Long-term Residential Care (LTRC)
NPHET 14th April 2020

1. Introduction

People living in LTRC are vulnerable populations and have been identified by the World Health Organisation to be at a higher risk of being susceptible to infection from COVID-19 and for subsequent adverse outcomes[1]. 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. There are characteristics of LTRC in Ireland that make them a high-risk centre for Covid-19 outbreak and contagion across residents and staff. The response to COVID-19 in LTRC should be based on preparedness, early recognition, isolation, care and prevention of onward spread.

The scope of LTRC covers older people, disability and mental health residential care settings. LTRC provide long term care and short stay, transitional care and respite support either through the State, section 38's and section 39's or privately. All these facilities[2] are registered with either HIQA or the Mental Health Commission for quality and adherence to standards for the sector.

The table below provides a snapshot of key activity data and or capacity data.

Disability Residential Services	**Mental Health Long-term Care**
• 8,300 residential placements are provided in 1,200 designated settings (including respite centres). These include about 2,100 people living in congregate settings of more than ten people, and the remainder in group housing mainly of four to six residents • Largest centre had 43 people; smallest centres have just 1 • Average number of people living in each centre is just over 7	• 2,693 Total beds across 66 Centres • 161 Beds in 12 non-HSE Centres • 2,532 Beds in 54 HSE Centres • 40.8 Average beds per Centre • 32 Median beds per Centre
(Older Persons) Nursing home sector	
• 584 nursing homes • 440 private & voluntary nursing homes • 30,000 residents / 25,000 long term care • 19,000 in private nursing homes under NHSS and 5000 in public, also self-funders	• Average nursing home capacity 55 beds, median 50 beds • 312 nursing homes with 50 beds or less, 207 with 40 beds or less • Approximately 2,000+ beds are currently unoccupied across the sector.

2. COVID-19 Data

Ireland is seeing a growing number of clusters in nursing homes and recent data from the Health Protection Surveillance Centre creates an urgency to target specific focused and enhanced public health measures for LTRC.

The HPSC is providing the data source however it must be noted that there are data gaps and the CRM system has not flowed to the community residential services. The graph below indicates the number

[1] WHO 2020, Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19 Interim guidance (21 March 2020)

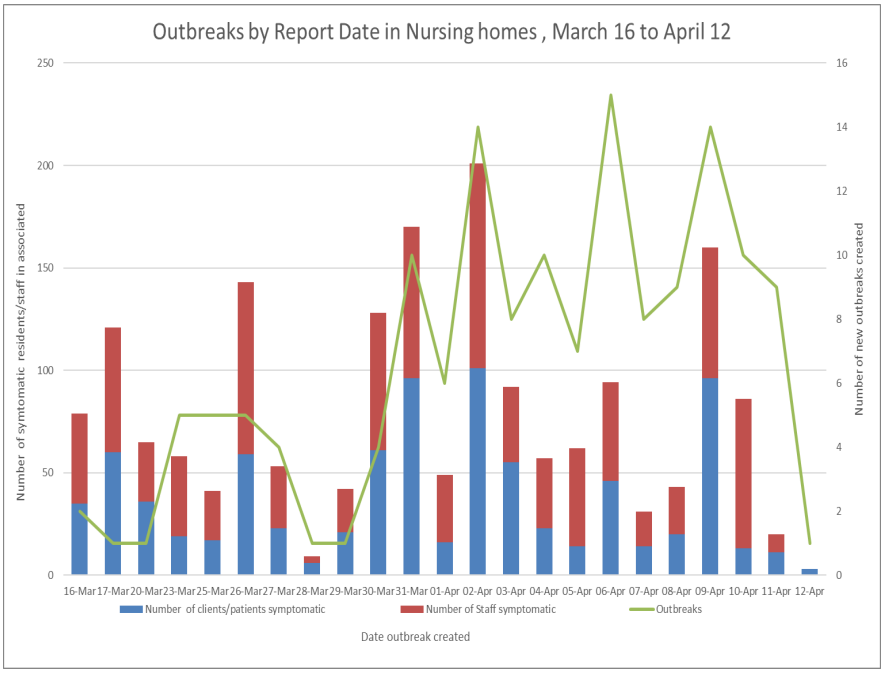
[2] A number of services are based on a shared housing model (not subject of regulation)

of new outbreaks daily from the HPSC data and the number of staff and residents associated with the new outbreaks.

