



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## **Covid - 19 Contingency Plan for Home Support Managers and Health Care Support Assistants and Disability Managers/Personal Assistants during Mitigation Phase**

### **Purpose of this document**

To advise Home Care Support Teams/disability support teams on actions to be taken during the Covid - 19 mitigation phase. This document identifies:

- A sample client schedule of service.
- Prioritisation classifications.
- Action cards for the Home Support Co-Ordinator and HCSA/Personal Assistant or other providers of care/support in the home eg specialist nurses, voluntary providers etc.
- Additional operational matters for consideration included in Appendix I.

The Home Support Contingency Plan also identifies prioritisation of patients/service users/clients which has been reviewed in the context of three different scenarios:

1. Normal service to continue
2. Reduction of homecare/home support service
3. Alternative provision of care/support services

Please note, this document does not deal specifically with;

- Alternative models of practice with respect to clinical/therapeutic interventions
- Behaviours that challenge

These are being addressed specifically in separate guidance documents. Other supports in relation to mental health are accessible at [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie).

In line with HSE Operational Pathways of Care for the assessment and management of patients with Covid-19, at a local level, there will be a co-ordinated response at the level of Community Health Organisation (CHO) geographic area, encompassing the relevant acute hospital groups. Area crisis management teams will be convened and co-chaired by the Chief Officer of the CHO and CEO of Hospital Group. This group will include heads of service, public health representatives and clinical directors and will be tasked with ensuring that the actions taken at the operational level are supported, coordinated, coherent and integrated.

Compliance with GDPR is a legislative requirement and standards will continue to be observed.

## General Measures to reduce the risk of accidental introduction of COVID-19 to a client/service user

Current information suggests that COVID-19 can spread easily between people and could be spread from an infected person even before they develop any symptoms. For these reasons we suggest greater attention to cleaning and general hygiene and recommended social distancing measures. All care/support staff are requested call their managers before they go to work if they have a cough, temperature or shortness of breath.

The following are some general recommendations to reduce the spread of infection:

- Informing all staff of the signs and symptoms of COVID-19 and advise them of actions to take if they or any close family members develop symptoms and to follow HSE guidance. Guidance should be in keeping with most current information from HSE and Health Protection & Surveillance Centre.
- Careful attention to hand hygiene with provision of hand sanitiser
- Coughing / Sneezing into tissue / elbow crook
- Encourage clients/service users to cover their nose and mouth with a tissue if they cough or sneeze
- Maintain a distance of 1m or more for clients/service users other than when you are providing direct personal care.
- Regular infection prevention and control training for staff with emphasis on Standard Precautions (including hand hygiene) and including the appropriate use of personal protective equipment. (see more detail on this below)
- Avoid eating or drinking in the client/service users home
- Clients/service users and their families/friends should who are receiving care/support in their home should be advised to let the service provider know as soon as possible if they have a new cough, temperature or shortness of breath they should be advised to contact their doctor right away.
- If you arrive at a client/service users's home and find that they have a new cough, temperature or shortness of breath you should leave the room if possible or otherwise maintain a distance of at least 1m or more if possible and call your manager. If the person is not distressed but is on their own call a family member or other contact person. If you find it necessary to remain with the person or to approach within 1 m to attend to a person in distress the risk can be reduced by applying the basic precautions outlined above.
- If neither you nor the person you are providing care and support to have no symptoms of a respiratory like illness, then standard infection prevention and control measures are appropriate. More information about general infection prevention and control can be

### Do

- ✓ [Wash your hands properly and often.](#)
- ✓ Cover your mouth and nose with a tissue or your sleeve when you cough and sneeze.
- ✓ Put used tissues into a bin and wash your hands.
- ✓ Clean and disinfect frequently touched objects and surfaces.
- ✓ Avoid close contact with people - keep a distance of 2 metres (6.5 feet) between you and others.
- ✓ Avoid crowded places, especially indoors.
- ✓ [Follow the travel advice from the Department of Foreign Affairs.](#)
- ✓ Stay at home if you are sick to help stop the spread of whatever infection you may have.

found in the information booklet for Home Helps/Home Support Workers and Personal Assistants which is available online at:  
<https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,13739,en.pdf>

## **Providing planned home care for people who have suspected or confirmed COVID-19**

Homecare workers who are able to provide planned home care for people with suspected or confirmed COVID-19 can play a critical role in helping to manage the COVID-19 emergency. Homecare workers undertaking this role will require some additional training to manage the associated risks. The most critical element of managing this risk is to review key skills (especially hand hygiene) but there will also be a requirement for appropriate use of additional personal protective equipment (PPE) for activities that requires you to be within 1 m of the client.

