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# Resilience for Adult Social Care OS Winter Webinar

19th November 2026

Soili Larkin, Jude Robinson and Paul Coleman, UKHSA

# Topics covered

- Common Winter infections
- Winter vaccinations in ASC
- IPC resource for ASC launch
- Antimicrobial resistance and stewardship - why it matters in ASC
- Cold weather and El Nino considerations

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# Common Winter Infections

Soili Larkin

# Common winter germs: Respiratory Viruses

## Flu (Influenza)

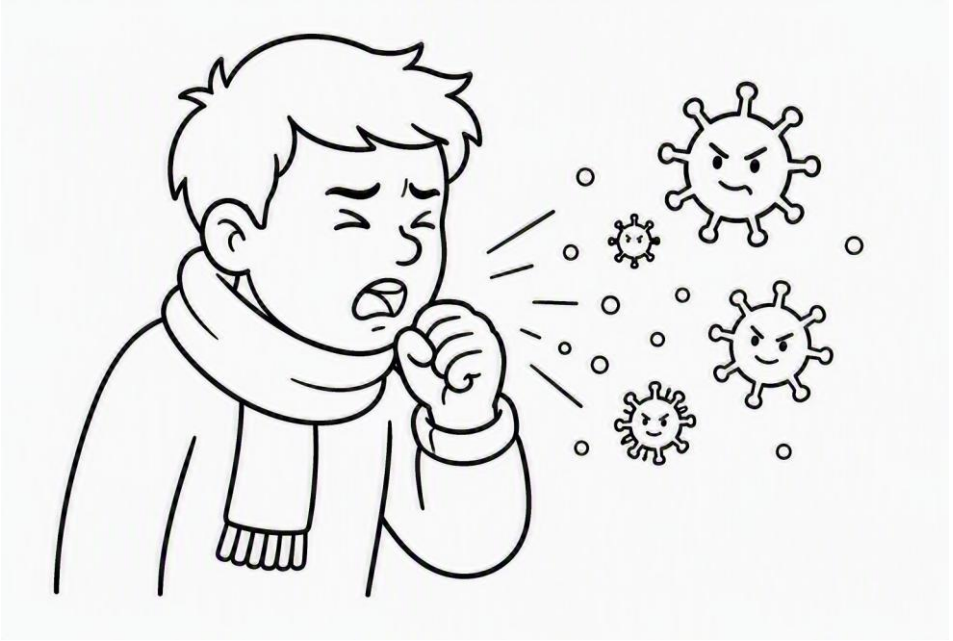
- Spreads easily through coughs, sneezes and contact with surfaces.
- Symptoms: fever, chills, cough, sore throat, aches and tiredness.
- Can cause serious illness in older people and those with health conditions.
- Vaccination is the best protection.

## COVID-19

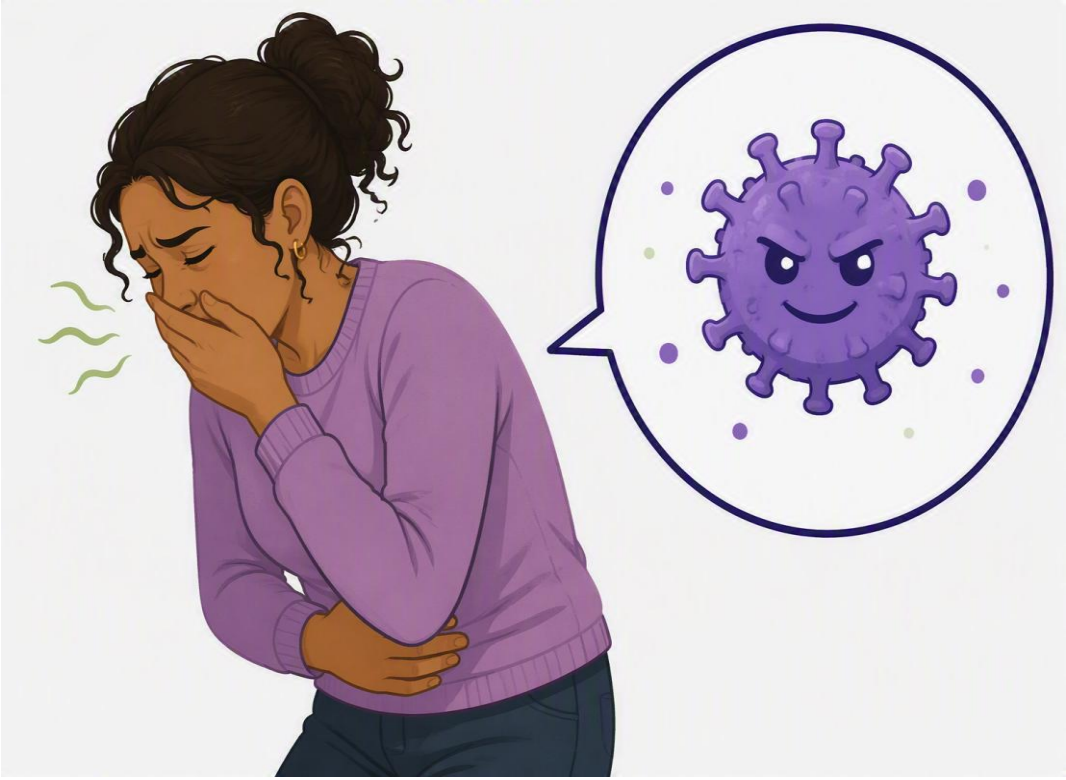
- Spreads through the air and close contact with infected people.
- Symptoms may include cough, fever, sore throat, loss of taste or smell and fatigue.
- Some people may have mild symptoms but still spread the virus.
- Good ventilation, hand hygiene and staying away from others when unwell helps reduce spread.

