Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Rannán Gnóthaí Parlaiminte
Oifig an Ard-Stiúrthóra
Bloc D, 2 urlár
Ionad Gnó Gheata na Páirce
Sráid Gheata na Páirce
Baile Átha Cliath 8
Teil. (01) 635 2505
Facs (01) 635 2508
Rphost: pad@hse.ie

Health Service Executive
Parliamentary Affairs Division
Office of the Director General
Block D, 2nd floor
Parkgate Business Centre
Parkgate Street
Dublin 8
Tel: (01) 635 2505
Fax: (01) 635 2508
Email: pad@hse.ie

18th June 2020

Mr. Ted McEnery,
Clerk to the Committee,
Special Committee on COVID-19 Response,
Leinster House,
Dublin 2.

Re: COVID-19 Outbreak in Nursing Homes (SCC19R-I-0111)

Dear Mr. McEnery,

I refer to your letter of the 2nd of June on behalf of the Committee regarding Covid-19 outbreaks in Nursing Homes. I attach a detailed submission paper in response to this matter.

We wish to take the opportunity to express our condolences to the families and relatives of those deceased as a result of Covid-19 and in particular those who were residents of nursing homes. Undoubtedly, as we have seen, the impact of Covid-19 was greatest in such settings. This was challenged even more so with the necessary requirement to restrict visitation to such facilities and which limited people from being with their loved ones during this difficult period. This requirement alone was unprecedented. Both the experience of the outbreak across these facilities, and the immediate response that was necessary to be put in place by the HSE to support these services across public, private and voluntary has also been unprecedented.

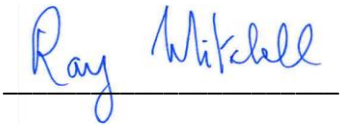
The submission paper captures the high and ongoing level of engagement across the system including HSE, HIQA, DOH and the private and voluntary nursing home representative group Nursing Home Ireland (NHI). Guidance was issued across a range of measures sometimes on a daily basis. A full nationwide PPE logistical distribution system was formulated and implemented to all providers within a very short timeframe and making, what was a scarce commodity both here and internationally, available in a fair and equitable way to support the demand in as far as possible. The Area Crisis Management Teams (ACMTs) formed with a specific purpose of implementing the Covid Response in turn set up Covid Response Teams to support Public Health determined outbreaks. These teams of expert specialists provided a range of advice and support throughout the period, including onsite assessments of resident's needs. The HSE also had to provide additional staffing, not only to its own facilities but also to private providers. Through the work of the ACMTs and the Covid Response Teams, it is fair to say that tremendous work was undertaken in conjunction with staff of these residential facilities preparing for and dealing with Covid-19 related issues.

It is true to say that over 80% of Long Stay Care Facilities (LTRFs) are operated and registered with HIQA by private and voluntary providers. However, the HSE's local knowledge and the support they provided through the Response Teams, was critical throughout the period concerned and has assisted greatly in ensuring that many of these facilities are now functioning normally once again.

It is important to say that we did not have the opportunity of a 'Dress Rehearsal' to plan for and manage this crisis. We did not have the clarity about the impact of the Virus known to us from when we started to experience it. We were receiving international advice and learning's from other countries simultaneously with our own experience of its spread across our population, and this knowledge was changing on an ongoing basis throughout.

We wish to pay tribute to all healthcare workers in residential care settings, the staff who volunteered to support these services at critical stages and the cooperation of the representative bodies who engaged positively with the HSE to support the flexible deployment of staff of all grades and professions. Finally, the HSE looks forward to engaging with the Expert Group appointed by the Minister to provide recommendations on residential care services in the context of the Covid Pandemic experience.

Yours sincerely,



Ray Mitchell
Assistant National Director
Parliamentary Affairs Division

Encl.

SCC19R-R-0257(ii) D

Submission Paper in relation to matters raised in letters of 2nd June 2020 & 16th June 2020, by the Special Committee on COVID-19 Response (Oireachtas Committee) in respect of the COVID-19 pandemic in Nursing Homes

16th June 2020

Contents

1. Introduction

This document will set out the context for the provision of long term residential care and related nursing home provision as it relates to the response to Covid-19 and importantly distinguishes the role of the HSE from that of the regulator, HIQA, for this purpose. The document outlines the range of supports provided in this context and actions arising from NPHET and requirements for testing. It also provides the learning to date to inform continued delivery of services and associated governance.

2. COVID-19 Nursing Home Deaths

The Committee has requested information in relation to the level of COVID-19 nursing home deaths in LTRFs across the country. The table below provides a CHO level breakdown as at 09 June 2020. Guidance on notification of COVID-19 deaths for surveillance purposes can be referenced at Appendix A.

Public/Private	CHO for outbreak location	Number of Nursing Home outbreaks	Total number of linked notified cases	Total number of linked notified cases who died
Public	CHO1	8	182	23
	CHO2	5	31	1
	CHO4	6	9	
	CHO5	6	46	4
	CHO6	7	311	33
	CHO7	4	210	38
	CHO8	8	144	8
	CHO9	8	207	38
Private	CHO1	17	593	103
	CHO2	34	254	43
	CHO4	7	52	7
	CHO5	13	71	12
	CHO6	33	696	92
	CHO7	36	1051	233
	CHO8	23	612	96
	CHO9	37	971	192
Not specified	CHO1	1		
	CHO2	2	36	6
	CHO3	17	319	52
	CHO4	2	113	14
	CHO5	2	70	12
	CHO6	2	12	2
	CHO7	2	23	4
	CHO8	3	72	13
	CHO9	2	3	
Total		**285**	**6088**	**1026**

3. Interactions with the Regulator

The HSE has always recognised the requirement for ongoing engagement with Private Nursing Homes at multiple levels, be it Nationally with Nursing Home Ireland (NHI), the representative body for many private and voluntary nursing home providers, locally at CHO level both through Nursing Homes Support Scheme offices, and Clinically including discharge teams, specialist services etc. There is an ongoing range of communication required, and undertaken, across all these areas with individual nursing homes and also an ongoing dialogue at National Level is maintained with NHI.

While the HSE recognises the assistance and information provided by HIQA as an important and useful source of prioritisation of concerns, it is important to outline the HSE's own relationship with private and voluntary nursing homes, both at national and local level, pre-COVID-19 and during the pandemic.

The Chief Inspector identified a list of 19 HSE/S38 units that she believed to be at risk during the pandemic on 13 March 2020. By that time work was already underway in each of these units to ensure that all appropriate guidance and measures to protect residents was in place. Each centre was reviewed by the CHOs in terms of their resilience, identifying any training and awareness requirements in relation to infection control and were also subject to the non-visiting regime that was implemented. In fact, 3 of these centres have already been relocated to new HIQA approved centres. A further 3 will be fully replaced through a Public Private Partnership arrangement and the remaining centres are prioritised for redevelopment on the Capital Plan.

The HSE has been in regular dialogue with the regulator HIQA regarding Long Term Care Facilities throughout the period of the pandemic. The Chief Inspector, commencing on 02 April 2020, helpfully transmitted a daily listing of issues arising in private nursing homes based on their interaction with them and their assessment of their capacity using the intelligence the regulator had built up over years of inspection. This information was used, alongside local information, by Area Crisis Management teams and their CHO Covid Response Teams to ensure that appropriate assistance was targeted towards the homes identified, as outlined in section 10 below.

It was also agreed on 21 April 2020 a COVID-19 regulatory framework for the monitoring and inspection of Long Term Care Facilities should be developed and implemented. The framework enables HIQA inspectors to monitor and inspect providers on their preparedness for a COVID-19 outbreak.

4. Distinguishing the roles of State Agencies in the context of Long Term Care Facilities (LTRFs)

The Health Act, 2007 ("the 2007 Act") provides for a scheme of registration and inspection of residential services for older people, people with disabilities and children in need of care and protection. The 2007 Act also makes provision for the creation, implementation and enforcement of standards on safety and quality in residential services through the Health Information and Quality Authority. Section 9 of the 2007 Act (as amended by the Protection of Life During Pregnancy Act, 2013 and the Child and Family Agency Act, 2013) provides for investigations by HIQA. HIQA may undertake an investigation as to the safety, quality and standards of the services provided if the Authority believes on reasonable grounds that there is a serious risk (i) to the health or welfare of a person receiving those services, or (ii) of a failure to comply with the provisions of the Child and Family Agency Act, 2013 and the risk may be the result of any act, failure to act or negligence on the part of, amongst others, the HSE, the service provider, the person in charge of a designated centre.

