## Day 0 Actions Checklist - Influenza

Use this checklist as soon as an outbreak is suspected

Date the outbreak was identified: Please tick	
Resident Placement	
Ask symptomatic residents to stay in their rooms; explain the need to keep the door closed.	_
nform relatives and visitors of the isolation requirements and additional infection control measures.	_
f a resident cannot stay in their room, carry out a risk assessment and consider other care options.	
Admissions, Transfers, Discharges	
Following HPT advice, delay any planned new admissions to the care home.	
Consider temporary suspension of visiting with the HPT if considered beneficial to gaining control.	
Following HPT advice, suspend inter-care transfers/medical appointments unless clinically essential.	
Following HPT advice, notify all receiving units of the outbreak if a resident has to be transferred.	
Staff Staff	
Ensure that all staff on duty are asymptomatic; send all symptomatic staff home and only permit to return to work when they have been symptom-free for a minimum of 24 hours.	
f possible, allocate staff to care for either symptomatic or non-symptomatic residents but not both.	
f possible, allocate staff who have had their influenza vaccine to care for symptomatic residents.	
Postpone visits from non-essential providers i.e. hairdressers, podiatrists etc.	
Clinical Management	
Ensure symptomatic residents are clinically assessed by a GP. Monitor continuously for any signs of respiratory distress i.e. shortness of breath, more than usual), dehydration, or further deterioration of health status.	
Following HPT advice, consider offering residents and staff the influenza vaccine if not already vaccinated and/or antiviral medication.	
Following HPT advice, take samples from any resident with relevant symptoms.	
Hand Hygiene (HH) and Personal Protective Equipment (PPE)	
Jse alcohol-based hand rub (ABHR) if hands are clean, otherwise wash with liquid soap and water.	
Disposable aprons, gloves and fluid resistant surgical masks to be worn for every episode of care.	
Surgical masks should be removed and disposed of inside the resident room when at least 3 feet (1 metre) from the resident(s).	
Care Environment	
Remove fans and any other equipment that could increase environmental contamination.	
De-clutter the environment to allow effective cleaning.	
Remove exposed food stuffs from resident rooms and communal areas.	
Provide tissues and covered sputum pots for residents; dispose of tissues as healthcare waste.	
Provide tissues and foot-operated bins for the disposal of used tissues in communal areas.	
Clean all frequently touched surfaces (i.e. door handles, light switches) at least twice daily using a suitable detergent for cleaning then a disinfectant containing 1000 parts per million available chlorine (ppm av cl).	
Care Equipment	
Provide resident-dedicated care equipment if possible i.e. commodes, wash bowls, lifting equipment.	_
Clean communal resident equipment between residents using a cleaning agent with 1000 ppm av cl.	
Communications and Knowledge	
Ensure all staff members (HCWs, cleaners, catering, bank staff) are aware of the situation, their responsibilities and what so do if they or a resident develop symptoms.	
Place visitor warning posters in highly visible places at the entry to the home and in affected areas (see Influenza_Posters.pdf).	_



Inform all visitors/relatives of the situation, precautions and risks.

Provide relatives/visitors with the Washing Clothes at Home leaflet.