## RSV (Respiratory Syncytial Virus)

- A common virus that affects the lungs and airways.
- Symptoms are similar to a cold: runny nose, cough, sneezing and fever.
- Can cause severe illness in older adults and people with weakened immune systems.
- Spreads through droplets, hands and contaminated surfaces.



# Common Winter Germs: norovirus



Norovirus ("Winter Vomiting Bug")

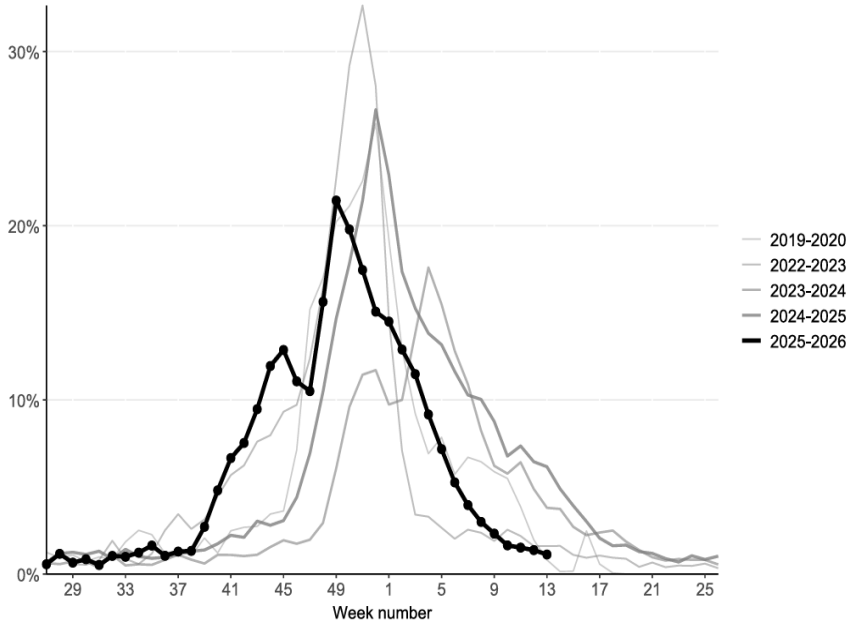
- Causes sudden vomiting and diarrhoea.
- Spreads very easily from person to person and from contaminated surfaces.
- People can remain infectious for at least 48 hours after symptoms stop.
- Alcohol hand gel does not work well against norovirus. Wash hands with soap and water.

# Winter virus epidemiology- flu and norovirus

Flu usually peaks early in January, last year saw an earlier peak before Christmas

