

London NHS 111 Integrated Urgent Care, resident registered GP and GP Out of Hours Influenza Outbreak Response

Standard Operating Procedure (SOP) for Care Homes

London Integrated Urgent Care Home Influenza outbreak SOP	
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	Eileen Sutton	Head of IUC and UEC NHSE London (Healthy London Partnership)	06 January 2019 V3
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Approved and signed off : (This document must be approved by the following):	Group	Date	Version
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Document control

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Under the Health and Social Care Act 2012 the Secretary of State has a duty to protect the health of the population. The Health Protection Agency Act 2014 describes functions and activities to be carried out by Public Health England (PHE) to protect the health of the population.

These include:

- The protection of the community against infectious diseases
- Communicable disease outbreak management
- Operational guidance the prevention of the spread of infectious disease
- The provision of assistance to any other person who exercises functions in relation to above
- The PHE London Health Protection Teams are responsible for risk assessment and outbreak management, in coordination with other stakeholders.

1. Purpose and scope of this document:

The purpose of this document is to support care home managers and staff when managing residents with symptom(s) of influenza and/or an influenza outbreak within their home. Within this document a care home refers to nursing and residential, learning disabilities and mental health care homes.

This guidance aims to ensure an effective and coordinated approach is taken to risk assessment and outbreak management, from initial detection to formal closure and review of lessons identified.

We have outlined the key roles and responsibilities for the following key stakeholders who are required to work together in a coordinated response to a suspected or confirmed influenza outbreak within a care home:

- Care Home Registered Managers/staff
- Resident's registered GP/GP practices/GP Out-of-Hour (OOH) services (OOH)/111 Integrated Urgent Care (IUC)
- Local Health Protection Teams (HPT)
- NHS Clinical Commissioning Groups (CCG)

Following these steps (**see flow chart summary on page 10**) will make a significant impact in helping to reduce the number of avoidable calls to 999 and will avoid unnecessary admissions of vulnerable residents in to hospital by effectively supporting care home staff with management of an outbreak and enable timely and appropriate care to be given to their residents within their own home.

2. Definition of an outbreak

- **A suspected outbreak** of influenza-like illness is when two or more people in the same Care Home (staff or residents) have similar flu like symptoms (*) within the same 48 hour period.

*These include a high fever (37.8 degrees or above), and ONE of the following: (i) acute onset of at least one of the following respiratory symptoms: cough (productive or non-productive), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing; OR (ii) an acute deterioration in physical or mental ability without other known cause).

- **A confirmed outbreak** of influenza is when two or more people in the same Care Home (staff or residents) have similar flu-like symptoms within the same 48 hour period which is confirmed by microbiological testing.

(See **Appendix 1**- Public Health England Guidance outbreaks of influenza (Flu) in Care Homes)

3. Role of multi-organisations during a suspected influenza outbreak

3.1 Care Home teams' responsibilities:

Preparing for winter

- Ensure all staff have access to guidance documentation regarding routine infection control measures – see **Appendix 2 (NICE quick guide: Help to prevent infection) & 7 (NHS Improvement's Infection and Control Team: The Influenza Guidance for Care Homes)**
- It is good practice for Care Homes to liaise with local Primary Care Practice teams to confirm that all registered residents have had a pre-winter annual health assessment conducted by a GP and a medication review by a pharmacist
- Arrange Influenza vaccination pop-up clinics for residents and staff in the home. If staff are unable to attend ensure they are able to access the vaccine (free of charge) at their local pharmacy www.londonflu.co.uk
- Ensure guidance and information about Influenza and access to vaccinations is clearly visible for all staff and relatives around the home
- Ensure all contact lists are up to date for your local GP, Pharmacy, local Health Protection Team (HPT), Clinical Commissioning Group (CCG) and Local Authority Team (LA) and NHS 111 *6. Your Local Authority and CCG leads will be able to help you with this if needed
- Review winter guidance available from Public Health England - see **Appendix 3**
- Please use the resource centre on CarePulse to access useful information and guidance provided by a wide range of national and local, health and social care organisations. To access these resources visit www.carepulse.co.uk (see **Appendix 8**).

