



UK Health
Security
Agency

Winter-readiness information for London Residential Adult Social Care Settings

About the UK Health Security Agency

The UK Health Security Agency exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships, and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry, and the public with evidence-based professional, scientific and delivery expertise and support.

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Contents

About the UK Health Security Agency	2
Introduction	4
Key messages for care home managers on winter preparedness	5
Acute Respiratory Infection (including Influenza and COVID-19)	7
London Adult Social Care planning checklist for Respiratory illness (including seasonal influenza (flu) and COVID-19)	8
London Adult Social care planning checklist or Norovirus season	10
Resources	12

Introduction

During the winter season, it is important that care home managers are reminded and updated on important health considerations for their residents.

Care home residents and staff in long-stay residential care homes are particularly susceptible to infections which increase over the winter months, such as seasonal influenza (flu), COVID-19 and viral stomach infections (such as norovirus). Acute Respiratory infections (ARI) may also spread rapidly in care homes, resulting in high numbers of cases due to prolonged close contacts between residents, and between residents and their carers. Consequently, outbreaks of acute respiratory illness in care homes should initially be managed by immediate implementation of the more stringent infection control measures required.

Elderly people or those with chronic illnesses are also at risk of developing complications from certain vaccine-preventable diseases such as pneumococcal disease, RSV, flu and shingles infections. It is important that they are immunised to prevent such complications or reduce the likelihood of outbreaks in a care home.

This briefing provides:

1. Key messages for care home managers on winter preparedness.
2. Links to further information on acute respiratory infections, norovirus and shingles.

Key messages for care home managers on winter preparedness

1. Be prepared ✓

- Ensure you have good supplies of personal protective equipment (PPE), and your staff are trained in how to use this appropriately.
- Ensure your residents aged 65 years and over are immunised against pneumococcal disease.
- Ensure your residents aged 75-80 have received their Respiratory Syncytial Virus (RSV) vaccine.
- Ensure your staff and residents (especially those aged 65 years and over, or those in clinical risk groups) are immunised against seasonal influenza.
- Ensure all eligible residents and staff have had their initial doses of COVID-19 vaccine and promote uptake of any booster doses offered.
- Ensure that residents who are **eligible for COVID-19 treatments** are identified and assessed and there is a stock of LFD tests for them.
- Ensure your residents are immunised against shingles when they reach 65 years of age. The vaccine is also available for anyone in their 70s up to the age of 79 years who previously missed out on the vaccine.
NB: shingles vaccine is available throughout the year. Further information on shingles can be found on the **NHS choices website**.

2. Recognise outbreaks ✓

- You should consider the possibility of an outbreak where you have 2 or more cases of a particular illness which could be related. You do not have to wait for confirmation of the diagnosis before reporting a suspected outbreak.
- Once an outbreak is recognised you can initiate an outbreak Risk Assessment and action plan independently using the guidance linked at the end of this document.

3. Report ARI outbreaks (2 or more cases) to your Local Health Protection Team 7 days a week ✓

From the 15 October 2025, any ARI outbreaks should be reported using the **UKHSA Report an Outbreak Tool.**

If you suspect an outbreak of non-COVID-19 respiratory illness (i.e.: where LFD testing has not identified any positive COVID-19 cases) in a care home report this immediately to the residents' General Practitioner (GP) for clinical assessment and report the suspected outbreak to your local Health Protection Team (HPT) as above.

If LFD tests for COVID-19 come back positive, please continue to manage the outbreak in line with COVID [guidance](#).

COVID-19 outbreaks do not need to be routinely reported, unless there are specific concerns e.g. hospitalisation, death or a suspected outbreak of another illness alongside COVID-19.

4. Report outbreaks of diarrhoea and vomiting (2 or more cases) to your local health protection team 7 days a week

Outbreaks of diarrhoea and vomiting should be reported to your HPT as soon as they are recognised.

5. Visiting

From 6 April, it became a CQC requirement to facilitate visits even during infectious disease outbreaks with appropriate precautions. Please see the guidance [here](#).

6. Contacting the HPT

North London and South London HPTs can both be contacted at:

Email: london.region@ukhsa.gov.uk

Telephone: 0300 303 0450

Use the following weblink to find details of your local Health Protection Team:

www.gov.uk/health-protection-team

Acute Respiratory Infection (including Influenza and COVID-19)

COVID-19 and other respiratory viruses are likely to circulate at the same time this winter. It may be difficult to distinguish between symptoms of COVID-19, influenza, and other respiratory viruses.

