



Infection Prevention and Control Resource for Adult Social Care

7. Managing outbreaks in adult social care settings

Managing outbreaks and incidents effectively in adult social care (ASC) settings is essential to protect the health, dignity and wellbeing of individuals who receive care and support, as well as the care and support workers who provide it.

Individuals receiving care and support are often vulnerable to the effects of infectious diseases due to their age or underlying medical conditions, and outbreaks can spread quickly in ASC settings, with serious consequences.

Clear, consistent guidance supports early recognition, prompt action and coordinated working, helping to reduce harm, maintain safe services and uphold public confidence in care provision.

This guidance is intended to support ASC providers in England to prevent, identify and manage infectious disease outbreaks. It sets out practical actions, roles and responsibilities, and key principles for working with health protection teams (HPTs) and local partners. The guidance aims to support proportionate, person-centred responses that balance infection prevention and control (IPC) with people's rights, wellbeing and quality of life.

Outbreaks and incidents are more common in care homes and other residential settings, where there is frequent close contact between residents and staff. However, they can also

22 occur in domiciliary or home care where they are less easy to detect. If this is the case,
23 report it to the local IPC team for advice.

24 **Safeguarding statement**

25 In keeping with the Mental Capacity Act 2005, care and support workers must presume
26 capacity unless assessed otherwise, provide tailored support to enable understanding, and
27 document any capacity assessments clearly. Where a person lacks capacity, decisions or
28 protective measures must be made in their best interests and be proportionate, necessary,
29 and least restrictive, with involvement from relevant professionals and those close to the
30 individual wherever appropriate.

31 Always ensure any information sharing about an infectious individual is done so in a
32 compassionate but proportionate way.

33 **Outbreak definition**

34 An outbreak is: When two or more people have the same infection and are linked by time
35 and place. This includes individuals receiving care and support as well as care and
36 support workers.

37 It can also be: When the number of infections appears unusual or higher than what is
38 normally seen in an ASC setting.

39 Other situations where outbreak or incident procedures should be followed include:

- 40 • when a single case of a rare infectious disease (diphtheria, rabies, polio, botulism) or
41 [high-consequence diseases](#) (such as a viral haemorrhagic fever) happens
- 42 • when there has been suspected or confirmed contamination (for example: of food,
43 water, medicines, or medical devices)

44 **Recognising an outbreak early**

45 Be alert to signs that may indicate an outbreak. Sometimes care and support workers
46 notice symptoms of infection in individuals that they care for even when the individual
47 hasn't said they feel unwell.

48 **What to look for**

49 A sign of an outbreak could be two or more individuals with similar symptoms, such as:

- 50 • fever (usually 38 degrees Celsius or higher)
- 51 • diarrhoea and/or vomiting
- 52 • unexplained rash
- 53 • cough, breathlessness or other respiratory symptoms
- 54 • sudden confusion or unexpected falls

55 This symptom list applies to care and support workers, and visitors as well as those
56 receiving care.

57 Other signs of outbreaks include a sudden increase in cases compared to what is normally
58 seen, or linked cases in the same area or group within a short time frame.

59 Recognising outbreaks early, means you can put IPC measures in place quickly, helping
60 to stop the spread.

61 Report any concerns immediately to a care manager and a healthcare professional or GP.
62 Tools such as [Restore 2: Spotting the signs when someone becomes unwell](#) can be
63 helpful to guide care and support workers.

64 **Common causes of outbreaks in adult social care settings**

65 Common causes of outbreaks in ASC settings include:

- 66 • viral respiratory infections (for example: flu, COVID-19)
- 67 • gastroenteritis (for example: norovirus)
- 68 • bacterial infections (for example: Group A Streptococcus)
- 69 • scabies

70 Have a written outbreak management plan that fits your service, as found in the
71 [Communicable disease outbreak management guidance](#).

72 What to do if an outbreak happens

73 Reporting an outbreak

74 Some infectious diseases are legally [notifiable](#). GPs and other medical professionals must
75 inform UKHSA if they suspect or confirm one of these infections in one of their patients.

76 If there is a suspected or confirmed outbreak of an infectious disease in an ASC setting,
77 report it promptly to the care provider's [local HPT](#) or follow local reporting arrangements. If
78 the local HPT is involved, they will liaise with local authorities and other partners, provide
79 specialist advice on outbreak management, support you by signposting to relevant
80 guidance and linking you with local IPC teams, local authority and other relevant
81 stakeholders.

82 There is an online tool for [reporting outbreaks of acute respiratory infection in adult social](#)
83 [care settings](#). Your HPT will let you know if this is in use within your region.

84 Infections are reported [national and regionally](#) including updates on current health threats.
85 However, this data may not be available to determine whether there is an outbreak of a
86 specific infection in an ASC setting (for example flu outside of flu season). Therefore,
87 always rely on clinical judgement, staff observations, and existing local reporting systems.

