



## Public Health England South West Health Protection Team

### INTEGRATED CARE PATHWAY (Checklist)

### Outbreak Management of Respiratory Illness (Care Homes)

#### Aims and Objectives

##### Aim

To manage outbreaks of respiratory infection efficiently and effectively to

- reduce the number of cases and potential deaths and
- reduce disruption to the provision of health and social care services

##### Objectives:

1. All appropriate measures are taken to prevent and control respiratory outbreaks.
2. Suspected outbreaks are detected early and control measures are initiated promptly.
3. All relevant information is documented, to allow review by the care home and the Health Protection Team (HPT), and for the care home to use as evidence of performance for the Care Quality Commission if required.

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## Definition Criteria for an outbreak of respiratory illness

- New onset or acute worsening of one or more of these symptoms: cough, runny nose or congestion, sore throat, sneezing, hoarseness, shortness of breath, wheezing, chest pain AND
- A fever of  $\geq 37.8^{\circ}\text{C}$  OR sudden decline in physical or mental ability

If you notice TWO or more residents or staff meeting these criteria, occurring within TWO DAYS (48 HOURS\*), in the same area of the care home **you might have an outbreak.**

Consider influenza as an alternative diagnosis in residents with suspected chest infection

\*The timescale may be flexible dependent on circumstances

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**In addition, consider the following criteria for a possible Covid-19 outbreak:**

**Two or more residents or staff cases within 2 days (48 hours\*) with:**

- a) new continuous cough and/or high temperature**

**AND / OR**

- b) requiring admission to hospital (a hospital practitioner has decided that admission to hospital is required with an expectation that the patient will need to stay at least one night)**  
**AND**  
**have either clinical or radiological evidence of pneumonia**  
**OR**  
**acute respiratory distress syndrome**  
**OR**  
**influenza like illness (fever  $\geq 37.8^{\circ}\text{C}$  and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing)**

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**Instructions:** if you have an outbreak, please work through all the pages of this document, signing and dating each action when it has been implemented.

The only pages you need to return to the HPT are

[Appendix 4 - END OF ACUTE RESPIRATORY OUTBREAK FORM](#) and

[Appendix 5 - Log of PATIENT SWABS.](#)

Both these forms will also be sent to you as separate documents.

The remainder is for your internal use.

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# Prevention of Respiratory Outbreaks

## Annual Influenza Vaccine

This should be offered to:

- Health and social care staff directly involved in the care of their residents or clients.
- Those living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.

The aim of this is to:

- To reduce the transmission of influenza within health and social care premises,
- To contribute to the protection of individuals who may have a suboptimal response to their own immunisations,
- To avoid disruption to services that provide their care.

See the [Green Book](#) on the Department of Health Website for more details:

### **Persons most at risk of developing complications**

Some people will be at greater risk of developing complications (typically pneumonias) from Respiratory Tract infections and becoming more seriously ill e.g.:

- People aged 5 to 65 years with:
  - Chronic lung disease
  - Chronic heart disease
  - Chronic kidney disease
  - Chronic liver disease
  - Chronic neurological disease
  - Immuno-suppression (whether caused by disease or treatment)
  - Diabetes mellitus
- Pregnant women
- Young children under 5 years old
- People aged 65 years and older
- Obese people with a BMI  $\geq$  40

Infection Prevention Control and Outbreak guidance please see following web link for <https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/>

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## Initial Situation Details

Full address of outbreak location: .....  
 ..... Postcode.....

Onset date & time in first case.....

Number of residents:

- Presently in the home:.....
- Presently affected by respiratory illness (at time of reporting the outbreak).....
- Presently in hospital because of respiratory illness.....

Number of staff:

- Employed in the home:.....
- Presently affected by respiratory illness (at time of reporting the outbreak) .....

