



Discussion Document

Easing Visitor Restrictions in Nursing Homes – Covid19

On Friday 6th March 2020 Visitor Restrictions were announced by Nursing Homes Ireland for the protection of nursing home residents and staff. These included no non-essential visiting, children or groups allowed, with special provision for end of life care. NHI also asked that all visitors contact prior to attending. Visitors should only seek to attend in urgent circumstances and the management reserve the right to impose full restrictions where necessary.

The leadership by NHI was critical in early March and we now need to consider an approach on easing visitor restrictions.

As we move through this crisis and note that this virus may be with us until at least early 2021, NHI must discuss a plan on when and how these visitor restrictions will be eased and what this will look like for residents, families and our members. We must be cognisant of both the health and wellbeing of the residents and staff but also that many families have not seen their loved ones for a number of weeks now.

Nursing Homes Ireland is monitoring the evolving situation on an ongoing basis and is in continuous contact with Minister for Health, Department of Health, HSE and all relevant health authorities on the guidance.

We are aware that our nursing homes will need clear guidance on when and how to ease/lift these restrictions.

Below listed some potential items for discussion on how members could plan for a policy and procedure on easing visitor restrictions. NHI propose engagement with Department of Health, NPHE, HSE Public Health, HSE Operations, HIQA and other key stakeholders.

These DRAFT measures are all based on the premise that NPHE recommend that visitor restrictions are eased together with a more effective, timely process of testing (24 hour results) and contact tracing system. A consistent daily delivery of fast test results is crucial if the information is to be acted upon and the positive cases isolated.

1. Nursing Homes may be based on a scale rating with a 5 level scale with 5 being total lock down as we are today and 1 being open door visiting as it was prior to

March 6th. The draft measures here could relate to the level 4 measures and any lifting on these measures would relate to level 3 and then so on.

2. Visitor Restrictions should remain in place in all centres that are Covid19 Positive for a period of time that will be agreed with Public Health.
3. Visits should be for a maximum duration of (15?) minutes to allow as many visitors as possible access. This should be reviewed on a weekly basis.
4. Covid19 Status of each nursing home needs to be verified (NAS testing and results) prior to easing/ lifting visitor restrictions.
5. Visits should be booked to commence on the hour or the half hour, allowing the extra time for donning and doffing of PPE.
6. It will be necessary to get confirmation that visits may take place from insurance companies for Public Liability and Employers Liability perspective.
7. An appropriate risk assessment should be done when people arrive and the staff member greets them at the door.
8. Screening must be completed for all visitors prior to entry. Visitors will have their temperature checked upon arrival at the centre and must inform the nursing home staff if they feel unwell or have had sudden onset of any of the following, respiratory illness / cough / shortness of breath / fever.
9. Visitors must inform the nursing home staff where they have been in close contact with a suspected / probable COVID-19 case within the last 14 days.
10. Visitors must wash their hands upon entering and leaving the nursing home.
11. Social distancing will need to be maintained at all times.
12. No children under the age of 18 are allowed to visit.
13. No refreshments will be made available to visitors during the course of the visit.
14. Any visitors showing up in an unplanned manner will be refused admission.
15. Strict control of overall number of visits to the nursing home each day, with prearranged appointment times. Visitors that are late will not be admitted; visitors that are early will need to wait until their pre-booked time.
16. Consider ease of access and egress when deciding on the policy – access should be only through the front door/main entrance.
17. Visitors will need to be escorted from the entrance(s) to the residents rooms and back again when they are leaving.

18. Visits will be facilitated where appropriate based on size and access outside in the nursing home garden or in the nursing home patio. Social distancing requirements must be adhered to.
19. Sign in books will be completed by Reception staff upon the arrival of the visitor.
20. Visitors will not be able to use the nursing homes restrooms. If visitors do need to use restrooms they should use the en-suite bathroom facilities during their visits due to potential for infection.
21. Visits should not take place in multi-occupancy rooms.
22. No more than one visitor per resident per visit is strictly observed and that it is the same person each time i.e. the nominated representative
23. Restrict visits to 1 per week per resident in the first two weeks scaling it up very gradually after that.
24. PPE for visitors needs to be supplied by nursing home, they will need at a minimum a plastic apron, a surgical mask & gloves.
25. Time of visits – Visits should only take place during the day when the main cohort of staff are on duty and away from meal times. Suggest 10.00 – 12.00 & 14.00-16.30.
26. Visits will be fully restricted again if in the opinion of the Person In Charge/Registered Provider it is prudent to do so.
27. Visitors found flouting the rules will be asked to leave and will not/ may not be allowed back into the nursing home.
28. Separate arrangements will be in place for those who are visiting residents at end of life.

Policy regularly reviewed.

28th April 2020

It is crucial that the below points are considered in relation to early detection of COVID-19 in Residential Care Facilities and timely communication of COVID-19 test results.

