

Welcome

Preparing for Winter:

Oct 2026





Agenda

Cold weather, IPC & vaccination update

Business continuity planning & risk management

HCPA seasonal support — webpage, checklists & action plans

Admission avoidance services — support service directory

Care Provider Hub

Questions & support — where to go for help

Tanya Brady

Local Authority Public Health team

We RISE to the challenge



as OneHCC

Winter Preparedness Webinar

ASC Providers September 2026

Overview

- Health impacts of cold weather
- Vulnerable groups most at risk
- Weather Health Alerting system / Cold Health Alerts
- Cold weather guidance / action cards
- Actions to reduce the risks of cold weather
- Advice on keeping warm and well this winter
- Winter viruses
- Autumn / Winter Vaccinations - Influenza / COVID-19 / RSV
- Revisit ARI / IPC guidance
- Outbreak recognition, reporting and management
- Signpost to relevant resources

Health Impact of Cold Weather

The direct and indirect health effects of winter weather

The human body responds in several different ways to exposure to cold weather, even at temperatures that might be considered relatively mild:

4 to 8°C



Direct effects:

- heart attack
- stroke
- respiratory disease
- influenza
- falls and injuries
- hypothermia

Indirect effects:

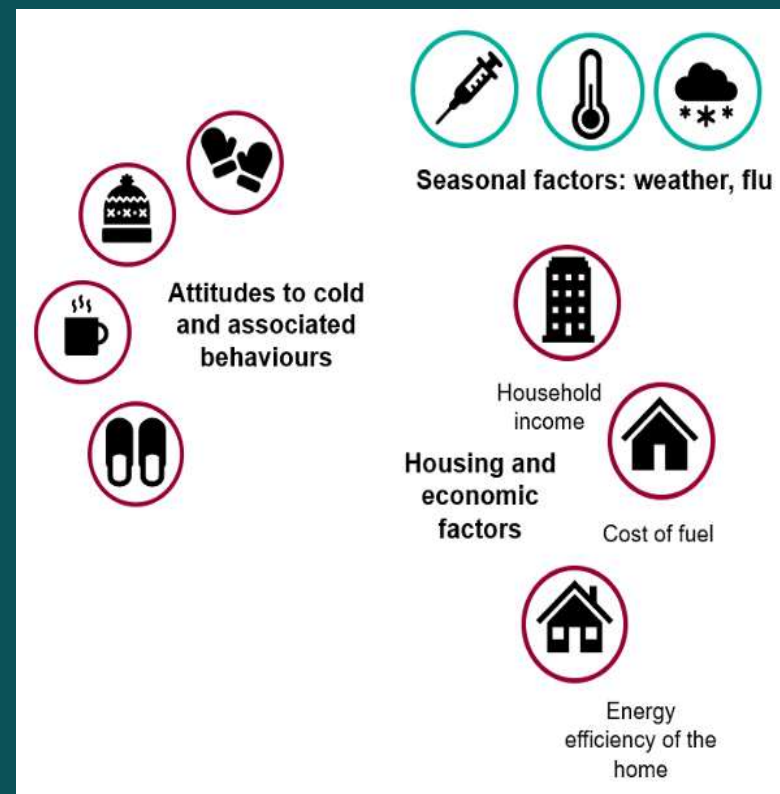
- snow and ice may cause disruption to healthcare services
- cold homes and fuel poverty are linked with poor mental health and social isolation
- reduced education and employment success
- carbon monoxide poisoning

Who is at Risk and Why?

Whilst exposure to cold weather can affect anyone, some people are particularly at risk:



- older people (aged 65 years and over)
- people with long-term health conditions such as cardiovascular or respiratory disease, or a mental health condition
- pregnant women
- young children (particularly those aged 5 and under)
- people with learning disabilities
- people at risk of falls
- people who live alone and may be unable to care for themselves
- people who are housebound or have low mobility
- people living in deprived circumstances



Weather Health Alerting System/ Cold Health Alerts

Green- (preparedness) no alert issued

Yellow- (response) impact those particularly at risk

Amber - (enhanced response) – an amber alert indicates that

weather impacts are likely to be felt across the whole health service, with potential for the whole population to be at risk.

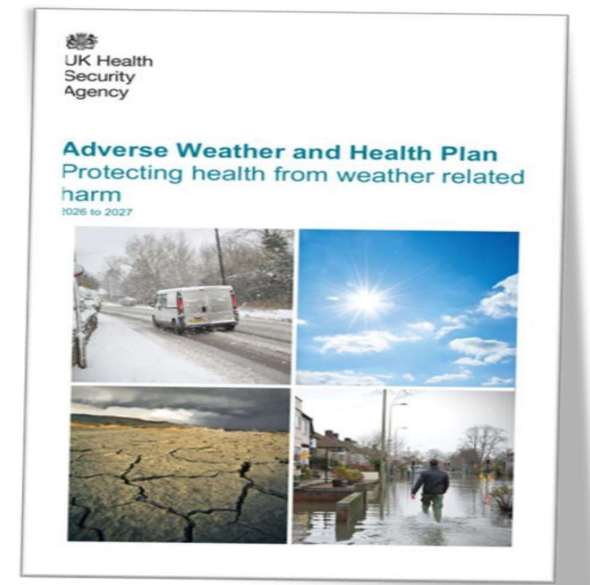
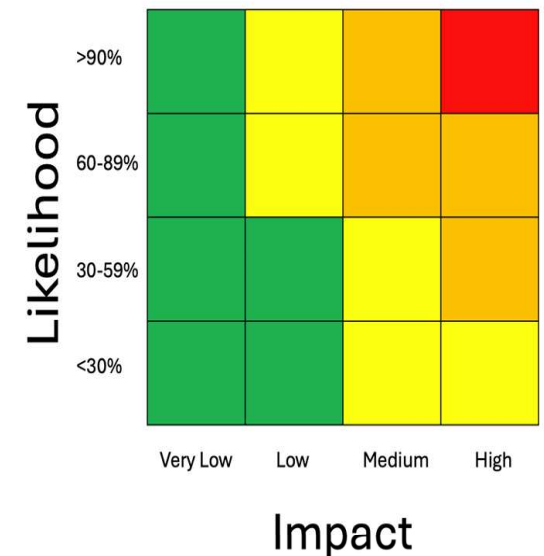
Red- (emergency response) – a red alert indicates significant risk to life for even the healthy population.