Of significant concern is the percentage of symptomatic staff and residents in affected sites:

- Increasing number of outbreaks LRTCs (152 in nursing homes as of 14th April – this in an increase from 123 on April 9th)
- 17% symptomatic residents
- 20% symptomatic staff

There are data gaps and the CRM system has not flowed to the community residential services (note the HSE OCIO has been asked to progress the extension of the COVID-19 tracker system to cover long term care).



3. Mortality in LTRC setting

HPSC validated data from 13/04/2020 identifies at least 199 deaths related to COVID-19 LTRCs in Ireland. There is growing international evidence[3] that people living in care homes are particularly vulnerable to severe COVID-19 infections and that they are experiencing high rates of mortality as a result. There are also numerous examples from those countries of care homes becoming unviable as not enough staff is available due to sickness and self-isolation measures.

A number of caveats must be recognised with regard to international reporting of mortality due to the limited official validated data.

[3] Comas-Herrera, A. and Zalakain J.; *Mortality associated with COVID-19 outbreaks in care homes: early international evidence,* International Long Term Care Policy Network, 12 April 2020

Key findings of a recent paper[3] are as follows:

- Official data on the numbers of people affected by COVID-19 is not available in many countries
- Due to differences in testing availabilities and policies, and to different approaches to recording deaths, international comparisons are difficult
- Data from 3 epidemiological studies in the United States shows that as many as half of people with COVID-19 infections in care homes were asymptomatic (or pre-symptomatic) at the time of testing
- Data from 5 European countries suggests that care home residents accounted for between 42% and 57% of all deaths related to COVID-19.

The table below provides an overview summary of mortality data. **The caveats above need to taken into account with regard to the veracity of the data.**

	Date	Source	Deaths of care home residents linked to COVID-19	% of total COVID-19 deaths	% of care home beds
Belgium	10/04/2020	Official data	1.405	42	0,8
France	11/04/2020	Official data	6,177	45	0,7
Nouvelle Aquitanie (FR)	11/04/2020	Official data	82	45	0,2
Ireland	11/04/2020	Official data	156	54	0,5
Italy	6/04/2020	Survey by official institute (extrapolation)	9,509	45	3,2
Spain	8/04/2020	Media	9.756	57	2,5

HIQA has conducted an analysis of notifications it has received of unexpected deaths in nursing homes. Unexpected deaths in a nursing home are reported to HIQA through NF01 notifications from designated centres for older people. From the available data on NF01 notifications to HIQA of unexpected deaths at designated centres for older persons, there is an apparent statistical excess of notifications on all days in April 2020 and on several occasions during March 2020. HIQA estimates that during 1 March 2020 to 8 April 2020 there were 90 (95% CI: 62 to 114) more notifications than would be expected based on historical patterns. From the cause of death information available in the notification data, 72 of the notifications identified COVID-19 as a confirmed or suspected factor in cause of death. While this likely indicates that COVID-19 infection is contributing to mortality in this population during the pandemic, it will ultimately require the outputs of European (and Irish) all-cause mortality surveillance systems to determine the level of excess mortality above what would be expected and particularly in comparison with past severe influenza seasons when excess deaths can reach levels of >1000 . International evidence suggests that in the interim "*it is important to ensure that the levels of infections and deaths of care residents and staff are not ignored, and there is a danger that, by not attempting to measure them even if imperfectly, opportunities to inform the decisions that policymakers in terms of resource allocations to the care sector may be missed*".[3]

4. Timeline of NPHET Considerations, Actions and Follow Up

The timeline of guidance and actions relative to older people within residential centres from NPHET, HSE and HIQA are set out in Appendix 1. In line with the emerging data very specific actions have been recommended (Appendix 2).

