NHS
Bristol, North Somerset
and South Gloucestershire
Clinical Commissioning Group

WINTER RESILIENCE IN CARE SETTINGS

What Good Infection Prevention and Control looks like!

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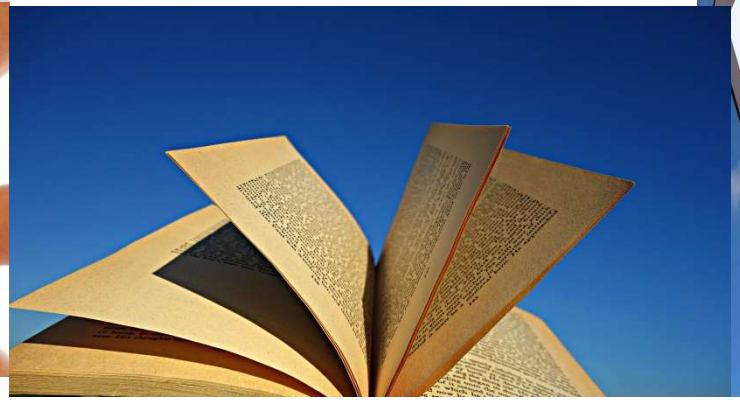
What is Good Infection Prevention and Control

STANDARD INFECTION CONTROL PRECAUTIONS (SICPs)

"In place at all times in health and care settings!"

- Hand hygiene.
- Use of personal protective equipment (e.g. gloves, masks, eyewear).
- Respiratory hygiene / cough etiquette.
- engineering and work practice controls, such as good ventilation systems, staffing, training, audit
- Safe practices (i.e. aseptic technique, catheter care, sharps use)
- Sterile instruments and devices
- Clean and disinfected environmental surfaces

Good Infection Prevention and control involves…



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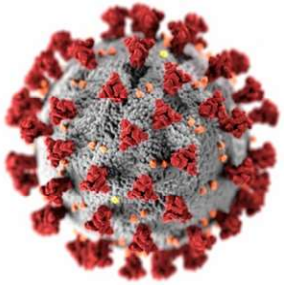
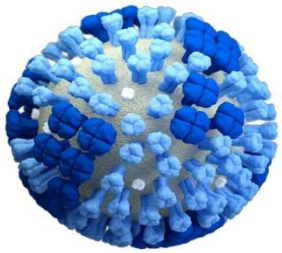
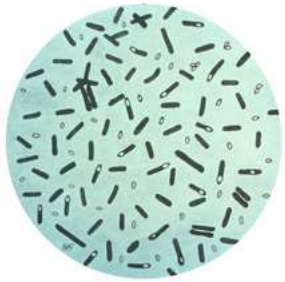
WINTER PATHOGENS = THREATS



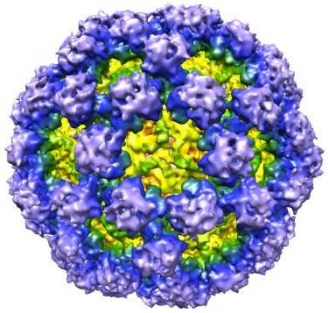
CORONAVIRUS



INFLUENZA VIRUS



CLOSTRIDIUM DIFFICILE -



NOROVIRUS

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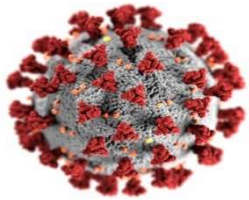
CORONAVIRUS – Key Facts



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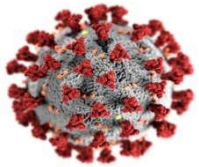
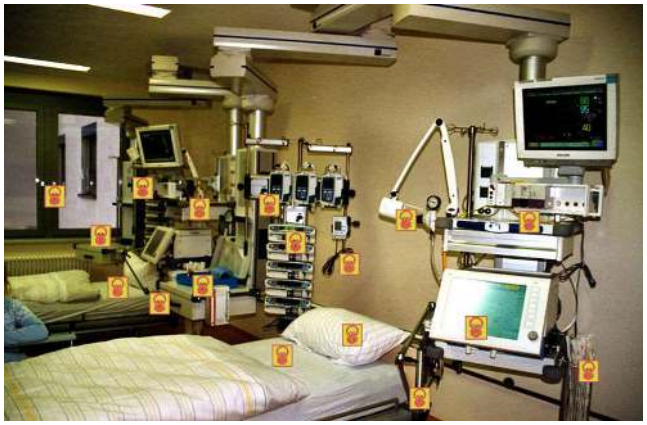
CORONAVIRUS – Key Facts



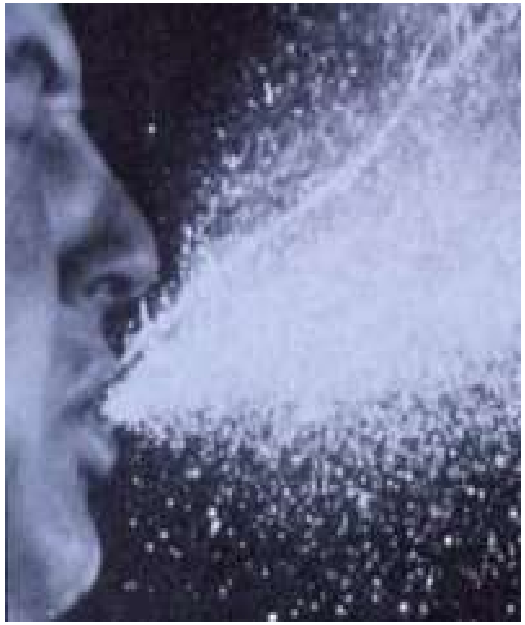
Transmission, Spread and Prevention

Contact



Contaminated surfaces

Droplet

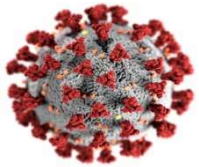


Coughs & sneezes

Airborne

Breathing

CORONAVIRUS – Key Facts



Timeline:

Incubation period - 1-14 Days, average is 5 days*

Infectious period - Symptoms, infectivity, severity, stage of illness*

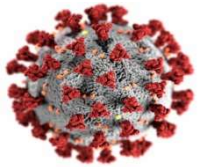
Recovery Period - Average 2 weeks from symptom to clinical recovery for mild cases approximately 2 weeks and 3 to 6 weeks for severe or critical cases*

Recognising Coronavirus (COVID-19) Symptoms

NHS

Symptoms	Covid-19 Symptoms range from mild to severe	Flu Rapid onset of symptoms	Cold Gradual onset of symptoms
 Fever (37.8C or above)	Common	Common	Rare
 Fatigue	Sometimes	Common	Sometimes
 Cough	Common (usually dry)	Common (usually dry)	Mild
 Sneezing	No	No	Common
 Aches and pains	Sometimes	Common	Common
 Runny or stuffy nose	Rare	Sometimes	Common
 Sore throat	Sometimes	Sometimes	Common
 Diarrhea	Rare	Sometimes (for children)	No
 Headaches	Sometimes	Common	Rare
 Shortness of breath	Sometimes	No	No
 Loss of taste or smell	Common	No	Sometimes

Coronavirus-Key Facts
CONTAINMENT



- Contact the GP
- Report ‘on suspicion’ to PHE
- Isolation & Segregation, social distancing– keep the person as separate as possible
- Contact Tracing & Testing
- Respiratory & Hand hygiene
- Cohorting of staff and service users
- Enhanced Cleaning
- Regular review of compliance with cleaning, decontamination, PPE, HH,
- Limit visiting & Communication to all entering the facility
- Observe and monitor all associated service users for signs of infection
- PPE

REVIEW POLICIES AND ALERT STAFF
BE VIGILANT AND BE PREPARED

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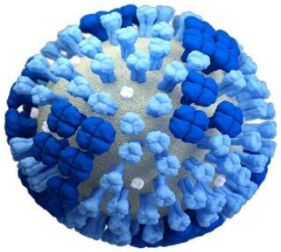
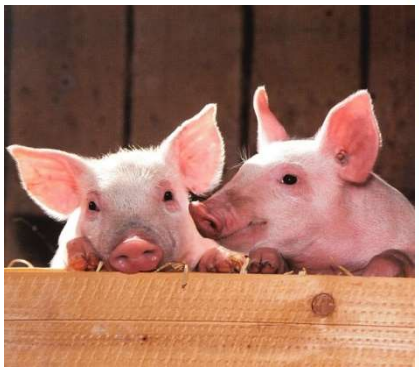
INFLUENZA Key Facts



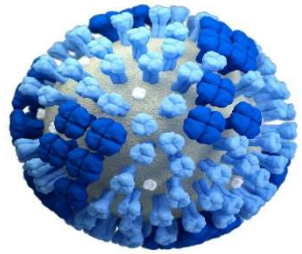
Source:

Influenza is a virus that originates, among birds and other animals such as pigs and is transmitted to humans and spread person to person.



It is dynamic and changing so each year we see new viral strains emerging. These are first seen in the southern hemisphere giving us a chance to adapt the flu vaccine against the dominant strains.

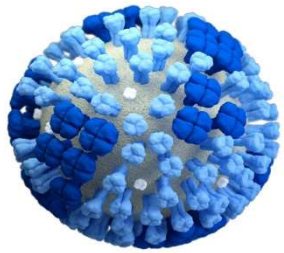
Influenza



Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalisation or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications.

There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year.

INFLUENZA: Key Facts



Transmission Spread and Prevention:

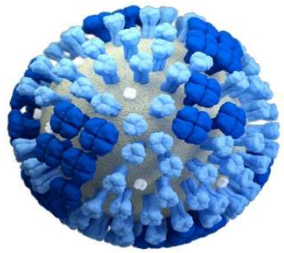
People with flu are most contagious in the first three to four days after their illness begins.

People with flu can spread it to others up to about 6 feet away.

Flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

A person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose, or possibly their eyes.

