

Issued on behalf of Michael Fitzgerald,
Assistant National Director, Older People and
Palliative Care – Strategy, Health Service Executive.




Coronavirus
COVID-19

COVID-19: Meeting the challenge in Residential Care

Webinar: 16:00, Wed. 15th April, 2020.

Speakers:

- Dr Siobhan Kennelly - National Clinical and Group Lead, Social Care, Older Persons
- Michael Fitzgerald - Assistant National Director, Older People and Palliative Care, Strategy.

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Practical Tips to Attendees

- Please ensure that the sound on **your computer/telephone is muted**;
- The Webinar is expected to last no longer than 45 minutes;
- You can dial-in for better sound quality – call [REDACTED] or [REDACTED]. Enter the access code: [REDACTED] and ensure that your sound is muted;
- Please type any questions you have throughout the Webinar via the Q + A function;
- The questions will be collated into a Q&A document and circulated in the coming days.





Michael Fitzgerald

Assistant National Director, Older People and
Palliative Care, Strategy



Context

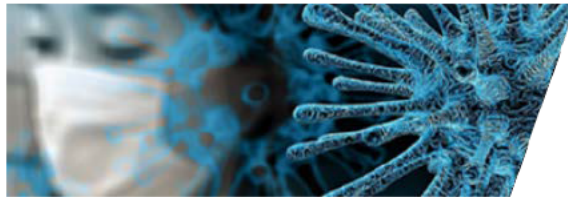
- NPHET have asked HSE and all Providers, across all Residential Care and Home support settings to work together on the challenge that COVID presents.
- There is a clear responsibility on all Providers (Public/Private/Voluntary) to provide the Residential Service in line with the Regulations as inspected by HIQA/MHC.
- There are specific responsibilities for the 'Registered Provider' and the 'Person in Charge' in residential care settings that must be adhered to including the taking of all proactive measures to avoid or control the spread of the COVID 19 virus.



Purpose of the Webinar

The purpose of the webinar is to

- Provide a brief overview of the impact on COVID in Residential Care Settings to date including some of the key challenges experienced
- Provide an overview of one important aspect of HSE Response and support to the impact of COVID-19 in Residential Care/ Home Support Settings - COVID Response Teams.



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Dr Siobhan Kennelly

National Clinical and Group Lead, Social Care,
Older Persons



COVID in RCFs

- 147 Outbreaks confirmed in all RCFs (11th April)
- Impact ranges from small clusters within units to substantial spread across facilities
- Challenges greatest when simultaneous outbreaks in both staff and residents
- Evidence of good preparedness on ground in most units including advance care planning (but can be mixed)



Clinically

- Atypical presentations not uncommon in this group (not always presenting with classical fever / respiratory symptoms) so vigilance for change important
- Increased GI disturbance common, diarrhoea, vomiting, reduced appetite
- Many are reporting mild / moderate clinical presentation with good recovery rates
- We're still learning about Covid and its trajectory in our RCFs at this stage



Testing

- Testing helpful when diagnosing outbreak, afterwards primarily a clinical diagnosis
- Be aware of ‘non-detected’ test approx. 20%...maintain high index of clinical suspicion
- NAS continuing to provide on-site testing support, hope to be able to move to facility-based testing shortly where that’s feasible in facility



Treatment & Care issues

- Mostly good supportive care-encouragement with fluids, analgesia, nutritional support
- Oxygen playing less of a role in this population unless comorbid cardiac / lung disease
- End of Life care following PC guidance



Decisions re escalation / transfer to hospital

- Clinical practice unchanged regardless of Covid
- Assessment with GP / MO and senior nursing re whether hospitalisation will benefit in consultation with resident / advocate
- Hospitals are not closed to NH transfers (regardless of Covid status)



Challenges

- Physical Distancing, very challenging for some
- Designation of 'Covid zones' in cohorting may help both with staff cohorting and extended use of PPE
- Visiting Restrictions and isolation starting to show multiple potentially negative impacts on resident and staff wellbeing
- Staffing issues during outbreaks probably the most significant we've seen and remain challenging



Additional supports ?

