



Department of  
**Health, Social Services  
and Public Safety**

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An Roinn  
**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

# **Domiciliary Care Providers Guidance for Managing Pandemic (H1N1) 2009 Influenza**

**October 2009**



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**Domiciliary Care Providers**  
**Guidance for Managing Pandemic H1N1 2009 Influenza**

***Summary of Guidance***

**A single possible case** – refer to GP. If clinical diagnosis of Pandemic H1N1 influenza is made, refer to PPE arrangements (***Appendix 1***).

**Two or more cases of influenza – like illness arising within the same 48 hour period in clients or staff** – liaise with GP for risk assessment and possible outbreak control measures.

For further advice contact the **Health Protection Service (HPS)**,  
**Advice line: (028) 9055 3994 or (028) 9055 3997**,  
9-5 Monday to Friday; OR  
**Business Services Organisation (BSO)**, Tel: **(028) 90667799**,  
9-5 Monday to Friday

***Influenza is only one potential cause of an influenza-like illness and other causes should be investigated as well***

**1.0 Introduction**

This guidance has been developed to support Domiciliary Care Managers in their management of clients/service users or care staff who develop Pandemic (H1N1) 2009 Influenza.

It aims to provide advice on the generic management of cases or outbreaks of influenza-like illness (ILI) in domiciliary care settings and provides specific guidance and local approach appropriate to Pandemic H1N1 2009 Influenza. This guidance has been adapted from Health Protection Agency ~ Managing Influenza-like-illness (ILI) in nursing and residential homes (version 2.1), found on the (HPA) website at [www.hpa.org.uk](http://www.hpa.org.uk).  
[www.publichealth.hscni.net](http://www.publichealth.hscni.net).

General information on Pandemic (H1N1) 2009 influenza can be found on the Department of Health, Social Services and Public Safety

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk), public health website [www.publichealth.hscni.net](http://www.publichealth.hscni.net) and via the RQIA website ([www.rqia.org.uk](http://www.rqia.org.uk)).

The World Health Organization has classified pandemic flu in 6 phases. Currently we are in Phase 6 treatment phase ([www.who.int/csr/disease/swineflu/en/index.html](http://www.who.int/csr/disease/swineflu/en/index.html)).

Domiciliary Care Agencies should report any clinically diagnosed cases of pandemic influenza to the Trust and refer to the interim arrangements for the provision of PPE guidance (**Appendix 1**). Guidance on Managing Pandemic (H1N1) 2009 Influenza is continually updated and you are advised to check the above websites regularly.

## **2.0 Background**

Pandemic (H1N1) 2009 influenza is a new subtype of influenza that has emerged as a result of changes to the swine influenza virus circulating in the US in recent years. The changes to the virus have meant it is now able to infect humans and to spread easily from person to person. Since this is a new subtype of influenza, very few people will have been exposed to it and so large numbers of the population will be susceptible. It is for these reasons and the extent of the geographical spread across the globe that the World Health Organization has declared a pandemic.

### **2.1 *Symptoms***

The symptoms Pandemic (H1N1) 2009 influenza are similar to the symptoms of seasonal influenza infection and include fever, fatigue, malaise, coughing, sore throat, joint pain, headache and runny nose (rhinorrhea).

Some people with Pandemic (H1N1) influenza have also reported vomiting and diarrhoea.

### **2.2 *Who is affected?***

Presently Pandemic (H1N1) influenza appears to be a condition affecting mainly young people/adults. Domiciliary clients are predominantly older people and may suffer a more severe illness when they get influenza and a

more rapid deterioration, due to underlying disease, ageing of the immune system, immobility and debility.

### ***2.3 How does it spread?***

When people are living in close proximity to one another, infection can also spread rapidly and more widely. Staff moving between clients /service users can make the situation worse unless strict infection control measures are in place. This applies during the normal winter 'flu' season but especially so during the present influenza pandemic.

Usually we expect influenza in the winter months, but in the current situation staff should be reminded to be alert to the signs and symptoms of influenza at all times.

