

Niall Redmond  
Chair  
Nursing Homes Working Group

**RE: COVID-19 Nursing Homes Sector Working Group**

**1<sup>st</sup> April 2020**

Dear Niall,

Thank you for your report on the findings of the COVID-19 Nursing Homes Working Group.

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 long-term residential care settings (LTRCs). This data creates an urgency therefore to target specific focused and enhanced public health measures for LTRC.

As you are aware, over the last number of days there has been extensive further focus on the evolving public health issues arising with regard to long-term residential care settings. The findings and considerations outlined in your report have assisted in informing the development of a paper, with a related framework of information, for consideration by the National Public Health Emergency Team (NPHE) – *“Measures for Disease Management - Long-term Residential Centres (LTRCs)”*.

At the meetings convened by the CMO on 29<sup>th</sup> and 30<sup>th</sup> March with key officials and experts from the relevant agencies, we discussed in detail the emerging epidemiological data and the development of the above referenced paper, including early consideration of the specific issues related to COVID-19 infection control in long-term healthcare settings in Ireland and proposed measures for disease minimisation for consideration.

The final paper considered by NPHE on 31<sup>st</sup> March, informed by a range of expert input, latest public health data, national and international evidence and the findings of your report, recommended a range of enhanced public health measures for long-term residential care settings. NPHE agrees that the response to COVID-19 in LTRCs should be based on preparedness, early recognition, isolation, care and prevention of onward spread. The aims of the public actions agreed by NPHE 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.

You will note that a number of the proposed actions included in the report of the COVID-19 Nursing Homes Sector Working Group have been adopted, namely:

- 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;
- Ensure PPE supply to LTRC settings and home support providers;

- Access to oxygen for LTRC settings;
- 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.

A full set of the actions under the 6 public health measures agreed by NPHET is enclosed. I have written to the principal agencies today requesting that they progress these substantive actions as a matter of urgency. I have also written to Nursing Homes Ireland (NHI) informing it of the agreed actions and requested that NHI inform its members with a view to individual nursing homes implementing relevant actions and engaging with the HSE as appropriate.

### **Temporary Financial Scheme**

I wish to acknowledge your team's work, in conjunction with Finance Unit and with input and assistance from Governance and Performance Division, over the weekend and this week on the advancement and development of a proposal for a temporary financial scheme for the nursing home sector. I acknowledge the significant undertaking involved and the fact that this is being advanced through Departmental leadership. I note that informal discussions with DPER have taken place and that a formal request for sanction was submitted yesterday which is now subject to active extensive negotiation and engagement. Further to our discussion this morning, the proposed approach, reassessed and amended to take into account the significant package of measures and supports for nursing homes agreed by NPHET yesterday and outlined above, has also been submitted to the Minister for consideration. I would appreciate if you could keep me updated on progress on this matter, noting the importance of the proposal and early progress.

I would appreciate if you could convey my sincerest thanks to your team and the members of the working group for their diligence, commitment and considered input to this process. The output of the group has been particularly informative to the NPHET considerations. I intend to update the NPHET Vulnerable People subgroup at the earliest opportunity.

Yours sincerely,



Dr. Kathleen Mac Lellan,  
Chair NPHET – Vulnerable People Subgroup

## **NPHET Meeting 31<sup>st</sup> 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><b>No. 1 Strengthened HSE National and Regional Governance Structures</b></p> <ul style="list-style-type: none"><li>• 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</li><li>• 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</li><li>• Provision of updated guidance including LTRC specific admission and transfer guidance</li><li>• Establish teams (per CHO), building on existing capacity where possible, to provide medical and nursing support to LTRCs</li><li>• 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</li><li>• 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</li></ul>
<p><b>No. 2 Transmission Risk Mitigation in suspected or COVID-19 positive settings LTRC and homecare staff</b></p> <ul style="list-style-type: none"><li>• HSE to provide support for appropriate alternative residence and transport for staff living in congregated domestic living arrangements involving other LTRC settings/homecare staff</li><li>• Minimise staff movement working across LTRCs</li><li>• Agencies and LTRC/home support providers agree protocols to minimise staff movement across COVID-19 and non-COVID-19 LTRC settings/home support clients</li></ul>
<p><b>No. 3 Staff Screening and Prioritisation for COVID-19 Testing</b></p> <ul style="list-style-type: none"><li>• Prioritise LTRC staff/homecare staff for COVID-19 testing</li><li>• Each LTRC should undertake active screening of all staff (Temperature checking twice a day)</li></ul>
<p><b>No. 4 HSE Provision of PPE and Oxygen</b></p>

- 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