Enhanced Public Health Measures for COVID-19 Disease Management
Home Support Services (HSS)
NPHET 3rd April 2020

1. Introduction

The HSE provides and commissions home-support through Older Persons' Services and Disability Services. The Older Persons' Services budget funds home-support services, which primarily provide assistance with personal care as well as help with essential domestic tasks. In addition, Intensive Home Care Packages are provided on a limited basis for older people who require a higher level of support. Disability Services provides general home-support and personal assistance depending on the care plan of the individual.

In 2020, over €500m will be spent on the provision of such services for older people and people with a disability.

There are characteristics of those in receipt of Home Support Services in Ireland that make them a high-risk category for Covid-19 outbreak and contagion across both clients and HSS care staff. These characteristics include:

- Clients by their nature of age or other underlying conditions are at high risk of contracting Covid-19;
- High contact services i.e. significant levels of physical contact and close proximity between care staff and clients, particularly in relation to personal care;
- High level of physical interaction between care staff with multiple clients, and consequent risk of transmission from house to house;
- Confirmed outbreak in a client may result in care staff choosing not to attend that client, due to fear and a risk of contagion;
- Confirmed outbreaks among care staff will see high levels of staff absenteeism due to sick leave and self-isolation requirements;
- To provide continuity of service absenteeism may result in the need for higher usage of temporary staff, who may not be fully trained in care provision or in infection prevention and control;
- More intensive users of home support may require multiple care staff which may increase the impact of transmission (i.e. two or more carers are at risk);
- The need for increased levels of cleaning, hygiene activities and infection control measures in the client's home will put additional time pressure on care staff and may affect the capacity of the provider to deliver services.

The HPSC advise that data in terms of the numbers of homes support workers, or people in receipt of home support packages, who have tested positive for COVID-19 is not available.

2. Home Support Services (HSS)

The HSE has operational responsibility for planning, managing and delivering HSS for older people and people with a disability at national, regional and local levels. Services are delivered either directly by HSE employed staff, or on its behalf by a combination of private and 'Section 39' organisations (i.e. voluntary/not-for-profit) providers who operate under service agreements with the HSE. There are also many home support users who self-fund entirely or self-fund additional support above the support provided via the HSE

In regard to services for older people, the HSE estimated (2018) that about 50% of publicly funded HSS is provided directly by the HSE, with the remaining 50% provided by voluntary/not-for-profit agencies (20%) and private providers (30%). HCCI, the representative body for most of the major private providers, estimates that about 14,000 employees care for about 21,000 clients nationally. In 2018, the HSE employed approx. 6,000 HSS staff.

Approximately 50,000 people, mainly over 65s are in receipt of publicly funded HSS. This represents about 8% of over 65s. The HSE/ Department of Health Positive Ageing Indicators Report 2016 estimated that about 14% of over 70s were in receipt of Home Supports. There are currently over 7,000 people on a waiting list to access home support services.

Approximately 10,000 people with a disability, are in supported with home-support and/or personal assistance services.

Unlike LTRC facilities Home Support Services are not regulated. However, there are contractual arrangements they must meet in line with the 2018 HSE Tender, and as part of the service level agreement in place with a range of private providers, the HSE has developed key performance indicators which operate with reference to HIQA's Quality Standards. This included quality standards in terms of governance and accountability, person-centred care, complaints management, training and qualifications. It is the duty of the service provider to provide services to the minimum required specifications as outlined in the agreement, to the satisfaction of the authorised officer or other designated person.

3. Prioritisation of Need in Home Support Services

Current Home Support service delivery will need to carefully managed, balancing priority need across priority categories. This should be done in line with recent guidance in relation to cocooning to protect those over 70 and those extremely medically vulnerable to COVID-19 (please see https://www.gov.ie/en/publication/923825-guidance-on-cocooning-to-protect-people-over-70-years-and-those-extr/).

