

AFRI-c Care Home Research Information Sheet

Study name	Air filters to reduce Respiratory Infections including Covid-19 (AFRI-c)
What we aim to find out in the AFRI-c study	Could portable HEPA air filters can reduce symptomatic winter respiratory infections (coughs, colds, flu and COVID-19) in care home residents?
How might HEPA air filters help?	<p>HEPA air filters can capture relevant airborne particles and have been shown to reduce infections in severely immunocompromised patients.</p> <p><u>However</u>, we do not have any evidence to show whether HEPA air filters can prevent respiratory infections in care homes and other indoor settings. Research like the AFRI-c study is urgently needed to help health and social care providers know whether portable HEPA filters are clinically and cost-effective in reducing respiratory (and other) infections.</p>
How will AFRI-c provide evidence?	<p>Care homes that join the study will be put into one of two groups at random. Your care home will have an equal chance of being in either group:</p> <ul style="list-style-type: none"> ▪ We will provide one group with HEPA air filters to use as well as their usual infection control measures (air filter group). ▪ The other group will carry on using their usual infection control measures (usual care group). <p>Both groups are essential to finding out whether air filters make any difference to infections in care homes.</p>
What else is the study looking at?	<p>We also want to know if air filters could make a difference to the number of days care home staff need to take off sick due to respiratory infections.</p> <p>We are working out whether using air filters to try to prevent respiratory infections would be cost-effective. We do this by looking at all sorts of factors including the costs of the air filters as well as other costs like visits to hospitals or to see the GP.</p> <p>We will also invite some staff, residents and family members/ friends to take part in optional interviews. These will help us to understand attitudes to and experiences of air filters.</p>
What will care homes be asked to do?	<p>Care homes taking part will be asked to collect anonymous data on respiratory infections symptoms and falls / near falls for up to 30 residents. We will also ask care homes to support the consent process for 10-16 residents and to enter anonymous information on staff absences.</p> <p>If the care home is allocated to receive air filters, these will need to be checked each day and maintained (this usually involves a quick Hoover of the filter).</p>

	We will use information collected from all care homes to find out whether air filters can help reduce respiratory infections. We can only do the study with your help!
Duration of study	Each care home will be involved for 1 winter period (usually between 1 September and 31 May).
Payments to care homes	<ul style="list-style-type: none"> • £1,000 set-up payment • £3,500 closedown payment
Eligibility criteria	<p>Only care homes in England can take part in this trial and will need to meet the following eligibility criteria:</p> <p>Care homes will be eligible if they meet all of the following:</p> <ul style="list-style-type: none"> ▪ Have capacity for ≥20 residents residing in single bedrooms. ▪ Predominantly focus on care for older people (residential/nursing home). ▪ Have care home owner permission to take part. ▪ Are willing to: <ul style="list-style-type: none"> ○ maintain a register of all residents. ○ invite eligible residents to consent to take part until 10-16 agree. ○ provide anonymised resident data for up to 30 residents. ○ administer staff and resident questionnaires. ○ respond to data queries. ○ commit to installing / not installing air filters depending on which group they are allocated to. <p>Care homes will be ineligible if they meet any of the following:</p> <ul style="list-style-type: none"> ▪ The CQC rating is 'inadequate' or 'requiring improvements'. ▪ ≥10% of private rooms use portable HEPA filtration devices. ▪ They are participating in competing care home study. <p>Once care homes are deemed as eligible, resident eligibility will be assessed (using the following criteria).</p> <p><u>Resident eligibility criteria</u></p> <p>Data collection: Residents will be eligible to be included in the anonymous daily data collection if they are expected to reside in the care home for at least 1 month of the care home data collection period.</p> <p>Residents will be eligible to be approached for consent if they meet all of the following:</p> <ul style="list-style-type: none"> ▪ are in a single occupancy bedroom; ▪ are expected to reside in the care home for at least 1 month of the study period; ▪ willing and able to give informed consent (or if they lack capacity, have someone who is willing to act as their consultee and complete a consultee declaration form). <p>Residents will be excluded from the study if they have a terminal illness (death expected within seven days)</p>

	Residents will not be approached for consent if they are participating in a competing study OR have a terminal illness (death expected within seven days).
Study activities	
Care Home activities	<p>To take part, care homes will be invited to complete an expression of interest form and obtain permission from the care home owner. We will use the information in the form to check eligibility of the care home.</p> <p>Participating care homes will be asked to:</p> <ul style="list-style-type: none"> • Discuss the study and willingness to take part with the care home residents, staff and family/friends of residents. • Nominate at least 2 study champion(s) at the care home as the lead point of contact for the trial. • Complete a care home baseline data collection form. • Encourage staff to complete two optional 2-minute staff questionnaires. • Provide anonymous baseline data on all residents. • Complete staff training (approx. 1h online videos) • Give study information to residents who are invited (at random) to take part in the research. <ul style="list-style-type: none"> ▪ Where a resident does not have capacity, identify a suitable person to act as their consultee and provide contact details for them (as required). • Identify at least 2 members of staff to enter anonymous information into the database each day on infection symptoms and falls / near falls for up to 30 residents during the study period. • Complete two 2-minute questionnaires with the consented residents. • Provide and maintain a register of residents in the care home for 1 winter period (telling us if you have any new residents move into the home, or if any leave). • Complete anonymous information about staff absences. • If in the air filter group <ul style="list-style-type: none"> ▪ Receive air filters and follow guidance to position them in private and communal rooms and agree a switch on date ▪ Maintain air filters as required. ▪ Complete daily air filter checks (to confirm they are switched on and maintained).
Resident involvement	<p>All residents will have the option to opt out of anonymous data being collected about them at any time during the study.</p> <p>10-16 residents will be randomly selected and invited to consent to the study at each care home. Residents will be asked to consent to researchers having</p>

	<p>access to their medical records to collect information about their health and complete two short questionnaires (all consented residents).</p> <p>For care homes with the air filters, residents will also be invited to consent to have an air filter in their private room. We also ask if they would like to take part in a short interview about the research and how they feel about having an air filter in their room.</p>
What are the likely benefits to the residents/care home?	<p>The care homes and residents will be a key part of finding out whether air filters can help reduce respiratory infections. This evidence will be used to inform future commissioning and care home owner decisions on how to reduce infections.</p> <p>Residents may benefit from participating in the trial knowing that their participation may improve the care of residents living in care homes.</p> <p>For those in the air filter group, they will gain access to a potentially beneficial preventative intervention.</p>
Research team contact:	<p>Rachel Brierley afri-c-study@bristol.ac.uk</p>
How to take part?	<p>If you would like to take part, please complete the expression of interest form on our website.</p>
For office use only	
ENRICH contact	

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