Find out more [about Cold-Health Alerting system](#)

Sign up to receive cold weather alerts here:

[Weather-Health Alerting system registration form](#)

[Cold health alerts | UKHSA data dashboard](#)



Cold Weather Guidance

UKHSA Cold Weather guidance for ASC managers

Supporting vulnerable people before
and during cold weather: for adult
social care managers - GOV.UK
(www.gov.uk)



Cold Weather Guidance

[Cold-Health Alert action card for health and social care providers - GOV.UK](https://www.gov.uk/government/publications/cold-health-alert-action-card-for-health-and-social-care-providers)
(www.gov.uk)

Details actions that providers of social care should consider to prepare for and respond to each Cold-Health Alert (CHA) type (yellow, amber or red) and key long-term strategic actions managers can take which will help minimise harms to health arising from cold weather.

[CHA summary action card: care homes and residential settings](#)

[CHA summary action card: services delivering home care](#)

**Cold-Health Alert summary action card for providers: care homes and other adult social care residential settings**

This is a summary of the suggested actions for each Cold-Health Alert level. Check the [Cold-Health Alert action card for providers](#) for more detail, including the required actions for winter preparedness and adapting actions to your service as appropriate.

Summary actions for Yellow Alert

- Confirm that staff are aware of contingency plans and received the Cold-Health Alert
- Use the Cold-Health Alert impact matrix to inform the local risk assessment for, and response to, cold weather
- Activate business continuity plans and emergency plans as required
- Monitor temperatures inside buildings especially where people spend most time and aim to keep to 18°C (for example by keeping windows and doors closed to reduce draughts)
- Prioritise maintenance of heating systems to keep rooms being used warm
- Ensure that clients have access to other ways of keeping warm (for example blankets and warm drinks) as needed
- Activate road or pavement gritting to allow access to critical services and pedestrian hotspots, if ice and/or snow occur

Summary actions for Amber Alert

- Continue Yellow Alert actions
- Support staff to determine how and where to prioritise travel, especially if ice and/or snow occur

Summary actions for Red Alert

- Continue Amber Alert actions
- Follow all local emergency response plans and feed into local (and, where appropriate, national) coordination and response

**Cold-Health Alert Summary action card for providers: services delivering care to people in their homes**

This is a summary of the suggested actions for each Cold-Health Alert level. Check the [Cold-Health Alert action card for providers](#) for more detail, including the required actions for winter preparedness, and adapt actions to your service as appropriate.

Summary actions for Yellow Alert

- Confirm that staff are aware of contingency plans and received the Cold-Health Alert
- Use the Cold-Health Alert impact matrix to inform the local risk assessment for, and response to, cold weather
- Consider how to make best use of available capacity to prepare for surges in demand
- Communicate messages to the people using your services, especially to vulnerable groups and underserved populations, to help them reduce health risks from cold
- Ensure that staff are prompted to signpost vulnerable people to other sources of support (for example for energy efficiency measures, benefits or related advice)
- Ensure staff are making home checks when visiting clients (for example on room temperature, medications and food supplies, and access if ice or snow occur)
- Ensure that high-risk individuals are actively monitored during cold weather episodes, and those most vulnerable have visitor or phone call arrangements in place
- Activate road or pavement gritting on your premises to allow access to critical services and pedestrian hotspots, if ice or snow occur

Summary actions for Amber Alert

- Continue Yellow Alert Actions
- Activate local business continuity and/or cold weather plans
- Increase the volume and frequency of advice to health and/or social care workers on ways of identifying and protecting those at risk from cold weather
- Increase the volume and frequency of communication to the public, and especially at-risk groups, to help reduce risks from cold exposure
- Support staff to determine how and where to prioritise travel, especially if ice or snow occur

Summary actions for Red Alert

- Continue Amber Alert Actions
- Follow all local emergency response plans and feed into local (and, where appropriate, national) coordination and response
- Mobilise community and voluntary support especially for those who are at risk from cold, and who may not be able to readily access services via other routes

How to Reduce the Risks from Cold Weather

In all settings reduce the risk associated with exposure to cold weather by:

- Developing, and where necessary implement business continuity plans (BCP) / contingency plans and ensure all staff know how to take action accordingly.
- Consult the action card for providers **Cold-Health Alert action cards for health and social care providers - GOV.UK (www.gov.uk)** to identify actions to support pre - winter readiness and response to each type of cold health alert.
- Promote vaccination for Flu/ COVID-19/RSV among those who are eligible to help reduce risks from respiratory infections during winter.
- Taking simple measures to protect clients and staff from cold, snow and/or ice.

Delivering care in people's own homes

- Identify who is at higher risk of cold-related illnesses and how to reduce that risk.
- Have a plan in place for individuals you are responsible for to keep them warm during the winter and ensure staff know how to raise concerns regarding clients they are working with if necessary.
- ensure plans and equipment are in place to enable staff members to carry out appropriate home checks when visiting clients – this should include, for example, room temperature assessments, checking medications stocks and ensuring adequate food supplies are available.
- Ensure staff are aware of main sources of support for housing, energy bills and other needs to signpost clients to, including support for those on low incomes.
- Help people who use your service to understand health risks from cold weather and simple actions they can take.

Keeping warm and well: staying safe in cold weather - GOV.UK
(www.gov.uk)

Top tips for keeping warm



Keeping warm and well

- Heat rooms you spend most time in to at least 18°C
- Take simple measures to reduce draughts - fit draft excluders around doors
- Keep doors and windows closed
- Wear multiple layers of thinner clothing for better insulation
- Get vaccinated against seasonal Influenza and COVID-19 where eligible.
- Encourage regular movement/exercise - helps the body generate and retain heat while also supporting circulation, mobility and wellbeing.
- Where bad weather is forecast plan ahead for provision of medicines & food.
- Shoes with a good grip to prevent slips, trips and falls.

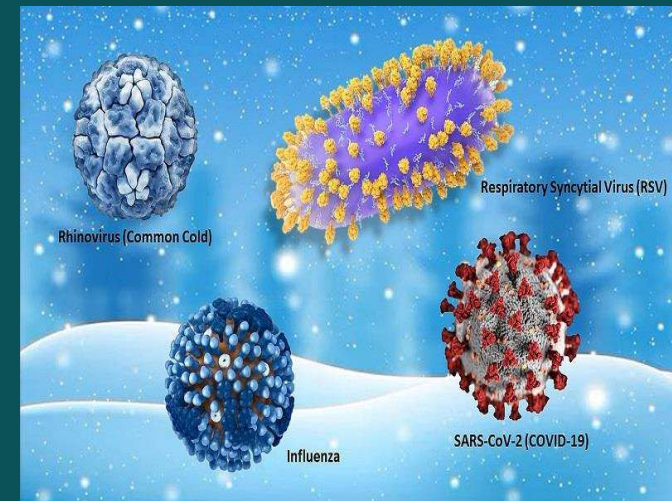


Keeping warm and well: staying safe in cold weather - GOV.UK

Winter Viruses

- Flu, COVID-19 and RSV are expected to circulate at high levels this winter – increasing pressure on our hospitals and care services.
- Residents and staff in nursing and residential care settings are particularly susceptible to these infections which increase over the winter months.
- Acute respiratory infections (ARI) and viral gastroenteritis such as Norovirus can spread rapidly in care settings, resulting in high numbers of cases and outbreaks due to prolonged close contacts between residents, and through direct and indirect care provided by staff.
- Planning and preparedness ahead of winter will help prevent the spread of these viruses and support positive health outcomes for those you care for.

