**Acute Respiratory Infection (ARI) supplement to the infection prevention and control resource for Adult Social Care (ASC) – Public facing guidance - List of updates**

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| **Area** | **Detail of updates** |
| **Symptoms** | * Symptoms of an acute respiratory infection outlined upfront to include COVID-19 and other infections. * Revised section on monitoring symptoms to enable providers to escalate appropriately in line with best practice and available support. * New section on ensuring service user wellbeing while supporting symptomatic individuals to stay away from others. (E.g. ensuring visiting, supporting them to leave their room for fresh air etc.) |
| **Vaccines** | * Updated guidance to be more general and signpost to NHS links to future proof this for future flu, COVID-19, and other vaccination campaigns. |
| **Treatments** | * Updated to align with updated pharmacy route for organisations to access COVID-19 tests for those eligible for COVID-19 treatments. * This is in line with the transition of responsibility from UKHSA to the NHS for providing COVID-19 tests for COVID-19 treatments. * Added detail and links to information on seasonal flu treatments. |
| **Testing** | * To be updated to align with updated pharmacy route for organisations to access COVID-19 tests for those eligible for COVID-19 treatments, as above. * Provided advice on when further testing for COVID-19 and other acute respiratory infections may be advised/conducted by health protection teams, GPs, or hospitals. * Updated advice for care home residents/staff to stay away from others/work for 5 days from the day of positive ARI test to 5 days from onset of symptoms. This is to minimise the risk of extending over the 5 recommended days due to possible delays in accessing testing. |
| **Outbreaks** | * Acute respiratory infection (including COVID-19) outbreak definition updated – two or more cases within 5 days. This is updated from the current COVID-19 definition of 14 days. This standardises the definition across ARI viruses, consistent with the latest COVID-19 epidemiology and health protection advice. * Updated wording on outbreak measures to make clearer that these are not mandatory but only examples that may be appropriate subject to risk-assessment. This is to ensure measures are risk-based and proportionate. * Clarification that up to 5 residents who developed acute respiratory symptoms most recently should be tested, rather than the first 5. This is to be able to identify the cause of infection in the individuals likely to be most infectious. * Addition of considerations for administration of flu testing and flu antiviral treatments if advised by the HPT during outbreaks. |
| **PPE** | * Updated recommendations on use of face masks for acute respiratory infections to align with existing recommendations for use with COVID-19. PPE remains free for COVID-19 needs only until March 2024, subject to stocks. * Clarification that gloves and aprons should only be used subject to risk assessment and only if there is a risk of exposure to blood and body fluids. This is to prevent items being overused, given their environmental impact, and to prevent items being used as a substitute for good hand hygiene. * Updated guidance to use face masks when within 1 metre of someone with a confirmed or suspected acute respiratory infection for tasks other than providing them with care or cleaning their room. This is revised down from 2 metres consistent with the evidence, and national and international recommendations. |