There are currently 584 Long Term Care Facilities registered with HIQA, to provide long term residential care across the state of which 120 are HSE/Section 38 operated centres and the remaining centres are operated by the private or Voluntary (not for profit) providers. The majority of the residents of these centres are financially supported though the Nursing Homes Support Scheme (NHSS). The NHSS scheme is statutory in nature and it is the responsibility of the HSE to administer the Scheme. During April 2020 there were 23,497 people supported through the Scheme.

It is important to distinguish the role of the HSE from that of the Regulation, HIQA in relation to Long Term Residential Care Facilities, and in particular, in relation to the private and voluntary nursing home sector. The significant legislative base of responsibility in relation to this sector lies in the one hand with HIQA in relation to regulation, registration of services and investigations related to same, and to the NTPF for the purposes of agreeing contractual commitments for long term care services as outlined for the purposes of funding through the NHSS. The HSE does not have a legislative based authority specific to a direct role for private and voluntary residential centres. Notwithstanding this, the HSE, in its planning and implementation of the COVID 19 response, stood up a host of supports, ranging from clinical advice, infection control, large scale provision of PPE and staffing, in order to maintain these services as it was clear that some were not able to support themselves to do so.

While the HSE's Public Health service has legislative powers to deal with outbreaks of notifiable diseases, the HSE does not have authority to oversee any aspect of the management of a private nursing home provider including the quality of care delivered within a private care centre; it does not have any powers to compel or force providers in relation to safe staffing levels; there is no statute to compel providers to accept external support from the HSE to maintain quality of care for residents nor does the HSE have any powers or authority to investigate any safeguarding concerns in relation to residents within these facilities, unless a provider gives consent for the HSE to investigate concerns raised. In addition, the HSE is unable to compel a provider to reduce the number of residents cared for in their facility in cases where there may be concern about a providers' ability to safely deliver care. The remedy available to the HSE in respect of concerns about the quality of care, clinical governance, management or any other concern in relation to the ability of a private provider to deliver safe care to residents is through notification to the regulator, HIQA.

5. Early international context and learning from same

When considering the disproportionate impact of the COVID-19 pandemic in long-term residential care facilities it is important to reflect on the learning that was happening as the pandemic evolved, and that what was known about its effect on older persons initially changed rapidly through learning necessitating variations in the response.

- Although early evidence from China advised the increased vulnerability of older people in terms of morbidity and mortality related to COVID 19 there were no specific reports in relation to deaths in care settings.
- The first official death in a care setting reported from COVID 19 occurred in a Washington State Care Home on ***29 February 2020*** with earlier deaths in related facilities subsequently also attributed to COVID-19.
- The Spanish government had instituted guidance (***05 March 2020***) on measures to prevent the introduction of COVID 19 in care homes but as deaths within LTRFs within Spain were being recorded differently by regional governments there was no specific national data informing an overall picture (as is still the case).

- In Italy, which had its first suspected case of COVID 19 in the population confirmed on 30 January 2020, guidance to restrict visiting in care homes was issued on ***09 March 2020***. There was no official death toll within the Italian context for residential care settings and no testing of healthcare workers in these facilities.
- In the European context a number of abandoned residents found in a Madrid care home made national headlines on ***19 March 2020*** and was quickly picked up by world media.
- The first epidemiological description of a nursing home outbreak was published in the New England Journal of Medicine on ***22 March 2020***.

These examples should be read as an illustration of the complexity of responding to a pandemic in real-time and the level of information on the experience that could guide us in a rapidly evolving time frame.

In the Irish context, recognition of the potential for healthcare associated transmission of the SARS CoV 2 virus and its relationship with the MERS and SARS COV 1 viruses, guidance advising on reducing the potential for introduction and spread of such viruses in healthcare settings was published by HPSC on 30 January 2020. This was updated on 03 March 2020. Subsequent guidance specific to the management of the transfer of patients between acute hospitals and residential care facilities was published on 10 March 2020. More detailed guidance on 19 March 2020 covered the diagnosis, clinical care issues, and infection prevention and control guidance of residents in long term care facilities based on the available evidence at that time. All guidance was issued on a preliminary basis reflecting that information about the clinical nature of the pandemic was evolving and continues to be updated through the HPSC website on an ongoing basis.

6. The role of atypical presentations and asymptomatic transmission

In understanding the nature of COVID-19 as it affects older people with frailty is the fact that many patients in this cohort do not present with symptoms that typically fit the case definition of cough, fever and shortness of breath. We now know through some research undertaken that less than half the patients in the RCF cohort present with fever and only approximately one third with cough. Other less frequently reported symptoms of general fatigue, loss of appetite; confusion and falls became more prominent features of the clinical syndrome associated with COVID-19 in this population making it more difficult to identify patients with symptoms and especially in initial stages. ***Ireland was one of the earliest countries to incorporate atypical presentations in frail and / or immunocompromised cohorts in its updated case definition at an early stage***.

The potential significance of spread of infection from people who are infected but have no symptoms (asymptomatic transmission) is another area where understanding has changed. Asymptomatic transmission refers to transmission of the virus from a person, who does not have symptoms of infection. There are few reports of laboratory-confirmed cases who are truly asymptomatic, and to date, there has been no documented asymptomatic transmission. This does not exclude the possibility that it may occur. Asymptomatic cases have been reported as part of contact tracing efforts in some countries. The WHO regularly monitors all emerging evidence about this critical topic and will provide an update as more information emerges, (WHO Status update report 02 April 2020).

An evidence synthesis from HIQA prepared for the COVID-19 Expert Advisory Group on 21 April 2020 summarised 18 identified case studies internationally and concluded that evidence around pre-symptomatic transmission (COVID-19 positive status before development of symptoms) was occurring. Evidence around asymptomatic transmission (i.e. detecting COVID-19 positive status in patients who did not develop symptoms) was more limited. Based on the understanding that people with fever and/or respiratory symptoms were the main source of infection the emphasis on testing for COVID 19 in late February and March was on the basis of clinical features as indicated by NPHET (for example fever, cough, shortness of breath) to identify suspect cases. Testing was generally not performed on those who did not meet the case definition. We now know that a high proportion of older people in RCF with COVID-19 infection did not meet the NPHET case definitions in use at the time, and therefore were not identified as suspect cases requiring testing.

On 03 April 2020 the US CDC published a report confirming widespread positive testing in residents within an LTC facility with no symptoms (approx. 30%). The potential for asymptomatic transmission through staff in a facility was highlighted through a subsequent publication. Many experts now consider spread from people who are asymptomatic or have very minor symptoms that they hardly notice may play a significant part in spread of infection in LTRF and more generally. Testing of residents and staff of LTRF identified significant numbers of residents and staff with no symptoms or minimal symptoms who had a positive test for SARS-CoV-2. This indicates that asymptomatic /minimally symptomatic infection accounts for a relatively high proportion of infections in this setting although the dynamics of transmission (who spread infection to whom) remain uncertain.

This means that it is likely that many LTRFs may have had staff members or residents who were infected without any display of symptoms or without any symptoms then known to be associated with COVID-19 for some time before initial cases with recognised features of COVID-19 were identified and tested.

In hindsight, and importantly, at this stage of learning we believe that this contributed to the rapidity of spread within these facilities. An important learning is the prevention of virus entry to, and spread within, RCFs and its early detection and management, given the above complexities as outlined. One of the key areas as we move forward will be to emphasise the requirement for 14-day isolation for all new resident admissions, from both home and acute hospitals, to allow for possible pre-symptomatic or asymptomatic transmission as well as continued good practice in infection, prevention and control. This will reduce risk of introduction of the virus to such settings and it is also critical that we enhance those measures that will allow for early detection of cases. This action is the current guidance that is in effect for such centres.

7. Transfer of patients from Acute Hospitals to Long Term Care Facilities

In preparing for an expected significant surge in acute care activity related to Covid-19 it was the HSE priority to continue to safely move clients, as is routine practice, to Long Term Care Facilities from acute hospitals in an effort to maintain their health and wellbeing. The HSE issued general Infection Prevention Control Guidance to Nursing Homes Ireland on 30 January 2020, further specific infection prevention and control instruction was issued to Long Term Care Facilities on 03 March 2020.

