

Care Home Infection Prevention and Control (IPC) Resource for Respiratory illness

Version 6.0

21 October 2026

Version History

Version	Date	Summary of changes
1.0	30 November 2023	Final
2.0	7 October 2024	Removal of 2m guidance for cohort to align with NIPCM amendments Reference to revised Transmission Based Precautions Definitions Updated Appendices to align to NIPCM/CHIPCM amendments Link to new NIPCM winter preparedness webpage.
3.0	10 October 2025	Amended wording for version control Updated link to winter preparedness page for 2025 Add sentence regarding transfer of infectious residents to other care facility
4.0	31 October 2025	Amended wording for version control Amended wording to reflect current Scottish immunisation schedule, and updated links Added sentence regarding transfer of infectious residents to other care facility
5.0	9 April 2026	Updates made to Appendix 2: RI IPC Outbreak Checklist in management of equipment and environment sections in line with updated literature reviews. These are addition of 'Dedicated, non-invasive' when referring to reusable equipment as well as removal of specific product information.
6.0	21 October 2026	Amended wording for version control. Updated wording to account for new ARHAI Scotland Transmission Based Precautions (TBPs) guidance. Inclusion the newly published Frequently Asked Questions (FAQs)

Using this resource online is advised as it ensures materials accessed will remain up to date.

All ARHAI Scotland Infection Prevention and Control (IPC) updates for the care home sector are communicated to stakeholders via the Care Home IPC Oversight and Advisory Group (for onward cascade as appropriate), in addition they are also uploaded to the [news section](#) of the NIPCM.

A TBP “What’s Changed” [frequently asked question](#) (FAQs) document is also available for staff.

The descriptors for [Transmission Based Precautions](#) (TBPs) have changed.

Both the following terms ‘droplet’ transmission and ‘airborne’ transmission have been withdrawn as they are not completely indicative of the multiple factorial ways by which respiratory infectious agents can be spread.

The term ‘air’ transmission will now be in use to describe the spread of respiratory infectious agents, and the term ‘contact’ transmission will remain in use to describe those infectious agents known to be spread by contact.

To support staff with the selection of masks (surgical mask or FFP3) during the application of ‘air’ TBPs, respiratory infectious agents have also been categorised as [R1, R2, or R3](#), which accounts for the severity of illness known to be associated with the infectious agent, its transmissibility and the availability of vaccination or treatment.

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Section 1: Introduction

This care home respiratory infection prevention and control (IPC) resource has been developed by ARHAI Scotland to provide care home staff with key IPC information to support the management of suspected and confirmed cases of respiratory illness of an infectious nature amongst residents. This resource should be used alongside the [Care Home Infection Prevention and Control Manual \(CH IPCM\)](#).

Infectious respiratory illness (RI) can be caused by bacteria, viruses, and less common fungus. Symptoms, incubation periods, and the period of infectivity may vary between pathogens and individuals. The most common causative pathogens are viral and include influenza (flu), Respiratory Syncytial Virus (RSV) and COVID-19.

Infectious RI should be suspected in any individual with either a high temperature (fever) or sudden decline in mental or physical ability or functioning, in combination with any new onset of respiratory symptoms, for example cough and/or sore throat. Residents should be clinically assessed by a GP or via existing processes to exclude any differential diagnosis.

Understanding incubation periods and periods of infectivity will support resident assessment, resident placement, and enable the identification of residents who may have been exposed for ongoing symptom monitoring and early detection of new cases. Full details regarding pathogen specific symptoms, incubation periods and periods of infectivity are listed in the national [A-Z pathogens](#).

Section 2: Seasonal Preparation

Infectious RI can occur at any time throughout the year, although influenza and RSV are often a winter season virus. Staff should be continually aware and remain vigilant for RI in the care home and the possibility of an outbreak.

[Vaccinations](#) are available for flu, RSV and COVID-19, which are offered annually and remain one of the best ways to protect vulnerable individuals from developing severe illnesses or requiring hospital admission.

To support care home providers and staff preparedness, winter IPC communication reminders and [corresponding support materials](#) are issued annually by ARHAI Scotland and NHS Education for Scotland (NES). This information should be promoted and disseminated for local use to support seasonal preparation plans in care homes to help raise awareness and to support education and training for care home staff for all relevant communications resources, including supportive education and training for care home staff.

Care home providers and staff are advised to prepare for seasonal respiratory illness by reviewing and considering all the necessary actions in [Appendix 1](#) of this guidance to protect staff, residents, and those who are at the highest risk of becoming seriously ill.