| Communication: WHO TO INFORM  | Date | Signature |
|---|------|-----------|
| 1. <b>Report cases of respiratory illness (see definition above) to the person in charge</b> of nursing/residential home.   |      |           |
| 2. Enter the details of symptomatic cases on the <a href="#">log sheet</a> attached (residents and staff).  |      |           |
| 3. <b>Inform all GPs caring for any of the residents</b>  |      |           |
| 4. <b>Telephone the Health Protection Team to inform them of the outbreak on 0300 303 8162 Option 2, then 1 then Option 1</b><br><br>This will enable you to discuss the outbreak control measures that are needed and the information to be communicated to others |      |           |

| Outbreak Care Pathway – INITIAL ACTIONS   | Date | Signature |
|---|------|-----------|
| <p>5. <b>Consider if the care home can remain open to admissions, transfers and hospital outpatient appointments</b></p> <p><b>Closure should be avoided if possible</b> and is based on a joint risk assessment between the home and the HPT. It will depend on the likelihood that this is flu <b>or COVID - 19</b>, the outbreak measures that can be implemented to prevent spread and the safety of individuals at the home.</p> <p>If appointments or transfers are essential, inform the clinic/hospital, so appropriate infection control plans can be made for the resident (inform Hospital Infection Control team)</p> |      |           |
| <p>6. <b>If the HPT agree that an OUTBREAK is suspected:</b></p> <ul style="list-style-type: none"> <li>• <b>Inform family members/visitors of the outbreak and put a poster on the entrance of the home.</b> Due to Covid-19, most care homes are closed to visitors to achieve social distancing, with the extremely vulnerable being isolated in their bedrooms. No-one with symptoms should enter the care home. People with underlying health conditions and at risk of more severe infection</li> </ul>   |      |           |

|   |  |  |
|---|--|--|
| <p>should be strongly discouraged from visiting.<br/> Visitor access to symptomatic residents should only be allowed in extreme circumstances.<br/> Essential visitors must be provided with hygiene advice and be instructed in the use of personal protective equipment (PPE). <a href="#">See Appendix 1:PPE</a><br/> Non-urgent visits must be rescheduled until after the outbreak is over.</p> <ul style="list-style-type: none"> <li>• <b>Inform visiting health care</b> and other staff of the outbreak i.e. community nurses; non-essential visits must be deferred until after the outbreak.</li> </ul>  |  |  |
| <p><b>7. If a patient requires urgent admission or outpatient appointment,</b> ensure you inform the following people before the transfer:</p> <ol style="list-style-type: none"> <li>GP</li> <li>Paramedics</li> <li>Care home manager</li> <li>Accident &amp; emergency and infection control team at the hospital</li> <li>HPT- inform in office hours.</li> </ol> <p>This will ensure that the appropriate infection control precautions are undertaken</p> <p><b>Patients can be transferred back to a care home from hospital when assessed as medically fit by the hospital setting. Points to consider -</b></p> <ul style="list-style-type: none"> <li>• Any resident returning from a hospital setting to a care home will be isolated in the care home for 14 days after contact with a <b>confirmed</b> COVID 19 case in a hospital setting.</li> <li>• If isolation is not possible, increase the residents personal &amp; hand hygiene, increase environmental cleaning within the residents environment and maintain social distancing between residents as per PHE guidance.</li> <li>• A negative test is <b>NOT</b> required for transfer back to a care home.</li> <li>• If a confirmed COVID 19 patient returns to a care home they must be isolated for at least 7 days from start of symptoms <b>AND</b> resolution of their symptoms (excepting a mild dry post-viral cough – which may go on for several weeks).</li> <li>• If a confirmed COVID 19 resident has recovered and has already been isolated for <b>14 days</b> no further isolation is required in a care home.</li> </ul> |  |  |
| <p><b>8. Isolate symptomatic residents in their rooms until at least 24 hrs symptom free (where condition allows); see below for flu and Covid-19.</b></p> <ul style="list-style-type: none"> <li>• Where residents are difficult to isolate, try as much as possible to cohort the residents that are symptomatic into one area i.e. keep symptomatic residents together.</li> <li>• For flu, assume the cases will be infectious for up to 5-7 days following the onset of symptoms or until full recovered. <b>For Covid-19 infection, the cases are likely to be infectious for 14 days and until symptoms have resolved.</b></li> <li>• If major co-morbidity, immunosuppression or pneumonia, then infectiousness may be prolonged – discuss with HPT</li> </ul>  |  |  |
| <p><b>9. Organise staff work rota to minimise moving staff between homes and floors.</b> If possible, staff should work either with symptomatic or asymptomatic residents (but not both) for the duration of the outbreak.</p>  |  |  |
| <p><b>10. Agency staff exposed during the outbreak should be advised not to work in any other health care settings</b> until at least two days after they have last worked in the home with the outbreak, if possible.</p>  |  |  |

