

Information Campaign Targeting Persons-In-Charge

In response to growing concern regarding increasing numbers of COVID-19 cases in nursing homes, the Implementation Oversight Team of the Nursing Homes Expert Panel Report agreed at its meeting on 7th October that an information campaign targeting persons-in-charge of nursing homes should be developed and launched. This builds on the ongoing training programmes available through HSE and HIQA.

The National Clinical & Advisory Group Lead for Older Persons, the Office of the Nursing & Midwifery Services Director, Health Service Executive and the Office of the Chief Nurse and the Older Persons Policy Development Unit, the Department of Health, have developed a 4-part communication strategy to convey very specific educational messages and support nurses in charge during the COVID-19 pandemic. The campaign is focused on areas of particular concern in nursing homes, such as infection prevention and control, asymptomatic presentation in older people, understanding frailty and management of staff presenting with symptoms and public health requirements on staff refraining from attending work when they are COVID-19 positive, are symptomatic or are a close contact of confirmed case, in line with public health advice.

Webinars

Four webinars were developed and delivered in consultation with the Integrated Care Programme for Older People every Thursday evening over 4 weeks during November and December. The aim of the series is to harness the experience of those caring for residents in Long-Term Residential Care settings and provide relevant clinical updates on care issues to support the care of residents in nursing homes.

Dedicated Website

These webinars are now hosted on a dedicated HSE Website page:

COVID 19 Guidance for staff working in residential care facilities for older people on the following link: **<https://www.hse.ie/covidnursinghomeresources>**.

The link will sign-post nurses to all the relevant HPSC and HSE supports and guidance documents for ease of access, as well as a number of algorithms to support clinical decision making.

Safety Pause Handover tool

In addition, this online guidance resource includes "Safety Pause" leaflets specifically developed for use as Patient Safety Toolbox Talks to address COVID-19 safety aspects, copies of which are overleaf.

The Safety Pause



Helping teams provide safe quality care

The safety pause helps teams to apply elements of the National Standards for Safer Better Healthcare (2012). This Safety Pause Resource can be used by the team at any time and as required.

The safety pause aims to:

1. Enhance communication, prioritise patient safety and experience and embed quality improvement in daily practice.
2. Enable the team to proactively anticipate any risks to the quality of patient care; prioritise and plan actions based on resident need and available resources.
3. Attend to team morale: Acknowledge recent achievements, compliments from patients and what works well.

Conducted by: Nurse in Charge

Anticipated duration: Brief, aim for a maximum of 5 minutes.

Approach: Non-judgmental, positive, team-building approach. Focused on things everyone needs to know to maintain safety.

Any detailed or prolonged discussions on specific issues should be deferred until after the safety pause.



Wear a face covering when visiting anyone who is more at risk from coronavirus



Wash your hands well and often to avoid contamination



Cover your mouth and nose with a tissue or sleeve when coughing or sneezing and bin used tissue



Avoid touching eyes, nose or mouth with unwashed hands



Clean and disinfect frequently touched objects and surfaces

Asymptomatic COVID-19 Presentation

The people in your care may not have symptoms but they may have COVID-19



Atypical COVID-19 presentation

Atypical COVID-19 symptoms include loss of appetite, falls, generalised weakness, malaise, functional decline, nausea/vomiting, abdominal pain, nasal congestion, and altered smell.



Pyrexia - Fever

Symptoms can include conjunctivitis, anorexia, increased sputum production, dizziness, headache, rhinorrhoea, chest pain, haemoptysis, diarrhoea,

Threshold for diagnosing fever should be lower, i.e. 37.5°C or an increase of >1.5°C from usual temperature



Delirium - Acute Confusion

Sudden onset confusion or delirium with drowsiness or agitation may be the only symptom



Low level of suspicion

Typical symptoms of COVID-19 such as fever, cough, and dyspnoea may be absent in the older adult despite respiratory disease.

Any change however small should be a trigger to suspect COVID-19



Wash

your hands well and often to avoid contamination



Cover

your mouth and nose with a tissue or sleeve when coughing or sneezing and discard used tissue



Avoid

touching eyes, nose, or mouth with unwashed hands



Clean

and disinfect frequently touched objects and surfaces



Stop

shaking hands or hugging when saying hello or greeting other people



Distance

yourself at least 2 metres (6 feet) away from other people, especially those who might be unwell

For more see

www.hse.ie/covidnursinghomeresources

Safety Pause - What can we do to prevent Covid-19 Transmission today?



Coronavirus
COVID-19
Public Health
Advice

**The people in your care may not have symptoms
but they may have COVID-19**

24 hour Governance structure



Do all team members know how to use our Covid 19 contingency plan?
Do all team members know who to contact if there is an issue?

Visitor considerations with compassion



Is our Visiting Policy in line with current guidelines?
Check www.hpsc.ie for most up to date guidelines
Are we keeping residents choice and wellbeing at the centre of our
decision making processes?

Staff considerations



Have all staff been involved in serial testing?
How can we improve our uptake?
Are we checking our symptoms and following protocol?
Are we social distancing appropriately at break times?
Are staff aware of the Covid-19 enhanced illness
benefit scheme if they are off work?

Infection prevention and control



Do all team members know who is the nominated link person on duty
today?
Are we ensuring good hand & respiratory hygiene, cough etiquette?
Are we using PPE appropriately?
Are we maintaining social distancing?
Are staff aware of symptoms and protocol if they become symptomatic,
a close contact or a household contact?
Do staff know protocols for a suspect and a confirmed case of Covid 19?

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