Access to advice and reporting outbreaks

- Contact your **resident's GP practice (in-hours)** or **dial 111 *6 (out of hours)** to seek senior clinical advice and guidance on how to manage the clinical care of all symptomatic residents within the home
- Contact your local **Health Protection Team** once you have spoken to a GP to inform them about suspected outbreaks of influenza-like illnesses via the contacts within the appendix of this document - see **Appendix 4**.

Immediate Action for Care Homes:

- Contact NHS 111 (dial 111 and press *6) if any residents deteriorate prior to the GP arriving on-scene to speak to a GP or Senior Clinician.
- Prepare a list of residents suspected of having Influenza type symptoms jointly with the GP (which can be shared with the local Health Protection Team representative), please include the following information:
 - Names, dates of birth and NHS Numbers, - a template can be found in **Appendix 5**.

- Collate a listing of all symptomatic residents who may require antiviral treatment
- Collate a list of any additional resident's potentially requiring antiviral prophylaxis (e.g.: patients with chronic underlying conditions who have not received influenza vaccination this season). This will assist the HPT in their risk assessment
- Where additional staffing resource is needed within the care home to support the outbreak contact your **Local Authority**. Any requests for additional resources will be considered in accordance with local system plans and commissioning arrangements for supporting influenza outbreaks in care homes
- Care home to organise drop-off of prescriptions at Community Pharmacy (or Group Patient Specific Direction if prescribing out-of-season) for dispensing
- Administer oral anti-virals as soon as possible, if required, under the guidance of the GP
- Update your bed capacity management tool to ensure Commissioners, Local Authorities and Hospitals are able to view your current bed vacancies and include status updates regarding outbreak (see **Appendix 8**).

3.2 Resident registered GP (In Hours) & GP OOHs via 111 *6 responsibilities:

- GPs should refer to locally commissioned arrangements via their CCG as part of the local system's annual winter resilience/business continuity planning for managing influenza outbreaks in care homes. local commissioning arrangements should ensure there are dedicated resources and timely GP support for care Homes (in hours and out-of-hours)
- NHS 111/Integrated Urgent Care (IUC) Clinical Assessment Service (CAS) GP will prioritise calls, with any 111 *6 referral from a care home not requiring NHS Pathways Assessments supporting avoidance of London Ambulance Services referrals. A referral will need to be made between the GP in the IUC CAS and the local GP Out-of-Hours home-visiting service to make direct contact with the Care Home and arrange a home visit. The IUC CAS must pass patient and clinical details to the relevant GP Out-of-Hours home-visiting service
- If NHS 111 service is not an Integrated Urgent Care (IUC) service i.e. separate GP OOH service, then the NHS 111 Shift Leader or Operational Manager must pass patient and clinical details to the relevant GP Out-of-Hours (OOHs) service to make direct contact with the care home and arrange a home visit
- Ensure the Health Protection Team is directly linked to the duty Medical Director of the IUC GP Clinical Assessment Service or GP OOH Service so that senior to senior conversations can take place if needed
- For system recording – influenza outbreak will be a “special case type” and group patients (IUC and GP OOH services only).

A GP providing timely support is expected to:

- Contact the care home immediately and visit within 2 hours if necessary, undertake a debriefing from care home staff and a risk assessment