Guidance on the appropriate PPE for each task is outlined in guidance on the HPSC website. The guidance is based on the task performed in whatever setting the task is performed. [https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017\\_03\\_20.pdf](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf)

Note that PPE must be used correctly to provide protection. Instructional videos on putting on and removing items of personal protective equipment are available on the HPSC website and should be followed.

Staff providing planned care in the home for clients with COVID-19 should practice putting on and safely removing PPE before they visit the client's home. Some details are provided below. New personal protective equipment is required for each person cared for. In some instances re-use of eye protection following cleaning has been necessary but eye protection will probably be required infrequently in most care settings. It is essential that used personal protective equipment is discarded into a disposable waste bag. This waste bag should be placed into a second waste bag, tied securely and kept separate from other waste within the home. It should be left for 72 hours before it is left out for removal.

Additional details on use of PPE (please refer also to guidance and instructional videos on the HPSC website <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>

## **When gloves, mask or apron are not required**

If the visit to the person's home does not involve physical contact with the client and if you can maintain a distance of at least 1 metre (3 feet<sup>1</sup>), you do not require an apron, a mask or gloves but do clean your hands before and after the home visit.

### **Use of surgical masks**

A surgical mask should be used if you are spending more than a very brief period within 1 m (3 ft.) of a client with suspected or confirmed COVID-19. If using a surgical mask, it should be snugly fitted to your face so that it completely covers the mouth and nose. Masks should not be touched or handled during use. If the mask gets wet or dirty from secretions, it must be replaced immediately with a new clean, dry mask. The mask should be removed using the appropriate technique Guidance for Health and Social Care Workers Who Visit Homes, V1.0 19/03/2020 HSE Health Protection Surveillance Centre [www.hpsc.ie](http://www.hpsc.ie) Page 7 of 8 – that is, do not touch the front, but instead untie it. Discard the mask after use into a waste bag and perform hand hygiene. Masks should not be reused. Respirator masks are only recommended for a small number of tasks (or example suctioning the respiratory tract). Eye protection (goggles or visor): It is unlikely you will require goggles for home care situations.

### **Putting on and removing PPE**

PPE should be put on and removed in the most practical place that can be identified. This may be in a hallway or separate room. If there is no hallway or other room, PPE should be put on and removed at a distance of 1 to 2 m from the client. It is essential that the correct sequence and procedure is followed for putting on and removing PPE as follows:

#### ***Putting on PPE***

1. Clean the hands.
2. Put on a disposable plastic apron or where necessary for the task a surgical gown (see guidance).
3. Put on a surgical mask, secure ties/straps to middle back of head and neck. Fit flexible band to bridge of nose. Fit snug to face and below chin.
4. Put on gloves—and if wearing a gown pull gloves up over the cuffs of the gown.

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<sup>1</sup> <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/Guidance%20for%20settings%20for%20vulnerable%20groups%20V2.pdf>

### ***Removing PPE In the client's room***

1. Remove gloves (avoid touching outside of gloves and dispose in waste bag).
2. Clean the hands.
3. Remove apron (or gown in required) by pulling from the back and avoid touching the front and dispose in waste bag directly outside the client's room
4. Grasp and lift mask ties from behind the head and remove mask away from your face.
5. Avoid touching the front of the mask and holding the ties only, discard in a waste bag.
6. Clean the hands.

### **Watch a video for non clinical staff on how to prevent the spread of infection:**

[https://www.youtube.com/watch?v=H\\_NJvMSEhN0&feature=emb\\_logo](https://www.youtube.com/watch?v=H_NJvMSEhN0&feature=emb_logo)

### **Watch a video on how to put on and take off personal protective equipment (PPE)**

[https://www.youtube.com/watch?v=\\_4l7qvh5p80&feature=youtu.be](https://www.youtube.com/watch?v=_4l7qvh5p80&feature=youtu.be)

### **Application:**

Home Support Coordinators / Organisers, Home Support Managers, Disability Managers, Health Care Support Assistants (HCSAs), Personal Assistants.

