

April

April record no.	Date	Time	Brief description and date of record	No. of pages
1	01/04/2020	09:46	Email with letter from DoH to NHI re NPHET Enhanced Public Health Measures	5
2	02/04/2020	13:24	Email Letter NHI to Min Finance	2
3	02/04/2020	15:47	Email Letter NHI to Min Health	2
4	02/04/2020	11:05	Email NHI to DoH re NPHET Enhanced Public Health Measures	1
5	03/04/2020	17:48	Email NHI to DoH	1
6	04/04/2020	20:11	Email Letter DoH to NHI re TAPS and other measures	5
7	04/04/2020	16:19	Email NHI response to TAPS	2
8	06/04/2020	12:07	Email Letter NHI to DoH re TAPS	3
9	07/04/2020	17:45	Email Letter NHI to NTPF	2
10	08/04/2020	11:25	Email NHI request follow up meeting with Minister	2
10a	08/04/2020	12:50	Email DoH to NHI with letter attached	3
11	08/04/2020	13:21	Email NHI to DoH re conf call on TAPS with NTPF	2
12	08/04/2020	15:13	Email NHI to DoH re conf call on TAPS with NTPF dial in	1
13	08/04/2020	16:58	Email NHI to DoH re findings of survey	7
14	09/04/2020	11:45	Email Letter from NHI to DoH re TAPS	3
15	10/04/2020	20:14	Email NTPF to NHI with letter from NHI to NTPF on NTPF role in TAPS	3
16	10/04/2020	08:58	Not relevant - removed	
17	11/04/2020	18:41	Email Letter DoH to NHI re TAPS and other measures	3
18	12/04/2020	14:15	Email NHI to NTPF re expediting TAPS	2
19	13/04/2020	15:36	Email NHI to DoH with Letter and NHI survey - see record 12	4
20	14/04/2020	16:36	Email NHI to DoH paper in advance of video conference	10
21	14/04/2020	10:59	Email NHI to DoH re NHI Contingency Plan Template	3
22	14/04/2020	15:45	Email with NHI details for video conference	5
23	14/04/2020	17:42	Email NHI to DoH waiting for video conf to start	1
24	15/04/2020	23:01	Email NHI to NTPF re TAPS cc DoH	5
25	16/04/2020	19:59	Email DoH to NHI re TAPS documentation (documents removed: deliberative and no longer relevant)	1
26	16/04/2020	10:19	Removed as duplicate	
27	16/04/2020	10:19	Removed as duplicate	
28	16/04/2020	16:58	Email DoH to NHI Letter Min Harris to NHI	3
29	17/04/2020	00:00	Letter NHI to Min Harris	2
30	17/04/2020	10:14	Email DoH to NHI re TAPS documentation going live	4
31	17/04/2020	12:43	Email re Letter from NHI to DoH and Contingency Planning Template	33
32	17/04/2020	17:02	Email DoH to NHI re NPHET recommendations and Mortality Census	19
33	17/04/2020	20:30	Email NHI to DoH Letter re HIQA Assessment Framework	3
34	17/04/2020	21:11	Email NHI to DoH Letter re video conference call	4
35	17/04/2020	21:40	Email DoH to NHI re documents for TAPS to be published on NTPF website	1
36	18/04/2020	09:05	Email DoH to NHI Letter re NPHET recommendations	4
37	19/04/2020	19:05	Email NHI to Min Daly re correpondence and call on TAPS	8
38	20/04/2020	14:21	Email NHI to DoH re Letter from NHI to HIQA	2
39	20/04/2020	14:55	Email NHI to DoH re NAS guidance and national policy	3
40	21/04/2020	08:09	Email NHI to DoH meeting agenda conf call with Min Harris	4
40a	21/04/2020	09:28	Email NHI to DoH re meeting delegation	2
41	21/04/2020	08:52	Email NHI to DoH re NPHET recommendations	2
42	21/04/2020	14:51	Email DoH to NHI re meeting delegation and Letter DoH to NHI re	7
43	21/04/2020	00:00	Letter NHI to Min Finance re tax free allowance for HCW	1
44	22/04/2020	00:00	Letter DoH to NHI re use of surgical facemasks for HCW	1

45	22/04/2020	20:02	Email DoH to NHI re TAPS go live and concerns raised	3
46	23/04/2020	11:57	Email NHI to HSE re NAS guidance for testing in nursing homes	3
47	23/04/2020	15:17	Email NHI to Min Harris re engagement on TAPS and memo	9
48	23/04/2020	14:58	Email NHI to DoH re NHI Contingency Plan Template update	40
49	23/04/2020	14:39	Email NHI to DoH re NAS guidance and national policy	1
50	24/04/2020	12:40	Email DoH to NHI re NAS guidance	5
51	24/04/2020	17:17	Email DoH to NHI re NHI Agenda for meeting with Min Harris 24 April	5
52	25/04/2020	09:07	Email NHI to DoH re clarification of NTPF and HSE roles in TAPS	2
53	25/04/2020	22:26	Email DoH to NHI re draft scheme procedures and application (attachments removed as in draft)	2
54	26/04/2020	22:33	Email DoH to NHI re draft documentation for TAPS	3
55	27/04/2020	20:44	Email DoH to NHI re final documentation due to go live on TAPS (attachments not included: published on NTPF website)	3
56	27/04/2020	14:11	Email Min Daly to NHI re support being offered for frontline staff	2
57	28/04/2020	06:23	Email NHI to DoH re final documentation on TAPS	3
58	28/04/2020	10:42	Email NHI to HSE cc DoH re application process for TAPS	4
59	28/04/2020	12:49	Email DoH to NHI re meeting and NHI Agenda for meeting with Min Harris 28 April	2
60	29/04/2020	12:53	Email NHI to DoH re NHI position that TAPS is for all NH residents	4
61	30/04/2020	16:44	Email DoH to NHI re care and removal of personal possessions belonging to the deceased	1
62	30/04/2020	22:53	Email DoH to NHI re TAPS submission deadline	2
63	30/04/2020	00:00	NHI Discussion document on Easing visitor restrictions	3
64	24/04/2020	09:19	Email NHI to DoH re assistance to private nursing homes	7

From: Helen_Simon@health.gov.ie
Sent: Wednesday 1 April 2020 09:46
To: Tadhg Daly
Cc: Kathleen_MacLellan@health.gov.ie; Niall_Redmond@health.gov.ie
Subject: Letter from Kathleen MacLellan on Enhanced Public Health Measures
Attachments: 2020-04-01 Letter to Tadhg Daly NHI.pdf

Dear Tadhg

Please see attached letter from Kathleen MacLellan on Enhanced Public Health Measures for COVID-19 Disease Management.

Regards
Helen

Helen Simon
Services for Older People

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Iochtarach, Baile Átha Cliath, D02 XW14
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(See attached file: 2020-04-01 Letter to Tadhg Daly NHI.pdf)



01 April 2020

Mr Tadhg Daly
CEO Nursing Homes Ireland

**Enhanced Public Health Measures for COVID-19 Disease Management:
Long-term Residential Care (LTRC) and Home Support**

Dear Tadhg

I refer to the meeting yesterday of the National Public Health Emergency Team (NPHEET) regarding enhanced public health measures for COVID-19 disease management in Long-Term Residential Care (LTRC) settings.

As you are aware and I thank you for your support of the work of the NPHEET, a set of measures aimed at residents living in LTRC settings (nursing homes, disability and mental health) was considered. These are a particularly vulnerable population to COVID-19 as recognised by the World Health Organisation. This is most likely due to their age, the high prevalence of underlying medical conditions and circumstances where high care support with the activities of daily living is required in collective high physical contact environments.

Ireland is seeing a growing number of clusters in nursing homes and recent data from the Health Protection Surveillance Centre indicates that around 1/5 of cases, c20% are in LTRC. This data creates an urgency therefore to target specific focused and enhanced public health measures for LTRC.

The NPHEET agrees that the response to COVID-19 in LTRC will be based on preparedness, early recognition, isolation, care and prevention of onward spread, and will be based on public health actions which aim to:

- Support the maintenance of residents in LTRCs unless there is clinical or other advantage
- Interrupt transmission of the disease and prevent onward spread in LTRC and the community.

Please see attached the set of six actions agreed. I would be grateful if as a matter of urgency, you would ensure that your members are aware of these actions and commence their progression within facilities and working with the HSE where relevant. These are a substantive set of measures, a number of which can commence immediately and a number which will involve the HSE setting up new systems over the next short while.

Finally, I would like to take this opportunity to acknowledge you and your members for their ongoing commitment to tackling COVID-19 to meet the needs of our vulnerable members of society in these unprecedented times.

Your sincerely,



Dr Kathleen Mac Lellan
Head of Social Care

NPHET Meeting 31st March 2020: Enhanced Public Health Measures for COVID-19 Disease Management

Long-term Residential Care (LTRC) and Home Support

People living in Long Term Residential Care (LTRC) settings (nursing homes, disability and mental health) are vulnerable populations and have been identified by the World Health Organisation to be at a higher risk of being susceptible to infection from COVID-19 and for subsequent adverse outcomes. This is most likely due to their age, the high prevalence of underlying medical conditions and circumstances where high care support with the activities of daily living is required in collective high physical contact environments. The response to COVID-19 in LTRC should be based on preparedness, early recognition, isolation, care and prevention of onward spread.

Ireland is seeing a growing number of clusters in nursing homes and recent data from the Health Protection Surveillance Centre indicates that around 1/5 of cases, c20% are in LTRC. This data creates an urgency therefore to target specific focused and enhanced public health measures for LTRC.

The public health actions 1-6 aim to:

- Support the maintenance of residents in LTRCs unless there is clinical or other advantage
- Interrupt transmission of the disease and prevent onward spread in LTRC and the community.

Agreed Public Health Actions LTRC facilities and Home Support

<p>No. 1 Strengthened HSE National and Regional Governance Structures</p> <ul style="list-style-type: none">• Establish a national and regional (CHO) LTRC COVID-19 Infection Prevention and Control (IPC) Teams with an allocated IPC Advisor to liaise with each LTRC and homecare provider• A local public health led Outbreak Control Team for each outbreak who will be responsible for data capture with support of LTRC via CRM system• Provision of updated guidance including LTRC specific admission and transfer guidance• Establish teams (per CHO), building on existing capacity where possible, to provide medical and nursing support to LTRCs• 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• HIQA/MHC to risk rate all LTRC settings based on disease progression, environment and staff and liaise with national and regional governance structures and LTRCs as necessary in light of mitigating actions
<p>No. 2 Transmission Risk Mitigation in suspected or COVID-19 positive settings LTRC and homecare staff</p> <ul style="list-style-type: none">• HSE to provide support for appropriate alternative residence and transport for staff living in congregated domestic living arrangements involving other LTRC settings/homecare staff• Minimise staff movement working across LTRCs• Agencies and LTRC/home support providers agree protocols to minimise staff movement across COVID-19 and non-COVID-19 LTRC settings/home support clients
<p>No. 3 Staff Screening and Prioritisation for COVID-19 Testing</p> <ul style="list-style-type: none">• Prioritise LTRC staff/homecare staff for COVID-19 testing• Each LTRC should undertake active screening of all staff (Temperature checking twice a day)

No. 4 HSE Provision of PPE and Oxygen

- Ensure PPE supply to LTRC settings and home support providers
- Access to oxygen for LTRC settings

No. 5 Training

- The HSE and LTRC settings support access to the provision of training for sufficient staff in IPC, use of PPE, use of oxygen, palliative care and end of life care, pronouncement of death
- The HSE and home support providers support access to the provision of training for staff in IPC

No. 6 Facilities and Homecare Providers – Preparedness planning

- Depending on size of LTCF or homecare provider designate a team or at least one full-time staff member as lead for COVID-19 preparedness and response
- 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

Adam Fleming

From: Denise_Kelly@health.gov.ie on behalf of Minister's_Office@health.gov.ie
Sent: Thursday 2 April 2020 13:24
To: Services_for_the_Elderly@health.gov.ie; Kathleen_MacLellan@health.gov.ie
Cc: Matthew_OGorman@health.gov.ie
Subject: Fw: Correspondence from Nursing Homes Ireland
Attachments: 1 April 2020 LT Minister Paschal Donohoe re COVID 19 Tax Allowance.pdf

Hi all,

Please see correspondence from NHI for info. It was sent to Minister Donohoe.

Kindest regards
Denise

Please respond to the below email address

Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

Email - ministersoffice@health.gov.ie

----- Forwarded by Denise Kelly/SLAINTE on 02/04/2020 13:21 -----

From: Fiona Kenny <ea@nhi.ie>
To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>
Date: 01/04/2020 11:39
Subject: Correspondence from Nursing Homes Ireland

Dear Minister,

Please see attached correspondence from Nursing Homes Ireland to Minister Paschal Donohoe for your attention.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801

(See attached file: 1 April 2020 LT Minister Paschal Donohoe re COVID 19 Tax Allowance.pdf)



Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhi.ie | nhi.ie

Minister Paschal Donohoe
Minister for Finance, Public Expenditure & Reform,
Department of Public Expenditure and Reform,
Government Buildings,
Upper Merrion Street,
Dublin 2, D02 R583

Re; Covid19 Tax Free Allowance for Healthcare Workers

1st April 2020

Dear Minister Donohoe,

As our country faces into another month of tackling the COVID-19 pandemic, innovative thinking is required to tackle this national health emergency. This has been demonstrated by Government to date and NHI thank you but it is essential that the State constantly considers measures required to support our frontline health and social care services in meeting this unprecedented challenge.

NHI are proposing that a temporary COVID19 additional tax-free allowance is provided to all nursing home employees which would present significant state support for these critical workers and the vital role they are fulfilling within society during these challenging times. It can also further entice those who have unfortunately become unemployed to assume important roles within our sector during these unprecedented times. I can confirm that this proposal is included in our more detailed submission to Department of Health.

We remain committed to working with you and your colleagues in Government during this extremely challenging time for our health services and society.

We respectfully but urgently ask your Department to consider this request as all necessary supports to our frontline healthcare workers in nursing homes are crucial at this time.

Yours sincerely,

Tadhg Daly, Chief Executive Officer

cc Minister Simon Harris TD, Minister for Health

Adam Fleming

From: Matthew_OGorman@health.gov.ie
Sent: Thursday 2 April 2020 15:47
To: Kathleen_MacLellan@health.gov.ie
Cc: Niall_Redmond@health.gov.ie; Joanne_Lonergan@health.gov.ie; Sarah_Bardon@health.gov.ie
Subject: Fw: Correspondence from Tadhg Daly, Nursing Homes Ireland
Attachments: 2 April 2020 LT Simon Harris re NPHET Measures and financial support_scheme.pdf

Hi Kathleen

Please see attached letter from Tadhg Daly to the Minister for your attention

Kind regards

Matthew

Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Míesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
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Diary email - MinistersDiary@health.gov.ie

matthew.ogorman@health.gov.ie

— Forwarded by Matthew O'Gorman/SLAINTE on 02/04/2020 15:45 —

From: "Fiona Kenny" <ea@nhi.ie>
To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>
Cc: "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>, "Tadhg Daly" <tdaly@nhi.ie>
Date: 02/04/2020 12:08
Subject: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Minister Harris,

Please see correspondence from Tadhg Daly, NHI for your urgent attention.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801

(See attached file: 2 April 2020 LT Simon Harris re NPHET Measures and financial support scheme.pdf)



Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhii.ie | nhii.ie

Minister Simon Harris TD
Department of Health,
Block 1,
Miesian Plaza,
50 – 58 Lower Baggot Street,
D02 XW14

2nd April 2020

Dear Minister Harris,

My colleagues and I would like to acknowledge and thank you for our meeting on Monday 30th March. We welcome your commitment as Minister for Health to prioritise and support the nursing home sector and its residents and staff during this very challenging time. As discussed and outlined at our meeting we have received the decisions made by NPHE and these have been communicated to all of our members nationwide. These measures, albeit coming well into the crisis, will assist the frontline staff in the long-term residential care sector and allow them to be better placed to face the challenge.

However, another serious matter remains outstanding and at the end of the week, we still await your proposals on resources. The commitment made by you in relation to a COVID-19 financial support scheme for the nursing home sector was that NHI would be informed of these details by the end of this week. We await further engagement regarding this proposal.

We look forward to hearing from you before the end of the week.

Yours sincerely,

Tadhg Daly, CEO

From: Tadhg Daly <tdaly@nhi.ie>
Sent: Thursday 2 April 2020 11:05
To: Helen_Simon@health.gov.ie
Cc: Kathleen_MacLellan@health.gov.ie; Niall_Redmond@health.gov.ie; Fiona Kenny
Subject: RE: Letter from Kathleen MacLellan on Enhanced Public Health Measures

Dear Kathleen,

I refer to our meeting on Monday 30th March and thank you and colleagues once again. We welcome the express commitment at our meeting from Minister for Health to prioritise and support the nursing home sector and its residents and staff during this very challenging time.