- Provide advice to Care Home staff on management of residents with suspected symptoms of influenza-like illness as well as infection control advice
- Undertake appropriate assessments of prioritised unwell residents, including a physical assessment, and noting other residents for possible complications of other winter respiratory viruses
- Access any Aadastra//Summary Care Records (SCR) notes on every resident and update information if needed
- Prepare a list of residents suspected of having influenza type symptoms jointly with the Care Home staff (which can be shared with the local HPT representative), the following information should be included:
 - Names, dates of birth and NHS Numbers, - a template can be found in **Appendix 5**
 - Collate a list of all symptomatic residents who may require antiviral treatment
 - Collate a list of at-risk residents who require antiviral prophylaxis (noting patients with chronic underlying conditions who have not received an influenza vaccination this season). This will assist the HPT in their risk assessment.
- GP to review and discuss situation with the local Health Protection Team and Care Home Manager, including any review of any risk assessment information available and issues with Care Home Manager
- Understand **treatment and prophylaxis doses for antivirals** (e.g. *treatment adult dose – Tamiflu 75mg BD for five days & prophylactic adult dose Tamiflu 75mg daily for ten days*). Details about the choice of antiviral, their dosage and mode of administration can be found in the PHE guidance on the use of antiviral agents. If further guidance regarding dosing is required contact your local CCG Medicines Optimisation Team
- The protocol requires the GP prescriber to assess renal function, and consider the creatinine level prior to administration of Tamiflu. The British Geriatric Society advises if no creatinine is available in the last six months and given the need for clinical expediency, it can be reasonably expected that any resident over 75 years old has a degree of renal impairment and should be given 30mg daily (prophylactic dose) or BD (treatment dose) (**See Appendix 1 document – refer to appendix 4 titled “British Geriatrics Society advice on antiviral prescribing” within the document on page 27**)
- Refer to local commissioning arrangements (in-hours & out-of-hours) via the CCG Medicines Optimisation Team to confirm arrangements for accessing antiviral supplies from local designated Community Pharmacies holding antivirals so that stocks may be secured as soon as possible
- GPs cannot prescribe antivirals using FP10s outside of the influenza season. Out of season, a Group Patient Specific Direction (GPSD) can be used and the antiviral supplied from a designated local pharmacy. During the influenza in-season period (*usually between Dec/Jan to April/May as confirmed by the Chief Medical Officer letter – see link to letter dated 31 December 2018 provided in footnote below for influenza season 2018-19¹*). Where anti-virals are required, they can be prescribed on an FP10 in line with the Selected List Scheme (SLS) criteria (see national drug tariff) and supplied through any or designated community pharmacies as per local commissioning arrangements

¹ https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103136

- Residents can decline antiviral treatment or prophylaxis; for residents who lack capacity to decide then “best interests” decision tree will be discussed between GP and Care Home staff/Family/Carers.

3.3 Health Protection Teams (HPT) responsibilities:

- Undertake an initial risk assessment, and provide infection control advice to care home
- To lead on the co-ordination of obtaining samples (e.g. swabbing) if needed and communication of results to GP(s) of symptomatic care home residents with suspected influenza as per the Care Homes outbreak measures plan
- Work with the care home and GP to follow up and collate assessment data for decision-making purposes, as outlined in the section on care homes responsibility above
- If necessary (e.g. numbers of cases rapidly escalating), declare a local outbreak, and convene an outbreak Control Team meeting (OCT - which may include the GP undertaking clinical assessments of cases, Care Home Manager, CCG, local virologist, and Director of Public Health/Local Authority Public Health team)
- Ascertain whether residents and staff need antiviral treatment or prophylaxis, and ensure this is documented as part of the risk assessment
- In the event that antivirals cannot be accessed in the community, Health Protection Team to work with NHS England’s IMMS01 team to ascertain whether supplies held centrally can be released in a timely way in accordance with prescribing protocols for antivirals
- Share risk assessment information and discuss outbreak control measures with the registered GP or NHS111/ IUC GP OOH
- Health Protection Team will maintain communication with key stakeholders throughout the incident, as needed
- Health Protection Team will determine when the outbreak is over, and produce a short outbreak report and lessons learnt, if needed
- Health Protection Team can liaise with the GP or named CCG lead to discuss the provision of anti-viral medication if needed (NB: it is not the responsibility of the HPT to provide antivirals, but they may facilitate access to PHE antivirals, **AS A LAST RESORT**, as outlined in more detail below).

NB: PHE London Health Protection teams hold contingency stocks of antivirals for pandemic influenza response. **These stocks can be accessed, AS A LAST RESORT, on the authorization of the local Health Protection Team, ONLY if antivirals cannot be accessed from elsewhere in a timely way** (e.g. before the CMO letter that authorises primary care to prescribe antivirals is issued, or during bank holidays/out of hours where local stocks of antivirals cannot be accessed). These antivirals may be released if the Health Protection Team declare an outbreak. **CCGs will be required to reimburse PHE London for any of these stocks that are used, once the outbreak has been declared over).**

3.4 CCG and Local Authority responsibilities

- Circulate information and guidance about influenza to all Care Homes in the Borough; these can be found on the Healthy London Partnership Enhanced Health in Care Homes webpage