### **3.0 Transmission**

Transmission of the new virus is thought to occur in the same way as seasonal flu. People with an influenza-like illness are considered infectious to others when they have symptoms.

Influenza is usually transmitted through one of three main routes:

- **Droplet transmission** – droplets >5 microns in size may be generated by coughing, sneezing, or even talking. If droplets from an infected person come into contact with the mucous membrane (mouth or nose) or the surface of the eye of a susceptible individual they can cause infection. Because of their size these droplets do not remain in the air for long and do not travel more than a distance of one metre, so fairly close contact is required.
- **Contact Transmission**
  - i. Direct contact transmission – this occurs during skin-to-skin or oral contact. Infectious organisms are passed directly from an infected person (for example after coughing into their hands) to a susceptible person and the person then transfers the organisms into their nose, mouth or eyes.

- ii. Indirect contact transmission – takes place when a susceptible person has contact with a contaminated object, such as bedding, furniture or crockery which is usually in the environment of an infected person. Again the susceptible person transfers the organisms from the object to their mouth, nose or eyes.

- **Airborne Transmission**

- iii. Aerosol generating procedures (AGPs), for example chest physio therapy or nebuliser use, can produce droplets less than <5 microns in size which may cause infection if they are inhaled. Unless an aerosol generating procedure is performed, this mode of transmission is less likely.

Studies of survival of the flu virus suggest that depending on the surface, it can survive for limited periods of time in the environment.

When the transmission of influenza A virus from contaminated surfaces onto hands was evaluated, it was found that measurable virus could be transferred to hands from hard stainless-steel surfaces for up to 24 hours after the surface had been contaminated.

The virus can also be transferred from soft materials (pyjamas, magazines, tissues) for up to 2 hours.

Careful and frequent **hand washing** or the use of commercially available alcohol handrub is recommended. Hygiene and environmental cleaning is also important in helping to control spread through contact.

#### 4.0 Incubation and Communicability

Incubation period and period of communicability of Influenza viruses: comparison of seasonal and swine influenza.

Incubation Period	Period of Communicability
<p>For <b>Pandemic (H1N1) 2009</b> this is typically 3 to 4 days (but may range from 1 to 7 days) and up to 10 days in children.</p> <p><b>Seasonal influenza</b>, typically 1-3 days</p>	<p>For <b>Pandemic (H1N1) 2009 influenza</b> - this is <u>unknown</u> but likely to be similar to that of seasonal influenza.</p> <p><b>Seasonal influenza</b>: up to 5 days after symptom onset in adults; and up to 7 days in young children and occasionally longer</p>

#### 5.0 Protection available from Seasonal Influenza Vaccines

Many domiciliary care clients will have received seasonal influenza vaccine containing a seasonal H1N1 strain (this should NOT be confused with the current Pandemic H1N1 2009 Influenza strain). The current seasonal flu vaccine is designed to protect against seasonal H1N1, and will not offer any protection against the current strain of Pandemic H1N1 2009 Influenza.

## 6.0 Recognition of a Case of Pandemic H1N1 2009 Influenza

Prompt action is necessary if a flu-like illness is suspected. The case definition below must be met (Table 1).

**Table 1**

<b>1. Clinical</b>
Fever or oral temperature of 38.0 or more* Plus two of the following: <b><i>cough, runny nose, sore throat, sneezing, headache, limb/joint pain, diarrhoea/vomiting, malaise.</i></b>
<i>* Note: illness in the elderly may not be accompanied by a fever. Instead, an acute deterioration in physical or mental ability without other known cause, OR acute onset of weakness should also be considered.</i>

If a client/service user fits the case definition for pandemic (H1N1) 2009 influenza then that person or their relative should contact their GP for clinical assessment/diagnosis.

Anti-viral treatment may be prescribed by the GP and collected from the community pharmacist by a family member. Anti viral medication will be prescribed on an individual basis.