INFLUENZA: Key Facts



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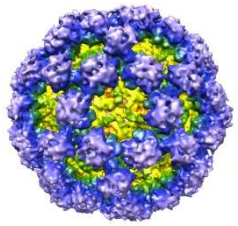
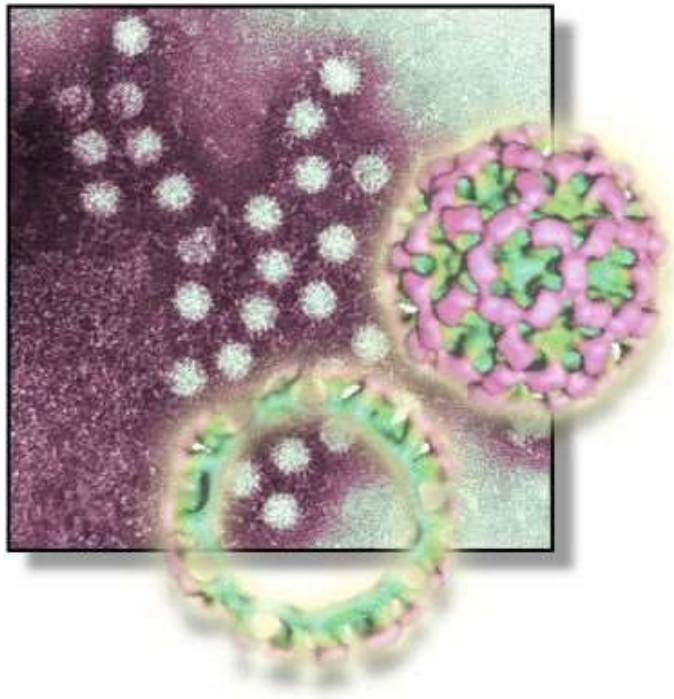
Norovirus



What is it exactly?

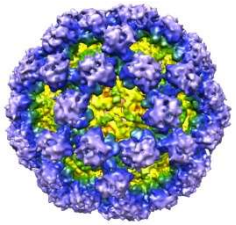
Formerly known as Norwalk agent the Norovirus is an RNA virus that causes approximately 90% of epidemic non-bacterial outbreaks of gastroenteritis around the world.

Common names of the illness caused by noroviruses are winter vomiting disease, viral gastroenteritis, and acute non-bacterial gastroenteritis, a broad name that refers to gastric inflammation caused by a range of viruses.



Severe illness is rare: although people frequently present at MIU's, A&E departments etc.

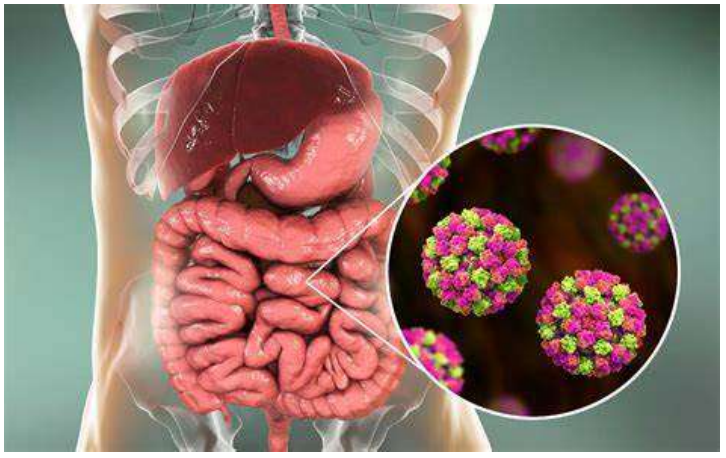
Norovirus



When a person becomes infected with norovirus, the virus begins to multiply within the small intestine. After approximately 12 to 48 hours, norovirus symptoms can begin.

The incubation period for the infection ranges from 4 to 72 hours but is usually 12 to 48 hours.

Vomiting - is the predominant symptom but is not always present in all cases. When present the vomiting is often projectile with little or no warning.



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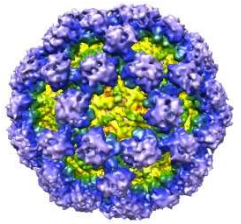
Norovirus



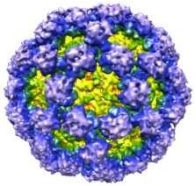
Diarrhoea
This again can occur with little or no warning and be profuse.

Other symptoms can include nausea, abdominal cramps, and “flu-like” symptoms such as headache, myalgia, chills or fever.

Symptoms can last between 1 and 3 days, recovery being rapid thereafter.

The infection is self limiting and usually mild.

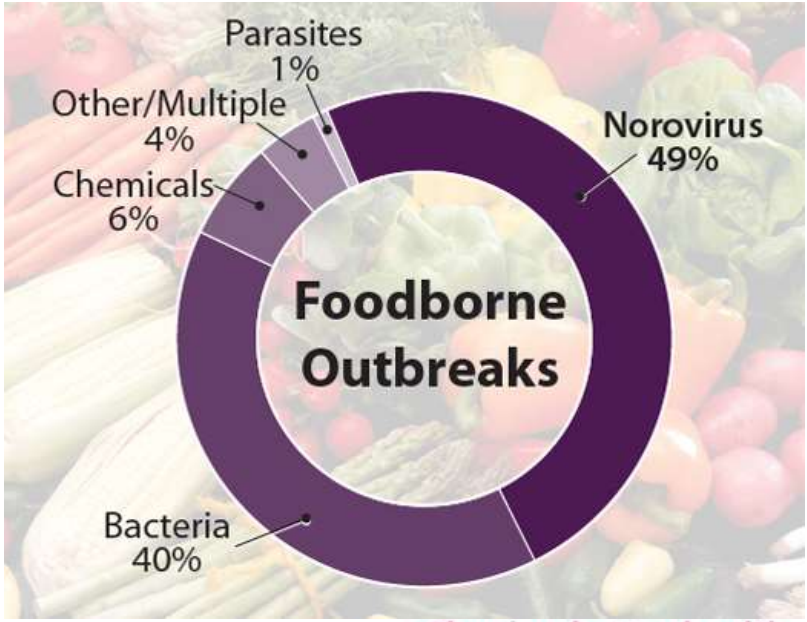
Norovirus



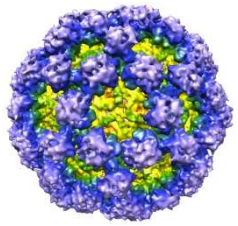
Outbreaks of norovirus infection often occur in closed or semi-closed communities, such as care facilities/hospitals, prisons, dormitories, care, nursing or residential homes and cruise ships where the infection spreads very rapidly either by person-to-person transmission or through contaminated food.

