

# THE VILLAGE RESIDENCE CONTINGENCY PLAN

|  |   |
|--|---|
| Employer Name:   | <i>HEALTH SERVICE EXECUTIVE</i>   |
| Workplace Address:   | <i>The Village Residence<br/>Dublin Road Drogheda<br/>County Louth A92 V6XE</i>   |
| Senior Manager (Name and Contact Details):                                     | <i>Michael (Seamus) McCaul Person in Charge. 087 6987429<br/>Leenamma Varghese 041 9893204<br/>Seema Pankaj 041 9893205<br/>Alan McCartney Administrator 041 9893201<br/>Maura Ward Manager Services for Older People 042 9332287</i> |
| Lead Worker Representative / Safety Representative (Name and Contact Details): | <i>Ebi Peters Infection Control Nursing 041 9893288<br/>Leenamma Varghese 041 9893204<br/>Loretta Byrne Senior Nursing Administration 041 9893203<br/>Simi Kurian Antimicrobial stewardship 041 9893210</i>                           |
| Number of Employees:   | <i>Nursing Staff 12<br/>Health Care Assistants 28<br/>General Maintenance 2<br/>Catering 6<br/>Home maker 2</i>   |
|  |   |

## **Contingency Plan for the management of Infections in The Village Residence Drogheda.**

**Date of Completion.** 28.07.2020, Revised 26.10.2020. Revised January 2021.Revised August 2021.

December 2021, February 2022, November 2022, April 2023, May 2023.September 2023

Authors. Michael S McCaul Jolly Varghese, Ebi Peter, Leenamma Varghese.

### **Acknowledgements**

The following guidance documents were referred to in developing this Plan:

1. Public Health & Infection Prevention & Control Guidelines on Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities V1.12 17.07.2023.
2. Infection Control Guiding Principles for Buildings Acute Hospitals and Community Healthcare Settings. July 2023
3. Guidance on testing for Acute Respiratory Infection (ARI) in Residential Care Facilities\* (RCF) Winter 2022/2023
4. Guidance on testing for Acute Respiratory Infection (ARI) in Residential Care Facilities\* (RCF) – Winter 2022/2023 V1.2 17/11//2022
5. Guidance on provision of day services in the context of COVID-19/ respiratory viral infection V. 1.7 01.08.2023
6. The impact of COVID-19 on nursing homes in Ireland July 2020. Health Information and Quality Authority.
7. National Standards of healthcare cleanliness, specifications, methodology and good practice. (National Health Service. U.K. 2019).
8. Guide and framework to infection control inspections in rehabilitation and community healthcare. (HIQA, July 2020).
9. Covid 19 An assurance framework for registered providers – preparedness planning and Infection prevention and control measures (HIQA 2020).
10. COVID-19 Preparedness Plan CHO Area 8. (HSE, CHO8, September 9 2020).
11. HSE Interim Guidance for the Pharmacological Management of Patients with COVID-19. August 2022.
- 12.Public health advice for the management of COVID-19 cases and contacts V1.2

Publication Date: 18/04/2023

## **Introduction.**

At the time of compiling this contingency plan (Version 9 21.09.2023), , there are now 30 registered beds in St Mary's Hospital and an application has been made to the Health Information and Quality Authority for the provision of an additional 30 beds. Together the new building and the current St Mary's will be amalgamated under the name The Village Residence.

On foot of a recommendation from the National Public Health Emergency Team (NPHET) on

23<sup>rd</sup> May the Covid-19 Expert Panel on Nursing Homes A report 'Covid-19 Nursing Homes Expert Panel. Examination of Measure to 2021' was published in August 2020 and has made 15 broad recommendations for the management of Covid-19 in nursing homes in Ireland (both public and private). These recommendations are:

1. Public Health measures
2. Infection Prevention and Control
3. Outbreak Management
4. Future admissions to Nursing Homes
5. Nursing Home Management
6. Data Analysis
7. Community Support Teams
8. Clinical – General Practitioner lead roles on Community Support Teams and in Nursing Homes
9. Nursing Homes Staffing/Workforce
10. Education – Discipline – Specific and Inter-disciplinary
11. Palliative care
12. Visitors to Nursing Homes
13. Communication
14. Regulatory Recommendations
15. A broader range of statutory care supports for Older People.

## **Planning.**

12. Identify a lead for COVID-19 and influenza preparedness and response in the RCF. The lead should be a person with sufficient authority to ensure that appropriate action is taken and requires at a minimum the support of one designated on-site IPC link practitioner. In some smaller RCFs the lead may also fulfil the role of the IPC link practitioner. In larger RCFs there may be a requirement for a liaison person on each unit in the RCF in addition to lead and link IPC practitioner roles;

### **This preparedness plan considers all these recommendations**

Co-circulation of influenza virus with SARS-Cov-2 is likely to continue to be a feature of management of viral respiratory infections at certain times of the year. The clinical features caused by infection with respiratory viruses are often difficult to differentiate and the public health and infection prevention and control management is very similar. For these reasons, this document is framed as general guidance for this group of infections. Managing the risk of COVID-19, influenza and other respiratory viruses in a residential care setting can be thought of as three elements.

The first is to take all practical measures to reduce unintended introduction of the virus into the residential care facility. If the virus is not introduced by a person with infection, then it cannot spread.

Even when all practical precautions are taken it is still possible that the virus will be introduced unintentionally, therefore the second element is to take all practical measures to reduce the risk of the virus spreading if introduced.

The third element is having processes in place to minimise the risk of harm to residents and staff if both other elements fail and the virus is introduced and spreads. This includes the administration of specific antivirals against COVID-19 or influenza when appropriate.

WHO and ECDC urge priority groups, such as older people, people with chronic diseases and healthcare workers to receive a complete COVID-19 vaccine course and boosters, to protect themselves, and the vulnerable people they come in contact with, from severe disease.

Controlling the risk of introduction, spread and harm from COVID-19 and Influenza and RSV is challenging particularly as there is a need to balance the management of risk with respect for the autonomy and rights of residents. Vaccination of residents and staff, including booster

vaccination, plays a central part in managing all aspects of the risk. As a service our main role is to ensure that residents and staff are protected.

As a service our main role is to ensure that residents and staff are protected.

This means:

- 1 Protection of residents against the disease.
2. Protection against infection
3. Protection against infecting others.

**This contingency plan will cover the following Regulations**

Regulation 23: Governance.

Regulation 10: Communication difficulties

Regulation 11: Visits

Regulation 14: Persons in charge

Regulation 15: Staffing

Regulation 16: Training and staff development

Regulation 26: Risk management

Regulation 27: Infection control

Regulation 31: Notification of incidents

Regulation 4: Written policies and procedures

Regulation 5: Individual assessment and care plan

Regulation 6: Health care

Regulation 7: Managing behaviour that is challenging

Regulation 8: Protection

Regulation 9: Residents' rights.

## **Governance.**

### **Regional Department of Public Health.**

The Regional Department of Public Health is responsible for investigating cases and outbreaks of COVID-19 and other respiratory illnesses and providing overall leadership and oversight for outbreak management.

The primary responsibility for managing the risk of infection with COVID-19 and for control of outbreaks lies with the RCF, within their responsibilities for resident care and infection control.

This responsibility is referred to in the 2016 National Standards for Residential Care Settings for Older People in Ireland.

Under the Infectious Diseases Regulations 1981, Amendment February 2020, Dr. Mulroy as the Centre's Medical Officer, when aware of any case of COVID-19 or an outbreak, is obliged to notify the Medical Officer of Health (MOH) at the regional Department of Public Health.

Contact details.