### **Definitions:**

**Mitigation Phase** - This will be activated where containment is no longer effective in controlling the spread of Covid -19. In this phase, the focus of the HSE will be on identifying cases who are most severely unwell and maintaining service provision where possible.

### **Guidance:**

- Each Home Support Office/Disability Service Manager must have an updated client list obtained from the Public Health Nursing department/disability service provider. This should be compiled in priority order with the most dependent clients at the top of the list e.g. clients requiring hoisting and/or 2 person call, clients with no relatives/extended family support. This list will inform Managers in the event of a reduction in staff numbers and or in the event of an increase in demand for Home Support due to a large scale outbreak involving staff, carers or clients.

The list should be as comprehensive as possible to include a checklist with the following items below in the example shown. Client/service users schedule of support should be attached/ also available as client may be receiving supports in conjunction with other services i.e. private providers, IWA and other disability support providers etc.

### Client Schedule of Service

<b>Client Name</b>	<b>Support/Carer Involvement</b>	<b>No of calls per day required by the client and hours per week</b>	<b>Service User Schedule of Support in their own home- Full day support/ sleepover/ 24/7 support drop-in / community connection</b>	<b>One or two person/support</b>	<b>Please document (if known) if any member of the household/immediate family or the client/service user has been tested for Covid - 19</b>	<b>Has there been any disruption to the carer involvement/support due to Covid - 19</b>	<b>Is client/service user likely to need inpatient admission and why?</b>	<b>Attending specialist services?  In contact with specialist nurse/medical services?</b>
Mrs X	Yes/No	5/7 X 3 calls	Example: DS / SO /24/7 / DI/CC			Yes/No	Yes/No	Yes/No

								Contact details of specialist nurse
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## Home Support Contingency Plan

This contingency plan is to support clients/service users receiving home care to remain at home. Due to the Covid - 19 pandemic there is a risk that normal service could be interrupted and therefore alternatives will have to be explored. The following scenarios have been discussed with the Public Health Nursing Service/Disability Services and are deemed the most appropriate to maintain the individual in their own home. It is acknowledged that it will be necessary to work in collaboration with a range of community volunteer organisations, hospital based specialist services where they exist and consideration must be given to the optimal and safe utilisation of these services. Meals on Wheels and the Alone monitoring service are just some of the available supports to enable individuals to remain in their own home. Work is ongoing in this regard as part of the overall response in relation to Covid - 19.

### Prioritisation Classifications:

Patients/clients/service users who receive home care support have been prioritised into the following categories:

Priority 1	Priority 2	Priority 3	Priority 4
<ul style="list-style-type: none"> <li>- Clients receiving 7-day service with low Barthel score, Hoist required and/or 2 carers, several calls a day, those requiring respiratory support (both invasive and non-invasive ventilation) ,palliative care clients.</li> </ul>	<ul style="list-style-type: none"> <li>- Clients receiving 5 -7 days service/ day supports( varying hours) /community connection / sleeperover .</li> <li>- Receive assistance with toileting, neurogenic bowel, and personal care</li> </ul>	<ul style="list-style-type: none"> <li>- Clients/service users who don't have a service daily</li> <li>- Service users who have a drop-in service living independently with support to shop and interact in their community</li> </ul>	<ul style="list-style-type: none"> <li>- Clients/service users who have a 1-2 calls weekly service/have drop-in service and have family and supports</li> </ul>



- Service users receiving 24/7 support due to their support intensity scale	- Receiving supports due to long-term institutionalisation and resulting complex and behavioural support needs		
- Client's family situation may determine support, e.g. may have elderly carer with no other family or no informal care. - Service users continuity of support required because of their complex needs	- Minimal supports, living alone. - Support interspersed with personal time at home - If day centre and other groups are closed thus isolating client.	- Personal care clients who have support from family/friends. - Service users who have developed friendships / relationships within their local community and may have increased use of assistive technologies	- Clients/service users who have family and friends.
- In some cases, client is isolated, living alone with no family.	- Client may be living in isolated area.		

