



Testing

- Referral of a **maximum of 5 PCR samples** from **symptomatic residents** for respiratory panel testing **per outbreak** is recommended. Further PCR may be advised depending on the suspected pathogen. Do not test asymptomatic resident contacts.
- Let senior management, Public Health and your Community Support Team know you suspect there is an outbreak of a viral respiratory infection.



Awaiting swab results

- **Antivirals to treat influenza** are an important, evidence-based component of controlling outbreaks in RCFs. Decisions regarding prescribing antivirals for ill residents are made by the resident's GP with support, if needed, from Public Health.
- **Isolate residents suspected with infection in single rooms** - use PPE appropriate for suspected COVID-19 or flu cases.
- **Identify close contacts of suspected flu confirmed cases of flu** and be vigilant for new onset of symptoms



Suspected / Confirmed influenza outbreak

- Residents identified as **contacts of a suspected/confirmed case of influenza should be clinically reviewed by their GP**. If they are considered at extremely high risk for hospitalisation from influenza, **consider starting chemoprophylaxis therapy as soon as possible**, preferably within 48 hours.
- Implement your **RCF outbreak management plan**: **dedicate staff team per unit**, enhanced cleaning and disinfection and ensure that there is **twice daily active monitoring** for illness in residents and a mechanism in place for **monitoring for illness in staff** attending for duty on all shifts.



Staff

- The **flu vaccine** is the best way for health and care workers (H&CW) to protect themselves, their loved ones and their patients from flu. COVID-19 vaccination for HCWs is recommended for those in high-risk groups.
- H&CWs with influenza or COVID-19 infection should be **excluded from the facility for 5 days** from date of onset of symptoms.
- Ideally only **vaccinated staff should care for patients with flu symptoms**. H&CWs - talk to your own GP about whether you need chemoprophylaxis.



Medical reviews and transfers

- If contacting the GP, the out of hours GP service, or other healthcare services, **inform them** that there is a suspected/confirmed outbreak.
- If transferring a resident to hospital, do let Ambulance Control / Emergency Department / Outpatients and the Hospital Infection Prevention & Control team (or Nursing Admin) know that there is a suspected/confirmed outbreak in your RCF.



Visitors

- **Raise awareness** and ask visitors **not** to visit if they have symptoms of an acute respiratory infection or of a viral nature.
- During periods of **high community transmission**, visitors should follow local infection prevention and control advice which **may include wearing a medical face mask when visiting**.
- Give information about **COVID-19 and flu, hand hygiene and respiratory hygiene and cough etiquette** to visitors.
- Visitors in "at risk" groups for flu or COVID-19 should be informed about the outbreak so they can make an informed choice about whether to visit.



Resumption of services

- It is generally appropriate for the unit to **resume normal operations** after 7 days from the onset of symptoms in the most recent case in a COVID-19 outbreak, and after 8 days in a flu outbreak.