Dr Bernadette O'Keefe, MB DCH, DObst, MPH, MSc MBI, MRCGP, MICGP, FFPHMI

Specialist in Public Health Medicine, MCRN 11397

Dept of Public Health

Health Service Executive North East

Railway St

Navan

Co. Meath

Eircode C15 Y2CW

Tel 046 9076412

Email [bernadette.okeefe@hse.ie](mailto:bernadette.okeefe@hse.ie)

Or alternatively email [DPH.NE@hse.ie](mailto:DPH.NE@hse.ie). Publichealth.areaA@hse.ie

In the event of a resident testing positive for COVID 19 the Public Health Department for Louth Meath must be notified. Please see details.

HSE Public Health, Area A (Cavan, Louth, Meath, Monaghan and Dublin North), Dr. Steevens' Hospital, Dublin 8 D08 W2A8

T: (046) 928 2700 | Twitter: @PublicHealth\_A

Department of Public Health, Health Service Executive Railway Street, Navan, Co. Meath Tel: (046) 9282700; Fax: (046) 9072325 A/Director of Public Health: Dr Kevin Kelleher.

Email:

Michael McCaul is responsible for notifying the Department of Public Health in Navan of any confirmed cases of Respiratory illness outbreak including SARS COV 2.. There is a specific template for notification which is stored on DSOP ADMIN DRIVE. This is emailed to Public health on a daily basis giving an update

### **Further Public Health Measures.**

At overall regional level, the following supports are available.

Older Person Service MLM continue with the enhanced Public Health measures in long term residential care facilities adopted by NPHE.

Measures are in place to provide additional PPE in the event of an outbreak.

Staff accommodation continues to be available to those that require same.

Cohorting or Zoning of staff remains a priority in the centre and is adhered to at times of suspected outbreaks.

The HSE Covid 19 response team in MLM remains in place and meets on a weekly basis and incorporates the Head of Older Person Service, General Manager OPS, GM Leads for private

and public NH, DONs/PIC, Home Support Managers, Lead personnel for private NH, HR, Risk, Finance, PPE Leads, Safe Guarding.

Area Crisis Management Team (ACMT) is already in place and meet twice weekly.

Winter Action Team (WAT) teams currently in place.

**In relation to Infection Prevention and Control, the following measures are in place to support The Village Residence and is overseen by the General Manager:**

An infection prevention and control policy is in place within The Village Residence and Older Person Services liaise closely with the Infection control Department around deep clean protocols.

Sunnyside and Meadowview households can be zoned into four distinct areas.

Meadowview. Zone One. Unless with exceptional circumstances there is no crossover of staff from Meadowview to Sunnyside.

Sunnyside. Unless there are exceptional circumstances, there is no crossover of staff from Sunnyside to Meadowview.

Catering area. Catering staff remain within their zoned area and do not crossover to other areas.

Mealtimes are staggered so as to maintain social distancing for residents.

Within Butterfly Cottage, Red Robin Cottage and Forget me Not Cottage, these can be zoned as individual houses. Additionally, each house has its own separate bedrooms and ensuite facilities. Additionally, each house can be zoned into two separate zones made up of 4 bedded and 6 bedroom corridors

Serial testing – Residents within CNU's are prioritised for Covid 19 and other respiratory viruses testing and staff within the Centre are trained for swabbing. Serial testing - Serial Testing is paused at the moment for all Nursing Homes (since 28/02/2023). Communication will issue when confirmation is received in relation to future plans. Any queries regarding the above please contact Maura Ward, Older Persons Services, through the Person in Charge



The Centre is self-sufficient in the area of swabbing for their respective staff and this will continue to work in line with Public Health. Jolly Varghese is the identified lead for The Village Residence to coordinate this piece of work including labelling the delivery of swab kits and co-ordinating clinics for staff to attend. Staff serial testing have been done as per Community Health Care Organization's guidance whenever instructed. All non-vaccinated staff members have had a risk assessment using the Health care worker Categorisation Risk Assessment-COVID 19 Vaccine Healthcare workers and the Covid 19 Vaccination Status form. The Village Residence is self-sufficient in relation to swabbing for COVID 19 and influenza vaccinations.

The Village Residence is self-sufficient in relation to administration of COVID-19 vaccinations.

All Residents and staff received their first COVID 19 vaccination on the 19th 20th and 21st of January 2021. The second dose of Pfizer vaccination was delivered on the week of 15th of February 2021. The enhanced binary vaccination was given in October/November 2021 and all new residents and residents who had not been eligible for vaccination received their booster vaccinations in October 2022. The PIC is represented on the Influenza Covid 19 steering Group by Ms. Jolly Varghese.

The next offer of vaccination is scheduled to commence end of September 2023 FOR ALL RESIDENTS AND STAFF. A list of all residents have been compiled. All G/P's have been notified that this is planned.

All grades of staff have been trained in infection control within the centre. All staff have access to HSE Land for online training.

Training is scheduled to take place on a regular basis within the Centre. This is facilitated by Michael McCaul and one of the Lead worker representatives

The PIC ensures that any agency staff rostered for duty has evidence of sufficient training in IPC/PPE.

A link nurse practitioner supported by infection control specialist is established in the Centre. This current role is undertaken by Jolly Varghese, Nitha Chandy. Ebi Peters and Sunil Thomas

Four staff as well as Jolly Varghese have now completed training as IPC Link Nurse Practitioners.

PPE is ordered on a weekly basis through a live data base system known as Filemaker. Emergency stock of PPE is maintained within each unit. CHO8 have procured a store whereby a large stock of PPE is stored and is available at all times.

A Flu Steering Group has been established in line with HSE Health and Wellbeing with a focus on maximising uptake of flu vaccines with residents and staff. The PIC Michael McCaul is represented on this group by Ms. Jolly Varghese.

Noeleen Hallahan is the Clinical Nurse Specialist in infection control for Louth Older Person's Residential and Community Care Services. Noeleen Hallahan supports the Registered Provider and the PIC through audit, unannounced inspection.

Ebi Peters also works closely with S/N Simi Kurian who is the nominated nurse for antimicrobial stewardship within the centre.

Any staff member may contact Ebi Peters if they have any concerns or issues in relation to infection control guidelines.

**Contact details for** Ebi Peters 087 6180931.

A risk assessment is completed on all staff twice per day. This is verified on daily basis by Clinical Nurse Manager or Senior Staff Nurse at commencement of duty and finishing of duty.

If any staff member presents with a temperature or any other symptoms they are advised to self-isolate and arrange for an Antigen/PCR test and report back to PIC with the result.

Staff are not to attend work if they have any respiratory symptoms and must be tested for SARS COV 2. Staff must not come on duty until 48 hours after their last respiratory symptoms even if they test negative for SARS COV 2. Staff are not to come on duty for 48 hours after their last gastric symptoms

### **HCW has symptoms of Covid-19.**

HCWs should arrange a PCR test via GP or antigen test -

If the PCR/ Antigen is positive the HCW must remain off duty until they have had two negative antigen tests and inform their line manager to allow for further contact tracing/workforce planning if required.

If PCR/ Antigen test is negative HCWs can return to work 48 hours after symptoms have resolved.

### **HCW is a confirmed case of Covid 19 and Influenza.**

Stay at home for 5 days and avoid contact with others from date of onset of symptoms, where the date of symptom onset is day 0, or if asymptomatic from the date of their first positive test. Exit from this period after day 5 is on the basis that symptoms have substantially or fully resolved. If a high temperature persists or individuals still feel unwell, they should continue to follow this advice until they are well enough to return to normal activities and no longer have a high temperature. Although many individuals will no longer be infectious to others after 5 days, some may still be infectious for up to 10 days from the start of their infection.

Individuals should avoid meeting people at very high risk or high risk of severe COVID-19 disease irrespective of vaccination status, for 10 days after symptom onset or if asymptomatic the day the test was taken. If the individual's condition is getting worse, seek medical advice.