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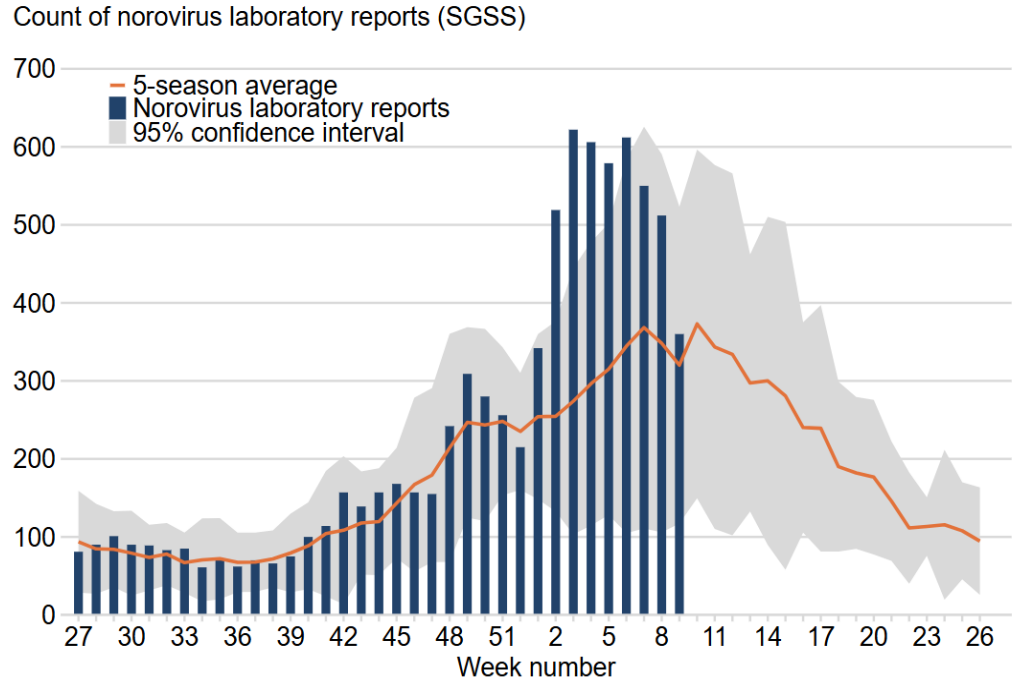
**Respiratory DataMart - influenza positivity by seasons**




Data from seasons 2020 to 2021 and 2021 to 2022 has been removed as there was low activity throughout these seasons

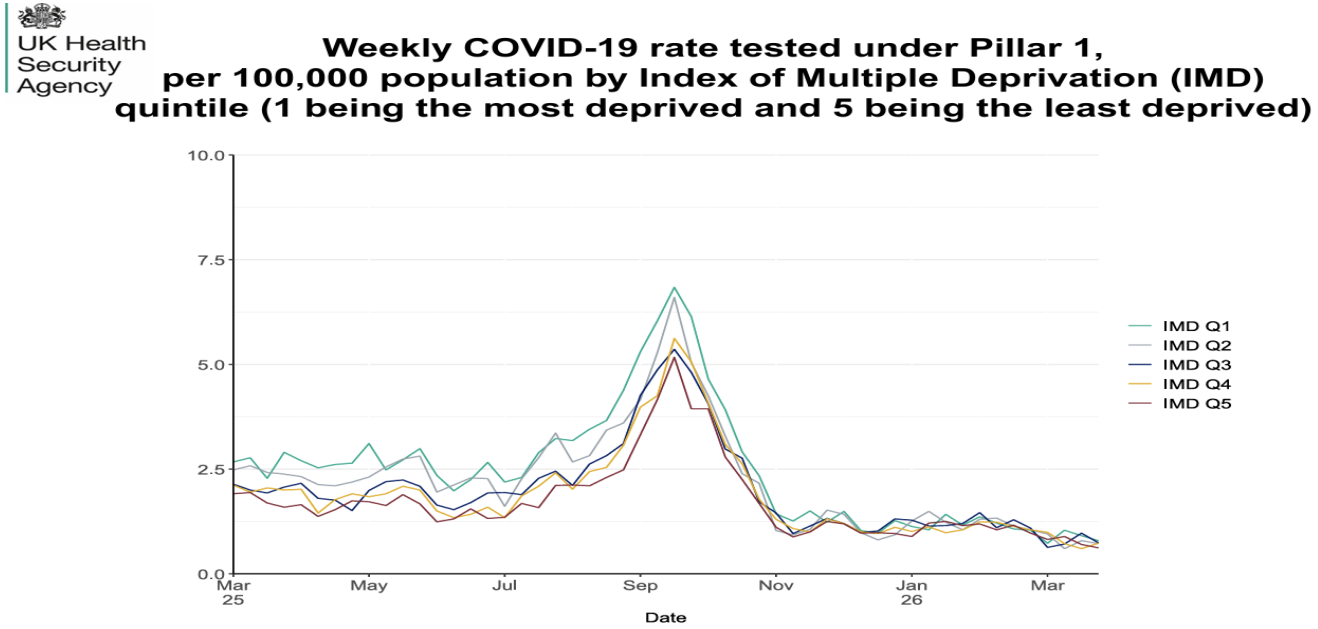
Norovirus also more common during winter months but usually peaks a little later than flu

**Figure 1. Weekly norovirus laboratory reports in England during the 2025/2026 season, compared with the 5-season average**



# Epidemiology - Covid

- In contrast to other respiratory viruses Covid-19 does not yet have a defined seasonal pattern – last year peak happened in September - October



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# Winter Vaccinations

Soili Larkin

# Protecting people from respiratory diseases this winter - Vaccinations

- Vaccination is fundamental to protecting patients, people accessing care and support, and the workforce across health and social care settings.