- Managing psychological impact of Covid on residents and staff (pre, during and post outbreak)
- Re-inforce the regional clinical learning network with GPs and PICs (no-one has all the answers but lots of experience being gained very quickly by some!)
- Communications processes with residents and families and how these can be supported





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Overview of Presentation

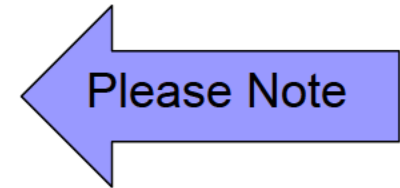
- Important Messages
- *HSE Response to COVID-19 in Residential Care/ Home Support Settings- COVID Response Teams.*
- Useful Websites
- Q&A document to follow- please ask questions throughout this live webinar.



Important message regarding respective roles & responsibilities

1. Centre/ Registered Provider Responsibilities:

- Governance, Management and Operation of services
- Adherence to regulations (HIQA /MHC).



2. Area Crisis Management Team (ACMT):

- HSE Regional Response to managing the overall crisis inclusive of Public Health, Community Services, Acute Hospitals, NAS, Procurement, Estates, Finance etc.
- Role is to coordinate HSE COVID response at a defined regional level (CHO Co-Terminus)

3. Outbreak Teams/ Public Health:

- Team of specialist staff under the governance of the Dept. of Public Health to deal with outbreaks of infectious diseases

4. Newly Formed COVID Response Teams

- These MDTs are being formed to support the Outbreak Teams and work together to give a whole system response across centres/ services affected on behalf of the ACMT.



COVID Response Teams -Overview

AIMS of HSE COVID-19 Residential Care/ Home Support COVID Response Teams:

- ❑ National Public Health Emergency Team (NPHE) have directed the requirement to have such teams in place to ensure Residential Care/ Home Support services are supported, through:
 - Communication & advice
 - Guidance from various specialists as required
 - Where necessary advise ACMT on need for critical staffing supports, as available.



The teams will operate for the timescale of the COVID 19 Public Health emergency. The ACMT area may require multiple teams based at LHO, or county level, depending on the number of centre locations, prevalence of outbreak etc.



Overview continued...

- ❑ As part of the HSE COVID 19 response, Area Crisis Management Teams (ACMT) are now establishing a number of Residential Care/ Home Support Covid Response Teams (CRT) to address COVID outbreaks in their area.
- ❑ CRTs purpose:
 - ❑ to support the prevention, identification, and management of COVID outbreaks in residential care facilities (RCFs) and Home Support services.
 - ❑ To provide support across nursing/medical care areas and Infection Prevention and Control (IPC)
 - ❑ To support all RCFs/Approved centres in the catchment area whether they are public, S38, S39 or private facilities, and across the care groups of Older People, Disability, & Mental Health.
 - ❑ To address identified clusters of concern in the Home Support services, as determined by Public Health.

This will bring benefits to residents/clients for both Covid-19 related & non-Covid-19 related illness during this pandemic.



Responsibilities of CRTs

- ACMT will determine the number and geographic areas to be covered by their Residential Care/ Home Support COVID Response Teams.
- The CHOs IPC Lead will work at ACMT level to support all CRTs in the area.
- Each CRT will be led by a Senior Manager (COVID Response Team Lead)
- CRT Team Lead Responsibility:
 - **Overseeing** the working of the CRT in managing/preventing outbreaks in RCF/HS
 - **Ensuring input** from other disciplines, as required
 - Advising on areas that any extra **funding** secured by the Private/Vol. NHs should be used to meet the challenge of the specific home (Temporary Covid-19 Financial Support Scheme for Private Nursing Homes)
 - Contribute to the **review of expenditure** by Private Nursing Homes, as required.
 - **Reporting requirements to ACMT and onwards** (discussed later)