Many norovirus outbreaks have been traced to food that was handled by one infected person.

After infection, immunity to norovirus is usually incomplete and temporary.



Norovirus



TRANSMISSION

The virus is transmitted

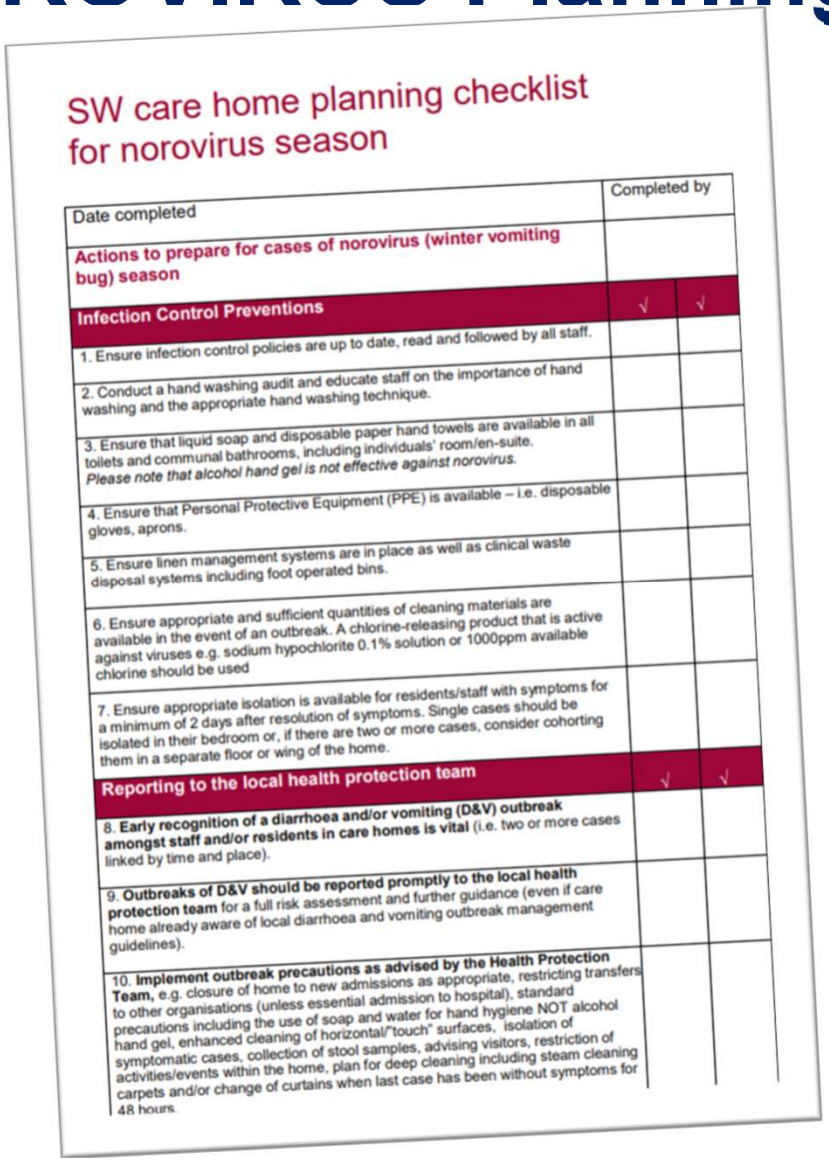
By person-to-person contact

Aerosolisation – vomiting or profuse diarrhoea

Food or water contaminated by faecal matter

Norovirus

The NOROVIRUS Planning Checklist



SW care home planning checklist for norovirus season

Date completed	Completed by	
Actions to prepare for cases of norovirus (winter vomiting bug) season		
Infection Control Preventions	√	√
1. Ensure infection control policies are up to date, read and followed by all staff.		
2. Conduct a hand washing audit and educate staff on the importance of hand washing and the appropriate hand washing technique.		
3. Ensure that liquid soap and disposable paper hand towels are available in all toilets and communal bathrooms, including individuals' room/en-suite. *Please note that alcohol hand gel is not effective against norovirus.*		
4. Ensure that Personal Protective Equipment (PPE) is available – i.e. disposable gloves, aprons.		
5. Ensure linen management systems are in place as well as clinical waste disposal systems including foot operated bins.		
6. Ensure appropriate and sufficient quantities of cleaning materials are available in the event of an outbreak. A chlorine-releasing product that is active against viruses e.g. sodium hypochlorite 0.1% solution or 1000ppm available chlorine should be used		
7. Ensure appropriate isolation is available for residents/staff with symptoms for a minimum of 2 days after resolution of symptoms. Single cases should be isolated in their bedroom or, if there are two or more cases, consider cohorting them in a separate floor or wing of the home.		
Reporting to the local health protection team	√	√
8. **Early recognition of a diarrhoea and/or vomiting (D&V) outbreak amongst staff and/or residents in care homes is vital** (i.e. two or more cases linked by time and place).		
9. **Outbreaks of D&V should be reported promptly to the local health protection team** for a full risk assessment and further guidance (even if care home already aware of local diarrhoea and vomiting outbreak management guidelines).		
10. **Implement outbreak precautions as advised by the Health Protection Team,** e.g. closure of home to new admissions as appropriate, restricting transfers to other organisations (unless essential admission to hospital), standard precautions including the use of soap and water for hand hygiene NOT alcohol hand gel, enhanced cleaning of horizontal/"touch" surfaces, isolation of symptomatic cases, collection of stool samples, advising visitors, restriction of activities/events within the home, plan for deep cleaning including steam cleaning carpets and/or change of curtains when last case has been without symptoms for 48 hours.		