- High vaccination uptake can help reduce the burden of respiratory infections and ease pressure on health and care services during winter.

- There are 4 vaccines offered against respiratory diseases
  - 2 are seasonal
    - Flu vaccine for eligible children, adults, and health and social care workers
    - COVID vaccine for eligible adults and children
  - 2 are one off
    - RSV vaccine for eligible adults
    - Pneumococcal vaccine for eligible adults



# Winter vaccination programme for ASC

| Vaccine | Eligibility | Frequency |
|---|---|---|
| Annual Winter vaccines ( starting 1st October 2026) | | |
| Flu vaccine | 65+ and those with some long term conditions *(and **residents of long-term residential care homes**)*<br>***Health and care staff*** | Annual |
| COVID-19 vaccine | Typically 75+ *and those with some long term conditions ( and **residents in care homes for older adults** )* | Seasonal booster *(Spring & Autum)* |
| One off vaccines | | |
| Pneumococcal vaccine | 65+ | One off |
| Respiratory Syncytial Virus (RSV) vaccine | 75+ *(and **any adult living in or moving into a care home for older adults**. There is no upper age limit.)* | One off |

Routine immunisation programme

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# Infection Prevention and Control Resource for Adult Social Care

Jude Robinson

# The journey: more than 2 years in development

**The development of this guidance has been a substantial programme of work, built upon:**

- lessons learned from the COVID-19 pandemic
- emerging evidence
- changing models of care
- feedback from the adult social care sector



## Phase 1

Scoping and programme establishment

## Phase 2

Evidence Review and Content Development

## Phase 3

Stakeholder Engagement and Co-production

## Phase 4

Implementation Planning

## Phase 5

Consultation, Refinement and Clearance

# What the new IPC guidance delivers

**The new guidance provides a single reference point for adult social care IPC practice, covering:**

| | |
|---|---|
| **Background, context and responsibilities for infection prevention and control (IPC) in ASC settings** | An overview of the adult social care landscape, explains what infection prevention and control is, and outlines the roles and responsibilities of those working in ASC settings, and partners who support ASC settings in preventing and managing infections. |
| **Why Infection Prevention and Control Matters in Adult Social Care** | Explains how infections can spread in adult social care settings, identify situations and care environments where the risk of infection may be higher, and describes the practical steps staff can take to reduce the risk and keep people safe. |
| **Standard Infection Control Precautions** | Explains the standard infection prevention and control precautions that should be used for routine care for every person accessing care and support to help prevent the spread of infection and keep people and staff safe. |
| **Transmission based Precautions** | Explains the additional infection prevention and control measures used when a person has, or may have, an infection that can spread to others. These precautions are used alongside standard infection control precautions to help prevent the spread of infection and keep people and staff safe. |
| **Fundamentals of care which help prevent infections** | Fundamentals of care that support people's health, wellbeing, comfort and dignity. Good everyday care, including nutrition and hydration, personal cleanliness and comfort, mouth care, and encouraging movement, can help reduce the risk of infection and support people to stay safe and well. |
| **Vaccinations for care and support workers and people accessing care and support** | How vaccination helps protect people, staff, and visitors from infectious diseases. Keeping up to date with recommended vaccines can reduce the risk of infection, help prevent outbreaks, and lessen the severity of illness, supporting people accessing care and support to stay safe and well. |
| **Managing outbreaks in adult social care settings** | How to recognize, report, and manage outbreaks and incidents in adult social care settings. Effective management helps reduce the spread of infection and protects the health, wellbeing, dignity, and safety of people accessing care and support, their families, and staff. |

# What the new IPC guidance delivers continued….

| | |
|---|---|
| **Infections of concern in ASC settings** | Explains how common infections spread, how to recognise the signs and symptoms, and the steps that can be taken to prevent and manage them, helping to keep people accessing care and support, staff, and visitors safe. |
| **Tuberculosis (TB) Guidance for Adult Social Care Settings** | Provides information about tuberculosis (TB), including how it spreads, the signs and symptoms to look out for, and the steps that can be taken to prevent its spread in adult social care settings. It also explains how to support people affected by TB and where staff can access advice and support if they are affected themselves. |
| **Managing suspected infectious diarrhoea and/or vomiting in adult social care** | Explains what to do when a person is suspected of having an infectious illness that causes diarrhoea and/or vomiting. It outlines the steps care and support workers should take to reduce the risk of infection spreading while the cause is being identified. |
| **Essential IPC considerations for clinical interventions and procedures** | Outlines the infection prevention and control (IPC) principles for common clinical procedures and medical devices used in adult social care settings. It highlights key measures to reduce the risk of infection and support safe care, while recognising that staff should continue to follow their training, local policies, and guidance where applicable. |
| **Staff health and managing sickness related to infection** | Explains why staff health and wellbeing are important for safe, high-quality care and effective infection prevention and control (IPC). It highlights how physical and mental wellbeing can support good IPC practice, reduce the risk of infection, and help staff provide consistent, compassionate care. It also emphasises the importance of supporting staff who are unwell and promoting a healthy, resilient workforce. |
| **Additional information and resources for adult social care managers** | Provides guidance for registered managers and those in leadership roles on their responsibilities for infection prevention and control (IPC). It covers key legislation, policies, audits, compliance, and planning safe care environments, helping managers maintain high standards of care, meet regulatory requirements, and support effective IPC practice. |
| **Glossary, Abbreviations, Acknowledgements, and References** | |

