

B: Clinical Risk Assessment and Diagnosis

- Arrange clinical assessment by healthcare professional to investigate suspected outbreak and arrange for appropriate **testing** and **treatment** (where indicated).
- Confirmed diagnosis of two or more epidemiologically linked cases (in time, place and person, i.e. same wing/landing of facility), information to be shared via ipsnct@irishprisons.ie.

A: Operational Considerations

Acute Respiratory Infection (ARI) Definition:**

- Sudden onset of symptoms.
- AND** at least one of the following four respiratory symptoms:
 - Cough, sore throat, shortness of breath, and coryza.
- AND** a clinician's judgement that the illness is due to an infection.

**** This case definition aligns with the European Commission/ European Centre for Disease Prevention and Control case definition.**

Infection Prevention and Control (IPC) Measures

- Ensure suitable hand-washing resources throughout the facility including running water, liquid soap and paper towels or hand driers. Dispensers for hand sanitiser rub should also be provided throughout the facility.
- Use infographics to convey hand & respiratory hygiene messages.
- Symptomatic residents should avoid communal/shared spaces where feasible, with alternative arrangement for accessing essential services. This would be done on a case by case basis.
- Provide surgical masks to symptomatic residents who have been isolated due to ARI; and also to symptomatic staff as a contingency measure.
- Actions to reduce transmission between individuals from different wings or buildings, should be referred to prison management who will liaise with the prison governor.

C: Report and Public Health Response

- Report to **Regional Department of Public Health (RDPH)**.
- PHRA to be conducted in collaboration with relevant PPD and the National Infection Control team (NICT). Consider factors such as communal/shared activities, public access to the facility, high traffic areas, movement out of PPD through transfers/court attendances/movements into PPD, symptomatic individuals, and operational continuity.
- Facility to ensure appropriate infection, prevention and control (IPC) measures are in place.
- Use approved IPS interpreter services as required.

D: No Outbreak Confirmed

- Recommend vigilance within the facility.
- Staff, and residents should be alert for signs and symptoms of ARI and know how to report these if they become unwell or develop a high temperature.

E: Outbreak Confirmed

- To reduce the impact of ARIs in PPDs there should be a whole-setting approach including prevention, early identification and notification, and timely access to treatment and prophylaxis (where applicable).
- Facility to ensure appropriate IPC measures are in place.
- Testing may be necessary to assess clinical severity and reduce the risk of transmission. If testing is considered appropriate, staff should follow the **ARI Guidance for Cases & Contacts**. However, once an outbreak has been confirmed, **mass testing is not indicated**.
- As full isolation may not be feasible, symptomatic residents (who are not tested) should avoid contact with others until 48 hours after symptoms have substantially or fully resolved. Active symptom monitoring of close contacts by healthcare professional. Staff to self-monitor for signs and symptoms.
- Pregnant residents should be relocated away from individuals with symptomatic ARI, where feasible, to reduce the risk of exposure.
- Symptomatic staff should remain at home and avoid contact with others until 48 hours after symptoms have substantially or fully resolved. If testing is indicated staff should follow **ARI Guidance Cases & Contacts**.
- **If critically unwell, phone 112/999.**

Ensure ALL eligible individuals are offered COVID-19 and influenza vaccinations.

- Encourage **ALL eligible staff** to get COVID-19 and influenza vaccinations.
- Raise awareness among staff and residents about the signs and symptoms of ARI.

H: Outbreak Closure

- The **Regional Department of Public Health** will inform the setting when an appropriate period has elapsed from the last case linked to the outbreak, based on the epidemiological characteristics of the ARI pathogen involved.

G: Additional Actions

- IPC measures must be **proportionate** and **site-specific**, ensuring balance with the operational needs of the PPD including population management, so that essential services and security operations continue uninterrupted.
- **Ventilation:** Adequate ventilation in PPDs is crucial for maintaining the health and well-being of both residents and staff. It plays a critical role in reducing risk of airborne transmission of ARI and supports the maintenance of appropriate temperature and humidity levels.
- **High-Traffic Areas:** In areas with high footfall, maintain heightened vigilance and implement strict, regular cleaning protocols.
- **Communication:** Ensure residents and staff are informed about symptoms, prevention, and what to do if unwell.
- Ensure isolation/cohorting of confirmed cases of same ARI pathogen to avoid mixing with residents who are at **high risk or very high risk** of severe **COVID-19, influenza** and other respiratory infections.

F: Outbreak Actions for Setting

- Convene an OCT with Public Health & PPD Teams (co-chairs), and all other relevant stakeholders.
- Advise PPD staff and health & care workers, entering the setting to provide care to cases, to conduct **Point of Care Risk Assessment (PCRA)** prior to any interaction with a confirmed/suspected case.
- Follow all IPC measures. **Refer to Box A and any additional requirements based on Public Health Risk Assessment (PHRA).**