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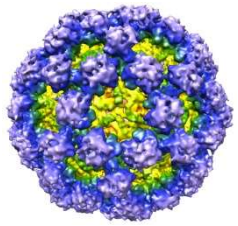
Norovirus



The NOROVIRUS Toolkit

Can this help?

- Norovirus Patient Management Checklist ✓
- Country Wide Escalation Tool X
- Communication Cascade Templates ✓
- Cleaning Checklist ✓

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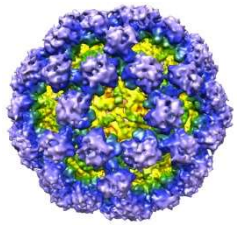
Norovirus SW Care Home Toolkit



This toolkit combines two aspects of management:

i) clinical assessment of possible cases

ii) infection control measures to limit the spread of cases thus reducing the duration of an outbreak

Public Health England

Example of Countywide Escalation Tool for Response to Norovirus

Level	Action: Care Home - Residential or Nursing Home	Action: Each level's actions are in addition to lower level response	Inform: ☎ Refer to communication Cascade
0	No cases		
1	2 cases in single home	Local Response Implement control & investigation measures	Internal outbreak alert PHE notified. If food poisoning suspected PHE to alert EHOs Refer to Trust Policies:- Isolation, Management of Norovirus/D+V/Outbreaks Communicate with other care providers, e.g. transferring & transporting patients
2	More than 2 cases in a care home	Instigate local OMT meeting - commence outbreak monitoring and management approach. Implement additional control measures (enhanced cleaning, cohort nursing) HPU to follow care home guidance.	External outbreak alert. External communication cascade:- Partner ICTs, NHS England area team, PHE, SWAST, CCG & GP cascade including OOH/Primary Link/Inreach/Outreach teams
3	2 - 5 care homes affected	Inform PHE, LA public health teams, NHS England area team, CCG If more than one setting affected - Step up to Emergency Winter Plans Implement countywide Outbreak Management Team Commence countywide OMT meetings	
4	6-10 homes affected	Countywide OMT meetings. CEO involvement.	Re-inform following previous actions
		Strategic level decision making for elective workload, emergency admissions	

Norovirus Checklist

This checklist is intended for use by healthcare staff dealing with a suspected case of gastrointestinal infection. It is not intended to replace universal infection prevention and control measures.

NHS

Upon arrival to Clinical Setting / Start of Symptoms

- ☐ Direct patient with existing / recent history of diarrhoea and / or vomiting to designated area (cubicle/ single room) and **ISOLATE**
- ☐ Ensure staff wear gloves and aprons for direct patient contact or contact with equipment
- ☐ Identify single patient use toilet / commode where possible
- ☐ Complete clinical assessm
  infectious origin (sudden
  contact)
- ☐ Assess risk of other infecti
  history of travel, food hist

Only ever send a stool sample – BSC 6 or 7

Initial Assessment

- ☐ Record date of onset of sym
- ☐ Obtain specimen of vomit or stool for MC&S/Virology/C.diff as indicated
- ☐ Label specimen for viral testing and send as per local regulations following biohazard precautions.
- ☐ Report suspected cases to IPC team
- ☐ If two cases or more instigate outbreak approach
- ☐ Commence outbreak reporting

Initial and Ongoing Patient Management

Supportive therapy as for any case of gastrointestinal infection

- ☐ Isolate in single room with dedicated toilet facilities where possible
- ☐ Post restricted entry and infection control signs
- ☐ Provide dedicated patient equipment if available
- ☐ Ensure local protocol for frequent and enhanced cleaning and linen change is implemented
- ☐ Record fluid balance and commence stool chart
- ☐ **DO NOT GIVE ANTIEMETICS OR ANTIMOTILITY AGENTS**

Before Every Patient Contact

- ☐ Clean hands
- ☐ Put on PPE
- ☐ Clean and disinfect patient equipment between patients
- ☐ Wash hands / change gloves between each patient

After Every Patient Contact

- ☐ Remove PPE
- ☐ Wash hands with soap and water
- ☐ Clean and disinfect patient equipment
- ☐ Dispose of infected linen and waste in designated bags

Control of Designated Area (Single room or Bay/Ward)

- ☐ For bay/ward – instigate local ward closure protocol
- ☐ Instigate Outbreak Management Policy
- ☐ Inform HPN and Partner Agencies (see escalation tool)
- ☐ Post restricted entry and infection control signs at Designated Area Entrances
- ☐ Provide patient / visitor / carer / staff information
- ☐ Continue enhanced cleaning of toilets, handles, commodes, sluice, freq. touch surfaces
- ☐ Restrict visiting according to local policy
- ☐ Involve communications lead and provide pre-prepared press releases to local media
- ☐ Ensure local protocol for enhanced surface cleaning using effective products (detergent with hypochlorite/sporicidal agents)
- ☐ Remove all fruit/ food items
- ☐ Consider use of hospital scrubs for ward staff

