Nursing and Residential Home Regional Guidance for Managing Pandemic (H1N1) 2009 Influenza

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Nursing and Residential Home
Guidance for Managing Pandemic H1N1 2009 Influenza

Summary of Guidance

A single possible case – refer to GP. If clinical diagnosis of Pandemic H1N1 influenza is made, refer to PPE arrangements ***(Appendix 1)***.

Two or more cases of influenza – like illness arising within the same 48 hour period in clients or staff – liaise with GP for risk assessment and possible outbreak control measures.

For further advice contact:
Health Protection Service (HPS), Advice line: (028) 9055 3994 or **(028) 9055 3997,** 9-5 Monday to Friday; OR
Business Services Organisation (BSO), Tel: (028) 90667799, 9-5 Monday to Friday

Influenza is only one potential cause of an influenza-like illness and other causes should be investigated as well

1.0 Introduction

This guidance has been developed to support care home managers in their management of residents or care staff who develop Pandemic (H1N1) 2009 Influenza.

It aims to provide advice on the generic management of cases or outbreaks of influenza-like illness (ILI) in nursing and residential homes and provides specific guidance and local approach appropriate to Pandemic H1N1 2009 Influenza. This guidance has been adapted from Health Protection Agency - Managing Influenza – like – illness (ILI) in nursing and residential homes (version 2.1), found on the (HPA) website at www.hpa.org.uk.
www.publichealth.hscni.net.

General information on Pandemic (H1N1) 2009 influenza can be found on the Department of Health, Social Services and Public Safety www.dhsspsni.gov.uk, public health website www.publichealth.hscni.net and via the RQIA website (www.rqia.org.uk).

The World Health Organization has classified pandemic flu in 6 phases. Currently we are in Phase 6 treatment phase (www.who.int/csr/disease/swineflu/en/index.html).

Care homes should report any clinically diagnosed cases of pandemic influenza or more than 2 cases of influenza -like -illness in a 48 hour period as soon as possible to RQIA.

For further advice contact the Health Protection Service (HPS) for information on risk assessment ***(see Appendix 2)*** and access to Personal Protective Equipment (PPE) ***(see Appendix 1).***

Guidance on managing Pandemic (H1N1) 2009 Influenza is continually updated and you are advised to check the above websites regularly.

2.0 Background

Pandemic (H1N1) 2009 influenza is a new subtype of influenza that has emerged as a result of changes to the swine influenza virus circulating in the US in recent years. The changes to the virus have meant it is now able to infect humans and to spread easily from person to person. Since this is a new subtype of influenza, very few people will have been exposed to it and so large numbers of the population will be susceptible. It is for these reasons and the extent of the geographical spread across the globe that the World Health Organisation has declared a pandemic.

2.1 Symptoms

The symptoms Pandemic (H1N1) 2009 influenza are similar to the symptoms of seasonal influenza infection and include fever, fatigue, malaise, coughing, sore throat, joint pain, headache and rhinorrhea.

Some people with Pandemic (H1N1) influenza have also reported vomiting and diarrhoea.

2.2 Who is affected?

Presently Pandemic (H1N1) influenza appears to be a condition affecting mainly young people/adults. Care home residents are predominantly older people and may suffer a more severe illness when they get influenza and a more rapid deterioration, due to underlying disease, ageing of the immune system, immobility and debility.

2.3 How does it spread?

When people are living in close proximity to one another, infection can also spread rapidly and more widely. Staff and visitors moving between residents can make the situation worse unless strict infection control measures are in place. An outbreak of influenza may cause rapid and significant illness and death, and possible outbreaks should therefore be investigated and managed promptly. This is true during the normal winter ‘flu’ season but especially so during the present influenza pandemic.

Usually we expect influenza in the winter months, but in the current situation staff and visitors should be reminded to be alert to the signs and symptoms of influenza in care home residents at all times.

3.0 Transmission

Transmission of this new influenza virus is thought to occur in the same way as seasonal flu. People with an influenza-like illness are considered infectious to others when they have symptoms.

