Preventing & Managing an Outbreak (PMO) Guidance

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Introduction

When the Covid-19 outbreak began in 2019, the health and social care sector across the world was unprepared, resulting in a high number of hospitalisations and deaths.

In the present day, many of the infection control procedures in place (that were not before the pandemic) are viewed as standard.

This document does not replace training, but has been created to simplify the government guidance and make clear responsibilities in the key areas which help us to minimise the risks involved with acute respiratory infections (ARI's), including Covid-19.

ARI Symptoms

Symptoms of COVID-19, flu and common respiratory infections include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

People at Higher Risk

Some people are more at risk of harm from ARI's than others.

For instance, older people, people who are pregnant, unvaccinated people and people of any age with long term conditions.

People who are at higher risk no longer have to isolate themselves and are advised to follow the same precautions as the rest of society (stay at home and rest, avoid contact with other people).

People supported by New Direction Support will have a risk assessment in place that identifies if they are higher risk as well providing guidance to ensure individual needs are met.

Current guidance states that the people we support should only test for Covid-19 if they are eligible for Covid-19 treatments or on the advice of a clinician.

Vaccination

Click on the picture below to watch a short video about the benefits of vaccination:

The Covid-19 has proven to:

1. Reduce the risk of people becoming seriously ill or dying
2. Reduce the risk of catching or spreading Covid-19
3. Protect against Covid-19 variants

We provide accessible information to help both the people we support and our employees with making informed decisions about both flu and Covid-19 vaccinations.

Testing & Isolation

Workers

Full details regarding return to work can be found in the following highlighted section of the government guidance.

Staff who are symptomatic should remain off work until they no longer have a temperature and no longer feel unwell.

Prior to return, a **risk assessment will need to be carried out by a manager** to ensure that people at higher risk from ARI's are safeguarded from harm.

Staff should only test for Covid-19 if they are eligible for Covid-19 treatments or are advised to by a clinician.

Staff who are eligible and test positive should stay away from work for a minimum of 5 days from the onset of symptoms.

Service User

Our role is to support that person to follow the government guidance in place, which is currently -- people with symptoms of respiratory infection including Covid-19, this includes:

- Encouragement to stay at home and rest
- Encouragement to avoid contact with other people
- Support to avoid contact with others who might be at higher risk from ARI's
- Support to arrange working from home (if the person is employed)
- Informing healthcare providers and dentists about symptoms if there is an upcoming appointment
- Support to seek medical support if it is needed
- Promoting good hand and respiratory hygiene practices
- Promoting social distancing
- Correct use of personal protective equipment (PPE) by support staff as set out in this guidance
- Support with environmental cleaning and waste management
- Reporting outbreaks through the appropriate channels

Hand Hygiene

Vaccination is the most effective way of reducing spread of Covid-19 (and other infectious diseases), but the very basics of infection prevention, known as standard infection control precautions, also play a large role in reducing the spread.

Hand hygiene has proven to be one way of significantly reducing the spread of infection.

All employees complete hand hygiene and infection control training as part of their induction.

Below are the moments that hands should be cleaned.

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 ☑ Before touching a person

 ☑ After exposure to blood or body fluids

 ☑ After touching a person

 ☑ After touching a person's surroundings

 ☑ After taking off PPE i.e. gloves

 ☑ After using the toilet

 ☑ Between different care activities i.e. moving from supporting someone to eat, to supporting them with personal care

 ☑ Before *and* after handling food

Please click on the picture below to access the NHS video guide showing the most effective way to wash hands.

Respiratory Hygiene

Good respiratory hygiene is another effective way at reducing the spread of infection.

The **Catch It, Bin It, Kill It** campaign is a helpful reminder of the principles.

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.

BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.

KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.

