



Say No to Infection – Management of Acute Respiratory Infections

What is an Acute Respiratory Infection (ARI)

Respiratory viruses are infectious and common viral illnesses that are spread by coughs and sneezes. Respiratory viruses can give symptoms of a common cold through to more severe and longer lasting symptoms such as Pneumonia. Respiratory viral infections are more common in the winter months (such as seasonal flu, COVID 19) but it is a viral infection that can circulate at any time of the year.

There is several different ARI, however the most common are:

- COVID 19
- Influenza
- Rhino/Entero Virus
- Respiratory Syncytial Virus (RSV)
- Bocca Virus
- Para Influenza
- Human Metapneumo Virus

In the UK many people will die from a complication of a respiratory illness. Most vulnerable groups include: the elderly, those with weakened immune systems or long-term health conditions, i.e., asthmatics, diabetics, pregnant women, and young people.

How do respiratory viruses spread?

Respiratory viruses are spread by small droplets that contain the virus. These are coughed or sneezed into the air by an infected person. It can also be passed on by coughing and sneezing into tissues or hands and failing to wash hands after disposal. Similarly, if an infected person touches hard surfaces with unwashed hands, the virus can be picked up by another person from these hard surfaces particularly if they touch their eyes or nose or mouth.

People can be infectious 24 hours prior to onset of first symptoms and can be infectious for a further 5 days. Children and people with a weakened immune system may be infectious for longer.

What are the symptoms of respiratory viruses?

The symptoms of COVID 19, Influenza and other respiratory infections are very similar. It is not possible to tell if you have COVID 19, flu or another respiratory infection based on symptoms alone. Vaccination remains a primary measure against both COVID 19 & flu, helping to reduce the risk of serious illness, hospitalisation, and death.

Common symptoms include:

- High temperature >38 or above, fever or chills
- Headache
- Cough
- Shortness of breath
- Unexplained tiredness, lack of energy
- Muscle aches and pains that are not due to exercise.

- Sore throat
- Loss of appetite

Vaccination

- Vaccination remains a primary protection measure against COVID 19 & Influenza, helping to reduce the risk of serious illness, hospitalisation, and death.
- September 2024 saw the launch of a new vaccine to protect against Respiratory Syncytial Virus (RSV). Those eligible include older adults (those turning 75 on or after 1 September). There will also be a one-off 'catch-up' offer for everyone aged 75 to 79 years old.
- Any staff or resident who is unvaccinated should be encouraged to take the vaccines.
- Encourage residents to have all winter vaccines that they are eligible for.

Outbreak Management

In March 2024 national guidance was updated which highlighted changes to testing, availability of C-19 tests and eligibility criteria for C-19 treatments.

The **eligibility criteria for C-19 treatment** have been updated and expanded to include the following groups:

- people aged 70 years and over, or who have a BMI of 35 kg/m² or more, diabetes or heart failure, and:
- are resident in a care home, or
- are already hospitalised.
- people with end-stage heart failure who have a long-term ventricular assistance device.
- people on the organ transplant waiting list.
- <https://www.nice.org.uk/guidance/ta878/chapter/1-Recommendations>

Access to LFD Testing kits:

- Access to LFD testing kits is no longer available through ordering portal (this closed 8th March 2024).
- Access to LFD testing kits will now be available for residents who are eligible for C-19 treatments (as outlined above) through designated community pharmacies (please see link below).
- <https://www.nhs.uk/nhs-services/pharmacies/find-a-pharmacy-that-offers-free-covid-19-rapid-lateral-flow-tests/>

Referral for access to Respiratory at home team for C-19 treatment for eligible residents:

- The **self-referral platform** can be used to refer residents by accessing [CMDU Form - PurpleForms \(happyhealthylives.uk\)](#)
- Please note that it may be helpful to have the resident's care plan at hand whilst accessing the self-referral platform.
- The service can also be contacted by emailing crpqa.respiratoryathome@nhs.net or call on 07881 359254.

- The patients will be triaged by a GP within 24hrs (GP will ensure the medication is suitable for the patient's needs).
- A decision will be made for treatment (treatment eligibility window will be considered) and/or monitoring, and a care coordinator will action accordingly.
- The patients will be discharged after 7 days of monitoring if well (monitoring will be extended if necessary).

Outbreak management:

- The care home should undertake a risk assessment as soon as possible to determine if there is an outbreak and if infection prevention & control measures are needed as follows:
(An outbreak consists of 2 or more positive or clinically suspected linked cases of COVID 19, Influenza or a respiratory infection within the same setting within a 5-day period)
- Any symptomatic residents eligible for COVID-19 treatments should be tested as soon as possible when they develop symptoms of an ARI using COVID-19 LFD tests available from your local allocated pharmacy.
- Dependent upon C-19 results, UKHSA may advise that additional testing is required, to test up to 5 linked symptomatic residents with most recent symptom onset. This will be arranged by UKHSA via the local community swabbing service as per the C&W ARI pathway.
- Please promptly report ARI outbreak to Care Outbreak Risk Assessment (Care OBRA) Tool: (ukhsa.gov.uk). If further residents develop respiratory symptoms, they should be tested if they are eligible for COVID-19 treatments.
- Care home residents who test positive for COVID-19 should be supported to stay away from others for a minimum of 5 days after the onset of respiratory symptoms. After 5 days, the resident can return to their normal activities if they feel well and no longer have a high temperature.

