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GUIDANCE, DOCUMENT

# Social care guide to controlling acute respiratory infections

This advice covers personal protective equipment (PPE), testing, isolation and visiting guidelines.

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# Introduction

Social care workers play an essential role in keeping people safe from infection. Diligent infection, prevention and control (IP&C) practices help to protect people using care and support services and staff from a range of acute respiratory infections (ARI).

ARI includes COVID-19, influenza, and respiratory syncytial virus (RSV).

Additional safeguards will continue to be advised where symptoms of ARI are present. However, we encourage care providers to ensure normality in care homes and other care settings and in the lives of the people in their care.

It's important to remember that care homes are a person's home, not a clinical environment, and that settings where care is delivered should be both safe and welcoming. For this reason, there will always be some inherent risk of acquiring infection. While striving to prevent this risk, it is also recognised that people with care and support needs are vulnerable, and actions taken must also consider wider harms.

If a greater risk of higher transmissibility and severity emerges due to more aggressive variants of ARI, steps will be considered to protect the more vulnerable as a precaution. These may include:

- assurance that the appropriate IP&C measures are in place according to level of risk and transmissibility
- an increase in targeted testing
- revising vaccination plans
- issuing of stronger guidance to the public on measures they can take to protect themselves and others

This guidance builds on previous iterations of guidance since the pandemic, as

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well as the **winter respiratory framework 2024 to 2025** (<https://www.gov.wales/winter-respiratory-framework-2024-2025-whc2024037>).

## Managing acute respiratory infections: advice for social care workers

We advise any social care worker with respiratory infection symptoms or high temperatures to stay at home if they normally work in close contact with people using services. They should also tell their employer as soon as possible.

When no longer unwell, or with a high temperature and ready for work, employees may want to discuss with their employer any concerns or ways to minimise risk of any further spread and transmission of infection.

In cases where the employee shares a household or has stayed in a household overnight with someone who has symptoms of a respiratory infection, or has tested positive for one, they should discuss with line managers how to minimise onward transmission at work.

We encourage social care staff to take up the offer of all vaccinations they are eligible for in order to protect themselves, their families, and those they care for against infection.

Find further details in the **Public Health Respiratory Framework** (<https://www.gov.wales/node/50419>) and further **advice on respiratory viruses, including COVID-19, for staff in health, social care and special schools** (<https://www.gov.wales/advice-respiratory-viruses-including-covid-19-staff-health-social-care-and-special-schools>).

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# Where there are no respiratory infections in adult care homes or the homes of people receiving domiciliary care

## Testing for social care workers and people receiving care

Asymptomatic testing is not recommended for social care workers or those receiving care.

## PPE requirements

PPE should meet the requirements of the **National Infection Prevention and Control Manual Wales** (<https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/>). The manual includes guidance on standard infection prevention and control precautions (SICPs) and transmission based precautions (TBPs).

**SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agent from both recognised and unrecognised sources of infection.** (<https://www.gov.walesnull>)

Sources of potential infection include:

- blood and other body fluids
- secretions or excretions (excluding sweat)
- non-intact skin or mucous membranes
- any equipment or items in the care environment that could have become contaminated and even the environment itself if not cleaned and maintained appropriately

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The application of SICPs when providing care is determined by an assessment of risk to and from individuals. It includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

Social care workers should follow good hand hygiene practice and wear the appropriate personal protective equipment (PPE) as per NIPCM guidance (such as gloves and aprons) when providing close personal care. For example, when in contact with blood and/or body fluid contamination. In addition, eye or face protection should be worn to protect from splashes to the eyes and face if anticipated.

People being cared for are not required to wear a mask.

You can find **current PPE advice on the Public Health Wales website** (<https://phw.nhs.wales/services-and-teams/antibiotics-and-infections/infection-prevention-control/resources-for-healthcare-professionals/ari-acute-respiratory-infections/>).

## Visitors to care homes

Visiting arrangements should be as open and flexible as possible.

**Whilst visitors may be offered PPE, usually if carrying out close personal care to their relative, they are not required to wear a face mask unless they choose to do so.** (<https://www.gov.walesnull>)

People are asked not to attend a care home if they:

- have symptoms of a respiratory infection or any other infection (including diarrhoea)
- have a high temperature
- do not feel well enough to go to work
- **someone in their household has tested positive with COVID-19 in the**

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**last 10 days** (<https://www.gov.walesnull>)

## **Acute respiratory symptoms in 1 individual in a care home or the homes of people receiving domiciliary care**

### **Testing for social care workers and those receiving care**

Any symptomatic person may be tested if they are eligible for anti-viral treatments. More information is available on **receiving antivirals for COVID-19** (<https://www.gov.wales/covid-19-treatments>).

The testing of symptomatic health and social care staff is not routinely recommended. That is, unless they are personally vulnerable and anti-viral therapy would be appropriate. Symptomatic social care workers should be **excluded from work based on symptoms and follow our guidance** (<https://www.gov.wales/advice-respiratory-viruses-including-covid-19-staff-health-social-care-and-special-schools>). Testing may also be deployed as part of management of specific incidents and outbreaks.

Further information is available in our **patient testing framework** (<https://www.gov.wales/patient-testing-framework-autumnwinter-2023-whc2023037>).

## **Isolation**

Symptomatic people living in care homes should be isolated where possible until symptoms have resolved.

For people testing positive for an ARI, **advice on the varying isolation periods**

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**should be followed and are detailed in Public Health Wales guidance**

(<https://phw.nhs.wales/services-and-teams/antibiotics-and-infections/infection-prevention-control/ari-a-z/infection-prevention-and-control-measures-for-acute-respiratory-infections-ari-including-covid-19-for-health-and-care-settings-wales/>). (<https://www.gov.walesnull>)

Local discretion should be used in decisions to extend isolation or test to release for the immunocompromised.