UKHSA Winter-Readiness-Toolkit-EoE-ASC



**Winter-readiness information for
Adult Social Care Settings
in the
East of England**

Winter Vaccinations

Vaccination offers the best protection against respiratory viruses such as flu, COVID-19 and RSV helping to reduce the risk of serious illness, hospitalisation and death.

Providers should take steps to support vaccination by:

- Providing information on vaccination campaigns. Utilise communication assets/ campaign resources
 - Display posters and distribute leaflets to staff/ residents
 - Start the consent process for residents in good time to maximise uptake
 - Encouraging staff to book their vaccinations as soon as possible
 - Upload flu vaccination data to NHS capacity tracker [Home - Capacity Tracker](#)

Health and Social Care Worker flu vaccination campaign | Winter vaccinations | Campaign Resource Centre

Flu Vaccination Eligibility

From 1 September 2026:

- pregnant women
- all children aged 2 or 3 years on 31 August 2026
- primary school and secondary school-aged children (from reception to year 11)
- individuals 17 years and over attending a special education needs (SEN) school and who are in a clinical risk group may also be vaccinated alongside their peers
- all children in clinical risk groups aged from 6 months to less than 18 years (as defined by the [Green Book, Influenza Chapter](#))

From 1 October 2026:

- those aged 65 years and over
- those aged 18 years to under 65 years in clinical risk groups (as defined by the Green Book, Influenza Chapter)
- those in long-stay residential care homes
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- **Frontline health and social care workers**

[National flu immunisation programme 2026 to 2027 letter - GOV.UK](#)



The poster features a smiling elderly woman with white hair, wearing a black and white striped shirt and a colorful beaded necklace. She is pointing her right index finger upwards. The background is a solid pink color. In the top left corner, the UK Health Security Agency logo is visible. A blue banner across the middle contains the text 'Who is eligible for the flu vaccine this year?'. Below this, a list of eligible groups is provided. At the bottom, a pink box contains the text 'Speak to your local GP practice, pharmacist or maternity service if you're not sure if you're eligible.'

UK Health Security Agency

Who is eligible for the flu vaccine this year?

- pregnant women
- 2- and 3-year-olds (age on 31 August 2026)
- school aged children (from reception to year 11)
- people aged 65 and over
- people with certain long term health conditions, from 6 months to under 65s
- people living with somebody with a weakened immune system due to a medical condition or treatment
- people sleeping rough or in hostels/shelters
- care home residents
- carers (receiving carer's allowance, or the main carer of an older or disabled person)
- frontline health and social care workers

Speak to your local GP practice, pharmacist or maternity service if you're not sure if you're eligible.

Why Flu Vaccination Matters?

- Last Winter, 3,800 people died from flu in England
- Flu Vaccination programme prevented an estimated 104,000 hospital admissions and 7,100 deaths.

Influenza in the UK, annual epidemiological report: winter 2025 to 2026 - GOV.UK

Why get vaccinated?

- Vaccination is the best protection against flu
- As frontline workers, you're more exposed to flu and can unknowingly transmit flu to vulnerable residents as up to 50% of influenza infections are without symptoms.
- If you've been vaccinated, you're less likely to catch or spread flu.
- Getting vaccinated helps maintain essential services during winter pressures.
- Professional Duty Flu vaccination in the social care sector - GOV.UK

Hertfordshire County Council



Campaign Timing

Vaccination of health and social care workers

- For frontline health and social care workers and staff working in care homes for older adults' employers will be asked to signpost staff to the most convenient vaccination offer.
- This may be through the National Booking System, GP or local community pharmacy where staff can self-declare their eligibility (bring letter of entitlement) and receive a free vaccination through the NHS.

[2026-09-01-Letter-of-entitlement-Frontline-Health-and-Social-Care-Staff.pdf](#)

National Booking Service (NBS)

- The NBS is open for flu and COVID-19 bookings for all those eligible **[Book, change or cancel a flu vaccination appointment – NHS](#)**.

Booking with NHS App

If you've signed up for the NHS App, you can use it to book a flu vaccination.

Book over the phone

You can call 119 free of charge to book over the phone if you cannot book online.

COVID-19 Vaccination Eligibility

Covid-19 vaccination should be offered to the following groups in autumn 2026 and spring 2027:

- **adults aged 75 years and over**
- **residents in a care home for older adults**
- **individuals aged 6 months to 74 years who are immunosuppressed (as defined in the 'immunosuppression' sections of tables 3 or 4 in the green book.**

[COVID-19 chapter of the green book](#)

[JCVI statement on COVID-19 vaccination in autumn 2026 and spring 2027 - GOV.UK](#)

The COVID-19 vaccination is not being offered routinely to health and social care staff this season.

You may be eligible if you are over 75 or are immunosuppressed.