Influenza is usually transmitted through one of three main routes:

- **Droplet transmission** – droplets >5 microns in size may be generated by coughing, sneezing, or even talking. If droplets from an infected person come into contact with the mucous membrane (mouth or nose) or the surface of the eye of a susceptible individual they can cause infection. Because of their size these droplets do not remain in the air for long and do not travel more than a distance of one metre, so fairly close contact is required.

- **Contact Transmission**

  i. Direct contact transmission – this occurs during skin-to-skin or oral contact. Infectious organisms are passed directly from an infected person (for example after coughing into their hands) to a susceptible person and the person then transfers the organisms into their nose, mouth or eyes.

  ii. Indirect contact transmission – takes place when a susceptible person has contact with a contaminated object, such as bedding, furniture or crockery which is usually in the environment of an infected person. Again the susceptible person transfers the organisms from the object to their mouth, nose or eyes.

- **Airborne Transmission**

  iii Aerosol generating procedures (AGPs), for example chest

physio therapy or nebuliser use, can produce droplets less than <5 microns in size which may cause infection if they are inhaled. Unless an aerosol generating procedure is performed, this mode of transmission is less likely.

Studies of survival of the flu virus suggest that depending on the surface, it can survive for limited periods of time in the environment. When the transmission of influenza A virus from contaminated surfaces onto hands was evaluated, it was found that measurable virus could be transferred to hands from hard stainless-steel surfaces for up to 24 hours after the surface had been contaminated. The virus can also be transferred from soft materials (pyjamas, magazines, tissues) for up to 2 hours. Careful and frequent hand washing or the use of commercially available alcohol handrub is recommended. Hygiene and environmental cleaning is also important in helping to control spread through contact.

4.0 Incubation and Communicability

Incubation period and period of communicability of Influenza viruses: comparison of seasonal and swine influenza.

Incubation Period	Period of Communicability
For **Pandemic (H1N1) 2009** this is typically 3 to 4 days (but may range from 1 to 7 days) and up to 10 days in children. **Seasonal influenza**, typically 1-3 days	For **Pandemic (H1N1) 2009 influenza** - this is unknown. **Seasonal influenza**: up to 5 days after symptom onset in adults; and up to 7 days in young children and occasionally longer

5.0 Protection available from Seasonal Influenza Vaccines

Most care home residents will have received seasonal influenza vaccine containing a seasonal H1N1 strain (this should NOT be confused with the current Pandemic H1N1 2009 Influenza strain). The current seasonal flu vaccine is designed to protect against seasonal H1N1, but it is unclear as yet whether this will offer any protection against the current strain of Pandemic H1N1 2009 Influenza. It is safest to assume that it will not offer much protection.

6.0 Recognition of a Case of Pandemic H1N1 2009 Influenza

Prompt action is necessary if a flu-like illness is suspected. The case definition below must be met (table 1).

Table 1

1. Clinical
Fever or oral temperature of 38.0 or more*   Plus two of the following: ***cough, runny nose, sore throat, sneezing, headache, limb/joint pain, diarrhea/vomiting, malaise***.   * *Note: illness in the elderly may not be accompanied by a fever. Instead, an acute deterioration in physical or mental ability without other known cause, OR acute onset of weakness should also be considered.*

If it is thought that a resident within a care home setting fits the case definition for pandemic (H1N1) 2009 influenza then the person in charge should contact the residents own GP for clinical assessment of the individual.

Anti-viral treatment may be prescribed by the GP and collected from the community pharmacist by a care worker and administered to the person as prescribed.

Anti viral medication will be prescribed on an individual basis.
Staff should remain vigilant for further cases of influenza-like illness in residents or staff.