I wish to acknowledge receipt of your letter on the decisions made by NPHE and confirm that these have been communicated to all nursing homes nationwide. These further measures, albeit coming well into the crisis, will assist the frontline staff in the long term residential care sector and allow them to be better placed to face the challenge.

However, another serious matter remains outstanding and at the end of the week, we still await Ministerial proposals on resources. The commitment made by Minister in relation to a COVID-19 financial support scheme for the nursing home sector was that NHI would be informed of these details by the end of this week. We await further engagement regarding this proposal.

Can you confirm next steps in respect of meeting/ conf call to discuss as a matter of priority.

Best regards,

Tadhg

From: Helen_Simon@health.gov.ie <Helen_Simon@health.gov.ie>
Sent: Wednesday 1 April 2020 09:46
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Kathleen_MacLellan@health.gov.ie; Niall_Redmond@health.gov.ie
Subject: Letter from Kathleen MacLellan on Enhanced Public Health Measures

Dear Tadhg

Please see attached letter from Kathleen MacLellan on Enhanced Public Health Measures for COVID-19 Disease Management.

Regards
Helen

Helen Simon
Services for Older People

—
An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Iochtarach, Ballé Átha Cliath, D02 XW14
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Adam Fleming

5

From: Matthew_OGorman@health.gov.ie
Sent: Friday 3 April 2020 17:48
To: Kathleen_MacLellan@health.gov.ie
Cc: Joanne_Lonergan@health.gov.ie; Niall_Redmond@health.gov.ie
Subject: Fw: Nursing Home Supports

Hi Kathleen

Please see further correspondence from Mr Daly for your information

Kind regards

Matthew

Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
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Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

— Forwarded by Matthew O'Gorman/SLAINTE on 03/04/2020 17:31 —

From: "Tadhg Daly" <tdaly@nhi.ie>
To: "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>, "simon.harris@oireachtas.ie" <simon.harris@oireachtas.ie>
Cc: "Fiona Kenny" <ea@nhi.ie>
Date: 03/04/2020 17:30
Subject: Nursing Home Supports

Dear Minister,

I refer to our meeting on Monday last and can I again acknowledge your commitment and that of Department of Health to enhanced measures to support the residents and staff in the nursing home sector.

We remain committed to working with officials in your Department and HSE on immediate implementation by the HSE of the measures proposed by NPHET and agreed by Government.

In respect of your commitment re Financial Support Scheme and in particular your commitment to finalise and inform NHI by the end of the week can you confirm the details.

As discussed there is requirement to convey before weekend as a demonstration of the commitment and the necessary financial support to the sector at this challenging time.

Can you please confirm details by return.

Best regards,
Tadhg

Tadhg Daly

Chief Executive

e. tdaly@nhi.ie
p. 01/4699800
m. 087/2651934

Nursing Homes Ireland



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NHI Care Awards 2020

in association with Homecare Medical

Citywest Hotel, Thursday 12th November 2020, 7pm

w. www.nhicareawards.ie
e. nhicareawards@eventpartners.ie
t. (01) 296 9394

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Adam Fleming

From: Niall_Redmond@health.gov.ie
Sent: Saturday 4 April 2020 20:11
To: Tadhg Daly
Cc: Kathleen_MacLellan@health.gov.ie
Subject: Nursing Homes Measures and Supports
Attachments: 2020-04-04 Ltr to NHI re Temporary Support Scheme.pdf

Importance: High

Dear Tadhg,

Further to our ongoing engagements, please find attached letter from the Department with an update and outline of the matters announced today.

Regards,

Niall Redmond
Principal, Services for Older People

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

(See attached file: 2020-04-04 Ltr to NHI re Temporary Support Scheme.pdf)



Mr. Tadhg Daly
CEO

Nursing Homes Ireland

tdaly@nhi.ie

04th April 2020

Dear Tadhg,

I refer further to the ongoing extensive engagement between the Department and Nursing Homes Ireland in relation to the private and voluntary nursing homes and the challenge of and response to, the COVID-19 pandemic.

I particularly refer further to my correspondence of the 1st April 2020 outlining the actions agreed at NPHET's meeting on 31st March, wherein there was a focused discussion on disease management in respect of the long-term residential care sector. NPHET also undertook further focused discussion on this matter at its scheduled meeting yesterday.

Our older people are a particular concern in the context of COVID-19 and this is reflected in international evidence and experience. As you know, the Government has introduced a range of measures in recent weeks to enhance the protections of our citizens including social distancing measures, visitor restrictions and most recently cocooning. All of these apply irrespective of where a person lives and I wish to acknowledge, again, the important role of the nursing home sector in this regard, and your own leadership in promoting appropriate action among your members.

Notwithstanding all of the actions taken at Government and service provide level we have seen from the latest Health Protection Surveillance Centre information there are a growing number of COVID-19 clusters in our nursing homes which is concerning for everyone, not least nursing home residents, their families and the staff delivering care to them.

As noted, NPHET agreed a range of actions and measures to support nursing homes and nursing home residents, including enhanced measures required by providers, as follows:

- Prioritising staff screening, with twice daily temperature checks
- Prioritised testing for staff
- Providing access to PPE and oxygen
- Supporting relevant training and education
- Implementing strengthened governance structures
- Mitigating against transmission risk for staff
- Assisting with preparedness planning and outbreak management



- Enhanced measures to be undertaken by nursing homes themselves, aimed at further improving preparedness, focused training in key skills and competencies, enhanced infection and prevention control mechanisms and planning for cohorting of covid and non-covid residents

As discussed, to further support the critical services provided by nursing homes, a temporary COVID-19 Financial Support Scheme has been approved by the Minister and will be established in the coming days. The core concept of the scheme is that the State will provide additional financial assistance to those nursing homes that require it in order to secure continuity of service and enhanced services to support the public health response to COVID-19.

I have attached a high-level outline of the Scheme. In order to establish and roll out a Scheme of this nature efficiently and in good time, it will be administered collaboratively by the NTPF and the HSE. The Scheme is expected to be established in the coming week and the Department has written to the NTPF and the HSE today requesting that the Scheme be operationalised as quickly as possible.

I would like to acknowledge again the important work of nursing homes and their welcome approach to targeting COVID-19 from prevention to outbreak management.

I look forward to our continued positive engagement and the Department will keep you updated with regard to the implementation of the Scheme.

Yours sincerely,

Kathleen MacLellan
Head of Social Care



Scheme Detail

There will be two component parts of the Scheme which will be integrated:

- a support payment per month based on the number of Nursing Homes Support Scheme (NHSS) residents;
- and enhanced assistance in the event of a nursing home actively managing an outbreak.

Under the standard support component, funding may be provided to each applicant nursing home for Covid-19 related measures and expected costs for the month. A rate of payment may be provided as follows:

- €800 per Nursing Homes Support Scheme (NHSS) resident per month for the first 40 residents;
- €400 per NHSS resident per month for the next 40 residents;
- €200 per NHSS resident per month for each subsequent resident.

Where a nursing home has incurred significant further costs or undertaken necessary enhanced actions arising directly from a Covid-19 outbreak, a nursing home may submit a separate business case for enhanced assistance.

This enhanced assistance will be capped at double the standard assistance payment (inclusive of the standard payment) for that nursing home, with an overarching maximum cap of €75,000, inclusive of the standard assistance.

Nursing homes will be required to apply each month for support through an "open book" process, which will include the provision of documentary evidence of intended expenditure and expenditure. A validation and control framework will be established to provide assurance that the funding delivered through the Scheme is appropriately directed towards reasonable costs incurred in COVID-19 transmission mitigation measures, enhanced service delivery and care to residents and the management of outbreaks where they occur.

Conditional on this support, nursing homes should also continue to be a core part of health system delivery in the response to COVID-19 by being open to admissions and readmissions, in



line with guidance and all national guidance, including all National Public Health Emergency Team recommendations.

It is envisaged that the scheme will operate for a 3- month period. It will be reviewed after the first month's operation.



NHI Statement re measures to support nursing home residents in response to Covid-19

Michael McGlynn

to:

04/04/2020 16:19

Hide Details

From: "Michael McGlynn" <Michael@nhi.ie>

To:

For your attention, please see below statement below issued this afternoon by Nursing Homes Ireland arising from announcement of Covid-19 enhanced support measures.

Thank you for your engagement during this challenging time and we look forward to continued engagement to support residents and staff in our nursing homes.

Kind Regards,

Michael

Michael McGlynn

—

Michael McGlynn

Communications & Research Executive

NHI Statement re measures to support nursing home residents in response to Covid-19

4th April 2020: Tadhg Daly, NHI CEO states: "We appreciate and welcome the financial support scheme announced today by the Government. Covid-19 has presented huge, never-seen-before challenges for nursing home and wider healthcare services. Planning by Government for the hospital system and wider society has gone on for months. It is welcome that the focus has shifted to nursing homes now, where our most vulnerable are living. Our oldest people have provided great service to our country and our nursing homes are doing everything possible to appropriately support them during the biggest societal challenge we have faced. As previously stated by the Minister, we cannot leave anybody behind in this national health emergency.

"We acknowledge the recognition by the State of the challenges faced by the sector. We thank Minister for today's interim measures in the evolving situation and acknowledge commitment by him to regular engagement with NHI and support for residents in nursing homes.

"An array of supports are required to enable nursing homes to meet residents' healthcare needs. Continued prioritisation for testing must be given to residents and staff in nursing homes and timely access to PPE must become the norm. We remain committed to working with the Minister and Government during this pandemic in providing the best possible care in difficult times for residents and staff. Engagement must be ongoing between nursing homes and their staff and we welcome the Minister's commitment today for ongoing engagement with the sector.

"Today's measures are an important step to support nursing homes to manage the unique challenges presented by Covid-19. The State's Fair Deal scheme, which ultimately funds nursing home care, has never contemplated this set of circumstances.

"During this time of national emergency, we should praise and thank the people living amongst us in our local communities who are working in our nursing homes and providing care to our older people. These people are committed in meeting the health and social care needs of people who are most vulnerable to Covid-19. Over 500 nursing homes, private, voluntary and public, across the country are providing specialised care on a 24/7 basis to 30,000 people. The care provided by the men and women within these homes is vital to the lives of our most vulnerable, providing them with comfort and reassurance during a worrying time that they've never experienced previously in their long lives. Private, voluntary and public are together in an ideology of care. Staff in our nursing homes fulfil an often unappreciated essential role in Irish society. Our nursing homes are very heavily regulated health and social care settings that now require the continuing and

consistent support of the State in meeting challenges never previously encountered. It presents a time for solidarity with our nursing home residents and staff.”

ENDS

Tadhg Daly, NHI CEO, is available for further comment. Media interviews will be facilitated by Michael McGlynn, NHI Communications and Research Executive, who can be contacted at 087 9082970.



RE: Nursing Homes Measures and Supports

Tadhg Daly

to:

Niall_Redmond@health.gov.ie

06/04/2020 12:07

Cc:

"Kathleen_MacLellan@health.gov.ie", Fiona Kenny

Hide Details

From: Tadhg Daly <tdaly@nhi.ie>

To: "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>

Cc: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, Fiona Kenny <ca@nhi.ie>

1 Attachment



6 April 2020 LT Kathleen MacLellan re NPHET Measures and financial support scheme.pdf

Dear Niall,

I refer to your letter in respect of the measures announced on Saturday last. We wish to acknowledge the additional measures and supports and look forward to meeting as a priority on implementation as per my letter attached.

Best regards,
Tadhg

From: Niall_Redmond@health.gov.ie <Niall_Redmond@health.gov.ie>
Sent: Saturday 4 April 2020 20:11
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Kathleen_MacLellan@health.gov.ie
Subject: Nursing Homes Measures and Supports
Importance: High

Dear Tadhg,

Further to our ongoing engagements, please find attached letter from the Department with an update and outline of the matters announced today.

Regards,

—
Niall Redmond
Principal, Services for Older People

—
An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Iochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

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Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhi.ie | nhi.ie

**Dr Kathleen MacLellan,
Assistant Secretary,
Department of Health,
Block 1, Miesian Plaza,
50 – 58 Lower Baggot Street,
Dublin 02 XW14**

6th April 2020

Dear Kathleen,

I acknowledge receipt of your letter dated 4th April 2020 following the announcement by Minister Harris of the agreed NPHET actions and supports for residents and staff in the nursing home sector including the temporary COVID19 Financial Support Scheme.

COVID19 has presented huge, never-seen-before challenges for nursing homes and wider healthcare services. We remain committed to supporting all 440+ private and voluntary nursing homes and their residents in this very challenging and evolving environment and to provide critical leadership in partnership with all stakeholders.

We acknowledge the recognition by the State of the challenges faced by the sector. We thank Minister Harris and Government for their commitment to the interim measures in the evolving situation and acknowledge commitment by the Minister to regular engagement with NHI in supporting residents in nursing homes. We particularly welcome the commitment of Minister Harris that *"It is vital we leave nobody behind as we navigate our way out of this pandemic."*

As outlined in your letter and also through our extensive engagement, older people are of particular concern during this COVID19 pandemic and we will do our utmost to protect this vulnerable cohort. I can assure nursing homes, supported by NHI, have been proactive in implementing measures to protect residents and staff from COVID19.

NHI welcome the additional actions and supports outlined in your letter, in particular the prioritised testing for staff and residents together with access to PPE and oxygen. It is imperative the Department and the HSE ensure these imperative requirements are actioned and implemented immediately at local level to ensure nursing homes are supported to identify at an early stage any prospective case presenting and implement the range of measures required to manage within the home.

As you will be aware, we are communicating with nursing homes on a daily basis to provide guidance and advice and our engagement with the HSE/ HSPC in this regard is continuous and mutual.

I refer to the section in your correspondence that outlines the details of the temporary COVID19 Financial Support Scheme and the high-level detail therein. I refer to our conversation on Saturday last and request that Minister Harris requests NTPF and HSE to meet with NHI with urgency to engage on the process for its timely and successful implementation.

As per our telephone conversation, it is extremely disappointing to learn that the Scheme is effective 1st April 2020 and not from 1st March as per NHI request given the significant costs incurred by nursing homes to date.

We also present it is critical the support scheme encompasses all residents within nursing homes. This must encompass residents availing of transitional care (in many instances availing of step-down care from HSE acute hospitals), contracts and those paying privately. Derogation of such residents would present as extremely unfair and discriminatory. As per Minister's commitment, it is vital we leave nobody behind and this applies to all residents in nursing home care.

Furthermore, there is requirement for the Scheme to be administered with minimum administrative burden. You will appreciate, nursing homes are under extreme staffing and administrative pressures given the unprecedented situation presenting before us. It is critical that the administrative process is sensible, pragmatic and non-burdensome.

These present 'headline' queries we have with regard to application of the scheme. We reiterate our appreciation for the support measure and propose a meeting with the Department of Health as soon as possible for clarification and to discuss further.

In conclusion can I take this opportunity to once again thank you and all your colleagues in Older Persons Services for your continued support and commitment. Please convey our thanks to you and your team in the Department of Health.

Yours sincerely,



**Tadhg Daly,
Chief Executive Officer**



RE: Correspondence from Tadhg Daly, Nursing Homes Ireland
Liam Sloyan

to: "Fiona Kenny", Kathleen_MacLellan@health.gov.ie
07/04/2020 17:45

Cc: "Kerrie-Anne Galvin", "Tadhg Daly", "Niall_Redmond@health.gov.ie", "Sean Flood"
Hide Details

From: "Liam Sloyan" <liam.sloyan@nphf.ie>
To: "Fiona Kenny" <ea@nhi.ie>, "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>
Cc: "Kerrie-Anne Galvin" <Kerrie-Anne.Galvin@nphf.ie>, "Tadhg Daly" <tdaly@nhi.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Sean Flood" <Sean.Flood@nphf.ie>

Dear Tadhg,

I refer to this morning's correspondence and to yesterday's voice mail.

I hope that you are doing ok at this time.

I wish to clarify that, in your v-mail to which you refer, you had said that you would be sending me an e-mail, which I received this morning.

With regard to your e-mail, we would propose a meeting by video call with the Department, NTPF and NHI tomorrow afternoon at 3pm. Please confirm if you can attend.

Regards,

Liam.

From: Fiona Kenny <ea@nhi.ie>
Sent: Tuesday 7 April 2020 10:57
To: Liam Sloyan <liam.sloyan@nphf.ie>; Kathleen_MacLellan@health.gov.ie
Cc: Kerrie-Anne Galvin <Kerrie-Anne.Galvin@nphf.ie>; Tadhg Daly <tdaly@nhi.ie>
Subject: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Liam,

Please see attached correspondence from Tadhg Daly, CEO of Nursing Homes Ireland for your urgent attention.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801

Tá an t-eolas sa ríomhphost seo, agus in aon cheanglán leis, faoi phribhléid agus faoi rún agus le haghaidh an tscolai amháin.

D'fhéadfadh an t-eolas seo a bheith faoi phribhléid phroifisiúnta nó dlíthiúil. Mair tusa an scolai a bhí beartaithe leis an ríomhphost seo a fháil, tá cosc air, nó aon chuid de, a úsáid, a chloipeáil, nó a scaoileadh. Má tháinig sé chugat ó bharr dearmaid, téigh i dteagmháil leis an seoltóir agus scríob an

t-ábhar ó do ríomhaire le do thoil.