Good respiratory hygiene means…

Cover nose and mouth with a disposable tissue when coughing, sneezing, wiping and blowing nose

If you don't have a tissue to hand, use the crook of your arm to catch the cough or sneeze

Make sure there is a supply of tissues, available to both service users and staff

All used tissues to be disposed off immediately in a waste bin

Clean hands after coughing, sneezing, using tissues, or contact with respiratory secretions i.e. spit or objects contaminated with secretions

Keep contaminated hands away from mouth, eyes and nose

Supporting other people to maintain good respiratory hygiene where you can

Personal Protective Equipment (PPE)

This guide only covers the requirements set out around supporting someone who has symptoms of an ARI (it does not provide information about standard infection control procedures).

The following table provides clear guidance on recommendations for staff use of PPE when supporting someone with a suspected or confirmed ARI (please click here or on picture below to access website)

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-repellent gown	Disposable fluid repellent surgical mask type IIR	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 sessional 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 sessional 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 sessional use [2]
Aerosol Generating Procedure[4] (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 fit tested for a specfic respirator and perform a fit-check to ensure correct fitting)	✓ single use [1,3] or sessional use [2,3]

1. Single use refers to disposal of PPE or decontamination of reusable items (e.g. eye protection), after each person and/or following completion of a procedure, task, or session[7].
2. A single session refers to a period of time where a care worker is undertaking duties in a specific care setting/exposure environment (e.g. in a bay caring for service users with flu or COVID-19). A session ends when the care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed. PPE should be replaced or decontaminated (if reusable) of after each session or earlier if damaged, soiled, or uncomfortable.
3. If the filtering face piece respirator (e.g. FFP3) is not fluid resistant, this needs to be a full-face visor (which covers the eyes, nose and mouth area)
4. A list of aerosol generating procedures can be found at NHSE NIPCM» Chapter 2, paragraph 2.5: aerosol generating procedures

In regards to face masks, the current guidance states that they should only be worn:

- if the person being cared for has symptoms of an ARI
- when cleaning the room of a person with symptoms of ARI
- if there is an outbreak of ARI in a shared environment and the local risk assessment favours the introduction of universal masking as one of the outbreak control measures
- if the person being cared for would prefer staff or visitors to wear a mask while providing them with care or visiting

Click on the picture below to watch a short video from the NHS which shows you how to safely put on and take off personal protective equipment.
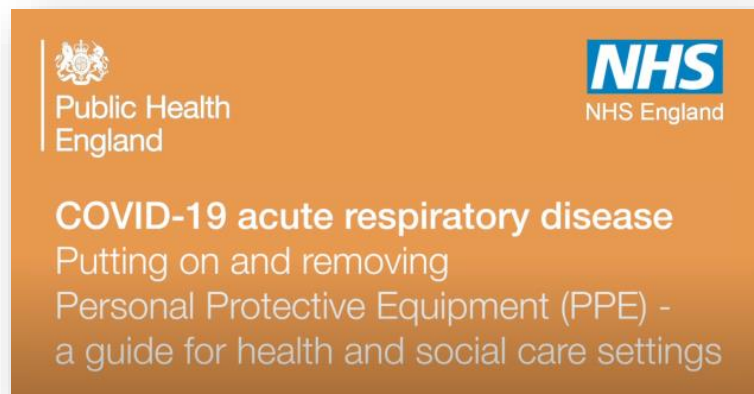
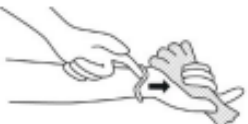This visual guide is also a helpful refresher:

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water.
Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

1. Put on your plastic apron, making sure it is tied securely at the back.

2. Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.

3. Put on your eye protection if there is a risk of splashing.

4. Put on non-sterile nitrile gloves.

5. You are now ready to enter the patient area.

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

1. Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.

2. Perform hand hygiene using alcohol hand gel or rub, or soap and water.

3. Snap or unfasten apron ties the neck and allow to fall forward.

Snap waist ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

4. Once outside the patient room. Remove eye protection.

5. Perform hand hygiene using alcohol hand gel or rub, or soap and water.

6. Remove surgical mask.

7. Now wash your hands with soap and water.

Social Distancing

Social distancing is not always easy to do in a support role, and is barely mentioned in current guidance but has been an important part of infection control precautions and is proven to reduce the spread of infection.

