**INFECTION PREVENTION AND CONTROL MEASURES FOR RESPIRATORY CONDITIONS**

To prevent the transmission of all respiratory infections in care home settings, including influennza, Covid -19 the following infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

Resident to be monitored for the following symptoms (Symptoms range from mild to severe)

• Fever of 37.8C or above (common)

• AND New onset or acute worsening of one or more of these symptoms:

1. Cough (common usually dry in Covid 19)
2. Runny nose or congestion (rare)
3. Sore throat (sometimes)
4. Fatigue
5. Aches and pains
6. Shortness of breath

• Sudden decline in physical or mental ability

**ACTIONS**

1. Nurse to liaise with GP if any of these symptoms have been noted on resident. (Resident can receive antibiotics depending on advise of GP
2. Encourage everyone to DO **FREQUENT HAND WAHSING**. Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water. Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
3. **Respiratory Hygiene/Cough Etiquette** to be encouraged - The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

-Cover your mouth and nose with a tissue when coughing or sneezing;

- Use in the nearest waste receptacle to dispose of the tissue after use;

- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

1. During periods of increased respiratory infection activity in the nursing home, offer masks to persons who are coughing (IF APPROPRIATE OR ABLE TO COMPLY WIYH WEARING MASKS) . Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose).
2. **Barrier nursing** is to be implemented in the affected unit. This means that we aim to nurse each resident in their own rooms as much as possible to avoid spread of infections. This maybe a challenge when looking after people with dementia, staff to ensure barrier nursing is applied as much as possible without distressing the patient, if not achievable then ensure social distancing and encourage handwashing. Staff to maintain attendance checks on residents who are nursed in their rooms (includes repositioning as necessary). Staff to ensure that residents have radio on, tv on, a doll or have a book to read to promote activity /wellbeing.
3. **Use of PERSONAL PROTECTIVE EQUIPMENT**

Personal protective equipment is specialized equipment or clothing you use to protect yourself and residents from germs. It creates a barrier between the virus, bacteria or fungi and you. PPE includes gloves, gowns, goggles and masks for respiratory infections. Staff must wash their hands before putting on PPE. When putting on a mask, staff must ensure the mask covers their mouth and nose, there are no gaps between face and mask. Staff must avoid touching their mask (if they do, staff must wash their hands with soap and water. When removing the mask, remove it from behind, do not touch front of the mask. All PPE must be placed in a clear bag, this bag is then disposed to a yellow/clinical waste bag.

1. **Visual Alerts** – should be placed in front of bedrooms door of a residents who has/suspected to have an infection. This is to remind that staff must ensure they are wearing Personal; protective equipment before giving direct care. There are also visual alerts re what PPE to use and how to put them on and take them off properly.
2. **Decontamination and cleaning**

-Laundry of affected patients must be placed in red bags and cleaned in special setting.

-Domestic staff will resume regular cleaning and have additional disinfection throughout the day using Milton .

- Clinical waste of affected patients (inc masks) needs to be double bagged and disposed as per local policy.

1. **Reducing exposure**

* Visiting restriction will be put in place.
* Residents should not transfer to other homes/attend external activities
* Residents should only attend out-patient or investigation appointments (unless clinically urgent)
* Care for residents with symptoms in single rooms until fully recovered and for at least 7 days after the symptoms started
* Affected residents should remain in their rooms as far as possible. Discourage residents with symptoms from using common areas
* staff should work in separate teams as much as possible: one team caring for affected residents and the other caring for unaffected residents
* agency and temporary staff in contact with residents with symptoms should not work elsewhere (e.g. in a local acute care hospital) until 7 days after last exposure (this may need to be extended if they have symptoms)
* inform visiting health professionals of the outbreak and rearrange non urgent visits to the home, if possible
* inform the hospital in advance if a resident requires admission to hospital during the outbreak

1. Management to liaise with the necessary outside agencies for expert advice, for example, Public Health England, Infection Control Nurse, CCG