In addition, care home residents may not present with classical symptoms of COVID-19 or influenza. Therefore, acute respiratory infection (ARI) should also be considered if there is a sudden deterioration in physical or medical health, with or without fever. Investigations into outbreaks of acute respiratory illness in care homes will need to consider the possibility that the outbreak is caused by COVID-19, influenza, or other respiratory viruses.

Care homes should continue to follow the current guidance on measures to prevent **COVID-19**. LFD tests are available from community pharmacies for residents who are eligible for COVID-19 treatments. The list is extensive and now includes anyone over the age of 70 who lives in a care home. Please see [here](#) for the latest version. Information on obtaining tests can be found in the Resources section of this document on page 13.

Where an outbreak of non-COVID-19 respiratory illness is suspected, the care home should contact the residents' general practitioner(s) for clinical assessment, and also contact the local Health Protection Team. The HPT may organise additional testing/swabbing for influenza and other respiratory viruses after conducting a risk assessment. This is so that appropriate antivirals can be provided if influenza virus is detected to treat and prevent further cases. GPs are now permitted to prescribe antivirals **at any time**.

Conditions which may increase your risk of serious influenza illness*

- | | |
|--|--|
| <ul style="list-style-type: none">• Neurological, hepatic, renal, pulmonary, and chronic cardiac disease• lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)• a kidney disease• are seriously overweight (BMI of 40 and above).• Diabetes mellitus.• pregnancy | <ul style="list-style-type: none">• a chest complaint or breathing difficulties, including bronchitis, emphysema, or severe asthma• a problem with your spleen, e.g., sickle cell disease, or you have had your spleen removed• a heart problem• had a stroke or a transient ischaemic attack (TIA)• liver disease• adrenal insufficiency |
|--|--|

This list is not exhaustive. For full details refer to 'Immunisation against infectious disease'

London Adult Social Care planning checklist for Respiratory illness (including seasonal influenza (flu) and COVID-19)

Date completed	Completed by	
Actions to prepare for cases of respiratory illness (inc. seasonal flu and Covid-19)	✓	X
Flu/ COVID-19 vaccination		
1. Do you have any residents aged over 65?		
2. Do you have any residents in a clinical risk group (including those with diabetes, chronic respiratory, cardiac, kidney or neurological disease)?		
3. If yes to the above, ensure that the care home GP has administered the seasonal flu vaccine to residents in both categories in the autumn before any outbreaks of flu.		
4. Ensure that all staff involved in patient care (including all women at any stage of pregnancy) have received their seasonal flu vaccine in the autumn before any outbreaks of flu. <ul style="list-style-type: none"> • Staff can obtain the flu vaccine either from their GP or through arrangements made by their employer for occupational health or please see here • Further information is in the Flu vaccination guidance and leaflet “Who should have it and why” • Ensure all eligible staff and residents have received their Flu/ COVID vaccinations 		
Respiratory hygiene & infection control precautions		
Ensure infection control policies are up to date, read and followed by all staff. Further information can be found on the prevention and control of infection guidance		
5. Reinforce education of staff about hand and respiratory hygiene. Use this these links here and here to register for free respiratory and hand hygiene posters and resources e.g. Catch it, Bin it, Kill it		
6. Ensure that liquid soap and disposable paper towels are available, and/or alcohol-based hand rub (at least 70% alcohol content), in every room and communal areas, and stock levels are adequately maintained		
7. Care workers and visitors to care homes do not routinely need to wear a face mask in care settings or when providing care in people’s own homes. However, ensure that Personal Protective Equipment (PPE) is readily available i.e., disposable gloves, aprons, Type IIR fluid-repellent surgical masks and FFP3 masks for Aerosol Generating procedures, and staff have been trained to use it appropriately. Please see non-aerosol generating guidance and aerosol generating guidance		
8. Ensure linen management systems are in place as well as clinical waste disposal systems, including foot operated bins.		
9. If possible and safe to do so, use alcohol gel in places where hand washing facilities are not available (e.g., entrances/exits, residents’ lounge, dining room), and maintain supplies in view of increased use.		
10. Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g., disposable cloths, detergent)		