On March 31st, the HSE directed each CHO to suspend home support services to clients assessed as Priority 3 and 4, where possible, in order to continue to support Priority 1 and 2 clients with other community/voluntary supports being offered and provided as an alternative. Please see attached in appendix A the HSE criteria for prioritisation of clients. All priority listing will be determined by PHN

The redirection of resource in Home Support can be temporarily re-allocated to support residential services. This is applicable regardless of whether the home support service is provided by HSE directly employed staff or external providers. Contact will need to be maintained with clients with reduced or ceased service to ensure family are coping.

Home Support service may be ceased or reduced with the support of family members and /or alternative forms of volunteer-provided local supports, always subject to individual assessment of each client and their circumstances. There may also be cases at Priority 1 & 2 where reduced frequency or temporary ceasing of existing services may be possible or necessary to cope (to reduce foot traffic to people's homes) with increased demands and/or reduced availability of staff particularly if family members are available to provide care and support. The development

of a framework for the delivery of community supports being led by the Local Authorities is a key safety value which will ensure that those individuals at home, who are cocooning or have low care needs, will have access to basic services and products such as food and fuel.

It should be noted however that there are risks associated with the current provision of home support services that may be accentuated within the current context. While planning for the statutory homecare systems key challenges and risks emerged:
- The lack of a standard IT System, standard assessment tool, recording and monitoring processes.
- In November 2019 the Department wrote to the HSE Director of Operations setting out a requirement for the following to be actioned – the development of a minimum data set, validation of data sets, establishment of a central office and associated central IT system.
- Continued focus on these actions, along with a strong focus on data collection and monitoring, will need to be maintained throughout the current period of COVID-19 measures and a supports the key action of Government as set out in the National Action Plan is to maintain the delivery of home care to support people at home who are cocooning and those with a positive COVID-19 diagnosis.
- ICT is identified as a key enabler not only to manage the operational delivery of a safe service but also from a public health approach to be able to roster, track and monitor risk mitigation measures for COVID-19 clients and home support workers.

4. International Policy Measures to limit impact COVID-19 – Home Support Services
An initial search of international policy measures in relation to home support has been undertaken and a table of relevant papers is set out in Appendix B.   To note internationally, the literature is focused on preparedness for a pandemic generally rather than COVID-19 specific. Reference to new evidence in the context of COVID-19 on homecare is absent.

5. Governance in the community
At the NPHET meeting on 31st March 2020 a series of public health measures to be implemented across the community including in Long Term Residential Care (LTRC) and home care were agreed. The HSE has commenced the implementation of these actions. While this paper is considering home support needs specifically it is essential that a coherent and unified public health and operational approach is taken for community services. Consideration of issues that cross both hospitals and community should take place in a planned integrated manner through structures such as the HSE's nine Area Crisis Management Teams (ACMTs).

6. Agreed enhanced public health measures – COVID-19 HSS

On 31st March, the NPHET made the recommendations Public Health Actions were agreed for LTRC facilities, with the measures applicable to Home Support (Appendix C). Home support workers must adhere to infection prevention and control measures published by the Health Protection Surveillance Centre. The HPSC has issued (19 March 2020) a detailed Guidance document for Health and Social Care workers who visit homes.

The following recommendations for additional Public Health Actions are suggested for consideration by NPHET:

- Measures agreed on 31st March NPHET meeting in black
- New measures in red.

No. 1 Strengthened HSE National and Regional Governance Structures
• Establish a national and regional (CHO) LTRC COVID-19 Infection Prevention and Control (IPC) Teams with an allocated IPC Advisor to liaise with each LTRC and homecare provider
• Provision of updated home support guidance
• 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, or lack of staff due to staff illness or other unavailability including staff absenting themselves due to fear of contagion.
• Expand the scope of the teams (per CHO) to be set up to provide medical and nursing support and advice to LTRC to include HSS providers (building on established pathways potential for support through CHO clinical hub and local teams to be explored, including the use of Advanced Nurse Practitioners (ANPs) in acute hospitals and hubs).
• 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
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
• Establish protocol to inform service provider/HSS workers if client has tested positive or if testing has been initiated in the HSE.
• Where possible support provision of End of Life care in the home, in line with agreed protocols
• Maintain care in the home for as long as possible, with moving to LTRC facility a last resort.
No. 3 Staff Screening and Prioritisation for COVID-19 Testing
• Prioritise LTRC staff/homecare staff for COVID-19 testing
• Active monitoring of staff for fever, cough and shortness of breath.
No. 4 HSE Provision of PPE and Oxygen
• Ensure PPE supply to LTRC settings and home support providers
• Ensure provision of hand sanitiser and adherence to good waste management standards.
No. 5 Training
• The HSE and home support providers support access to the provision of training for staff in IPC
• Immediately work within its own structures and external trainers to prioritise and ensure programmes of training are promptly available.
• Ensure mandatory training in IPC.
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
• Rapidly develop and implement a COVID-19 preparedness plan.