Click on the picture below for more information about social distancing.

Temperature Checks

Temperature checks are often a good indicator of whether someone has an infection but there is no current requirement to carry out daily temperature checks (on workers, the people we support or other visitors).

We advise that the people we support (and the office) have an infrared thermometer readily available to allow for testing if a person has a suspected temperature.

Environment & Equipment Cleaning

Ensuring good cleanliness within the home environment and with any equipment inside the property is another infection control precaution which reduces the spread of infection.

We need to encourage the people we support to clean their home and the equipment in it effectively.

Click on the picture below to watch a short video about the different stages of decontamination.
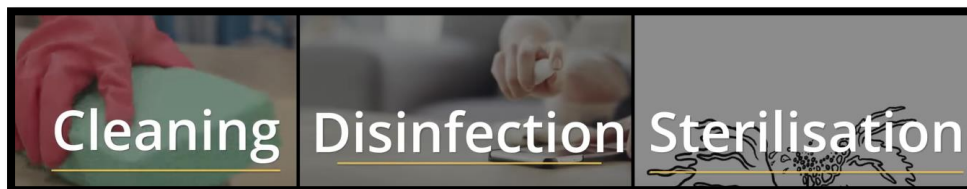
The level of risk will dictate the type of decontamination required; the table below provides some useful examples.

Risk Level	Decontamination Level	Examples
	Cleaning *Followed by disinfection if there is suspected or confirmed infection in the property*	Anything that comes into contact with 'unbroken' skin or isn't touched by people at all i.e. • Door handles • Plug Sockets & light switches • Dado rail & skirting board • Tables & chairs • Most surfaces in the property
	Cleaning *Followed by disinfection if being used for more than one person*	Items contaminated with body fluids or blood, items that come into contact with mucous membranes i.e. • Bedpans • Commodes • Toilets • Bath / Shower • Outside of sharps boxes
	Sterilisation Not currently applicable to any of the people we support	• Wound dressings (*sterile and single use*)

Laundry

Wear a disposable apron

Wash hands between handling clean and dirty / infectious laundry

Keep clean and dirty laundry separate from each other

Use separate containers for clean / dirty laundry

Don't shake dirty or infectious laundry

Don't put dirty or infectious laundry on the floor or on surfaces
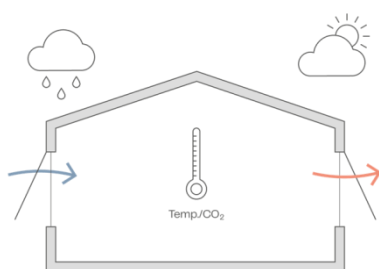
Waste Management

There are no longer any extra measures required for people living in their own homes; waste can be disposed of in the normal domestic waste.

Key advice with waste is as follows:

- Don't overfill bags
- Wash hands after handling waste
- Dispose of waste as soon as practically possible

Ventilation

Open vents and windows, even opening them a small amount can be beneficial

Opening all windows a small amount is going to be more comfortable for people than opening one window a large amount

Opening windows on different sides of a room (where possible) creates airflow

Opening external doors also helps with airflow but take into consideration other risks i.e. if you're supporting someone with a history of leaving support then leaving external doors open creates an additional risk

Reporting Cases

Seeking Medical Advice / Support

People at higher risk are likely to receive advice on the next steps after they have contacted a clinician or submitted the test result online (when they have reported a positive test, if this has been asked for)

If guidance isn't provided, or the test is negative but the person is symptomatic then support the person to contact their GP or 111 for medical advice

People not at high risk are advised to contact 111 via https://111.nhs.uk/covid-19

999 is only to be called in the event of a life-threatening emergency

OBRA (Outbreak Risk Assessment Tool for Care Settings)

A tool has been developed for reporting an outbreak (2 or more confirmed cases) of acute respiratory infections including Covid-19, Flu and Chest Infections

The link and QR code for this can be found below (there is no longer any need to call or email the HPT or the Local Authority to report outbreaks).