<p>11. Increase regular cleaning of surfaces and equipment using normal detergent, particularly frequently touched surfaces – taps, door handles, stair rails, light switches, computer keyboards etc. Ensure limiting equipment to be shared where possible. Cleaning is recommended thrice daily as a minimum in an outbreak and as necessary</p>		
<p>12. Maintain high standards of record keeping in the event of an outbreak of acute respiratory illness to help investigate the outbreak (i.e. list of staff and resident cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first case, total number of residents in the care home, location of cases and the flu vaccination status of cases, staff and other residents at the home)</p>		
<p>13. Following use of the Report an Outbreak tool, the HPT may undertake a risk assessment and provide further advice (e.g. to support how to arrange nose/throat swabs for influenza and other respiratory viruses and advice on those requiring antiviral treatment).</p>		
<p>14. Rooms should be ventilated whenever possible with fresh air from outdoors after any visit from someone outside the setting, or if anyone in the care setting has suspected or confirmed COVID-19. Further information on ventilation can be found here</p>		
<p>15. Outbreak measures can be lifted 5 days after the last suspected or confirmed case. This is from the day of the last positive test, or the day the last resident became unwell, whichever is latest.</p> <p>Residents should be monitored for up to a further 5 days after this to ensure they can access appropriate treatments where necessary</p>		
<p>16. In the event of an outbreak of COVID-19/ respiratory illness, each resident should (as a minimum) be able to have one visitor at a time inside the care home. This visitor does not need to be the same person throughout the outbreak. Care homes should ask visitors to follow the same PPE recommendations as care workers to ensure visits can happen safely. Please see further guidance regarding visits during outbreaks.</p>		
<p>17. Transfer of residents to hospital or other institutions should be avoided unless in a medical emergency. If a transfer is necessary, inform the ambulance provider AND the receiving hospital/institution of the outbreak. This should be done before arrival if possible</p>		
<p>18. If a resident is transferred back to the care home from a hospital/institution with an influenza outbreak, inform the local health protection team if you have any concerns.</p>		
<p>19. Discharge of COVID-19 positive patients from hospital to a care home to follow as per guidance</p>		

London Adult Social Care planning checklist for Norovirus season

Date completed	Completed by		
Actions to prepare for norovirus (winter vomiting bug) season		✓	X
Infection control precautions			
1.	Ensure infection control policies are up to date, read and followed by all staff		
2.	Conduct a hand hygiene audit. Educate staff on the importance of hand hygiene and the appropriate technique, especially during outbreaks.		
3.	Ensure that <u>liquid soap and disposable paper hand towels</u> are available in all toilets and communal bathrooms, including individuals' room/end-suite (NB: alcohol hand gel is of limited effectiveness against norovirus)		
4.	Ensure that Personal Protective Equipment (PPE) is available and kept outside affected residents' rooms – i.e., disposable gloves, aprons.		
5.	Ensure linen management systems are in place as well as clinical waste disposal systems including foot operated bins.		
Reporting to the local health protection team			
6.	Early recognition of a diarrhoea and/or vomiting (D&V) outbreak amongst staff and/or residents in care homes is vital (i.e., two or more cases linked by time and place).		
7.	Outbreaks of D&V should be reported promptly to the local health protection team for a full risk assessment and further guidance (even if care home already aware of local diarrhoea and vomiting outbreak management guidelines).		
Diarrhoea and/or vomiting outbreak control measures			
8.	Immediate control measures to be put into place when an outbreak of D&V is recognised are: <ul style="list-style-type: none"> • Isolation of residents/affected staff until clear of symptoms for 48 hours • Cohorting of affected residents/staff on a separate floor or wing of the home if possible • Enhanced cleaning of the environment with a hypochlorite solution. • Effective hand washing with liquid soap and water (do NOT use alcohol-based hand rub as this has limited effectiveness against diarrhoeal diseases). 		
9.	Brief all staff on infection prevention and control measures during the outbreak e.g., during handover sessions throughout the day.		
10.	Care home manager should organise stool sample collection of residents as requested by either the home GP or the health protection team.		
11.	Maintain high standards of record keeping investigating the outbreak and help identify the source of the infection by completing a log sheet (i.e., list of staff and resident cases incl. dates of birth, GP details, symptoms and frequency, date of onset of symptoms of the first case, location of cases)		
12.	Remove all alcohol gel in use in the event of a D&V outbreak, as this has limited effectiveness against diarrhoeal diseases.		