Appendix A: HSE Priority Classification for Home Support Clients

Priority 1	Priority 2	Priority 3	Priority 4
Clients receiving 7-day service with low Barthel score, Hoist required and/or 2 carers several calls a day, palliative care clients.	Not an existing 7-day service, 5 days. Receive assistance with toileting and personal care.	Clients who don't have a service daily.	Clients who have a 1-2 calls weekly service. and have family and supports.
Family situation may determine support, e.g. may have elderly carer with no other family.	Minimal supports, Living alone.	Personal care clients who have support from family/friends.	Clients who have family and friends.
In some cases, client is isolated, living alone with no family.	If day centre and other groups are closed thus isolating client		
	Client may be living in isolated area		

All priority listing will be determined by PHN. The Barthel scale is an ordinal scale used to measure performance in activities of daily living (ADL).

Appendix B: List of relevant international papers

Title of Paper	Publication/Author & Date	Hyperlink
Protecting Home Health Care Workers: A Challenge to Pandemic Influenza Preparedness Planning	American Journal of Public Health – October 2009	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4504355/
Pandemic influenza preparedness planning in the home care environment		https://www.ncbi.nlm.nih.gov/pubmed/19745618
Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)	CDC - 12 February 2020	https://www.nih.gov/health-information/coronavirus https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html
Avian flu: pandemic preparedness.	Home Health Nurse - Nov/Dec 2007	https://www.ncbi.nlm.nih.gov/pubmed/17984642
Infection prevention and control in the household management of people with suspected or confirmed coronavirus disease (COVID-19)		
Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings	CDC – 14 March 2020	https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html
Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities		https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

	RSPU RETURN:[1] Date: 1 April 2020 Search engine: Google Scholar Terms: Covid-19 coronavirus home health care workers homecare (*homecare had to be added as original search rendered too many institutional returns*) Timeline: Since 2020 25 results returned – each considered for relevance based on abstract, overview or rapid overview,		
	Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19)	WHO 27 February 2020 (see page 4)	https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf
	Securing the Safety Net and Protecting Public Health During a Pandemic Medicaid's Response to COVID-19 Chethan Bachireddy, MD, MSc[1]; Christopher Chen, MD, MBA[2]; Mohammad Dar, MD[3]	*JAMA.* Published online March 19, 2020. doi:10.1001/jama.2020.4272	https://jamanetwork.com/journals/jama/article-abstract/2763487

[1] Articles already identified in table above are excluded where a link is provided

	Postacute Care Preparedness for COVID-19 Thinking Ahead [David C. Grabowski, PhD][1]; [Karen E. Joynt Maddox, MD, MPH][2,3,4]	*JAMA.* Published online March 25, 2020. doi:10.1001/jama.2020.4686	https://jamanetwork.com/journals/jama/article-abstract/2763818
2	Date: 1 April 2020 Search engine: Google Scholar Terms: influenza pandemic protecting homecare services older people No timeline (to maximise returns from previous pandemic experiences) Over 6000 results returned, first 5 pages considered		
	Home Health Care Challenges and Avian Influenza Gershon, R.R.M. et al.	Home Health Care Management and Practice[2] Volume: 20 issue: 1, page(s): 58-69 Issue published: December 1, 2007	https://journals.sagepub.com/doi/abs/10.1177/1084822307305908
	Pandemic Influenza Preparedness Planning in the Home Care Environment McDonald, M.V.	Home Healthcare Nurse: The Journal for the Home Care and Hospice Professional: [September 2009 - Volume 27 - Issue 8 - p 460-461] doi: 10.1097/01.NHH.0000360918.33980.0f	https://journals.lww.com/homehealthcarenurseonline/Citation/2009/09000/Pandemic_Influenza_Preparedness_Planning_in_the.2.aspx

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[2] This journal was also searched using key words 'pandemic' 'influenza' and did not yield relevant results beyond that already displayed.