Further, on 10 March 2020 Interim Guidance on Transfer between Care Facilities was issued and circulated through HIQA and directly to Long Term Care Facilities. Where a patient for transfer was identified as a possible close contact of a known COVID-19 positive case, the recommendation was that the person was to be accommodated in a single en-suite room for 14 days after transfer.

Patients with possible symptoms of COVID-19 under the case definition were not to be transferred unless a COVID-19 test had been reported as not detected and such patients were to be accommodated in single en-suite room for 14 days. If a patient was confirmed as COVID-19 positive in an acute hospital facility they were not to transfer to LTRF until they had completed 14 days of isolation and had tested as not detected on 2 swab tests for same. This guidance was circulated to all acute hospitals, CHOs and LTRFs accepting admissions of residents.

In order to ensure sufficient acute hospital capacity to manage the anticipated surge in same, emergency funding was made available to ensure patients who were clinically stable and appropriate for transfer could have their discharge facilitated. ***There was an emphasis also on ensuring that those patients who had completed their acute medical treatment should be prioritised for such transfers (either with home support or to residential care where this had been approved within local placement forum process) so as to avoid their exposure to the anticipated surge of COVID 19 infections in acute hospitals.***

Questions have legitimately been raised as to whether the transfers of these residents may in some instances have resulted in the accidental introduction of COVID-19 into the facilities. At this point a direct link between such transfers and outbreaks in LTRFs has not been established. At that stage of the pandemic and with the scientific/medical information then available, it was believed that following the protocols set out in the guidance along with the appropriate use of IPC processes within Units the risk of this would have been low. Nevertheless, the high levels of asymptomatic transmission, seen subsequently on mass testing in these facilities, point to the potential for accidental introduction from such transfers. This is reflected in ongoing revised guidance and was last updated on HSPC website on 09 June 2020.

It is important to state that there is and will be an ongoing need for the appropriate transfer of people, both to and from the acute hospital settings and nursing homes. This is reviewed on an ongoing basis to minimise the risk associated with such transfers.

8. Visitor Restrictions

The HSE engaged with Nursing Homes Ireland on 05 March 2020 about visitor restrictions to nursing homes. It was agreed further advice and information posters would issue to Long Term Care Facilities regarding this issue. On 06 March 2020 NHI issued visitor restriction advice to all members, effectively ceasing visitation to the centres. On March 10th 2020 NPHET advised that blanket socially restrictive actions around hospitals and nursing homes were not necessary at this moment in time. People were encouraged to follow respiratory etiquette and hand hygiene practices in order to protect vulnerable groups, including older people and patients with underlying conditions. However, people were advised not to visit if they themselves were unwell. At that time there were 34 confirmed cases in Ireland. Further visitor restrictions were recommended by NPHET on 11 March 2020 for implementation on 13 March 2020 for Long Term Care Facility settings (14 days from first case detected on 29 February 2020).

It is important to state that the introduction of visitor restrictions in LTRFs is not a decision that can or should be taken lightly. Residents have a right to have their nursing home place be considered their home. Visiting of family and friends is a fundamental component of social connectiveness and extremely beneficial to resident well-being. It also serves as another important element of oversight and support to the care and welfare of the resident and it maintains a key element of service review and improvement for the provider.

9. Supporting Long Term Care Facilities to prepare for and manage Covid-19 Outbreaks

The HSE, as a response to managing the pandemic crisis and to organise the setting up of new services, implemented a COVID-19 care pathway across hospital and community. The HSE also set up 9 Area Crisis Management Teams (ACMTs), nationwide on the first week of March. The ACMTs, generally chaired by the Chief Officers of the CHOs, consisted of senior managers across Public Health, acute hospitals, NAS, Environmental Health, Key service managers responsible for testing, service delivery etc.

The ACMTs, charged with the full implementation of the plan, engaged fully with private and voluntary nursing homes as requests for support started to arise. These requests ranged from the provision of; information, Infection Prevention & Control (IPC) advice, PPE, staffing support and other necessary requirements such as Oxygen provision.

Importantly the HSE also set up a process for the coordination of demand and supply of PPE from National to ACMT on 09 March 2020, treating private and voluntary nursing homes equitably with HSE directly provided services. Since mid-March, LTRFs have accounted for €41m in PPE or 50% of all PPE costs (c. 25m items of PPE delivered to 11,500 to residential settings) and the approximate spend from this on Private & voluntary NHs was over €27m at Covid prices.

Further to this, all ACMTs were advised on March 18th, to ensure that each public, private and voluntary provider had a link to a named person in Public Health and also advising that PPE was to be provided to all providers in line with the coordinated National process.

10. Covid Response Teams

The HSE itself decided to form Covid Response Teams in each ACMT as a dedicated resource to support Public Health outbreak teams, and this was for all residential services as well as Home Support settings. The HSE commenced this process on the 27th March and this was underpinned subsequently as a necessary action by NPHET on 31st March. Importantly these teams, many already in place, were formed so as to deal with the full range of residential care and could, if necessary, be flexibly enhanced with additional skillsets depending on where the outbreaks may occur. As the outbreaks centred mainly in nursing homes, both public and private, the main membership of such teams centred around specialist expertise for older people and residential care inclusive of Consultant Geriatricians, Directors of Nursing, Residential Care services, Public Health personnel, Nursing and administration supports. The teams had capacity to provide telephone support, on-site visits and assessments, access to PPE supply lines, IPC advice, public health updated advice and training materials. They were provided with the operational direction to deploy resources as required and to escalate any concerns to the Area Crisis Management Team. Section 11 indicates specifically the supports in relation to deployment of staff. The Covid Response Teams, were formally guided by *The HSE COVID Residential Care/Home Support COVID Response Teams CRT Operational Guidance April 8th 2020* guidance, issued on 09 April 2020.

A National Monitoring group was also formed comprising of senior management, Public Health, IPC specialists and Lead Consultant Geriatrician for the purposes of ensuring that the Covid Response Teams were deployed at local level and that any queries arising could be addressed, if required, at National level and to oversee the provision of a management information system required to capture the demand, and key information of the work of the teams around the country reported daily.

The Covid Response Teams, through the ACMTS were also provided with the analysis of HIQAs risk assessment and ongoing communication in relation to centres of concern. A total of 23 Covid Response Teams were set up across the 9 CHO areas in the country, reflecting their local work with such residential centres. This unprecedented process demonstrated the agility of the deployment of these key personnel across both hospital and community services. It has been acknowledged that their advice and support, particularly to both private and public nursing homes, was an essential element of managing the crisis. Many ACMTs and Covid Response Teams had to deal with a critical level of staff requirements in both public and private nursing homes, at the one time, drawing on the same pool of staff available through agency, re-deployment from hospital and other community services, as well as maintaining core services and increasing levels of testing and contact tracing. Their work continues still, and will be necessary while the ongoing risk of outbreaks is live. The HSE is currently reviewing the Guidance at both national and local level and intends to revise same in light of the experience to date. It will also now consider how best to maintain and enhance the work of these teams in the community on the basis of the revised Guidance and other requirements for such valued services across hospital and community.

11. Re-deployment of Staff

Arising from the prioritisation of home support services, some capacity has been made available to provide much needed support to residential units /nursing homes, many who came under increasing pressure in dealing with COVID-19 and, in some cases, experiencing severe staff shortages. Agreement was reached between Nursing Homes Ireland (NHI) and Home and Community Care Ireland (HCCI), representative groups of the Private-for-Profit Approved Home Support Providers on 28 April 2020, in conjunction with the HSE, to facilitate the redeployment of home support staff to residential units /nursing homes, where capacity exists to do so. The HSE is initially funding this arrangement with costs to be recouped from the residential units /nursing homes in due course.

Agreement has also been reached between the HSE and NJC/Parallel NJC Group of Unions on the provision of public employed staff support to Private Residential Units and clarification received on the indemnity issued raised in redeploying home support workers/HCSAs across public and private residential services. Agreement has also been reached between HCCI & NHI on the indemnity issues relating to home support staff employed by private-for-profit Providers being redeployed to Private Residential Units.

A SOP for COVID-19 on the Redeployment of Home Support Workers/Health Care Support Assistants to Residential Units/Nursing Homes has been developed to assist the CHOs in this process. These guidelines are to be used by residential service providers to access potential staff for redeployment, where the residential facility has been identified by the HSE, through its Residential Care & Home Support Covid-19 Response Teams (CRTs), as being a priority location to be supported due to the nature of the crisis, service pressures being experienced, and where all other potential sources of staff have been exhausted.