Critical supports and data flows in line with the specific actions have been stepped up:

- HIQA's establishment of an Infection Prevention and Control Hub for designated centres and children's residential centres.
- HIQA's specific COVID-19 risk assessment process which estimates that 124 public and private nursing homes will potentially need some level of additional support. Actions identified to potentially mitigate are in the areas of staffing, minimising infection, protection of staff and residents and managing outbreaks (Appendix 3).
    - ✓ Enhanced monitoring of statutory notifications with revisions currently underway to prioritise key information;
    - ✓ Established referral pathway from HIQA to the HSE where additional supports are required;
    - ✓ Enhanced communication with each residential centre during this emergency.
- HSE COVID Residential Care/Home Support COVID Response Teams (CRT) Operational Guidance (07/04/2020).
- Daily HSE report on community position (Appendix 4). HSE provision of staff, advice, IPC support, public health support and PPE to residential settings including private facilities (13/04/2020) as outlined in the table below:

Area	Telephone Advice & Support from CHO	IPC Support	Public Health Support	PPE Supply
CHO 1	18	19	19	7
CHO 2	28	27	28	22
CHO 3	6	6	6	6
CHO 4	11	13	15	12
CHO 5	3	2	3	3
CHO 6	29	27	5	29
CHO 7	33	32	31	32
CHO 8	26	24	24	28
CHO 9	17	18	19	19
Total	**171**	**168**	**150**	**158**

5. Further enhanced options for consideration to support LTRC settings

There is high level risk to the above related to the current organisation of older person services in nursing homes due to the heterogeneous, non-clinical nature of the sector (i.e. predominately private providers, weak links to HSE structures and safety nets, high staff turnover and weak clinical governance, regulated as a home not a clinical setting). A number of private nursing homes are already in significant difficulty with regard to being able to continue to provide safe services even with sustained levels of HSE supports.

LTRCs must either be considered as confirmed COVID-19, COVID-19 but not aware of disease presence or non-COVID-19.

Consideration of further enhanced options must take account of the need to support the maintenance of residents in the LTRC setting unless such time as their clinical condition requires transfer to hospital for acute care where there is clinical or other advantage such as their transfer off site and the potential to interrupt the chain of disease transmission.

Potential urgent actions (for all LTRC setting and/or nursing homes) for consideration are as follows:

a) **Progress previous recommended actions:** Urgently continue to progress and report on implementation all actions previously recommended including:

I. **Enhanced Data:** Immediate actioning of the CRM in the community (note the HSE OCIO has been asked to progress the extension of the COVID-19 tracker system to cover long term care);

II. **National COVID-19 Infection Prevention Team (Acute and Community Care)**:

- Its first meeting was held on Friday 19th April.
- The AMRIC Implementation Team includes AMRIC Clinical Lead (Chair), senior QPS staff from Acute and Community, Pharmacy, GP representation, Public Health and a surveillance scientist.
- The National Community QPS team are now focussed on supporting LTRC, working through ACMTs dealing not only with current outbreak management but also working with providers who have yet to have an outbreak to take appropriate measures.
- On-site IPC support from National QPS has commenced. The CHO COVID-19 response teams are directing as to where this will be most impactful. Current focus is on CHOs 6,7 and 9 who are bearing the brunt of outbreaks.
- Community QPS are partnering with AMRIC to deliver a webinar this week for CHO IPC and COVID-19 Response Leads on revisions to the HSPC guidance covering PPE, IPC and Occupational Health.

III. **COVID-19 Response Teams**: 18 COVID-19 Response teams are now in place across the 9 CHO areas. It is noted that these are at different stages of development with supports ranging from general supportive and facilitative preparedness, right through to onsite staffing provision.

IV. **Protection of non-COVID-19 LTRCs:** Protect non-COVID-19 status of LTRCs insofar as possible by rigorously implementing the EAG advice to NPHET regarding testing of patients prior to discharge to long term care (2 x negative tests), and minimising staff movement as per HSE advice in response to NPHET recommendations;

V. **Occupational Health supports:** Full compliance with enhanced Occupational Health guidance and supports already issued;

VI. **Residential supports for LTRCs:** Guidance has issued to all providers in relation to availability of supports and the feasibility on the collation and monitoring of this information is being considered this week

VII. **Enhanced clinical supports nursing homes:** In recognition of the key role of consultant staff (geriatricians) in supporting the community in providing clinical support to nursing homes (private and public), increase this support as need arises.

VIII. **Model of care:** Continue to ensure communication of the model of care and that required focused guidance and supports are in place. It was proposed at the Medical Leader's Forum (13/04/2020):

- that formal links between GPs/Nursing Homes with Emergency Departments where transfer is being considered are established including for those patients with non-COVID issues, e.g. falls.
- that there is focus on preparedness for acute hospital discharge of older people and those with a disability in line with (a)(iv) above.

