



Community Infection Prevention and Control Policy for Care Home settings

Respiratory illnesses

RESPIRATORY ILLNESSES

**Version 1.00
August 2023**

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Date Adopted: 1st August, 2023 Review Date: 31st July, 2025

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RESPIRATORY ILLNESSES

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1. Introduction

Respiratory illnesses are a major cause of hospitalisation, morbidity and death in the elderly and are amongst the most common winter ailments. Ranging from a self-limiting, mild, coryzal like illness, such as rhinovirus (common cold), to severe bronchitis, bronchiolitis and pneumonia.

Those suffering from underlying chronic health conditions become more susceptible and vulnerable to severe disease. Vaccination provides the best protection against acquiring and spreading infection.

'Standard infection control precautions' (SICPs), respiratory and cough hygiene, as well as good ventilation, help to reduce the risk of spreading respiratory illnesses from an infected person to others.

SICPs may, however, be insufficient to prevent transmission of specific infections and additional 'Transmission based precautions' (TBPs) may be required. Refer to the 'SICPs and TBPs Policy for Care Home settings'.

When caring for residents with COVID-19 or any other new emerging infection, staff should refer to national infection prevention and control guidance.

2. What are respiratory tract infections?

Respiratory tract infections (RTIs) are infections of parts of the body involved in breathing, such as the sinuses, throat, airways or lungs. RTIs are mainly caused by viruses and can affect the upper respiratory tract or the lower respiratory tract.

Upper respiratory tract infections

Upper respiratory tract infections (URTIs) include the common cold, tonsillitis, sinusitis, laryngitis and flu.

The most common symptoms are headache, aching muscles, a blocked/stuffed up or runny nose, sneezing and a sore throat. URTIs caused by a virus, e.g. the common cold, usually get better without any treatment over days to weeks.

Lower respiratory tract infections

Lower respiratory tract infections (LRTIs) include bronchitis (an infection of the airways), pneumonia (lung infection), bronchiolitis (an infection of the small airways that affects babies and children) and tuberculosis, a bacterial lung infection. Flu can affect both the upper and lower respiratory tract.

The most common symptom of LRTI is coughing, in severe cases residents cough up mucus and can suffer from breathlessness, wheezing and chest tightness.

RTIs caused by bacteria, e.g. pneumonia, tuberculosis, often require antibiotic treatment and in some cases, admission to hospital. Bacterial infections are not covered in this policy.

3. How are respiratory illnesses spread?

Respiratory illnesses are spread by:

- Predominantly droplet transmission. Droplets are generated during coughing, sneezing, talking. If droplets from an infected person come into contact with the mucous membranes, e.g. eyes, nose, mouth, of another person, they can cause infection. Droplets remain in the air for a short period and can travel approximately 1 metre. They can land on surfaces and equipment and if touched, infect others if that person has contact with their eyes, nose and mouth
- Aerosol transmission is usually associated with an aerosol generating procedure (AGP). A procedure that can result in the release of airborne particles (aerosols) from the respiratory tract, when treating someone confirmed or suspected with a virus. During an AGP, smaller viral particles than droplets are produced which can remain in the air for longer and travel further than 1 metre

AGPs in a Care Home setting are not routinely practiced, but include tracheostomy procedures (insertion or removal), and respiratory tract suctioning beyond the oro-pharynx.

4. Management of a resident

To help reduce the spread of respiratory illnesses, 'Standard infection control precautions' (SICPs) and 'Transmission based precautions' (TBPs) should always be followed.

- Staff must wear appropriate personal protective equipment (PPE), as per national guidance, including type IIR fluid resistant surgical mask (FRSM) and eye protection, e.g. goggles or visor (corrective vision glasses do not provide adequate protection).
- Isolate the resident in their room if possible.
- Ensure good ventilation of the room by opening windows, e.g. 10 minutes per hour.
- Encourage hand hygiene after using a disposable tissue to blow their nose,

coughing or sneezing.

- Visitors should be advised of the visiting requirements.
- If transfer to hospital is required, the ambulance service and hospital department should be informed of any respiratory illness.

For advice on influenza management, please contact your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

For advice on COVID-19 or any other new emerging infection, refer to national IPC guidance.

Other illnesses caused by viruses, e.g. chicken pox, measles, are also spread by inhaling droplets of the respiratory secretions from an infected person's cough or sneeze, or from touching surfaces contaminated when they coughed or sneezed.

5. Good respiratory and cough hygiene

Please refer to the 'Respiratory and cough hygiene Policy for Care Home settings'.

6. TBPs for respiratory illnesses

Appendix 1 provides an A-Z listing of the common respiratory virus infections. It specifies the type of precautions, duration and personal protective equipment (PPE) required.

Refer to the 'SICPs and TBPs Policy for Care Home settings'.

7. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

8. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*

www.nhs.uk/conditions/Respiratory-tract-infection/

9. Appendices

Appendix 1: A-Z respiratory illnesses

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Appendix 1: A-Z respiratory illnesses				
Virus/agent	Incubation	Isolation/TBPs		PPE
		Required	Duration (very old/ immunocompromised residents will shed the virus for longer)	
Coronavirus (non-COVID-19), enterovirus, bocavirus	3-5 days	No	No	SICPs
Rhinovirus/adenovirus (common cold)	1-2 days	No	No	SICPs
Metapneumovirus	4-6 days	No	No	SICPs
Parainfluenza (types 1-4)	1-7 days	Droplet	5 days	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*
Respiratory syncytial virus (RSV)	3-5 days	Droplet	5 days	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*
Influenza A/B (flu)	1-3 days	Droplet	5 days from onset of symptoms if on antiviral treatment. 7 days from onset of symptoms if not on antiviral treatment. Immunocompromised residents require 10 days isolation	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*
COVID-19	1-14 days	Droplet/Airborne	10 days from onset of symptoms	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*

*AGPs (aerosol generating procedures) in a care home setting are rare, but include respiratory suctioning beyond the oropharynx and tracheostomy tube insertion/removal.