The following tables outline across 3 key periods the level and type of supports as well as the numbers being supported of LTRFs through the work of ACMTs and their COVID response teams.

	As at 30 Apr	As at 31 May	As at 09 Jun
LTRFs in receipt of supports	**473**	**867**	**178***
Private	*266*	*459*	*485*
HSE	*145*	*220*	*227*
Section 38/39	*39*	*120*	*118*

	As at 30 Apr	As at 31 May	As at 09 Jun
Other	*23*	*68*	*71*
LTRFS in receipt of telephone advice and support from CHO	348	264	260
LTRFS in receipt of IPC support	341	271	263
LTRFS in receipt of Public Health support	357	281	276
LTRFS in receipt of PPE supply	346	324	319
Total number of staff redeployed to LTRFS	NA	317	322

** As from 28 May, reported figures now exclude facilities classed as stable. The HSE is still supporting 901 facilities in total as at 09 June 2020.*

12. Specific NPHET Actions in relation to Long Term Care Facilities

On 31 March 2020, NPHET considered a specific paper on Long Term Care Facilities and made a series of recommendations in relation to Long Term Care Facilities comprising six national public health actions. This was followed with a further updated request with more specific actions on April 6th. The table below outlines these actions and the implementation of same synopsised.

Update on Specific Actions relating to LTRC from NPHET 31st March & 6th April	
1. Strengthened HSE National and Regional Governance Structures	**LTRC Update**
Establish a national and regional (CHO) COVID-19 Infection Prevention and Control (IPC) Teams	• National in place and Regional teams being set up and supplemented with additional resources on an ongoing basis
An IPC Advisor to liaise with each LTRC and homecare provider	• Included as a requirement in Covid Response Team Document cleared at INOH 9th April. National Training and supports offered to all LTRC settings. Recruitment of ADONs in IPC at CHO level being expedited. Webinars provided and available to all centres.
Provision of updated guidance (LTRC guidance to include specific admission and transfer guidance)	• Guidance on Transfer and admission criteria was cleared at INOH 9/3, currently is now amalgamated into Preliminary LTRF Guidance, most recent version 4/5. Reviews ongoing.
Establish teams (per CHO), building on existing capacity where possible, to provide medical and nursing support	• Outlined as a requirement in Covid Response Team Document cleared at INOH 9th April. Webinar provided to all LTRCs on CRTs 23 Teams established across the 9 CHOs with multidisciplinary input from services leads and Public Health. Daily reporting on Outbreaks from PH with input from all CHOs available.
Establish capacity and provide for teams of last resort (crisis support team to go into individual LTRC facilities as required) to provide staffing for a short period of time to ensure service continuity	• Outlined as a requirement in Covid Response Team Document cleared at INOH 9th April. Over 400 staff/day being deployed this week. Daily reporting on staff deployed/sourced to LTRC:- including private, S38/39, Public, across SOP, MH & Disability Centres.
2. Transmission Risk Mitigation - suspected/COVID-19 positive LTRC/ homecare	**LTRC Update**
Agencies and LTRC/home support providers agree protocols and rostering to minimise staff movement across COVID-19 and non-COVID-19 LTRC settings/home support clients	• Pre-NPHET guidance, on 02 April 2020, the HSE emailed agency providers advising requesting agency staff for complete rosters as opposed to a shift-by-shift basis and that bookings cover an 8-12 week period to facilitate assignment of agency employees to specific locations on as regular a basis as possible.

	• Guidance Document Cleared at INOH 9th April and issued to the system including agencies.
HSE to provide support for appropriate alternative residence and transport for staff living in congregated domestic living arrangements involving other LTRC settings/homecare staff	• Guidance Document Cleared at INOH 9th April, providing a process for accommodation for healthcare workers, across all settings, to avoid congregated living arrangements.
Minimise staff movement working across LTRCs	• Addressed by both previous guidance documents above
Active monitoring of staff for fever, cough and shortness of breath (Temperature checking twice a day)	• Outlined as a requirement in Covid Response Team Document cleared at INOH 9th April. • Process in place in all Res Care centres and supports to Private and Public from Occupational Health
4. HSE Provision of PPE and Oxygen	**LTRC Update**
Ensure PPE supply to LTRC settings and home support providers **Access to oxygen for LTRC settings** **Ensure provision of hand sanitiser and adherence to good waste management standards.**	• Extensive Logistics in place from National to CHO level providing daily requirements of PPE to all residential care settings and other service areas. Single point of contact in each CHO for Supplies of same.
5. Training	**LTRC Update**
The HSE and LTRC support access to the provision of training for staff in IPC, use of oxygen, palliative care and end of life care, pronouncement of death	• A series of Webinars took place open to all Res care centres on IPC, Palliative Care, with approx. 1000 participants. Guidance Documentation issued on Pronouncement of Death and agreement reached with trade unions on its implementation on 5th May.
The HSE and home support providers support access to the provision of training for staff in IPC	• A series of Webinars took place open to all Res care centres on IPC Guidance documents on IPC issued and being reviewed on an ongoing basis
6. Facilities and Homecare Providers - Preparedness planning	**LTRC Update**
Depending on size of LTRF or homecare provider designate a team or at least one full-time staff member as lead for COVID-19 preparedness and response	• As part of the CRTs guidance issued on 9th April it was identified that a lead person per CHO be established and all areas have interim leads in place with some progressing the recruitment of a Senior Manager with nursing background for the COVID period. Each Private NH has been made aware of the HSE contact person for their area for Supports and PPE etc. The recent survey from HIQA has identified that Private NHs were aware of the HSE contact services.
LTRC settings have COVID-19 preparedness plans in place to include planning for cohorting of patients (COVID-19 and non-COVID-19), enhanced IPC, staff training, establishing surge capacity, promoting resident and family communication, promoting advanced healthcare directives	• As Part of the CRTs guidance issued on 9th April it was identified that part of the work of the teams was to review all Res Centres preparedness plans and this formed work of the CRTs. Also HIQA provided a framework for all residential services and have been undertaken inspections on this basis and are in constant communication with HSE with information that is provided to CRTs to follow up.

13. Temporary Assistance Payment Scheme

On the 12 March 2020, together with the Department of Health, the HSE commenced discussions about the requirement for a temporary financial support scheme for private nursing homes to enable them to prepare for and manage a Covid-19 outbreak. Subsequently, the Minister for Health announced on the 05 April 2020 a €72.5m Temporary Assistance Scheme to support Private and Voluntary Nursing Homes in preparing for, and responding to, a COVID-19 outbreak. On 07 April 2020 the Temporary Financial Assistance Scheme for Nursing Homes first opened for applications. The purpose of the scheme is to assist Nursing Homes in building resilience in reducing the risk of a COVID-19 outbreak and in supporting them in managing such an outbreak, should one occur. The HSE administers the Scheme and processes payments to the Nursing Homes. The Department of Health has requested that the National Treatment Purchase Fund (NTPF) administers the application process and provides support and advice to the HSE.

The Scheme consists of a Standard Assistance Payment and an Outbreak Assistance Payment. To qualify for the Outbreak Assistance Payment, the Nursing Home COVID-19 outbreak must be confirmed by Public Health and notified to the Health Protection and Surveillance Centre (HPSC). The first part of the Scheme, the Standard Assistance Payment, consists of a Prospective Standard Assistance Payment and a Retrospective Reconciliation, based on actual costs incurred. The Outbreak Assistance Payment is in place to further financially support Nursing Homes when managing a COVID-19 outbreak. As of 29 May 2020, the amount of €9.1m in financial support was transferred to a total of 358 Private Nursing Homes under Prospective Standard Payments and all elements of the Scheme are now live and available to be claimed.