| Outbreak Care Pathway – SAMPLING  |  |   | Date   | Signature                                  |                   |           |   |                                       |                 |   |                                       |                             |  |   |  |  |
|---|--|---|--|--|-------------------|-----------|---|---------------------------------------|-----------------|---|---------------------------------------|-----------------------------|--|---|--|--|
| <p>11. <b>If flu or COVID – 19 is suspected, please discuss sampling with the Health Protection Team</b></p> <p>If testing for influenza and/or Covid-19 is required, the following samples should be obtained from cases with the most recent onset of symptoms.</p> <table border="1"> <thead> <tr> <th>Person obtaining specimen / Illness being tested for</th> <th>Suitably qualified healthcare professional</th> <th>Social care staff</th> </tr> </thead> <tbody> <tr> <td>Influenza</td> <td>1 combined nose/throat swab in virus transport medium</td> <td>1 nose swab in virus transport medium</td> </tr> <tr> <td><b>Covid-19</b></td> <td>1 combined nose/throat swab in virus transport medium</td> <td>1 nose swab in virus transport medium</td> </tr> <tr> <td>Both influenza AND Covid-19</td> <td>1 combined nose/throat swabs in virus transport medium, 1 for each test.</td> <td><b>1</b> nose swabs in virus transport medium, 1 for each test.</td> </tr> </tbody> </table> <p>Samples from up to five people should be taken (viral swabs are available via the HPT).</p> <p>See <a href="#">appendix 2 for recommendations on sampling</a></p> |  |   | Person obtaining specimen / Illness being tested for | Suitably qualified healthcare professional | Social care staff | Influenza | 1 combined nose/throat swab in virus transport medium | 1 nose swab in virus transport medium | <b>Covid-19</b> | 1 combined nose/throat swab in virus transport medium | 1 nose swab in virus transport medium | Both influenza AND Covid-19 | 1 combined nose/throat swabs in virus transport medium, 1 for each test. | <b>1</b> nose swabs in virus transport medium, 1 for each test. |  |  |
| Person obtaining specimen / Illness being tested for  | Suitably qualified healthcare professional                               | Social care staff   |  |  |                   |           |   |                                       |                 |   |                                       |                             |  |   |  |  |
| Influenza   | 1 combined nose/throat swab in virus transport medium                    | 1 nose swab in virus transport medium                           |  |  |                   |           |   |                                       |                 |   |                                       |                             |  |   |  |  |
| <b>Covid-19</b>   | 1 combined nose/throat swab in virus transport medium                    | 1 nose swab in virus transport medium                           |  |  |                   |           |   |                                       |                 |   |                                       |                             |  |   |  |  |
| Both influenza AND Covid-19   | 1 combined nose/throat swabs in virus transport medium, 1 for each test. | <b>1</b> nose swabs in virus transport medium, 1 for each test. |  |  |                   |           |   |                                       |                 |   |                                       |                             |  |   |  |  |
| <p>12. Write <b>label the specimen and request form</b> with name of care home and “suspected respiratory outbreak” on each form, in addition to patient details. Please include an outbreak number or HP Zone number if this has been given to you.</p>  |  |   |  |  |                   |           |   |                                       |                 |   |                                       |                             |  |   |  |  |

| Outbreak Care Pathway – INFECTION CONTROL ACTIONS  | Date | Signature |
|--|------|-----------|
| <p>13. <b>Effective hand hygiene and safe disposal of respiratory secretions on tissues are essential infection control measures.</b> Ensure handwashing basins are accessible and are well stocked with <b>liquid soap and paper towels for staff and visitors.</b></p> <p>14. <b>Waste bins that contain tissues used by residents with a respiratory illness should be disposed of as clinical waste.</b></p> |      |           |
| <p>15. <b>Encourage hand washing amongst all staff, residents and visitors. If residents are unable to wash hands at the sink, provide a bowl of water or hand wipes</b> (a clean individual patient hand towel should be provided daily).</p> <p>16. If handwashing facilities are not readily available offer alternatives such as alcohol gel</p>   |      |           |
| <p>17. <b>Exclude all staff and visitors with symptoms until symptom-free for 24 hours and fully recovered. For Covid-19, exclusion should be for 7 days after onset of symptoms, or longer if still symptomatic; cases may have a residual cough after 7 days but if cough is dry and all other symptoms have resolved, they are unlikely to be infectious and may return to work.</b></p>                      |      |           |

