

**From:** Tadhg Daly  
**To:** [Registration: Mary Dunnion](#)  
**Cc:** [Phelim Quinn](#); [Fiona Kenny](#)  
**Subject:** FW: Guidance on the transfer of hospitalised patients from an acute hospital to a residential care facility in the context of the global COVID-19 epidemic  
**Date:** Saturday 14 March 2020 10:07:14  
**Attachments:** [200310\\_MD\(CI\)\\_Registered\\_Providers.pdf](#)  
[Guidance on the transfer of hospitalised patients from an acute hospital....pdf](#)

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Dear Mary,

I refer to communication issued to Registered Provider by HIQA on Tuesday last Tuesday 10<sup>th</sup> March. We note that this is interim guidance.

Our number one priority at present is to firstly safeguard and protect the existing residents who live in our nursing homes. Nursing homes are, by definition, the facilities in which the most vulnerable citizens in the country are accommodated. The published epidemiology statistics, at risk co-morbidities and in particular the mortality rates for the over 70+ year olds surrounding Covid-19 is of grave concern to our sector given the demographic and disease profile of our residents.

The interim guidance focussed on facilitating discharges from hospitals to nursing homes. The document contained no practical guidance to nursing homes on how to reduce the risk of transmission or to inform regarding the procedures to care for residents or staff that may present with symptoms.

Private and voluntary nursing homes are an effective functioning part of the Irish health system, with a vital role to play in responding to this current crisis. In order to do so, it is necessary for full engagement with the sector to allay any valid concerns and to cooperate fully to minimise the risk to our residents and staff. Every nursing home has a duty of care to protect the residents entrusted in their care.

I note that HIQA is a member of the National Public Health Emergency Team (NPHE) and there are a number of issues in the private and voluntary nursing home that require immediate attention. I propose an early meeting between HIQA and NHI and look forward to hearing from you

Best regards,  
Tadhg

----- Original message -----

From: Registration <[Registration@hiqa.ie](mailto:Registration@hiqa.ie)>

Date: 10/03/2020 19:19 (GMT+00:00)

To:

Subject: Guidance on the transfer of hospitalised patients from an acute hospital to a residential care facility in the context of the global COVID-19 epidemic

Dear Registered Provider,

Please find attached correspondence for your immediate attention sent on behalf of Mary Dunnion, Chief Inspector.

Kind regards,

Registration Team,

Regulatory Support Services

**Health Information and Quality Authority**

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10 March 2020

Dear Registered Provider

Please find attached guidance on the transfer of patients and residents between acute hospitals and residential care facilities issued by the Health Service Executive (HSE) today.

We are disseminating this information on behalf of the HSE.

Kind Regards



Chief Inspector of Social Services, Director of Regulation



## Guidance on the transfer of hospitalised patients from an acute hospital to a residential care facility in the context of the global COVID-19 epidemic

### Introduction

The emergence and spread of COVID-19 disease has raised concerns regarding risks related to transfer for patients between acute hospital services and residential care facilities (RCF). There is a concern that patient movement may result in the introduction of the disease from an acute hospital to a RCF. Experience is limited at present and advice issued regarding the safe transfer of patients from one healthcare facility to another can be expected to change as the picture evolves. Therefore this advice is likely to change as the conditions determined by the outbreak change. It is important therefore that all staff in RCFs pay close attention to guidance issued in this area through [www.hpsc.ie](http://www.hpsc.ie)

The following key points are relevant to the guidance

1. The virus is shed from the respiratory tract of infected patients and infection is acquired when the virus reaches the eyes, nose or mouth of another person.
2. Virus shedding is probably greatest around the time the patient has symptoms. There is evidence that some patients may shed the virus before they develop symptoms.
3. Patients who have acquired infection generally develop symptoms within a week but symptoms may not manifest for up to 14 days
4. Infection has been associated with severe disease in a high proportion of older people with pre-existing health problems.
5. Appropriate placement of patients/residents and good infection prevention and control practice can be expected to reduce the risk of spread in any setting.

### **Categories of Hospital Transferring to a RCF with no evidence of spread of COVID-19**

#### **A. Hospitals with no evidence of spread of COVID-19 within the hospital (note this includes hospitals where cases of COVID-19 have been cared for but where there is no evidence of spread)**

For hospitals with no evidence of spread of COVID-19 within the hospital patient transfers to RCF should operate as normal at this time except that patients with respiratory tract infection that conforms to the current national criteria for testing for COVID-19 should be tested and have a sample reported as virus not-detected before transfer to a RCF.



## **B. Hospitals with evidence of spread of COVID-19 within the hospital**

### **1. Asymptomatic patients not identified as Contacts of COVID-19**

Transfers to RCF should operate as normal at this time except that patients with hospital acquired respiratory tract infection that conforms to the current national criteria for testing for COVID-19 should be tested and have a sample reported as not-detected before transfer to at RCF.

### **2. Asymptomatic patients identified as Contacts of COVID-19**

Transfers to RCF should proceed provided that the RCF has a facility to provide the resident with an en-suite single room and the resident is able to accept and adhere to staying in their room for the period required to bring them to 14 days since they had Contact. (For example a patient transferred on day 7 post Contact would require an additional 7 days staying in their room after transfer to the RCF.

Contact patients transferred would require active monitoring to complete the period of 14 days. If the resident develops any symptoms of respiratory tract infection during the specified period they will require testing.

### **3. Symptomatic patients identified as Contacts of COVID-19**

Transfers to RCF should proceed provided that the resident has had a sample reported as not-detected and RCF has a facility to provide the resident with an en-suite single room and the resident is able to accept and adhere to staying in their room for the period required to bring them to 14 days since they had Contact. (For example a patient transferred on day 7 post Contact would require an additional 7 days staying in their room after transfer to the RCF.

Contact patients transferred would require active monitoring to complete the period of 14 days. If the resident develops any new symptoms of respiratory tract infection during the specified period they will require re-testing.

### **4. Patients with COVID-19 disease**

Transfers to RCF should normally be delayed until resident has had two consecutive respiratory samples reported as virus not detected.

## **Categories of RCF Transferring to an Acute Hospital**

### **A. RCF with no evidence of spread of COVID-19 (note this includes RCF where cases of COVID-19 have been cared for but where there is no evidence of spread)**

For RCF with no evidence of spread of COVID-19 within the hospital patient transfers to hospital should operate as normal at this time except that patients with respiratory tract infection should be discussed with the receiving hospital in advance of transfer.

Guidance on the transfer of hospitalised patients from an acute hospital to a residential care facility

## **B. RCF with evidence of spread of COVID-19 within the RCF**

### **1. Asymptomatic patients not identified as Contacts of COVID-19**

Transfers to hospital should operate as normal at this time except that patients with features of a new respiratory tract infection should be identified to the hospital as high risk patients

### **2. Asymptomatic patients identified as Contacts of COVID-19**

Transfers to hospital should proceed if essential for patient care however patients should be identified to the hospital as high risk patients

Contact patients transferred would require active monitoring to complete the period of 14 days. If the resident develops any symptoms of respiratory tract infection during the specified period they will require testing.

### **3. Symptomatic patients identified as Contacts of COVID-19**

Transfers to hospital should proceed if essential for patient care however patients should be identified to the hospital as high risk patients

### **4. Patients with COVID-19 disease**

Transfers to hospital should proceed if essential for patient care however patients should be identified to the hospital as high risk patients

Note. In this context “asymptomatic” means having no symptoms or signs of new respiratory tract infection.