.....

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Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhie.ie | nhie.ie

**Mr Liam Sloyan,
Chief Executive Officer,
National Treatment Purchase Fund,
Ashford House,
Tara Street,
Dublin 2**

7th April 2020

Re: COVID19 Financial Support Scheme

Dear Liam,

In the first instance, I hope you and yours are doing OK during this challenging time for us all.

As you will be aware NHI met with the Minister for Health on the 30th March last in respect of the NPHET measures to support nursing home residents. I refer to the subsequent announcement by the Minister on Saturday last the 4th April in relation to the enhanced measures for nursing home residents including the COVID19 Financial Support Scheme.

In our briefing with the Department of Health on Saturday last, I referred to immediate requests that the NTPF as administrators of this scheme and HSE to meet with NHI with urgency to engage on the process for its timely and successful implementation. I am in regular (twice daily) contact with both the Department of Health and the HSE and to date I have had no contact from the NTPF which is unacceptable. I left a message for you yesterday, 6th April and expected a return call.

Can you please confirm arrangements to consult and engage with NHI on this COVID Financial Support Scheme by return?

I look forward to hearing from you as a matter of urgency.

Yours sincerely,

Tadhg Daly, Chief Executive Officer

cc Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, Department of Health

Adam Fleming

10

From: Denise_Kelly@health.gov.ie on behalf of Minister'sDiary@health.gov.ie
Sent: Wednesday 8 April 2020 11:25
To: Services_for_the_Elderly@health.gov.ie; Kathleen_MacLellan@health.gov.ie
Cc: Matthew_OGorman@health.gov.ie; Sarah_Bardon@health.gov.ie; Joanne_Lonergan@health.gov.ie; Covid_19_Queries@health.gov.ie
Subject: Fw: Follow Up Meeting Request from Nursing Homes Ireland

Hi all,

Please see below email from NHI.
Grateful for recommendation on below.

Kindest regards
Denise

Please respond to the below email address

Minister Harris' Diary Team
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14
T - Denise +353 (0)1 635 4185
T - Leah +353 (0)1 635 4158
MinistersDiary@health.gov.ie
— Forwarded by Denise Kelly/SLAINTE on 08/04/2020 11:23 —

From: Minister's Office/SLAINTE
To: Minister's Diary/SLAINTE@SLAINTE
Date: 08/04/2020 10:18
Subject: Fw: Follow Up Meeting Request from Nursing Homes Ireland
Sent by: Ashling Flavin

Please respond to the below email address

Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

Email - ministersoffice@health.gov.ie

— Forwarded by Ashling Flavin/SLAINTE on 08/04/2020 10:18 —

From: "Fiona Kenny" <ea@nhi.ie>
To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>, "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
Cc: "Fadhg Daly" <fdaly@nhi.ie>
Date: 08/04/2020 09:46
Subject: Follow Up Meeting Request from Nursing Homes Ireland

Dear Minister Harris,

Tadhg Daly, CEO of Nursing Homes Ireland is requesting a follow up meeting with you as soon as possible.

This follow up meeting is to discuss the recent NPHEC recommendations and the commitments made to support the nursing home sector during the COVID19 pandemic.

I look forward to hearing from you.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801



Re: Follow Up Meeting Request from Nursing Homes Ireland 
Matthew O'Gorman to: Fiona Kenny
Cc: "Minister Harris (ministersoffice@health.gov.ie)", "Tadhg Daly"
Bcc: Dave Walsh

08/04/2020 12:50

Dear Fiona

Please see attached letter from Minister Harris for your attention



8th April 2020 - Tadhg Daly - NHI.pdf

Kind regards

Matthew

Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

T +353 (0)1 635 4149
M +353 87 699 3579
Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

"Fiona Kenny" Dear Minister Harris, Tadhg Daly, CEO of Nursing H... 08/04/2020 09:46:17

From: "Fiona Kenny" <ea@nhi.ie>
To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>, "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
Cc: "Tadhg Daly" <tdaly@nhi.ie>
Date: 08/04/2020 09:46
Subject: Follow Up Meeting Request from Nursing Homes Ireland

Dear Minister Harris,

Tadhg Daly, CEO of Nursing Homes Ireland is requesting a follow up meeting with you as soon as possible.

This follow up meeting is to discuss the recent NPHEP recommendations and the commitments made to support the nursing home sector during the COVID19 pandemic.

I look forward to hearing from you.

Kind regards,

Fiona Kenny
EA to the CEO
Ph: 01 4699801

An Roinn Sláinte
Department of Health
Office of the Minister



8th April 2020

Mr Tadhg Daly
Chief Executive Officer
2051 Castle Drive
Dublin 24

Dear Tadhg,

I refer to on-going correspondence in relation to Covid-19, our recent meeting on 30 March 2020 and your further request today for a meeting to discuss the recent measures announced last week.

I am pleased to confirm Officials in my Department have arranged a meeting with you today to discuss developments over the last week.

Yours sincerely,

Simon Harris T.D.
Minister for Health



RE: Correspondence from Tadhg Daly, Nursing Homes Ireland
Tadhg Daly

to:

Liam Sloyan, Fiona Kenny, Kathleen_MacLellan@health.gov.ie

08/04/2020 13:21

Cc:

"Kerrie-Anne Galvin", "Niall_Redmond@health.gov.ie", "Sean Flood", "Karl_Duff@health.gov.ie", "Joe Carroll"

Hide Details

From: "Tadhg Daly" <tdaly@nhi.ie> Sort List...

To: "Liam Sloyan" <liam.sloyan@ntpf.ie>, "Fiona Kenny" <ea@nhi.ie>, "Kathleen_MacLellan@health.gov.ie"

<Kathleen_MacLellan@health.gov.ie>

Cc: "Kerrie-Anne Galvin" <Kerrie-Anne.Galvin@ntpf.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Sean Flood" <Sean.Flood@ntpf.ie>, "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>, "Joe Carroll" <joe.carroll@ntpf.ie>

Liam,

I can confirm that NHI Directors Seamus Brady and Phil Darcy will participate on the call.
Can you circulate dial in details for this afternoons call.

Best regards

Tadhg

From: Liam Sloyan <liam.sloyan@ntpf.ie>

Sent: Wednesday 8 April 2020 12:43

To: Tadhg Daly <tdaly@nhi.ie>; Fiona Kenny <ea@nhi.ie>; Kathleen_MacLellan@health.gov.ie

Cc: Kerrie-Anne Galvin <Kerrie-Anne.Galvin@ntpf.ie>; Niall_Redmond@health.gov.ie; Sean Flood <Sean.Flood@ntpf.ie>; Karl_Duff@health.gov.ie

<Karl_Duff@health.gov.ie>; Joe Carroll <joe.carroll@ntpf.ie>

Subject: RE: Correspondence from Tadhg Daly, Nursing Homes Ireland

Tadhg,

Thank you for your e-mail.

While we are focussed on the quick development of the scheme and underlying processes, we are not in a position to share draft documents, but this afternoon's engagement will provide an opportunity for NHI to provide your views and perspectives.

Regards,

Liam.

From: Tadhg Daly <tdaly@nhi.ie>

Sent: Tuesday 7 April 2020 18:55

To: Liam Sloyan <liam.sloyan@ntpf.ie>; Fiona Kenny <ea@nhi.ie>; Kathleen_MacLellan@health.gov.ie

Cc: Kerrie-Anne Galvin <Kerrie-Anne.Galvin@ntpf.ie>; Niall_Redmond@health.gov.ie; Sean Flood <Sean.Flood@ntpf.ie>

Subject: RE: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Liam,

Thank you for your email.

I can confirm availability for video call tomorrow at 3pm as proposed.

Can you forward draft documentation on the administration of the Financial Support Scheme announced by Minister Harris on Saturday last in advance of our call.

I will confirm NHI participants tomorrow morning.

Best regards,

Tadhg

From: Liam Sloyan <liam.sloyan@ntpf.ie>

Sent: Tuesday 7 April 2020 17:45

To: Fiona Kenny <ea@nhi.ie>; Kathleen_MacLellan@health.gov.ie

Cc: Kerrie-Anne Galvin <Kerrie-Anne.Galvin@ntpf.ie>; Tadhg Daly <tdaly@nhi.ie>; Niall_Redmond@health.gov.ie; Sean Flood <Sean.Flood@ntpf.ie>

Subject: RE: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Tadhg,

I refer to this morning's correspondence and to yesterday's voice mail.

I hope that you are doing ok at this time.

I wish to clarify that, in your v-mail to which you refer, you had said that you would be sending me an e-mail, which I received this morning.

With regard to your e-mail, we would propose a meeting by video call with the Department, NTPF and NHI tomorrow afternoon at 3pm. Please confirm if you can attend.

Regards,

Liam,

From: Fiona Kenny <fk@nhi.ie>
Sent: Tuesday 7 April 2020 10:57
To: Liam Sloyan <l.sloyan@ntrpf.ie>; Kathleen MacLellan@health.gov.ie
Cc: Kerrie-Anne Galvin <Kerrie-Anne.Galvin@ntrpf.ie>; Tadhg Daly <tdaly@nhi.ie>
Subject: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Liam,

Please see attached correspondence from Tadhg Daly, CEO of Nursing Homes Ireland for your urgent attention.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801

Tá an t-eolas sa ríomhphost seo, agus in aon cheanglán leis, faoi phribhléid agus faoi rún agus le haghaidh an tsolai amháin.

D'fhéadfadh an t-eolas seo a bheith faoi phribhléid phroifisiúnta nó dlíthiúil. Mura tusa an solai a bhí beartaithe leis an ríomhphost seo a fháil, tá cosc air, nó aon chuid de, a úsáid, a chóipeáil, nó a scaoileadh. Má tháinig sé chugat de bharr dearmaid, téigh i dteagmháil leis an seoltóir agus scrios an

t-ábhar ó do ríomhaire le do thoil.

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Tá an t-eolas sa ríomhphost seo, agus in aon cheanglán leis, faoi phribhléid agus faoi rún agus le haghaidh an tsolai amháin.

D'fhéadfadh an t-eolas seo a bheith faoi phribhléid phroifisiúnta nó dlíthiúil. Mura tusa an solai a bhí beartaithe leis an ríomhphost seo a fháil, tá cosc air, nó aon chuid de, a úsáid, a chóipeáil, nó a scaoileadh. Má tháinig sé chugat de bharr dearmaid, téigh i dteagmháil leis an seoltóir agus scrios an

t-ábhar ó do ríomhaire le do thoil.

.....

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From: Helen_Simon@health.gov.ie
Sent: Wednesday 8 April 2020 15:13
To: Tadhg Daly
Subject: RE: Meeting between DoH, NTPF and NHI 8 April 3pm


Apologies, Tadhg. There has been a short delay. The meeting will commence momentarily.

Helen Simon
Services for Older People

An Roinn Sláinte
Department of Health

Blac 1, Plaza Miasach, 50 - 58 Sráid Bhagóid Iochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Baggot Street Lower, Dublin, D02 XW14

T+353 (0)1 635 4710
health.gov.ie

 "Tadhg Daly" ---08/04/2020 15:09:14---Helen and all We are having difficulty dialing in? It states meeting not started?

From: "Tadhg Daly" <tdaly@nhi.ie>
To: "Helen_Simon@health.gov.ie" <Helen_Simon@health.gov.ie>, "Liam Sloyan" <liam.sloyan@ntpf.ie>, "Sean Flood" <Sean.Flood@ntpf.ie>, "Joe Carroll" <joe.carroll@ntpf.ie>, "Fiona Kenny" <ea@nhi.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>
Date: 08/04/2020 15:09
Subject: RE: Meeting between DoH, NTPF and NHI 8 April 3pm

Helen and all

We are having difficulty dialing in? It states meeting not started?

Thanks
Tadhg

From: Helen_Simon@health.gov.ie <Helen_Simon@health.gov.ie>
Sent: Wednesday 8 April 2020 14:02
To: Liam Sloyan <liam.sloyan@ntpf.ie>; Sean Flood <Sean.Flood@ntpf.ie>; Joe Carroll <joe.carroll@ntpf.ie>; Tadhg Daly <tdaly@nhi.ie>; Fiona Kenny <ea@nhi.ie>; Niall_Redmond@health.gov.ie; Karl_Duff@health.gov.ie
Subject: Meeting between DoH, NTPF and NHI 8 April 3pm

Dear all,

See below link for this afternoon's video call at 3pm.

Join Zoom Meeting
<https://zoom.us/j/787082977?pwd=dEJOUE9ZaXNURWxQT3Zld3NlId3B47z09>

Meeting ID: 787 082 977
Password: 2VXQBE

Regards
Helen



Nursing Homes Ireland survey re Covid-19 measures

Michael McGlynn

to:

08/04/2020 16:58

Hide Details

From: Michael McGlynn <Michael@nhi.ie>

To:

1 Attachment



Covid 19 Survey Analysis Synopsis.pdf

Dear Colleague,

Thank you for your continued engagement with Nursing Homes Ireland and nursing homes as we strive to meet the unprecedented challenges presented by Covid-19.

We welcome the package of measures that have been introduced to support nursing homes and the continuous engagement we share with the Department and HSE during this health emergency. We can assure nursing homes and their staff are demonstrating exceptional commitment at this difficult time to provide care to residents.

We have engaged with nursing homes to ascertain feedback regarding measures announced and now wish to share feedback from a survey that was undertaken with nursing homes yesterday afternoon and early this morning.

It provides raw / on-the-ground feedback which we hope will support in informing of and confronting the challenges presenting. As presented, the survey was completed this afternoon so it has been quickly collated for your perusal, given the constantly evolving situation.

We look forward to continued engagement with you and colleagues and thank you for your support.

Yours,
Michael

Michael McGlynn

--

Michael McGlynn
Communications & Research Executive
 e. michael@nhi.ie
 dd. 01 4699806
 m. 087 9082970

Nursing Homes Ireland

nhi

2051 Castle Drive, Citywest,
 Dublin 24, D24 K299.
 t. 01 469 9000
 e. info@nhi.ie
 nhi.ie

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Covid-19 survey

7th & 8th April 2020

Testing

COVID-19 TESTING: Please inform of the timeline you have encountered for Covid-19 testing where required. Where testing timeline has differed, inform of the longest waiting period encountered. [167 responses]

1 – 3 days: 38 nursing homes (23%)

4 – 6 days: 29 nursing homes (17%)

7 – 9 days: 26 nursing homes (15%)

10 days +: 74 nursing homes (44%)

- Swabs taken within 24 hours of request. But advised may take up to 10 days for results.
- We have only requested one test over two weeks ago for a suspect resident but we never got a test and the resident has remained well...
- Over 14 days over both resident and staff
- Still waiting 20 days later
- One resident 13 days for result; Proprietor 17 days! (both negative)
- 2 residents 20 days
- Require intervention of local geriatrician. We got staff tested and results back. Still waiting for the original test result.
- still have not received results x 3 14 days 12 days 9 days
- Staff who went for testing waiting over 10 days: delaying returning to work.
- Still awaiting test for staff member now on day 13
- We were escalated up the list last Saturday by HSE: nothing happened since
- NAS came to do the test 10 days after the request has been submitted.
- 1 resident referred for testing on 24th March 2020-no word yet
- The waiting time to have the test for staff varies from 7 to 10 days and the result took 8 to 10 days before the result was received.
- One staff member waiting 12 days for results
- Long Delays OR worse still decision not to test thereby putting staff off for 14 days isolation that may not be necessary at all
- Staff member waited 18 days for result
- 1 resident died whilst awaiting testing
- Taking so long that it is redundant
- Ambulance refusing to test as we have more than 2 positive in building

- We had a resident referred for test on 22/03/2020. Tested on 25/03/2020 STILL NO RESULTS
- Awaiting results of a swab taken on 25/03/2020
- It is simply a disaster - HCWs are not being tested as indicated by the Minister - it is an absolute sham! 28% of HCW awaiting tests or results
- STILL AWAITING RESULTS OF TESTS TAKEN FOR STAFF OVER 2 WEEKS AGO
- 9 days for results
- 3 weeks waiting result
- STAFF TESTED AND WAITING LONG PERIODS FOR RESULTS
- Screening done on a resident on the 25th March result not back yet
- Staff Nurse Tested 25/03/20 - Still awaiting results
- 14 days +
- Confusion presently as NAB no longer coming to NH to take swabs. Apparently have to do ourselves yet no testing kits.
- Test carried out 23rd March still no result
- Very quick testing this weekend since the Minister has focused on Nursing homes

PPE

Please inform of re level of supply provided. [217 responses]

100% of supply required for short-term basis (3 days): 51 nursing homes (24%)

75% of supply required for short-term basis (3 days): 39 nursing homes (18%)

50% of supply required for short-term basis (3 days): 30 nursing homes (14%)

25% of supply required for short-term basis (3 days): 34 nursing homes (16%)

Supply still awaited: 63 nursing homes (29%)