7.0 Recognition of an outbreak of Pandemic H1N1 2009 Influenza

Influenza can spread rapidly within closed communities like care homes and it is important that potential outbreaks are identified early so that immediate steps are taken to prevent the spread of illness. An outbreak is defined as:

Two or more cases of influenza-like illness arising within the same 48 hour period in residents or staff

See Interim PPE Arrangements* diagram*: Appendix 1

Risk assessment pro forma: *See Appendix 2*

For further advice contact the **Health Protection Service, HPS, Advice Line: (028) 9055 3994 or (028) 9055 3997, 9–5 Monday to Friday**

Laboratory confirmation of case(s)

The HPS can offer advice on the need for, the appropriateness or otherwise of testing. Testing should be considered in early cases within each care home setting for the following reasons:

- It may prevent the need to consider antiviral prophylaxis

- It will clarify whether Pandemic H1N1 2009 Influenza is within the particular care home at this time which may help with business continuity planning – i.e. if a care home has cases of Pandemic H1N1 2009 Influenza, it is expected that more will occur and consideration of escalating outbreak plans, cohorting ill residents may need to be more actively considered

- It will prompt investigation of other causes of infection if Pandemic H1N1 2009 Influenza is not found

If testing for Pandemic H1N1 2009 Influenza is thought necessary following discussion with the HPS (ie to establish cause of an outbreak) then nose and throat swabs should be obtained by the care home staff as per local arrangements (using appropriate personal protective equipment (PPE) as per local Infection Control Guidance). The HPS will advise on local arrangements for the testing of specimens if this is different to normal specimen collection and transportation routes. Samples should be sent to the laboratory with a laboratory request form requesting testing for pandemic (H1N1) 2009 and full respiratory viruses screen to confirm the possible cause of the illness.

8.0 <u>Outbreak Control</u>

If a case of Pandemic H1N1 2009 Influenza (in a resident or staff member) becomes a confirmed case (i.e. laboratory confirmed) then any identification and prophylaxis of close contacts will be guided by advice from the local HPS.

8.1 Residents

Prophylaxis i.e. tamiflu/relenza involves giving a drug to prevent infection occurring. Prophylaxis will be recommended on a home by home basis dependant on levels of transmission of pandemic (H1N1) 2009 flu in the local area, the degree of interaction with the community, the type and layout of the home, the individual circumstances of the index case(s) i.e. single room accommodation, mobile/immobile, interaction with others in the home, staff or resident etc.

Prophylaxis for all home contacts of each separate case of pandemic (H1N1) 2009 flu is not routinely recommended without a prior risk assessment by HPS and this would only likely be recommended if there was evidence of rapid spread or significant morbidity within the home.

Assessment of need for prophylaxis will be dependant on a number of factors, not least the length of time between last contact with a symptomatic case and other risk factors the resident may have for complications of Pandemic H1N1 2009 Influenza. Where prophylaxis is required for a group of residents in an outbreak situation, the HPS and Care Home Manager will liaise with the local community pharmacies to co-ordinate.

8.2 Identification of close contacts

In general, individuals with pandemic H1N1 2009 influenza are considered to be infectious only when symptomatic. Therefore those considered to be contacts are usually those in the same room as the person plus any others who have had an equivalent degree of contact (less than 1 metre for 1 hour or more) in the infectious period – while they have symptoms.

However, in the circumstances of a care home where there may be considerable mixing, it may be appropriate to consider the whole wing or home as the equivalent of close contacts.

Staff in at risks groups should be assessed individually by their own GP based on their own level of contact with the case.

Local HPS staff are trained and experienced in defining close contacts.

8.3 Staff

- If staff develop flu-like symptoms they should telephone the GP seeking advice and should not return to work until symptom free. If they become ill at work they should go home.
- If possible, care home staff should work either with symptomatic or asymptomatic residents (but not both) and this arrangement should be continued for the duration of the outbreak.
- Agency and temporary staff who are exposed during the outbreak should be advised not to work elsewhere (e.g. extra shifts in

another home or the local acute care hospital) until the cause is identified and appropriate advice given.

- Staff should clean their hands thoroughly with soap and water or a hand-rub (microbiocidal hand-rubs, particularly alcohol-based) before and after any contact with residents, and upon going home at the end of a shift. Consideration should be given to placing hand-rub dispensers at the residents' bedsides for use by visitors and staff.

Staff should wear single-use fluid repellent surgical masks, plastic aprons, and gloves when in close contact with a case, i.e. within one metre. If a risk assessment indicates that eye splashing is likely then eye protection (A*) should be considered, however if the patient was wearing a mask this would further reduce perceived risk.

