

FREQUENTLY ASKED QUESTIONS: RESPIRATORY INFECTIONS

1: IDENTIFYING SYMPTOMATIC RESIDENTS AND STAFF

What is the definition of a symptomatic resident?

A resident with new onset of respiratory symptoms in combination with and/or

- A sudden decline in physical or mental ability
- A fever (above 37.8C)

Symptomatic residents should have a **PCR test** submitted for a full respiratory screen.

When should I notify the Health Protection Team (HPT)?

Notify HPT if there are two or more symptomatic residents or if you have concerns.

How long should symptomatic residents be isolated?

Symptomatic residents should be isolated in their room, if safe to do so. If consent given, a PCR test should be taken. Residents confirmed with Influenza or COVID-19 should isolate for 5 days or if no symptoms day of PCR test, with day 0 being symptom onset date and 48 hours fever free.

What to do if a resident has tested positive for other respiratory illness, such as Enterovirus, RSV, and Adenovirus?

Please contact the HPT for further advice.

What if I am unable to isolate a symptomatic resident?

Some residents may find isolation difficult, please contact the HPT to discuss in the meantime further guidance can be found following the link below.

[Guidance for the public health management of acute respiratory infections \(ARI\) in community, social and residential care settings](#)

I am unable to test a symptomatic resident, what should I do?

Isolate resident and contact HPT for further advice.

A full respiratory screen has returned negative for a symptomatic resident. When can the resident exit isolation?

If no pathogen is confirmed through testing, the resident can exit isolation when:

- They feel well enough to resume 'normal activities'.
- 48 hours have passed since they last had a fever (37.8 C or above)

2: COLLECTING AND SENDING PCR SAMPLES

What should I use to test a symptomatic resident?

A PCR viral throat swab, using either a red or green sample container (see below images), is the preferred diagnostic tool for all respiratory pathogens.



Do I leave the swab inside of the container or remove it for sampling?

Leave the swab inside the container. If removed, the sample will not be analysed

How many PCR samples should we submit?

Current guidance advises submitting samples from up to five symptomatic residents to confirm the pathogen during an outbreak. The HPT may request additional samples and will provide further advice if needed.

Where can I access PCR swabs from?



Testing Information Grampian Care Home Residents
Where to access PCR swabs for residents



Please only use red or green top PCR swabs

Local Authority Area	Where to access swabs	Who to contact	Where to take completed swabs
Aberdeen City	Foresterhill Health Centre Monday-Friday 0800-1700 Aberdeen Community Care and Health Village-Out of hours	01224 559140 or gram.citycomrefline@nhs.scot 01224 655510 or gram.oohnursing@nhs.scot	Monday-Friday : Relevant GP Practice *Samples taken over the weekend or evenings, keep until the next working day and drop at GP practice. Alternatively, samples can be dropped off at ARI labs reception, which is located in the south block, level 2.
Aberdeenshire	Collect from local hospital All times Banff Chalmers Hospital Fraserburgh Hospital Peterhead Hospital –MIU Turiff Hospital Inverurie Hospital Aboyne Hospital Banchory, Glen O'Dee Huntly Hospital MIU Kincardine Hospital	01261 819127 01346 513151/585120 01779 478234 01888 563293 01467 672735 (Donbank ward) 01339 886433 01330 822233 0345 456 6000 01466 765016 (MIU) 01569 765150	Monday-Friday : Relevant GP Practice *Samples taken over the evenings or weekends, keep until the next working day and drop at GP practice/community hospital. Any issues out of hours, care home should call partnership duty manager via NHSG operator 03454566000
Moray	The Oaks, Elgin Buckie Hospital Dufftown hospital	01343 562450 01542 832081 01340 820215	Monday-Friday : Relevant GP Practice *Samples taken over the weekend or evenings, keep until the next working day and drop at GP practice.

*Red top PCR swabs- order number 119314, minimum order is 50 and costs £103

Do symptomatic staff need to be tested?

Staff should not routinely test unless clinically advised by their own GP. Symptomatic staff should follow NHS inform advice. [Acute respiratory infection \(ARI\) | NHS inform](#)

Staff may return to work when they are feeling well and able to resume normal activities. Staff should not have had a high temperature for at least 48 hours and without the use of paracetamol and or ibuprofen. Staff with persistent symptoms such as cough should be risk assessed by their line manager prior to returning to work.

A staff member has tested and positive for Covid-19?

Follow NHS inform advice- [Coronavirus \(COVID-19\) | NHS inform](#) . Staff can return to the setting when

- They are at least 48 hours fever free (if had one) and don't need medicine to lower the fever.
- Feel well enough to return to 'normal' activities

A staff member has come to work wearing a fluid repellent face mask due to cold like symptoms, what should I do?

Symptomatic staff should not attend the setting. Send them home and refer them to the relevant guidance.

3. VISITING AND SOCIAL EVENTS DURING AN OUTBREAK

Can symptomatic or confirmed residents with respiratory illness have visitors?

The HPT will provide default advice on visiting, including whether open or names visiting initiatives will be implemented. Please consult the HPT regarding visiting guidance.

All residents, whether isolating or not, can continue to have visitors. However, visitors must be informed of the resident's isolation status beforehand. All visitors are required to follow infection control measures to prevent onward transmission.

- Wash hands with running water and liquid soap before and after visiting.
- Appropriate use of Personal Protective Equipment (PPE) as advised by staff.
- Unwell visitors must not attend until they are 48 hrs free from fever and feel well enough to resume normal activities.

Can communal activities take place during an outbreak for those who are not isolating?

Avoid external entertainment, visits and large gatherings (e.g., nurseries, schools, singers, coffee mornings) until the outbreak has been declared over.

Internal communal activities within resident cohorts can continue for non-isolating residents.

Non-isolating residents can continue to go out with family or friends.

Can communal areas remain open in an outbreak?

Yes. Resident's communal areas should remain open for use by residents who are not identified as cases or symptomatic.

We are currently closed to admissions and discharges, what does this mean?

New resident admissions- during an outbreak new admissions should be postponed, if the admission is an emergency please contact the HPT for further advice.

Current residents can return to the setting during an outbreak following a risk assessment.

If a resident is being admitted to hospital during an outbreak please inform the hospital ward or ambulance or residential care facility, of current outbreak.

GUIDANCE AND RESOURCES

Where can I find the latest respiratory guidance?

- [National Infection Prevention and Control Manual: Care Home IPC resource for respiratory illness](#)
- [Guidance for the public health management of acute respiratory infections \(ARI\) in community, social and residential care settings](#)
- [Care home IPC resource for respiratory illness](#)
- [Care Home Infection Prevention and Control Resource Toolkit 2025](#)
- [Coronavirus \(COVID-19\) | NHS inform](#)
- [Acute respiratory infection \(ARI\) | NHS inform](#)
- [Respiratory Screening Questions Aide](#)