## Prioritisation Classifications

*This prioritisation of individuals has been reviewed in the context of five different scenarios:*

- 1 Normal service to continue.
- 2 Reduction of homecare/home support service
- 3 Alternative provision of care/support
- 4 Intercurrent non-covid related illness<sup>2</sup>
- 5 COVID Infection<sup>2</sup>

### Scenario 1:

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<sup>2</sup> In scenario 4 & 5, the main role of the Home Support Managers and Disability Managers is to ensure that all those involved in the care of the individual are aware of current status and escalate as appropriate. Any decisions relating to clinical care will be made by primary care physicians and/or treating hospital Consultant in collaboration with the individual and their family

Normal service remains in situ; care is delivered as normal.

**Scenario 2:**

There is a reduction in home care/home supports services due to impact of Covid - 19. The national context must be taken into consideration in this scenario. Taking account of the vulnerability and safety of the individual, family/friends and those known to the person may be able to provide support. There will also be the utilisation of volunteer community resources. The resources normally allocated to patients/clients/service users in the priority categories 3 & 4 can be appropriately redistributed to those in priorities 1 & 2.

Priority 1	Priority 2	Priority 3	Priority 4
Contingency	Contingency	Contingency	Contingency
<ul style="list-style-type: none"> <li>- Increase clinical input from community/disability nursing and support team.</li> <li>- This will mean community/disability nursing and support team covering visits.</li> <li>- Avail of assistive technology monitoring and surveillance systems.</li> <li>- Utilise community volunteer resources as available.</li> </ul>	<ul style="list-style-type: none"> <li>- Utilise home care team redeployed from other priority patient/service user categories to support.</li> <li>- Avail of assistive technology monitoring and surveillance systems.</li> <li>- Utilise community volunteer resources as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>- Link with family members/friends to increase contact and assist with personal care/supports as appropriate.</li> <li>- Utilise community volunteer resources.</li> <li>- Avail of assistive technology and monitoring systems where available.</li> </ul>	<ul style="list-style-type: none"> <li>- Link with family members/friends to increase contact and assist with personal care/support as appropriate</li> <li>- Utilise community volunteer resources</li> <li>- Avail of assistive technology and monitoring systems where available</li> </ul>

**Scenario 3:**

Due to the impact of Covid - 19 the scenario may arise where it is not feasible to maintain an individual in their own home. In this case the following contingencies would be appropriate. Consideration must be given to the fact that those individuals in the Priority 1 and 2 group are those who would be categorised as at high risk both in terms of contracting Covid – 19 and their complex support and care needs would make them especially vulnerable.

Priority 1	Priority 2	Priority 3	Priority 4
Contingency	Contingency	Contingency	Contingency
<ul style="list-style-type: none"> <li>- Explore possibility of individual residing with friend/relative or them moving in with individual (assuming there is a provision for appropriate PPE for the individual)</li> <li>- Increasing clinical/support input from community/disability nursing/support team and community volunteer services to support this.</li> <li>- Consider transfer to intermediate care bed.</li> <li>- Consider temporary move to community group respite support</li> <li>- Consider temporary move to vacancy in congregated setting</li> </ul>	<ul style="list-style-type: none"> <li>- Explore possibility of individual residing with friend/relative or them moving in with individual . (assuming there is a provision for appropriate PPE for the individual)</li> <li>- Increasing clinical input from community/disability nursing team and community volunteer services to support this.</li> <li>- Consider transfer to intermediate care bed.</li> <li>- Consider temporary move to community group respite support</li> <li>- Consider temporary move to vacancy in congregated setting</li> </ul>	<ul style="list-style-type: none"> <li>- Explore the use of assistive technology monitoring to support the individual in their own home</li> <li>- Explore possibility of Individual residing with friend/relative or them moving in with individual .</li> <li>- Support this by availing of community volunteer services.</li> </ul>	<ul style="list-style-type: none"> <li>- Explore the use of assistive technology monitoring to support the individual in their own home</li> <li>- Explore possibility of individual residing with friend/relative or them moving in with individual.</li> <li>- Support this by availing of community volunteer services</li> </ul>

#### Scenario 4

Vulnerable disabled patients are also prone to other non-COVID illness – e.g. those with high levels of disability are prone to UTIs. While every attempt should be made to treat at home, it may be necessary to admit to an intermediate care facility for medical management / IV therapies.