## PPE requirements

PPE used should meet the requirements of the **National Infection Prevention and Control Manual Wales** (<https://phw.nhs.wales/services-and-teams/antibiotics-and-infections/nipcm/>). The manual includes guidance on standard infection prevention and control precautions (SICPs) and transmission based precautions (TBPs).

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Sources of potential infection include:

- blood and other body fluids
- secretions or excretions (excluding sweat)
- non-intact skin or mucous membranes
- any equipment or items in the care environment that could have become contaminated and even the environment itself if not cleaned and maintained appropriately

The application of SICPs when providing care is determined by an assessment of risk to and from individuals and includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

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Social care workers should follow good hand hygiene practice and wear the appropriate PPE as per NIPCM guidance (such as gloves and aprons) when providing close personal care. For example, when in contact with blood and/or body fluid contamination. Eye or face protection should be worn to protect from splashes to the eyes and face if anticipated.

All social care workers within 2 metres of the symptomatic individual should wear a fluid resistant surgical mask.

If within a care home, the symptomatic person should be isolated and supported to wear a face mask when others are in the room, if it can be tolerated.

Asymptomatic residents or staff who may have been in contact with the symptomatic individual are not required to wear a mask.

## Visitors to care homes

When there is no outbreak at the care home, visiting arrangements should be as open and flexible as possible.

Whilst visitors may be offered PPE, usually if carrying out close personal care to their relative, they are not required to wear a face mask unless they choose to do so.

People are asked not to attend a care home if they:

- have symptoms of a respiratory infection **or any other infection (including diarrhoea)** (<https://www.gov.walesnull>)
- have a high temperature
- do not feel well enough to go to work
- someone in their household has tested positive with COVID-19 in the last 10 days

# Where 2 or more people in a care home have developed acute respiratory symptoms

## Testing for social care workers and residents

Symptomatic residents may be tested as part of infection, prevention and control during an outbreak. If they are eligible for anti-viral treatments, they should be tested to determine which treatment is appropriate. The health board's health protection team, in collaboration with Public Health Wales's AWARe team, will organise this test.

The testing of symptomatic health and social care staff is not routinely recommended. That is, unless they are personally vulnerable and anti-viral therapy would be appropriate. Symptomatic staff should be excluded from work based on symptoms and **follow our advice for health and care staff on respiratory viruses** (<https://www.gov.wales/advice-respiratory-viruses-including-covid-19-staff-health-social-care-and-special-schools>).

Where 2 or more people are symptomatic, they should be tested with a multiplex PCR to determine which virus is circulating. This should be arranged through the local health board. Further information is available in our **patient testing framework** (<https://www.gov.wales/patient-testing-framework-autumnwinter-2023-whc2023037>).

## Isolation

Symptomatic people should be isolated or cohorted together where possible until symptoms resolve.

For people testing positive for ARI, **advice on the varying isolation periods**

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**should be followed and are detailed in Public Health Wales guidance**

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Local discretion should be used in decisions to extend isolation or to test before release for the immunocompromised.

## PPE requirements

PPE used should meet the requirements of the **National Infection Prevention and Control Manual Wales** (<https://phw.nhs.wales/services-and-teams/antibiotics-and-infections/nipcm/>). The manual includes guidance on standard infection prevention and control precautions (SICPs) and transmission based precautions (TBPs).

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Sources of potential infection include:

- blood and other body fluids
- secretions or excretions (excluding sweat)
- non-intact skin or mucous membranes
- any equipment or items in the care environment that could have become contaminated and even the environment itself if not cleaned and maintained appropriately

The application of SICPs during care delivery is determined by an assessment of risk to and from individuals and includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

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When giving close personal care to symptomatic people, wear:

- gloves
- aprons
- fluid resistant surgical masks

If blood and/or body fluid contamination to the eyes or face is anticipated or likely, wear eye or face protection.

In known or suspected cluster transmissions of ARI, staff should wear fluid resistant surgical masks.

Asymptomatic residents are not required to wear a face mask, though they may choose to do so by personal preference. Where immunosuppression raises risks of infection, facemasks may be encouraged for non-infectious people.

People in isolation or cohorting should be supported to wear a face mask when others are in the room, if it can be tolerated.

## Visitors to care homes

Visiting arrangements should remain as open and flexible as possible during an outbreak or incident. Only implement restrictions to visiting after a risk assessment. As a minimum, essential visitors can continue to visit during an outbreak or incident.

People may nominate 2 essential visitors. This is for greater flexibility without greatly raising footfall into the home during an outbreak. They may visit separately or at the same time.

During an outbreak visitors may be advised to wear PPE, including face masks, to assist with protecting all involved.

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People are asked not to attend a care home if they:

- have symptoms of a respiratory infection or any other infection (including diarrhoea)
- have a high temperature
- do not feel well enough to go to work
- someone in their household has tested positive with COVID-19 in the last 10 days

## Declaring an outbreak

Declare incidents or outbreaks if 2 or more patients or staff cases of respiratory infection occur in a setting with suspicion of:

- nosocomial infection
- ongoing transmission

Further information on reporting is available in the **Public Health Wales guidance on infections in care and residential settings** (<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-health-and-social-care/sop-020/>) and section 5 of their **infection prevention and control** (<https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/>).

For outbreaks to be declared over, no new outbreak-associated symptomatic or confirmed ARI cases can occur for 14 days.

## New admissions to care homes

Pre-admission testing is not currently recommended. This is because risks of introducing ARI is significantly reduced due to high rates of immunisation.

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