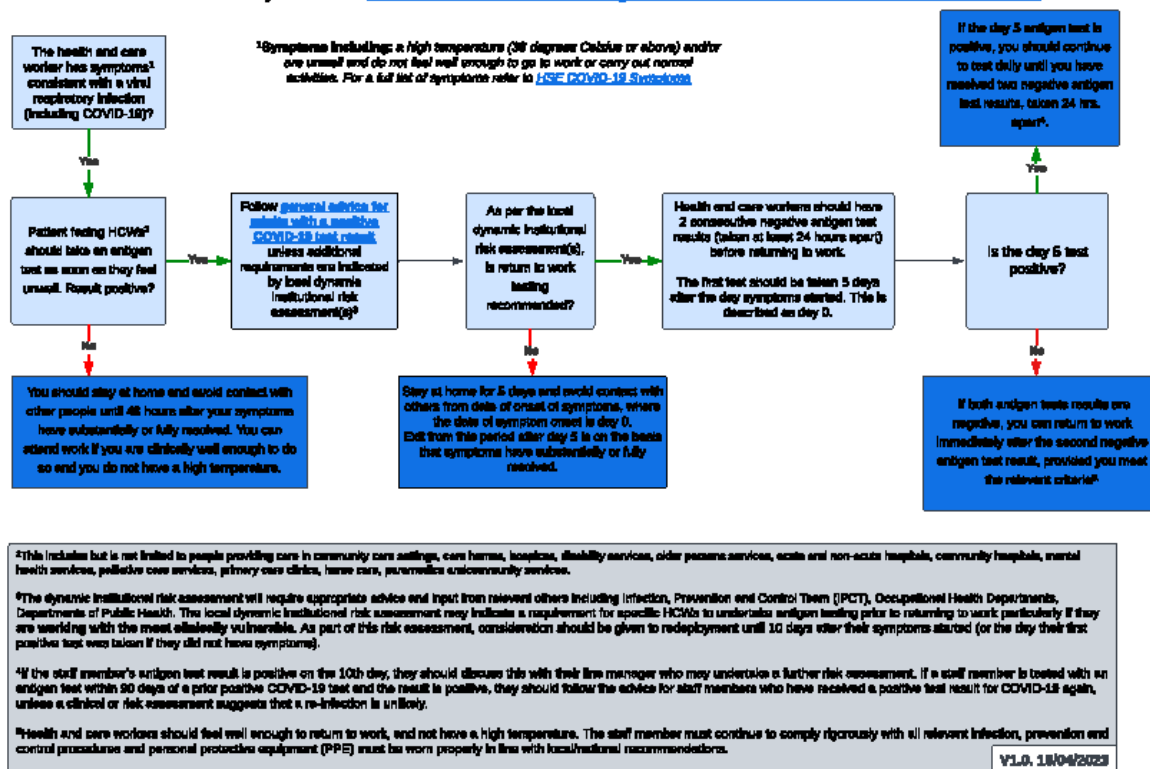
The local dynamic institutional risk assessment may indicate a requirement for specific HCWs to undertake antigen testing prior to returning to work particularly if they are working with the most clinically vulnerable. As part of this risk assessment, consideration should be given to redeployment until 10 days after their symptoms started (or the day their first positive test was taken if they did not have symptoms).

If return to work testing is recommended, health and care workers can return to work when they have had 2 consecutive negative antigen test results (taken at least 24 hours apart). The first antigen test should only be taken 5 days after the day their symptoms started (or the day their first positive test was taken if they did not have symptoms); this is described as day 0. If both antigen tests results are negative, they may return to work immediately after the second negative antigen test result, provided they meet the criteria outlined below.

If the day 5 antigen test is positive, they should continue to test daily until they have received two negative antigen test results, taken 24 hrs. One of the swabs should be taken from the throat area.

Health and care workers returning to work should feel well enough to work, and not have a high temperature. The staff member must continue to comply rigorously with all relevant infection, prevention and control procedures and personal protective equipment (PPE) must be worn properly in line with local/national recommendations

**Public Health Advice for Health and Care Workers for the Management of COVID-19 Cases and Contacts**  
 This should be read in conjunction with [Public health advice for the management of COVID-19 cases and contacts V1.2 18/04/2022](#)



Whereas HCW must isolate for 5 days for Influenza positive cases. If symptoms have substantially or fully resolved for the final 2 days of 5 full days, the HCW can return to work in any healthcare facility on day 6.

The HCW must adhere to IPC requirements while in the workplace and must ensure that they wear a medical grade mask at all times in the healthcare setting.

Where symptoms have not resolved, isolation continues and return to work is allowed if symptoms have substantially or fully resolved for the final two of those ten days.

## Infection Control Staffing

Ongoing review of staffing plans with escalation as necessary, to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self - isolation or an outbreak of COVID-19.

Staff only work in the named residential facility and do not work across settings.

Staff allocated to one zone within facility if at all possible.

Staff are aware that they must not attend work if they have any respiratory symptoms and are aware of local policy for reporting illness to their manager including that of one of their household contacts.

We check all staff when coming on duty: temperature and symptoms.

**Organisational structure of the designated centre:**

The team is led by the Person in Charge Michael McCaul. The Unit has a defined complement of nursing staff which are managed on a daily basis by a Clinical Nurse Manager. The Person in Charge is supported by the Registered Provider, who is based at another site. Each Day each household is individually managed by a Senior Staff Nurse, when the Clinical Nurse Manager is not available. The Person in Charge is based on the site of The Village Residence.

The Village Residence is owned and managed by the Health Service Executive as the Registered Provider. The nominated person to act on behalf of the Health Service Executive is Ms. Maura Ward. The service is managed by Health Service Executive Community Healthcare Organisation Area 8. The Designated centre is managed locally by the Person in Charge, Michael McCaul who is also the Acting Director of Nursing. The Person in Charge is supported by Jolly Varghese, Leenamma Varghese A/DON and Loretta Byrne Senior Nursing Administration All nursing and care assistant staff and all other ancillary support staff report directly to the Person in Charge who in turn reports directly to Ms. Maura Ward on behalf of the registered provider, the HSE.

In the absence of the Person in Charge of Saint Mary's, the centre is managed by Seema Pankaj and Simy Kurian who is supported by Leenamma Varghese and Loretta Byrne. All are contactable by telephone and mobile during out of hour's services. All cover the service over a seven-day period.

Contact details

Maura Ward.087 9137384

Michael McCaul. 087 69897429 or

Leenamma Varghese 087 1881993

Jolly Varghese 087 9790405

Loretta Byrne Nursing Administration :086 1601470

Ms. Leenamma Varghese A/ADON and Loretta Byrne also supports the PIC if the PIC is on leave from the Centre. An organogram is available in Appendix 2 of this document.

.

Janson Thomas committed to working in this service only.

Blaise Mon Registered General Nurse committed to working in this service only. Nurse on Call.

Helen Reilly Registered General Nurse committed to working in this service only. Nurse on Call.

Bernie Kane registered General Nurse committed to working in this service only. Nurse on Call.

Sindhu Ulahannan committed to working in this service

Michael McCaul, Leenamma Varghese Jolly Varghese and Loretta Byrne Ebi Peters can all work day duty or night duty if required.

Further contingency:

Nursing staff from Boyne View House can be redeployed to work in this service based on Risk Assessment.

### **Contingency for Health Care Assistants.**

The following staff have agreed to stay committed to this service and not work in any other service. All receive training, COVID-19 serial testing and vaccination programme. All will work day duty or night duty.

Sergio Benito 39 hours per week CPL

Marina 39hrs per week Service source.

Abigail Olayinka up to 39 hours per week CPL

Una Maughan up to 39 hours per week

Veronica Maughan up to 39 hours per week.

Patricia Duff up to 39 hours per week.