Section 3: Infection Prevention and Control (IPC)

Respiratory infection can be transmitted in various ways and care home staff should be familiar with infection transmission routes. The care home designated person in charge should ensure that IPC precautions are adopted and implemented via ongoing IPC compliance monitoring.

There should also be local processes in place for preadmission assessment or triage of infection risks for **all residents** prior to arrival (where possible) or on arrival. It is important to be vigilant and assess all new admissions or returning residents for any symptoms of infection. As a reminder, it is also important to undertake the [general respiratory screening questions](#) before a resident is admitted to the care home.

To prevent the unintended introduction or spread of infection from the care home, where possible, advanced warning should be provided to the Scottish Ambulance Service, and other health and care facilities (including hospitals) in advance of a transfer, of any resident(s) who has a known respiratory infection or symptoms of suspected infection and that they will need to apply air transmission-based precaution (TBPs).

3.1 Standard Infection Control Precautions (SICPs)

The basic IPC measures that should be used in the care home are called [Standard Infection Control Precautions](#) (SICPs). When applied, these reduce the risk of transmission of infectious agents from known and unknown sources of infection.

SICPs should be used by **all staff, in all care settings, at all times, for all residents**, whether infection is known to be present or not to ensure the safety of residents, staff and visitors in the care home.

It is essential that SICPs are applied continuously as residents living in care homes are more vulnerable, therefore increasing their risk of acquiring infections which may then be serious and potentially life threatening. By continuously applying SICPs, you will provide a safe environment and effective care.

If you suspect or are aware that a resident has an infection, then details should be confirmed for the correct IPC precautions to be put in place for the safety of the resident and others. Obtaining infection details may include appropriate clinical samples and/or screening to establish the causative organism which may be on advice from the GP, NHS Health Protection Team (HPT) and/or Infection Prevention and Control Team (IPCT) (depending on local processes).

If you suspect a resident has a RI, you should:

- inform the person in charge immediately
- commence [transmission-based precautions](#)
- encourage and assist residents and those providing meaningful contact to practice good hand hygiene and respiratory hygiene
- continue to carry out hand hygiene as per [CH IPCM](#) at the [WHO 4 Moments](#) using hand rub unless they are visibly soiled, otherwise wash hands with soap and water
- use the appropriate personal protective equipment (PPE) when carrying out direct care as outlined in the CH IPCM
- ensure timely collection of specimens for symptomatic residents which may include throat or perinasal swabs

For further information about SICPs see [Chapter 1 of the CH IPCM](#)

3.2 Transmission-based Precautions (TBPs)

When caring for a resident who presents with symptoms of an RI, not in keeping with their normal respiratory function and therefore has a suspected or known RI illness, SICPs won't be enough to stop infection spreading and you will need to use some extra IPC precautions. These extra precautions are called air [Transmission-Based Precautions](#) (TBPs).

Clinical judgement and decisions should be made by staff to determine the necessary IPC precautions required (the local NHS Board HPT and/or IPCT (depending on local processes) should be contacted for advice and support where required).

Clinical judgement and decisions should be based on the:

- suspected or known respiratory infectious agent and category [R1, R2 or R3](#)
- transmission route of the infectious agent
- care setting and procedures undertaken
- the severity of the illness the infectious agent can cause

Prompt application of air transmission TBPs for known or suspected RI is essential to prevent further spread, and testing of symptomatic residents is required to confirm identification of the pathogen.

Symptomatic staff should not attend work in line with local policy.

Visitors should be supported with IPC and [PPE requirements](#).

Further information regarding TBPs is contained within [Chapter 2](#) and [Appendix 11](#) of the CHIPCM. The local NHS Board HPT or IPCT (depending on local processes) should be contacted for advice when required.

3.3 Hierarchy of Controls (HoC)

The [Hierarchy of Controls \(HoC\)](#) should be considered when applying SICPs and TBPs, recognising that the most effective method of control (elimination) is employed first. This inherently results in safer control systems.

It is recognised that elimination of risk may be challenging within health and care settings due to the nature of the services provided. Where that is not possible, all other controls must be considered in sequence. Personal protective equipment (PPE) is the **last** in the HoC and may be the only mitigating control when caring for a resident.

Further information on the HoC can be found in the [CH IPCM](#) and [Appendix 16](#) of the NIPCM.

Section 4: Respiratory Infection Outbreaks

Definitions of infection outbreaks and incidents can be found in [Chapter 3 of the NIPCM](#).

Care homes for older adults are considered higher-risk settings for outbreak management purposes. As such, the local NHS Board HPT or IPCT (depending on local processes) should be notified when a cluster of suspected or confirmed cases are identified.