|  |  |                         |
|--|--|-------------------------|
| <p>18. <b>Staff should change out of uniforms prior to leaving the home during outbreaks</b> and wear a clean uniform daily. If uniforms are laundered at home, they should be washed immediately on a separate wash to other laundry and on the highest temperature that the material will tolerate.</p>  |  |                         |
| <p>19. <b>Staff should make a local risk assessment regarding the suspected organism and the use of <u>personal protective equipment</u>. See <u>Table 1 in Appendix 1</u> for guidance on when PPE is needed for Covid-19.</b></p> <p>20. For Covid-19, FFP3 masks are needed for aerosol generating procedures. See <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874411/When_to_use_face_mask_or_FFP3.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874411/When_to_use_face_mask_or_FFP3.pdf</a>.</p> <p>21. Impact on the home situation should be considered. Please discuss with the Health Protection Team if concerned</p> <p>22. Wearing gloves is no substitute for handwashing after contact with respiratory secretions and between residents.</p> |  |                         |
| <p>23. <b>Ensure the home is thoroughly cleaned twice daily using hot water and detergent.</b> Particular attention should be paid to all surfaces that are frequently handled i.e. door handles, bed tables, eating surfaces, toilet areas and the sluice.</p>  |  |                         |
| <p><b>ACTIONS ONCE OUTBREAK OVER</b></p>   |  | <p><b>Signature</b></p> |
| <p>1. <b>Inform the local <u>Health Protection Team</u>, local hospital</b> and other relevant health and social care services that home has <b>re-opened</b></p>  |  |                         |
| <p>2. Complete the <b><u>END OF ACUTE RESPIRATORY OUTBREAK FORM</u></b> and send to HPT (see Appendix 4).</p>  |  |                         |

|  |  |  |
|--|--|--|
| <p><b>ADDENDUM FOR SHELTERED HOUSING SETTINGS AND DOMICILLARY CARE</b></p>   |  |  |
| <ul style="list-style-type: none"> <li>• Adults requiring domicillary/home care should follow the PHE home care guidance.</li> <li>• As support and care provision in a sheltered housing establishment will be provided by a number of agencies, please ensure that all relevant organisations are informed of the outbreak.</li> </ul> |  |  |

## Appendix 1: Personal Protective Equipment (PPE) for Covid-19

### As a general rule:

**PPE is not required** when risk is managed through social distancing (e.g. maintaining a distance of 2 metres) or by excluding possible or confirmed cases of COVID-19 from the setting. This includes most care settings where infection prevention and control good practice should apply, including cleaning of surfaces and rigorous handwashing.

**PPE is required** when it is necessary to provide direct care (e.g. within 2 metres) in a setting where someone is a possible or confirmed case of COVID-19 or when someone is shielding due to their own extreme vulnerability.

**PPE is also recommended** as a precautionary measure when direct contact (within 2 metres) is necessary and it is not possible to ascertain in advance the health status of individuals (e.g. they have symptoms of COVID-19 or they meet the [shielding](#) criteria).

Staff should be trained in donning and doffing PPE where applicable and they should know what PPE they should wear for each setting and context. For a quick visual guide on putting on and taking off your PPE please see

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877658/Quick\\_guide\\_to\\_donning\\_doffing\\_standard\\_PPE\\_health\\_and\\_social\\_care\\_poster\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf) or watch the video at [https://www.youtube.com/watch?v=-GncQ\\_ed-9w&feature=youtu.be](https://www.youtube.com/watch?v=-GncQ_ed-9w&feature=youtu.be)

Staff should have access to the PPE that protects them for the appropriate setting and context including situations when employees would normally wear PPE as part of standard infection prevention control measures required for that role.

### **What roles require PPE?**

**Our key message is not to use PPE in settings when social distancing (i.e. 2 metre virtual boundary) and hygiene measures are sufficient.**

Anyone required to have regular contact to provide direct care and support to someone with symptoms of COVID-19 or a diagnosis of the disease should wear gloves, an apron and a fluid-resistant surgical mask.

For those giving direct care to or visiting any individuals in the [extremely vulnerable group](#) (or where someone else is present who is within the extremely vulnerable group) undergoing shielding, they should wear gloves, aprons, and a surgical face mask.