### **Catering Staff.**

In discussion with Catering Manager, the catering main kitchen area could function on two staff working there.

If main chef did go sick the following contingency is in place

Mark Dorian

Amanda Smith has received induction and is deemed as competent in cooking

Deirdre Curran is a qualified Chef and will cook and is currently undertaking further studies

Martina Campbell (Home Maker)

Christopher Woods, Tony McKenna and Malchy Callan can all be facilitated to work in kitchen in assistance roles and all have experience in doing same.

Geraldine Kellett can be rostered to work as catering assistant.

Michael McCaul has been given instruction on use of gas cooker, steamer and washer.

See below further section on catering.

Hygiene/Cleaning Staff. Staff.

The following Hygiene staff are available

Patrick Colwell up to 8:30 hours per week..

Laimonas Kuisys. Up to 40 hours per week

Inese Laiva up to 32 hours per week.

Geraldine Kellett.up to 24 hours per week.

Additional resources can be obtained from Servisource at Mobile: 087 140 3311| Email: spovall@servisource.ie

Maura Ward also has an agreement with contract cleaning company Cater Clean and Emerald Cleaning to cover extra hours in relation to cleaning. Cater Clean can be contacted at Andy: 086 4685704.

As a hygiene team, the team have agreed to rotate their rostered days in order to ensure coverage during a period of sickness or other outbreak.

### **Home Maker Roles.**

These duties can be rotated between Health Care Assistants

General Operative and General Maintenance Staff.

Tony McKenna works 39 hours and will cover weekends if required.

Malachy Callan. Works 39 hours and will work weekends if required

Christopher Woods Works 39 hours and will cover on call on evenings and night time

All will rotate and amend rosters if required and cover each other's shifts.

### **Administration Staff.**

The following Administration Staff work within the service and can rotate duties to provide admin coverage for the Centre

Alan McCartney

Aileen Brady

Gemma Fogarty

Carmel O'Brien

Catherine Murphy

Erika TvariJonaviciene.

Aina Igwe

If in the event of administration staff becoming ill and coverage is required, Contact Alan McCartney.



**Plumbing or water issues**

Contact Thomas 0860313828.

Gas issues. Gas cut off point is behind boyne view house up on bank surrounded by cage.

Water cut off point at main gate Contact Thomas 0860313828.

Electrical issues.

Contact Alan Caffrey 087 9951818

**Drainage issues or blocked sewerage**

TURBO DRAIN 086 6073315, seven days per week.

**Fire issues,****Alarms, fire fighting equipment doors, smoke detectors or any fire safety issue**

Contact Masterfire. 00353 (0)41 6853313.

Mark at Masterfire 087 791 0447.

**Oxygen**

Outside Normal Hours emergency number 01 4066958 or 1890 355 255 at any time.

**Catering Equipment**

Tech Catering 086 8313435

**Daily Operational Management of the Centre**

Michael McCaul has key responsibility for the operational management of any infection on a daily basis, and meets with Maura Ward as nominated Person for the Registered Provider, on a daily basis to update on any issues that emerge.

On every Tuesday the Registered Provider and the person in charge holds a teleconference with the General Manager of Older Persons Services for CHO8 in order to give an update on COVID-19 within the Centre.

The purpose for this group meeting include:

1. To support HSE Community Nursing Units, Older Persons Home Support Services and Private Nursing Homes, during the current Covid-19 crisis.
2. To reduce the number of nursing home residents entering acute hospitals where not clinically appropriate.
3. To facilitate procurement lines within these nursing homes, community units and Homecare in CHO8 (Staffing, PPE, Alternative accommodation for staff).
4. To complete a situation report for submission to the ACMT twice weekly.

To escalate issues of concern arising in Residential and Home Support Services to ACMT.

In the absence of Michael McCaul Jolly Varghese, Leenamma Varghese or Loretta Byrne will assume responsibility for updating Maura Ward on a daily basis.

Contact details for Maura Ward. maura.ward@hse.ie. Mobile: 087 9137384.

In the absence of Jolly Varghese and Michael McCaul, Leenamma Varghese and/or Loretta Byrne/ Simi Kurian Clinical Nurse manager 2 will assume responsibility for the service notifications to Maura Ward,

In the absence of Jolly Varghese, Michael McCaul and Loretta Byrne then Leenamma Varghese or Simi Kurian Clinical Nurse Manager 2 will give updated daily reports to the Manager of Older Person's Services and General Manager.

Contact details for teleconference Details on a weekly basis at 11.00 am are

To join the call, dial 021-238-1229, 01-889-5329 or 0761-000-929 (+353-21-238-1229 or +353-1-889-5329 from outside Ireland). When you are prompted for your conference number **Dial In** 1800 88 2365 then 13266963#.

## **Procurement**

- PPE ordering through national HSE procurement

Christopher Woods keeps a check on stock and updates the PIC on a weekly basis on current stock. Christopher Woods notifies Alan McCartney on a weekly basis on any supply issues and orders are placed with central supplies in Tullamore. Any suspect's staff or residents must be notified to the PIC who will arrange with Christopher Woods for the distribution of PPE to the Centre.

There is a supply of PPE available for a minimum of ten residents for a period of one month currently in stock as of 01.09.2023

There is a supply of gowns, visors, goggles surgical masks, and FFP 2 masks available.

If in short supply contact Christopher Woods on 087 2935856 and Christopher covers weekends.

Tony McKenna 086 0501318

Malachy Callan 087 9951783 also covers weekends

The PIC and Director of Nursing Office have keys and access to reserves of PPE.

## **Oxygen Supplies**

Oxygen is supplied via a piped oxygen cylinder. There are six cylinders running at a time and there are six reserve cylinders if main supplies ran low. The alarm will sound if the main bottle banks run low on Sunnyside Unit. If the alarm sounds it does not mean that the oxygen supply is low, it means that either one bank of oxygen cylinders has run low, but will have started running from the other bank. If both banks run low, then oxygen will be provided through the reserve tanks.

There are currently nine tanks of oxygen available in the event of an emergency.

BOC are the main oxygen suppliers.

## **Contact details are:**

For customer service queries please call 1890 355 255, available 8am to 6pm Monday to Friday.

BOC offer a 24 hour support service for serious emergencies and incidents, call 1890 355 255 at any time.

### **Residents:**

A risk assessment has been carried out for all service users to determine who is most at risk, and ensure this is included residents integrated care plan using the Clinical Frailty Scale.

Daily active monitoring of residents is carried out for signs and symptoms of respiratory illness or changes in their baseline condition.

Residents all live in different zones, Meadowview and Sunnyside, Butterfly Cottage, Red Robin Cottage and Forget me Not Cottage.

Nursing staff will monitor on a continuous basis for any symptoms and if uncertain will isolate immediately

Nursing staff will contact Dr. Mulroy who will determine if swabbing required.

All visitors are risk assessed prior to visiting. A Visitor log book is maintained in the centre.

All staff members are risk assessed on entry and on leaving the Centre.

Hand hygiene opportunities are available for all residents.

Use of appropriate PPE remains an important part of the controls within healthcare and requires risk assessment by the healthcare worker regarding the symptoms of the resident, and the task they plan to undertake during the episode/s of care. At a minimum, for interaction with residents with respiratory viral symptoms, healthcare workers should use a surgical mask or respirator mask. For longer episodes of care, for care within the bed space, or while performing higher risk procedures, a respirator mask and eye protection are recommended. In addition, respirator masks or surgical masks should be offered to residents, following a risk assessment, in open or multi-bed healthcare settings who are exposed to other symptomatic residents. The following link to a point of care risk assessment tool provides helpful advice on appropriate selection of PPE..

Recognising that health care workers' preferences are an important consideration, respirator masks should continue to be available to healthcare workers in all settings, although they are not required.