Staff should remain vigilant for further cases of influenza-like illness in clients/service users.

## 7.0 Outbreak Control

*If a case of Pandemic H1N1 2009 Influenza in a client/service user or staff member is clinically diagnosed the Domiciliary Care Manager must be notified. (Refer to Appendix 1)*

## **7.1 Identification of close contacts**

In general, individuals with pandemic H1N1 2009 influenza are considered to be infectious only when symptomatic.

Usually close contacts are identified as those who have been in contact with a symptomatic client/service user for more than one hour and for less than one metre apart.

Staff in “at risks” groups should be assessed individually by their own GP based on their own level of contact with the case.

## **7.2 Staff**

- If staff develop flu-like symptoms they should seek telephone advice from the GP and refrain from work until symptom free. If they become ill at work they should go home.
- **If possible**, staff should work either with symptomatic or asymptomatic clients (but not both) and this arrangement should be continued for the duration of the H1N1 flu pandemic.
- Agency and temporary staff who are exposed should be advised not to work elsewhere (e.g. extra shifts in a care home or hospital) until the cause is identified and appropriate advice given.
- Staff should clean their hands thoroughly with soap and water or a hand-rub (microbiocidal hand-rubs, particularly alcohol-based) before and after any contact with clients, and on leaving a client's home.
- Staff should wear single-use fluid repellent surgical masks, plastic aprons, and gloves when in close contact with a case, i.e. within one metre. If a risk assessment indicates that eye splashing is likely then eye protection (A\*) should be considered, however if the patient was wearing a mask this would further reduce perceived risk.
- More stringent infection control is needed during aerosol generating procedures (AGPs) such as chest physiotherapy, airway suction, (nebulisation) and CPR. In these situations the numbers of staff exposed should be minimised and FFP3 respirators and eye protection

should be used in addition to gowns, gloves and universal precautions - see HSE guidelines:

<http://www.hse.gov.uk/biosafety/diseases/pandemic.htm>. If it is envisaged that this level of PPE is required then it will be essential that staff using this equipment are trained appropriately and fit tested. AGPs should be performed only when necessary and in well ventilated single rooms with the door closed.

- Uniforms and other work clothing laundered at home should be washed at the hottest temperature suitable for the fabric. Staff should be provided with written instructions for the safe laundering of uniforms at home. Staff should not go shopping or socializing in uniform or undertake similar activities in public. There is no evidence of an infection risk from travelling or shopping in uniform, but patient confidence may be undermined.
  - Clinical waste should be disposed of according to standard infection control principles and in adherence to local policies.
  - Staff at risk of complications if infected (e.g. pregnant or immunocompromised individuals) should avoid caring for symptomatic clients.
- A\* Eye protection could be polycarbonated safety spectacles or equivalent, surgical masks with integrated visor, or full face visor.**

## 8.0 Infection Control Measures

- Implementation of standard droplet/contact infection control precautions [www.infectioncontrolmanualni.org](http://www.infectioncontrolmanualni.org)

### PPE

- See **Appendix 2** for the donning and removal of PPE.
- Staff should wear single-use fluid repellent surgical masks, plastic aprons and gloves when in close contact, ie within one metre with a symptomatic client/service user. Assume cases to be infectious until all symptoms of acute influenza have gone.
- If a risk assessment indicates that eye splashing is likely then eye protection (A\*) should be considered. However, consideration might be given to the use of face masks by symptomatic clients (if tolerated) when they are within one metre of other people. This would further reduce perceived risk.
- The front of the face mask should not be touched during use or removing mask.
- PPE should be changed between clients. Gloves should also be changed between clean and dirty tasks.
- **Hand hygiene** is the single most effective way of preventing the spread of pandemic (H1N1). Staff should carry out hand hygiene and soap and water or use an alcohol hand rub before and after contact with every client and their environment, eg furniture, bedding, whether gloves are worn or not. Consideration should also be given to carrying an individual supply of alcohol hand gel.
- Should the need arise to move a symptomatic client, ensure he/she wears a mask if this can be tolerated.
- Clients should have an adequate supply of disposable tissues, as well as convenient and hygienic methods for disposal. Clients should

cover their nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing noses and wash their hands or use alcohol hand rub. If the client is not mobile, soap and water hand wipes may be used.