Shielding advice is available at <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>



| Table 1: PPE Requirements.          |   | Disposable plastic apron (single use)  | Disposable gloves (single use) | Fluid-resistant (Type IIR) surgical mask single or sessional use.                | Eye / face protection single / reusable full-face visor or goggles <sup>1</sup> | Hand hygiene |
|-------------------------------------|---|--|--------------------------------|--|---|--------------|
| Scenario, following risk assessment |   |  |                                |  |   |              |
| A.                                  | Where there are <b>unlikely to be possible or confirmed</b> COVID-19 cases and <b>2 metres</b> social distancing can be maintained.   | N  | N                              | N  | N   | Y            |
| B.                                  | Where there are <b>no possible or confirmed cases</b> , BUT <b>2 metres</b> social distancing CANNOT be maintained.   | N  | N                              | N  | N   | Y            |
| C.                                  | Individuals who are <b>not providing direct care and can maintain 2 metres social distancing</b> from possible or confirmed COVID-19 cases  | N  | N                              | N  | N   | Y            |
| D.                                  | When providing direct care to a <b>possible or confirmed case of COVID-19</b> (within 2 metres)   | Y  | Y                              | Y  | Need subject to risk assessment   | Y            |
| E.                                  | When providing <b>direct care within 2 metres</b> and there are <b>no possible or confirmed COVID-19 cases</b>  | As per the standard infection prevention and control precautions required for the job role |                                | N  | N   | Y            |
| F.                                  | When providing <b>direct care or visiting any individual meeting the criteria for shielding (extremely vulnerable group) OR where anyone in the same area meets the criteria for shielding</b> (if possible or confirmed case - follow row above) | Y  | Y                              | Y but this does not need to be fluid-resistant (normal surgical mask sufficient) | N   | Y            |
| G.                                  | When cleaning areas where confirmed or possible cases are or have been <sup>3</sup>   | Y  | Y                              | N (unless visible body fluids <sup>3</sup> )                                     | N (unless visible body fluids <sup>3</sup> )                                    | Y            |
| H.                                  | <b>Client / resident use of PPE by possible or confirmed COVID-19 cases</b> in communal areas and during transportation   | N  | N                              | Y (providing doesn't compromise care and can be tolerated)                       | N   | N/A          |

## Appendix 2:

## **Sampling of residents during an outbreak of acute respiratory illness in Care Homes**

If sampling is needed, samples should be taken as soon as possible from cases with the most recent onset of symptoms. Samples from up to five residents should be taken

Viral swab - nasal and/or throat – these are special viral swabs. You can obtain these from the HPT. Instructions will come with the swab kits.

### Labelling

You will only need **one lab request form for EACH person tested AND 1 swab.**

Therefore, if you are testing 1 resident for both flu and Covid-19, you will send:

- 1 lab request form.
- 1 swab from the nose ([and throat if applicable](#)) for both the flu test and the Covid-19 test.

Please ensure that:

- You complete all the sections on the lab request form that are **highlighted in yellow**; *the lab will reject any specimens that are unlabelled.*
- The HPZ number and name of care home are on the form.

### Appendix 3: Symptomatic Resident and Staff Log sheet - Complete Daily for new symptomatic cases

| RESIDENTS LOG SHEET |                      |                          |                           |                        |               |                            |                                 |           |   |         |
|---------------------|----------------------|--------------------------|---------------------------|------------------------|---------------|----------------------------|---------------------------------|-----------|---|---------|
| Room                | Name & Date of Birth | Date of last flu vaccine | Date of pneumovax vaccine | GP and Surgery Details | THIS OUTBREAK |                            |                                 |           |   |         |
|                     |                      |                          |                           |                        | Date of Onset | Symptoms (see codes below) | Seen by Dr (name and date seen) | Diagnosis | Specimen Sent (type of specimens & date sent) | Results |
|                     |                      |                          |                           |                        |               |                            |                                 |           |   |         |
|                     |                      |                          |                           |                        |               |                            |                                 |           |   |         |
|                     |                      |                          |                           |                        |               |                            |                                 |           |   |         |
|                     |                      |                          |                           |                        |               |                            |                                 |           |   |         |
|                     |                      |                          |                           |                        |               |                            |                                 |           |   |         |
|                     |                      |                          |                           |                        |               |                            |                                 |           |   |         |
|                     |                      |                          |                           |                        |               |                            |                                 |           |   |         |
|                     |                      |                          |                           |                        |               |                            |                                 |           |   |         |
|                     |                      |                          |                           |                        |               |                            |                                 |           |   |         |
|                     |                      |                          |                           |                        |               |                            |                                 |           |   |         |

