

Health Information and Quality Authority

Covid-19 Public Health Measures.

Chief Inspector of Social Services

Risk assessment of Designated Centres in Disability and Older Persons services. Special Care Units and Children's Residential Services

1. Process to support risk rating:

- a. The HIQA Infection control hub in conjunction with case holding inspectors will provide support and guidance on:
 - Suspected or outbreak preparedness
 - Outbreak management advice to include ;
 - resident placement
 - cohorting and special measures especially in centres where isolation is not possible
 - Staff cohorting in the management of suspected and infected cases
 - transmission based precautions
 - standard precautions

- b. The infection control hub will also support providers and staff in:
 - understanding HSE advice
 - applying this advice to their specific centres
 - general support to providers and staff in designated centre on infection control issues.

- c. Structure
 - The infection control hub will be staffed by inspectors with experience and expertise in infection control, delivering services and/or regulating designated centres.
 - Providers will be able to contact the team in one of the following ways:
 - By telephone on 1800 220 000

Or

 - by e-mail at DCICP@hiqa.ie

d. Hours of business

- Initially the infection control hub will be available from **Monday to Friday 9am- 5pm**, however we will **keep this under review and will adapt depending on demand.**

2. Risk assessment tool

Impact	Likelihood (Probability) of Recurrence				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

3. Information to inform risk assessment and rating *(in compliance with information governance, GDPR legislation and HIQA policy)*

a. Mandatory notifications

- NF01 death of a resident
- NF02 to now include both **Suspect** and Confirmed cases
- NF05 unexplained absence of a resident from a designated centre
- NF06 Allegation, suspected or confirmed, of abuse to a resident

b. Metrics

- Number of residents with suspected Covid 19
- Number of residents with positive Covid-19
 - Number of residents with positive Covid 19 fully recovered
 - Number of residents with positive Covid 19 who have passed away
 - Number of residents transferred to an acute hospital or other facilities

4. Centre has been in contact with Public Health
5. Availability of sufficient quantity of PPE
6. Confirm if residents have access to medical and health care as required for ongoing and emerging health needs and COVID-19

iii. Sufficient numbers and skill mix of staff at present

1. Number of staff vacancies
2. Number of staff currently unable to work due to confirmed COVID-19
3. Number of staff currently unable to work due to suspected COVID-19 and/or self-isolation.
4. Quantify – if centre has had to supplement the staff caring for residents through the use of:
 - a. staff from another agency or provider,
 - b. volunteers
 - c. Non healthcare staff
 - d. Number of staff without garda vetting

iv. Confirm there is a contingency plan in place in the event of residents care needs increasing or staffing levels decreasing due to the requirement to self-isolate.

c. Regulatory history

- i. Non- compliance
 1. premises
 2. Infection control
 3. risk management
 4. residents rights

d. Unsolicited information (from public, service users, media othersources)

- i. Risk rated following **validation**

4. Escalation process (appendix 1)

a. Internal

- i. **Orange and red rated information** - will be escalated to the case holder via e-mail or telephone as soon as possible after the call. Where an immediate risk is identified the hub communicate the matter directly to the relevant Deputy Chief Inspector. This information will be uploaded to prism ICT system and available to the residential centres case holder.

b. External

i. Referrals to the HSE

1. *Awaiting confirmed pathways*

In the interim

2. Immediate and urgent risk will be escalated to the HSE through the established *Communications pathway for regulatory decisions between Office of the Chief Inspector and the Health Service Executive.*

5. Reporting:

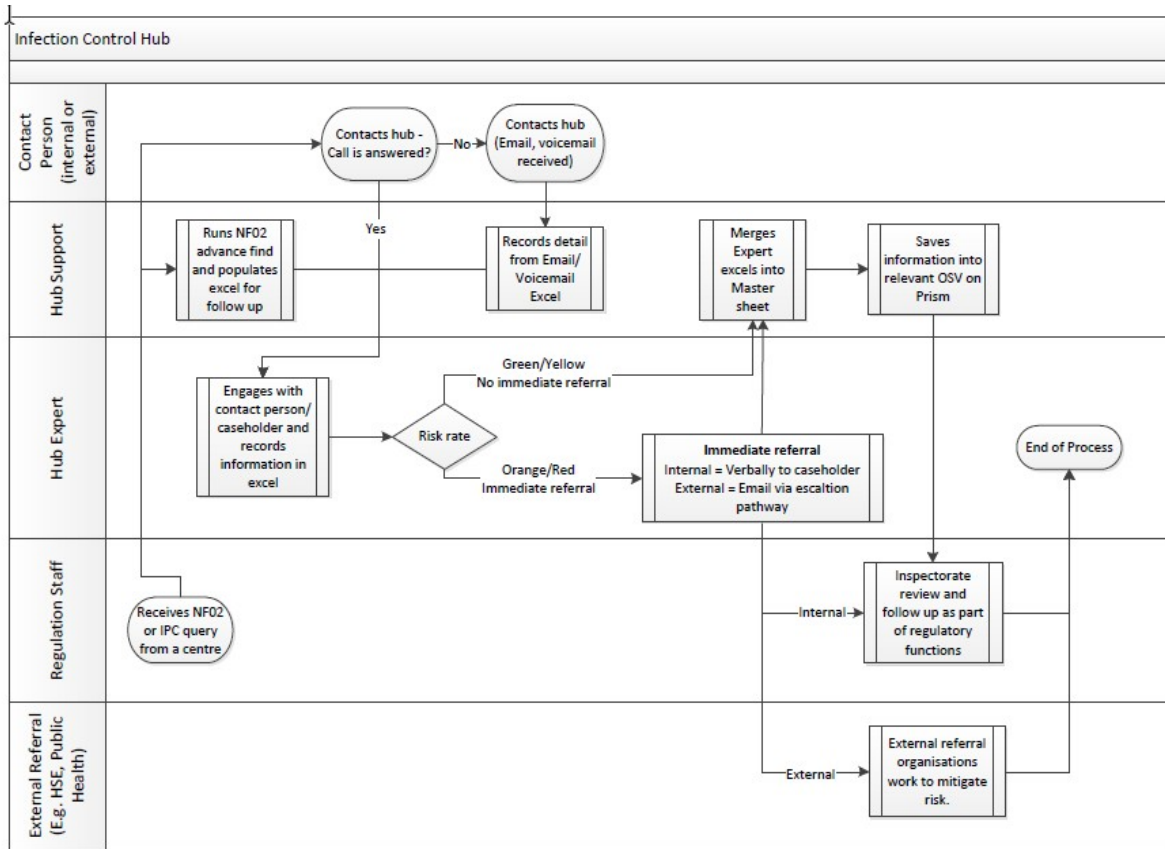
a. Daily reports to Chief Inspector

- i. Suspect cases (residents per residential centre)
- ii. Confirmed cases (residents per residential centre)
- iii. Suspect cases (staff per residential centre)
- iv. Confirmed cases (staff per residential centre)
- v. High risk residential centres
- vi. List of escalated centers to HSE

b. Summary reports

- i. Weekly consolidated reports
- ii. Weekly record of interactions residential centres
 1. Quantitative and qualitative
- iii. Stakeholder satisfaction with process
- iv. Quality assurance reports on the efficacy of the
 1. Internal escalation process
 2. External escalation process
- v. Fortnightly assurance report to HIQA Executive Management Team
- vi. Quarterly assurance report to HIQA Board

Appendix 1



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