# Key messaging

## Putting People at the Centre of IPC and balancing safety, independence and quality of life

- The guidance promotes:
  - Proportionate IPC measures
  - Person-centred decision making
  - Supporting independence and choice
  - Maintaining dignity and wellbeing
  - Enabling social connections whilst reducing infection risks

**The aim is not simply to prevent infection, but to support people to live well while receiving safe care**

# Risk assessment at the heart of decision making

**The guidance supports staff to assess risks by considering:**

- The individual receiving care
- The task being undertaken
- Likelihood of exposure to infection
- The care environment
- Current outbreaks or infections
- Vulnerability of others in the service

Good IPC starts with informed risk assessment, not routine restrictions

# Fundamentals of care: everyday care makes a difference

**The guidance highlights five key areas of everyday care that help prevent infections and improve wellbeing:**

🍽️ Nutrition Supports immune function, energy levels and recovery from illness

💧 Hydration Reduces the risk of urinary tract infections (UTIs), dehydration and complications from infection

🧼 Personal Cleanliness & Skin Care Good hygiene, continence care and skin care help prevent the spread of infection and protect the body's natural barriers

😁 Mouth Care (Oral Hygiene) Reduces the risk of pneumonia, gum disease and other infections while supporting nutrition and quality of life

🚶 Encouraging Movement Supports lung function, circulation and skin integrity, helping to prevent chest infections and pressure damage

Supporting the fundamentals of care every day helps prevent infections, promotes wellbeing and improves outcomes for people receiving care and support.

# Standard infection control precautions

## The foundation of infection prevention

- SICPs apply to the care of every person, every day
- Key elements include:
  - Hand hygiene
  - Respiratory hygiene and cough etiquette
  - Use of PPE based on risk assessment
  - Safe management of care equipment
  - Environmental cleaning
  - Safe handling of linen
  - Waste management
  - Management of blood and body fluid spillages
  - Occupational health arrangements

**Consistent application of SICPs remains the most effective way to prevent transmission of infection**

# Supporting the ASC workforce

**Creating a culture where IPC can thrive-the guidance emphasises:**

- Leadership and accountability
- Staff training and competency
- Access to IPC advice
- Occupational health support
- Vaccination uptake
- Speaking up and continuous improvement

Strong IPC cultures are built through leadership, learning and support

# What success looks like

## The vision for Adult Social Care

- ✓ Reduced risk of infection
- ✓ Safer care environments
- ✓ Improved outbreak preparedness
- ✓ Better antimicrobial stewardship
- ✓ Increased staff confidence
- ✓ Greater consistency across the sector
- ✓ IPC embedded into everyday care

**Our ambition:**
A sustainable, proportionate and person-centred approach to infection prevention and control across Adult Social Care

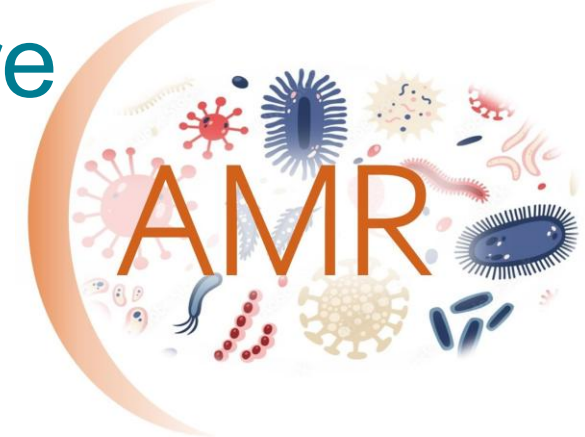
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# Antimicrobial Resistance

**This week (18-24th November) is World Antimicrobial Resistance Awareness Week (WAAW)!**

Jude Robinson and Soili Larkin

# AMR: Why It Matters in Adult Social Care




## Antimicrobial resistance (AMR)

- Infections harder to treat
- Increased morbidity, mortality and costs

- Disproportionate impact in adult social care (ASC) - particularly older adults
  - Frailty, multimorbidity, frequent antibiotic exposure, close contact care
  - High prevalence of UTIs, respiratory tract infections, skin infections
- ASC is a critical but often under-recognised part of the AMR ecosystem

## Antimicrobial Stewardship (AMS)

- Careful and responsible use of antibiotics and other antimicrobial medicines to make sure they work effectively, improve patient care, and help prevent resistance.
- Carers play a significant role in preventing and recognising infections and managing medications including antibiotics

# ASC care and support workers role to play…

## IPC

- Always promote effective infection prevention and control (IPC), including hand hygiene, cleaning and personal protective equipment (PPE) use.
- Encourage vaccinations especially seasonal vaccinations such as influenza.
- Ensure all IPC training is up to date.