- Ensure contact lists for local GPs, Pharmacies, local Health Protection Team (HPT), CCGs and Local Authority Teams are up to date and circulated to all care homes
- Ensure local Care Homes Outbreak Measures Plans are up to date and accessible. Plans should include measures in place for deployment of additional resources to support an outbreak where needed
- Ensure local surge team are informed of the outbreak in hours; include number of people (staff/residents) affected, risk assessments information and providers are alerted i.e. Trusts, Community Services etc
- Ensure locally commissioned arrangements are in place to respond to an outbreak (in-hours & out-of-hours) are communicated to all key stakeholders in a timely manner
- Attend Outbreak Control meetings organised by your local Health Protection Team if an outbreak has been declared
- Support the local Health Protection Team to discuss the provision of anti-viral medication if needed. **NB: CCGs will be required to reimburse PHE London for any of these stocks that are used, once the outbreak has been declared over)**
- Identify a Pharmacy lead to support GP (in & out-of-hours) from the CCG Medicines Optimisation team to provide rapid access to advice on prescribing (*e.g. dosing of oseltamivir where creatinine clearance and weight measurements are available*) and/or how to access supplies of antivirals from local designated Community Pharmacies (in-hours & out-of-hours).

4. NHS 111 IUC & GP OOH services responsibilities

- All NHS 111/ IUC and GP OOH services should train their staff in responding to and dealing with suspected/confirmed community Influenza incidents and outbreaks.
- During Out-of-Hours contact local surge team to inform them of the outbreak; number of people (staff/residents) affected, risk assessment information and to alert all providers i.e. Trusts, Community Services and Local Authorities etc.

5. Wider Service Management

In the event of an influenza outbreak, wider service performance may be under pressure within the local system. In this instance, normal local contingency/ escalation processes managed by local Surge Teams should be enacted and followed, these will be managed via agreed surge pathways and there is not an expectation for care homes to escalate directly to Surge teams.

See **Appendix 9** for your local Surge Team contact details.

6. Record Keeping and Local Governance

All parties are responsible for ensuring all documentation and communications regarding an outbreak are retained for audit purposes. This should include:

- Records of calls/emails to resident registered GP (In Hours) & GP OOHs via 111 *6, local HPT, local pharmacy and CCGs
- For care homes nursing documentation, this should be in line with the NMC code of conduct section 10 ensuring that clear and accurate records are kept regarding care delivered to your resident. Further details of the code can be found on the

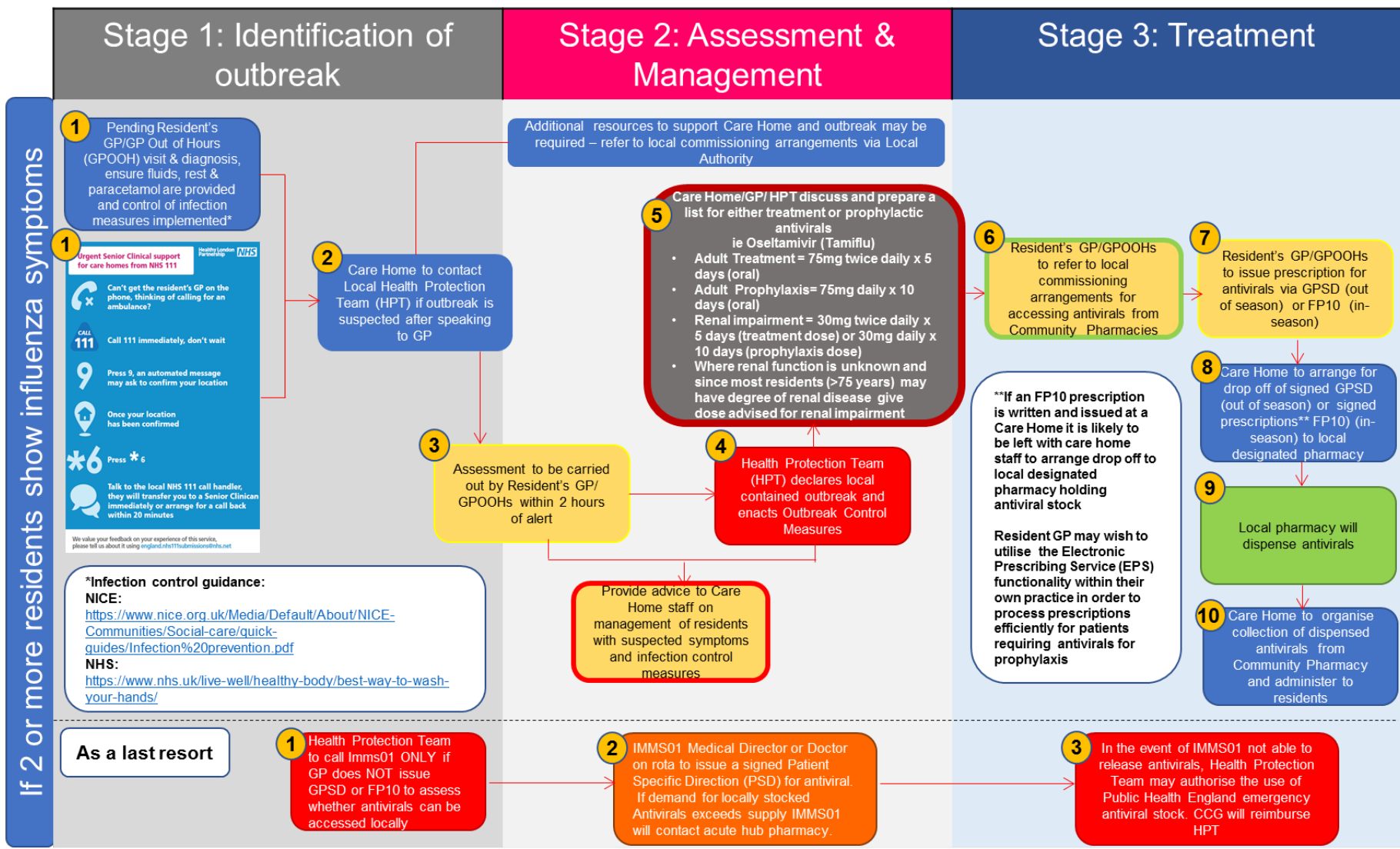
NMC website <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