IX. **Implement Guidance:** https://www.hpsc.ie/ https://hselibrary.ie/covid

b) Covid-19 Status Classification of LTRCs/Nursing: Formal classification by HSE public health team of LTRCs/Nursing Homes as COVID-19, COVID-19 clinical suspicion, Non-COVID-19, to be reviewed at suitable intervals – introduce, should it be feasible, targeted enhanced testing to support the classification process and subsequent public health measures;

c) Isolation beds: Develop dedicated isolation beds/centres in each CHO, prioritising CHOs with the largest number of LTRC outbreaks, to provide capacity for cohorting appropriate COVID-19 patients who can be supported in such settings from significantly pressurised LTRCs/nursing homes.

d) Nursing Home safe staffing measures:

In addition to measures in b) and c)

I. From April 20th HIQA inspections will be carried out on the high-risk centres reviewing:
- Has the centre adequate contingency arrangements in the event of a COVID-19 outbreak?
- An assessment of the care and welfare regulations to include (but not limited to):

Regulation 6	• healthcare needs – the review of the care plan • GP review if health needs increase • Access to medication • Alternate systems in place such as telemedicine • Medical involvement in decisions re transfer to hospital (noting that advance health care directives may have been in place in some cases pre-pandemic)
Regulation 9 Residents rights	• Freedom of choice re movement • Access to family members
Regulation 13	• End Of Life
Regulation 15 Staffing	• Contingency planning • Communication with staff • Support in ensuring skill mix
Regulation 23	• Oversight and planning
Regulations 17 and 27	• Cleanliness • Ability to segregate residents • Social distancing
Regulation 27	• including staff training in preparedness

II. Service continuity is a challenge and private nursing home providers have responsibility to develop staffing contingency plans as part of their preparedness planning. Where such nursing homes, having exhausted their own resources, do not have access to staff the HSE is providing staff as a last resort, given the gravity of the situation and in the interests of patient care. In recognition of the finite overall HSE staff resource and HSE community staff resource, a whole of HSE approach is recommended in order for there to be capacity to address staffing gaps in real time to support adequate, safe staffing levels in private nursing homes. As part of this all current operational challenges need to be immediately identified and solutions expedited as a priority.

III. Initiate a call across State and Civil agencies, including the education sector, to develop in each CHO reserve/on call teams of suitable staff for urgent short-term deployment in nursing homes to provide essential service for the purposes of safe service continuity.

IV. Note the funding support to private Nursing Home sector to support their COVID-19 response including the resources for staffing resilience. All nursing homes applying for such support, where appropriate, should prioritise applications for funding towards the additional cost associated with enhanced measures which have been advised as COVID-19 mitigation and management priorities, advice provided by HIQA and/or HSE Community teams.

e) Safe service provision arrangements for nursing homes:

I. In the overarching interest of the public good, use the HIQA risk assessment process and having regard to the type and quantum of non-financial support and financial support being provided to or requested by a nursing home, initiate an immediate regulatory review to ascertain the safety of the services provided and the likelihood of the return to safe services without sustained HSE support. Where safe services are deemed unlikely to be achievable in the absence of sustained State support, consideration of alternative arrangements for residents and redeployment of the public resources should be considered. It is acknowledged that there are legal and contractual arrangements in place. (Recognise the breadth of this action and that there will be a need to consider how this could be progressed);

II. Given the current level of exchequer funding to the sector (>€1bn) including to support residents in private nursing home beds, through the Nursing Homer Support Scheme (NHSS) and other arrangements such as transitional care, there needs to be an immediate commencement of a strategic expert examination of the sustainability of the sector, the model of care, clinical governance, commissioner model, regulatory model, the service provider mix and the broader set of options for the long term residential care of older people.

This should be approached in two phases; firstly, to address the urgent management of service continuity processes in the event of service provider exits; and secondly, for the longer term. *(The Department, in collaboration with relevant health agencies, and with the support of external expertise if necessary, will consider the process and methodology for such a strategic examination with a view to progressing this programme of work as a matter of immediate urgency.)*