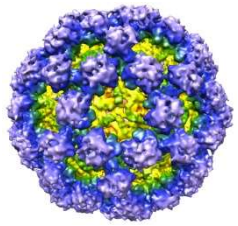
Patient and Staff Movement

- ☐ Admit further suspected infectious cases to Designated area but close to all other admissions / transfers in without D&V
- ☐ Restrict movement of ward/bank staff
- ☐ AHPs to allocate nominated individual to designated area *or*
- ☐ AHPs/Medical staff to visit designated area last on round
- ☐ Allocate staff to Designated area if limited to Bay/Rooms
- ☐ Avoid cross working between affected and unaffected patients where possible
- ☐ Movement of patients from ward to ward for cohort management is **NOT** recommended
- ☐ Risk assess all potential patient discharges prior to decision to discharge (especially care home residents, those with vulnerable relatives or carer responsibilities)
- ☐ Agree patient transfers with receiving areas following individual assessment and for urgent clinical need only
- ☐ Symptomatic staff should remain absent until symptom free for 2 working days (>48hrs)

72 hours after Cessation of Uncontained Symptoms/Discharge

- ☐ Decision taken with advice from IPCT/DIPC and according to local protocol
- ☐ Provide patient advice re hand washing and hygiene at home
- ☐ Instigate designated area deep clean
- ☐ Change curtains and all linen items
- ☐ Complete deep/final clean checklist prior to opening to further admissions

Norovirus Checklist

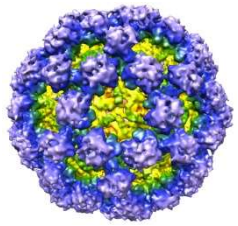


The checklist is not a comprehensive tool but follows the approach of WHO Patient Safety Checklists in highlighting actions to be taken at critical points in the resident's care.

The checklist is produced in a format that can be referred to readily and repeatedly by staff to ensure that all essential actions are performed.

The checklist is not a comprehensive protocol and does not replace the organisations policy OR routine care.

Norovirus Checklist

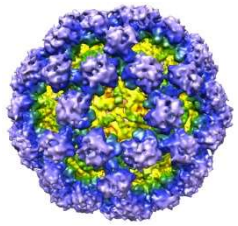


The checklist can be:

- Used as part of the resident care record
- Reproduced as wall posters
- Printed as individual staff aide memoirs
- Included in outbreak kits
- Adapted and revised for local use

This checklist does not replace clinical guidance or clinical judgment.

Norovirus Checklist



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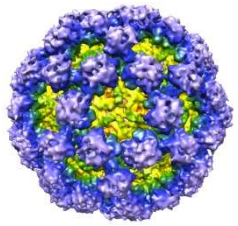
- ❑ Ensure staff wear gloves and aprons for direct patient contact or contact with equipment
- ❑ Identify single patient use toilet/ commode where possible
- ❑ Complete clinical assessment to confirm symptoms are of infectious origin (sudden onset, projectile vomit, history of contact)
- ❑ Assess risk of other infectious origin (recent antibiotics, history of travel, food history)

❑**Employ STANDARD PRECAUTIONS/ Enteric Precautions**

❑**PPE? Aprons, gloves and mask?**

Norovirus Checklist

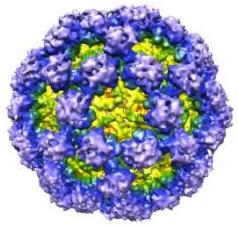


Initial Assessment

- ❑ Record date of onset of symptoms
- ❑ Obtain a stool specimen for MC&S/ Virology/C. diff as indicated
- ❑ Label specimen for viral testing and send as per local regulations following biohazard precautions.
- ❑ Report suspected cases to IPC team
- ❑ If two cases or more instigate outbreak approach
- ❑ Commence outbreak reporting

❑ **Staff should inform; their IP&C lead/link and PH whenever the patients suffer with gastrointestinal symptoms**

Norovirus Checklist



Information required by PHE on all possible cases includes the following:

Individual case's name

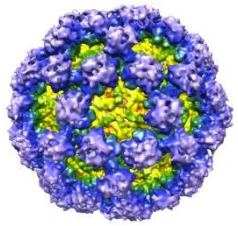
Date of birth

Date of onset of symptoms

Nature of symptoms – i.e. vomiting/diarrhoea, and whether (and when) the case has ceased to be symptomatic

Has a faecal specimen been sent for analysis – MUST include both MICROBIOLOGY and VIROLOGY investigation

Norovirus Checklist



Initial & Ongoing Management

Supportive therapy as for any case of gastrointestinal infection

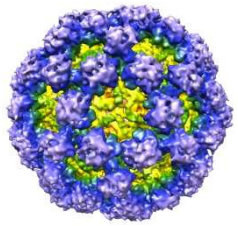
- ❑ Isolate in single room with dedicated toilet facilities where possible
- ❑ Post restricted entry and infection control signs
- ❑ Provide dedicated patient equipment if available
- ❑ Ensure local protocol for frequent /enhanced cleaning and linen change is implemented
- ❑ Record fluid balance & commence stool chart
- ❑ **DO NOT GIVE ANTIEMETICS OR ANTIMOTILITY AGENTS**