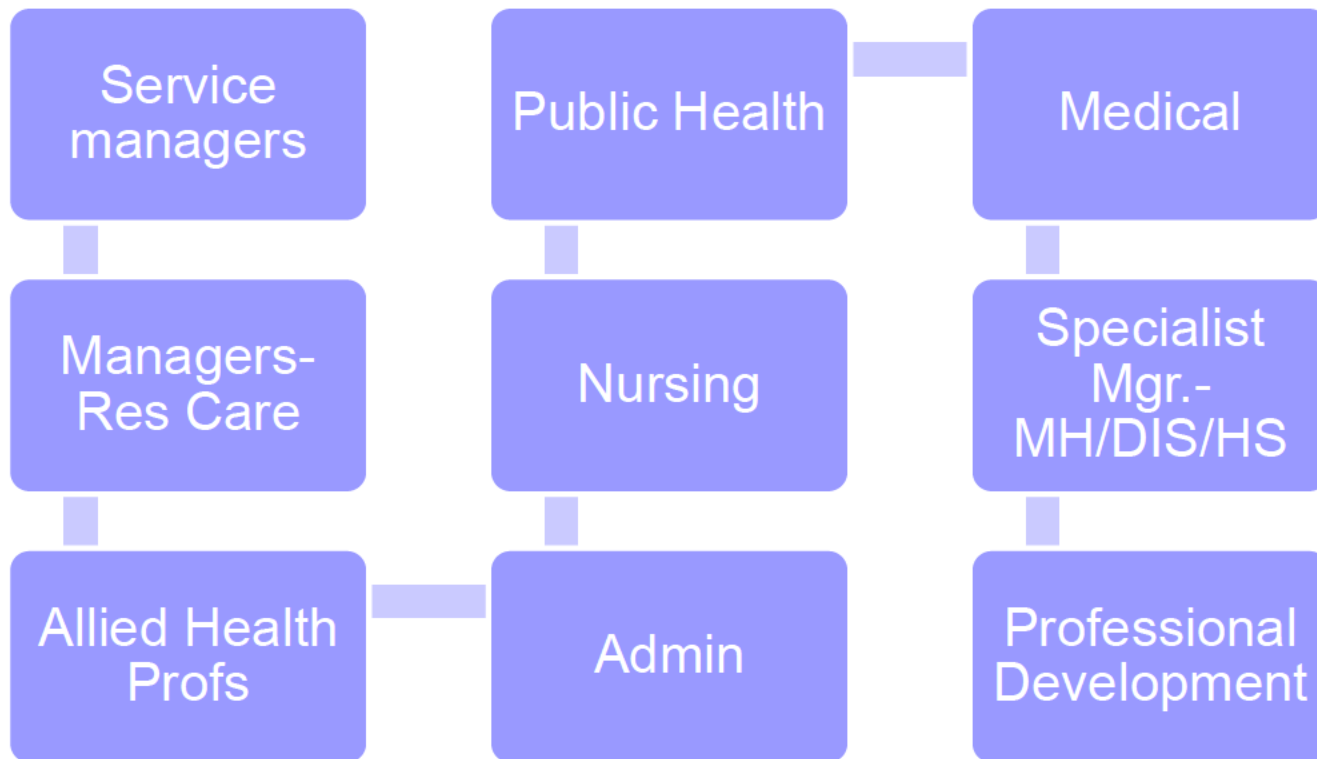
Membership of CRTs



- Core group of key team members required
- Tailored to meet local needs
- ACMT will monitor the workloads of each team and issues arising
- Suggested team members- next slides



Suggested Membership Areas



CRT Membership - Drawn from the following but not exclusive

- Service Manager CRT Lead
- Information/Data Manager
- Public Health Rep
- Consultant Geriatrician or other link consultant with local acute hospital
- As required Clinician working in Mental health or Disability services
- Infection Prevention Control Link Practitioner (supported by CHO IPC Lead)
- Residential Care Manager – Older Person services
- DPHN/ADPHN
- Home Support Service Manager
- Mental Health Service Manager
- Disability Service Manager(s)
- Occupational Health Rep
- Representative from NPDU (Nursing Professional Development Unit)
- Administration/ICT Support



CRTs- How will they operate?