14. Long Term Care Facility COVID-19 Testing

From the beginning of testing for COVID-19 nationally, the National Ambulance Service had been offering a home based testing service to all patients who met the case definition criteria set out for COVID-19 by HPSC / NPHET including residential care facilities. As the 'home-based' testing model transitioned towards community based testing centres a dedicated pathway for LTRF testing was established with NAS. This was published on 21 March 2020. On 27 March 2020 the case definition was expanded to alert clinicians to the need for a higher index of suspicion being warranted re possible atypical COVID-19 presentations in LTRFs and those with immunocompromise. Given the highly infectious nature of COVID-19 in these facilities, and in order to avoid testing delays, LTRFs were advised to treat all residents with symptoms as probably COVID 19 positive in facilities where a COVID-19 diagnosis had been confirmed and to avoid further delays in cohorting these residents while awaiting testing. On 10 April 2020 in line with the available emerging evidence the RCF guidance was changed to formally include the testing of staff in Residential Care Facilities as part of the outbreak response with escalation to full testing of all residents and staff in facilities with outbreaks from 18 April 2020 followed by the mass testing strategy which commenced 21 April 2020 with all Long Term Care Facilities completed by 15 May 2020. Future Mass testing proposals has been indicated by NPHET and plans for implementation are under development.

The HSE has been working with Long Term Care Facilities providing support to train staff to undertake testing at their centres. Support here has ranged from remote support with training of LTRF staff, supporting training in person, accommodating LTRF staff to attend testing clinic sessions to observe, and be observed, in conduct of testing.

15. Infection Prevention & Control Response Long Term Residential Care

The HSE adopted an integrated risk based approach to supporting long term residential care from the early stages of the COVID-19 pandemic with the establishment of Community Healthcare led Area Crisis Management Teams (ACMT's). There were a wide range of sources and types of information used to identify centres as risk in the context of COVID-19 (as opposed to generally). The risk assessment and management was required to be as dynamic as the pandemic's evolution and so depended on near real-time data as opposed to being limited to legacy data on our estate and occupancy which was already known to us.

This from an operational perspective meant assessing all sources of available data (Epidemiology, Public Health, HR, regulatory etc.) day-by-day, week-by-week for all Designated Centres. This process was supported by weekly calls with HIQA and daily calls with Area Crisis Management Teams to ensure shared situational awareness and action. The HSE risk rated dynamically using all available information in addition to the regulatory lens based on occupancy. This was in accordance with the international standards for risk management underpinning the HSE Integrated Risk Management Policy.

16. IPC Supports

The infection prevention and control supports provided ranged from on-site support to online and webinar training. A "remote first" model was used in compliance with the HPSC guidance to minimise staff movement between LTRFs and other service areas. These supports were offered both regionally from the Area Crisis Management Teams and from the National Community Operations Quality & Patient Safety Office (QPS) and Antimicrobial Resistance and Infection Control (AMRIC) Team. The supports were enabled by 16 CHO Infection Prevention & Control Nurses, the Community Operations Head of IPC and the IPC Nursing staff of AMRIC as well as wider Community Operations teams. Over 2,500 staff have been trained in IPC to date and 9 new CHO Assistant Directors of Nursing IPC are being recruited. Training provided has to date included.

- Operating the HPSC Guidance for Residential Care.
- Guidance for healthcare workers on the correct use of PPE for different healthcare activities and settingsCOVID-19 Disease Overview.
- COVID-19 IPC in Community Mental Health Services.
- COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare.
- COVID-19 Management and Support in Residential Care Facilities and in-patient Facilities Outside of Acute Hospitals.
- COVID – 19 Managements in Disability Services.

In addition to training a National IPC Support Team has been established in Community Operations to offer ad hoc advice and support to CHO IPC Leads and directly to providers.

17. Considerations for future policy development

There has been significant focus in recent weeks on the different mortality impact across nursing homes in the context of COVID-19 outbreaks and the implications of same. A recent analysis of these 'crude mortality rates' found that they failed to sufficiently account for the occupancy capacity of the facility with little difference between mortality rates when this was accounted for.

Equally a review of the available HIQA inspection reports by the report authors for the sites reported on suggested a good level of compliance with standards across the board. Specifically, there seemed to be no significant association between compliance with staffing, governance and management, safe and suitable premises and infection control (although associations for the latter were significantly smaller).

The report authors highlight those issues that may have led to poorer outcomes specific to the pandemic including earlier outbreaks having poorer outcomes in context of lack of knowledge regarding unrecognised infection and transmission, and delayed diagnosis due to atypical presentations. The potential impact for higher community transmission rates in the areas within which the nursing homes were based and its implications for potential staff transmission and also accidental introduction of the virus by newly admitted residents from both acute hospital and community is highlighted. Issues regarding access to testing and personal protection equipment were all more pronounced in the early part of the pandemic as the entire health service struggled to adjust. The isolation of the private nursing home system from any integrated clinical governance response to an outbreak proved particularly challenging in earlier outbreaks but was quickly responded to through the development of the COVID Nursing Home response teams. This allowed for specialist expertise in the management of patient care in the outbreaks to be supported and ensured that such support was provided through a supported HSE operational governance system. This allowed channels of communication between private facilities and HSE to be established so that as needs were identified they could be addressed as expediently as possible. The deployment of these structures did enable a more structured response over a region and this became particularly important where large numbers of staff and residents became simultaneously ill with COVID-19. It also in at least some instances helped avert some of the more potential cataclysmic consequences of outbreaks seen internationally.

That said however it is clear from any vantage point that the pandemic has raised many questions about the model of care that has developed for long-term residential care in recent years. It clearly highlights the vulnerabilities of older people in such congregated settings when such events emerge and in particular highlights the significant failures of governance and resilience within those systems. The whole model of care provision in this sector will by necessity need to focus on ensuring that care can be provided to the older person in their own home for as long as possible with appropriate supports.

In the context of the learning from the pandemic and ongoing challenges envisaged, it is worth noting that the RCPI Clinical Advisory Group for Older People have developed a paper reflecting key themes that should be addressed as part of both a HSE and / or broader policy response to the issues arising for care of older people in LTLTRFs as a result of the pandemic. This group, comprised mainly of consultant geriatricians who had been closely involved in managing outbreaks in facilities through the COVID Nursing Home response teams, are making these recommendations based on the experience of key issues that arose in the course of the pandemic and how these might be addressed systemically. Amongst the interim recommendations included are

1. A review of clinical governance arrangements within private nursing homes to advise on the relationships of the Person in Charge with GP / Medical Officer, registered provider and care staff and in particular, a review of the resilience of these structures in the context of a pandemic
2. A requirement that HIQA inspection criteria and standards be amended to reflect learning from pandemic outcomes and inform the development of care and environmental standards in relation to same

3. The development of a designated medical lead role for nursing home to provide clinical governance of the medical care within the nursing home
4. The continuation of the support structures developed through the COVID 19 Nursing Home support teams to be maintained as part of an overall integrated response to the pandemic and its effects in LTRFs and the creation of formalised operational relationships between HSE and private nursing homes.
5. Staffing structures in nursing homes to be reviewed to ensure appropriate skill mix and resilience with appropriate career pathways and educational opportunities to be developed.
6. Staffing structures in private nursing homes to be reviewed to ensure appropriate resilience. Salary structures, terms and contracts to be linked to those of equivalent HSE grades in line with the DOH Safer Staffing Model. This will enable retention of staff within facilities on an ongoing basis and is a key lever in ensuring sustainable staffing levels in facilities during pandemic. In doing so, nursing homes should aim to create an internal bank of staff to minimise their dependency on agency staff support.
7. Nursing Home environmental standards that will need to reflect their ability to deliver effective infection prevention and control practice. In particular, residents who live in multioccupancy rooms or who share bathrooms will require the availability of single rooms for isolation.
8. The development of a design model reflective of smaller units embedded in communities as opposed to large institutions, may better meet the needs of this population especially in time of pandemic. Consideration also to be given to stepped models of care allowing people to transition from independent through supported living and into nursing home facilities to facilitate 'ageing in place'.
9. The movement or sharing of staff across facilities to be done in accordance with Public Health and Infection Prevention and Control guidance and appropriate mechanisms put in place to minimise risk of transfer of infections between facilities
10. A range of enhanced supports including occupational health, bereavement and counselling services to be put in place to support nursing home staff. A specific bereavement programme for families and residents should form part of these support structures

The HSE will consider a formal submission to the Expert Group, appointed by the Minister to provide recommendations on the future of LTRF provision, in the context of the experience of the COVID-19 outbreak. The HSE's submission will take account of its ongoing review of the guidance for the Covid Response Teams, taking the learning from the experience across the country. The above measures, as outlined by the consultant Geriatrician group, a key profession and important input throughout the experience, are worthwhile in the consideration of the future role and function of the sector.

Appendices

Appendix A – Guidance re notification of COVID-19 deaths for surveillance purposes

See attached PDF file.