❑**Is this possible?**

❑**Essential practice**

❑**Essential practice**

Norovirus Checklist



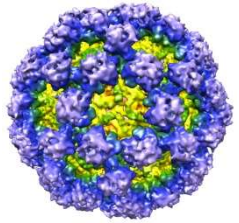
Before Every Contact

- ❑ Clean hands
- ❑ Put on PPE
- ❑ Clean and disinfect patient equipment between patients
- ❑ Wash hands/change gloves between each patient

After Every Contact

- ❑ Remove PPE
- ❑ Wash hands with soap and water
- ❑ Clean and disinfect patient equipment
- ❑ Dispose of infected linen correctly

Norovirus Checklist



Control of Designated Area (Single room or shared room)

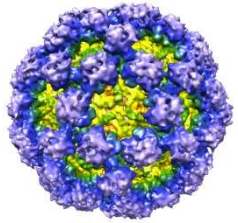
- ❑ For bay/ward – instigate local ward closure protocol
- ❑ Instigate Outbreak Management Policy
- ❑ Inform PHE and Partner Agencies (see escalation tool)
- ❑ Post restricted entry and infection control signs at Designated Area Entrances
- ❑ Provide patient/visitor/carer/staff information
- ❑ Continue enhanced cleaning of toilets, handles, commodes, sluice, freq. touch surfaces
- ❑ Restrict visiting according to local policy
- ❑ Involve communications lead and provide pre-prepared press releases to local media
- ❑ Ensure local protocol for enhanced surface cleaning using effective products (detergent with hypochlorite/sporicidal agents)
- ❑ Remove all fruit/ food items

❑PHE will conduct notification of relevant partner agencies
❑Current Policy?
❑Available at all inpatient facilities

❑Beware the symptomatic visitor
❑IP&C Team will liaise with Comms Team

❑In OUTBREAK situations – disinfectant used where safe to do so
❑Often overlooked as an action
❑Must be agreed locally with manager

Norovirus Checklist

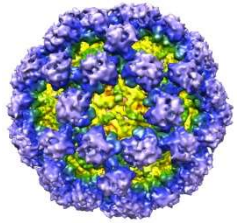


Resident and Staff Movement

- ❑ Restrict movement of staff/bank staff
- ❑ AHP's to allocate nominated individual to designated area

  or
- ❑ AHP's/Medical staff to visit designated area last
- ❑ Allocate staff to designated area if limited to specific Floors or Rooms
- ❑ Avoid cross working between affected and unaffected residents where possible
- ❑ Risk assess all potential discharges prior to decision to discharge (especially those with vulnerable relatives or carer responsibilities)
- ❑ Agree/notify of resident transfers with receiving areas in the event of additional clinical need
- ❑ Symptomatic staff should remain absent until symptom free for 2 working days (>48hrs)

Norovirus Checklist

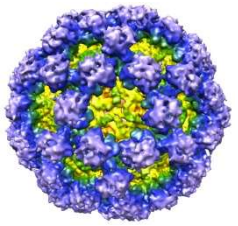


72 hours after Cessation of Uncontained Symptoms/Discharge

- ❑ Decision taken with advice from PHE and according to local protocol
- ❑ Provide advice re hand washing and hygiene at home
- ❑ Instigate designated area deep clean
- ❑ Change curtains and all linen items
- ❑ Complete deep/final clean checklist prior to opening to further admissions

❑ **See Norovirus Checklist for Deep Clean Checklist**

Norovirus Checklist



The remainder of the *Norovirus Management Checklist* is focused upon

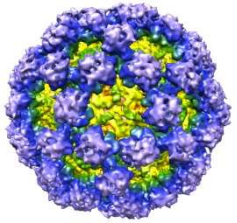
Acute Escalation Tool

- Raising awareness that Norovirus is present in the community to ensure all patients admitted with D&V or who have had contact with anyone with D&V in preceding 72hrs are isolated

*** PHE have instigated IC Intelligence Reports as and when there are any gastroenteritis illnesses reported within Care, Nursing or Residential homes***

Norovirus Toolkit

NOROVIRUS Deep Clean Checklist

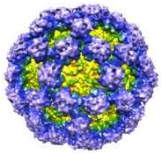


Room Area
ALCOHOL GEL / DISPENSER
BED
BED LIGHT
CEILING VENTS
CHAIR
CLINICAL WASTE BIN
CURTAINS
DOOR
DOOR HANDLE
HANDTOWEL DISPENSER
HOUSEHOLD WASTE BIN
INTERNAL GLAZING
LOCKER
LOW LEVEL DUSTING
MIRROR
PATIENT HAND BOOK
PATIENT NAME PLATE
PATIENT NOTES CLIP BOARD
SINK
SOAP DISPENSER
SWITCHES
TABLE
TELEVISION
WALL VENTS
WINDOW LEDGES

Toilet Area
CEILING VENTS
CLINICAL WASTE BIN
DOOR
DOOR HANDLE
HANDTOWEL DISPENSER
HOUSEHOLD WASTE BIN
INTERNAL GLAZING
LOW LEVEL DUSTING
MIRROR
SINK
SOAP DISPENSER
SWITCHES
TOILET
WALL VENTS
WINDOW LEDGES

Sluice Area
ALCOHOL GEL/ DISPENSER
CEILING VENTS
CLINICAL WASTE BIN
DOOR
DOOR HANDLE
HANDTOWEL DISPENSER
HOUSEHOLD WASTE BIN
INTERNAL GLAZING
LOW LEVEL DUSTING
MIRROR
SINK
SOAP DISPENSER
SWITCHES
WALL VENTS
WINDOW LEDGES

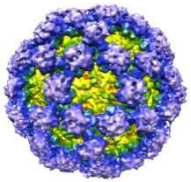
Norovirus Checklist



Norovirus is rapidly inactivated by sufficient heating and by chlorine-based disinfectants, but the virus is less susceptible to alcohol and detergents as it does not have a lipid envelope.