In line with HSE Operational Pathways of Care for the assessment and management of patients with Covid-19, facilities within each region will be identified that can provide this type of care in a COVID- free environment, where possible. Any recommendations in relation to same will be made by the individuals primary care physician/treating consultant.

### **Scenario 5**

This will be determined by the nature of the underlying illness and feasibility of full mechanical ventilation. Based on the underlying condition, early engagement with the appropriate hospital based clinical service will be essential (for example those with complex neurological conditions). In some instances it will be entirely appropriate to transfer patients for full medical assessment and care, including mechanical ventilation. In other instances, a palliative approach may be more appropriate.

It will be important to engage with the hospital based management services where they are available to provide guidance. In some instances, it may be appropriate to introduce advance care plans. This should be undertaken in a sensitive manner with experienced senior health care professionals at consultant / experienced SpR level, or a senior nurse specialist in the relevant clinical discipline / in association with palliative care services. The person case managing the individual in the community should have easy access to relevant clinicians involved in the clinical management of the individual.

### **.Staff related Scenarios**

1. In the case of an on duty Health Care Support Assistant (HCSA)/ Personal Assistant/Home Support Worker who advises their line manager that they have been informed by Occupational Health or Public Health of their contact with a known diagnosed case: The Line manager advises them to return home and refers them to Occupational Health for further advice. Advice should be in line with the most up to date information from the HSE/Health Protection Surveillance Centre
2. In the case of a Health Care Support Assistant (HCSA)/ Personal Assistant/Home Support Worker who complains of symptoms during working hours please use the following steps: – Before your next client contact, please contact your line manager via phone and your GP (and/or helpline). Follow the advice provided to you. Advice should be in line with the most up to date information from the HSE/Health Protection Surveillance Centre
3. In the case of an off duty Health Care Support Assistant (HCSA)/ Personal Assistant/Home Support Worker who advises their line manager that that they have been informed by Occupational Health or Public Health of their contact with a known diagnosed case: The Line

manager advises the HCSA/ Personal Assistant/Home Support Worker to remain off duty and refers them to Occupational Health for further advice. The line manager should be familiar with the most up to date recommendations from the HSE/Health Protection Surveillance Centre when advising staff in terms of testing, self isolation and return to work.

### **Client related Scenario 1:**

In the case of a HCSA/ Personal Assistant/Home Support Worker who arrives at a client's home and is advised that either the client or a member of the client's family residing in the property is in self-isolation: Do not enter the premises and contact line manager to establish next course of action. A risk assessment of HCWs with potential workplace exposure to Covid - 19 will be undertaken.

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/Healthcare%20Worker%20Risk%20Assessment%20Algorithm%20V4.pdf>

## Mitigation Phase Activation Action Cards

### Home Support Co-Ordinator - Action Card

#### Scenario Outline

This prioritisation of individuals has been reviewed in the context of three different scenarios:

**Scenario 1:** Normal service remains in situ; care/support is delivered as normal.

**Scenario 2:** There is a reduction in home care/home support services due to impact of Covid - 19. The national context must be taken into consideration in this scenario. Taking account of the vulnerability and safety of the individual, family / friends and those known to the person may be in position to provide additional support. There will also be the coordinated utilisation of volunteer community resources. The Home Support resources normally delivered to individuals in the priority categories 3&4 can be redistributed to those in priorities 1& 2 and optimal informal carer input will be required for priority 3&4 clients.

Priority 1	Priority 2	Priority 3	Priority 4
Contingency	Contingency	Contingency	Contingency
<ul style="list-style-type: none"> <li>- Increase clinical/support input from community/disability nursing/support teams.</li> <li>- This will mean community/disability nursing/support teams covering visits.</li> <li>- Utilise home care team redeployed from other priority categories to support.</li> </ul>	<ul style="list-style-type: none"> <li>- Utilise home care team redeployed from other priority categories to support.</li> <li>- Avail of assistive technology and other surveillance and monitoring systems.</li> <li>- Utilise community volunteer resources as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>- Link with family members/ friends to increase contact and assist with personal support and care as appropriate.</li> <li>- Utilise community volunteer resources.</li> <li>- Avail of monitoring systems where available.</li> </ul>	<ul style="list-style-type: none"> <li>- Link with family members/ friends to increase contact and assist with personal support and care as appropriate.</li> <li>- Utilise community volunteer resources.</li> <li>- Avail of monitoring systems where available.</li> </ul>

- Avail of assistive technology and monitoring and surveillance systems.
- Utilise community volunteer resources as available.