88 Communication with partners

89 As soon as an outbreak is suspected or known, the care provider is responsible for letting
90 key stakeholders know so the care setting can get the right support and advice.

91 This is also a requirement within the Health and Social Care Act [criterion 4](#), which requires
92 timely communication of infection risks to relevant parties.

93 Always inform:

- 94 • UKHSA [local HPT](#)
- 95 • GPs of individuals who are unwell
- 96 • local authority public health team and/or ASC link as per local arrangements
- 97 • Infection Prevention and Control Team (IPCT) if available through your local authority,
98 NHS, or private contract
- 99 • Environmental Health if the outbreak is suspected to be food related

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- 100 • relatives and significant others of individuals
- 101 • hospitals or outpatient departments if individuals have upcoming appointments
- 102 • other care providers if the individual is, has been, or will be supported elsewhere
- 103 • all staff including agency workers, ambulance staff if individuals need to be assessed
- 104 or transferred and contractors

105 If medication is suspected as a source of infection, notify:

- 106 • Care Quality Commission (CQC)
- 107 • Medicines and Healthcare products Regulatory Agency (MHRA)
- 108 • local pharmacy or dispensing service
- 109 • commissioning bodies (if applicable)

110 **Outbreak response**

111 Once an outbreak is reported and confirmed, care providers should review their outbreak
112 plan with guidance from their HPT. The HPT will complete a local risk assessment and
113 provide targeted recommendations as required including enhanced IPC measures, testing
114 (including collecting specimens to test for infections), prophylactic treatment if required,
115 and how to seek further support from your local authority and other stakeholders.

116 Always make sure infection control measures fit the infection, the individuals at risk, and
117 your environment. (Link to Section 8: Infections of concern A-Z for specific disease advice)

118 Make sure all care and support workers know the details of the outbreak and understand
119 their role. This includes knowing:

- 120 • signs and symptoms of the infection
- 121 • who is affected
- 122 • what control measures are needed so they can be used

123 Managers should increase monitoring of IPC practices during an outbreak to keep
124 standards high. Managers should:

- 125 • apply additional IPC measures rigorously, these will depend on how the infection
126 causing the outbreak spreads (See Section 4. Transmission-based precautions)
- 127 • promptly identify any new cases in staff, visitors, family, and individuals receiving care
128 and support
- 129 • check if the CQC needs to be notified under [Regulation 18](#)

130 **Essential considerations in outbreak management**

131 If an individual is being discharged from hospital into a care setting during an outbreak, or
132 if they have an infection, always assess any risks together with the hospital. Raise any
133 concerns and seek advice from IPCTs, local authority public health teams, or UKHSA
134 HPTs if needed. Always communicate clearly and involve the individual and their family or
135 their representatives. [Toolkit 6: principles for the management of outbreaks in specific](#)
136 [settings](#) provides additional information to support care providers in their ASC setting.

137 Consider the wellbeing of individuals receiving care and support, especially if they have
138 dementia or cognitive impairments for example individuals who may wander with purpose.
139 If an individual lacks capacity, follow the [Mental Capacity Act Code of Practice](#) and [Mental](#)
140 [Capacity Act and Deprivation of Liberty Safeguards](#). Care and support workers can help
141 these individuals to avoid getting the infection by helping them to clean their hands
142 regularly.

143 Increase the frequency of cleaning and disinfection of the individual's immediate
144 environment including frequently touched surfaces in communal areas.

145 Ensure timely access to treatments and therapeutics.

146 Be alert to any deterioration in health and seek clinical advice quickly from the individual's
147 GP or NHS 111.

148 If care and support workers have symptoms of infection, they should get advice from their
149 manager before returning to work. The Health and Safety Executive having information
150 about [managing sick leave and returning to work](#) and [UKHSA have information about](#)
151 [managing specific infectious diseases](#).

152 If the ASC setting is experiencing operational challenges such as short-staffing, contact
153 your local authority commissioner or Integrated Care Board (ICB) commissioner. Their role
154 is to help maintain continuity of care by coordinating emergency support, redeploying staff
155 where possible, and activating contingency plans. Commissioners can also arrange

156 temporary staffing solutions, prioritise essential services, and escalate to regional or
157 national support if local resources are insufficient.