PPE: Please inform of the waiting period you encountered to access PPE from HSE [205 responses]

1 day: 12 nursing home (6%)

2 days: 21 nursing homes (10%)

3 days: 29 nursing homes (14%)

4 days: 14 nursing homes (7%)

5 days: 28 nursing homes (14%)

6 days: 8 nursing homes (4%)

7 days: 36 nursing homes (18%)

8 days: 11 nursing homes (5%)

9 days: 1 nursing home (0.5%)

10 days: 9 nursing homes (4%)

10 days +: 11 nursing homes (5%)

Waiting indefinitely: 25 nursing homes (12%)

If 10+ days, please specify numerical number days waiting. If waiting indefinitely, please specify length of time (days) since order submitted

- None received from HSE despite responding to HSE email the same day.
- Not providing what you ask for if currently no cases
- 18 days
- Awaiting 4 weeks
- First order 4 days [to arrive] but we did not get everything. Another order made 10 days ago 30.03
- Inadequate supply arrived
- 20th March order submitted

PPE: Has the PPE you have been provided with been fit-for-purpose? [175 responses]

Yes: 131 nursing homes (75%)

No: 44 nursing homes (25%)

PPE: Please rank your engagement with the HSE with regard to accessing PPE [189 responses]

Excellent: 40 nursing homes (21%)

Good: 73 nursing homes (39%)

Average: 48 nursing homes (25%)

Poor: 20 nursing homes (10.5%)

Very poor: 8 nursing homes (4%)

Comments:

- Engagement initially only through email. No contact number. Replies coming back from various people. No one point of contact by phone.
- The HSE staff have been very helpful but the logistics of delivery and stock to supply has been very disappointing - and I'm referring to after the planes landed!!
- Engagement is fine but no action!
- None received
- Some inconsistency with information provided but appreciate that this is only initiated and getting established.
- Not giving unless have cases, but too late then. Need to be given a 4 day pack to each nursing home
- I have been requesting PPE for 18 days and have been assured we will be prioritised 5 times. Promised delivery yesterday as had been dispatched, still waiting
- You get e-mails back acknowledging that you have submitted your request for PPE. Then it arrives so many days later 4-5-6, and it's a tiny percentage of what you have asked for.
- They say they will get it to us but we have yet to receive any...
- Was informed my order was on the way but have not received it
- We have submitted numerous requests for PPE as we have suspected cases in the nursing home since 25/03/2020. So far we have received 2 small boxes of 100 gloves and 3 boxes of 40 surgical masks, nothing else

- To be fair they have been openly communicating but I feel it is beyond their control getting the PPE. We have suspected (not confirmed) but these require the same level of PPE

PPE: If you have had to introduce contingency measures, please inform of such [209 responses]

Sourced from a private supplier: 183 nursing homes (88%)

Have had to utilise 'home-made' PPE: 17 nursing homes (8%)

Staff that should have PPE operating without such. Enhanced infection control measures in implementation: 9 nursing homes (4%)

Comments

- Inadequate quantities, inappropriate stock - order not filled.
- Staff are very stressed due to lack of PPE
- We had a suspected case. Our own PPE now used up. Making my own arrangements to source same
- We have received zero PPE from the HSE
- Very poor supply & delay in getting 3 days emergency supply
- Still awaiting supplies from HSE
- Awaiting PPE
- We had sourced PPE's from private supplier, even at that no one supplies it to private homes anymore due to shortage
- Finding difficult to get regular PPE from our regular supplies due to shortages, running short of aprons & alginate bags. Initial order placed with the HSE was cut by 2/3 and still waiting for last order over 7 days.
- High priority to have access in timely manner
- Costs increased and supply continuous difficult
- I'm exhausted worrying about the supply
- We are using painters overalls, painters goggles, surgical masks that cost €1.50 each. We have spent over €12,000 and have more orders coming
- It is dreadful that we are being requested to order every day when we have not received
- I now have 4 residents in isolation as they have returned from the acute setting. Therefore we are treating them in isolation for 14 days. Now I have 1 resident as of today that has just been referred for testing--I do not have enough PPE to cover staff for 24hrs for this. As all other NH's we are not getting the PPE we need to be prepared for these instances.
- Feel HSE homes will be looked after first
- PPE was ordered and we were left waiting no estimated delivery had to chase chase apparently coming tomorrow 8 days after order
- All nursing homes should be provided with 3 day supply immediately.
- Unable to source Goggles / Gowns and Masks
- Very concerned about same being provided to us when required by HSE
- We have received eye protection from local school, overalls from local vet and face masks purchased from a dressmaker
- It has become increasingly difficult to obtain the required products from Private suppliers and the costs are constantly increasing.
- We have ordered PPE but as we have no confirmed cases of COVID 19, we are not prioritised, however we using substantial amounts of PPE on our high risk residents

- HSE staff helpful and willing to engage but getting multiple phone calls from different departments/people on same issue. It's difficult to keep track.
- Not only PPE we need, it is staff.
- HSE are now engaging well in relation to the ordering but you do not get what you order. However, when we had our first confirmed case the PPE was onsite within 2 hours which was a good response.
- Despite clusters in Nursing Homes priority given to Hospitals. My concern is the promise of PPE is empty promise
- My staff are threatening to leave if we cannot provide them with appropriate PPE, it would appear that the HSE have committed to all of these measures in front of the cameras but are not following through. We have received no support from any other agency apart from the NHI to date. We are very worried for what is coming down the line with little protection for our residents and their staff as any private supplier are charging extortionate prices for PPE, I was quoted €400 for 25 masks yesterday, this is not a viable option
- Very unfair awaiting PPE equipment
- ALL PPE anticipated and bought privately by care provider in advance of covid-19 alert.
- Still awaiting appropriate PPE from HSE. Not a priority as we have no suspected or confirmed cases.
- Need better supply for suspected cases as they are cared for in same manner as confirmed as delays from testing so huge at that point resident will have recovered or been very ill.
- We need more support and faster support and communication from HSE to inform use of their support both clinically and monetary
- Sent in 2 orders and spoke with hse contact this am was told to keep sending in orders every 48 hrs have still not received. Very unsatisfactory
- Difficulty sourcing alcohol hand sanitizer, no gowns available but have no positive cases currently
- Poor engagement with HSE no supplies to date
- Have sourced from suppliers but have to wait for orders to be shipped and suppliers requesting payments before orders can be placed.
- We are ordering all PPE and still awaiting same, only alcohol gel arrived
- Still waiting on HSE PPE to be provided. Order submitted.
- We have sourced some very expensively, but every supplier says it is giving to HSE.
- I was told if we have a case PPE will be provided. We had 3 x suspected cases at the time. Since then 1 has returned as negative. If any of the others come back as positive it will be too late.

Staffing

Are you aware of contact from the HSE with a staff member with view to their recruitment? [191 answers]

Yes: 67 nursing homes (35%)

No: 124 nursing homes (65%)

If you have lost staff to HSE, please inform of number

Senior Nurse: 20 nursing homes – 25 senior staff nursing 'lost'

Nurse: 38 nursing homes – 58 nurses 'lost'

Healthcare Assistant: 52 nursing homes – 86 healthcare assistants 'lost'

Other: 10 nursing home: 13 staff member 'lost'

How many staff are unavailable due to Covid 19?

Senior Nurse: 61 nursing homes: 114 nurses

Nurse: 113 nursing homes: 278 nurses

Healthcare Assistant: 178 nursing homes: 719 healthcare assistants

Other: 125 nursing homes: 341 employees

Within a mailing last Wednesday, we communicated enhanced Covid-19 measures presented to us by Department of Health to support nursing homes. This informed of the establishment of national and regional Covid-19 Infection Prevention and Support Teams with an allocated IPC advisor to liaise with every nursing home. Have you received contact from HSE / Department of Health regarding such? [217 responses]

Yes: 128 nursing homes (59%)

No: 89 nursing homes (41%)

Adam Fleming

From: Fiona Kenny <ea@nhi.ie>
Sent: Thursday 9 April 2020 11:45
To: Minister Harris (ministersoffice@health.gov.ie); Matthew_OGorman@health.gov.ie
Cc: Kathleen_MacLellan@health.gov.ie; Niall_Redmond@health.gov.ie; Tadhg Daly
Subject: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland
Attachments: 9 April 2020 LT Simon Harris re COVID19 financial support scheme.pdf

Dear Minister Harris,

Please see attached correspondence from Tadhg Daly, CEO of Nursing Homes Ireland for your immediate attention.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801



Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K2S9.
t. (01) 469 9800 | e. info@nhie | nhie.ie

Minister Simon Harris TD
Department of Health,
Block 1,
Miesian Plaza,
50 – 58 Lower Baggot Street,
D02 XW14

Re; COVID19 Financial Support Scheme

9th April 2020

Dear Minister Harris,

I refer to our meeting on 30th March and take this opportunity to again acknowledge your commitment and that of Government to the long-awaited prioritisation of nursing home residents from the threat of Covid19.

We welcome your announcement of Saturday last 4th April of the focus on the additional NPHEP actions and supports for residents and staff in the nursing home sector including the temporary COVID19 Financial Support Scheme.

As you will have seen in a survey we undertook yesterday, there are still challenges in relation to testing and results, on PPE and staffing. I would implore you to use your offices to assist in getting these matters expedited as a priority.

We acknowledge the recognition by the State of the challenges faced by the sector and Government for commitment to the interim measures in the evolving situation and acknowledge your commitment to regular engagement with NHI in supporting residents in nursing homes. We particularly welcome your commitment that *"It is vital we leave nobody behind as we navigate our way out of this pandemic."*

In respect of your announcement on Saturday last in relation to the Financial Support Scheme as you will appreciate, we have been inundated with queries on the administration of the Scheme. There is requirement for the Scheme to be administered by the NTPF with minimum administrative burden. You will appreciate, nursing homes are under extreme staffing and administrative pressures given the unprecedented situation presenting before us. It is critical that the administrative process is sensible, pragmatic and non-burdensome.

As you are aware, we had a meeting by way of conference call with officials from your Department and NTPF yesterday 8th April. This engagement was wholly unsatisfactory with no detail on the process and a lack of urgency by NTPF in implementing the decision of Government.

The commitment of Government is clear that the scheme detail is as outlined by you on Saturday last.

There will be two component parts of the Scheme which will be integrated:

- a support payment per month based on the number of Nursing Homes Support Scheme (NHSS) residents.*
- and enhanced assistance in the event of a nursing home actively managing an outbreak.*

Support payment

- €800 per Nursing Homes Support Scheme (NHSS) resident per month for the first 40 residents;*
- €400 per NHSS resident per month for the next 40 residents;*
- €200 per NHSS resident per month for each subsequent resident.*

We request that NTPF as administrators of the scheme proceed without delay to implement the support payment element as above for all nursing homes residents. It is not acceptable as outlined that only NHSS residents will qualify.

We request that the support payment element as per commitments is paid immediately. As you are the HSE NHSS central office in Tullamore has all the relevant information from registered providers to process payment to include tax clearance certificate etc.

This must be processed immediately and to ensure appropriate checks and balances this application to include a declaration that info submitted by nursing home is correct and that any applicant who knowingly or recklessly gives the NTPF information which is false or misleading in connection with an application for financial support may be liable to prosecution.

We note that a nursing home has incurred significant further costs or undertaken necessary enhanced actions arising directly from a Covid-19 outbreak, a nursing home may submit a separate business case for enhanced assistance. This enhanced assistance will be capped at double the standard assistance payment (inclusive of the standard payment) for that nursing home, with an overarching maximum cap of €75,000,

inclusive of the standard assistance. We look forward to engaging with your Department and NTPF on the administrative process for this element.

We request confirmation by return that the decision of Government and commitments in respect of the support payment under the Financial Support Scheme will be implemented without delay by NTPF and we remain available to meet.

Yours sincerely,



Tadhg Daly, CEO

cc Dr Kathleen MacLellan, Assistant Secretary, Department of Health

15



FW: Correspondence from Tadhg Daly, Nursing Homes Ireland
 Liam Sloyan
 to:
 'Tadhg Daly'
 10/04/2020 20:14
 Cc:
 Sean Flood, "Niall_Redmond@health.gov.ie"
 Hide Details
 From: Liam Sloyan <liam.sloyan@ntp.ie>
 To: 'Tadhg Daly' <tdaly@nhi.ie>
 Cc: Sean Flood <Sean.Flood@ntp.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>

Dear Tadhg,

I refer to your letter of yesterday.

I thank you for the suggestions in the letter of how the temporary Scheme being introduced to support nursing homes could operate.

With regard to your request that the Scheme be implemented without delay and immediately, I wish to assure you that the NTPF, the Department of Health and the HSE are proceeding with all urgency to establish the Scheme as soon as possible.

The letter issued to you by the Department of Health last Saturday outlined at a high level the nature of the Scheme and this was discussed further with you at our meeting of 8 April. As discussed at our meeting, it is clear that the Scheme requires that an appropriate control framework be put in place. I wish to assure you again that, together with the Department of Health and the HSE, we are working to put this framework in place and to publish Scheme documentation as soon as possible next week.

I will speak to you further next week when matters have progressed.

Yours sincerely,

Liam Sloyan.

From: Fiona Kenny <fk@nhi.ie>
 Sent: Thursday 9 April 2020 11:53
 To: Liam Sloyan <liam.sloyan@ntp.ie>
 Cc: Kerrie-Anne Galvin <Kerrie-Anne.Galvin@ntp.ie>; Tadhg Daly <tdaly@nhi.ie>
 Subject: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Liam,

Please see attached correspondence from Tadhg Daly, CEO of Nursing Homes Ireland for your urgent attention.

Kind regards,
 Fiona Kenny
 EA to the CEO
 Ph: 01 4699801

Tá an t-eolas sa ríomhphost seo, agus in aon cheanglaín leis, faoi phribhléid agus faoi rún agus le haghaidh an tscoláir amháin.

D'fhéadfadh an t-eolas seo a bheith faoi phribhléid phroifisiúnta nó dhálthiúil. Mura tusa an scoláir a bhí beartaithe leis an ríomhphost seo a fháil, tá casc air, nó aon chuid de, a úsáid, a chloipeáil, nó a scaoileadh. Má tháinig sé chugat de bharr dearmaid, téigh i dteagmháil leis an scoláir agus scríob an

t-ábhar ó do ríomhaire le do thóil.

.....

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Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhilie | nhilie

**Mr Liam Sloyan,
Chief Executive Officer,
National Treatment Purchase Fund,
Ashford House,
Tara Street,
Dublin 2**

9th April 2020

Re: Administration by NTPF of the COVID 19 Financial Support Scheme

Dear Mr Sloyan,

I refer to our meeting yesterday the 8th April. In the first instance, I reiterate our disappointment with the delay by NTPF in implementing decisions of government and the Minister in respect of the Financial Support Scheme. This meeting was wholly unsatisfactory with no detail on the process and a lack of urgency by NTPF in implementing the decision of Government.

We request that NTPF as administrators of the scheme proceed without delay to implement the support payment element for all Nursing Home residents not only residents supported by the Nursing Home Support Scheme as per Government commitment and the Minister's announcement on Saturday last the 4th April.

The commitment of Government is clear that the scheme detail is as outlined by Minister Harris on Saturday last;

There will be two component parts of the Scheme which will be integrated:

- *a support payment per month based on the number of Nursing Homes Support Scheme (NHSS) residents;*
- *and enhanced assistance in the event of a nursing home actively managing an outbreak.*

Support payment

- *€800 per Nursing Homes Support Scheme (NHSS) resident per month for the first 40 residents;*
- *€400 per NHSS resident per month for the next 40 residents;*
- *€200 per NHSS resident per month for each subsequent resident.*

In the absence of any information and documentation by NTPF in our meeting yesterday you requested NHI to outline the requirements on NTPF as administrators of this scheme.

We request that NTPF as administrators of the scheme proceed without delay to implement the support payment element as above for all nursing homes residents. It is not acceptable as outlined that only NHSS residents will qualify.

We request that the support payment element as per commitments is paid immediately. As you are the HSE NHSS central office in Tullamore has all the relevant information to process payment to include (but not limited to) tax clearance certificate etc. This must be processed immediately and to ensure appropriate checks and balances this application to include a declaration that info submitted by nursing home is correct and that any applicant who knowingly or recklessly gives the NTPF information which is false or misleading in connection with an application for the support payment may be liable to prosecution.

Where a nursing home has incurred significant further costs or undertaken necessary enhanced actions arising directly from a Covid-19 outbreak, a nursing home may submit a separate business case for enhanced assistance. This enhanced assistance will be capped at double the standard assistance payment (inclusive of the standard payment) for that nursing home, with an overarching maximum cap of €75,000, inclusive of the standard assistance. We look forward to engaging with NTPF on the specific process for this element.

We request confirmation by return that the decision of Government and commitments in respect of the support payment under the Financial Support Scheme will be implemented immediately by NTPF as administrators and we remain available to meet.