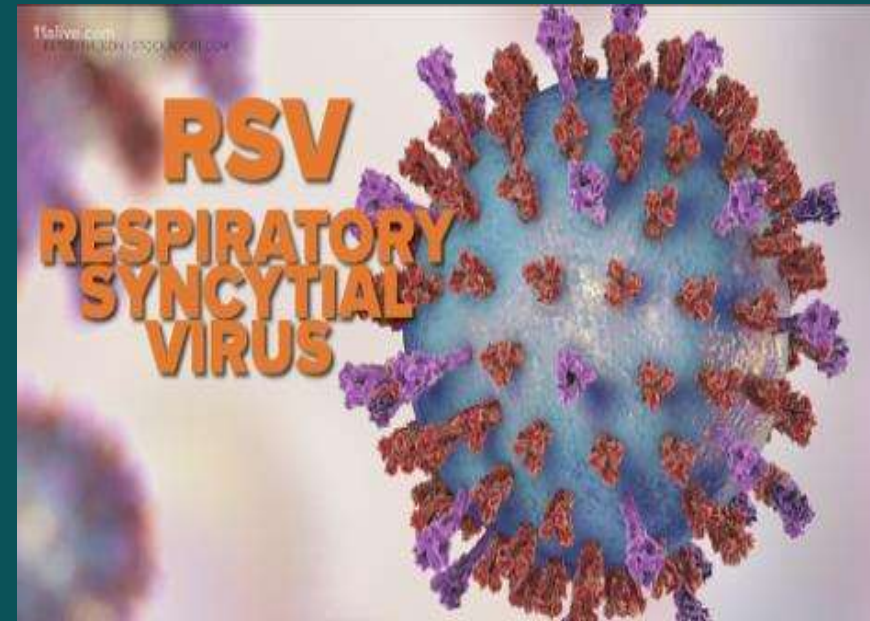
Who is eligible for the COVID-19 vaccine this year?

- people aged 75 or over (or turning 75 by 31 January 2027)
- people who live in a care home for older adults
- people aged 6 months to 74 years who have a weakened immune system because of a medical condition or treatment

Speak to your local GP practice or pharmacist if you're not sure if you're eligible.

Respiratory Syncytial Virus

- Respiratory Syncytial Virus (RSV) is a common respiratory virus that that can cause serious lung infections. While RSV infection can occur at any age, the risk and severity of RSV and its complications are increased in older adults and infants.
- RSV has a considerable impact on individuals and NHS services during the winter months.
- Historically RSV in the winter months led to approximately 30,000 hospitalisations in children aged under 5 and was responsible for 20 to 30 infant deaths. It also caused around 9,000 hospital admissions in those aged over 75 causing severe illness and mortality.
- However, since the introduction of this vaccination there has been a large drop in admissions due to RSV. A UKHSA study has shown RSV vaccine to be 82% effective in preventing hospital admission with RSV infection in older adults



RSV Vaccination Eligibility

- Those aged 75 yrs and older
- Adults of any age living in a care home for older adults
- Those aged 65-74 yrs and have a weakened immune system or long-term lung condition

The GP will be in contact to offer an RSV vaccination appointment to those eligible

RSV vaccine is offered throughout the year and only one dose is needed to protect against RSV infection.

[Respiratory syncytial virus \(RSV\) - NHS](#)

[Respiratory syncytial virus \(RSV\): A guide to vaccination for older adults](#)

[RSV poster for older adults](#)



Who is eligible for the RSV vaccine?

Pregnant women, from 28 weeks, to protect your baby

Older adults are eligible if you haven't had a dose before and are

- **aged 65 to 74 and have a long-term lung condition** including COPD and poorly controlled asthma or a **weakened immune system** due to medical conditions or treatment
- **aged 75 and over**
- **aged less than 75 and living in a care home for older adults**

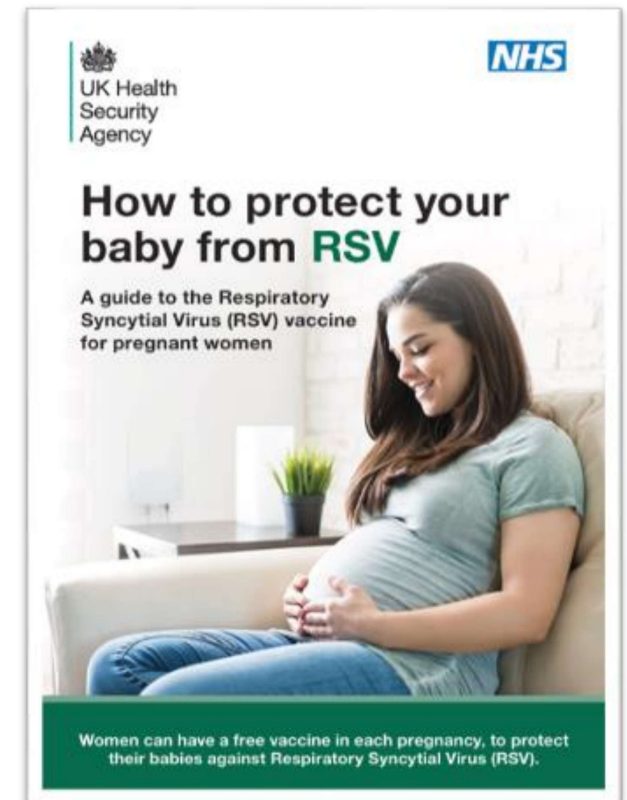
Speak to your local GP practice, pharmacist or maternity service if you're not sure if you're eligible.

RSV Vaccination Eligibility

Pregnant women to protect the infant

- All women who are at least 28 weeks pregnant are offered a single dose of the RSV vaccine to protect their baby and remain eligible up to birth.
- Speak to your maternity service or GP surgery to get your vaccine
- A vaccine is needed in every pregnancy to give your new baby the best protection

[A guide to RSV vaccination for pregnant women - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



How to prepare for ARIs

Ensure sufficient stock levels

- liquid soap, disposable paper towels, alcohol-based hand rub (at least 70% alcohol content)
- Foot operated bins
- Disposable tissues
- Cleaning supplies – maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, mop heads, detergent, chlorine- based disinfectant).
- Personal Protective Equipment
- LFD tests – for testing those symptomatic and eligible for COVID -19 treatments (check expiry dates)

Identify those eligible for COVID-19 Treatments

COVID-19 treatments

- Providers should be familiar with the full eligibility criteria for COVID-19 treatments and identify those who may be eligible. (If you are not sure check with the GP).
- If someone who is eligible for COVID-19 treatments develops COVID-19 symptoms, they should be tested with an LFD test.
- Ensure you have sufficient LFD test kits available in the home and check expiry dates.
- If test is positive for COVID-19 and eligible support to access appropriate treatment and follow guidance. Infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI) - GOV.UK (www.gov.uk)

Accessing LFD tests

- Access free tests for those eligible for COVID-19 treatments in a residential care setting via **NHS local pharmacy**. Find a pharmacy that offers free COVID-19 rapid lateral flow tests - NHS
- Staff providing care to people outside of residential care settings can help support individuals to access free tests and treatment via NHS for those eligible for COVID-19 treatments. More information available here Treatments for COVID-19 - NHS (www.nhs.uk).

Revisit ARI /IPC Guidance

Acute Respiratory Infection guidance in adult social care

Infection prevention and control in adult social care: acute respiratory infection - GOV.UK (www.gov.uk).

