Staff do not need to test before returning to work after a period of sick leave due to a respiratory illness and can return to work once symptoms have resolved.

5.6.2 GI Outbreak

For staff symptomatic with GI illness a 48-hour symptom free exclusion period is advised in current clinical guidance, however, a

72-hour exclusion period is recommended for staff who handle food in the care facility.⁶

5.7 Signs for Outbreaks in Care Home

Signs that can be used during the outbreak in your facility can be found by following the links below;

- [Hand hygiene signs](#)
- [Hand Hygiene Leaflet](#)
- [Respiratory Etiquette Poster](#)
- [Donning and Doffing Poster](#) (*link available on this web page*)

5.8 Visitors

- All staff and visitors should be regularly reminded to wash their hands before entering and leaving the facility, and before entering and leaving each resident's room.
- Signs should be available to view on entrance to the facility.
- Visitors should be aware of the on-going outbreak within the facility.

6.0 Additional Outbreak Information

6.1 Links for Daily Reporting

- Provide daily updates on the outbreak in your facility by [clicking on the link](#).
- This link can be used for the duration of your outbreak.
- Please submit your update form by 12 noon each day.
- If you are having difficulties using the online reporting form please contact the HPDR Team as soon as possible.

⁶ [UKHSA Guidance](#), Page 22 or [NI IPC Manual](#) Norovirus guidance and [table of diseases](#).
PHA: Advice on Managing Outbreaks in Care Facilities

6.2 Testing Advice, Admissions and Transfers Into A Care Facility

Please refer to letters circulated on [29th February 2024](#).

If the HPDR team have requested that samples are submitted to the laboratory for testing the following resident identifiers must be completed on the sample **and** request form to enable the laboratory to process the sample;

- Name
- Date of Birth
- H&C Number
- The Source
- GP Cypher Code.
- Key word 'Outbreak' to be included

If you are not aware of the resident(s) GP cypher code you can locate same [here](#).

6.3 Clinical Input.

- For any symptomatic resident with FLI or GI infection it is recommended that staff contact the individual's clinician for clinical advice, the HPDR Team cannot provide clinical advice.
- Antiviral medication may be considered for outbreaks in a care facility with suspected or confirmed Influenza, this will require a risk assessment with the HPDR Team who can advise you if this is required for your care facility. For information on Antivirals please see attached [link](#).
- Resident's or staff's clinician will be able to advise if they require or are eligible for COVID-19 treatment. For further information on treatment for COVID-19 you can refer to this [link](#).
- For GI Illness, resident's GP / clinician should be consulted regarding stopping all laxatives and anti-diarrhoeal medication.

- Residents should be encouraged or helped to drink plenty of fluids to prevent dehydration. You may wish to consider that symptomatic residents of respiratory illness or GI illness are commenced on a Fluid Balance Chart and / or Bristol Stool Chart if not already.
- For any resident, symptomatic or asymptomatic, being reviewed by a clinician, attending a clinical setting or being transferred by NIAS, the clinical team should be notified of the outbreak in the facility prior to entering the facility or the resident attending the clinical setting so that the appropriate measures can be implemented if required.

7.0 Terminal Clean

Terminal cleaning is performed at the end of the outbreak in the care facility. It is recommended that the terminal clean is completed once the care facility has had no new symptoms **or** symptom free, depending on the causative agent of the outbreak, for the correct number of days. For further information on when a care facility should commence their terminal clean see table below;

<u>Type of Outbreak</u>	<u>Can Commence Terminal Clean</u>
GI	After 48 hours symptom free
C. Diff	Advice should be sought from HPDR Team
FLI / Influenza	120 hours (5 days) from last case onset of symptoms / positive results (whichever is earlier)
COVID-19	240 hours (10 days) from last case onset of symptoms / positive results (whichever is earlier)

If staff are unclear when terminal clean should commence contact the HPDR Team for advice, details can be found in **1.0 Introduction**.

Terminal cleaning involves cleaning the environment thoroughly, disinfecting high-frequency hand-touched surfaces and decontaminating all reusable items and equipment with the appropriate disinfectant. Information on the procedure for completing a terminal clean in the care facility can be found [here](#) on the NI IPC manual.

8.0 End of Outbreak

The decision to declare an outbreak over is made by PHA. An outbreak can only be declared over when the HPDR is satisfied that:

- Existing cases have not had contact with other residents in line with guidance;
- Guidance on IPC and other interventions are being applied appropriately;
- A terminal clean has been completed;
- An outbreak summary report has been submitted (**See Appendix 1**).

9.0 References for Flu and COVID-19 Vaccination programmes;

- [Get a COVID-19 vaccination in Northern Ireland | nidirect](#)
- [COVID-19 Vaccination Programme Questions and Answers](#)
- [Flu factsheet for professionals.](#)
- [Patient Flu Poster](#)
- [Letters and urgent communications 2024 | Department of Health \(health-ni.gov.uk\)](#)
- [Influenza: Green Book, Chapter 19](#)
- [COVID-19: Green book, Chapter 14a](#)
- [Home Manager Checklist for Autumn / Winter 23/24 Vaccine Programme](#)
- [Guidance for Vaccination in Care Homes During Respiratory Type Outbreaks](#)
- [Treatments for coronavirus \(COVID-19\) | nidirect](#)

Appendix 1: Summary Outbreak Report

To be completed when terminal clean is complete and outbreak is declared over by PHA

<u>FACILITY DETAILS</u>	
Name	
Address	
Telephone	
Email	

<u>OUTBREAK DETAILS</u>	
Number of residents at time of outbreak	
Number of staff	
Name of staff member responsible for infection control	
Name of Nurse / Person in Charge	
Date outbreak declared:	
Notified to: (name of person at Public Health Agency)	
Total Number of symptomatic residents with positive test results	
Total number of symptomatic staff with positive test results	
Total number of asymptomatic residents with positive test result	
Total number of asymptomatic staff with positive test result	
Number of residents who have rested positive admitted to hospital	
Number of persons deceased:	
Main symptoms:	

Number of samples obtained:	
Results Was a virus/organism detected: If yes, state results	
Control Measures Main measures taken to contain outbreak (please list):	
Any additional information:	

Completed by	
Job title	
Date	

This form should be completed and returned to:

Duty Room (PHA.DutyRoom@hscni.net)

Appendix 2: Transfer Form

For Suspected/Confirmed Outbreaks of Infection

- Please be advised that _____ (NAME) is being transferred from a facility where there is an acute respiratory outbreak of [SUSPECTED / CONFIRMED] [COVID-19 / Influenza / GI].
(Delete as appropriate)
- Please ensure that appropriate IPC precautions are taken.

<u>At the time of transfer, this resident was:</u>	
Asymptomatic	<input type="checkbox"/>
Suspected of COVID-19 / Influenza infection (Delete as appropriate)	<input type="checkbox"/>
Confirmed as having COVID-19 / Influenza infection (Delete as appropriate)	<input type="checkbox"/>

Antiviral Medication Prescribed:

<u>Medication / Dose / Frequency</u>

Vaccination Status

<u>Vaccine</u>	<u>Yes</u>	<u>Date</u>	<u>No</u>
Pneumococcal	<input type="checkbox"/>		<input type="checkbox"/>
Influenza	<input type="checkbox"/>		<input type="checkbox"/>
COVID-19 1st	<input type="checkbox"/>		<input type="checkbox"/>
COVID-19 2nd	<input type="checkbox"/>		<input type="checkbox"/>
COVID Booster(s)	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

For further information please contact:

Name	
Job title	
Contact details	