- More stringent infection control is needed during aerosol generating procedures (AGPs) such as chest physiotherapy, airway suction, (nebulisation) and CPR. In these situations the numbers of staff exposed should be minimised and FFP3 respirators and eye protection should be used in addition to gowns, gloves and universal precautions - see HSE guidelines: http://www.hse.gov.uk/biosafety/diseases/pandemic.htm. If it is envisaged that this level of PPE is required then it will be essential that staff using this equipment are trained appropriately and fit tested. AGPs should be performed only when necessary and in well ventilated single rooms with the door closed.

- Uniforms and other work clothing should be laundered at work if there are facilities for this. If laundered at home the general advice on washing work clothes would apply. Uniforms should never be worn between home and the place of work.

- Clinical waste should be disposed of according to standard infection control principles and in adherence to local policies.

- Staff at risk of complications if infected (e.g. pregnant or immuno-compromised individuals) should avoid caring for symptomatic patients.

A* eye protection could be polycarbonated safety spectacles or equivalent, surgical masks with integrated visor, or full face visor.

8.4 Visiting

- Visits should be discouraged during an influenza outbreak where this is feasible and does not adversely affect the social/emotional needs of residents.
- Visitors should avoid all physical contact and be at least at a one metre distance from possible cases and wear a single use fluid repellent surgical mask. They should clean their hands thoroughly with soap and water or a handrub (microbiocidal handrubs, particularly alcohol-based) before and after visiting residents.
- Symptomatic visitors should not visit the care home until they are symptom free.

9.0 Infection Control Measures

- Implementation of standard droplet /contact infection control precautions www.infectioncontrolmanualni.org
- Enhanced surveillance for further cases should be monitored by observing all residents for respiratory symptoms including elevated temperatures
- Symptomatic residents should be cared for in single rooms. If this is not possible, symptomatic residents should be segregated in areas well away from asymptomatic residents, preferably a separate floor, a wing of the care home. Movement of all residents should be minimized.
- **PPE**

  See ***Appendix 3*** for the donning and removal of PPE.
- Staff should wear single use fluid repellent surgical masks, plastic aprons and gloves when in close contact, ie within one metre with

a symptomatic client/service user. Assume cases to be infectious until all symptoms of acute influenza have gone.

- If a risk assessment indicates that eye splashing is likely then eye protection (A*) should be considered. However, consideration might be given to the use of face masks by symptomatic clients (if tolerated) when they are within one metre of other people. This would further reduce perceived risk.

- The front of the face mask should not be touched during use or removing mask.

- PPE should be changed between residents. Gloves should also be changed between clean and dirty tasks.

- Should the need arise to move a symptomatic patient ensure patient wears a mask if this can be tolerated

- Assume cases to be infectious until all symptoms of acute influenza have gone.

- <u>Hand hygiene</u> is the single most effective way of preventing the spread of pandemic (H1N1). Staff should carry out hand hygiene with soap and water or by using an alcohol rub after contact with every resident and their environment e.g., furniture, bedding, whether gloves are worn or not. Consideration should also be given to the placement of alcohol hand rub at resident's bedsides for use by visitors/staff where applicable.

- Should the need arise to move a symptomatic client ensure he/she wears a mask if this can be tolerated.

- Clients should have an adequate supply of tissues, as well as convenient and hygienic methods for disposal. Clients should cover their nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing noses and wash their hands or use alcohol hand rub. If the client is not mobile, soap and water hand wipes may be used.

9.1 Environmental Cleaning and disinfection

- Freshly prepared household detergent and warm water should be used for cleaning.

- Detergent/disinfectant should be used for heavily contaminated areas depending on the surface and the type and degree of contamination.

- As a minimum, areas used for cohorted residents should be cleaned daily

- Frequently touched surfaces such as door handles, light switches, toilet handles, locker, tables, should be cleaned at least twice daily when known to be contaminated with secretions, excretions and body fluids.

- Domestic staff should be allocated to specific areas and not moved between influenza and non-influenza areas.

