



31 January 2024

From: Adult Social Care Delivery
Department of Health and Social Care
39 Victoria Street
London SE1H 0EU

To: Adult social care service providers
Directors of Adult Social Care Services
Directors of Public Health, Local Authority and UKHSA Health Protection Teams and wider stakeholders and local bodies

Dear colleagues,

Infection prevention and control in adult social care: Acute Respiratory Infection (ARI) guidance

I am writing to inform you that UKHSA and DHSC have today published new [acute respiratory infection guidance](#)¹ I am writing to inform you that UKHSA and DHSC have today published a new acute respiratory infection² which consolidates existing Infection Prevention and Control advice for the Adult Social Care sector.

It aims to support providers, and the wider sector, plan for and manage a range of infectious diseases, including COVID-19.

Further updates on testing will be set out separately after March 31.

Overview of the new guidance and withdrawn documents

The new ARI guidance is intended to be used as a 'checklist' so that, if an ARI is identified, the relevant information to manage cases can easily be found and best IPC practice followed.

It supersedes the following documents:

- COVID-19 supplement to the infection prevention and control resource for adult social care
- COVID-19 PPE guide for adult social care services and settings
- COVID-19 PPE guide for unpaid carers

It is split into sections on ARI symptoms; how to be prepared for ARIs; and how to manage individuals with symptoms. The guidance also contains information specific to care homes on admissions; visiting, and how to manage multiple residents with

¹ **Acute respiratory infection (ARI)** is defined as the acute onset of one or more of the respiratory symptoms listed at [People with symptoms of a respiratory infection including COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/people-with-symptoms-of-a-respiratory-infection-including-covid-19) and a clinician's judgement that the illness is due to a viral acute respiratory infection (for example COVID-19, flu, respiratory syncytial virus (RSV)).

symptoms. Care homes should familiarise themselves with the updated outbreak definition, below, which has been revised to ensure guidance is proportionate.

Best practice on IPC remains key to the health and wellbeing of staff and service users across the sector. The guidance therefore sets out key information on:

- **Encouraging staff and service users to get vaccinated** – Vaccination remains one of the most important defences against both COVID-19 and flu, helping to reduce the risk of serious illness, hospitalisation and death. The guidance includes information about current and future flu, COVID-19, and other vaccination campaigns
- **Identifying people eligible for COVID-19 treatments** - Those who are at higher risk of severe outcomes from COVID-19 may be [eligible for COVID-19 treatments](#) if they become unwell to help reduce the risk of hospitalisation and death. It is important to identify individuals who may be eligible so that these people can test for COVID-19 if they develop respiratory symptoms. The guidance also sets out information on when flu antivirals may be recommended.
- **Making sure COVID-19 tests are available and in date** – Tests for people eligible for COVID-19 treatments should now be accessed via pharmacies. Tests used for outbreak testing in a care home can continue to be accessed [online](#). Providers should be prepared with enough tests to use in line with guidance. Tests no longer need to be registered on the online portal. Instead, providers should keep records of test results internally and act on positive test results in line with guidance.
- **Ensuring PPE is available, and that people know how and when to use it** – the use of PPE continues to be risk-based and providers and staff should be familiar with updated recommendations. Free PPE for COVID-19 needs remains available until 31 March 2024, subject to [stocks](#).
- **What to do if an individual has symptoms of ARI** – Service users should be supported to stay away from others and staff should stay away from work until they feel well without a temperature. Additional IPC precautions should be implemented, and the health and wellbeing of service users should be monitored and considered at all times. Only people eligible for COVID-19 treatments should test for COVID-19 unless doing so as part of outbreak testing. Individuals who test positive should be supported to access treatments and should return to normal after a minimum of 5 days until they then feel well without a temperature.

For care homes only:

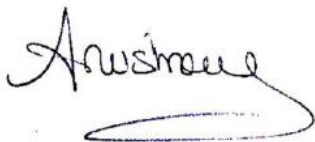
- **What to do if multiple residents have symptoms of ARI in a care home** – An ARI outbreak may be suspected when there is an increase in the number of residents with ARI symptoms in a care home. The new guidance contains an updated ARI outbreak definition of 2 or more positive or suspected linked cases of ARI in a 5-day window. This replaces the current 14-day window for COVID-19. UKHSA advise that the continued use of a 14-day window for COVID-19

outbreaks is no longer appropriate, in line with a recent [epidemiological evidence review](#). This is due to the shorter incubation and infectious periods of COVID-19 after the emergence of subsequent variants, and in which high levels of vaccination of care home residents is routine. The new definition provides a standard approach across ARI and should help to reduce the disruption of outbreak measures on staff and residents.

- **How to encourage and facilitate visiting** – ARI guidance continues to emphasise the importance of visiting and social engagements outside the care home. As set out in my letter on 10 January, [Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) Regulations 2023](#) have been laid before Parliament which set a clear standard for visiting in care homes, hospitals and hospices. The CQC is now consulting on its own proposed [guidance](#) for this legislation to help the health and social care sector to understand what is required of them. Feedback can be provided through the [online form](#) or [easy read](#).
- **Admissions** – In line with previous guidance, individuals being discharged from hospital into a care home are tested with a COVID-19 LFD test by the hospital within 48 hours before planned discharge. Individuals who test positive for COVID-19 can be admitted to the care home if the home is satisfied that they can be cared for safely. The guidance contains information on best practice on IPC to enable providers to do so. If providers have any specific insurance concerns around admission of individuals who test positive for COVID-19, they are advised to check their policy. They should contact their insurance provider or broker if they need further information on their policy or the insurance products that are available to them to meet their needs. No testing is currently required for community admissions.

Good IPC remains vital to help protect those receiving and giving care and we hope that the new guidance will make it easier for staff, service users and visitors to find and follow good practice.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Claire Armstrong', with a long, sweeping underline.

Claire Armstrong

Director of Adult Social Care Delivery
Department of Health and Social Care