Table 5 Infection, Prevention and Control measures for RCFs (adapted SIGN D) (113, 116)

Indication for use	Control Measures	Strength of evidence
Single case of iGAS	• all staff must adhere to strict hygiene as per '5 moments of Hand Hygiene'. Support service user to perform hand hygiene as required. • review *Management of Attendance* policy so staff not encouraged to work while ill • ensure application of standard and transmission-based precautions as required • check if any staff or residents have signs or symptoms of GAS (sore throat, fever, minor skin infections, scarlatiniform rash) • recommend swabbing of contacts sharing the same room or bathroom as the index case especially if they have open wounds or ulcers or are symptomatic. The microbiology lab should retain isolates for up to 6 months and send positive isolates to IMSRL for molecular typing • undertake a point of care risk assessment to identify what personal protective equipment may be required when caring for your resident, see here • implement enhanced surveillance for GAS infection • support all staff to complete hand hygiene education; see here for further resources • restrict staff movement where possible • educate residents, staff and visitors by distribution of GAS information letter • carry out full terminal clean of bedroom and bathroom to reduce possible environmental reservoir of GAS • provide education on transmission-based precautions	Common, well-accepted

Further cases of iGAS identified	• advise closure of the facility to admissions and transfers for a period of time. This should be for as short a period as possible. or defer routine clinic and radiology appointments where possible • consider screening all residents for GAS in throat and wounds • screen staff (throat swab and open skin lesions, for example, eczema) who are symptomatic or are epidemiologically linked to cases (for example, have had contact with cases) • isolate or cohort residents with GAS • trigger for further investigation (>=2 cases of iGAS/GAS) • The use of mass versus targeted swabbing and/or antibiotic chemoprophylaxis should be determined by OCT Risk Assessment	Unproven but unlikely to harm
Outbreak prolonged, consider further measures	• role of re-screening • consider further antibiotics • consider environmental involvement • optimum cleaning protocol	Needs further evidence