Influenza-like illness (ILI): managing outbreaks in care homes - GOV.UK

IPC Guidance

Infection prevention and control in adult social care settings - GOV.UK (www.gov.uk)

NHS England » National infection prevention and control manual (NIPCM) for England

Understanding and managing infection in adult social care - GOV.UK

IPC Policies/ Procedures

Ensure IPC policies/procedures including SOP's & BCP's are up to date and communicated to staff

Guidance

Infection prevention and control in adult social care: acute respiratory infection

Infection prevention and control measures to reduce the spread of viral acute respiratory infections (ARIs), including COVID-19, in adult social care settings.

From: [UK Health Security Agency](#) and [Department of Health and Social Care](#)

Published: 31 January 2024



Guidance

Management of acute respiratory infection outbreaks in care homes guidance

Updated 24 July 2024

Symptoms of Acute Respiratory Infection

Respiratory infections can spread easily between people. It is important to be aware of symptoms so you can take action to reduce the risk of spreading infection to others.

- It can be difficult to distinguish between COVID-19, flu and illness caused by other respiratory viruses by symptoms alone.
- Adults with cognitive conditions such as dementia may have a reduced ability to recognise or communicate when they feel unwell
- Consider the possibility of ARI if there is a sudden deterioration in physical health or mental ability

Ensure staff know how to recognise, monitor and escalate worsening symptoms of acute respiratory infection and facilitate a clinical review as required

Infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI) - GOV.UK

What to do If a service user has symptoms of ARI

Care home residents

- Residents with symptoms of ARI and have a high temperature or do not feel well enough to do their usual activities should be **supported to stay away from others**.
- **Inform the residents GP and request a clinical assessment**
- Test for COVID-19 only if eligible for COVID-19 treatments.
- If test is positive for COVID-19 and eligible support to access appropriate treatment and follow guidance. Infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI) - GOV.UK (www.gov.uk)

IPC Measures

- Ensure adequate ventilation
- Enhanced cleaning (1,000ppm chlorine-based solution) of environment and frequent touch points
- Appropriate PPE
- Reinforce hand / respiratory hygiene

Service users not in a care home

- Support to follow the guidance People with symptoms of a respiratory infection including COVID-19 - GOV.UK (www.gov.uk).

What to do if a service user tests positive for COVID or Flu

Care home residents with COVID-19 or Flu

- Where possible support them to stay away from other residents for a **minimum of 5 days** after the onset of respiratory symptoms and ensure wellbeing .

Arrange an assessment for appropriate treatment

- After 5 days, the resident can return to their normal activities if they feel well and no longer have a high temperature.

Staff with symptoms of acute respiratory infection

- Support to stay away from work returning only when no longer feel unwell and no longer have a high temperature.

Infection prevention and control in adult social care: acute respiratory infection - GOV.UK

If a service user outside of a care home tests positive for COVID-19/Flu

Service users receiving care outside of care homes who test positive for COVID-19 should follow People with symptoms of a respiratory infection including COVID-19.e

Prevent the Spread of Respiratory Viruses

Standard infection control precautions (SICP's)

- Resident placement/ assessment for infection risk
- Hand hygiene
- Respiratory and cough hygiene
- Personal protective equipment
- Safe management of care equipment
- Safe management of care environment
- Safe management of linen
- Safe management of blood and body fluid spillages
- Safe disposal of waste
- Occupational safety prevention of exposure

Ventilation is an important control to manage the risk of respiratory viruses. Letting fresh air into indoor spaces can help remove air that contains virus particles, dilute their effect, and prevent the spread of infection.

NHS England » National infection prevention and control manual (NIPCM) for England



Personal Protective Equipment

- Ensure you have an adequate supply of PPE available.
- Appropriate PPE should be worn by care workers in line with risk assessment.
- For PPE to be effective, it is important to use it properly and follow instructions for putting it on (donning) and taking it off (doffing). [Guide to donning \(putting on\) and doffing \(removing\) PPE \(non-AGP\) in adult social care settings \(for print\) \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guides/4040175).
- All used PPE should be disposed of appropriately in the correct waste stream.
- See poster [PPE requirements](#) when caring for a person with suspected or confirmed ARI

UK Health Security Agency

PPE requirements when caring for a person with suspected or confirmed acute respiratory infection (ARI)

Activity	Disposable gloves (of the type appropriate to perform the task)	Disposable apron	Disposable fluid-resistant gown	Disposable fluid-resistant surgical mask type GB	Filtering face piece respirator (e.g. FFP3)	Eye/face protection
Giving personal care to a person with suspected or confirmed ARI	Only wear if risk assessment indicates likely contact with blood and body fluids ✓ single use ¹	Only wear if risk assessment indicates likely contact with blood and body fluids ✓ single use ¹	✗ single use ¹ Only wear by exception instead of apron if likely risk of extensive exposure to blood or body fluids	✓ single use ¹	✗	✓ single use ¹ or seasonal use ²
General cleaning duties in the room of a person with suspected or confirmed ARI	Only wear if risk assessment indicates likely contact with blood, body fluids or chemicals/cleaning products ✓ single use ¹	Only wear if risk assessment indicates likely contact with blood, body fluids or chemicals/cleaning products ✓ single use ¹	✗	✓ single use ¹	✗	✓ single use ¹ or seasonal use ²
For tasks other than those listed above, at least when within 1m of a person with suspected or confirmed ARI	Only wear if risk assessment indicates likely contact with blood and body fluids ✓ single use ¹	Only wear if risk assessment indicates likely contact with blood and body fluids ✓ single use ¹	✗	✓ single use ¹	✗	✓ single use ¹ or seasonal use ²
Aerosol Generating Procedure (AGP) on a person with suspected or confirmed ARI	✓ single use ¹	✓ single use ¹	✓ single use ¹ (may be indicated instead of apron if risk of extensive splashing)	✗	✓ single use ¹ (the user needs to be trained for a specific respirator and perform a fit check to ensure correct fitting)	✓ single use ¹ or seasonal use ²

1. Single use refers to the use of PPE or decontamination of reusable items (e.g. aprons, gowns), after each person and/or following completion of a procedure, task, or session.
2. A single session refers to a period of time where a care worker is undertaking duties in a specific care setting (e.g. a room) using the appropriate PPE with a person with suspected or confirmed ARI. A session ends when the care worker leaves the care setting, returns to the common area, or the person with suspected or confirmed ARI is moved to another room or setting. PPE should be replaced or decontaminated at the end of each session or earlier if damaged, soiled, or uncomfortable.
3. A filtering face piece respirator (e.g. FFP3) is not for use against aerosols. It needs to be a full face piece (not a half mask) and must be worn correctly.
4. A list of aerosol generating procedures can be found at: <https://www.gov.uk/guidance/aerosol-generating-procedures>

Recognise Respiratory Outbreaks

Consider the possibility of an ARI outbreak:

Where you have 2 or more cases of a respiratory illness within 5 days with a link to the setting.

