

Outbreak – Immediate Actions Checklist for Care homes



All **new** outbreaks (**Covid 19***; Flu and D&V) must be notified to UK Health Security Agency (previous PHE HPT) - Phone: **0300 303 8537** UK HSA will do the risk assessment and may arrange additional swabbing for other respiratory diseases if indicated. If suspected Norovirus you will be asked to collect stool samples.

***Covid 19 you need to report when you have only one case.**

Actions	Yes/ no	Date
1. Isolate (all infectious diseases – Covid 19/ Flu and diarrhoea and vomiting) All symptomatic (respiratory/ diarrhoea and/or vomiting) or test positive residents (Covid 19) to be isolated in own room for appropriate isolation period depending on infection. Door to isolation room should be closed. If unable to isolate complete a full risk assessment on mitigating actions to take. If support required alert monitoring officer via email.		
2. Contact Tracing Review other residents who are considered close contacts of the Covid 19 positive or symptomatic residents. Close contacts may need to be isolated depending on risk assessment and advice from professionals.		
3. Vaccination Review against Covid 19 or Flu – if respiratory outbreak suspected Review all residents and staff for their Covid vaccination history. If suspected to be Flu you may be asked for vaccination info.		
4. Testing for Outbreak (2 or more cases staff/residents with respiratory symptoms or two or more with diarrhoea+/- vomiting) Follow the Covid 19 Testing pathway with 7 days of LFT for staff. If risk assessment by UK HSA suspects Flu/other viruses additional testing of most recent cases (up to 5) will be arranged. If D&V, then stool samples should be collected and submitted clearly labelled that sample is from a care home possible outbreak.		
5. Closure of the home and hospital appointments Closure of the home to admissions should be based on a risk assessment and is not automatic. You may be advised by a professional to close the home depending on risk assessment. If hospital appointments are essential (this can be discussed with the health professional), inform the service about the outbreak so that they can arrange according to own risk assessment.		
6. Communication In the instance of an outbreak inform visitors that visiting will cease until the outbreak is over, place poster at the entrance of the home. Professional visits should continue. Covid 19 specific- Review the Essential care givers as they should be supported to continue to visit and the resident, if they remain negative.		
7. Control Measures Hand hygiene - use soap and water or hand rub. Increase awareness of 5 moments for hand hygiene when it is essential to clean hands. Check compliance weekly during an outbreak. If Outbreak of diarrhoea & vomiting hands must be washed using soap and water as hand rub not effective. PPE – ensure appropriate stock of all PPE items. Staff to wear TIIR face masks at all times. Visors to also be worn when caring for positive Covid 19 cases or symptomatic/coughing. Waste – handle waste safely and segregate via infectious waste stream for positive cases or if only domestic available person is Covid 19 cases - store for 72 hours prior to disposal Equipment – Multi-use equipment should be disinfected in between uses. Dedicate specific equipment (for example, thermometers, blood pressure cuffs, pulse oximeters, etc) for residents in isolation. Clean and disinfect equipment (including mobility aids) before re-use with another resident. Particular attention should be paid to cleaning of any reusable equipment taken between the residents' bedrooms Communal areas/activities – these should be reviewed, and risk assessment undertaken. There may be a need to close off dining areas to segregate residents to one floor and limit mixing/exposure to bring an outbreak under control		
8. Environmental Cleaning and disinfection - Enhanced cleaning and disinfection should be undertaken by staff specifically trained for the tasks. Minimum of 2 -3 times daily. Clean frequently touched surfaces such as door handles, handrails, remote controls and tabletops. - Following cleaning with a detergent, areas should be disinfected with a chlorine releasing agent made up to 1000ppm available chlorine (important if dealing with D & V), following manufacturer's dilution instructions - Any cloths and mop heads used for isolation rooms must be disposed of as single use items. - Cleaning equipment should be cleaned and disinfected prior to storing away. - Domestic staff are advised to clean the isolation room(s) after all other unaffected areas of the facility have been cleaned. Environmental measures such as effective ventilation to be implemented (windows open for periods during the day) to allow for air exchange (Covid 19 specific)		
9. Staff All staff are competent in IPC practices and safe use of PPE Any training needs can be escalated HCPA assistance@hcpa.co.uk Review movement of staff and cohort in teams to affected areas/unaffected areas. Restrict staff movement during an outbreak. Block book agency staff and review staff who work at different sites as per national guidance.		
10. Support Support can be accessed via HCPA Provider Hub assistance@hcpa.co.uk (Mon to Fri – 9am to 5pm) COVID-19 HCPA		