XX

XX

UON: XX

GP

The person's GP should be contacted if symptoms worsen or do not get any better after 10 days.

CQC (Care Quality Commission)

CQC are only to be notified if there is disruption of day to day running of the business, and the Registered Manager completes the capacity tracker on a monthly basis.

https://www.cqc.org.uk/guidance-providers/notifications/events-stop-service-running-safely-properly-notification-form

Outbreak Checklist

This checklist is to be followed in the event of suspected or confirmed outbreak in a household

Risk Factor	Control Measure	Managers Role	Complete? Y / N (provide details)
Harmful symptoms of COVID-19	https://111.nhs.uk/covid-19 to report suspected case (**Low Risk Individuals**)	If staff contact and say a low risk supported person is experiencing symptoms of COVID-19, advise to complete the online contact form	
High Risk Individuals – Call GP / 111	Contact GP / 111 for advice	If staff contact and say high risk supported person is experiencing symptoms of COVID-19, manager to advise calling 111 and to have hospital passport to help explaining pre-existing conditions and to ensure the call handler is aware that the person is clinically extremely vulnerable	
Outbreak	SW UKHSA	Complete OBRA tool https://forms.ukhsa.gov.uk/ReportAnOutbreak/acute-respiratory-infections-ari---covid-19-flu-or-unknown-infection-in-adult-social-care-settings	
Symptoms worsen or last 10 days or more	Contacting the person's GP	Manager will be responsible for arranging contact with the person's GP	
Risk of transmission to staff and to other services Disruption to service delivery	Complete Capacity Tracker	Registered Manager completes capacity tracker on monthly basis	

Disruption to Service Delivery	Contact CQC	Registered Manager or Nominated Individual to notify CQC	
Infection through contact with droplets from infected persons mouth or nose	Effective hand hygiene reduces the risk of transmission	Manager to provide this document (with links) for all staff within the affected team so they can refresh themselves	
Infection through contact with droplets from infected persons mouth or nose	Use of PPE with direct contact and environmental cleaning reduces risk of transmission	Manager to ensure that team are appropriately stocked with PPE and that staff have been provided with this document so that they can refresh themselves on appropriate use Manager can use a video call (WhatsApp / Zoom) to demonstrate safely putting on and taking off PPE.	
Infection through contact with droplets from infected persons mouth or nose	Effective decontamination of frequently touched surfaces and equipment with household cleaning products reduces risk of transmission	Manager to remind staff to regularly clean surfaces and equipment	
Infection through contact with droplets from infected persons mouth or nose	Standing 2 meters apart (3 steps) from each other reduces the risk of transmission (Social Distancing)	Manager to ensure that all staff are aware that they need to actively promote social distancing inside the household	
Infection transmission (into the community)	Risk assessment and guidance in place regarding the service user meeting with others	Manager to ensure risk assessment followed and report any issues to commissioner	

Infection transmission (into the community)	Follow Household Guidance section in this document	Manager to ensure staff have access to this document and understand the Household Guidance section fully	
Impact on Staffing	Reduce support levels	Manager to review support levels and liaise with LA / CCG to reach agreement on whether safe to reduce support levels	
Impact on Staffing	Other staffing arrangements	Manager to liaise with LA / CCG and Agency to make alternative arrangements for staffing (where there isn't an outbreak)	

Special Thanks

Special thanks to the following agencies / groups / people, all of which have been essential in the creation of this guide.

- BBC
- CQC
- Department of Health & Social Care
- NHS
- The Hindu
- The Outstanding Managers Network
- World Health Organization

Further Reading

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

People with symptoms of respiratory infection including Covid-19

Infection prevention and control: resource for adult social care

Eligibility and Treatments for Covid-19

DHSC campaign resource centre

Flu vaccination guidance for social care and hospice providers

Guidance for donning and doffing PPE

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