Note: Care Homes should ensure that there are at least 3 tests available per eligible resident to enable them to test for 3 consecutive days if they develop symptoms of acute respiratory infection, if necessary, i.e., if positive on day 1 there is no need to continue testing on days 2 & 3.

Dependent upon results from swabbing UKHSA may advise on additional control measures and if flu antivirals are recommended for symptomatic residents or if flu antiviral treatment/prophylaxis is necessary.

- For your reference, please find below the local ARI pathway.



V3 Care Home ARI outbreak pathway - V

- Please click on the link below for more information on flu antivirals
<https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents>

Outbreak measures can be lifted 5 days after the onset of symptoms from the last positive or symptomatic resident (dependent upon UKHSA guidance). All residents should be monitored for up to a further 5 days after this to ensure they can access appropriate treatments where necessary.

It is the responsibility of the care home manager/senior staff to ensure that any visiting professionals who require access to support residents, should be made aware of the outbreak.

Acute Respiratory Infection IPC Principles during an outbreak

Ensure staff are wearing type IIR fluid-repellent surgical masks to always cover both mouth & nose, and worn as follows:

- If the residents being cared for have symptoms of ARI.
- When cleaning the room of a resident with symptoms of ARI.
- If there is an outbreak of ARI in a care home and the local risk assessment favours the introduction of universal masking as one of the outbreak control measures.
- If the resident being cared for would prefer staff or visitors to wear a mask while providing them with care or visiting.
- Aprons & gloves to be **worn only** when dealing with body fluids/and or in contact with a suspected/confirmed symptomatic resident. Eye protection should be worn when within one metre of a resident with ARI infection, including when cleaning their room. Ensure visors are decontaminated between use or discarded if they are single use.
- [Guide to donning and doffing PPE: Droplet Precautions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- PPE Video - https://www.youtube.com/watch?v=-GncQ_ed-9w
- Complete daily well-being checks on both staff and residents being mindful of any soft symptoms such as, sore throats, headaches, fatigue, generally unwell etc.
- If any staff or residents present with these symptoms follow Government guidelines via the link [People with symptoms of a respiratory infection including COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- Monitor all staff for hand hygiene compliance - [Click on the link for the 8 step hand washing technique.](#)
- Staff breaks- ensure staff take breaks independently including smoking breaks. Please cohort care/cleaning staff to floors during times of an outbreak.
- Ventilation – keep all areas ventilated and open windows regularly (open windows for 5-10 minutes every hour)
- NB: staff should **not** be testing for COVID 19 unless eligible for COVID 19 treatments/therapeutics [Treatments for COVID-19 - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- Use disposable mops and cloths for decontaminating positive or symptomatic residents' rooms.
- Enhanced cleaning should be in place during times of outbreaks.

- Use the right cleaning products, i.e., detergent and then disinfectant (containing at least 1,000ppm chlorine e.g., Milton), or a combined product which either has the same chlorine content or meets the EN 14476 or EN1276 standard.
- Proportionate reductions in admissions which may include temporary closure of the home to further admissions, based on risk assessment.

COVID-19 & Influenza treatment for people at higher risk of severe outcomes

COVID 19

- Individuals (residents and staff) who are at higher risk of severe outcomes from COVID-19 are eligible for COVID 19 treatments as outlined above.
- Providers should review the criteria to assess whether any individuals they care for are eligible for COVID-19 treatments.
- This includes ensuring there are enough tests stored on site for eligible individuals to test if they become symptomatic, LFD tests available from allocated community pharmacies as outlined above.

Influenza

- Antivirals for the treatment and prevention of flu work best when people start them within 2 days of becoming unwell or being in close contact with a person with flu.
- Flu antivirals in care homes may be recommended by UKHSA dependent upon swabbing results.

Visiting

The CQC fundamental standard on visiting and accompanying (Regulation 9A) requires that care home residents must be facilitated to receive visits unless there are exceptional circumstances. If necessary and proportionate, precautions should be put in place to enable visits to happen safely. This is to ensure that people staying in a care home can see people they want to see. The regulation also requires that residents are not discouraged from taking visits out of the care home unless, there are exceptional circumstances.

- It is recommended that during an infectious outbreak, outbreak measures may include a reduction in the number of people entering and leaving a care home to reduce the spread of infection, subject to individual risk assessment.
- Visiting should only be restricted in exceptional circumstances, where facilitating a visit would pose a significant risk to the health or wellbeing of someone in the care home premises, which cannot be mitigated through other precautions. When the specific circumstances of an outbreak require this, any advice on reducing visiting should always be time limited, proportionate to each specific outbreak and risk assessed.

New admissions:

Ensure new resident/service user admissions have a risk assessment carried out and that all precautions are in place and check vaccination status.

- Asymptomatic individuals being discharged from hospital into a care home are no longer advised to be routinely tested with a COVID 19 LFD test before planned discharge.
- Admissions from the community or other care providers do not need to be tested for acute respiratory infection before they are admitted into the care home.
- Residents who are admitted with a positive test result should be supported to stay away from others for 5 days (from the symptom onset, or from the day the test was taken if they did not have any symptoms).
- If the individual has already tested positive before the planned discharge, they do not need to test again if they continue to have symptoms of a respiratory infection and feel unwell or have a high temperature.

We strongly advise that all Care Home Managers/Senior Staff fully read the national Adult and Social Care ARI guidance click the link below:

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