158 **Infection control measures during an outbreak**

159 Keep IPC measures proportionate, risk assessed, and time limited.

160 Ensure standard infection control precautions and any transmission-based precautions are
161 used correctly. (Link to Sections 3 and 4: SCPs and TBPs)

162 If someone has or is suspected to have an infection:

- 163 • encourage the individual to stay away from others for their infectious period, where
164 they are able to do so
- 165 • refer them for clinical review if needed
- 166 • follow advice from your HPT, GP or IPCT on how to safely support individuals affected
167 by an outbreak
- 168 • check the strength and effectiveness of cleaning products to ensure they are suitable
169 for the pathogen causing the outbreak
- 170 • increase frequency of cleaning where needed
- 171 • adjust waste management if extra waste is generated. In residential settings, use
172 colour-coded bags in line with national guidance
- 173 • handle any contaminated linen safely
- 174 • in residential settings segregate infectious linen (soiled or contaminated with body
175 fluids) into water-soluble bags, then place in a red or clearly marked outer bag
- 176 • do not rinse or shake linen before bagging to avoid aerosol spread
- 177 • launder at the highest temperature suitable for the fabric (usually $\geq 60^{\circ}\text{C}$) with
178 detergent, and dry thoroughly
- 179 • have enough PPE, hand hygiene supplies, tissues, and toilet paper available and easy
180 to access until the outbreak is over

181 Remember that PPE is only one part of the Hierarchy of Controls for outbreak
182 management and should be used as the last line of defence when other measures cannot
183 fully control the risk.

184 Start with measures that prevent exposure at the source, such as:

- 185 • hand hygiene
- 186 • improving ventilation in shared spaces
- 187 • reinforcing cleaning schedules
- 188 • cohorting, and staff allocation

189 **Visiting principles**

190 Visits should not be restricted into or out of care homes or other ASC settings.

191 Staying connected with relatives and friends is essential for wellbeing. Everyone has a
192 right to private and family life under law [European Convention on Human Rights](#).

193 Detailed guidance on how to maintain [safe visiting during outbreaks](#) also supports CQC

194 [Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices](#)., which
195 outlines the right to be visited and accompanied.

196 During an outbreak the care provider with support from the local health protection team will
197 carry out a risk assessment so enhanced measures can be put in place to facilitate
198 visiting. For example: hand hygiene stations, PPE for visitors, well-ventilated visiting areas,
199 cleaning high-touch surfaces before and after visits.

200 In very rare cases, limiting visitors (for example: one per resident) may be needed if the
201 risks cannot be managed in other ways.

202 Any changes to visiting must always be:

- 203 • proportionate (only as restrictive as necessary)
- 204 • risk assessed (based on the specific outbreak and setting)
- 205 • time limited (reviewed regularly and lifted as soon as safe)

206 All visitors should wash their hands and or use alcohol-based hand rub when they arrive
207 and before they leave the ASC setting.

208 It is not recommended to use alcohol-based hand rub when caring for individuals with
209 diarrhoea and vomiting or during an outbreak of diarrhoea and vomiting as there is limited
210 evidence on its effectiveness against all causes of diarrhoea and vomiting.

211 Visitors should be advised of any other IPC measure that they should take before they
212 carry out their visit.

213 **Once the outbreak ends**

214 **Communication**

215 Ensure all care and support workers, individuals and their families are aware the outbreak
216 has been effectively managed, declared over and that normal operations and [visiting](#) are
217 able to resume.

218 Update [HPTs](#) and other agencies such as ICBs and GPs.

219 **Terminal/ deep clean - after the outbreak is over**

220 Carry out a terminal/deep clean (link to this part of chapter 4) not only of the individuals'
221 affected rooms and environment but also of the affected areas (or the whole setting if
222 widely impacted).

223 Clean all surfaces, floors, and reusable equipment using hot water and neutral detergent,
224 followed by disinfection where required (e.g., 1,000 ppm chlorine for toilets and
225 bathrooms).

226 Clean every part of the areas affected thoroughly, from top to bottom and start from
227 cleaner areas and move to dirtier last.

228 Pay special attention to high-touch points such as door handles, light switches, and rails.

229 Soft furnishings and privacy curtains should be laundered, or steam cleaned.

230 Replace or dispose of any items that cannot be effectively cleaned or are visibly soiled.

231 Always seek permission from the individual before disposing of personal belongings.

232 Clean or replace mattresses, cushions, and pressure-relieving aids as per guidance.

233 Vacuum carpets and upholstered furniture using HEPA filters, then steam clean.

234 In domiciliary care it is only the waste that can be realistically removed, but advice should
235 be given to the individual and their family about the recommendation for changing bedding
236 and linen.

237 **Learning from outbreaks**

238 Care providers should review what went well and what was challenging during the
239 outbreak and then update outbreak management plans to improve preparedness for future
240 outbreaks. [Constructive debriefing and lessons learned sessions](#) are useful in these
241 circumstances.

242 Where it is thought there may be an outbreak linked to domiciliary care, the HPT or other
243 local partners should be notified. They can support a risk assessment on protecting other
244 individuals receiving care and support as well as care and support workers and ensuring
245 safe care can be delivered. They can advise on the management of contacts in the home
246 setting if required.