## Support early detection of an infection

- Seek or support seeking of advice from GP or NHS 111 for emerging symptoms
- Keep a record of the individual's symptoms

Tools such as National Early Warning Score (NEWS2) and TARGET antibiotics toolkit can be useful to support record keeping

## Engage with prescribers

- Ensure and support that a prescribed course of antimicrobial is started promptly, ensuring there is a mechanism for adding these to a care plan
- Document and record all prescriptions giving detail of what has been prescribed, why it has been prescribed, the start date and review date.

## Training

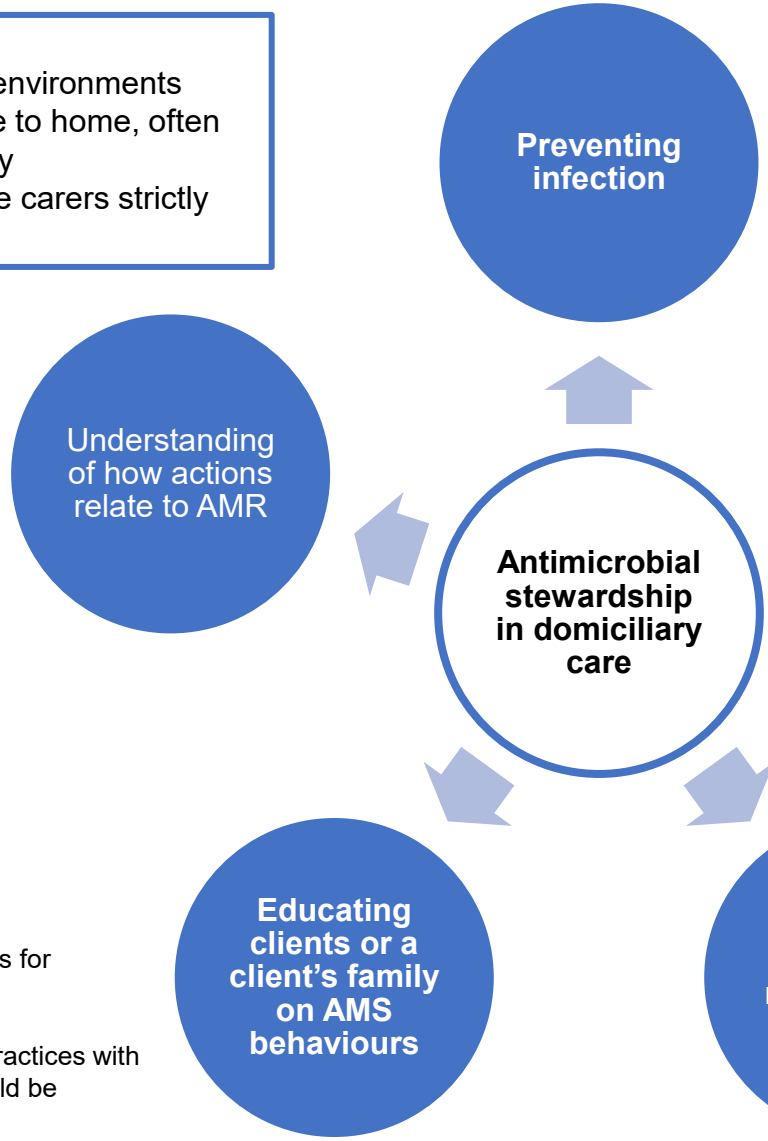
- Access training on AMR to learn when antibiotics and other antimicrobials are appropriate, support individuals to take their prescribed medication and raise concerns if there is a problem.
- Inform individuals and their families about AMR and correct antimicrobial use to set realistic expectations on why antimicrobials are needed and how they will be given.

## Safe use and disposal of Antibiotics

- Keep secure, up-to-date records for each person receiving medicine.
- If responsible for administering medications, document doses given including any missed doses and report any allergic reactions or other concerns for action by clinical staff in the usual way as per local policies.
- Dispose of unused antibiotics (back to the pharmacy)

# Antimicrobial stewardship in domiciliary care

**Key contextual factors:**
- Unpredictable client home environments
- Carers travelling from home to home, often seeing many clients in a day
- A compliance culture, where carers strictly adhere to a Care Plan




**Preventing infection**

✓ Carers see IPC as "common sense" and undertake a wide range of IPC measures.

