

**Long-term Residential Care (LTRC)
NPHET 18th April 2020**

1. Recommended Actions

In light of the increasing number of clusters and deaths in long-term residential centres it is recommended that a set of urgent actions to establish the level of risk related to staff COVID-19 status and patient mortality.

At a meeting on 16/04/2020 the HSE, HIQA and the Department of Health agreed that in order to protect people in the LTRCs we need to take all measures to meet our primary public health objective is to interrupt the chains of transmission. There are a set of actions already agreed by NPHET whose urgent implementation needs to continue at a pace (see appendix 1). HSE, HIQA and the Department of Health agreed the continued urgent progress of these actions, with the full support of the three organisations, and an expanded 'Nursing Homes/LTRC settings Actions Tracker' will be developed.

The following set of proposed actions are aimed at ensuring that we have a full picture of the current COVID-19 status of LTRCs to inform and direct the required public health actions to interrupt transmission.

Action 1: Survey of LTRC mortality January - April 2020.

HIQA will support distribution of the survey 17/04/2020. It is planned to collect the following data over a very short period of time:

- Total number of deaths per week by LTRC/nursing home since the beginning of January 2020 to present
- Number of confirmed COVID-19 deaths per week by LTRC/nursing home since beginning of March 2020 to present
- Number of possible COVID-19 deaths per week by LTRC/nursing home since beginning March 2020 to present.

Action 2: Testing staff in LTRCs/nursing homes

- It is proposed to test as many staff over a short period as possible in LTRCs, commencing with nursing homes. This is an action of scale and it is noted that there are over 30,000 staff in nursing homes.
- Action agreed at meeting 14th April 2020: The HSE is to put in place a coordinated national process for carrying out prevalence surveys across nursing homes and other residential health care settings, with a particular focus on detecting COVID-19 infections in these settings.

Action 3: HIQA publishes and assesses COVID-19 Quality Assurance Regulatory Framework.

The Health Information and Quality Authority (HIQA) is the independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered. HIQA's mandate extends across a specified range of public, private and voluntary sector services. It's regulatory role is to register and inspect designated centres (older people and disabilities). It is proposed that HIQA introduces a new COVID-19 regulatory framework.

This Framework will be designed to ensure that providers are prepared for and have contingency plans in place for an outbreak of COVID-19. The Framework will be regulated in line with Health Act 2007.

Action 4: Urgent implementation of previous recommended actions (see appendix). An expanded 'Nursing Homes/LTRC settings Actions Tracker' will be developed.

A series of progressive actions have been recommended by NPHET in line with the disease progression for LTRCs. HSE, HIQA and the Department of Health agree the continued urgent progress of these actions, with the full support of the three organisations, and an expanded 'Nursing Homes/LTRC settings Actions Tracker' will be developed.

Appendix 1

Enhanced Public Health Measures for COVID-19 Disease Management Longterm Residential Care (LTRC) and Home Support Services (HSS)

NPHET Meetings 31st March 2020 and 3rd April 2020

People living in Longterm Residential Care (LTRC) settings (nursing homes, disability and mental health) and those receiving home support services are vulnerable populations and have been identified by the World Organisation to be at a higher risk of being susceptible to infection from COVID-19 and for subsequent adverse outcomes. This is most likely due to their age, the high prevalence of underlying medical conditions and circumstances where high care support with the activities of daily living is required in collective high physical contact environments. The response to COVID-19 in LTRC, and for home care services, should be based on preparedness, early recognition, isolation, care and prevention of onward spread. Social distancing measures including cocooning are already in place across these services.

The public health principles are to:

- Support those receiving home support to continue to live in their own homes unless there is clinical or other advantage
- Support the maintenance of residents in LTRCs unless there is clinical or other advantage
- Interrupt transmission of the disease and prevent onward spread.