This is due to:

- the population being older and likely to have more underlying health conditions and therefore at greater risk of more severe illnesses
- opportunities for infections to spread quickly throughout the care home due to the communal nature of the setting

Further information can be found in Section 3.2 of [SHPN Management of public health incidents. Guidance on the Roles and Responsibilities of an NHS led Incident Management Team](#).

4.1 Case definitions

Case definitions for assessment and reporting purposes will be defined by supporting local NHS Board HPT or IPCT and/or the incident management team (IMT).

Examples are provided below:

- Confirmed case. Any resident or staff member who has or had respiratory symptoms of an infectious nature and has tested positive for a respiratory pathogen with epidemiological links to the care home setting.
- Suspected case. Any resident or staff member with respiratory symptoms assessed as being of an infectious nature who has not yet been laboratory confirmed that has epidemiological links to any confirmed case.

4.2 Actions to be taken in the event of a suspected or confirmed outbreak

The care home designated person in charge should ensure that:

- symptomatic residents are clinically assessed in line with local agreed processes
- IPC precautions are in place
- individual documented risk assessments are in place for all symptomatic residents who require to be isolated in their individual rooms. Risk assessments should consider individual resident health and wellbeing, their health and safety, and their ability to remain in their rooms with the door closed. The minimum time for isolation in line with the A-Z of pathogens from resolution of symptoms should be supported and reviewed daily
- external receiving staff are notified if the resident being transferred has had a suspected or confirmed RI pathogen within the previous 48 hours
- symptomatic staff should not attend work in line with local policy

The local NHS Board HPT and/or IPCT (depending on local processes) should be contacted for further advice or support where required in relation to outbreak management. This may include testing of symptomatic residents to identify the causative organism that will inform individual placement if cohorting is required and direct any required treatment or any specialist advice.

The RI outbreak checklist in [Appendix 2](#) is a support resource which may be used to support compliance with IPC measures.

[Appendix 3](#) and [Appendix 4](#) should also be used to support assessment and record keeping.

Appendix 1: Seasonal IPC Checklist for Respiratory Infection

Number	Actions to prepare	Y	N	Date
1	Has this resource and associated winter IPC preparedness been communicated to all staff?			
2	Are all staff aware of and have access to the CH IPCM?			
3	Have all staff completed appropriate IPC training relevant to their roles?			
4	Have all residents and staff been encouraged (where appropriate) to uptake winter vaccinations and have been provided with details of NHS Inform information about the available seasonal vaccinations, including processes for vaccination booking information?			
5	Have all residents who are at highest risk of becoming seriously ill from respiratory pathogens been identified and assessed?			
6	Has PHS guidance for consent in care homes in Scotland been implemented and available in advance of vaccination schedules?			
7	Have resident seasonal vaccinations been scheduled and delivered as appropriate?			
8	Is PPE available in sufficient quantities and stored in a clean/dry area until required for use?			
9	Have all relevant staff been fit tested for respiratory protective equipment and trained to perform a fit check?			
10	Are hand washing posters as per the CH IPCM and WHO 4 moments posters displayed in key areas throughout the care home?			

Number	Actions to prepare	Y	N	Date
11	Is there liquid soap and disposable paper hand towels available in all public and communal toilets and in en-suite toilets?			
12	Are there sufficient quantities of hand rub and disposable tissues available in all public and communal areas and in residents' rooms?			
13	Are lidded foot operated waste bins in place and functioning throughout the facility?			
14	Are facilities in place for segregation of infectious laundry and water-soluble laundry bags readily available?			
15	Are there sufficient quantities of required cleaning materials available?			
16	Are there processes in place to support symptomatic resident risk assessments?			
17	Are air Transmission Based Precautions posters being displayed in key areas (throughout the care home for the duration of the outbreak)?			

Appendix 2: RI IPC Outbreak Checklist

The IPC checklist should be completed as soon as an outbreak is suspected and continued daily until declared over.

State pathogen(s) and date the outbreak was identified:

Transmission Based Precautions for Outbreak Management

SICPs should continue to be applied in all care settings, at all times, for all residents

Action	Date				
Resident Placement/Assessment of risk					
Residents who are confirmed or suspected of having RI have been requested to temporarily isolate within their rooms.					
Hierarchy of controls has been assessed and additional controls implemented where risk assessed and able to do so.					
Doors to isolation/cohort rooms/areas are closed and signage is clear. Individual resident risk assessments are documented in the resident notes for door closure in relation to resident safety, and health and well-being, minimum period specified and reviewed daily.					
Cohort areas are established if resident single rooms are unavailable and where there are multiple cases of the same infection.					