Report the outbreak promptly to UKHSA HPT via the web-based tool using the link or QR code. Report an outbreak of acute respiratory infection in an adult social care setting – Report an outbreak



Follow the ARI outbreak management process

ARI-OB-management-process-V4-Oct-25-final.pdf

Infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI) - GOV.UK



Outbreak testing in a care home

Multiplex PCR testing

- UKHSA HPT will advise on the use of multiplex PCR to test up to 5 linked symptomatic residents with most recent symptom onset.
- Testing suspected ARI cases (who are eligible for COVID-19 treatments) with LFDs is quick and allows to establish if COVID-19 may be the cause of outbreak.

Request further support if there are concerns:

- greater severity of illness than expected
- more deaths or hospitalisations than expected
- rapidly increasing cases despite control measures
- a suspected outbreak of 2 ARIs (for example flu alongside COVID-19)

Seek advice from the local authority contact if there are operational issues such as staffing shortages or concerns about safety.

ARI Outbreak control measures



Immediate outbreak control measures

proportionate, risk assessed and time limited

- Support symptomatic residents to stay away from others.
- Reinforce hand and respiratory hygiene.
- Arrange enhanced cleaning – (1,000ppm chlorine -based solution) of frequent touch points and shared areas.
- Let fresh air in
- Appropriate PPE – **universal use of Type IIR fluid repellent surgical masks.**
- Cohort staff to care for symptomatic/positive cases during the outbreak.
- Ensure linen management systems and clinical waste disposal systems are in place.
- Audits – hand hygiene and PPE usage

ARI Outbreak control measures

- proportionate reductions or postponement of communal activities
- monitor all residents for elevated temperature and other respiratory symptoms
- proportionate reductions in admissions /temporary closure of the home to further admissions
- restriction on movement of staff providing direct care to avoid 'seeding' of outbreaks between different operational units and areas, floors and wings or between different care settings
- proportionate changes to visiting
- transfers to other health and social care settings on a case-by-case risk assessment (important to communicate the situation to the receiving setting).

Infection prevention and control in adult social care: acute respiratory infection - GOV.UK

ARI Outbreak control measures

Lift outbreak control measures once no longer required

- Outbreak control measures can be lifted 5 days after the onset of symptoms in the most recent symptomatic resident. A local risk assessment should underpin the decision to lift outbreak control measures.
- All residents should be monitored for up to a further 5 days after this to ensure they can access appropriate treatments where necessary.

Infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI

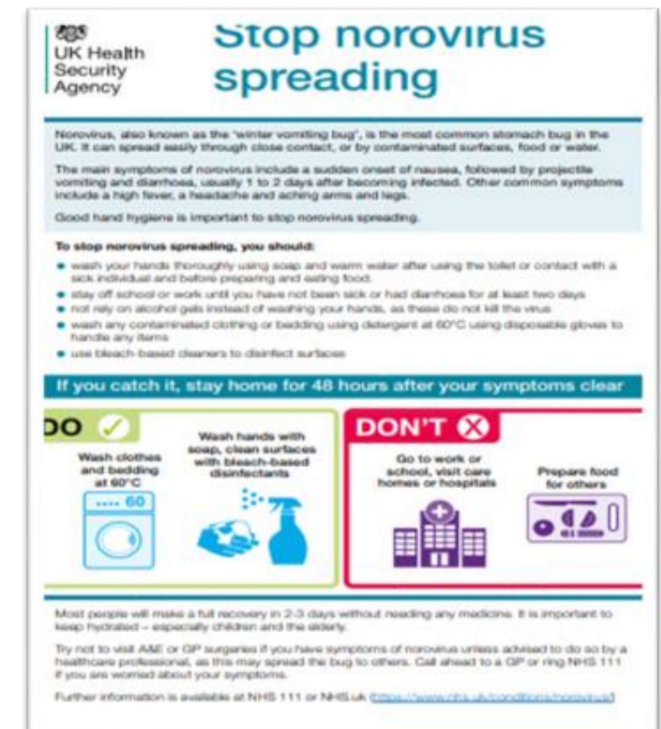
Diarrhoea and Vomiting Outbreak Management

Report the outbreak promptly to UKHSA HPT

Tel: 0300 303 8537 Option 1 or email eastofenglandhpt@ukhsa.gov.uk.

Immediate control measures:

- Isolation of residents/affected staff until clear of symptoms for 48 hours
- Enhanced cleaning (1,000ppm chlorine)
- Effective hand hygiene with liquid soap and warm water only (**DO NOT use alcohol-based hand rub**)
- Personal Protective Equipment (PPE) - disposable apron /gloves
- Ensure linen management systems and clinical waste disposal systems in place.
- Cohorting of affected residents/staff on a separate floor or wing of the home.



D&V Outbreak management

- Stool sample collection as requested
- Ensure residents are clinically assessed and rehydrated adequately.
- Inform visitors of the outbreak and need for hand washing/ PPE.
- Avoid transfer to hospital or other institutions unless medically necessary
- Admissions should be paused until the home has no new cases for 48hrs and outbreak declared over.

[Guidelines for the management of norovirus outbreaks in acute and community health and social care settings \(publishing.service.gov.uk\)](#)

[Stop norovirus spreading poster \(publishing.service.gov.uk\)](#)

Visiting during an outbreak

- Visitors should not enter the care home if they are feeling unwell.
- Visitors should be informed of any outbreak and any symptomatic residents so that they are aware of the risks and can decide whether to go ahead with the visit or postpone if they wish to do so.
- Visitors should be asked to follow the IPC processes put in place by the care home
- Ensure procedure in place for visiting during an outbreak in line with visiting guidance Supporting safer visiting in care homes during infectious illness outbreaks - GOV.UK (www.gov.uk).