- They will encompass Residential Care/ Home Support services at risk of a COVID outbreak, includes Older Persons, Disability, Mental Health and Home Support services across the private, public and voluntary sector.
- Overview of Covid Response Teams requirements:
 1. Understand the level of preparedness for centres/ services within their area
 2. Support the site in managing the outbreak with Public Health Outbreak Team as necessary and be familiar with relevant HSE Guidance relevant to COVID in RCF/ HS settings
 3. Facilitate integration and communication between key staff and services in acute hospitals and CHOs in relation to any specific actions required across the health system.



Points 1,2 and 3 explained further in upcoming slides.



CRTs- What will they do?

- CRTs are required to have an **overview of the Preparedness Plan** for each residential care/ Home Support service
- **Advise** on further preventative measures that can be implemented
- Be **familiar with Clinical Governance** of centres/services & awareness of **IPC provision across them.**
- Liaise with the HIQA Infection Control Hub, as necessary

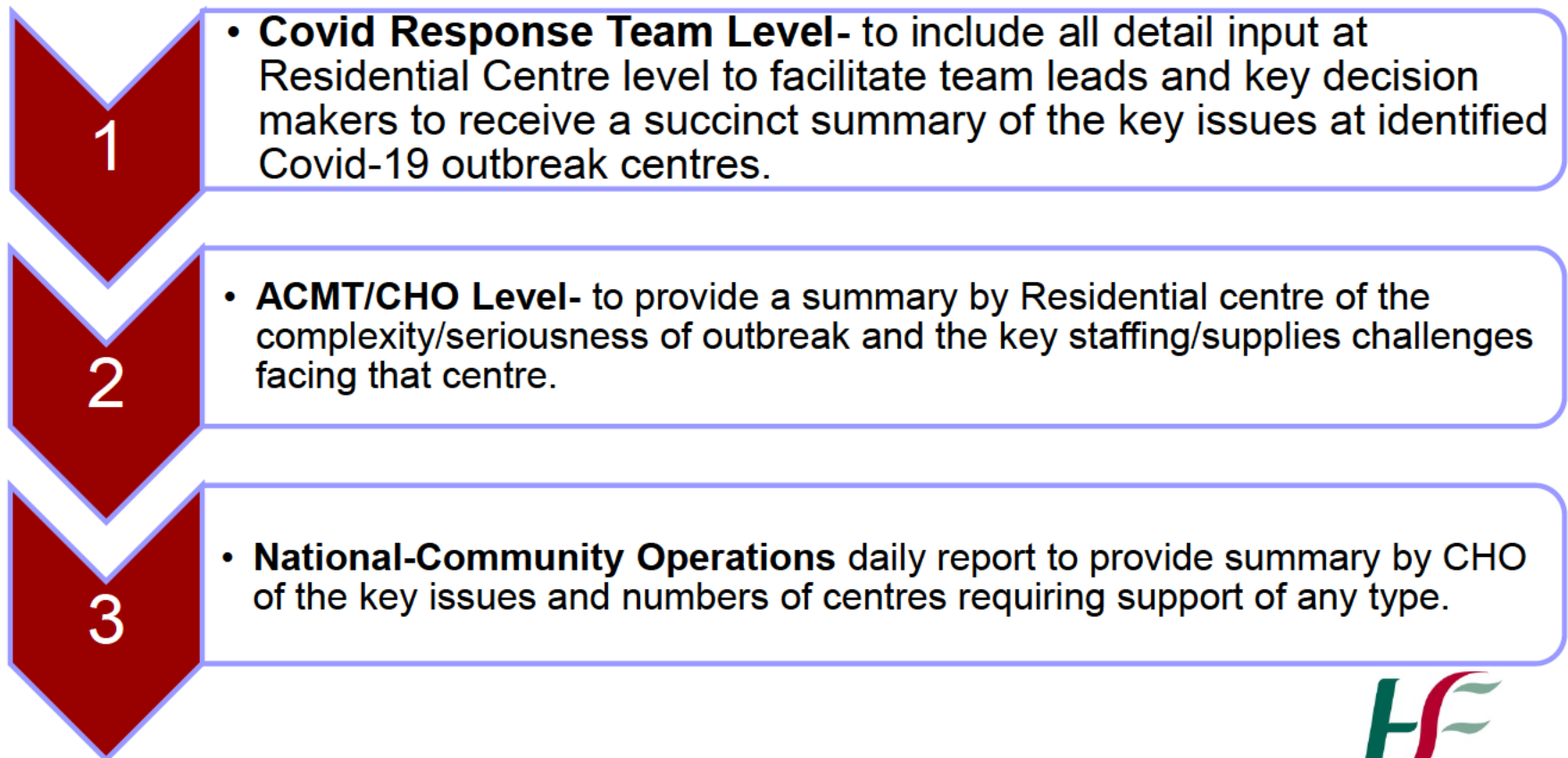
When there is an outbreak, what does the CRT need to do to manage the outbreak?