✗ A lack of time and challenging working environments can lead to poor IPC practices. Current training on IPC varies between care agency and is often developed organically by managers.

**Identifying symptoms of infection**

✓ Associate some symptoms with infection e.g. UTIs. Will signpost clients to seek healthcare.

✗ Do not see themselves as having a medical role; ability to notice and act on early signs of infection could be strengthened.

**Medicine management**

✓ Routinely administer and monitor antibiotic use by clients, in line with medical advice and if on care plan.

✗ If antibiotics are not recorded on care plans in a timely way, there may be delays in carers administering antibiotics. Occasional examples of antibiotic misuse identified and inconsistencies with taking antibiotics to the pharmacy for disposal.

**Educating clients or a client's family on AMS behaviours**

✓ Carers will reinforce instructions for antibiotic use.

✗ Their role in reinforcing AMS practices with the client and their families could be formalised.

**Understanding of how actions relate to AMR**

✓ While they have limited understanding of AMR currently, they are open to learning more and – when told about AMR - agree their role is important.

✗ Currently, their limited awareness of how their actions relate to AMR means that, when faced with an unexpected situation, they may unintentionally act in an unhelpful way.

# MDRO Guidance for ASC settings

Guidance

## Infection prevention and control for multidrug-resistant organisms in adult social care settings

This guidance is for staff and managers working in adult social care settings (ASC). It gives information on multidrug-resistant organisms and principles on how to prevent the spread of these pathogens.

From: UK Health Security Agency

Published 5 January 2026

[Infection prevention and control for multidrug-resistant organisms in adult social care settings - GOV.UK]

# Key messages from the MDRO Guidance

Higher infection risk for people with wounds, indwelling devices and weakened immune systems

MDRO carriage is often long-term and symptom-free, requiring routine, not exceptional, IPC.

Transmission direct contact (hand hygiene and care activities) and indirect contact (contaminated surfaces/equipment),

IPC actions must remain proportionate and person-centered, protecting dignity and autonomy.

Safe admission/re-admission when core IPC measures are followed.

# Accommodation, admissions and transfers

## Admissions & Re-admissions

- Usually safe to admit/readmit individuals with MDRO carriage
- Good IPC reduces risk of spread

## Placement

- Single room with ensuite if possible (risk-assessed approach)

## Communication

- Share MDRO status on transfer between services
- Maintain confidentiality
- Document in care plan with clear IPC advice

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# Cold weather preparedness for Adult Social Care

Paul Coleman

# Joint Dynamic Risk Assessment (JDRA)

A real-time, impact-based assessment that underpins the UKHSA Weather-Health Alerts

## The JDRA process

**1. Forecast**

Receive weather forecast

**2. Assess risk**

Model likelihood and potential health and service impacts

**3. Generate score**

Produce a risk score for each region

**4. Decide alert**

Determine the alert level (e.g. Green, Yellow, Amber, Red)