	Knebel A, Phillips SJ, eds. Agency for Healthcare Research and Quality. (August 2008) Home Health Care During an Influenza Pandemic: Issues and Resources. AHRQ	https://altarum.org/sites/default/files/uploaded-publication-files/homehealthcare2008.pdf
3	Date: 1 April 2020 Search engine: CINAHL Complete Two searches completed: search terms (1) home care workers AND pandemic; (2) influenza AND home care Results: (1) yielded 2 articles already identified above (Baron, and Gershon) and (2) yielded 38 results however none were directly relevant to the query	
4	Date: 1 April 2020 Search engine: JAMA Network Search terms: (1) pandemic home care workers (53 results – already identified articles, or not relevant) (2) influenza and home care (663 results – too broad, not relevant)	
5	Country specific searches: Date of access 1 April 2020	
	New Zealand	Ministry of Health NZ – advice for specific audiences https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-disability-and-aged-care-providers	https://www.health.govt.nz/system/files/documents/pages/covid-19-update-for-disability-and-aged-care-providers-on-alert-level-4-30mar20.pdf And: https://www.health.govt.nz/system/files/documents/pages/interim-guidance-health-staff-implementing-home-care-people-not-requiring-hospitalisation-covid-19-23march2020.pdf
	Australia	A collection of resources for health professionals, including aged care providers, pathology providers and healthcare managers, about coronavirus (COVID-19).	https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-aged-care-providers-pathology-providers-and-healthcare-managers#health-and-aged-care-workers And: https://www.agedcarequality.gov.au/covid-19-coronavirus-information

	UK	**COVID-19: guidance for residential care, supported living and home care** Residential care supported living and home care in the event of a coronavirus (COVID-19) outbreak.	https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance
	US	https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-concerning-coronavirus-disease-2019-covid-19-home-health	https://www.cms.gov/files/document/qso-20-18-hha.pdf (from page 4)

Appendix C: Public Health Actions agreed for LTRC facilities and Home Support at NPHET on 31 March 2020

No. 1 Strengthened HSE National and Regional Governance Structures
- Establish a national and regional (CHO) LTRC COVID-19 Infection Prevention and Control (IPC) Teams with an allocated IPC Advisor to liaise with each LTRC and homecare provider
- A local public health led Outbreak Control Team for each outbreak who will be responsible for data capture with support of LTRC via CRM system
- Provision of updated guidance including LTRC specific admission and transfer guidance
- Establish teams (per CHO), building on existing capacity where possible, to provide medical and nursing support to LTRCs
- 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
- 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

No. 2 Transmission Risk Mitigation in suspected or COVID-19 positive settings LTRC and homecare staff
- HSE to provide support for appropriate alternative residence and transport for staff living in congregated domestic living arrangements involving other LTRC settings/homecare staff
- Minimise staff movement working across LTRCs
- Agencies and LTRC/home support providers agree protocols to minimise staff movement across COVID-19 and non-COVID-19 LTRC settings/home support clients

No. 3 Staff Screening and Prioritisation for COVID-19 Testing
- Prioritise LTRC staff/homecare staff for COVID-19 testing
- Each LTRC should undertake active screening of all staff (Temperature checking twice a day)

No. 4 HSE Provision of PPE and Oxygen
- Ensure PPE supply to LTRC settings and home support providers
- Access to oxygen for LTRC settings

No. 5 Training
- The HSE and LTRC settings support access to the provision of training for sufficient staff in IPC, use of PPE, use of oxygen, palliative care and end of life care, pronouncement of death
- The HSE and home support providers support access to the provision of training for staff in IPC

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
- 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