. HCWs may choose to wear a surgical mask in busy public areas of healthcare facilities.

Facemasks that are worn by HCW's in circumstances other than contact with residents with suspected or confirmed COVID-19 or influenza may be disposed of in the domestic waste stream.

Equipment is cleaned as per cleaning schedule and I AM CLEAN sticker placed on them with date.

Vaccination is offered to all residents and vaccination status is determined prior to admission.

Ongoing communication and advice is given to residents.

PCR is available to any resident who presents with possible symptoms.

Staff are advised not to attend work if they experience any respiratory symptoms.

### **Family and friends:**

Every resident has a right to see family and friends if they want to. It is for the resident to decide who they would like to see or not see. It might suit a resident to name a person as a nominated support person. This is like a "lead visitor" who can spend a good part of each day with the resident in normal times. This might suit a resident if there is one person who is able to spend a lot of time with them. If a resident prefers not to have a nominated support person that is their choice. The HSE does not advise any upper limit on the length of a visit or the amount of visiting if the nursing home staffs are able to manage that.

The HSE does not advise any upper limit on the length of a visit or on the amount of visiting if the nursing home staff are able to manage that.

Anyone who has symptoms of COVID-19 or other infectious disease or respiratory illnesses should not visit a nursing home until they are no longer infectious. The Village Residence staff will ask people if they have symptoms when they come to visit but they do not need to ask for a vaccine pass.

### **Other:**

Contractor/maintenance visits are kept minimal with HPSC guidance adhered to at all times.

All are risk assessed prior to admission to the centre including vaccination status

**Waste:**

Waste from resident with confirmed or suspected Covid-19 or other respiratory illness is disposed of as clinical risk waste.

Clinical Waste Area is to front of building

BAGS SHOULD ONLY BE FILLED TO 2/3 FILLED

Clinical waste is tagged with swan neck tie

Domestic Waste Area. Malachy Callan looks after Clinical waste and domestic waste collection

PANDA Waste collection have retained contract for the uplifting of domestic waste. Telephone number: 1850 626262

Stericycle SRCL LTD Unit 6A Westgate Business Park Ballymount Road Upper Dublin 24 Ltd have retained the contract for the disposal of clinical waste. Tel 01 4565796

Hands free clinical risk waste bins are provided in isolation rooms and cohort areas.

**Laundry:**

All towels, clothing or other laundry used in the direct care of residents with suspected and confirmed Covid-19 is managed as “infectious” linen.

Disposable gloves and an apron are worn when handling linen.

Unbagged used linen/laundry is not carried through the facility.

Used linen/laundry is placed in an alginate stitched or water soluble bag and then place in an outer laundry bag clearly identified with labels, colour-coding etc. RED BAG

A laundry skip/trolley is available as close as possible to the point-of-use e.g. immediately outside the cohort area/isolation room.

Infected Linen and all other linen is collected by Celtic Linen and returned on day of collection.

Personal Laundry is collected on Tuesdays, Thursday and Saturday returned Tuesday, Thursday and Saturday.

LAUNDRY BAGS SHOULD ONLY BE FILLED TO 2/3 FILLED

Residents Laundry is done by Laundry world, Main street, Dunleer, Co. Louth

Mobile 0863982122

**Environmental Hygiene:**

The care environment is kept clean and clutter free

Please refer to infection control policy and hygiene cleaning guidelines.

Residents observation charts, medication prescription and administration records and healthcare record are not taken into the room to limit the risk of contamination.

**Routine Cleaning:**

Decontamination of equipment and the care environment is performed using either:

Combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine

Or

General purpose neutral detergent in a solution of warm water, followed by a disinfectant solution of 1,000 parts per million available chlorine

Manufacturer's instructions must be followed.

**Frequency of cleaning:**

All frequently touched surfaces in the COVID Cohort Area / isolation room is cleaned and disinfected twice daily and more frequently as required.

- These include bedrails, bedside tables, light switches, remote controllers, commodes, doorknobs, sinks, surfaces and equipment close to the resident e.g. walking aids. Handrails and table tops in facility communal areas, and nurses station counter tops.

- Other resident rooms and clinical rooms must be cleaned and disinfected at least daily.

Cleaning schedules are completed and available.

Beds, chairs are all cleaned after individual use

All shared equipment such as hoists and clinical equipment is cleaned

Staff to clean computer equipment, telephones, work surfaces, chairs after each use by individual staff members.

### **Terminal Cleaning:**

In addition to the routine cleaning protocols, a terminal clean is needed when a resident vacates the COVID Cohort Area/isolation room and is not expected to return.

- All detachable objects are removed from a room or area, including laundry, curtains & waste.

All bed screens apart from fixed screens are disposable.

- Lighting and vents on the ceiling are cleaned.

- Upper surfaces of hard-to-reach fixtures and fittings working from higher up to floor level are cleaned.

- Floors are cleaned and carpet if present in resident rooms is steam cleaned.

### **Staff Uniforms:**

Staff may not wear their uniforms into work and must change before entering the workplace. Staff can be facilitated to wear scrubs if required. Staff may use alginate bags as supplied to take their own uniforms home.

Meadowview staff and Sunnyside Staff use the port cabin to change

Staggered usage of changing rooms must be adhered to

Staff avoid bringing personal items, including mobile phones into isolation or cohort areas.

Mobile phones if required must be stored in a zip lock plastic bag.

### **Occupational Health.**

#### **Occupational Health and COVID 19.**

Worker-centred care and support places workers at the centre of all that the Occupational Health Service(s) (OHS) does. It does this by advocating for the needs of workers, protecting their rights, respecting their values, preferences and diversity and actively involving them in



the provision of healthcare. Worker-centred care and support promotes kindness, consideration and respect for dignity, privacy and confidentiality.

As well as an advisory role, Occupational Health Services are notified of any staff member who tests positive for COVID-19 or influenza.

The Person in charge is responsible for notification of any staff member who tests positive and provides occupational health department of any close contacts if any. A specific template is used to notify Occupational Health Department.

Occupational health guidance for healthcare workers is available at:

<https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>

Staff members who test positive for COVID-19 may return to work on day 8 if their symptom has substantially or fully resolved last 2 days ,if not isolation continues for 10 days can return to work if no symptoms for last 2 days .Repeat testing is not recommended.

**A list of Contact numbers for Occupational Health is available In Appendix One**

Occupational health guidance for healthcare workers is available at:

<https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>

o

Staff members who test positive for COVID-19 may return to work on 8th day after symptom onset (or date of diagnosis if no symptoms) provided they have had no symptoms the last two days. Repeat antigen testing at the end of the illness is necessary

**1. Fitness for work**

**• Guidance on Derogation for the return to work of Healthcare Workers**

1.Fitness for work (Guidance on fitness for work of health care workers in the higher risk categories , including pregnant health care worker issued on 23/06/2022).

All staff must have a detailed Risk assessment check list completed at the start of each shift and also at the end of each shift. These will be undertaken by each staff on duty and verified by Clinical Nurse Manager or Senior staff nurse on duty on each unit and records are kept for inspection and tracing purposes.

### **Contact Details Occupational Health/.**

Address: Occupational Health Department, HSE, Market Street, Ardee, Co Louth.

Occupational Health Physician. Dr. Peter Noone. Tel: 041 68 57811.

Aoife Carroll, CNM2

Eileen O Connor, CNM2

Grace Brady CNM2

Charity Craig CNM2

Karen McCabe CNM2

Telephone number for Occupational Health Nurses: 041 68 57811 .

### **Regulation 10: Communication difficulties.**

All calls to the Unit must be answered diligently and ensure that there is open communication at all times for residents and their families.

Staff must appreciate and understand the importance of constantly communicating with and keeping residents and relatives up to date.

If unsure and uncertain please ask.