[Visitor-Poster-Care-Homes-final-11-10-24-jw.pdf \(hcca.info\)](#)



IPC Resources

Infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI) - GOV.UK (www.gov.uk)

Infection prevention and control: resource for adult social care - GOV.UK (www.gov.uk)

Management of acute respiratory infection outbreaks in care homes guidance - GOV.UK

NHS England » National infection prevention and control manual (NIPCM) for England

Norovirus: managing outbreaks in acute and community health and social care settings - GOV.UK (www.gov.uk)

Flu vaccination in the social care sector - GOV.UK

Cold weather resources

[Adverse Weather Health Plan](#)

[Keeping warm and well: staying safe in cold weather - GOV.UK](#)

[Cold-Health Alert action card for health and social care providers - GOV.UK](#)

[Supporting vulnerable people before and during cold weather: for adult social care managers - GOV.UK](#)

[Keeping warm and well: staying safe in cold weather \(poster\)](#)

[Cold-Health Alert summary action card for providers: care homes](#)

[Cold-Health Alert Summary action card: people in their homes](#)

[Extreme cold temperatures in domiciliary care: the study - GOV.UK](#)



Jess Bentley

Hertfordshire Care Providers Association

Key elements of a Business Continuity Plan (BCP)

The Purpose of the BCP: A proactive plan of action put in place in readiness to control arising risks that would cause significant disruption to your service delivery. A proactive planning tool that identifies, minimises the impact of a risk and brings the risk back into control as quickly as possible.

BCP Risk v BAU risk: A BCP risk can be described as an out-of-the-ordinary occurrence that can cause significant disruption to the service. E.g. 10 staff calling in sick all at once = BCP
whereas 1 or 2 member/s of staff calling in sick = Business as usual (BAU)

Establish a BCP Response Team: with clear details of who will deputise in their absence and who can invoke the BCP.

Reviews & Testing: Make sure that your BCP is up-to-date, relevant to your business needs and staff are aware of their responsibilities, and what to do in the event of an emergency. Build in regular checks and reviews to ensure mitigating arrangements put in place are still viable i.e. check if the recruitment agency you use is still operational and available to draw upon.

A BCP should be tested four times a year, approximately every three months.

BCP risks over the winter period

BCP risks and threats that should be reviewed to ensure your plan remains up to date over the winter period.

- Flooding
- Adverse weather including storms, heavy snow and heavy fog
- Shortage of staff/staff sickness
- Infection control
- Flu and other viral infections



Flood

- **Potential risk/threat:** Flood
- **Business issues:** damage to the property; possible relocation of the clients and staff in temporary accommodation; disruption to travel, road closures
- **Mitigating actions in place:** ensure that the business insurance has relevant coverage for flood; Check all gutters and keep them clean throughout the year; Ensure that you have an evacuation plan in place and have alternative accommodation where you can relocate clients to if need to; Ensure that your flood policy is up to date; Arrange to maintain staffing levels where there might be difficulties with staff travel arrangements; Arrange to maintain essential supplies such as food and medicine; Ensure that you have got enough PPE supplies; Ensure that you have got up to date action cards with clear processes and available for all staff; Have a disaster preparedness kit;
- **Triggers:** weather changes - too much rain pouring in a small space of time; water gutters are not clean and overflowing; nearby rivers and lakes affected by huge amount of rain.

Action card

- **Step 1:** Communicate to all staff to warn them of the flooding risk.
- **Step 2:** Ask all staff to follow each client's PEEPs (please include the exact place that these are located)
- **Step 3:** Ensure that you have enough staff on board. If not arrange for backup immediately
- **Step 4:** Staff to collect the grab bag (please add the exact place where it is located)
- **Step 5:** Call for disabled cabs (please include the name and number of the company that you use)
- **Step 6:** Call for a private ambulance to transport patients if needed (please include the number of the private ambulance)
- **Step 7:** Call the fire brigade if you need help to assist clients to evacuate safely from upper floors- 999- please state the address and your situation and highlight that there are vulnerable adults in the building
- **Step 8:** Ensure that you grab all emergency medication supplies
- **Step 9:** Evacuate everyone to the following place (include the alternative accommodation name and address)
- **Step 10: Incident close-down procedure:** The BCP Lead ensures the incident has been logged, conducts a debrief, discusses lessons learned, and reviews the BCP if required
- **Step 11:** Communication: Thank the team that has helped, and learning shared with the wider team including individuals who are supported and their families or friends

Adverse weather including storms, heavy snow and heavy fog

- **Potential risk/threat:** Heavy Snow
- **Business issues:** Staff may not be able to travel to work; possible public transport stop; shortage of staff; business disruption;
- **Mitigating actions in place:** The provider should ensure that insurance policies adequately cover winter-related hazards; determines your greatest risk potentials such as loss of heating, loss of access, frozen pipes; ensures that staff are aware of the emergency plan; ensure portable electric heaters are available; ensure that you carry out electricity and gas safety checks regularly; have extra cars ready with fuel in case you need to transport staff who may be unable or unwilling to drive in severe weather conditions.
- **Triggers:** weather forecast; low outside temperature and moisture in the air; seasonal

Action Card

- **Step 1:** Communicate to all staff about the problem
- **Step 2:** Check all access including driveways and parking. If access routes are blocked, staff should clear snow using the equipment provided (review where these equipment are located)
- **Step 3:** Check that all heating systems are working correctly. If the heating stops call the emergency number for a call out on (*name and number of the company*)
- **Step 4:** In the meantime, until the contractors come, please use the electric heater (*please add the location where these are located*)
- **Step 5:** Staff should monitor indoor temperatures and provide regular hot drinks where appropriate
- **Step 6:** If the heating cannot be repaired within a safe timeframe, staff should evacuate clients in line with the evacuation plan (*please state where is it located*) to the following location (*please add the location where the clients will be evacuated to*)
- **Step 7:** Ensure that staff takes all medication for clients and any emergency supplies that may be required
- **Step 8: Incident close-down procedure:** The BCP lead ensures that the incident has been logged, conducts a debrief discusses lessons learnt and reviews the BCP if required
- **Step 9:** Communication: Thank the team that has helped, and learning shared with the wider team including individuals who are supported and their families or friends



Business Continuity Plan Toolkit for Care Providers

Document Management

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- There is information on the front page detailing version control of the current BCP plan
- There is details on the front page of when the BCP was last reviewed
- There is details on the front page of when the BCP was last updated and by whom
- There is details on the front page of who the document owner is (who is also responsible for any reviews and updates)
- Details contained on the front page detailing date of next review (this should state mandatory reviews and when also)
- Document testing exercises stating when you will do these and how i.e. fire drills, desktop exercises, scenario practice run's

Storage

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- The document is easily accessible i.e. a location of grab bag is included and factors in confidentiality
- The plan clearly states where the Master paper copy is stored electronically in a secure location and details access persons/ details
- The plan clearly states where a hard/ paper copy is stored on site and provides clear access details
- The plan clearly states where (and how many) the off-site copies are kept (also that laptops are password protected)
- The plan clearly states alternative remote access i.e. secure e-copy file location, iCloud access and named persons