Tomás Ryan associate professor in the School of Biochemistry and Immunology at Trinity College Dublin, outlined in the Irish Times on Wednesday the 6th of May, 2020: *“A consistent daily delivery of fast test results is crucial if the information is to be acted upon and the positive cases isolated. While under lockdown, delayed test results are still useful for estimating the prevalence of SARS-CoV-2 in the population. But for the purposes of isolating infected carriers, delayed test results are next to useless.”*

Current Challenges

- High volume of COVID-19 test results outstanding – NHI feedback from members
04/05/2020: 1081 resident and 1371 staff member results outstanding
- NHI survey conducted 06/05/2020 outlined 45% of nursing homes have incurred a wait of 5 days or more for results to be returned
- Inconsistencies in the communication of COVID-19 test results e.g.: communication received via phone call / text message / e-mail
- Calls being received from two separate laboratories
- Data Protection breaches in the communication of COVID-19 test results
- Asymptomatic positive staff working for days due to delays in results, risk of increased transmission to residents and staff

Requirements

- Timely turnaround of test results – maximum 24 hours
- Clearly defined pathways in the testing of COVID free Residential Care Facilities and those facilities where there is a current COVID outbreak
 - Mass testing weekly where COVID outbreak for residents and staff
 - Mass testing every two weeks where there is currently no outbreak - Staff only
- Nurses trained in testing to carry out testing in the Nursing Home
- Each Nursing Home have an identified laboratory to send swabs to

- Structured referral process where Residential Care Facility are performing testing
e.g.: swift queue
- Need to identify who is going to refer, is it GP/PIC for staff
- All results to be received through a structured process (excel sheet directed from Public Health)
- All results received by nominated individual e.g.: PIC
- Availability of swabbing test kits – currently being provided following contact with CHO



Discussion Document

Resident Transfers and Admissions in Nursing Homes – Covid19

As we continue to move through this crisis and develop to the new norm of care within Residential Care Facilities (RCF), NHI must discuss a plan for the safe process relating to resident transfer and admission to an individual (RCF). We must be cognisant of both the health, wellbeing and safety of all residents especially current residents of the home and residents being transferred / admitted, the staff and providers of RCFs where there are vacant beds due to restrictions on transfer/admission in line with National Guidance which states new admissions restricted during an outbreak as a containment measure and in the preparation and management of a potential outbreak.

The nursing home sector is a vital part of a well-functioning health service facilitating timely and appropriate discharges from acute hospitals and also for persons in the community requiring residential care and hospital avoidance.

Nursing Homes Ireland believe there is a large number of controls which should be implemented in the safe management of resident transfers/admissions.

The transfer/admission process can be broken down into three specific avenues:

1. Transfer/admission COVID-19 positive resident.
2. Transfer/admission of resident where no suspicion of COVID-19, and
3. Transfer/admission of resident where there is a suspicion of COVID-19.

NHI will continue to link with the Department of Health, HSPC, HSE Public Health and all relevant health authorities on this guidance.

A regular consistent clear programme of testing is required as requested by NHI and recommended by (ECDC) report: **Surveillance of COVID-19 at long-term care facilities in the EU/EEA**, 19/05/2020, which outlines the testing recommendations for RCF's based on different scenarios. [Click here for ECDC Report](#)

Below outline some potential items for discussion in relation to the avenues for transfer and admissions to RCF above.

Note: All transfers and admission to a RCF shall be at the discretion of the Director of Nursing and Management team. In all instances a pre-admission risk assessment shall be completed by the Director of Nursing in the hospital or home as per the requirements of

the Health Act, 2007. If this method of assessment is not possible an assessment will be carried out over the phone or via video call.

Transfer/admission COVID-19 positive resident.

1. Resident should not be transferred/admitted until 14 days after onset of symptoms with at least 5 days fever free. In addition, they should have two COVID 19 swabs taken 24 hours apart which are both reported as COVID-19 not detected.
2. COVID-19 risk assessment completed on day of transfer/admission (by Person in Charge). This risk assessment shall be completed in conjunction with Clinician from hospital setting or residents GP where admission from community.
3. Resident screened for symptoms on transfer/admission.
4. Resident transferred/admitted if risk remains low.
5. Resident transferred/admitted. The resident should be accommodated in a single room with en-suite with droplet precautions implemented for 14 days after transfer/admission and monitored for new symptoms consistent with COVID-19 during that time.
6. Observation graph used for monitoring vital signs.

Transfer/admission of resident where no suspicion of COVID-19.

1. Director of Nursing completes risk assessment. This risk assessment shall be completed in conjunction with Clinician from hospital setting or residents GP where admission from community.
2. As per steps 2 – 6 outlines above.

Transfer/admission of resident where there is a suspicion of COVID-19.

1. Director of Nursing completes risk assessment. This risk assessment shall be completed in conjunction with Clinician from hospital setting or residents GP where admission from community.
2. Where COVID-19 is suspected, COVID-19 swab should be taken. Where COVID19 is not detected transfer/admission shall proceed as per steps outlined above.

18th May 2020