- It is good practice for any other Health Care Professional to also update the care home documentation to ensure contemporaneous records during the outbreak.
- List of residents who were affected by the outbreak and treatment provided alongside further follow up should be maintained as per local policy.
- Local policies/procedures used during the outbreak

As part of best practice, we recommend Care Homes keep a record of all documentation and lessons learned to support routine CQC inspections (See CQC's SAFE key lines of enquiry and prompts **Appendix 6**). Support to facilitate After Action Reviews (lessons learnt) can be requested by emailing the Enhanced Health in Care Homes Programme team hlp.ehchprogramme@nhs.net.

NHSE London Regional/Health Protection Team are responsible for:

- Providing status updates regarding an outbreak in monthly IUC Clinical Governance reports reviewed by Local IUC NHS 111 Clinical Leads
- The Health Protection Team will determine when the outbreak is over, and produce a brief outbreak report and lessons learned document, if needed
- The Health Protection Team are required to provide returns to NHS England winter rooms on any newly identified suspected or confirmed influenza outbreaks (and other key infections) in community and hospital settings for planning and monitoring purposes.



If 2 or more residents show influenza symptoms

- KEY**
- Actions for Care Homes
 - Actions for In hours and Out of Hours
 - Actions for Pharmacy
 - Actions for Health Protection Team
 - Actions for IMMS01

Appendices

Appendix No.	Name of Document	Link to all documents can be found at https://www.healthylondon.org/resource/flu-outbreak-response-care-homes-standard-operating-procedures
1.	Public Health England Guidance outbreaks of Influenza (Flu) in Care Homes	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/747543/Influenza-like illness in care home 2018 FINAL.pdf
2.	NICE quick guide: Help to prevent infection	https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Infection%20prevention.pdf
3.	PHE London Winter readiness information for Care Homes; includes useful resources for Care Home Managers	
4.	Local Health Protection Team contact details	https://www.gov.uk/guidance/contacts-phe-health-protection-teams
5.	Template for recording patient information	
6.	Key lines of enquiry, prompts and ratings characteristics for adult social care services	https://www.cqc.org.uk/sites/default/files/20171020-adult-social-care-kloes-prompts-and-characteristics-final.pdf
7.	NHS Improvement's Infection & Control Team: The Influenza Guidance for Care Homes (adopted from Health Protection Scotland and NHS National Services Scotland)	
8.	CarePulse Resource Centre	
9.	Local Surge Team contacts	