- **Understand what the status of health and welfare** of residents is, through PIC, Medical Officer/ GP and Public Health.
- Understand what are the **staffing levels**/ mgt oversight within the service/centre (incl. monitoring of staff welfare- symptom monitoring twice a day)
- **Engage** with each centre frequently
- **Assess what further is required** to manage the outbreak in the centre
- **Advise** the PIC and/ Registered Provider of any further actions that they need to take
- **Make recommendations to ACMT** re requirements/ options necessary by centres and/or HSE inputs that are required.
- Undertake **Incident management reviews** to establish learning (as required)- this may/ may not be undertaken in conjunction with HIQA.
- Respecting the governance of the centre/service, the CRTs will limit their involvement to minimum necessary to support the centre or service 'get back on its feet'



CRT Reporting

- Reports will be generated at three levels on a daily basis.



Important Issues

- Each Centre must prepare and have its own responses in place in relation to a likely COVID-19 outbreak
- Each centre must do everything within its own remit to respond both in terms of being prepared and in the event that an outbreak happens
- Each Centre must still fulfil its requirements under the regulations as inspected by HIQA
- The CRTs are there to help and assist but not operate centres.



References/ Websites

Please regularly refer to the following websites for updates.

- www.hse.ie/coronavirus
- www.hpsc.ie
- <https://hse.drsteevenslibrary.ie/Covid19V2/home>
- HSE COVID Residential Care/ Home Support COVID Response Teams (CRT), Operational Guidance. 08.02.2020



Contact Details

CHO	Name	Role: Head of Service (HoS) / Chief Officer	Email
1 North West	Frank Morrison	HoS, Social Care	[REDACTED]
2 West	Elaine Prendergast	HoS, Older Persons	[REDACTED]
3 Midwest	Mary O'Brien	HoS, Older Persons	[REDACTED]
4 South Cork/Kerry	Gabrielle O'Keeffe	HoS, Social Care	[REDACTED]
5 South East	Janette Dwyer	HoS, Social Care	[REDACTED]
6 Dublin DE	John O'Donovan	HoS, Social Care	[REDACTED]
7 Dublin SW/KE/WW	Anne O'Shea	Chief Officer	[REDACTED]
8 LthMthMidland	Patricia Whelehan	HoS, Older Persons	[REDACTED]
9 Dublin NE	Olive Hanley	HoS, Social Care	[REDACTED]



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Thank you for prioritising this Webinar.

- The questions posed during the webinar will be collated and circulated as a Q&A.

- The Webinar presentation will be circulated in the coming days.

Stay safe and sincere thanks for all that you are doing.

