Appendix 1: Seasonal IPC Checklist for RI

Number	Actions to prepare	Y	N	Date
1	Has this resource and associated **winter IPC preparedness** been communicated to all staff?			
2	Are all staff aware of and have access to the **CH IPCM?**			
3	Have all staff completed appropriate IPC training relevant to their roles?			
4	Have all residents and staff been provided with **Public Health Scotland** information about the available seasonal vaccinations, including processes for vaccination booking information?			
5	Have all residents who are at highest risk of becoming seriously ill from respiratory pathogens been identified and assessed?			
6	Has **PHS guidance for consent in care homes** in Scotland been implemented and available in advance of vaccination schedules?			
7	Have resident seasonal vaccinations been scheduled and delivered as appropriate?			
8	Is PPE available in sufficient quantities and stored in a clean/dry area until required for use?			
9	Have all relevant staff been fit tested for respiratory protective equipment and trained to perform a fit check?			
10	Have hand washing posters as per the **CH IPCM** and **WHO 4 moments posters** been displayed in key areas throughout the care home?			
11	Is there liquid soap and disposable paper hand towels available in all public and communal toilets and in en-suite toilets?			
12	Are there sufficient quantities of hand rub and disposable tissues available in all public and communal areas and in resident's rooms?			
13	Are lidded foot operated waste bins in place and functioning throughout the facility?			
14	Are facilities in place for segregation of infectious laundry and water-soluble laundry bags readily available?			

Number	Actions to prepare	Y	N	Date
15	Are there sufficient quantities of required cleaning materials available?			
16	Are there processes in place to support symptomatic resident risk assessments?			
17	Are ARHAI Scotland **Transmission Based Precautions** posters for droplet precautions displayed in key areas (throughout the care home for the duration of the outbreak)?			
18	Are '**Catch it, Bin it, Kill it**' posters displayed in highly visible areas?			

Appendix 2: RI IPC Outbreak Checklist

The IPC checklist should be completed as soon as an outbreak is suspected and continued daily until declared over.

State pathogen(s) and date the outbreak was identified: ……

Transmission Based Precautions for Outbreak Management

SICPs should continue to be applied in all care settings, at all times, for all residents

Action	Date				
Resident Placement/Assessment of risk					
Residents who are confirmed, suspected cases and those at increased risk of acquisition and adverse outcomes from HAI, for example immunosuppressed have been prioritised for single room accommodation with ensuite facilities.					
Hierarchy of controls has been assessed and additional controls implemented where risk assessed and able to do so – window opening etc.					
Doors to isolation/cohort rooms/areas are closed and signage is clear. Resident risk assessments are documented in the resident notes for door closure in relation to resident safety, and health and well-being, minimum period specified and reviewed daily.					
Cohort areas are established if resident single rooms are unavailable and where there are multiple cases of the same infection.					
Contact tracing for exposed cases has been undertaken with symptom monitoring in place for early detection of new cases.					

Action	Date				
Personal Protective Equipment (PPE): gloves, disposable aprons, fluid resistant type II surgical mask (FRSM), eye protection (goggles or face visor) and respiratory protection (RPE)					
Staff are wearing and applying **correct use** of PPE for direct care contact or when in the residents immediate care environment and PPE is changed between residents and/or following completion of a procedure or task – disposable apron, FRSM, eye protection. The use of gloves has been risk assessed.					
Staff are wearing and applying **correct use** of RPE as per the **CH IPCM** including the correct duration for post AGP fallow times - fluid repellent gown, fluid resistant FFP3 respirator, eye protection, and gloves.					
Staff are aware that where RPE (FFP3 masks) is required, they are to be doffed following exit from the care environment when the exposure risk has ended.					
Sufficient stocks of PPE including RPE are easily located and stored from risk of contamination.					
Symptomatic residents are encouraged to wear FRSMs where tolerated.					
Safe Management of Care Equipment					
Single-use items are in use.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between use and prior to use on another resident using detergent followed by a disinfectant solution of 1000 parts per million available chlorine (ppm av cl) or a combined detergent/disinfectant solution at a dilution of 1000 ppm av cl.					
Fans are not in use or risk assessments are in place in relation to clinical need.					
Safe Management of the Care Environment					
All areas are free from non-essential items for resident care and equipment, exposed food stuffs have been removed.					

Action	Date				
At least daily cleaning and decontamination of the resident isolation room/cohort rooms/areas is in place using detergent followed by a disinfectant solution of 1000 ppm av cl or a combined detergent/disinfectant solution at a dilution of 1000 ppm av cl. Discuss with local HPT/ICT if items are unable to withstand chlorine releasing agents.					
Increased frequency of decontamination is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates, for example “frequently touched" surfaces such as door/toilet handles, bedside tables, over bed tables and bed rails.					
Terminal decontamination is undertaken following resident transfer, discharge, or once the resident is no longer considered infectious.					
Information and Treatment					
Residents					
Residents are informed of all screening/investigation result(s) where appropriate and the next of kin informed where consent has been provided. (Documented in resident notes)					
Resident Information Leaflet has been provided and explained to next of kin where consent is in place. (Document in resident notes).					
Any appropriate antimicrobial/antiviral prophylaxis and treatment has been administered as prescribed.					
Symptomatic residents are supported to wear a FRSM where clinical safe and if tolerated.					
Staff					
Staff are kept informed of updates relating to the outbreak and necessary controls.					
Staff considered at increased risk of acquisition (immunosuppression etc) have been risk assessed by Care Home Manager for resident care allocation.					
No symptomatic staff are on duty and the **A-Z pathogen** exclusion guidance is followed.					

Action	Date				
Visitors					
All visitors are aware of the current situation.					
IPC support and advice has been offered to those providing direct care to a resident. FRSM and eye protection has been offered.					
Visitors have been informed if they develop symptoms they should stay at home and follow advice by **NHS inform.**					
Provide relatives and those providing meaningful contact with the **Washing Clothes at Home Leaflet**					
Staff support visitors with **Scottish Government Care Home Visiting Policy**					

(Refer to the Care Home IPC Manual for further information)

Appendix 3: RI Outbreak Case Monitoring Record

NHS National Services Scotland

Case assessments. Specify Respiratory Pathogen: ……

Residents:	**Date**						
Number of new probable residents today							
Total number of probable residents							
Number of new confirmed cases today							
Total number of new confirmed case today							
Total number of remaining symptomatic cases today							
Total number of residents giving cause for concern as a direct result of incident today							
Number of new residents who have died as a direct result of the respiratory pathogen and has been reported on any part of the death certificate							
Total number of resident deaths with respiratory pathogen reported on part 1 or 2 of the death certificate to date							

Staff:	**Date:**						
Number of new symptomatic staff today							
Total number of staff affected to date							

Appendix 4: RI Outbreak Case Review Monitoring Data Record

Complete for all residents with symptoms.

Specify Respiratory Pathogen: ……

Name of resident/staff member	CHI	Vaccinated (Y/N)	Antibiotic (Y or N)	Antiviral (Y/N/NA)	Specimen date (X)	Specimen result (+ or -)	Date of start and end of symptoms (Identify start and end date with a dot as below and link dates with a line)						
Example							19/9	20/9	21/9	22/9	23/9	24/9	25/9
Joe Bloggs	0112326214	N	N	N	20/9	+		X					
Jane Brown	0712325321	Y	N	Y									