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Community Infection Prevention and Control Policy for Domiciliary Care staff

Respiratory illnesses

RESPIRATORY ILLNESSES

**Version 1.00
June 2024**

This Policy has been adopted by:

Organisation:

Signed:

Job Title:

Adoption Date:

Review Date:

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RESPIRATORY ILLNESSES

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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 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 in a service user's own home as well as in supported living or a sheltered housing complex. Refer to the 'SICPs and TBPs Policy'.

When caring for service users with a new or 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, 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 flu.

The most common symptoms include headache, aching muscles, a blocked 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 service users 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 then touches their eyes, nose or mouth
- Aerosol transmission is usually associated with an aerosol generating procedure (AGP). This is 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 Domiciliary Care are rare, but include tracheostomy procedures, e.g. insertion or removal of a tracheostomy tube.

4. Precautions for respiratory illnesses

To help reduce the spread of respiratory illnesses, always use 'Standard infection control precautions' (SICPs) and, when required, 'Transmission based precautions' (TBPs).

- 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 (prescription glasses do not provide adequate protection).
- Service users in their own home should be advised to stay at home, whenever possible, and those in supported living or a sheltered housing complex should be advised to remain in their accommodation. The A-Z of

common respiratory illnesses, Appendix 1, shows the number of days that the most common respiratory illness remain infectious.

- When providing care, staff should ensure good ventilation of the room by opening windows, e.g. 10 minutes per hour, whenever possible.
- Encourage service users to undertake hand hygiene after using a disposable tissue to blow their nose, coughing or sneezing.
- If transfer to hospital is required, the healthcare professional should inform the ambulance service and hospital department of any respiratory illness.

5. Good respiratory and cough hygiene

Please refer to the 'Respiratory and cough hygiene Policy'.

6. TBPs for respiratory illnesses

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

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:

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC CQC inspection preparation Pack for Domiciliary Care staff
- IPC audit tools, posters, packs, leaflets and factsheets
- IPC Bulletin for Domiciliary Care staff

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 (Updated 2024) *National infection prevention and control manual (NIPCM) for England*

NHS Respiratory tract infections (RTIs) www.nhs.uk/conditions/Respiratory-tract-infection/

9. Appendices

Appendix 1: A-Z of common respiratory illnesses

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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	No	SICPs
COVID-19	1-14 days	Droplet/Airborne	10 days from onset of symptoms	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs*
Human metapneumovirus	4-6 days	No	No	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	No	SICPs

*AGPs (aerosol generating procedures) in a domiciliary care setting are rare, but include tracheostomy tube insertion/removal.