

NPHEET Meeting 31st March 2020: Enhanced Public Health Measures for COVID-19 Disease Management Long-term Residential Care (LTRC) and Home Support

People living in Long Term Residential Care (LTRC) settings (nursing homes, disability and mental health) 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. 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 should be based on preparedness, early recognition, isolation, care and prevention of onward spread.

Ireland is seeing a growing number of clusters in nursing homes and recent data from the Health Protection Surveillance Centre indicates that around 1/5 of cases, c20% are in LTRC. This data creates an urgency therefore to target specific focused and enhanced public health measures for LTRC.

The public health actions 1-6 aim to:

- Support the maintenance of residents in LTRCs unless there is clinical or other advantage
- Interrupt transmission of the disease and prevent onward spread in LTRC and the community.

Agreed Public Health Actions LTRC facilities and Home Support

<p>No. 1 Strengthened HSE National and Regional Governance Structures</p> <ul style="list-style-type: none">• 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
<p>No. 2 Transmission Risk Mitigation in suspected or COVID-19 positive settings LTRC and homecare staff</p> <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• 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
<p>No. 3 Staff Screening and Prioritisation for COVID-19 Testing</p> <ul style="list-style-type: none">• Prioritise LTRC staff/homecare staff for COVID-19 testing• Each LTRC should undertake active screening of all staff (Temperature checking twice a day)
<p>No. 4 HSE Provision of PPE and Oxygen</p> <ul style="list-style-type: none">• Ensure PPE supply to LTRC settings and home support providers• Access to oxygen for LTRC settings
<p>No. 5 Training</p>

- 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