Appendix B: Correspondence from HIQA

See attached PDF files.

Appendix C: Timelines of HSE support to nursing homes*

Legend:

HSE Action	PPE	Clinical Guidance	Data	Staffing/ Redeployment	Non HSE Action

Ref	Date	Description
1.	30 January 2020	HSE issued general Infection Prevention Control Guidance and posters to Nursing Homes Ireland
2.	19 February 2020	HSE CEO met with CEO of NHI
3.	27 February 2020	CEO of NHI sent email to HSE Operations, Services for Older People attaching Scottish Care Coronavirus Guidance and advising it had been shared with NHI members.
4.	2 March 2020	NHI participate in Task and Finish Group with HSE Operations, Services for Older People. The purpose of this group was to engage with variety of sectors to agree the overall response to Covid-19 which culminated with guidance issued on the 10 March 2020 -*Interim 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*
5.	3 March 2020	'Infection Prevention and Control Guidance for novel coronavirus MERS and Avian Influenza' issued by Community Operations - Older Persons to NHI and others
6.	3 March 2020	Request for PPE received from Longford residential care setting *(1 delivery of 3 made to residential care facilities 3 – 10 March totalling 730 items)
7.	4 March 2020	Request for PPE received from Wicklow residential care setting *(1 delivery of 3 made to residential care facilities 3 – 10 March totalling 730 items)
8.	5 March 2020	A conference call was held between the HSE and NHI on visitor restrictions and the HSE agreed to circulate guidance and posters.
9.	6 March 2020	NHI unilaterally imposed visitor restrictions
10.	6 March 2020	NPHET subgroup on Vulnerable people, first meeting. HSE representatives Dr Philip Crowley, Dr Margaret Fitzgerald, Dr Caitriona McCarthy, Jim Ryan.
11.	9 March 2020	Transitional Care Exceptional Criteria – Transitional Care Fund amended to support egress options earlier in the assessment and application process for NHSS. TCF extended to 10 weeks
12.	10 March 2020	Transitional Care Exceptional Criteria – briefing note distributed to Heads of Social Care by Community Operations – Older Persons
13.	10 March 2020	NPHET advise blanket visitor restrictions were not necessary at that time.
14.	10 March 2020	'Interim 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', issued by Community Operations - Older Persons, through HIQA and directly to Long Term Care Facilities. Also distributed to acute settings and CHOs.
15.	10 March 2020	Request for PPE received from Longford residential care setting *(1 delivery of 3 made to residential care facilities 3 – 10 March totalling 730 items)
16.	10 March 2020	Poster distributed by Community Operations – Older Persons to Heads of Social Care for display in all HSE residential units across all CHOs for Older People and Disabilities
17.	11 March 2020	NPHET recommend visitor restrictions for implementation on 13 March 2020
18.	12 March 2020	Memo regarding Additional Supports for Delayed Transfers of Care, Extension of Transitional Care Criteria - of Public Residential Units & Wards of Court, distributed from Community Operations – Older Person to Chief Officers, CEOs and Acutes
19.	12 March 2020	Online PPE requisitioning system went live
20.	12 March 2020	HSE and DoH commenced discussions about the requirement for a temporary financial support scheme for private nursing homes.
21.	12 March 2020	HSE HR email NHI confirming that HSE planned to use existing recruitment panels where possible (in response to an email from NHI on 9 March 2020)
22.	13 March 2020	First record of a Nursing Home using the online form for PPE requisitioning
23.	16 March 2020	During the week beginning 16 March, 159 deliveries with 72,642 items of PPE were made to Nursing Homes
24.	16 March 2020	First Nursing Home outbreak notified on CIDR. Public Health established an Outbreak Control Team. Throughout the response over 450 such teams have been set up.
25.	17 March 2020	'Interim Guidance in relation to COVID-19 for long term care facilities' published and circulated including to NHI

Ref	Date	Description
26.	18 March 2020	'Interim Guidance in relation to COVID-19 for long term care facilities' distributed by Community Operations – Older Persons to Chief Officers
27.	18 March 2020	Memo issued from Community Operations to all Chief Officers requesting PPE be made available to all LTCFs, on a need and risk basis.
28.	18 March 2020	NPHET Subgroup on Vulnerable Groups establish a short term Working Group examining issues related to the Nursing Home Sector.
29.	21 March 2020	Dedicated pathway for residential care facilities testing was established with NAS
30.	21 March 2020	HPSC published 'Interim public health and IPC Guidelines on the prevention and management of COVID-19 cases and outbreaks in Residential Care Facilities and similar units' Version 1.
31.	22 March 2020	4 COVID-19 outbreaks in nursing homes notified on CIDR
32.	23 March 2020	During the week beginning 23 March, 474 deliveries with 307,215 items of PPE were made to Nursing Homes
33.	24 March 2020	HIQA issued guidance to all registered providers on sector wide preparedness arrangements
34.	25 March 2020	ONMSD establish national database to support nursing colleagues during COVID-19. Email to Directors of Nursing and Persons in Charge, and NHI to opt in to mailing list and WhatsApp Group. Further letter of invitation sent via HIQA. 560 subscribers to email and 426 to WhatsApp from across public and private sectors. 32 emails providing advice and guidance issued between 30 March 2020 and 15 May 2020.
35.	26 March 2020	COVID-19 webinar 'Practical Advice for Healthcare Professionals working in Residential Care Settings for Older People'. (580 staff participate)
36.	27 March 2020	HPSC published 'COVID-19 Interim assessment, testing and outbreak guidance for residents and staff in Residential facilities and Long Term Care Facilities' clinical algorithm Version 1. Case definition expanded to atypical presentations in RCFs. Algorithm advises RCFs to treat all residents with symptoms as possible cases.
37.	27 March 2020	NPHET meeting action: The HSE to ensure that individual outbreak control teams continue to be put in place for each outbreak which arises in both hospital and residential care facilities.
38.	27 March 2020	14 COVID-19 outbreaks in nursing homes notified on CIDR
39.	29 March 2020	First flight with PPE arrived from China, increasing availability of PPE
40.	29 – 30 March 2020	DoH extraordinary meetings on nursing homes. Actions: HPSC to examine additional data in relation to confirmed COVID-19 cases in residential healthcare settings in Ireland; the preparation of a detailed framework of information to support NPHET's focused consideration of the residential care facilities and an agreement that HIQA is to undertake risk assessments of those residential healthcare settings with confirmed COVID-19 outbreaks.
41.	30 March 2020	HPSC published 'Interim public health and IPC Guidelines on the prevention and management of COVID-19 cases and outbreaks in Residential Care Facilities and similar units' Version 1.1
42.	30 March 2020	During the week beginning 30 March, 716 deliveries with 516,422 items of PPE were made to Nursing Homes
43.	31 March 2020	'Guidance for COVID-19 in Nurse-Led Residential Care Facilities & IPC Guidance' distributed to CHOs by HSE Operations, Older Persons Service
44.	31 March 2020	'Framework for Derogation for COVID-19 Contacts in the Context of an Outbreak of COVID-19 in a Community Operations Rehabilitation or Care Facility' approved by CAG and circulated (paper based circulation via HSE Community Operations)
45.	31 March 2020	NPHET Subgroup on Vulnerable Groups Working Group on the Nursing Home Sector present a paper to NPHET. 'Enhanced Public Health Measures for COVID-19 Disease Management – Long term Residential Care'. NPHET approved measures: ○ Strengthened HSE national and regional governance structures in respect of IPC ○ Transmission risk mitigation in long term residential settings where there is a suspected or known COVID-19 case ○ Staff screening and prioritisation of testing ○ HSE provision of PPE and oxygen, as appropriate ○ Training for all staff across IPC and other priority skills, including end of life care ○ Preparedness planning by Long Term Residential Care Facilities and Homecare Providers
46.	1 April 2020	'Guidance for COVID-19 in Nurse-Led Residential Facilities' sent to NHI by HSE Operations, Older Persons Services
47.	2 April 2020	IPC guidance regarding Residential Care Facilities issued to NHI
48.	2 April 2020	HSE email agency providers advising requesting agency staff for complete rosters as opposed to a shift-by-shift basis and that bookings cover an 8-12 week period to facilitate assignment of agency employees to specific locations on as regular a basis as possible.