Yours sincerely,



**Tadhg Daly,
Chief Executive Officer**

Adam Fleming

From: Matthew_OGorman@health.gov.ie
Sent: Saturday 11 April 2020 18:41
To: Fiona Kenny
Cc: Kathleen_MacLellan@health.gov.ie; Minister Harris (ministersoffice@health.gov.ie); Niall_Redmond@health.gov.ie; Tadhg Daly
Subject: Re: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland
Attachments: 9 April 2020 LT Simon Harris re COVID19 financial support scheme.pdf; 11th April - Tadhg Daly - NHI.pdf

Dear Ms Kenny

Please see attached letter from Minister Harris for the attention of Mr Daly

(See attached file: 11th April - Tadhg Daly - NHI.pdf)

Kind regards

Matthew

Matthew O'Gorman
 Private Secretary
 Minister Harris' Private Office

An Roinn Sláinte
 Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Iochtarach, Baile Átha Cliath, D02 XW14
 Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

T +353 (0)1 635 4149
 M +353 87 699 3579
 Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

 Fiona Kenny ---09/04/2020 11:45:39---Dear Minister Harris, Please see attached correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

From: Fiona Kenny <ea@nhi.ie>
 To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>, "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
 Cc: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, Tadhg Daly <tdaly@nhi.ie>
 Date: 09/04/2020 11:45
 Subject: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Dear Minister Harris,

Please see attached correspondence from Tadhg Daly, CEO of Nursing Homes Ireland for your immediate attention.

Kind regards,
 Fiona Kenny
 EA to the CEO
 Ph: 01 4699801

(See attached file: 9 April 2020 LT Simon Harris re COVID19 financial support scheme.pdf)

Mr. Tadhg Daly,
CEO,
Nursing Homes Ireland
By email: ea@nhi.ie

11th April 2020

Re: COVID19 Financial Support Scheme

Dear Mr. Daly,

I refer further to your correspondence of 9th April 2020 in relation to the Temporary COVID-19 Financial Support Scheme and to recent and ongoing engagements in relation to nursing homes and the COVID-19 pandemic. I can assure you that addressing the challenges in the nursing home sector is an absolute priority in my Department and is being progressed with urgency.

We share a common goal, in these challenging times, to protect our older people, wherever they are living and I welcome the continued engagement between my Department, its agencies and Nursing Homes Ireland in pursuance of this goal.

The enhanced measures recommended by NPHE and announced by me on the 4th of April are being mobilised and I am aware that the HSE is providing significant active support to nursing homes across the country in that regard, including substantial provision of PPE, notwithstanding global supply constraints, and support through crisis response teams.

These enhanced measures followed on from a range of actions that had already been adopted, including social distancing measures, visitor restrictions and most recently cocooning, all of which also relate to nursing homes.

As you know, the package of advanced measures includes:

- Prioritising staff screening, with twice daily temperature checks;
- Prioritised testing for staff;
- Providing access to PPE and oxygen;
- Supporting relevant training and education;
- Implementing strengthened governance structures;
- Mitigating against transmission risk for staff;
- Assisting with preparedness planning and outbreak management

While nursing homes have primary responsibility in the provision of safe care and service to their clients and staff, it is fully acknowledged that the nursing home sector face challenges and must play an enhanced role in responding to COVID-19.

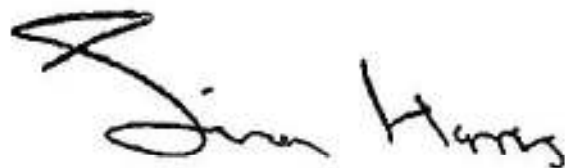
In addition to the range of measures outlined above, I announced the establishment of a Temporary Financial Assistance Scheme represents significant financial support, in addition to the other supports referenced, to nursing homes.

As you know, the sanction and expenditure of exchequer funding requires appropriate oversight and controls to be in place, having regard to the public spending code. I am aware that my officials have maintained close engagement with NHI and wrote to you immediately following the announcement with further details of the structure and processes that are required to be adopted as part of the establishment of the Scheme.

My Department is in constant engagement with the NTPF and HSE with a view to having the Scheme operationalised as quickly as possible. Both organisations are working diligently, at an accelerated pace, with the support of my officials to do so and it is my wish and expectation that the Scheme will be open to applications shortly. In the meantime, I trust that the substantial operational supports being mobilised continue to assist nursing homes in these challenging times.

I hope that this is of assistance and very much appreciate your ongoing engagement as we work together on this vital aspect of our COVID-19 response.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Simon Harris". The signature is fluid and cursive, with a large initial "S" and "H".

Simon Harris T.D.
Minister for Health



RE: Correspondence from Tadhg Daly, Nursing Homes Ireland

Tadhg Daly

To:

Liam Sloyan

12/04/2020 14:15

Cc:

Sean Flood, "Niall_Redmond@health.gov.ie", Fiona Kenny

Hide Details

From: Tadhg Daly <tdaly@nhi.ie>

To: Liam Sloyan <liam.sloyan@ntpf.ie>

Cc: Sean Flood <Sean.Flood@ntpf.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, Fiona Kenny <ea@nhi.ie>

History: This message has been forwarded.

Dear Liam,

I wish to acknowledge your email of Friday 10th below in response to my letter.

Can I again request the National Treatment Purchase Fund as administrators of the Scheme to expedite the Scheme for nursing home residents as per Government commitment as announced on 4th April 2020 as follows:

Assistance for nursing homes subject to a standard threshold

Support payment

- €800 per Nursing Homes Support Scheme (NHSS) resident per month for the first 40 residents;
- €400 per NHSS resident per month for the next 40 residents;
- €200 per NHSS resident per month for each subsequent resident.

As per our meeting last week and my subsequent correspondence I once again take this opportunity to request that this funding per resident is for all nursing home residents and not restricted to residents supported by the NHSS (Fair Deal). The commitment of Minister Harris is clear and unequivocal: "It is vital we leave nobody behind as we navigate our way out of this pandemic."

I acknowledge your commitment that you are "proceeding with all urgency". There is requirement for the Scheme to be administered by the NTPF with minimum administrative burden. You will appreciate, nursing homes are under extreme staffing and administrative pressures given the unprecedented situation presenting before us. It is critical that the administrative process is sensible, pragmatic and non-burdensome and that the HSE can proceed to process the funding as a priority.

I also note the commitment of Government on additional measures and the 'Enhanced outbreak assistance business case'. We look forward to engaging with NTPF on the specific process for this element of the Scheme.

Best regards,
Tadhg

From: Liam Sloyan <liam.sloyan@ntpf.ie>
Sent: Friday 10 April 2020 20:13
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Sean Flood <Sean.Flood@ntpf.ie>; Niall_Redmond@health.gov.ie
Subject: FW: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Tadhg,

I refer to your letter of yesterday.

I thank you for the suggestions in the letter of how the temporary Scheme being introduced to support nursing homes could operate.

With regard to your request that the Scheme be implemented without delay and immediately, I wish to assure you that the NTPF, the Department of Health and the HSE are proceeding with all urgency to establish the Scheme as soon as possible.

The letter issued to you by the Department of Health last Saturday outlined at a high level the nature of the Scheme and this was discussed further with you at our meeting of 8 April. As discussed at our meeting, it is clear that the Scheme requires that an appropriate control framework be put in place. I wish to assure you again that, together with the Department of Health and the HSE, we are working to put this framework in place and to publish Scheme documentation as soon as possible next week.

I will speak to you further next week when matters have progressed.

Yours sincerely,

Liam Sloyan.

From: Fiona Kenny <ea@nhi.ie>
Sent: Thursday 9 April 2020 11:53
To: Liam Sloyan <liam.sloyan@ntpf.ie>
Cc: Kerrie-Anne Galvin <Kerrie-Anne.Galvin@ntpf.ie>; Tadhg Daly <tdaly@nhi.ie>
Subject: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Liam,

Please see attached correspondence from Tadhg Daly, CEO of Nursing Homes Ireland for your urgent attention.

Kind regards,
Fiona Kenny

EA to the CEO
Ph: 01 4699801

Tá an t-eolas sa ríomhphost seo, agus in aon cheanglaí leis, faoi phribhléid agus faoi rún agus le haghaidh an tseolai amháin.

D'fhéadfadh an t-eolas seo a bheith faoi phribhléid phroifisiúnta nó dlíthiúil. Mura tusa an seolai a bhí beartaíthe leis an ríomhphost seo a fháil, tá cosc air, nó aon chuid de, a úsáid, a chóipeáil, nó a scaoileadh. Má tháinig sé chugat de bharr dearmaid, téigh i dteagmháil leis an seoltóir agus scríob an

t-ábhar ó do ríomhaire le do thoil.

.....

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Adam Fleming

19

From: Fiona Kenny <ea@nhi.ie>
Sent: Monday 13 April 2020 15:36
To: Minister Harris (ministersoffice@health.gov.ie); Matthew_OGorman@health.gov.ie
Cc: Kathleen_MacLellan@health.gov.ie; Niall_Redmond@health.gov.ie; Tadhg Daly
Subject: RE: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland
Attachments: 13 April 2020 LT Simon Harris re COVID19 Enhanced Measures and financial support .pdf; Covid 19 Survey Analysis Synopsis.pdf

Dear Minister Harris,

Please find attached a letter along with an NHI Member Survey for your attention.

Kind regards,
Fiona Kenny
EA to the CEO
h: 01 4699801

From: Matthew_OGorman@health.gov.ie <Matthew_OGorman@health.gov.ie>
Sent: 11 April 2020 18:41
To: Fiona Kenny <ea@nhi.ie>
Cc: Kathleen_MacLellan@health.gov.ie; Minister Harris (ministersoffice@health.gov.ie) <ministersoffice@health.gov.ie>; Niall_Redmond@health.gov.ie; Tadhg Daly <tdaly@nhi.ie>
Subject: Re: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Dear Ms Kenny

Please see attached letter from Minister Harris for the attention of Mr Daly

Kind regards

Matthew

Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

T +353 (0)1 635 4149
M +353 87 699 3579
Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

From: Fiona Kenny <ea@nhi.ie>
To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>, "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
Cc: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, Tadhg Daly <tdaly@nhi.ie>
Date: 09/04/2020 11:45
Subject: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Dear Minister Harris,

Please see attached correspondence from Tadhg Daly, CEO of Nursing Homes Ireland for your immediate attention.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801

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Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhi.ie | nhi.ie

Minister Simon Harris TD
Department of Health,
Block 1,
Miesian Plaza,
50 – 58 Lower Baggot Street,
D02 XW14

By email; ministersoffice@health.gov.ie

13th April 2020

Dear Minister Harris,

Thank you for your letter of the 11th April 2020 and the continued engagement in relation to COVID19 and the challenges faced by the nursing home sector in the protection of older people.

Regarding the enhanced measures recommended by NPHET which as you outline are being mobilised nationwide, our members are reporting difficulties with accessing these measures.

The feedback to NHI from nursing homes are that the access and implementation of these measures are not uniform across the country with some conveying positive messages in relation to the HSE rollout whilst other regions are not seeing the same level of urgency and lack of consistency.

I have attached our recent survey report that presents a snapshot of the feedback from our membership on the enhanced measures such as prioritised testing for staff and access to PPE. In relation to the Area Crisis Management teams, we are still awaiting the rollout of these teams in every area with the exception of Cork and Kerry. Nursing Homes access to these teams are paramount at this time.

We look forward to further engagement with the NTPF and the Department of Health this week on a pragmatic approach to the administration of the temporary COVID19 Financial Support Scheme and that the NTPF deliver on the commitment that this Scheme will be operational in the coming days.

It has been two weeks since our last meeting and in light of the rate of developments that COVID19 is presenting for the healthcare sector and the nursing home sector, I request that we

meet again as soon as possible to ensure a synergy of approach from both NHI and your Department in addressing the ongoing challenges presented by this pandemic.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tadhg Daly', written in a cursive style.

Tadhg Daly, CEO

CC Dr Kathleen MacLellan, Assistant Secretary, Department of Health

Adam Fleming

20

From: Fiona Kenny <ea@nhi.ie>
Sent: Tuesday 14 April 2020 16:36
To: Minister'sDiary@health.gov.ie; Matthew_OGorman@health.gov.ie
Cc: Tadhg Daly; Kathleen_MacLellan@health.gov.ie; Niall_Redmond@health.gov.ie; Vicky McDwyer (vicky@eskerlodgenursinghome.ie); Mary Burke (mary@killurebridge.com)
Subject: RE: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland
Attachments: NHI Paper to Minister Harris 14th April 2020.pdf

Dear Minister Harris,

Please see attached NHI Paper in advance of todays video conference.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801

From: Matthew_OGorman@health.gov.ie <Matthew_OGorman@health.gov.ie>
Sent: 13 April 2020 18:49
To: Fiona Kenny <ea@nhi.ie>
Cc: Tadhg Daly <tdaly@nhi.ie>; Minister'sDiary@health.gov.ie
Subject: RE: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Dear Ms Kenny

Minister Harris would like to extend an offer of a VideoConference meeting with Mr Daly, tomorrow, at 3pm.

This time is provisional while I confirm the Minister's business for the day but I would be grateful if you would check if it is suitable to Mr Daly

Once I can confirm the time I will send on the meeting details.

I am happy to discuss if you have any questions

Kind regards

Matthew

Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Iochtarach, Baile Átha Cliath, D02 XW14
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matthew_ogorman@health.gov.ie

From: Fiona Kenny <ea@nhi.ie>
To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>, "Matthew OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
Cc: "Kathleen MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, "Niall Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, Tadhg Daly <tdaly@nhi.ie>
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Ph: 01 4699801

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Sent: 11 April 2020 18:41
To: Fiona Kenny <ea@nhi.ie>
Cc: Kathleen_MacLellan@health.gov.ie; Minister Harris (ministersoffice@health.gov.ie) <ministersoffice@health.gov.ie>; Niall_Redmond@health.gov.ie; Tadhg Daly <tdaly@nhi.ie>
Subject: Re: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Dear Ms Kenny

Please see attached letter from Minister Harris for the attention of Mr Daly

Kind regards

Matthew

Matthew O'Gorman
Private Secretary
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matthew_ogorman@health.gov.ie

From: Fiona Kenny <ea@nhi.ie>
To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>, "Matthew OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
Cc: "Kathleen MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, "Niall Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, Tadhg Daly <tdaly@nhi.ie>
Date: 09/04/2020 11:45
Subject: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

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Fiona Kenny
EA to the CEO
Ph: 01 4699801

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NHI Paper to Minister Harris for 14th April 2020 Meeting

Following on from our meeting on the 30th March and subsequent discussions with NPHE in respect of Long Term Residential Care (LTRC) settings, we welcome the fact that NPHE dedicated a large proportion of their meeting on the 31st March 2020 to the issues in LTRC's and in particular the commitments by government on 1st and 4th of April 2020.

The caring and dedicated staff in the nursing homes sector remain committed to providing care to our older people and to engaging and working with all stakeholders.

NHI is in daily contact with the Department of Health and HSE officials in a coordinated national response to this pandemic. Collectively, we need to ensure that the enhanced supports committed to in cases of outbreaks are maintained in areas where they are working well and delivered on in other areas where there are gaps.

For the numbers with outbreaks and also for the significant majority that currently do not have an outbreak supports from government, all its agencies and the HSE must remain to ensure the safety and welfare of both residents and staff.

Update on Agreed Public Health Actions LTRC Facilities and Home Support

No. 1 Strengthened HSE National and Regional Governance Structures

- Establish a national and regional (CHO) LTRC COVID-19 Infection Prevention and Control (IPC) Teams with an allocated IPC Advisor to liaise with each LTRC and homecare provider

Update: Clarity still required on the National and Regional Teams including contact details and the allocated IPC advisor. Infection and Prevention Control guidance to date is provided by the HSE and circulated. Clarity required regarding the specifics of IPC teams.

- A local public health led Outbreak Control Team for each outbreak who will be responsible for data capture with support of LTRC via CRM system

Update: Public Health have been in contact with several residential care facilities regarding capturing data etc. There appears to be inconsistencies regarding data requirements as identified by members. No set template. Webinar being held by

HSE on 15th April in relation to the COVID Response Teams (CRT) which are being established in each region to support residential care so they are not on the ground up and running yet.

- Provision of updated guidance including LTRC specific admission and transfer guidance

Update: Interim, Infection and Prevention Control Guidance including Outbreak Control in Residential Care Facilities and similar units for pandemic COVID-19 v2.1 circulated to all members on a regular basis including the most up-to-date on the 9th April.

- Establish team (per CHO), building on existing capacity where possible, to provide medical and nursing support to LTRC's

Update: Clinical Support Teams implemented in CHO4 and CHO5. It is unsure if these Clinical Support Teams have been implemented in other regions to date. Details including contacts for other CHO's awaited.

- Establish capacity and provide teams for 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

Update: HSE referred to ACMT's and with the exception of CHO4 and CHO5 we are not aware of these in other regions to date. Contact details awaited. Awareness that crisis support teams have been implemented where required and staffing provided where available. Concerns remain regarding access to staff during potential outbreak.