One of the challenges in communication during this pandemic is ensuring that residents and staff feel safe, and manager's of the centre to give a clear concise consistent message based on evidence and national guidance to all staff. While some may already be seeking meaning from the crisis and moving into the "next normal," others, feeling rising uncertainty and worried about the future, may not yet be ready for hope. Other's may wish to revert to the old ways of doing things and go back to the old normal.

The consistent message at all times is to

1. KEEP Social distance of at least two metres.
2. DO NOT TOUCH FACE HANDS OR EYES.
3. UNDERTAKE THE FIVE MOMENTS OF HAND HYGIENE REGULARLY.

4. DO NOT COME TO WORK IF ANY FORM OF RESPIRATORY SYMPTOMS.
5. DO NOT COME TO WORK IF YOU HAVE BEEN ADVISED TO SELF ISOLATE OR RESTRICT YOUR MOVEMENTS FOR ANY REASON.
6. REPORT YOUR MANAGER IF YOU HAVE A CLOSE CONTACT WITH A POSITIVE COVID 19 CASE IN THE COMMUNITY.
7. DO NOT COME TO WORK IF YOU HAVE BEEN IN CONTACT WITH A PERSON WHO IS KNOWN TO BE COVID POSITIVE.
8. REPORT IMMEDIATELY TO SENIOR NURSE OR MANAGER ON DUTY ANY SYMPTOMS THAT ARISES DURING THE COURSE OF YOUR WORK.

Residents can often fearful, confused, angry, frustrated and lonely. The additional isolation of being in a nursing home with limited visits from loved ones and the constant fear of an outbreak only serves to amplify these emotions among residents. Many residents have spoken about missing the human touch of a family member or staff (HIQA 2020).

Most likely, dementia does not increase risk for COVID-19, the respiratory illness caused by the new coronavirus, just like dementia does not increase risk for flu. However, dementia-related behaviors, increased age and common health conditions that often accompany dementia may increase risk.

For example, people with Alzheimer's disease and all other dementia may forget to wash their hands or take other recommended precautions to prevent illness. In addition, diseases like COVID-19 and the flu may worsen cognitive impairment due to dementia.

For people living with dementia, increased confusion is often the first symptom of any illness. If a person living with dementia shows rapidly increased confusion, contact your health care provider for advice. Unless the person is having difficulty breathing or a very high fever, it is recommended that you call your health care provider instead of going directly to an emergency room. Your doctor may be able to treat the person without a visit to the hospital.

People living with dementia may need extra and/or written reminders and support to remember important hygienic practices from one day to the next.

Consider placing signs in the bathroom and elsewhere to remind people with dementia to wash their hands with soap for 20 seconds.

Demonstrate thorough hand-washing.

Alcohol-based hand sanitizer with at least 60% alcohol can be a quick alternative to hand-washing if the person with dementia cannot get to a sink or wash his/her hands easily.

ALWAYS USE PINCH ME.

**A named staff member from Director of Nursing Office has been appointed to the position of Family Liaison co-ordinator, This Office will communicate with family members individually along with the PIC in order to ensure that families are kept up to take on all aspects of this pandemic and in particular each families particular circumstances.**

**Please contact Loretta Byrne.**

### **Regulation 11: Visits.**

You have a right to see family and friends if you want to. It is for you to decide who you would like to see or not see. It might suit you to name a person as a nominated support person. This is like a “lead visitor” who can spend a good part of each day with you in normal times. This might suit you if there is one person who is able to spend a lot of time with you. If you prefer not to have a nominated support person that is your choice. Usually you should be able to see two people together at any one time. These can be different people who visit at different times or on different days. It is OK to have visits from children if they are supervised and able to follow the steps needed to manage the risk of infection. The visitors should be able to stay for a least an hour. The HSE does not advise any upper limit on the length of a visit or on the amount of visiting if the nursing home staff are able to manage that. Some nursing homes may be able to manage more visiting.

We do still need to take care Anyone who has symptoms of COVID-19 or other infectious disease should not visit a nursing home until they are no longer infectious. The nursing home will ask people if they have symptoms when they come to visit but they do not need to ask for a vaccine pass. Visitors should clean their hands on the way in to the nursing home and should wear a mask when asked to do so by the staff. Your visitors do not need to wear a mask when they are alone with you but if you are more comfortable wearing a mask and you would like them to wear a mask you should feel free to say that.

1. Service providers are responsible for ensuring residents right to meaningful contact is respected in line with regulatory obligations therefore restrictions on visiting should be the minimum necessary to manage the level of risk of severe disease and death from COVID-19 at the time.
2. Visiting restrictions should be justified by an up to date risk assessment, the general guidance set out herein, and the wider public health measures prevailing at a given time and on the overall level of control of disease.
3. It is essential that the service providers engage with residents, involve them in decision making and communicate clearly with each resident and relevant others regarding their rights with respect to visiting, the reasons for any restrictions, the expected duration of restrictions and who they can contact for support if they are dissatisfied.
4. Service providers should make every practical effort to progress towards maximal safe visiting, as quickly as possible. This guidance specifies minimum levels of access. Restrictions on visiting that are in excess of this guidance (for example in the context of an outbreak) should be agreed with the local public health department, be clearly documented and communicated to residents and in engagements with HIQA (along with expected duration of same).
5. There is no ceiling on levels of access for visitors.
6. Residents in LTRCFs have the right to have or refuse visitors and to leave the LTRCF. When they leave the LTRCF, they should be facilitated in returning unless there is documented significant risk to the health and wellbeing of other residents and staff.

### **How many different people can visit?**

There is no limit to the number of different people who can visit you, but no more than two people at a time. If there are a lot of people you want to see they will need to take turns to visit you.

### **Can children visit?**

Yes, but an adult needs to be with the child and needs to make sure the child keeps to the rules in the nursing home.

### **How long can the visits be?**

The visit can usually be as long as you want unless the nursing home is getting very crowded or the visit is causing a problem or a risk for other residents. If there are times when visits need to be a bit shorter, nursing home staff will be able to tell you about this.

**If I have not had the COVID-19 vaccine yet is it OK for me to see visitors?**

Yes. It is OK to see visitors if you have not had the COVID-19 vaccine but it is safer for you and for the people who visit you if you both had the COVID-19 vaccine and booster.

Are there times when people should not visit?

Your friends and family will need to stay away from the nursing home:

- ☐ if they have any symptoms of COVID-19 infection or of any other infection
- ☐ If they have been told they have to self-isolate. People with symptoms should not visit a nursing home even if they have had the COVID-19 vaccine.

Can visitors bring in things for me?

Yes, they can bring books, papers, magazines pictures, keep-sakes or a favourite food.

**Is it OK to go out for a drive or a visit home with a visitor?**

Yes, but it is safer if you and the person driving you have had your vaccination and booster.

**Is it OK to go to visit the house of a friend or family member?**

Yes, but it is safer if you and the people you visit have had vaccination and booster. If anyone in the house is sick with COVID-19 or any other infection or if anyone in the house is a COVID-19 contact it is safer to delay the visit.

**If I am very sick or upset can I see ask for more visits than usual?**

If you become seriously ill or are very upset or worried you should tell the staff if you feel you need to spend extra time with visitors. In that case the nursing home staff should do everything that can to help you see the people you need to see.

**Why is it safer to see people now than it was last year?**

The advice for residents in nursing homes is very different now. This is because most residents have been vaccinated and have had the booster. Most of the people who visit nursing homes have also been vaccinated and have had the booster. We know that people who have had vaccination including the booster can still get infection but most of those people who have had the booster do not get very sick with COVID-19 infection.

Some people have very serious problems with their immune system. They are still at risk of serious disease after vaccination. People who have not had the vaccine and have not already had COVID19 are also at risk of serious disease. There are some new treatments that reduce the risk of harm for those people at high risk if they get infected.