Audience

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- Plan clearly states who it has been written for
- Plan has been written to be and easy read that can be followed by anyone with no prior knowledge
- It is usable and understandable
- There is a master version containing all required information
- There is a data sensitive version that signposts to confidential information

Awareness

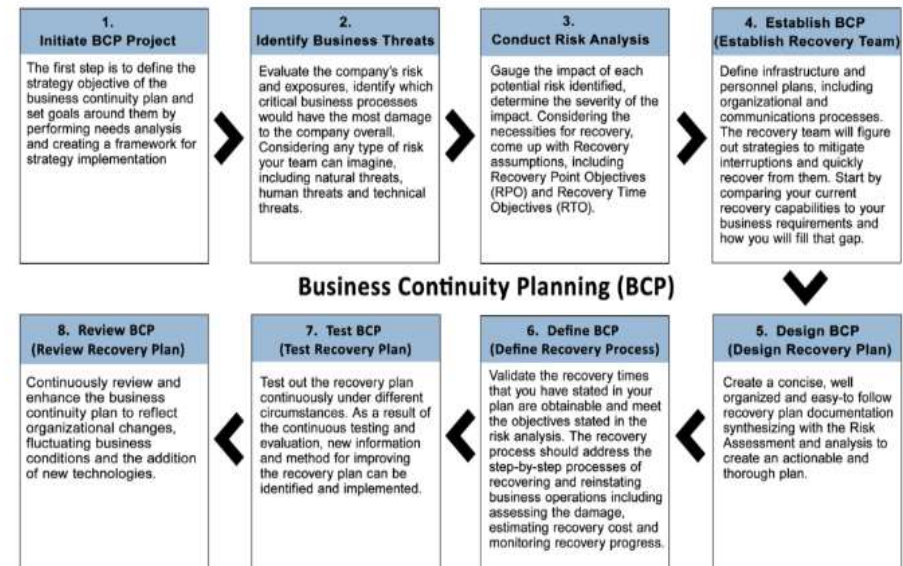
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- Plan clearly explains how staff are made aware of the BCP and details frequency in raising awareness and familiarity with it
- Details of when and how it is shared with staff has been documented within the plan

Additional Guidance Notes:

This should be reviewed annually and as and when as a minimum practice.

Leadership Overview of BCP Activity



Contact Us

👤 HCPA Business Development Team

✉️ businessdevelopment@hcpa.co.uk

☎️ 01707 536020



Peter Bullen

Hertfordshire Care Providers Association

HCPA's winter support offer

Dedicated Resource Webpage - Bringing together practical tools and information in one place.

Winter Checklist - A short list of essential tasks for providers to complete as soon as possible.

Comprehensive Winter Action Plan - Covering everything you need to consider during this period.

New Training and Webinars - including Wellbeing and deterioration, IPC, Respiratory conditions, Managing the unwell

Directory of Support Services - Helping you find alternatives to hospital trips.

Up-to-Date Admission Avoidance Contacts - Plus a printable poster so you have the information at your fingertips..

And where to ask questions...

HCPA Seasonal Support Webpage

[Click here for Quick Winter Checklist](#)

[Click here for your detailed winter action planning guide](#)

[Click here for the Staying Bright in the Dark Months Practical Strategies for Winter Wellbeing Toolkit for Care Providers](#)



**FLU, COVID,
OUTBREAKS &
VACCINATIONS**



**BUSINESS
CONTINUITY**



**HEALTH
OBSERVATIONS &
DETERIORATION**



**KEEPING PEOPLE
ACTIVE**



**EDUCATION &
WEBINARS**



**SERVICES TO
SUPPORT YOU**

Quick Winter Checklist



What is it?

A quick checklist with the immediate actions you should do to prepare for winter.

What does it cover?

Vaccinations, PPE, Hand Hygiene, Cleaning schedules, Medication management, Nutrition and Hydration, Early deterioration, Outbreaks, Environmental Safety, BCP's, Falls policies, Discharge from hospital policies

How do you use it?

Use the Quick Winter Checklist as a practical tool to prepare, monitor, and manage winter-related risks in your services.

Detailed Winter Action Planning Guide

What is it?

A detailed guide designed to help you prepare for and manage the challenges of winter.

What does it cover?

The guide is structured into ten key areas, each addressing essential aspects of winter readiness—from vaccinations and infection prevention to emergency contingency planning and wellbeing support.

How do we use it?

Work through each tab to review the recommended actions.

For each area: Assess Current Practice, Delegate Actions and Monitor Progress.



Local Admissions Avoidance Services

All the contacts you need IN ONE PLACE!

Use this QR code to access contact details for services available to Care Homes including **admission avoidance**, mental health, end of life and much more.

- East and North Hertfordshire: Early Intervention Vehicle and Hospital at Home - 0300 123 7571
- South and West Hertfordshire: A HAARC Vehicle 0345 601 0552
Urgent Community Response 03000 200 656

www.hcpa.info/supportservicedirectory

DOWNLOAD YOUR POSTER TODAY



Upcoming Winter Training

New education, about to hit the schedule, includes:

- IPC essentials
- IPC Extended Knowledge
- Champions in many subjects, inc IPC
- Managing the unwell person
- First Aid
- Respiratory conditions for leaders
- Respiratory conditions – extended knowledge

Previous courses and resources across a range of subjects www.hcpa.info/members-zone/

Previous events for catch-up: www.hcpa.info/members-zone/event-resources

Note: Our website requires no logins or passwords to access



Newsletters

Stay up to date with sector news!
Ensure you and your leadership team are signed up to receive HCPA's newsletters.

WWW.HCPA.INFO/NEWS

Subscribe to our mailing list



THE HCPA CARE PROVIDER HUB PROVIDING PEACE OF MIND.....



ASK us anything! We are your support service, here to answer your questions on all topics Adult Social Care related.

- Govt guidance, laws, standards and expectation
- Infection prevention and control
- Liaison with Hertfordshire County Council
- Funding, contracting and commissioning
- Staff wellbeing and recognition
- HR, Staffing and recruitment
- Training and education
- Business continuity
- Data protection
- Monitoring
- Equipment
- Insurance

Your hub, your support service.....

01707 708108 / assistance@hcpa.co.uk (Mon to Fri - 9am to 5pm). **www.hcpa.info/hub**

HCPA: 'Sharing best practice in care through partnership'