- HIQA/MHC to risk rate all LTRC settings based on disease progression, environment and staff and liaise with national and regional governance structures and LTRC's as necessary in light of mitigating actions

Update: HIQA have been in contact with members however as outlined above, no set template with regarding specific info required. Proving difficult and time consuming for PIC's. Competing sources requesting information and the associated administrative burden for already stretched Nursing homes. The role of HIQA at this time needs to be one of support of our sector.

No. 2 Transmission Risk Mitigation in suspected or COVID-19 Positive settings LTRC and homecare staff

- HSE to provide support for appropriate alternative residence and transport for staff living in congregated domestic living arrangements involving other LTRC settings/homecare staff
- Minimise staff movement working across LTRC's
- Agencies and LTRC/home support providers agree protocols to minimise staff movement across COVID19 and non-COVID-19 LTRC settings/home support clients

Update: National Guidance Document for Staff Accommodation during COVID-19, V109/04/2020 circulated to members. Again for enquiries it says it contact your line manager but a national/local lead contact is required for nursing homes. Public Health Measures for COVID-19 Disease Management in Respect of LTRC and Home Support – Transmission Risk Management 09/04/2020 – circulated to members.

Guidance issued re staff movement

No. 3 Staff Screening and Prioritisation for COVID-19 Testing

- Prioritise LTRC staff/homecare staff for COVID-19 Testing

Update: Results of NHI Survey, priority testing still appears to be a huge issue for LTRC facilities

Testing:

COVID-19 TESTING: Please inform of the timeline you have encountered for Covid-19 testing where required. Where testing timeline has differed, inform of the longest waiting period encountered. [167 responses]

1 – 3 days: 38 nursing homes (23%)

4 – 6 days: 29 nursing homes (17%)

7 – 9 days: 26 nursing homes (15%)

10 days +: 74 nursing homes (44%)

Comments: Confusion presently as NAS no longer coming to NH to take swabs. Apparently have to do ourselves yet no testing kits, NAS came to do the test 10 days after the request has been submitted, Swabs taken within 24 hours of request but advised may take up to 10 days for results. Ambulance refusing to test as we have more than 2 positive in building

- Each LTRC should undertake screening of all staff (Temperature checking twice a day)

Update: No issue and Nursing Homes have been undertaking temperature screening of staff since the beginning of this pandemic.

No. 4 HSE Provision of PPE and Oxygen

- Ensure PPE supply to LTRC settings and home support providers

Update: HSE committed to putting in place a national response team to escalate orders for PPE but we are still awaiting this since 25th March. Very mixed messages from the sector.

Results of NHI Survey

Please inform of re level of supply provided. [217 responses]

100% of supply required for short-term basis (3 days): 51 nursing homes (24%)

75% of supply required for short-term basis (3 days): 39 nursing homes (18%)

50% of supply required for short-term basis (3 days): 30 nursing homes (14%)

25% of supply required for short-term basis (3 days): 34 nursing homes (16%)

Supply still awaited: 63 nursing homes (29%)

PPE: Please inform of the waiting period you encountered to access PPE from HSE [205 responses]

1 day: 12 nursing home (6%)

2 days: 21 nursing homes (10%)

3 days: 29 nursing homes (14%)

4 days: 14 nursing homes (7%)

5 days: 28 nursing homes (14%)

6 days: 8 nursing homes (4%)

7 days: 36 nursing homes (18%)

8 days: 11 nursing homes (5%)

9 days: 1 nursing home (0.5%)

10 days: 9 nursing homes (4%)

10 days +: 11 nursing homes (5%)

Waiting indefinitely: 25 nursing homes (12%)

Sourced from a private supplier: 183 nursing homes (88%)

Have had to utilise 'home-made' PPE: 17 nursing homes (8%)

PPE: Has the PPE you have been provided with been fit-for-purpose? [175 responses]

Yes: 131 nursing homes (75%)

No: 44 nursing homes (25%)

Comments: Not providing what you ask for if currently no cases, Engagement initially only through email. No contact number. Replies coming back from various people. No one point of contact by phone. Some PPE provided inadequate and not fit for purpose.

- Access to oxygen for LTRC settings

Update: Still an issue for nursing homes to source, Nursing Homes informing they are passed on to several people when they contact their local CHO, no one is clear on this issue, Local CHOs are advising not aware of any advice to issue oxygen to the community. They normally organise Oxygen to Nursing homes on the direction of the Consultant. The national clinic programme for respiratory has issued guidelines and advise "Recent evidence suggests that supplemental oxygen has only a limited role in the management of COVID 19 in care settings outside acute hospitals. There is consensus amongst palliative care physicians that oxygen does not typically improve symptoms of breathlessness at end of life where the approach should instead be the provision of appropriate supportive palliative medications (see CG Management of severe breathlessness)"

No. 5 Training

- The HSE and LTRC settings support access to provision of training for sufficient staff in IPC, use of PPE, use of oxygen, palliative care and end of life care, pronouncement of death

Update: HSE providing webinars and regular, update and accurate guidance on training.

NHI have appointed a full-time staff member as Covid Practice Support Specialist for dedicated COVID practice support for all nursing homes.

NHI engaged LHP Skillnet on providing training webinars to nursing homes on a range of COVID-19 topics from Guidance for COVID-19 for Community Residential Facilities to Prescribing & Microbiology Webinars which has been helpful.

NHI has also worked AllIPC and the Alzheimer's Society on guidance for residents and their families during this challenging time and Irish Hospice Foundation providing Resources on coping with grief. The HSE and home support providers support access to the provision of training for staff in IPC

Update: Feedback has been positive on access to the provision of training for staff in IPC.

No. 6 Facilities and Homecare Providers- Preparedness Planning

- Depending on size of LTCF or homecare provider designate a team or at least on full-time staff member as lead for COVID-19 preparedness and response

Update: This is in hand and NHI issued a detailed Contingency Plan Template to all nursing homes. Also shared with HSE and disability providers.

- LTRC settings have COVID-19 preparedness plans in place to include planning for cohorting of patients (COVID19 and non-COVID-19), enhanced IPC, staff training, establishing surge capacity, promoting resident and family communication, promoting advanced healthcare directives.

Update: NHI announced visitor restrictions on 6th March and Nursing Homes have been preparing for COVID-19 since late January. LTRC's are one of the most regulated sectors and so contingency planning, IPC training and promoting advanced healthcare directives are carried out on a consistent basis. Nursing Homes have promoted resident and family communication and have been assisted by the Irish Hospice Foundation on this. NHI have consistently issued HSE guidance and internal clinical guidance to Nursing Homes on enhanced infection control, are using the HIQA Infection and Prevention Hub for assistance also.

Other Matters for Discussion;

- **Redeployment of Homecare staff**

Staffing is the huge issue and many staff are self-isolating, too nervous to come to work, are sick with COVID19 themselves so nursing homes nationwide are down significantly in their staffing numbers. Agencies who are to provide staff are not fulfilling their role. This area needs to be looked in to. We received confirmation from the HSE yesterday that the HSE National Director of HR issued a directive that all HSE entities are to stop recruiting from other healthcare sectors which is welcome news but albeit a little late into the crisis. The redeployment of home carers in to LTRC's has yet to get off the ground – NHI engaged with HSE.

- **Contingency planning for staffing and mobilisation of national resources**

Consider mobilisation of all resources for example from the Red Cross, St Johns Ambulance, FCA, Army, first responders, Order of Malta to help nursing homes with the staffing?

- **GMS Scripts and treatment of residents**

A number of highly skilled Registered Nurse Prescribers in the sector who are unable to prescribe for their residents as they do not have access to a GMS script.

- **Absence of Crisis Response Teams in regions**
No Crisis Response Team in place with the exception of CHO4 and CHO5, no access to palliative care and geriatrician resources as part of contacts provided.
- **Significant delays for test results for both residents & staff while in local hospital test results for patients and staff are received within hours**
Test results issue needs to be moved to top of agenda. Waiting time for test results for both resident & staff in NHs not acceptable. Re. staff, it is taking 3-6 hours to get a test result if you are working in the hospital compared to 8-18 days to get a test result if you are working in a nursing home. Re. residents, it is taking between 3-10+ days to get results.
- **Conflicting information re. use of masks & different approaches being taken by the parts of the HSE & guidance from unions different to HPSC guidance**

Nursing Homes Ireland

14th April 2020



RE: FW: NHI COVID-19 Contingency Plan Template

Tadhg Daly

to:

Kathleen_MacLellan@health.gov.ie

14/04/2020 10:59

Cc:

"Fiona Kenny", "Niall_Redmond@health.gov.ie"

Hide Details

From: "Tadhg Daly" <tdaly@nhi.ie>

To: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>

Cc: "Fiona Kenny" <ea@nhi.ie>, "Niall_Redmond@health.gov.ie"

<Niall_Redmond@health.gov.ie>

Kathleen,

As you are aware we are in daily communication (and on occasions twice daily) with nursing homes with all appropriate guidance and advices. We also have an established section on our own website.

<https://nhi.ie/covid-19-guidance/>

thanks

Tadhg

From: Kathleen_MacLellan@health.gov.ie <Kathleen_MacLellan@health.gov.ie>

Sent: Tuesday 14 April 2020 08:43

To: Tadhg Daly <tdaly@nhi.ie>

Cc: Fiona Kenny <ea@nhi.ie>; Niall_Redmond@health.gov.ie

Subject: Re: FW: NHI COVID-19 Contingency Plan Template

Tadhg

Many thanks - that's great to see the circulation and the breadth of the checklist is very helpful.

You will be aware I expect of the HSE Covid Library - which has a number of useful guidance and links to the HPSC - <https://hselibrary.ie/covid>

Rgds

Kathleen

Dr Kathleen Mac Lellan

Assistant Secretary, Social Care Division

An Roinn Sláinte

Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14

Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

Designated Public Official under Regulation of Lobbying Act 2015

From: Tadhg Daly <tdaly@nhi.ie>

To: "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>
Cc: Fiona Kenny <ea@nhi.ie>
Date: 13/04/2020 09:44
Subject: FW: NHI COVID-19 Contingency Plan Template

Good morning Kathleen and Niall,

Hope you managed to celebrate Easter in so far as possible.

I realise that I did not circulate the attached and below to you.
I can confirm that we have circulated to all nursing homes (members and non) and also to the HSE, the National Federation of Voluntary Bodies and a number of voluntary bodies providing social care. Please feel free to circulate this resource as you deem appropriate.

Thanks
Tadhg

From: NHI Communications <covidpracticesupport@nhi.ie>
Sent: Thursday 9 April 2020 18:41
To: Tadhg Daly <tdaly@nhi.ie>
Subject: NHI COVID-19 Contingency Plan Template

[View this email in your browser](#)

Dear Member,

The **attached Covid-19 Contingency Plan Template** has been developed by NHI to assist all members in their contingency planning for Covid-19. As national guidance on the management of Covid-19 is changing rapidly and on a daily basis, it is important that this contingency plan is used as a live document, which is reviewed daily and amended as required.

If you require any further details/information in relation to the content and completion of the Covid-19 Contingency Plan, please feel free to contact me at any stage.

Yours,

Regina Connell
NHI Covid Practice Support

Email: covidpracticesupport@nhi.ie
Tel: 01 469 9809 / 4699800 (extension:
11)
Mob: 086 7840908

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Attendance details for VC - 5:30 - Nursing Homes Ireland

Matthew O'Gorman to: Niall Redmond
Cc: Joanne Loneragan

14/04/2020 15:45

From: Matthew O'Gorman/SLAINTE
To: Niall Redmond/SLAINTE@SLAINTE
Cc: Joanne Loneragan/SLAINTE@SLAINTE

Niall

Please see below NHI emails to be invited to VC call at 5:30pm

NHI reps

tdaly@nhi.ie

Vicky's email address is vicky@eskerlodgenursinghome.ie

Mary's email address is mary@killurebridge.com

DoH reps -

- Minister Harris - SimonH on Teams
- Joanne Loneragan
- Sarah Bardon - not sure if she's joining but best invite anyway
- Kathleen MacLellan
- Yourself

Thanks for coordinating this for me

Cheers

Matthew

Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Iochtarach, Baile Átha Cliath, D02 XW14
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T +353 (0)1 635 4149
M +353 87 699 3579
Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

— Forwarded by Matthew O'Gorman/SLAINTE on 14/04/2020 15:42 —

From: Fiona Kenny <ea@nhi.ie>
To: "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
Date: 14/04/2020 14:34
Subject: RE: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Hi Matthew,

I hope you are well.

As outlined by Tadhg yesterday, the **NHI** representative on today's video conference will be Tadhg, Ms. Vicky Mc Dwyer, **NHI** Director and Ms. Mary Burke, **NHI** Nursing Committee.

Vicky's email address is vicky@eskerlodgenursinghome.ie

Mary's email address is mary@killurebridge.com

Just for when you are issuing the video conference details that you had their contact details to hand. We will send you an **NHI** document prior to the meeting also.

Kind regards,
Fiona

From: Matthew_OGorman@health.gov.ie <Matthew_OGorman@health.gov.ie>
Sent: 13 April 2020 21:46
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Fiona Kenny <ea@nhi.ie>; Minister'sDiary@health.gov.ie
Subject: RE: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Good evening, Tadhg

The meeting will be held via videoconference.

I'll be in touch first thing in the morning to confirm the time of the meeting and to provide the dial in details.

Kind regards

Matthew

Sent from IBM Notes Traveler

Tadhg Daly --- RE: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland ---

From: "Tadhg Daly" <tdaly@nhi.ie>
To: Matthew_OGorman@health.gov.ie, "Fiona Kenny" <ea@nhi.ie>
Cc: Minister'sDiary@health.gov.ie
Date: Mon, 13 Apr 2020 9:37 PM
Subject: RE: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Matthew,

Can you confirm meeting in Dept or video conference?

Thank you
Tadhg

From: Tadhg Daly
Sent: Monday 13 April 2020 21:20
To: Matthew_OGorman@health.gov.ie; Fiona Kenny <ea@nhi.ie>
Cc: Minister'sDiary@health.gov.ie

Subject: RE: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Good evening Matthew,

I can confirm **NHI** attendance tomorrow at 3pm.

NHI representatives;

Ms. Vicky Mc Dwyer, **NHI** Director

Ms. Mary Burke, **NHI** Nursing Committee

Tadhg Daly, CEO

Best regards,

Tadhg

From: Matthew_OGorman@health.gov.ie <Matthew_OGorman@health.gov.ie>

Sent: Monday 13 April 2020 18:49

To: Fiona Kenny <ea@nhi.ie>

Cc: Tadhg Daly <tdaly@nhi.ie>; MinistersDiary@health.gov.ie

Subject: RE: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Dear Ms Kenny

Minister Harris would like to extend an offer of a VideoConference meeting with Mr Daly, tomorrow, at 3pm.

This time is provisional while I confirm the Minister's business for the day but I would be grateful if you would check if it is suitable to Mr Daly

Once I can confirm the time I will send on the meeting details.

I am happy to discuss if you have any questions

Kind regards

Matthew

Matthew O'Gorman

Private Secretary

Minister Harris' Private Office

An Roinn Sláinte

Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14

Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

T +353 (0)1 635 4149

M +353 87 699 3579

Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

From: Fiona Kenny <ea@nhi.ie>
To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>, "Matthew OGorman(matthew_ogorman@health.gov.ie)" <matthew_ogorman@health.gov.ie>
Cc: "Kathleen MacLellan(kathleen_maclellan@health.gov.ie)" <kathleen_maclellan@health.gov.ie>, "Niall Redmond(niall_redmond@health.gov.ie)" <niall_redmond@health.gov.ie>, Tadhg Daly <tdaly@nhi.ie>
Date: 13/04/2020 15:36
Subject: RE: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Dear Minister Harris,

Please find attached a letter along with an **NHI** Member Survey for your attention.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801

From: [Matthew OGorman@health.gov.ie](mailto:matthew_ogorman@health.gov.ie) <matthew_ogorman@health.gov.ie>
Sent: 11 April 2020 18:41
To: Fiona Kenny <ea@nhi.ie>
Cc: [Kathleen MacLellan@health.gov.ie](mailto:kathleen_maclellan@health.gov.ie); Minister Harris (ministersoffice@health.gov.ie) <ministersoffice@health.gov.ie>; [Niall Redmond@health.gov.ie](mailto:niall_redmond@health.gov.ie); Tadhg Daly <tdaly@nhi.ie>
Subject: Re: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Dear Ms Kenny

Please see attached letter from Minister Harris for the attention of Mr Daly

Kind regards

Matthew

—
Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

—
An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miasach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

—
T +353 (0)1 635 4149
M +353 87 699 3579
Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

From: Fiona Kenny <ca@nhi.ie>
To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>, "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
Cc: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, Tadhg Daly <tdaly@nhi.ie>
Date: 09/04/2020 11:45
Subject: Correspondence from Tadhg Daly, CEO of Nursing Homes Ireland

Dear Minister Harris,

Please see attached correspondence from Tadhg Daly, CEO of Nursing Homes Ireland for your immediate attention.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801

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Email Disclaimer and; Legal Notice: <http://health.gov.ie/email-disclaimer/>

Adam Fleming

23

From: Tadhg Daly <tdaly@nhi.ie>
Sent: Tuesday 14 April 2020 17:42
To: Matthew_OGorman@health.gov.ie
Cc: Kathleen_MacLellan@health.gov.ie; Niall_Redmond@health.gov.ie
Subject: Video conference

Good afternoon

We await commencement of call.