### **8.1 *Cleaning of Contaminated Surfaces***

- Evidence suggests that the virus can last for up to 24 hours on hard surfaces but for a much shorter period of time on soft surfaces. It is therefore important to ensure that surfaces are cleaned.
- The virus is easily killed by common household cleaning detergents.
- Use a household detergent and warm water to clean surfaces.
- Detergent/disinfectant should be used for heavily contaminated areas depending on the surface and the type and degree of contamination.
- Frequently touched surfaces such as door handles, light switches, toilet handles, locker, tables, should be cleaned at least twice daily when known to be contaminated with secretions, excretions and body fluids.
- Dedicated or single-use/disposable equipment should be used when possible.

<http://www.hps.scot.nhs.uk/haic/ic/guidelinedetail.aspx>

### **8.2 *Clinical and non-clinical Waste***

- All waste, used PPE, continence products etc should be disposed of in a tied plastic bag and disposed of in household waste in the usual way in accordance to local waste disposal guidance.

## **9.0 Useful websites for further information**

Public Health Agency [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

Health Protection Agency [www.hpa.org.uk](http://www.hpa.org.uk)

DHSSPS [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

RQIA [www.rqia.org.uk](http://www.rqia.org.uk)

World Health Organisation [www.who.int/csr/disease/swineflu/en/index.html](http://www.who.int/csr/disease/swineflu/en/index.html)

Regional Infection Control Manual [www.infectioncontrolmanualni.org](http://www.infectioncontrolmanualni.org)

### **Other References**

[www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1240732819361](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1240732819361)

[www.hpa.org.uk/web](http://www.hpa.org.uk/web) The use of personal protective equipment by healthcare workers in close contact with possible, probable and confirmed cases of flu.

[www.hps.scot.nhs.uk/haic/ic/guidelinedetail.aspx](http://www.hps.scot.nhs.uk/haic/ic/guidelinedetail.aspx)

Regional Dress Code Policy & Recommendations on Staff Changing Facilities for Northern Ireland 19 February 2008.

## 10.0 Appendices

### **Appendix 1: Interim Arrangements for the Provision of PPE to Independent Sector Providers**

**Figure 1:** Domiciliary Care Provider Request for release of Personal Protective Equipment from Local Trust for 1<sup>st</sup> 48 Hours

**Figure 2:** Nursing/Residential Home Request for release of Personal Protective Equipment from Local Trust for 1<sup>st</sup> 48 Hours