Ref	Date	Description
49.	2 April 2020	'Practical Advice for Healthcare Professionals Working in Residential Care Settings for Older People' uploaded to HSE COVID-19 Repository
50.	3 April 2020	NPHET agreed the HSE to deploy an integrated outbreak response across long term settings to drive infection prevention and control, and public health measures agreed by NPHET on 31 March
51.	3 April 2020	Webinar, Management of COVID 19 in Residential Care Facilities (1385 staff participate)
52.	3 April 2020	40 COVID-19 outbreaks in nursing homes notified on CIDR
53.	4 April 2020	Preliminary Inquiry from Community Operations – Older Persons to Higher Education Institutions and Institutes of Technology to ascertain if in a position to redeploy nursing staff to work in the residential sector (public and private) for the period of the Covid-19 outbreak
54.	5 April 2020	Minister for Health announced €72.5m Temporary Assistance Scheme to support private and voluntary nursing homes.
55.	6 April 2020	During the week beginning 6 April, 715 deliveries with 969,141 items of PPE were made to Nursing Homes
56.	6 April 2020	From 6 April to 22 May 2020 38% of all deliveries (7,884) and 29% of all PPE items (16.7m) were to Nursing Homes and Residential Care Settings.
57.	6 April 2020	AMRIC Education Programmes: Webinar COVID-19 Management in community residential facilities and inpatient services [repeated on 24 April 2020]; Webinar COVIC-19 Infection Prevention and Control
58.	7 April 2020	Temporary Assistance Scheme opened for applications. HSE administers the scheme.
59.	7 April 2020	HPSC published 'Interim public health and IPC Guidelines on the prevention and management of COVID-19 cases and outbreaks in Residential Care Facilities and similar units' Version 2.
60.	7 April 2020	HSE 'Residential Care/Home Support COVID-19 Response Teams (CRT) Operational Guidance' issued
61.	8 April 2020	HPSC published 'Interim public health and IPC Guidelines on the prevention and management of COVID-19 cases and outbreaks in Residential Care Facilities and similar units' Version 2.1.
62.	8 April 2020	'Informing use of frailty criteria as prognostic indicators for older people during COVID19 pandemic' approved by CAG and uploaded to HSE COVID-19 Repository
63.	9 April 2020	HSE deployed Crisis Management Team structures within each CHO area to support and manage the response to COVID-19 in Long Term Care Facilities. 23 COVID-19 Response Teams stood up to-date (29 May 2020).
64.	9 April 2020	Guidance documents related to NPHET Specific Actions relating to LTRC from 6 April, cleared through INOH
65.	9 April 2020	Memo and 'Residential Care/Home Support COVID-19 Response Teams (CRT) Operational Guidance' issued to CHOs and Union representatives
66.	10 April 2020	HSE HR issued SCA/CFO email of 10 April 2020 on Clinical Indemnity to CHO Heads of HR in response to queries regarding indemnity for nursing and HSCP staff who may be needed to provide support in a private facility
67.	10 April 2020	HPSC publish 'Interim public health and IPC Guidelines on the prevention and management of COVID-19 cases and outbreaks in Residential Care Facilities and similar units' Version 3. Formally includes the testing of all staff as part of an outbreak response.
68.	10 April	'Interim Guidance on the use of oxygen in long term residential care settings for older people during the COVID 19 pandemic' approved by CAG and uploaded to HSE COVID-19 Repository
69.	10 April 2020	117 COVID-19 outbreaks in nursing homes notified on CIDR
70.	11 April 2020	Agreement reached between HSE and Staff Panel of Unions on provision of 'Public Employed staff support to Private Residential Home Care sector'
71.	14 April 2020	Outward facing Occupational Health Service for HCW in nursing homes active
72.	14 April 2020	'Medicines Management guidance in residential care settings' approved by CAG and uploaded to HSE COVID-19 Repository
73.	14 April 2020	'Procurement of Prescriptions or medication orders in emergency situations guidance in residential care settings' approved by CAG and uploaded to HSE COVID-19 Repository
74.	14 April 2020	'Pain Management guidance in residential care settings' approved by CAG and uploaded to HSE COVID-19 Repository
75.	15 April 2020	HR CERS Memo issued to system on Deployment of HSE/ S38 staff to Private Nursing Homes
76.	15 April 2020	HPSC Publish 'Interim public health and IPC Guidelines on the prevention and management of COVID-19 cases and outbreaks in Residential Care Facilities and similar units' Version 3.1.
77.	15 April 2020	HR Memo issued to system regarding Recruitment for Nursing Homes, requesting delayed appointments of staff who are currently working in the private nursing home sector until the services have the opportunity to enhance their own staffing.

Ref	Date	Description
78.	15 April 2020	Webinar, COVID-19 Meeting the Challenge in Residential Care (730 staff participate)
79.	16 April 2020	'Clinical consultation required guidance in residential care settings' approved by CAG and uploaded to HSE COVID-19 Repository
80.	16 April 2020	'COVID-19 Urinary-Superpubic Catheter guidance in residential care settings' approved by CAG and uploaded to HSE COVID-19 Repository
81.	16 April 2020	'Suspected Delirium guidance in residential care settings' approved by CAG and uploaded to HSE COVID-19 Repository
82.	16 April 2020	'Suspected COVID or COVID-19 Positive Resident' approved by CAG and uploaded to HSE COVID-19 Repository
83.	16 April 2020	'Management of Death in Nurse-Led Residential Care Facilities' approved by CAG and uploaded to HSE COVID-19 Repository
84.	16 April 2020	'UTI Urosepsis guidance in residential care settings' approved by CAG and uploaded to HSE COVID-19 Repository
85.	16 April 2020	COVID-19 ICGP Webinar
86.	17 April 2020	NAS requested to develop mobile response to nursing homes, residential care facilities and community hospitals nationally. Reinforcement of capacity and training completed 17 to 19 April 2020.
87.	17 April 2020	COVID-19 Response Teams Operational Guidance issued to CHOs and NHI via HSE Operations, Older Persons Services
88.	17 April 2020	159 COVID-19 outbreaks in nursing homes notified on CIDR
89.	18 April 2020	HPSC published 'Interim public health and IPC Guidelines on the prevention and management of COVID-19 cases and outbreaks in Residential Care Facilities and similar units' Version 3.2.
90.	18 April 2020	HPSC published 'COVID-19 Interim assessment, testing and outbreak guidance for residents and staff in Residential facilities and Long Term Care Facilities' clinical algorithm Version 2 and subsequently Version 2.1
91.	19 April 2020	HPSC published 'COVID-19 Interim assessment, testing and outbreak guidance for residents and staff in Residential facilities and Long Term Care Facilities' clinical algorithm Version 2.2
92.	20 April 2020	NAS mobilised to commence mass testing nursing homes and other residential settings. Parameters: o In the case of sites with current outbreaks - all staff and residents o In the event of case(s) in a setting with no previous cases – all staff and residents An individual resident's need for testing should be brought to the attention of staff in the home and decisions about clinical management made by those staff. (5,500 tests completed in one day, 85,567 tests completed overall)
93.	21 April 2020	Agreed with HIQA that a COVID-19 regulatory framework should be developed and implemented
94.	22 April 2020	NHI Contingency Plan circulated to Chief Officers and Heads of Social Care by Community Operations – Older Persons
95.	22 April 2020	HPSC published 'Interim public health and IPC Guidelines on the prevention and management of COVID-19 cases and outbreaks in Residential Care Facilities and similar units' Version 4.
96.	22 April 2020	HPSC published 'COVID-19 Interim assessment, testing and outbreak guidance for residents and staff in Residential facilities and Long Term Care Facilities' clinical algorithm Version 2.3
97.	22 April 2020	Briefing note detailing Temporary Assistance Scheme to Private and Voluntary Nursing Homes circulated to Chief officers by Community Operations – Older Persons.
98.	23 April 2020	HPSC published 'COVID-19 Interim assessment, testing and outbreak guidance for residents and staff in Residential facilities and Long Term Care Facilities' clinical algorithm Version 3
99.	24 April 2020	COVID -19 webinar and eLearning programme release for 'Prevention and management of outbreaks in RCFs' (1,386 participants)
100.	24 April 2020	COVID-19 Related Hygiene and the Person Living with Dementia, Version 2 Dementia and COVID-19 Testing Algorithm, Version 2 COVID-19 Dementia Resource – Advanced Care Plan Algorithm, Version 2 COVID and Dementia – Supporting People Living in the Community, Version 2 COVID and Dementia in RCF – Grieving in Exceptional Times, Version 2 COVID and Dementia – Non-cognitive symptoms and Isolation in RCF, Version 2 Submitted to CAG for review and drafts provisionally uploaded to hselibrary.ie.
101.	24 April 2020	277 nursing homes were in receipt of HSE COVID-19 supports on this day. In the previous 7 days the HSE COVID-19 Response Teams have provided support to 211 long term residential facilities of concern. 66 of these are of the highest level of concern, 62 of them Nursing homes. 119 staff are deployed to private nursing homes.