Unfortunately I have to sign off at 6pm and my colleagues will complete the meeting.

Thanks
Tadhg



Fw: Correspondence from Tadhg Daly, Nursing Homes Ireland
Niall Redmond to: Karl Duff, Helen Simon, Dave Walsh

15/04/2020 23:01

From: Niall Redmond/SLAINTE
To: Karl Duff/SLAINTE@SLAINTE, Helen Simon/SLAINTE@SLAINTE, Dave Walsh/SLAINTE@SLAINTE

FYI

— Forwarded by Niall Redmond/SLAINTE on 15/04/2020 23:00 —

From: "Tadhg Daly" <tdaly@nhi.ie>
To: "Liam Sloyan" <liam.sloyan@ntpf.ie>
Cc: "Sean Flood" <Sean.Flood@ntpf.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Fiona Kenny" <ea@nhi.ie>
Date: 15/04/2020 22:14
Subject: RE: Correspondence from Tadhg Daly, Nursing Homes Ireland

Liam,

Thank you for your email.
Can I once again take this opportunity to highlight members frustration at the unacceptable delay by NTPF in the administration of the Financial Support Scheme. When we spoke yesterday you committed to revert today or tomorrow Thursday at the latest.

The Scheme was announced by Minister Harris on 4th April 2020 and in your email of Friday last 10th April in response to my letter of 9th April you confirmed that the NTPF was proceeding with urgency. When we met on 8th April we outlined requirement to implement the Scheme immediately.

Given the unprecedented situation that we as a country face in this pandemic your prevarication and foot dragging is breath taking in the extreme.

Please confirm when you will provide details of the Scheme to NHI as per commitment and commencement by return.

Regards,
Tadhg

From: Liam Sloyan <liam.sloyan@ntpf.ie>
Sent: Wednesday 15 April 2020 21:09
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Sean Flood <Sean.Flood@ntpf.ie>; Niall_Redmond@health.gov.ie; Fiona Kenny <ea@nhi.ie>
Subject: RE: Correspondence from Tadhg Daly, Nursing Homes Ireland

Tadhg,

Further to your v-mail earlier today, along with our colleagues in the HSE and the Department we continue to be focussed on publishing scheme documentation as soon as possible this week. As discussed yesterday, we propose to provide you with the documentation shortly before publication for your information and to assist you in preparing for queries.

Regards,

Liam.

From: Tadhg Daly <tdaly@nhi.ie>
Sent: Wednesday 15 April 2020 09:11
To: Liam Sloyan <liam.sloyan@ntpf.ie>
Cc: Sean Flood <Sean.Flood@ntpf.ie>; Niall Redmond@health.gov.ie; Fiona Kenny <ea@nhi.ie>
Subject: RE: Correspondence from Tadhg Daly, Nursing Homes Ireland

Good morning Liam,

Thank you for your call yesterday.

I acknowledge confirmation that NTPF are finalising the administrative element of the Scheme and proposing to issue to nursing homes today/ tomorrow latest.

As discussed I await detail of the administrative process and acknowledge your commitment to provide the documentation to **NHI** today for comment in advance of finalisation.

Best regards

Tadhg

From: Tadhg Daly
Sent: Sunday 12 April 2020 14:14
To: Liam Sloyan <liam.sloyan@ntpf.ie>
Cc: Sean Flood <Sean.Flood@ntpf.ie>; Niall Redmond@health.gov.ie; Fiona Kenny <ea@nhi.ie>
Subject: RE: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Liam,

I wish to acknowledge your email of Friday 10th below in response to my letter.

Can I again request the National Treatment Purchase Fund as administrators of the Scheme to expedite the Scheme for nursing home residents as per Government commitment as announced on 4th April 2020 as follows;

Assistance for nursing homes subject to a standard threshold

Support payment

- €800 per Nursing Homes Support Scheme (NHSS) resident per month for the first 40 residents;
- €400 per NHSS resident per month for the next 40 residents;
- €200 per NHSS resident per month for each subsequent resident.

As per our meeting last week and my subsequent correspondence I once again take this opportunity to request that this funding per resident is for all nursing home residents and not restricted to residents supported by the NHSS (Fair Deal). The commitment of Minister Harris is clear and unequivocal;

"It is vital we leave nobody behind as we navigate our way out of this pandemic."

I acknowledge your commitment that you are 'proceeding with all urgency'. There is requirement for the Scheme to be administered by the NTPF with minimum administrative burden. You will appreciate, nursing homes are under extreme staffing and administrative pressures given the unprecedented situation presenting before us. It is critical that the administrative process is sensible, pragmatic and non-burdensome and that the HSE can proceed to process the funding as a priority.

I also note the commitment of Government on additional measures and the 'Enhanced outbreak assistance business case'.

We look forward to engaging with NTPF on the specific process for this element of the Scheme.

Best regards,
Tadhg

From: Liam Sloyan <liam.sloyan@ntpf.ie>
Sent: Friday 10 April 2020 20:13
To: Tadhg Daly <tdaly@nh.ie>
Cc: Sean Flood <Sean.Flood@ntpf.ie>; Niall Redmond <Niall.Redmond@health.gov.ie>
Subject: FW: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Tadhg,

I refer to your letter of yesterday.

I thank you for the suggestions in the letter of how the temporary Scheme being introduced to support nursing homes could operate.

With regard to your request that the Scheme be implemented without delay and immediately, I wish to assure you that the NTPF, the Department of Health and the HSE are proceeding with all urgency to establish the Scheme as soon as possible.

The letter issued to you by the Department of Health last Saturday outlined at a high level the nature of the Scheme and this was discussed further with you at our meeting of 8 April. As discussed at our meeting, it is clear that the Scheme requires that an appropriate control framework be put in place. I wish to assure you again that, together with the Department of Health and the HSE, we are working to put this framework in place and to publish Scheme documentation as soon as possible next week.

I will speak to you further next week when matters have progressed.

Yours sincerely,

Liam Sloyan.

From: Fiona Kenny <ea@nhi.ie>
Sent: Thursday 9 April 2020 11:53
To: Liam Sloyan <liam.sloyan@ntpf.ie>

Cc: Kerrie-Anne Galvin <Kerrie-Anne.Galvin@ntpf.ie>; Tadhg Daly <tdaly@nhl.ie>
Subject: Correspondence from Tadhg Daly, Nursing Homes Ireland

Dear Liam,

Please see attached correspondence from Tadhg Daly, CEO of Nursing Homes Ireland for your urgent attention.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801

Tá an t-eolas sa ríomhphost seo, agus in aon cheangláin leis, faoi phribhléid agus faoi rún agus le haghaidh an tseolaí amháin.

D'fhéadfadh an t-eolas seo a bheith faoi phribhléid phroifisiúnta nó dhlíthiúil. Mura tusa an seolaí a bhí beartaithe leis an ríomhphost seo a fháil, tá cosc air, nó aon chuid de, a úsáid, a chóipeáil, nó a scaoileadh. Má tháinig sé chugat de bharr dearmaid, téigh i dteagmháil leis an seoltóir agus scríos an

t-ábhar ó do ríomhaire le do thoil.

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Tá an t-eolas sa ríomhphost seo, agus in aon cheangláin leis, faoi phribhléid agus faoi rún agus le haghaidh an tseolaí amháin.

D'fhéadfadh an t-eolas seo a bheith faoi phribhléid phroifisiúnta nó dhlíthiúil. Mura tusa an seolaí a bhí beartaithe leis an ríomhphost seo a fháil, tá cosc air, nó aon chuid de, a úsáid, a chóipeáil, nó a scaoileadh. Má tháinig sé chugat de bharr dearmaid, téigh i dteagmháil leis an seoltóir agus scríos an

t-ábhar ó do ríomhaire le do thoil.

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From: Tadhg Daly <tdaly@nhi.ie>
Sent: Thursday 16 April 2020 19:59
To: Karl_Duff@health.gov.ie
Cc: Liam Sloyan; Niall_Redmond@health.gov.ie
Subject: RE: Temporary Financial Assistance

Karl,

Thank you for forwarding the details of the Financial Support Scheme announced by Minister on 4th April last.

As per our telephone conversation just now it is not acceptable that the commitment to engage and consult with NHI has not been delivered.

I once again take this opportunity to request that this funding per resident is for all nursing home residents and not restricted to residents supported by the NHSS (Fair Deal). The commitment of Minister Harris is clear and unequivocal; *"It is vital we leave nobody behind as we navigate our way out of this pandemic."*

Thanks
Tadhg

From: Karl_Duff@health.gov.ie <Karl_Duff@health.gov.ie>
Sent: Thursday 16 April 2020 18:28
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Liam Sloyan <liam.sloyan@ntpf.ie>; Niall_Redmond@health.gov.ie
Subject: Temporary Financial Assistance

Tadhg

I trust this finds you well.

As agreed with the Minister at your recent meeting, please accept this notification of the Temporary Financial Assistance scheme going live for applications to private and voluntary nursing homes later today, 16 April.

In this regard, please also find attached the documents that will be made available on the NTPF website later this evening. These documents include a Scheme details document, a Scheme letter and an application form for participating nursing homes.

I would be grateful if you would kindly revert to me noting receipt of same.

Regards

Karl Duff
Services for Older People

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

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Video Conference with Minister Harris
Minister's Diary to: ea
Sent by: Denise Kelly
Bcc: Matthew O'Gorman

16/04/2020 16:58

Dear Ms Kenny,

Please see attached letter from Minister Harris.

The time for the video conference is provisional and we will contact you tomorrow morning to confirm the time.

Grateful if you can provide a list of attendees and email addresses in order to set up the video conference.



16th April Tadhg Daly NHI.docx

Kindest Regards
Denise Kelly

Please respond to the below email address

Minister Harris' Diary Team
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14
T - Denise +353 (0)1 635 4185
T - Leah +353 (0)1 635 4158
MinistersDiary@health.gov.ie



Mr. Tadhg Daly,
CEO,
Nursing Homes Ireland
By email: ea@nhi.ie

16th April 2020

Re: COVID19

Dear Mr. Daly,

I refer further to your correspondence of 14th April 2020 in relation to the Agreed Public Health Actions in Long-term Residential Care (LTRC) Facilities and Home Support, and related matters and our meeting this week.

We share the common goal of protecting and caring for our older people and I have a strong desire, shared by you and others, for all of the relevant stakeholders to continue to collaborate effectively to ensure the safe care and protection of nursing home residents and staff in these challenging times. I would like to meet with you again tomorrow Friday 17th at 2pm, by video conference, to take a focused look at some of the matters that need to be discussed and/or progressed further and how these might be done. It was very useful to work through the document that you sent to me in advance of this week's meeting and through our discussion we have identified a number of areas for follow up and further discussion. In advance of our next meeting my Department will:

- liaise with the HSE on the relevant points of contact in the CHOs for nursing homes;
- collate an update on the establishment and roll out of the HSE's COVID response teams (CRTs) and clinical support teams;
- establish the current status and next steps in relation to the rollout of the Central Records Management (CRM) system into community settings;

I would appreciate if you could:

- identify any specific issues arising with regard to local engagements with the National Ambulance Service (NAS), and my Department will endeavour to follow up on these;



- consider how to provide an assurance of the implementation of NPHET actions by nursing homes, such as staff screening (twice daily temperature checks);
- provide an update on the formal preparedness of nursing homes, such as the number of nursing homes that have developed, adopted and are implementing COVID-19 preparedness plans including having an identified COVID-19 lead.

My Department will invite, subject to availability, the participation of a HSE representative for the forthcoming meeting. As well as considering the items noted above, we should also further explore the implementation of the temporary accommodation for healthcare workers initiative. I note that, in a variety of ways, nursing home staff may share accommodation with other healthcare workers. As you know, this can be a risk factor in COVID-19 transmission, particularly in the introduction of COVID-19 into a COVID free setting. On foot of the NPHET recommendations the HSE has established a process for supporting the temporary accommodation and there is an opportunity in this space for collaboration between the sector and the HSE to support the operation of this risk mitigation measure.

Again, I wish to thank you for your positive engagement and I and my officials look forward to continuing to work with you to support nursing homes, residents and staff to navigate through the pandemic.

My office will be in touch shortly to set up the video conference meeting.

Yours sincerely,

Simon Harris T.D.

Minister for Health



Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhi.ie | nhi.ie

Minister Simon Harris TD
Department of Health,
Block 1, Miesian Plaza,
50 – 58 Lower Baggot Street,
Dublin 2
D02 XW14

17th April 2020

Dear Minister,

We would like to once again thank you and your colleagues for the video conference call meeting today. Knowing we are not alone in this any longer is appreciated by our members and your assurance that everyone is working hard towards a common goal is welcome, we welcome your acknowledgement of NHI in that regard. It is important after some of the partisan comments this week that you acknowledge that we are in this together as the safety and welfare of all residents and staff in nursing homes and residential care is paramount.

We will be pleased to report tonight to our members your cast iron assurance now of priority testing of our residents and staff. As you know, this has been full of stops and starts, significant delays.

The news of priority testing for residents and staff will be very beneficial and confirmation of the deployment of HSE staff where necessary is welcome and hopefully can happen. Again, the urgency of this is vital as we are already seeing members whose workforces have been decimated, as has also happened in the public health system in this pandemic.

I refer to my earlier correspondence re HIQA measures proposed as we need to reflect on how the Authority can support while minimising the risk of the spread of infection. HIQA are well aware that it does place a very significant administrative burden on operators. It will be important that HIQA be there in a supportive role and function during the crisis. We assume that in the interest of ensuring the containment of the virus that this will be done on a remote basis. We are disappointed on two fronts though. We consider it an ongoing error not to have our nursing homes and NHI represented on the NPHEC committee on nursing homes. It is like Hamlet without the actor.

As you know, NHI welcomed the Financial Support Scheme announced by you two weeks' ago. None of us could have imagined that 14 days' on, this support is still not finalised despite significant additional expenditure since March 1st. We and our members are very anxious that these measures and the Scheme is up and running without further delay or unnecessary bureaucracy. We would have hoped you would have made it a priority for NTPF and that it would be in place already.

There is an urgency for all the measures, including the Scheme as our members have to deal with the consequences of the pandemic.

Prior to our meeting, our members understood that on the basis of Government commitment they would be required to make a declaration regarding costs incurred as a result of Covid 19. We had believed that as a highly-regulated and monitored sector, with financial tracking and tracing already by the NTPF, this declaration by our members would be sufficient to satisfy the condition that public money was being deployed appropriately. At meeting with the NTPF, however, we were informed that the scheme would be another highly bureaucratic one with inappropriate burden and adherence conditions which your agency had not even finalised at that time.

The NTPF agreed that they would come back to us when they had made progress on the T&C for discussion but that did not happen, and they were sent to NHI last night as a 'fait accompli'. Hence our disappointment that we were not able to achieve a full outcome from today's meeting. It is very important that we are made aware as quickly as possible of the conditions attached to the Scheme as our members are being asked to sign a legally binding document.

As agreed, we welcome the opportunity of discussing and ironing out our members' concerns but our priority, as yours, is to have this in place for our frontline owners and operators without any delay. Without getting in to too much detail of specific concerns, having the NTPF deciding on the 'value for money' that our members or the HSE paid for sourcing PPE is Nero fiddling while Rome burns. Similarly the requirement for independent certification or having the NTPF review staff rosters and costs during such a pandemic. Asking our members to be bound by 'adherence to other terms and conditions' not specified or having the threat of financial support withdrawn if there is not full adherence to the HSE and NPHEP guidelines is insulting.

Cocooning a Covid 19 resident with Dementia is challenging as you will appreciate but having to fear a State agency's lack of understanding of such challenges is unworthy of you and your colleagues' hard work.

Unfortunately, there are many more issues with the conditions as provided by the NTPF that will cause unnecessary delays when a declaration by our members would satisfy the appropriateness of the public expenditure. All the supporting documentation can be provided when the emergency measures are finished. Based on media reports, such a measure already applies with the arrangements with private hospitals.

In summary we appreciate everyone's efforts and that everyone is pointing in the same direction. To move things on swiftly it would be important that:

- the contractual terms as suggested by the NTPF are simplified to Nursing Home declarations;
- the scheme needs to be based on the occupancy levels in the homes as of March 1st and that it is back dated to that date when Nursing Homes intensified preparations for the outbreak which happened last month;
- That the State Indemnity Scheme applies to homes as it does to private hospitals to facilitate HSE staff crossover;
- That there is an undertaking that the scheme will be extended to cover all residents so that no residents or Nursing Home will be left behind. It would be wrong that respite and other residents are excluded by your Department and the State.