All of this means that is time to take steps to get back towards normal life in a nursing home. If you started living in a nursing home in the last two years, you may not know how different life in a nursing home used to be. The changes will help give you more chances to enjoy life and see more of your family and friends

If you want to talk to someone other than friends or family about visiting, the nursing home staff may be able to support you.

#### **Regulation 14: Persons in charge**

The Person in Charge of St. Mary's is Michael (Seamus) McCaul. He is also currently Acting Director of Nursing. He is supported in this role by the Assistant Director of Nursing, Ms. Leena Varghese. In the absence of Michael Seamus McCaul, Ms Loretta Byrne and Ms. Leena Varghese will cover in his absence. Michael McCaul is also supported in his absence by Ms. Leenamma Varghese and Ms. Seema Pankaj, Simy Kurian.

Contact Details for Michael McCaul are

Telephone Number: 041 9893203.

Mobile: 087 6987429.

Email. [Seamus.mccaul@hse.ie](mailto:Seamus.mccaul@hse.ie).

On Call Details. On Call during out of hours.

#### **Hairdressing and other allied health professional staff.**

##### **Hairdressing**

Hairdressing is now in place with the appropriate risk assessment

**Allied Health Professionals.**

All Allied Health Professionals are now deemed as Essential Visitors and must complete a risk assessment prior to entry to the centre

Allied Health Professional must ensure they follow all Standard Precautions in relation to IPC

Hand hygiene to be performed prior to commencing tasks and at a minimum between residents.

One resident at a time as per risk assessment.

Ensure that cleaning of equipment is carried out prior to taking it onsite to RCF.

Ensure that there is a sufficient supply of equipment.

Implement PPE wearing of FFP2 Mask if close contact required.

Ensure a social (physical) distancing risk assessment is undertaken.

One resident in the room at any time, using an appointment based system

No congregating of residents waiting for the service

Implement PPE wearing of surgical mask as the physical distancing (2 metres) cannot be maintained. (HPSC 2020)

Work from behind /beside resident as much as possible.

Gloves can be used based on risk assessment.

**Regulation 16: Training and staff development**

All staff without exception must undertake Standard Precaution in IPC to include COVID 19 updates and hand hygiene

All staff should register themselves on HSE Land for all courses that can be undertaken online or through a mix of blended learning.

All Mandatory trainings are undertaken by staff on an ongoing basis.



All staff must complete fire safety training before December 2023, and immediately for those staff who have not completed training in over one year.

All staff must undertake Safeguarding training

All staff must complete children first training on line

CPR training will take place on site on weekly basis until all staff trained, training is delivered by Eimear Hickey ADON. .

Manual handling will be organised in the coming months, Mr Michael Mc Caul and Jolly Varghese are the nominated Instructor for the course.

Staff are informed well in advance in relation to arrangements of training schedule.

### **Regulation 26: Risk management**

All risks are incorporated into this contingency document as far as possible at this time.

The highest risk is that COVID 19 resurfaces within the Centre. Currently 65% of staff have had no symptoms of Covid 19. Four residents (13%) have not had Covid 19 symptoms.

Given the risk to residents, and is still unclear whether a resident and/or staff member could become re-infected, it is of the utmost importance that we remain vigilant to ensure that Covid 19 does not re emerge. As outlined above, if the virus is not introduced into the centre, then it cannot reproduce.

A weekly audit is undertaken on hand hygiene and the environmental Audit.

An Infection Prevention and Control Checklist for Residential Care Facilities in the Context of Covid 19, Influenza and other respiratory infections.03.11.2022

We are currently sourcing CO2 monitors for the centre.

Ventilation of the centre through natural ventilation is encouraged and monitored by leaving windows vented.

### **Regulation 31: Notification of incidents. Health Information and Quality Authority.**

#### **Notification of confirmed cases of COVID-19**

Designated centres (such as nursing homes and residential centres for people with disabilities and special care units) are required to tell the Chief Inspector about any outbreak of a notifiable disease. COVID-19 is now a notifiable disease and, therefore, should be notified to HIQA.

St. Mary's is required to use the NF02 notification form (available on HIQA website and on the Provider Portal) to report incidents or outbreaks of COVID-19 to HIQA.

In the interests of assisting public health authorities, registered providers of designated centres should notify HIQA as soon as an incidence of COVID-19 infection is identified in a centre, rather than waiting for the three days as allowed in the regulations.

All other notifications to HIQA continue as required under the Regulations.

## **Admissions and Discharges**

### **1. Regulation 4: Written policies and procedures.**

All Policies in relation to Infection Control will continue to be reviewed as national guidance is issued.

New current guidance.

Residential Care Facilities

All HPSC guidance should be read and interpreted in conjunction with the Government's Framework of Restrictions

Public Health & Infection Prevention & Control Guidelines on Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities V1.12 17.07.2023

Public health advice for the management of COVID-19 cases and contacts V1.2 Publication Date: 18/04/2023

Infection Prevention and Control Checklist for Residential Care Facilities in the Context of COVID-19, Influenza and other respiratory infections File Size: (73kB) Publication Date: 03 November 2022.

HIQA. Rapid review of public health guidance for residential care facilities in the context of COVID-19 Updated: 10 September 2021

Getting back towards normal life in nursing homes: information for residents Version 1.1–08.08.2022

Guidance on provision of day services for older people in the context of COVID-19 vaccination programme Version 1.5 10.03.2022

Guidance on testing for Acute Respiratory Infection (ARI) in Residential Care Facilities\* (RCF) – Winter 2022/2023 V1.2 17/11//2022

Guidance on provision of day services for older people in context of COVID 19 vaccination programme V. 1.5 10.03.2022

Guidance for Registered Nurses performing sampling for COVID-19 in Residential Care Facilities. V3.1 Publication Date: 07 July 2021

Infection Control Guiding Principles for Buildings Acute Hospitals and Community Settings

File Size: (398kB) Publication Date: 10 May 2022.

COVID-19 Guidance for People at Risk of Severe Disease on reducing risk of COVID-19 infection V1.2 01.03.2022 HSE Antimicrobial resistance & Infection Control.

Covid 19 V4.0 Infection Prevention & Control Guidance for maintenance staff and Contractors providing services in HSE health and Social Care facilities including clinical settings during the covid-19 pandemic V4.0 8.11.2021

Research Analysis of factors associated with outbreaks of SARS-CoV-2 in nursing homes in Ireland Publication Date: 26 May 2021

Current recommendations for the use of Personal Protective Equipment (PPE) in the context of the COVID-19 pandemic V2.9 31.03.2023. Implementation Date 19.04.2023

**ALL OF ABOVE AVAILABLE ON EACH UNIT WITHIN THE CENTRE**

**Regulation 5: Individual assessment and care plan.**

- a. Physical sequelae for critically ill COVID-19 RESIDENTS.

- b. When assessing residents for the clinical impact of Covid 19 all health professionals including nurses must be always vigilant of new possible sequelae.
- c. The European Centre for Disease Control and Prevention<sup>1</sup> list respiratory and cardiovascular complications as possible sequelae of COVID-19.
- d. The literature in general agrees that long-term sequelae of COVID-19 are still unknown.
- e. one year after recovery from SARS, persistent pulmonary function impairment was found in about one third of patients.
- f. significant impairment in DLCO [diffusing capacity of the lung for carbon monoxide] was noted in 23.7% of survivors 1 year after illness onset.
- g. Exercise capacity and health status of SARS survivors were remarkably lower than those of a normal population.
- h. MERS survivors of critical illness reported lower quality of life than survivors of less severe illness.
- i. the most severe sequelae after rehabilitation from SARS are femoral head necrosis and pulmonary fibrosis.
- j. weakness, deconditioning, and myopathies and neuropathies.
- k. it is too early to know whether COVID-19 will have long-term neurological complications.
- l. the impact of SARS-CoV-2 on the CNS could 1. lead to neurological alterations directly; 2. worsen pre-existing neurological conditions; and/or 3. increase susceptibility to or aggravate damage caused by other insults.
- m. Due to indirect complex effect, intensified COVID-19 therapies and multi-drug treatment, it is believed that some oral conditions could be aggravated by COVID-19 disease, particularly those with autoimmune aetiology, linked to compromised immune system or long-term pharmacotherapy.