Ref	Date	Description
102.	24 April 2020	191 COVID-19 outbreaks in nursing homes notified on CIDR
103.	27 April 2020	COVID-19 webinar on 'management of COVID-19 with national guidelines in Disability Residential services'
104.	28 April 2020	Agreement reached between NHI, Home and Community Care Ireland, and the HSE to facilitate the redeployment of staff to residential settings. The HSE is initially funding this arrangement with costs to be recouped from the residential units/nursing homes in due course
105.	28 April 2020	Memo and SOP issued from Community Operations - Older Persons regarding redeployment of Home Support Staff to Nursing homes. Including indemnity, final secondment agreement and employee declaration. Issued to Chief Officers, Heads of Social Care, NHI and HCCI
106.	29 April 2020	'Mortality Census of Long Term Residential Care Facilities: 1 January – 19 April 2020' presented by DoH. From the end of March shows an increase in deaths in long term residential care settings that can be attributed to COVID-19
107.	30 April 2020	Memo issued from Community Operations – Older Persons regarding HPSC guidance on the Use of Surgical Masks. Links to HPSC guidance sent to Chief Officers, Heads of Social Care and NHI
108.	30 April 2020	308 nursing homes were in receipt of HSE COVID-19 supports on this day. In the previous 7 days the HSE COVID-19 Response Teams have provided support to 210 long term residential facilities of concern. 83 of these are of the highest level of concern, 77 of them Nursing homes. Staff were deployed to 75 long term residential facilities.
109.	1 May 2020	218 COVID-19 outbreaks in nursing homes notified on CIDR 619 deaths associated with nursing home outbreaks to date.
110.	5 May 2020	HPSC published 'Interim public health and IPC Guidelines on the prevention and management of COVID-19 cases and outbreaks in Residential Care Facilities and similar units' Version 4.1.
111.	6 May 2020	COVID-19 Related Hygiene and the Person Living with Dementia, Version 2 Dementia and COVID-19 Testing Algorithm, Version 2 COVID-19 Dementia Resource – Advanced Care Plan Algorithm, Version 2 COVID and Dementia – Supporting People Living in the Community, Version 2 COVID and Dementia in RCF – Grieving in Exceptional Times, Version 2 COVID and Dementia – Non-cognitive symptoms and Isolation in RCF, Version 2 Revised (versions 2) approved and uploaded to hselibrary.ie
112.	7 May 2020	Letter and Guidance Document regarding Online Training Programme for Temporary HCSAs issued from Community Operations – Older Persons to Chief Officers, Heads of Social Care, NHI, HCCI and NCCN (updated letter sent 12 May 2020)
113.	8 May 2020	332 nursing homes were in receipt of HSE COVID-19 supports on this day. 394 staff are currently deployed to long term residential facilities, nearly 100 of these directly to private nursing homes.
114.	8 May 2020	234 COVID-19 outbreaks in nursing homes notified on CIDR
115.	12 May 2020	Letter issued from HSE Community Operations - Older Persons re Online Training for HCSAs
116.	13 May 2020	Dementia COVID-19 Resource Hub**.** Resources for people with dementia and family carers. Resources uploaded to relevant websites during the week beginning the 13.04.2020); www.understandtogether.ie; www.alzheimer.ie www.dementia.ie - Included in email communication to dementia community activation champions - Included in Age Friendly Ireland Daily Newsletter Circulated via NDO and partner's social media
117.	14 May 2020	'COVID-19 Prevention and management for vulnerable group settings to include direct provision (social inclusion services)'.
118.	15 May 2020	All long term care facilities mass testing complete
119.	15 May 2020	377 nursing homes were in receipt of HSE COVID-19 supports on this day.
120.	15 May 2020	250 COVID-19 outbreaks in nursing homes notified on CIDR
121.	15 May 2020	'COVID Guidance on the correct use of PPE in Different Healthcare Settings'
122.	15 May 2020	COVID-19 Dementia Resource – Advanced Care Plan Algorithm, Version 3
123.	18 May 2020	Vetting of Defence Force personnel commenced, c240 available for deployment to long term care facilities if required
124.	18 May 2020	Communication from Community Operations - Older Persons to Chief Officers and Heads of Social Care encouraging staff redeployment from home support and recycling of home support hours
125.	18 May 2020	'Nutritional Support pack for Residential Care Settings for Older People during COVID-19' approved by CAG and uploaded to HSE COVID-19 Repository

Ref	Date	Description
126.	19 May 2020	Nutritional Support pack for Residential Care Settings for Older People during COVID-19 issued from Community Operations Services for Older People
127.	22 May 2020	433 nursing homes were in receipt of HSE COVID-19 supports on this day. In the previous 7 days the HSE COVID-19 Response Teams have provided support to 70 Nursing Homes of concern, 56 private and 14 public. 5 of these are of the highest level of concern. 318 staff are currently deployed to 66 nursing homes, 50 public (282 staff) and 16 private (36 staff).
128.	22 May 2020	256 COVID-19 outbreaks in nursing homes notified on CIDR. 868 deaths linked to outbreaks in Nursing Homes, including confirmed, possible and probable (to midnight 23 May 2020).
129.	22 May 2020	770 nursing homes in regular receipt of PPE deliveries, majority of which are twice a week.
130.	25 May 2020	'Interim clinical guidance: VTE prevention in people with COVID-19 in the community or in residential settings' approved by CAG and uploaded to HSE COVID-19 Repository
131.	27 May 2020	430 nursing homes were in receipt of HSE COVID-19 supports on this day. In the previous 7 days the HSE COVID-19 Response Teams have provided support to 62 Nursing Homes of concern, 51 private and 11 public. 4 of these are of the highest level of concern. 306 staff are currently deployed to 62 nursing homes, 50 public (277 staff) and 12 private (29 staff).
132.	29 May 2020	256 COVID-19 outbreaks in nursing homes notified on CIDR (c30% of all outbreaks)
133.	2 June 2020	Data up to 30 May 2020. 258 COVID-19 outbreaks in nursing homes notified on CIDR. 5,149 laboratory confirmed cases linked to COVID-19 outbreaks in Nursing Homes. 5,346 cases including possible, probable and confirmed. This includes staff and residents. 392 laboratory confirmed cases were hospitalised and 116 of these died. 737 laboratory confirmed deaths linked to COVID-19 outbreaks in Nursing Homes. 916 deaths including possible, probable and confirmed.
134.	3 June 2020	164 nursing homes were in receipt of HSE COVID-19 supports on this day. (note that this figure no longer includes those previously reported as 'white' RAG status i.e. stable) In the previous 7 days the HSE COVID Response Teams have provided support to 37 Nursing Homes of concern, 27 of which are private and 10 public, 4 of these are the highest levels of concern. 336 staff are currently deployed to 77 long term residential facilities, 54 of which are nursing homes (45 public and 9 private)
135.	4 June 2020	Invite to Webinar - Guidance for Residential Care facilities on Admissions, Transfers and Visiting led by IPC. AMRIC colleagues. Invite via National Older Persons Service on behalf of NCAGL Op to CHOs and NHI.
136.	8 June 2020	Data up to 6 June 2020. 258 COVID-19 outbreaks in nursing homes notified on CIDR. 5232 laboratory confirmed cases linked to COVID-19 outbreaks in Nursing Homes. 5428 cases including possible, probable and confirmed. This includes staff and residents. 405 laboratory confirmed cases were hospitalised and 171 of these died. 756 laboratory confirmed deaths linked to COVID-19 outbreaks in Nursing Homes. 933 deaths including possible, probable and confirmed.

**** The timelines and documentation referenced in this table are provided by the HSE to the best of our ability. Given the volume and frequency of correspondence in relation to these issues that were developed and communicated the HSE cannot guarantee complete accuracy of the total schedule and there may be as a result some unintended omissions.***