- Domestic staff must be trained in the correct methods of wearing PPE. They should wear gloves and aprons: and when cleaning in the immediate patient environment in cohorted areas they should wear a surgical mask as well.

- Dedicated or single-use/disposable equipment should be used when possible. Non-disposable equipment should be decontaminated or laundered after use in line with local policy.

- Hoists, lifting aids, baths and showers should also be thoroughly decontaminated between patients use.

- Prior to commencing **decontamination of reusable equipment**, staff should put on full protective clothing as per PPE Guidelines for Pandemic H1N1 2009 Influenza. Clean equipment in adherence to manufacturers guidelines using a freshly prepared household detergent and warm water and a disposable cloth. Remove protective clothing and dispose of same in accordance with local Waste Disposal Policy. Decontaminate hands. More advice can be found at

http://www.hps.scot.nhs.uk/haiic/ic/guidelinedetail.aspx

9.2 Clinical and non-clinical Waste

All waste should be disposed of in accordance to local waste disposal guidance.

10.0 Useful websites for further information

Public Health Agency www.publichealth.hscni.net

Health Protection Agency www.hpa.org.uk

DHSSPS www.dhsspsni.gov.uk

www.rqia.org.uk

www.hps.scot.nhs.uk/haiic/ic/guidelinedetail.aspx

www.who.int/csr/disease/swineflu/en/index.html

www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1240732819361

www.hpa.org.uk/web The use of personal protective equipment by healthcare workers in close contact with possible, probable and confirmed cases of flu.

www.infectioncontrolmanualni.org

11.0 Appendices

***Appendix 1*: Interim Arrangements for the Provision of PPE to Independent Sector Providers**

Figure 1: Domiciliary Care Provider Request for release of Personal Protective Equipment from Local Trust for 1st 48 Hours

Figure 2: Nursing/Residential Home Request for release of Personal Protective Equipment from Local Trust for 1st 48 Hours

Figure 3: Nursing/Residential Home Request for release of Personal Protective Equipment from BSO for Post-48 Hours

Figure 4: Domiciliary Care Provider Request for release of Personal Protective Equipment from BSO for Post-48 Hours

Appendix 2: PPE Guidance for HCW in the application and removal of PPE

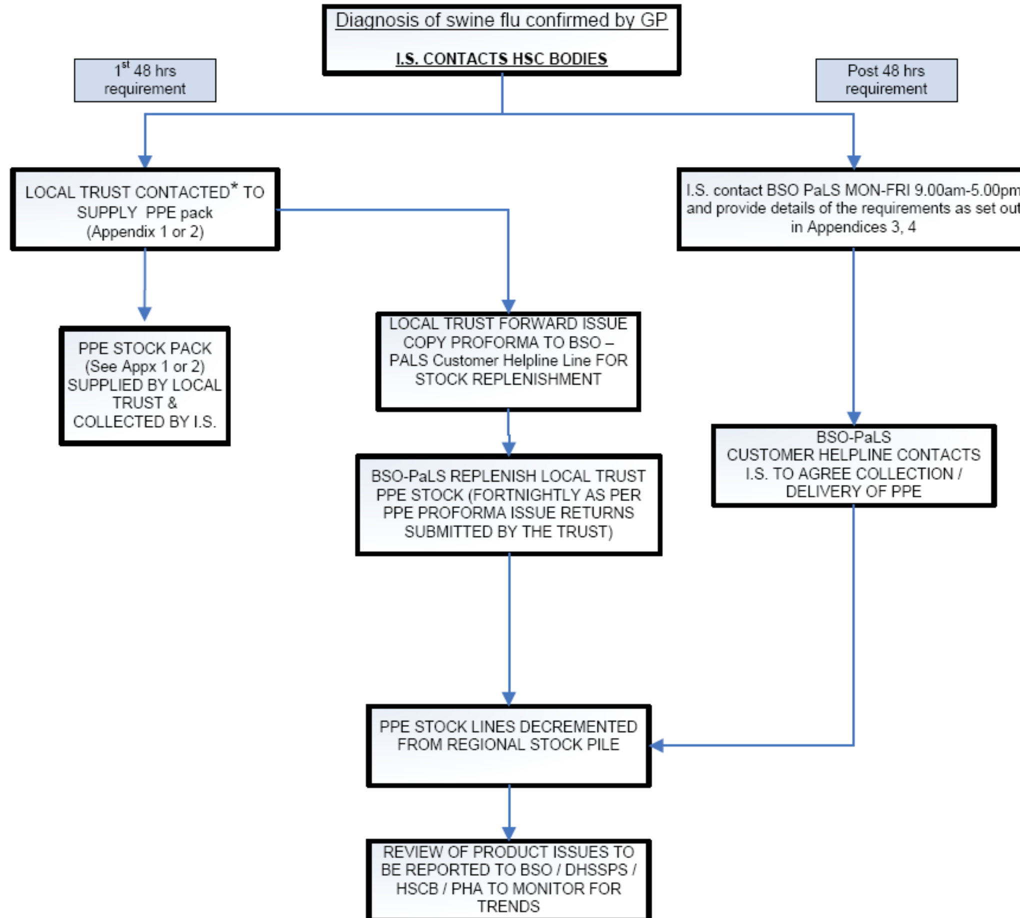
***Appendix 2*: Risk Assessment pro forma**