Appendix 1 Timeline High-level measures/actions/supports

GUIDANCE AND SUPPORT TOOLS		
Measure	**Publisher**	**Date Published/Circulated**
General Infection Prevention and Control Guidance for Residential Care Facilities (RCF)	HPSC	12/03/2020
Coronavirus (COVID-19) guidance for settings for vulnerable groups	HPSC	14/03/2020
Preliminary Coronavirus Disease (COVID-19) Infection Prevention and Control Guidance include Outbreak Control in Residential Care Facilities (RCF) and Similar Units	HPSC	v.1 - 12/03/2020 v.2 - 07/04/2020
COVID-19 Preliminary guidance residential care facilities	HSE	14/03/2020 v.2 17/03/2020
HPSC Guidance for Older Persons- reducing risk of CV Outbreak in LTCF	HPSC	?
Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19	HPSC	17/03/2020
Guidance on the transfer of hospitalised patients from an acute hospital to a residential care facility in the context of the global COVID-19 epidemic	HPSC	19/03/2020
COVID-19 Assessment and testing pathway for symptomatic resident in Residential facilities (RF) and Long-term Care Facilities (LTCF)	HPSC	27/03/2020
Guidance on cocooning to protect people over 70 years and those extremely medically vulnerable from COVID-19	HPSC	27/03/2020
HSE COVID Residential Care/Home Support COVID Response Teams (CRT) Operational Guidance	HSE	07/04/2020
Interim Guidance on the use of oxygen in long term residential care settings for older people during the COVID 19 pandemic	HSE	09/04/20
Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units	HSE	10/04/20

ACTIONS/MEASURES/DECISIONS		
Measure	**Publisher**	**Date in Place**
Package of reforms agreed for sick pay, illness benefit and supplementary benefit designed to ensure that employees and the self-employed can abide by medical advice to self-isolate where appropriate	Government	09/03/2020
HSE Actions to support the response to Covid-19 including: • increasing the capacity of the National Ambulance Service • centralised procurement of additional essential equipment, such as Personal Protective Equipment, ventilation equipment, dialysis equipment, portable radiography equipment and additional fleet for community care	HSE	09/03/2020
• Social distancing measures recommended and announced • Visiting restrictions in long-term care facilities • Individuals who have symptoms should self-isolate for a period of 14 days • Staggered breaks in work and greater remote working etc.	NPHET/Government	12/03/2020
COVID-19 Action Plan	Government	16/03/2020
Enhanced social distancing measures recommended and announced including specific reference to long-term care facilities	NPHET/Government	24/03/2020
Additional public health measures in place to prevent spreading COVID-19, including "cocooning" for over 70s	NPHET/Government	27/03/2020
NPHET request to HSE re the need for the HSE to establish individual Outbreak Control Teams with appropriate public health input for such settings where clusters of infection are identified	NPHET	27/03/2020
NPHET extraordinary meetings on Nursing Homes, request to develop information framework and further public health data re nursing homes along with a request that HIQA undertake risk assessments of long-term care facilities	NPHET	29/03/2020 and 30/03/2020
NPHET recommendations - Enhanced Public Health Measures for COVID-19 Disease	NPHET	31/03/2020

Management in Long-term Residential Care (LTRC) and Home Support (6 action areas)		
NPHET recommendation to HSE to immediately deploy an integrated outbreak crisis management response across LTRC settings and to drive the infection prevention and control and public health measures agreed by NPHET on 31st March	NPHET	03/04/2020
Regulatory Notice issued: Establishment of an Infection Prevention and Control Hub for designated centres and children's residential centres in HIQA. The aim being to provide a direct line of contact for providers and staff of social care services to offer guidance and support. This Hub will work closely with the HSE and Tusla and, when appropriate, will escalate high-risk centres for their attention.	HIQA	03/04/2020
Minister announces that a Temporary Financial Assistance Scheme for private and voluntary nursing homes is to be established	Minister for Health	04/04/2020
HSE COVID Residential Care/Home Support COVID Response Teams (CRT) Operational Guidance	HSE	07/04/2020
Risk Assessment Nursing Homes	HIQA	09/04/2020