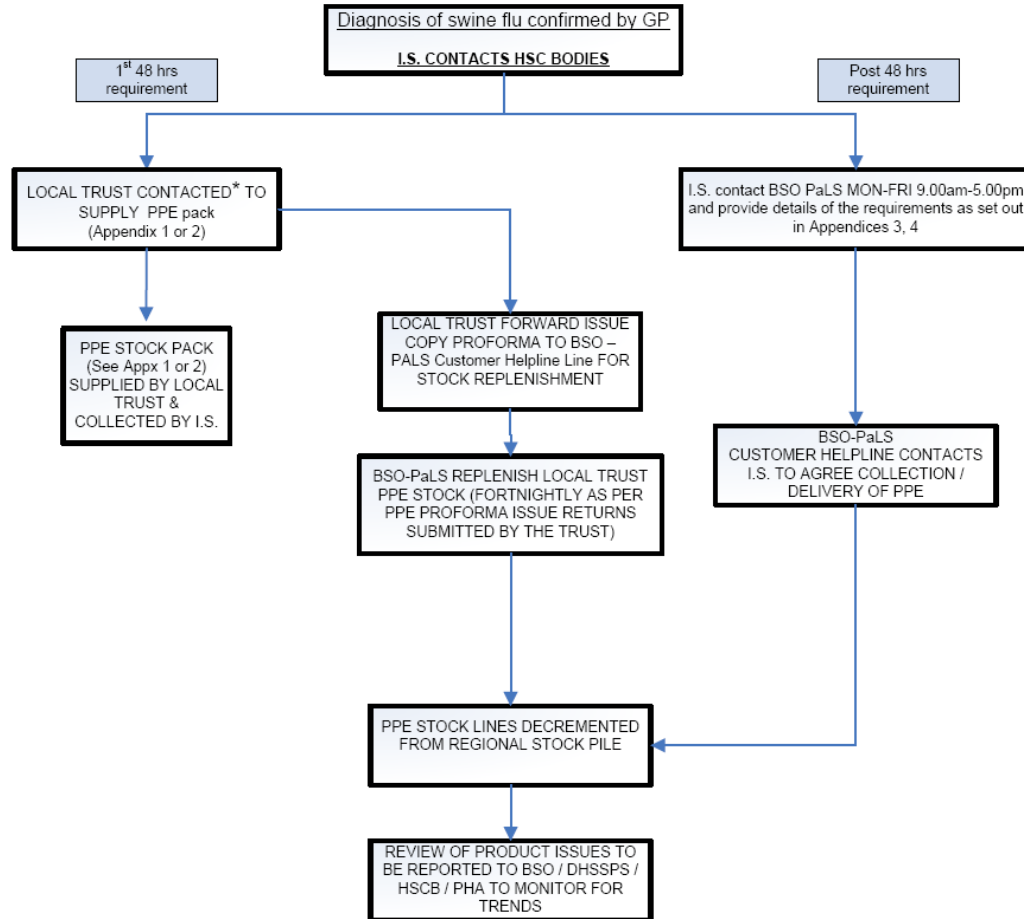
**Figure 3:** Nursing/Residential Home Request for release of Personal Protective Equipment from BSO for Post-48 Hours

**Figure 4:** Domiciliary Care Provider Request for release of Personal Protective Equipment from BSO for Post-48 Hours

### **Appendix 2: PPE Guidance for HCW in the application and removal of PPE**

**INTERIM Arrangements for Provision of PPE to Independent Sector Providers**

(Including Nursing Homes, Residential Homes & Domiciliary Care Services provided by the Independent Sector in Northern Ireland)



\* Independent Sector Provider contacts Trust and provides contact details:  
 -**Western Trust:** Altnagelvin Switchboard – 02871 345 171  
 -**Southern Trust:** Craigavon Switchboard – 02838 334 444  
 -**South Eastern Trust:** Ulster Hospital Switchboard - 02890 484 511  
 -**Belfast Trust:** Musgrave Park Hospital Switchboard – 02890 902 000  
 -**Northern Trust:** Antrim Area Hospital 02894 424 000

**DOMICILIARY CARE PROVIDER** Request for Release of Personal Protective

Equipment from Local **TRUST** for **1<sup>st</sup> 48 hours**

Name of I.S. provider requesting PPE:

I.S. Contact Name:

I.S. Contact Tel no:

Delivery Address (if applicable):

**TRUST - Independent Sector Domiciliary Care PPE Pack requested:**

**STANDARD PRODUCTS**

Item	Quantity (singles)
Aprons	
Gloves - small	
Gloves - medium	
Gloves - large	
Fluid repellent Masks	

***HSC Trust to retain original copy and FORWARD copy of this form to BSO PaLS Customer Helpline (for replenishment of Trust PPE stock pile) by e-mailing to:***

***customer.stockorders@hscni.net***

***OR Fax to 028 90668989***

***(Clearly address: For the attention of Customer Helpline department)***

**NURSING/RESIDENTIAL HOME** Request for Release of Personal

Protective Equipment from Local **TRUST** for **1<sup>st</sup> 48 Hours**

Name of I.S. provider requesting PPE:

I.S. Contact Name:

I.S. Contact Tel no:

Delivery Address (if applicable):

**TRUST - Independent Sector PPE Pack requested:**

**STANDARD PRODUCTS**

Item	Quantity (singles)
Aprons	
Gloves - small	
Gloves - medium	
Gloves - large	
Fluid repellent Masks	

**HIGHER SPEC PRODUCTS – ONLY FOR NEBULISATION, CHEST PHYSIOTHERAPY & RESUSCITATION**

Item	Quantity	Specify Issue Requirement
FFP3 MASK 8835 Small / Medium		
FFP3 MASK 8835 Medium / Large		
1873v MASK		
VISORS		
FLUID REPELLENT GOWN		

HSC Trust Issuing Officer (signature):

HSC Trust Issuing Officer (please print):

Position:

Date issued:

***HSC Trust to retain original copy and FORWARD copy of this form to BSO PaLS Customer Helpline (for replenishment of Trust PPE stock pile) by e-mailing to: [customer.stockorders@hscni.net](mailto:customer.stockorders@hscni.net) OR Fax to 028 90668989***

***(Clearly address: For the attention of Customer Helpline department)***

**NURSING/RESIDENTIAL HOME** Request for Release of Personal Protective

Equipment from **BSO** for **Post-48 Hours**

**Contact** BSO PaLS Customer Helpline (for additional Personal Protective Equipment after 48 Hours stock pile):

by Phone: (028) 90667799

by e-mail: [customer.stockorders@hscni.net](mailto:customer.stockorders@hscni.net)

by Fax: (028) 90668989

**Clearly address correspondence: For the attention of Customer Helpline department**

Name of I.S. provider requesting PPE:

I.S. Contact Name:

I.S. Contact Tel no:

Delivery Address (if applicable):

**Post 48 hours - Independent Sector PPE Pack requested:**

**STANDARD PACK (Contents)**

Item	Quantity (singles)
Aprons	
Gloves – small	
Gloves – medium	
Gloves – large	
Fluid repellent Masks	
Disinfectant hand gel	

**Additional products to be specified as required**

**HIGHER SPEC PRODUCTS - ONLY FOR NEBULISATION, CHEST PHYSIOTHERAPY & RESUSCITATION**

Item	Quantity	Specify Issue Requirement
FFP3 MASK 8835 Small / Medium		
FFP3 MASK 8835 Medium / Large		
1873v MASK		
VISORS		
FLUID REPELLENT GOWN		

For BSO – PaLS Office Use only

Customer Helpline Officer (signature):

Date issued:

**DOMICILIARY CARE PROVIDER**

**Request for Release of Personal Protective**

**Equipment from**

**BSO**

**for**

**Post-48 Hours**

**Contact** BSO PaLS Customer Helpline (for additional Personal Protective Equipment after 48 Hours stock pile):

by Phone: (028) 90667799

by e-mail: [customer.stockorders@hscni.net](mailto:customer.stockorders@hscni.net)

by Fax: (028) 90668989

***Clearly address correspondence: For the attention of Customer Helpline department***

Name of Dom. Care provider requesting PPE:

Dom. Care I.S. Contact Name:

Dom. Care I.S. Contact Tel no:

Delivery Address (if applicable):

**Post 48 hours - Independent Sector PPE Pack requested:**

**STANDARD PACK (Contents)**

Item	REVIEW QTYS AS PER DOM CARE REQUIREMENT Quantity (singles)
Aprons	
Gloves - small	
Gloves - medium	
Gloves - large	
Fluid repellent Masks	
Disinfectant hand gel	

Customer Helpline Officer (signature):

Date issued:

## Putting on and Removing PPE

### Putting on PPE



1. Wash your hands



2. Apron/Gown



3. Mask or respirator



4. Eye protection



5. Gloves

### Removing PPE



1. Gloves and Apron/Gown



2. Wash your hands



3. Eye protection



4. Mask or Respirator



5. Wash your hands