13. Admissions/discharges should be suspended until the home has had no new cases for 72 hours and outbreak is declared over.		
14. Ensure residents are clinically assessed by their GP and rehydrated adequately.		
15. Transfer of residents to hospital or other institutions should be avoided unless in a medical emergency. If a transfer is necessary, inform the ambulance provider AND the receiving hospital/institution of the outbreak. This should be done before arrival if possible.		
16. Restrict visiting as much as possible bearing in mind CQC requirements on facilitating visiting here . Any visitors including health professionals should be advised of the outbreak and the need for thorough hand washing, using soap and water. Take advice from the HPT on excluding peripatetic staff such as occupational therapists and physiotherapists during an outbreak.		
17. Refer to the norovirus poster and norovirus guidance online for further information which can be displayed for staff and visitors in the care home.		

Resources

Flu / COVID- 19

Checklist

See checklist on page 8 for actions to prepare for respiratory illness and what to do in an outbreak.

For management of COVID-19 outbreaks in an adult and social care settings

<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-acute-respiratory-infection>

Eligible for COVID-19 treatments

<https://www.nhs.uk/conditions/covid-19/treatments-for-covid-19/>

Find a pharmacy that offers free COVID-19 rapid lateral flow tests for those eligible for treatments

<https://www.nhs.uk/nhs-services/pharmacies/find-a-pharmacy-that-offers-free-covid-19-rapid-lateral-flow-tests/>

COVID-19 LFD Supply- FAQs

<https://cpe.org.uk/national-pharmacy-services/advanced-services/lfd-service/lfd-service-faqs/>

Managing outbreaks of influenza-like-illness in care homes

<https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes>

Guidance on outbreaks of influenza in care homes poster

<https://www.gov.uk/government/publications/guidance-on-outbreaks-of-influenza-in-care-homes-poster>

Further information and leaflets on flu can be found at

<https://www.gov.uk/government/collections/annual-flu-programme>

General infection control resources

<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care#general-information>

Infection prevention and control (IPC)

<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings>

PPE guide for non-aerosol generating procedures

<https://www.gov.uk/government/publications/ppe-guide-for-non-aerosol-generating-procedures>

Preventing infection: a quick guide for managers and staff in care homes

<https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Infection%20prevention.pdf>

Vaccination

Information on COVID-19 vaccination: easy-read guide

<https://www.gov.uk/government/publications/covid-19-vaccination-easy-read-resources/information-on-covid-19-vaccination-easy-read-guide>

COVID-19 vaccination easy-read leaflets including different languages

<https://www.gov.uk/government/publications/covid-19-vaccination-easy-read-resources>

COVID-19 vaccination: healthcare and community settings posters

<https://www.gov.uk/government/publications/covid-19-vaccination-care-home-and-healthcare-settings-posters>

Leaflet - Flu vaccination: who should have it this winter and why

www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why

Leaflet - Flu leaflet for people with learning disability

<https://www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability>

Leaflet – Flu immunisation for social care staff and hospice staff

<https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff>

Leaflet- RSV vaccination

<https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-vaccination-for-older-adults/your-guide-to-the-rsv-vaccine-for-older-adults>

Pneumococcal vaccine information

<https://www.nhs.uk/vaccinations/pneumococcal-vaccine/>

Shingles vaccine information

<https://www.nhs.uk/vaccinations/shingles-vaccine/>

Shingles vaccine eligibility poster

<https://www.gov.uk/government/publications/shingles-vaccination-eligibility-poster>

Norovirus

Checklist

See checklist on page 10 for actions to prepare for norovirus and what to do in an outbreak.

Norovirus Leaflet and Poster

<https://www.gov.uk/government/publications/stop-norovirus-spreading-this-winter-leaflet>

Guidance

<https://www.gov.uk/government/publications/norovirus-managing-outbreaks-in-acute-and-community-health-and-social-care-settings>

UKHSA Campaign Resource Centre – register free to download or order free resources for all public health campaigns
<https://www.healthpublications.gov.uk/Home.html>