  

| STAFF LOG SHEET |                      |                          |   |                        |               |                            |                                 |           |   |         |
|-----------------|----------------------|--------------------------|---|------------------------|---------------|----------------------------|---------------------------------|-----------|---|---------|
| Job title       | Name & Date of Birth | Date of last flu vaccine | Date of pneumovax vaccine (if applicable) | GP and Surgery Details | Date of Onset | Symptoms (see codes below) | Seen by Dr (name and date seen) | Diagnosis | Specimen Sent (type of specimens & date sent) | Results |
|                 |                      |                          |   |                        |               |                            |                                 |           |   |         |
|                 |                      |                          |   |                        |               |                            |                                 |           |   |         |
|                 |                      |                          |   |                        |               |                            |                                 |           |   |         |
|                 |                      |                          |   |                        |               |                            |                                 |           |   |         |
|                 |                      |                          |   |                        |               |                            |                                 |           |   |         |
|                 |                      |                          |   |                        |               |                            |                                 |           |   |         |
|                 |                      |                          |   |                        |               |                            |                                 |           |   |         |
|                 |                      |                          |   |                        |               |                            |                                 |           |   |         |
|                 |                      |                          |   |                        |               |                            |                                 |           |   |         |
|                 |                      |                          |   |                        |               |                            |                                 |           |   |         |

**Symptoms code:** C=cough (non-productive); CI=cough (producing green or yellow sputum); RN =runny nose; T=temperature; FB=fast breathing/shortness of breath; CS=audible chest sounds; H=headache; LA= loss of appetite; ST=sore throat; V=vomiting; AP=general aches /pains; ILL=duration of illness of ≥3 day

## Appendix 4: End of Outbreak Form



Protecting and improving the nation's health

# End of Outbreak Form

## Acute Respiratory Outbreaks in Care Homes

**To** Acute Response Centre,  
Public Health England South  
West

**Email:** [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk) or [phe.swhpt@nhs.net](mailto:phe.swhpt@nhs.net)

**Fax No.** 0117 930 0205 SW(North) | Fax safe havens  
01392 367356 SW(South) | M-F 9-5

**From:** Name of Care Home

**Fax No.**

**Date** **No of pages** 2 (including this page)

**NB - Ensure there are no patient details on this form if emailing, unless you send it from your [NHS Net account](#) to our [NHS Net account](#).  
Patient information may be faxed to the safe haven fax number above (Mon-Fri 9-5).**

## Appendix 4: End of Outbreak Form

|                         |  |                   |  |
|-------------------------|--|-------------------|--|
| HPT Ref: HP Zone number |  | Name of Care Home |  |
|-------------------------|--|-------------------|--|

| People affected <b>at end of outbreak</b> | Number symptomatic | Number hospitalised | Number ICU admission | Number Died | Name of hospital |
|---|--------------------|---------------------|----------------------|-------------|------------------|
| Residents                                 |                    |                     |                      |             |                  |
| Staff                                     |                    |                     |                      |             |                  |

| Antivirals given to how many? | Number |
|-------------------------------|--------|
| Residents - Treatment         |        |
| Residents - Prophylaxis       |        |
| Staff - Treatment             |        |
| Staff - Prophylaxis           |        |

|  |  |
|--|--|
| Date home closed to new admissions & transfers (if applicable) |  |
| Date home re-opened to new admissions & transfers              |  |

### Feedback and Lessons Learnt:

If this outbreak were to happen again, is there anything that:

1. You would do differently?
2. You would like the Health Protection Team to do differently?

If so, please provide details (continue on another page if needed). Thank you.

**Appendix 5: Notification Form Acute Respiratory Outbreak – PATIENT SWABS** (please send back to HPT as soon as swabs are taken) **DO NOT SEND PATIENT INFORMATION BY UNENCRYPTED EMAIL** – please send in password protected attachment with password in separate email or by telephone [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk) or send by fax safe havens 0117 930 0205 SW(North) & 01392 367356 SW(South), Mon-Fri 9-5

|               |  |                                  |  |
|---------------|--|----------------------------------|--|
| HPZone number |  | Name of School/Nursery/Care Home |  |
|---------------|--|----------------------------------|--|

| Samples taken |     |   |           |            |         |
|---------------|-----|---|-----------|------------|---------|
| Name of case  | DOB | Type of specimen<br>e.g. viral nose/throat swab or sputum culture | Date sent | Which lab? | Results |
|               |     |   |           |            |         |
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