**5. Issue & inform**

Issue a regional alert and share with partners to take action

## What it delivers

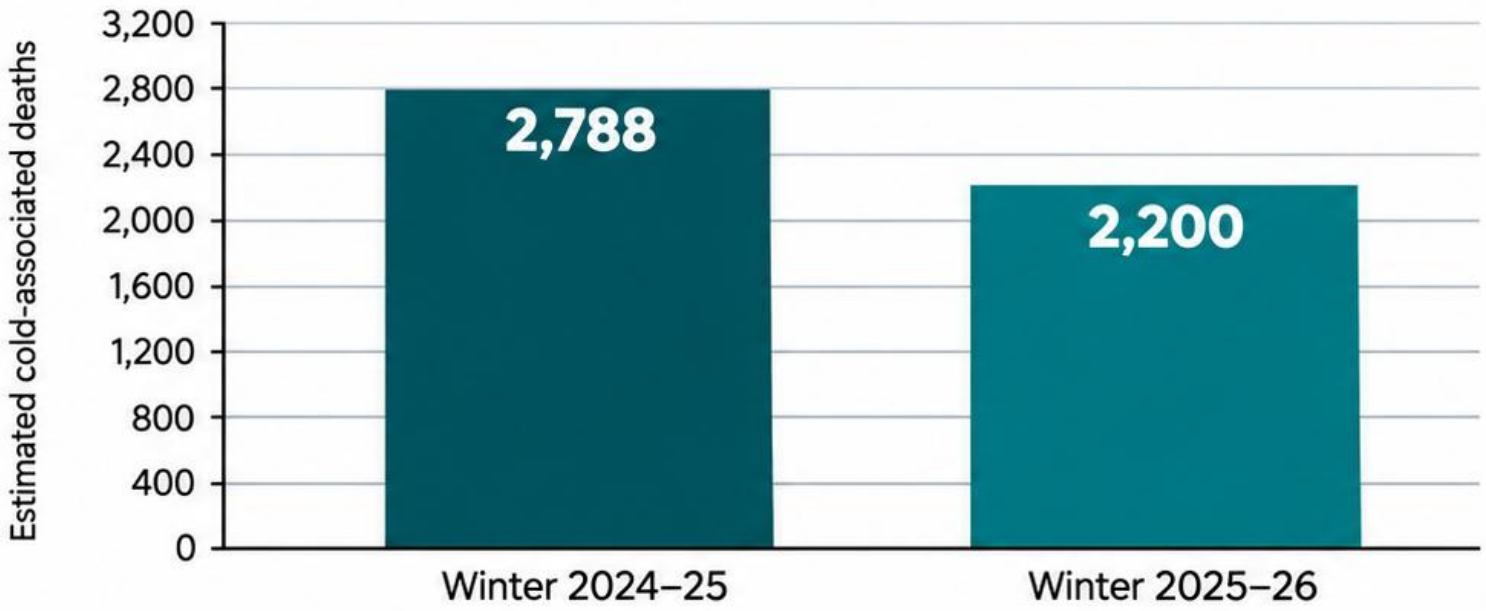
- Timely, consistent alerts
- A clear, evidence-based assessment of health risk
- Supports coordinated action across health, social care and other sectors

## Geographic coverage

England: 9 regions



# Cold-associated mortality in England, winters 2024–25 and 2025–26




**2025–26: LATEST WINTER**

**2,200**

**estimated cold-associated deaths**

**5** cold episodes | **18** cold-episode days

**Largest episode: 1,563 deaths**

## Place of death

**Hospitals: 874** estimated deaths (highest number).

**Care homes and people's own homes:** steeper rise in mortality risk as temperatures fall.

## Who is most vulnerable?

**Ages 85+:** strongest cold–mortality association.

**Ages 45–84:** significant cold-associated mortality also observed.

**Circulatory disease: 757 deaths.**

**Note:** The winter totals are not directly comparable: UKHSA changed from national to regional cold-episode definitions. Cold mortality estimates model delayed impacts.

**Source:** UKHSA Cold Mortality Monitoring reports, winters 2024–25 and 2025–26 (October 2026 editions).

# Cold-weather guidance for adult social care providers

Key UKHSA resources and how to use them

## Core resources

### 1. AWHP 2026–2027



National framework, alerting system and responsibilities

### 2. Adult social care managers guidance



Detailed advice on vulnerability, winter preparedness and protecting people

### 3. Provider action card



Core actions for Green, Yellow, Amber and Red alerts

### 4. Care homes & residential summary card



Quick checklist on heating, indoor temperatures, resident safety and access

### 5. Home care summary card



Quick checklist on welfare checks, home conditions, supplies and continuity of visits

## What providers should do

- Use the summary card for your setting alongside the full provider action card
- Green: prepare — review plans, train staff and identify people at higher risk
- Yellow to Red: scale up checks, keep people warm, prioritise essential care and manage disruption
- Work with commissioners, the NHS and voluntary partners when risks escalate



## Key message

The setting-specific action cards are quick-reference tools. They work best when used alongside the full provider guidance and local winter or business continuity plans.



**Source:** UKHSA Adverse Weather and Health Plan 2026–2027; cold-weather guidance and Cold-Health Alert action cards for adult social care.

# Resources

- IPC resource for ASC Infection prevention and control (IPC) resource for adult social care (ASC) - GOV.UK
- Managing multidrug resistant organisms in ASC Infection prevention and control for multidrug-resistant organisms in adult social care settings - GOV.UK
- World AMR Awareness Week World AMR Awareness Week 2026: One Health, One Action: Prevent AMR Now
- Home care and AMS How do domiciliary carers contribute to preventing the spread of antimicrobial resistance? A qualitative study in England | JAC-Antimicrobial Resistance | Oxford Academic
- Supporting safer visiting in care homes (Reg 9A) Supporting safer visiting in care homes during infectious illness outbreaks - GOV.UK
- Winter vaccinations Winter vaccinations and winter health - NHS
- Cold weather impact home care Extreme cold temperatures in domiciliary care: the study - GOV.UK
- Cold Health alerts: Cold health alerts | UKHSA data dashboard
- Cold health action card Cold-Health Alerting system and action cards - GOV.UK
- El Nino impacts Impacts of El Niño on the UK - GOV.UK