***Appendix 3*: PPE Guidance for HCW in the application and removal of PPE**

APPENDIX 1

INTERIM Arrangements for Provision of PPE to Independent Sector Providers

(Including Nursing Homes, Residential Homes & Domiciliary Care Services provided by the Independent Sector in Northern Ireland)



* Independent Sector Provider contacts Trust and provides contact details:
- **Western Trust: Altnagelvin Switchboard – 02871 345 171**
- **Southern Trust: Craigavon Switchboard – 02838 334 444**
- **South Eastern Trust: Ulster Hospital Switchboard - 02890 484 511**
- **Belfast Trust: Musgrave Park Hospital Switchboard – 02890 902 000**
- **Northern Trust: Antrim Area Hospital 02894 424 000**

/PPE / Ind Sector / interiim release protocols LAST REVISED 23-Oct-09

Figure 1

DOMICILIARY CARE PROVIDER **Request for Release of Personal Protective Equipment from Local** **TRUST** **for** **1st 48 hours**

Name of I.S. provider requesting PPE:

I.S. Contact Name:

I.S. Contact Tel no:

Delivery Address (if applicable):

TRUST - Independent Sector Domiciliary Care PPE Pack requested:

STANDARD PRODUCTS

Item	Quantity (singles)
Aprons	
Gloves - small	
Gloves - medium	
Gloves - large	
Fluid repellent Masks	

HSC Trust *to retain original copy* ***and FORWARD*** *copy of this form to BSO PaLS Customer Helpline (for replenishment of Trust PPE stock pile) by e-mailing to: customer.stockorders@hscni.net*

OR Fax to 028 90668989

(Clearly address: For the attention of Customer Helpline department)

Figure 2

NURSING/RESIDENTIAL HOME Request for Release of Personal Protective Equipment from Local TRUST for 1st 48 Hours

Name of I.S. provider requesting PPE:

I.S. Contact Name:

I.S. Contact Tel no:

Delivery Address (if applicable):

TRUST - Independent Sector PPE Pack requested:

STANDARD PRODUCTS

Item	Quantity (singles)
Aprons	
Gloves - small	
Gloves - medium	
Gloves - large	
Fluid repellent Masks	

HIGHER SPEC PRODUCTS – ONLY FOR NEBULISATION, CHEST PHYSIOTHERAPY & RESUSCITATION

Item	Quantity	Specify Issue Requirement
FFP3 MASK 8835 Small / Medium		
FFP3 MASK 8835 Medium / Large		
1873v MASK		
VISORS		
FLUID REPELLENT GOWN		

HSC Trust Issuing Officer (signature):

HSC Trust Issuing Officer (please print):

Position:

Date issued:

***HSC Trust** to retain original copy **and FORWARD** copy of this form to BSO PaLS Customer Helpline (for replenishment of Trust PPE stock pile) by e-mailing to: customer.stockorders@hscni.net OR Fax to 028 90668989*