Appendix 2

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**
• Establish a national and regional (CHO) COVID-19 Infection Prevention and Control (IPC) Teams	**Y**	**Y**
• An IPC Advisor to liaise with each LTRC and homecare provider	**Y**	**Y**
• A local public health led Outbreak Control Team for each outbreak responsible for data capture with support of via CRM system	**Y**	**Y**
• 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**
• Provision of updated guidance (LTRC guidance to include specific admission and transfer guidance)	**Y**	**Y**
• Establish teams (per CHO), building on existing capacity where possible, to provide medical and nursing support	**Y**	**Y**
• 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**
• 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**	
• 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		
• 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**
• 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**
• Minimise staff movement working across LTRCs		**Y**
• Establish protocol to inform service provider/HSS workers if client has tested positive or if testing has been initiated in the HSE.	**Y**	
• Maintain care in the home for as long as possible, with moving to LTRC facility a last resort.	**Y**	
• 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		
• Prioritise LTRC staff/homecare staff for COVID-19 testing (equality of access for all healthcare staff)	**Y**	**Y**
• 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		
• Ensure PPE supply to LTRC settings and home support providers	**Y**	**Y**
• Access to oxygen for LTRC settings		**Y**
• Ensure provision of hand sanitiser and adherence to good waste management standards.	**Y**	**Y**
No. 5 Training		
• 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**
• 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 • Depending on size of LTCF or homecare provider designate a team or at least one full-time staff member as lead for COVID-19 preparedness and response	**Y**	**Y**
• 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**
• Home support providers to have a COVID-19 preparedness plan in place.	**Y**	

Appendix 3

Health Information and Quality Authority - Chief Inspector of Social Services
Nursing Home Sector - Public Health Emergency
09/04/2020

Introduction:
The nursing home sector provides residential care for 32,000 people. These services are regulated in line with the Health Act 2007, as amended. Each nursing home is registered for three years.

The Health Services Executive provides 18% of residential beds, those funded through a section 38 arrangement provide 2% of residential beds. The remaining 80% are provided by the private sector.

Nursing homes are standalone facilities – a good nursing home is integrated within the local community. The average number of registered beds in any home is 50, the smallest having 9 and the largest 180 beds.

Private nursing homes are owned by single providers, limited companies and partnerships. Importantly a company may own several nursing homes however, each is registered as a single legal entity and regulated accordingly. The private nursing home sector is primarily funded through (a) nursing home support scheme[4] or (b) privately by a resident.

Each resident agrees and signs a contract of care with the provider. Their contract agrees the services the provider will deliver.

The private nursing home sector has no clinical governance oversight by or relationship with the Health Service Executive.

Regulation:
All nursing homes are inspected and assessed against national registration and care and welfare regulations. The care and welfare regulation, amended in 2013, set a minimum standard for nursing homes.

As of 2019, **23%** of nursing homes in Ireland were fully compliant with all regulations.

Staffing:
There is no nationally mandated staffing ratio for the nursing home sector.

Professional nursing staff working in the nursing home sector are registered with An Bord Altranais, medical care is provided by General Practitioners and /or resident house officers.

In the private sector the majority of care is provided by healthcare assistants, supervised by a registered nurse. In a large number of private nursing homes their established staffing levels, skills mix, and competencies are not commensurate with what is required to deal effectively with the escalating care needs of residents during a Covid 19 outbreak.

Importantly, the private sector is unable to safely sustain a quality service when staffing levels are depleted by staff self- isolating whilst awaiting Covid 19 testing and/or results.

[4] The fee paid for a nursing home resident is a standardised fee set by NTPF regardless of the needs, complexity or dependency of a resident.

Regulatory non–compliance
Whilst 67% of nursing homes are not fully compliant with the care and welfare regulations, in the context of a Covid-19 outbreak those providers with a regulatory history of persistent non-compliance are challenged in the areas of:

- Premises:

  I.e. The poor infrastructure and limited capacity to isolate patients poses a significant risk.

- Governance leadership and management

  I.e. The capability of the provider to prepare for and effectively deal with a Covid -19 outbreak poses a risk

- Infection Control[5]

  I.e. The limited availability of sluicing, inappropriate use of PPE (aprons and gloves), and poor ICP procedures to include staff training

- Risk management

  I.e. The identification, assessment and control of risk is not of a high standard.

Are potentially most at risk of:
- not effectively managing a Covid -19 outbreak
- not maintaining a quality service for residents
- Increasing safeguarding concerns for residents

And
- requiring additional supports to include staffing from the HSE

Potential number of nursing homes at risk:
The HSE has undoubtedly endeavoured to provide assistance and support to the providers in the sector when the need has arisen

By way of example, the HSE provided Tara Wintrophe with:
- in excess of 50 staff (nursing and non-nursing)
- on site infection control advice
- psychological staff support services
- increased PPE
- Public Health advice

However the lack of direct relationship of the HSE with the private sector has highlighted a challenge to effectively project the specific needs of nursing homes during the Covid-19 outbreak.