Remember – Detergents have NO antimicrobial action, they simply allow cleaning as the detergent breaks the surface tension of water making it ‘WET’.

Norovirus Checklist

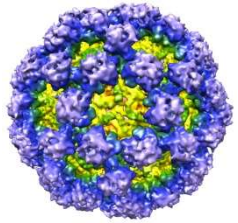


In Summary

The Norovirus Checklist is a useful process to employ in preparation for the potential of an outbreak.

The Outbreak Checklist, if used, will require adaptation and so is worth looking at now so that a comprehensive process to deal with this sort of event is available before it happens.

Outbreak preparedness and management

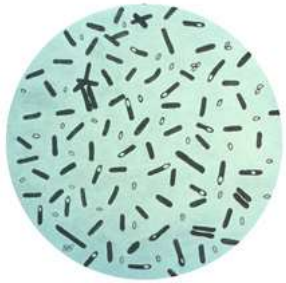


References

SW care home planning checklist for norovirus season

1B-phe-sw-care-home-planning-checklist-for-norovirus-season.pdf (england.nhs.uk)

Clostridium difficile (C. diff) Key Facts: Source



Clostridium difficile **are bacteria that exist in the environment and can become established in the colon of healthy people**

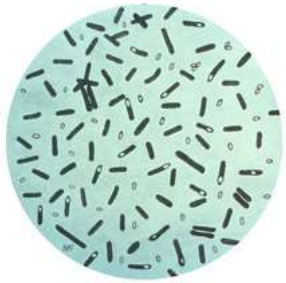
C. diff **infection occurs when the other harmless bacteria in the colon are disrupted (for example, by taking antibiotics) or when the immune system is compromised, allowing the numbers of bacteria to increase to high levels.**

Risk Groups

Those who:

- **Have had regular or repeated broad spectrum antibiotics**
- **A prolonged hospital admission to a health/residential care setting**
- **Are aged over 65 years**
- **Have underlying health conditions, including inflammatory bowel disease (IBD), cancer or kidney disease**
- **Have a weakened immune system to diabetes or a side effect of a treatment such as chemotherapy or steroid medicine**
- **Take a medication called a proton pump inhibitor (PPI) to reduce the amount of stomach acid they produce**
- **Those who have had surgery on their digestive system**

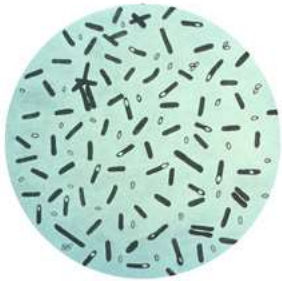
Key Facts C. diff Transmission/Timeline



C. diff bacteria are passed in faeces and spread to food, surfaces and objects when people who are infected don't wash their hands thoroughly.

These spores can persist in a room for weeks or months. If you touch a surface contaminated with C. difficile spores, you may then unknowingly, swallow the bacteria unknowingly swallow the bacteria, and become infected and infectious yourself

Symptoms



- Moderate to severe diarrhoea
- High temperature (fever)
- Loss of appetite
- Nausea
- Abdominal pain
- Dehydration

Management

- Report ‘on suspicion’ to GP PHE*
- Isolation & Segregation, social distancing– keep the person as separate as possible MUST have own bathroom
- Hand hygiene
- Enhanced Cleaning
- Review of cleaning standard &compliance with cleaning
- Ensure staff are aware of decontamination, PPE, HH, & transmission, provide refresher training if needed
- Clear communication with service user and support HH

Outbreak Management & Summary

A single case if transmitted can quickly result in an outbreak situation! CHECK YOUR SETTINGS PREPAREDNESS NOW!

Definition:
Two or more test-confirmed cases of an infection among individuals associated with a specific setting with illness onset within a set number of days.

Infection:
Consider the infection you suspect this will guide you with **transmission based precautions** as different infections transmit in different ways e.g. different early **symptoms**, incu**bation periods** and **transmission modes**. Not all infections are **Vaccine Preventable.***

Shaping better health

Outbreak Management Summary

ACTIONS to take COMMON TO ALL INFECTIOUS DISEASES:

- **COMMUNICATE**
- **GP, Staff, Service User(s), Visitors, Report to PHE and LA**
- **ISOLATION / DISTANCING***
- **STRICT HAND HYGIENE * review method**
- **REVIEW CLEANING METHODS and FREQUENCY**
- **CONTACT TRACING & OBSERVATION**
- **WASTE / LAUNDRY MANAGEMENT**
- **VENTILATION**
- **PPE**

Shaping better health

Resources & Support

- Sirona Clinical Reference Library
- Public Health England
- Local Authority public health and Commissioners
- Sirona Care & Health Home Leads
- BNSSG CCG IPC Cell