Figure 3

(Clearly address: For the attention of Customer Helpline department)

NURSING/RESIDENTIAL HOME **Request for Release of Personal Protective Equipment from** **BSO** **for** **Post-48 Hours**

Contact BSO PaLS Customer Helpline (for additional Personal Protective Equipment after 48 Hours stock pile):
by Phone: (028) 90667799
by e-mail: customer.stockorders@hscni.net
by Fax: (028) 90668989

Clearly address correspondence: For the attention of Customer Helpline department

Name of I.S. provider requesting PPE:	
I.S. Contact Name:	
I.S. Contact Tel no:	
Delivery Address (if applicable):	

Post 48 hours - Independent Sector PPE Pack requested:

STANDARD PACK (Contents)

Item	Quantity (singles)
Aprons	
Gloves – small	
Gloves – medium	
Gloves – large	
Fluid repellent Masks	
Disinfectant hand gel	

Additional products to be specified as required

HIGHER SPEC PRODUCTS - ONLY FOR NEBULISATION, CHEST PHYSIOTHERAPY & RESUSCITATION

Item	Quantity	**Specify Issue Requirement**
FFP3 MASK 8835 Small / Medium		
FFP3 MASK 8835 Medium / Large		
1873v MASK		
VISORS		
FLUID REPELLENT GOWN		

For BSO – PaLS Office Use only
Customer Helpline Officer (signature): ____________

Figure 4

Date issued:

DOMICILIARY CARE PROVIDER **Request for Release of Personal Protective Equipment from** **BSO** **for** **Post-48 Hours**

Contact BSO PaLS Customer Helpline (for additional Personal Protective Equipment after 48 Hours stock pile):

by Phone: (028) 90667799
by e-mail: customer.stockorders@hscni.net
by Fax: (028) 90668989

Clearly address correspondence: For the attention of Customer Helpline department

Name of Dom. Care provider requesting PPE:

Dom. Care I.S. Contact Name:

Dom. Care I.S. Contact Tel no:

Delivery Address (if applicable):

Post 48 hours - Independent Sector PPE Pack requested:

STANDARD PACK (Contents)

Item	REVIEW QTYS AS PER DOM CARE REQUIREMENT Quantity (singles)
Aprons	
Gloves - small	
Gloves - medium	
Gloves - large	
Fluid repellent Masks	
Disinfectant hand gel	

Customer Helpline Officer (signature):

Date issued:

APPENDIX 2

Please photocopy this page for ease of use

RISK ASSESSMENT PRO FORMA

Please have the following information available when contacting the Health Protection Service (HPS) for advice.
Advice line: (028) 9055 3994 or **(028) 9055 3997,** 9-5 Monday to Friday

- Type of care establishment e.g. Nursing Home, Residential home, Learning disability home, hospice, community hospital, Hostel etc.

- Number of residents and staff.

- How many residents and staff have symptoms? How many staff are off sick?

- What are the symptoms and do they meet the case definition for influenza or could it be another cause?

- What is the layout of the care setting / home? (This needs to include single room usage, separate floor or wing areas, communal dining facilities & day rooms).

- Does the home provide day care?

- Are any of the residents at higher risk of complications from swine flu (i.e. belong to more than one category for complications)?

- Are any staff pregnant or have underlying health conditions (e.g. immuno-compromised?

- Is this outbreak spreading rapidly or limited to a small number of cases? If rapid, wider prophylaxis may be considered to try to contain the outbreak. *

The HPS will review this information with the care home manager and establish the relevant action required in relation to testing, prophylaxis if indicated and outbreak control, re admission

Record of discussion

Please include the advice given, who provided this and any subsequent action taken

Signed___________________________

Date_____________________________

Designation__________________________

APPENDIX 3

Putting on and Removing PPE

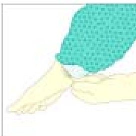
Putting on PPE

1. Wash your hands

2. Apron/Gown

3. Mask or respirator

4. Eye protection



5. Gloves

Removing PPE

1. Gloves and Apron/Gown

2. Wash your hands

3. Eye protection

4. Mask or Respirator

5. Wash your hands