[5] The regulation that relate to infection prevention and control are minimal and would not be a predictor of how a home could deal with an outbreak such as Covid 19

In the context of managing a Covid 19 outbreak - of the 580 nursing homes, we estimate 124 public and private nursing homes will potentially need some level of additional support etc. This list has been shared with the HSE. In addition, the provider is mandated to report any Covid-19 outbreak to the Chief Inspector - an updated status report to include a risk assessment is shared with the HSE each morning.

What would potentially reduce/mitigate this demand:

- **Staffing**
  o Fast track Covid 19 testing and results for residents and staff to expedite staff return.

- **Minimizing infection**
  o Ensuring patients transferring form the acute sector have 2 negative Covid 19 results

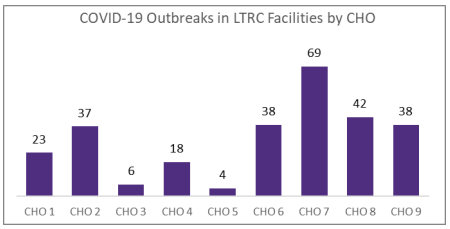
- **Protect and reassuring staff and residents**
  o Base line store of PPE and security of supply thereafter.

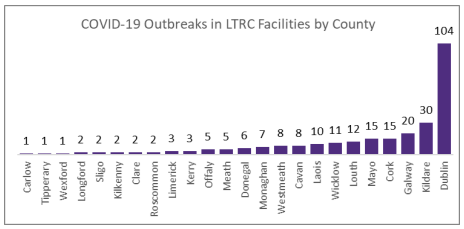
- **Managing Coved 19 outbreak**
  o Formal escalation pathways to ensure:
    - Adequate PPE
    - Infection control advice and support
    - Public Health support

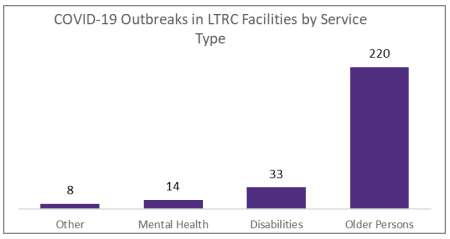
Appendix 4

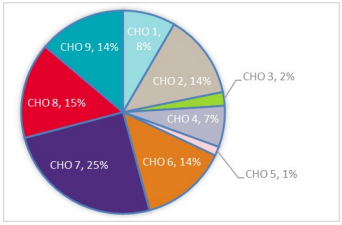
Long Term Residential Care COVID-19 Outbreak Analysis

UPDATE 13/04









275

Known outbreaks reported in LTRC facilities

Long Term Residential Care COVID-19 Outbreak Analysis

UPDATE 13/04

Out of 275 known outbreaks in LTRC facilities:

- 169 were with private providers
- 81 were in HSE facilities
- 18 were a section 38/39 facility
- 7 facilities are classified as Other

** Staff supports currently provided at 43 facilities*

Supports provided to all facilities

Area	Telephone Advice & Support from CHO	IPC Support	Public Health Support	PPE Supply
CHO 1	18	19	19	7
CHO 2	28	27	28	22
CHO 3	6	6	6	6
CHO 4	11	13	15	12
CHO 5	3	2	3	3
CHO 6	29	27	5	29
CHO 7	33	32	31	32
CHO 8	26	24	24	28
CHO 9	17	18	19	19
Total	**171**	**168**	**150**	**158**

Supports provided to HSE only facilities

HSE Only	Telephone Advice & Support from CHO	IPC Support	Public Health Support	PPE Supply
CHO 1	9	10	10	4
CHO 2	9	9	9	8
CHO 3	1	1	1	1
CHO 4	7	9	9	9
CHO 5	1	1	1	1
CHO 6	5	4	1	5
CHO 7	8	8	8	8
CHO 8	10	9	9	11
CHO 9	3	3	3	3
Total	**53**	**54**	**51**	**50**

Supports provided to non-HSE facilities (privates, etc.)

Non HSE Data	Telephone Advice & Support from CHO	IPC Support	Public Health Support	PPE Supply
CHO 1	9	9	9	3
CHO 2	19	18	19	14
CHO 3	5	5	5	5
CHO 4	4	4	6	3
CHO 5	2	1	2	2
CHO 6	24	23	4	24
CHO 7	25	24	23	24
CHO 8	16	15	15	17
CHO 9	14	15	16	16
Total	**118**	**114**	**99**	**108**