Action	Date				
Contact tracing for exposed residents has been undertaken with symptom monitoring in place for early detection of new cases.					
Personal Protective Equipment (PPE): gloves, disposable aprons, fluid resistant type II surgical mask (FRSM), eye/face protection and respiratory protection (RPE)					
Staff are selecting the correct PPE for direct care contact or contact with the resident's immediate care environment. PPE is changed between residents and/or following completion of a procedure or task • disposable apron • FRSM or FFP3 respirator (Mask selection) • eye/face protection (if needed) • gloves (if needed)					
Staff are aware that FRSMs and FFP3 masks should be donned before entry and doffed following exit from the resident's room or immediate care environment.					
Sufficient stocks of disposable PPE are located at the point of care delivery.					
Symptomatic residents are being encouraged to wear FRSMs where tolerated.					
Management of non-invasive, reusable, shared care equipment					
Single-use items are in use.					

Action	Date				
Dedicated, non-invasive, reusable, shared care equipment should be decontaminated between use and prior to use, either by cleaning with detergent followed by a disinfectant solution or using a combined detergent and disinfectant product. Local policy should inform which products should be used for decontamination of specific non-invasive, reusable, shared care equipment, based on surface compatibility and manufacturer's instructions.					
Fans are not in use, or risk assessments are in place in relation to clinical need.					
Safe Management of the Care Environment					
All areas are free from non-essential items for resident care and equipment. Exposed food stuff has been removed.					
Cleaning and decontamination frequency of the resident isolation room/cohort rooms/areas is being completed at least daily using detergent followed by a disinfectant solution or a combination product.					
Increased frequency of decontamination is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates, for example "frequently touched" surfaces such as door/toilet handles, bedside tables, over bed tables and bed rails.					
Terminal decontamination is undertaken following resident transfer, discharge, or once the resident is no longer considered infectious.					

Action	Date				
Information and Treatment					
Residents					
Residents are informed of all screening/investigation results where appropriate and the next of kin informed where consent has been provided. (Documented in resident notes).					
Resident Information Leaflet has been provided and explained to next of kin where consent is in place. (Document in resident notes).					
Any appropriate antimicrobial/antiviral prophylaxis and treatment has been administered as prescribed.					
Symptomatic residents are supported to wear a FRSM where clinically safe and if tolerated.					
Staff					
Staff are kept informed of updates relating to the outbreak and necessary controls.					
Staff considered at increased risk of acquisition (for example immunosuppression) have been risk assessed by Care Home Manager for resident care allocation.					
No symptomatic staff are on duty in line with local policy and the A-Z pathogen exclusion guidance is followed.					

Action	Date				
Visitors					
All visitors are aware of the current situation.					
IPC support and advice have been offered to those providing direct care to a resident. FRSM and eye/face protection have been offered.					
Visitors have been informed if they develop symptoms they should stay at home and follow advice by NHS inform .					
Provide relatives and those providing meaningful contact with the Washing Clothes at Home Leaflet					
Staff support visitors with Scottish Government Care Home Visiting Policy					

(Refer to the [Care Home IPC Manual](#) for further information)

Appendix 3: RI Outbreak Care Monitoring Record IPC Outbreak Checklist

Case assessments.

Specify Respiratory Pathogens:

Residents:	Date						
Number of new probable residents today							
Total number of probable residents							
Number of new confirmed cases today							
Total number of new confirmed cases to date							
Total number of remaining symptomatic cases today							
Total number of residents giving cause for concern as a direct result of incident today							
Number of new residents who have died as a direct result of the respiratory pathogen and has been reported on any part of the death certificate							
Total number of resident deaths with respiratory pathogen reported on part 1 or 2 of the death certificate to date							

Staff:	Date:						
Number of new symptomatic staff today							
Total number of staff affected to date							

Appendix 4: RI Outbreak Case Review Monitoring Data Record

Complete for all residents with symptoms.

Specify Respiratory Pathogen:

Name of resident/staff member	CHI	Vaccinated (Y/N)	Antibiotic (Y or N)	Antiviral (Y/N/NA)	Specimen date (X)	Specimen result (+ or -)	Date of start and end of symptoms (Identify start and end date with a dot as below and link dates with a line)						
Example							19/9	20/9	21/9	22/9	23/9	24/9	25/9
Joe Bloggs	011232 6214	N	N	N	20/9	+		X					
Jane Brown	071232 5321	Y	N	Y									