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NHS

Community Infection Prevention and Control Policy for Care Home settings

Respiratory illnesses

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This Policy has been adopted by:

Organisation: .....

Signature: ..... Name: .....

Job title: .....

Adoption date: .....

Review date: .....

Any variation to this Policy should be risk assessed, evidence-based, authorised and documented below. The Community Infection Prevention and Control (IPC) Team, Harrogate and District NHS Foundation Trust, cannot endorse or be held responsible for any variations.

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RESPIRATORY ILLNESSES

1. Introduction

Respiratory illnesses are one of the most common winter ailments and a major cause of hospital admissions, ill health and death in the elderly. They range from a mild, common cold or similar, to severe bronchitis or bronchiolitis where infection narrows the airways and makes breathing difficult, to potential life threatening pneumonia, where the air sacs in the lungs fill up with fluid or pus.

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), especially 'Respiratory and cough hygiene' alongside 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 in relation to any new or emerging infections, 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, e.g. nose, throat, sinuses, larynx, or the lower respiratory tract, e.g. lungs.

Upper respiratory tract infections

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

The most common symptoms include headache, aching muscles, a blocked nose, runny nose, sneezing or 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). Influenza 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, 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. Precautions for respiratory illnesses

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 a fluid resistant surgical mask (FRSM) and eye protection, e.g. goggles or visor (corrective vision glasses do not provide adequate protection). If used, reusable eye protection should be decontaminated appropriately.
- 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.

Appendix 1 provides an A-Z guide for common respiratory illnesses. It specifies the

incubation period, type of precautions, duration and personal protective equipment (PPE) required.

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

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. 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.

7. 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 (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

UK Health Security Agency and Department of Health and Social Care (Updated March 2024) *Infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI)*

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

8. Appendices

Appendix 1: A-Z guide for common respiratory illnesses

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A-Z guide for common respiratory illnesses				
Virus/agent	Incubation	TBPs required	Duration for TBPs (very old/immuno-compromised service users will shed the virus for longer)*	PPE
Coronavirus (non-COVID-19), enterovirus, bocavirus	3-5 days	No	N/A	SICPs
COVID-19	1-14 days	Droplet/Airborne	Care home residents who test positive for COVID-19 should be supported to stay away from others for a minimum of 5 days after the onset of respiratory symptoms. After 5 days, the resident can return to their normal activities if they feel well and no longer have a high temperature. If the resident is still unwell after 5 days, they should be supported to continue to stay away from others until they feel well and they no longer have a high temperature, and for usually no longer than 10 days in total. Seek clinical advice for anyone who is still unwell or has a temperature after 10 days, if not done already. *Note: Please check with latest national guidance*	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs**
Human metapneumovirus	4-6 days	No	N/A	SICPs
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 service users remain infectious for 10 days*	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs**
Parainfluenza (types 1-4)	1-7 days	Droplet	5 days*	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs**
Respiratory syncytial virus (RSV)	3-5 days	Droplet	5 days*	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs**
Rhinovirus/adenovirus (common cold)	1-2 days	No	N/A	SICPs

*Please check with latest national guidance for duration of TBPs.
**AGPs (aerosol generating procedures) in a care home setting are rare, but include respiratory suctioning beyond the oropharynx and tracheostomy tube insertion/removal.