**Scenario 3:** Due to the impact of Covid - 19 the scenario where it is not feasible to maintain a individual in their own home.

In this case the following contingencies would be appropriate. Consideration must be given to the fact that those individuals in the Priority 1 and 2 group are those who would be categorised as at high risk of contracting Covid - 19. Priority 1 individuals would be especially vulnerable.

Priority 1	Priority 2	Priority 3	Priority 4
Contingency	Contingency	Contingency	Contingency
<ul style="list-style-type: none"> <li>- Explore possibility of individual residing with friend/relative or them moving in with individual (assuming there is a provision for appropriate PPE for the individual)</li> <li>- Increasing clinical/support input from community /disability nursing/support teams and community volunteer services to support this.</li> <li>- Consider transfer to intermediate care bed</li> <li>- Consider temporary move to community group respite support</li> </ul>	<ul style="list-style-type: none"> <li>- Explore possibility of individual residing with friend/relative or them moving in with individual. (assuming there is a provision for appropriate PPE for the individual)</li> <li>- Increasing clinical/support input from community/disability nursing/support teams and community volunteer services to support this.</li> <li>- Consider transfer to intermediate care bed.</li> <li>- Consider temporary move to community group respite support</li> </ul>	<ul style="list-style-type: none"> <li>- Explore possibility of individual residing with friend/relative or them moving in with individual .</li> <li>- Support this by availing of community volunteer services.</li> <li>- Support with the use of assistive technology</li> </ul>	<ul style="list-style-type: none"> <li>- Explore possibility of individual residing with friend/relative or them moving in with individual .</li> <li>- Support this by availing of community volunteer services</li> <li>- Support with the use of assistive technology</li> </ul>

- Consider temporary move to vacancy in congregated setting

- Consider temporary move to vacancy in congregated setting

## Health Care Support Assistant/Personal Assistant/Home Support Worker- Action Card

### Scenario 1

- Ensure you are aware of latest client/service user priority listing.
- Ensure you are aware of the latest update from your Line Manager.
- Report any issues in relation to Personal Protective Equipment PPEs and supplies to your Line Manager
- Report any issues from your client/service user caseload – e.g. relative symptomatic of Covid – 19.
- Ensure attendance at any training sessions/information sessions in relation to issues associated with Covid - 19.

### Scenario 2

- Adhere to guidance from your Line Manager.

### Scenario 3

- Adhere to guidance from your Line Manager.



## Appendix I

### **Additional Operational Considerations**

#### **Operational**

- Identify additional sources to strengthen workforce - staff available to work increased hours, volunteers and agencies who have been identified and approved to support existing resources.
- Identify any training requirements required by existing staff or support agencies and volunteers.
- As appropriate, make contact with the treating physician / specialist nurse where available, if the patient carries a diagnosis for which there is ongoing active management or engagement with hospital services as appropriate
- Identify any requirement for the timely supply of PPEs.
  - In the event of urgent replacement/redeployment, ensure replacement staff are suitably trained.
  - Access to the house is available.
  - Introductions by HHO may not be available and therefore prior arrangement by phone with client/families to ensure HCSA is arranged.

[https://www.youtube.com/watch?v=\\_4l7qvh5p80&feature=youtu.be](https://www.youtube.com/watch?v=_4l7qvh5p80&feature=youtu.be)

- Ensure all updates from local and national co-ordination teams are communicated to staff. Staff are also to be advised to monitor HSE and HSPC communications for updates due to the evolving situation.

#### **Administrative**

- Review (and update when necessary) client/service user list and level of dependency and those clients who may require services daily, every three days or may be deferred to weekly care.
- Ensure that the list also contains details of the treating / managing hospital based clinical service
- Identify any additional sources of support - availability of family members who may be able to provide care/support, contact details of local community groups.
- Compile alternative roster based into allocated teams or increased working hours as a further contingency measure.

- Ensure all workforce/volunteer contact details are up to date and all relevant staff are aware of this list.
- Review existing business continuity plan and update based on existing situation. Your line manager to be informed of current status. Liaise with Local Co-ordination Group regarding current situation and supply chain in relation to PPEs.
- <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/guidanceforhealthcareworkers/>