Agreed Public Health Actions LTRC Facilities and Home Support Services

No. 1 Strengthened HSE National and Regional Governance Structures	Home Support	LTRC
<ul style="list-style-type: none"> • Establish a national and regional (CHO) COVID-19 Infection Prevention and Control (IPC) Teams 	Y	Y
<ul style="list-style-type: none"> • An IPC Advisor to liaise with each LTRC and homecare provider 	Y	Y
<ul style="list-style-type: none"> • A local public health led Outbreak Control Team for each outbreak responsible for data capture with support of via CRM system 	Y	Y
<ul style="list-style-type: none"> • HIQA/MHC to risk rate all LTRC settings based on disease progression, environment and staff and liaise with national and regional governance structures and LTRCs as necessary in light of mitigating actions 		Y
<ul style="list-style-type: none"> • Provision of updated guidance (LTRC guidance to include specific admission and transfer guidance) 	Y	Y
<ul style="list-style-type: none"> • Establish teams (per CHO), building on existing capacity where possible, to provide medical and nursing support 	Y	Y
<ul style="list-style-type: none"> • Establish capacity and provide for teams of last resort (crisis support team to go into individual LTRC facilities as required) to provide staffing for a short period of time to ensure service continuity 		Y
<ul style="list-style-type: none"> • Establish a national protocol in the event of HSS having to be withdrawn e.g. due to a cluster of cases in a local area/lack of staff 	Y	
<ul style="list-style-type: none"> • Establish and implement home support ICT system as an enabler to client management and staff rostering, ensuring oversight and management of transmission risk mitigation measures 	Y	

No. 2 Transmission Risk Mitigation - suspected/COVID-19 positive LTRC/homecare		
<ul style="list-style-type: none"> Agencies and LTRC/home support providers agree protocols and rostering to minimise staff movement across COVID-19 and non-COVID-19 LTRC settings/home support clients 	Y	Y
<ul style="list-style-type: none"> HSE to provide support for appropriate alternative residence and transport for staff living in congregated domestic living arrangements involving other LTRC settings/homecare staff 	Y	Y
<ul style="list-style-type: none"> Minimise staff movement working across LTRCs 		Y
<ul style="list-style-type: none"> Establish protocol to inform service provider/HSS workers if client has tested positive or if testing has been initiated in the HSE. 	Y	
<ul style="list-style-type: none"> Maintain care in the home for as long as possible, with moving to LTRC facility a last resort. 	Y	
<ul style="list-style-type: none"> Where possible support provision of End of Life care in the home, in line with agreed protocols 	Y	
No. 3 Staff Screening and Prioritisation for COVID-19 Testing		
<ul style="list-style-type: none"> Prioritise LTRC staff/homecare staff for COVID-19 testing (equality of access for all healthcare staff) 	Y	Y
<ul style="list-style-type: none"> Active monitoring of staff for fever, cough and shortness of breath (Temperature checking twice a day) 	Y	Y
No. 4 HSE Provision of PPE and Oxygen		
<ul style="list-style-type: none"> Ensure PPE supply to LTRC settings and home support providers 	Y	Y
<ul style="list-style-type: none"> Access to oxygen for LTRC settings 		Y
<ul style="list-style-type: none"> Ensure provision of hand sanitiser and adherence to good waste management standards. 	Y	Y
No. 5 Training		
<ul style="list-style-type: none"> The HSE and LTRC support access to the provision of training for staff in IPC, use of oxygen, palliative care and end of life care, pronouncement of death 		Y
<ul style="list-style-type: none"> The HSE and home support providers support access to the provision of training for staff in IPC 		Y
No. 6 Facilities and Homecare Providers – Preparedness planning	Y	Y
<ul style="list-style-type: none"> Depending on size of LTRC or homecare provider designate a team or at least one full-time staff member as lead for COVID-19 preparedness and response 		
<ul style="list-style-type: none"> LTRC settings have COVID-19 preparedness plans in place to include planning for cohorting of patients (COVID-19 and non-COVID-19), enhanced IPC, staff training, establishing surge capacity, promoting resident and family communication, promoting advanced healthcare directives 		Y
<ul style="list-style-type: none"> Home support providers to have a COVID-19 preparedness plan in place. 	Y	