All residents should be assessed and have a care plan outlining possible sequelae of Covid 19.

All residents who have experienced Covid 19 must have a post Covid 19 care plan in place.

All residents who have not had Covid 19 must have in place a preventative care plan in place.

### Regulation 6: Health care

See individual assessment and care plan

## **Regulation 7: Managing behaviour that is challenging**

Many residents with dementia have complex medical and psychiatric conditions including respiratory disease, diabetes, obesity and epilepsy. This population are at a greater risk of Covid-19 due to their higher prevalence of comorbid health problems and reduced abilities.

Some people with dementia more physically active but many don't fully comprehend social distancing, hand hygiene, self-isolation and the recent massive and unexpected changes in their routine. This may lead to an escalation of challenging behaviours, including serious aggressive behaviours and other psychiatric problems. This frequently results in increased risks to themselves, and to the frontline healthcare staff working with them. Disability staff have reported an increase in assaults, and other problem behaviours, self-injury and prolonged shouting and screaming episodes.

The rights of people with dementia to assessment and treatment in hospital for Covid-19 infection and /or other medical conditions during this pandemic, whether living in residential or community settings, should be no different to any other Irish citizen. This is consistent with Sláinte Care which advocates the right care in the right place at the right time.

Staff working with people with dementia are showing huge courage and commitment at this challenging time. They and the service users require strong HSE/Public Health support and guidance now. They require access to rapid testing and results, adequate PPE, infection control expertise and extra staffing.

Despite the recommendations of all authorities to isolate residents with Covid 19 or covid 19 symptoms, this may not always be possible for people with dementia. In situations where residents want to continue to walk, they must not be prevented from doing so. Staff should don full protective PPE and go with the, Other staff and residents in the area must try and facilitate this movement.

## **Regulation 8: Protection and Regulation 9: Residents' rights. .**

Safeguarding people at risk of abuse remains the gold standard for service users. As outlined above. The rights of people with dementia to assessment and treatment in hospital for Covid-19 infection and /or other medical conditions during this pandemic, whether living in residential or community settings, should be no different to any other Irish citizen. This is consistent with Sláinte Care which advocates the right care in the right place at the right time.

Residents have the right not to be abused and to live their lives free from the risk of abuse.

Residents have the right to

- a. Have their abilities assessed and to continue to use their abilities.
- b. Residents still retain the right to make decisions regardless of whether we think the decision is a bad decision, whether we like the decision or not and whether the decision could result in the resident refusing treatments and/or interventions.
- c. Residents must never be forced into receiving care nor should residents ever be forced to eat and drink. If there are issues around eating and drinking then we must ensure that residents are encouraged to eat and drink regularly and that regular food and fluids are offered.
- d. Residents must never be restrained, and while it is recognised that all of the population have restrictions placed on them at this time, each and every restriction must be assessed and an enhanced level of care and support must be in place for those residents who require same.
- e. Residents must never be sedated or receive psychotropic medications to order to ensure smooth running of Unit.
- f. Residents have the right to be consulted in relation to ongoing care.
- g. Residents and or their families must be included and consulted at all times through communication in various formats.
- h. Residents must be listened to
- i. Residents must be treated with dignity and respect at all times
- j. Residents have the right to undertake activities, occupations and recreation at this time.
- k. Residents have the right to receive visitors.
- l. Residents have the right to have their meals in an unhurried manner and have them in dignity.
- m. Residents have the right to have information about them held in strictest confidence.

## Appendix One. Visitor Declaration Revised in Sept 2023

Visitor Declaration (Note-This Declaration will be destroyed 14 days post visit)

|   |            |                   |  |
|---|------------|-------------------|--|
| <b>Date:</b>  |            | <b>Time:</b>      |  |
| <b>Name of Resident Being Visited or purpose of visit:</b>                              |            |                   |  |
| <b>Name of Visitor or company:</b>  |            | <b>Signature:</b> |  |
| <b>Do you have any of these symptoms? (Please tick)</b>                                 | <b>Yes</b> | <b>No</b>         |  |
| <b>Cough</b>  |            |                   |  |
| <b>Shortness of breath (dyspnoea)/Difficulties Breathing</b>                            |            |                   |  |
| <b>Gastroenteritis /Diarrhoea</b>   |            |                   |  |
| <b>Headaches, Aches, Runny Nose or Pains</b>  |            |                   |  |
| <b>Do you wish to visit Indoor or Outdoor?</b>  |            |                   |  |
| <b>Have you been advised to self-isolate or restrict your movements for any reason?</b> |            |                   |  |
| <b>Have you signed visitors log in book?</b>  |            |                   |  |
| <b>Are you aware that you should not interact with other residents or visitors?</b>     |            |                   |  |
| <b>Are you satisfied with the current measures in the facility?</b>                     |            |                   |  |
| <b>Have you been made familiar with the fire check in?</b>                              |            |                   |  |

Management reserve the right to refuse entry, to safeguard the health and wellbeing of the residents and staff in the Centre at all times.

By signing in, you confirm that 'clean your hand on arrival and before leaving, use tissue while coughing and sneezing, clean hands as required.

Wear mask

## **Appendix 2.**

**Table Transfer /admission of a Resident to a LTCF.**

**Refer to Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of cases and Outbreaks of Covid 19 and Influenza and other Respiratory infections in Residential Care Facilities V1.10.**



Lines of Communication in relation to all issues in relation to Health and Safety. National Hygiene and Infection Control and any other issues pertaining to Health Information and Quality Authority Standards in Residential Settings for Older People.

### **The Village Residence**

|  |
|--|
| Bernard Gloster- Chief Executive of the Health Service Executive.                                      |
| Chief Officer CHO8 Carole Broadbank  |
| Dr Donal Fitzsimons CHO 8 Head   |
| Ms Emma Gonoud General Manager for Older Persons Services CHO8   |
| Ms. Maura Ward. Manager Services for Older People Louth  |
| Noeleen Hallahan. Infection Control Clinical Nurse Specialist. 042 9381240.<br>noeleen.hallahan@hse.ie |

|   |
|---|
| Person in Charge: Michael McCaul<br>Director of Nursing: Jolly Varghese<br>Assistant Director of Nursing: Ms Leenamma Varghese<br>Sujitha Sukumaran Clinical Nurse Manager 2<br>Simy Kurian Clinical Nurse Manager 2.<br>Seema Pankaj Clinical Nurse Manager 1<br>Loretta Byrne Nursing Admin |
| Lead Worker Representatives Ebi Mukalel Peter<br>Sunil Thomas   |
| Link Nurse Practitioners IPC: Jolly Varghese Sunil Thomas<br>Ebi Mukalel Peter<br>Nitha Chandy<br>Stephy Thomas<br>Sunil Thomas   |
| Anti-microbial Stewardship: Simy Kurian. Pharmacist Sarah Fagan   |
| Administration Lead. Mr Alan McCartney.   |

|   |
|---|
| Dr John Mulroy Medical officer 0419810366 |
|---|

Department of Public Health. HSE Railway Street, Navan, Co. Meath. 046 9076412

Coroner's Office. Mr. Ronan Maguire. 042 9321250. Email: [rmaguirebl@gmail.com](mailto:rmaguirebl@gmail.com)