Yours sincerely,



Tadhg Daly
Chief Executive Officer

CC Dr Kathleen McLellan, Asst Sec, Social Care



RE: Temporary Financial Assistance
Tadhg Daly

to:

Karl_Duff@health.gov.ie

17/04/2020 10:14

Cc:

"Niall_Redmond@health.gov.ie", Liam Sloyan, Fiona Kenny,

"Kathleen_MacLellan@health.gov.ie"

Hide Details

From: Tadhg Daly <tdaly@nhi.ie>

To: "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>

Cc: "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, Liam Sloyan

<liam.sloyan@ntpf.ie>, Fiona Kenny <ea@nhi.ie>,

"Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>

Thank you Karl,

We request that the Department of Health instructs the NTPF not to publish the proposal in respect of the Financial Support Scheme as outlined in your communication last evening.

As you will be aware Minister Harris is meeting NHI this afternoon and this matter will be on the agenda.

Best regards,

Tadhg

From: Karl_Duff@health.gov.ie <Karl_Duff@health.gov.ie>

Sent: Friday 17 April 2020 09:36

To: Tadhg Daly <tdaly@nhi.ie>

Cc: Niall_Redmond@health.gov.ie; Liam Sloyan <liam.sloyan@ntpf.ie>; Fiona Kenny <ea@nhi.ie>;

Kathleen_MacLellan@health.gov.ie

Subject: RE: Temporary Financial Assistance

Morning Tadhg

I understand Niall has a series of calls this morning.

Therefore I wish to clarify that the final documents will be the ones published on the NTPF website later today.

To save any further confusion I have asked the NTPF to issue an email to nursing homes confirming the same.

I trust this clarifies the current situation.

Appreciate your support in this.

Regards

Karl

Sent from IBM Notes Traveler

Tadhg Daly --- RE: Temporary Financial Assistance ---

From: "Tadhg Daly" <tdaly@nhi.ie>

To: Niall_Redmond@health.gov.ie

Cc: Karl_Duff@health.gov.ie, "Liam Sloyan" <liam.sloyan@ntpf.ie>, "Fiona Kenny" <ea@nhi.ie>.

Kathleen_MacLellan@health.gov.ie
Date: Fri, 17 Apr 2020 06:02
Subject: RE: Temporary Financial Assistance

Dear Niall,

Thank you for your email and confirmation that the Department will honour the commitment to engagement with NHI on the Financial Support Scheme as promised.

I wish to advise that NHI circulated this information to all members last evening on the basis of the confirmation from the Department of Health that the Scheme would be on the NTPF website on 16th April and my subsequent conversation with officials in the Department last evening. There was no request for confidentiality.

The Scheme was announced almost 2 weeks ago and as previously advised we were inundated with queries from members.

I will call you later this morning if you indicate a convenient time.

Best regards,
Tadhg

From: Niall_Redmond@health.gov.ie <Niall_Redmond@health.gov.ie>
Sent: Friday 17 April 2020 00:01
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Karl_Duff@health.gov.ie; Liam Sloyan <liam.sloyan@ntpf.ie>
Subject: RE: Temporary Financial Assistance

Dear Tadhg,

Earlier today, the Department, NTPF and HSE finalised a number of aspects of the Scheme design and structure to enable the Scheme to open for applications and the Department requested the NTPF to put the necessary technical arrangements in place to publish the Scheme details tonight. This position was reached following a significant effort by the parties concerned. I note your correspondence to the NTPF yesterday. I can assure you that the NTPF, working with the Department, has undertaken a substantial package of work, with a significant investment of its time and resources to design and develop this Scheme and prepare for its administration. In I and my team's engagement with the NTPF in this regard, the NTPF has been fully cognisant of the requirement to support the needs of the nursing home sector in a timely manner, while ensuring that the requisite processes are in place to support the discharge of the required responsibilities associated with public expenditure.

As discussed in our engagement with NHI last week in relation to the Scheme, there is a requirement that this Temporary Scheme is supported by a robust validation and control framework. We noted in that engagement your view that funding should be made available immediately and with minimum administrative burden. I know you will appreciate that in the design of any Scheme that involves the expenditure of public funding there must be mechanisms in place to provide oversight, ensure value for money and to ensure that funding is utilised in a manner consistent with the purpose of the Scheme. Insofar as possible, having regard to your previously stated views, we have endeavoured to reduce the immediate administrative burden on applicants, particularly with regard to application for the first month's support.

As noted also in last week's engagement, in an overall sense, the NHSS is a core basis for public policy in relation to financial support for long-term residential care services. This temporary Scheme is consistent in that regard, and will utilise the robust and validated data available under the NHSS, as well as building upon the existing infrastructure, roles and responsibilities of the relevant agencies, such as the role of the NTPF and the HSE in setting maximum prices and issuing payments etc.

I note your further comments below. I am happy to provide further opportunity for examination and familiarisation of the circulated material in advance of publication and to facilitate this I instructed the NTPF earlier tonight to postpone publication of the material until tomorrow afternoon. The Department is, however, anxious to proceed to open the Scheme to applications, and for applications and payments to be progressed as soon as possible, as I know you are.

I want to again take the opportunity to acknowledge the continued ongoing engagement of NHI across the various issues as we work together to support our older members of society in residential care settings.

I hope this information is helpful and I trust the advance copy of the Scheme material will be treated with the confidence in which it has been circulated.

Regards
Niall

From: Tadhg Daly <tdaly@nhi.ie>
To: "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>
Cc: Liam Sloyan <liam.sloyan@ntpf.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>
Date: 16/04/2020 20:00
Subject: RE: Temporary Financial Assistance

Karl,

Thank you for forwarding the details of the Financial Support Scheme announced by Minister on 4th April last.

As per our telephone conversation just now it is not acceptable that the commitment to engage and consult with NHI has not been delivered.

I once again take this opportunity to request that this funding per resident is for all nursing home residents and not restricted to residents supported by the NHSS (Fair Deal). The commitment of Minister Harris is clear and unequivocal; *"It is vital we leave nobody behind as we navigate our way out of this pandemic."*

Thanks
Tadhg

From: Karl_Duff@health.gov.ie <Karl_Duff@health.gov.ie>
Sent: Thursday 16 April 2020 18:28
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Liam Sloyan <liam.sloyan@ntpf.ie>; Niall_Redmond@health.gov.ie
Subject: Temporary Financial Assistance

Tadhg

I trust this finds you well.

As agreed with the Minister at your recent meeting, please accept this notification of the Temporary Financial Assistance scheme going live for applications to private and voluntary nursing homes later today, 16 April.

In this regard, please also find attached the documents that will be made available on the NTPF website later this evening. These documents include a Scheme details document, a Scheme letter and an application form for participating nursing homes.

I would be grateful if you would kindly revert to me noting receipt of same.

—
Regards

Karl Duff
Services for Older People

—
An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
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Adam Fleming

From: Fiona Kenny <ea@nhi.ie>
Sent: Friday 17 April 2020 12:43
To: Minister Harris (ministersoffice@health.gov.ie); Matthew_OGorman@health.gov.ie; Minister'sDiary@health.gov.ie
Cc: Tadhg Daly; Kathleen_MacLellan@health.gov.ie
Subject: RE: Video Conference with Minister Harris
Attachments: 17 April 2020 LT Simon Harris reply to letter of 16th April with update on NPHEP measures.pdf; Apr 2020 NHI Contingency Plan Template .pdf

Dear Minister Harris,

Please see attached letter from Tadhg Daly in response to your letter of the 16th April.

Also attached is the NHI Contingency Plan Template.

We look forward to the video conference at 2pm.

Kind regards,
 Fiona

From: Denise_Kelly@health.gov.ie <Denise_Kelly@health.gov.ie> **On Behalf Of** Minister'sDiary@health.gov.ie
Sent: 16 April 2020 16:59
To: Fiona Kenny <ea@nhi.ie>
Subject: Video Conference with Minister Harris

Dear Ms Kenny,

Please see attached letter from Minister Harris.

The time for the video conference is provisional and we will contact you tomorrow morning to confirm the time.

Grateful if you can provide a list of attendees and email addresses in order to set up the video conference.

Kindest Regards
 Denise Kelly

Please respond to the below email address

Minister Harris' Diary Team
 Minister Harris' Private Office

An Roinn Sláinte
 Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14

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Dublin 24, D24 K299.
t. [01] 469 9800 | e. info@nhi.ie | nhi.ie

Minister Simon Harris TD
Department of Health,
Block 1,
Miesian Plaza,
50 – 58 Lower Baggot Street,
D02 XW14

By email; ministersoffice@health.gov.ie

17th April 2020

Dear Minister Harris,

Thank you for your letter dated 16th April.

We acknowledge and thank you for your commitment to a second meeting this week and a further focussed review of the items on the NHI Paper presented and discussed on our call on Wednesday 14th April and the action update associated with these items.

In relation to the specific queries raised in your letter;

- NAS – We continue to engage with members on local/ regional information as it comes to hand on NAS testing but overall positive feedback.
- Staff Screening (Temperature Checks) – NHI has circulated all NPHET actions and HSE guidance to Nursing Homes and in a large number of cases Nursing homes had implemented these temperature checks prior to the NPHET announcement of the enhanced measures.
- Preparedness – NHI have been actively issuing guidance and communications to all Nursing Homes on COVID19 since late January 2020. The NHI Contingency Plan Template (copy attached) has been provided to your Department previously for information. I can confirm that we have also shared this document with both the HSE and the National Federation of Voluntary Bodies who have both adapted the template for their settings. Each Nursing Home has identified a COVID19 lead, in most cases being the Person in Charge (PIC).

Also, we wish for the COVID19 Financial Support Scheme to be added to todays agenda for discussion.

Yours sincerely,



**Tadhg Daly,
Chief Executive Officer**

cc Dr Kathleen MacLellan, Assistant Secretary, Department of Health

COVID -19 Contingency Plan Template

Version 1

April 2020

The information has been compiled specifically to assist Nursing Homes Ireland Members and is NOT for wider circulation. We appreciate Members upholding their responsibility with regard to the information that is compiled specifically for them.

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Ireland**

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[@NursingHomesIre](https://twitter.com/NursingHomesIre)

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Context and Notes on the Use of this Template:

Purpose

This template has been prepared to assist NHI members with their contingency planning for COVID-19. NHI has a varied membership base, ranging from small family-run nursing homes to large corporate groups and all stages in between. The governance and management structures and supports therefore may be vastly different in each nursing home and hence this template aims to be a central resource which hopefully will reduce your overall administrative burden by providing specific actions which are linked to specialist advices or which include information which has been previously circulated all within the one document for ease of use.

It is recognised that many of you will be at different stages in preparing and responding to this pandemic. For those at an early stage it should help direct your thought processes and actions. For those already at an advanced stage it is hoped that this template will serve as an aid memoir, an additional resource to quality assure the provisions you may have already implemented to date and a defined structure to document and keep track of your efforts.

Documents and information on COVID-19 is changing rapidly and on a daily basis, therefore your contingency plan should be used as a live document, be reviewed daily and amended as required. As HIQA have circulated out a Communique to all Registered Providers (23rd March 2020) it is expected that when they resume inspections that the inspectors will seek to review the contingency plans you had in place and the actions you had taken. This plan therefore has been designed to detail all information in one location and in as concise a manner as possible.

Methodology

Information contained within this template has been sourced from various national and international resources and guidance documents which were developed specifically for long-term care facilities. Any discrepancies between the guidance recommended internationally or queries that have arisen in practice have been escalated through the HSE national team co-ordinating the response for long-term care and in consultation with HSE Infection Control Teams and a Gerontology COVID

this document.

Use and Design of the template

The template has been designed to be a short, sharp-focused action plan. It can also be used as a central resource to collate arrangements that have been made and access information and contact details in a timely manner when there is a need to escalate responses.

It is set out in a table format which enables you to add additional fields where required.

The action plan covers three main phases, the Preparedness Phase, the Response Phase and the Capacity Phase. This version of the template focuses on the **Preparedness Phase** which details all of the actions that are recommended to be implemented before there are any probable or confirmed cases within your nursing home.

The **Response Phase** will commence when the first probable or confirmed case presents and the **Capacity Phase** focuses on actions when there is a full outbreak in the centre and you are operating at full capacity or are entering crisis staffing/ resource levels. The three phases are colour coded to reflect the traffic light system often used in risk assessment.

The template example is given below to aid your understanding of the design and use:

Category		In progress	Complete
Action	Notes		
This section identifies the action to be undertaken	This section in the template will highlight the rationale for the action or the source of the information which recommends the action and which was reviewed (on behalf of NHI) to prepare this template plan. When used by Nursing homes this section should also be used to highlight specific measures put in place including contact details required to escalate or implement these actions in an emergency situation.	<input type="checkbox"/>	<input type="checkbox"/>
Example:	Rationale: NPHET recommendation to all nursing homes on 01/04/2010.	<input type="checkbox"/>	<input type="checkbox"/>

Implement twice daily checking of staff temperatures, prior to commencing each shift and at a midway point through the shift	Nursing Home specific response: Lead nurse on duty on each shift identified to take temperatures of all staff and record on Staff temperature monitoring chart. Staff with temperature >37.5 degrees asked to put on mask and go home immediately. PIC reviews charts daily and keeps a log of all staff sent home		
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Preparedness Phase

The following actions should be commenced now if not already undertaken:

Governance and Management			
Action	Notes	In progress	Complete
1. Establish an MDT team to address contingency planning and identify key personnel responsible for leading out on various actions including the designation of an overall lead person	<p>Rationale: To ensure all eventualities are identified and planned for and there is accountability in implementing actions. NPHET meeting 31st March 2020 Enhanced Public Health Measures No. 6 recommendation.</p> <p>Nursing Home specific response: <List here all the names and roles of MDT appointed and their respective responsibilities and frequency of meetings/ review of actions></p>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify on-call arrangements for Registered Provider Representative (RPR); Person in Charge (PIC); other senior management	<p>Rationale: All staff will be aware of method and contact details to contact in an out of hours or emergency situation</p> <p>Nursing Home specific response: <List here contact name and telephone numbers of RPR; PIC or other key management personnel></p>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identify deputising arrangements should the Registered Provider Representative or PIC become ill or are required to self-isolate	<p>Rationale: To ensure continuity of service and identify relevant personnel who will assume decision-making responsibilities</p> <p>Nursing Home specific response: < List here the arrangements which have been put in place. Identify the staff member by name, job title and provide contact details for out of hours/ emergency contacts. E.g. An ADDN or CNM or other lead nurse may be appointed to deputise for the PIC. A Board Director, authorised signatory or equivalent may be in a position to deputise for the RPR. Consider also if additional decision-making supports may be required such as contacting NHI and/or appointing a healthcare management consultant. List also any local arrangements for clinical support from Gerontology services, etc ></p>	<input type="checkbox"/>	<input type="checkbox"/>

emails; shared drives; electronic patient records systems, etc) facilitate off-site working and are GDPR compliant. Ensure the nursing home has a Healthmail account set up.	required to self-isolate due to being a casual or close contact but may be asymptomatic and feel well). Healthmail is required to enable confidential transfer of information between health services e.g. communicating with HSE/ public health, prescriptions and swab results. Nursing Home specific response: <List provisions made here>	<input type="checkbox"/>	<input type="checkbox"/>
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Governance and Management			
Action	Notes	In progress	Complete
5. Ensure specific section on COVID-19 is added to the risk register, is kept under review daily and updated as necessary	Rationale: To enable identification of all risks and put in place mitigating measures to address these. Nursing Home specific response: <List categories that have been added to the register and the corresponding date as they have arisen; E.g. 05/04/20 – Register updated to include Corporate Risks; Occupational Health Risks; Risks to residents; etc>	<input type="checkbox"/>	<input type="checkbox"/>
6. Liaise with all General Practitioners to ascertain new provisions for assessment/ medical review of residents; ascertain emergency and out-of-hours contacts; alternative arrangements should the GP be required to self-isolate or become ill	Rationale: To ensure continuity of care for residents; appropriate access to assessment and review and to enable all provisions to be put in place to facilitate new ways of working. Nursing Home specific response: <List here a brief synopsis of arrangements in place and detail all emergency and out-of-hours contact details. Consider additional resources which may be required to facilitate telemedicine or video assisted review and procure these>	<input type="checkbox"/>	<input type="checkbox"/>
7. Liaise with all suppliers to ascertain if there are any existing or expected issues with the supply chain	Rationale: To ensure alternative arrangements can be put in place and identify any international supply shortages. Nursing Home specific response: < Document here any issues identified; add this to the risk register and highlight alternative arrangements>	<input type="checkbox"/>	<input type="checkbox"/>
8. Agree a communication strategy for various groupings e.g. residents, staff, relatives, media. Draft up proposed templates for regular communications & ensure contact details for NOK are up-to-date	Rationale: To ensure all respective groupings are kept regularly informed of various measures in place; to reduce anxiety; to manage expectations and to reduce the likelihood of increased phone calls during critical times Nursing Home specific response: <List here the strategies/ methods employed; persons responsible; frequency of communications; PR advice contacts in the event of a media query following an outbreak situation e.g. Michael@nhi.ie >	<input type="checkbox"/>	<input type="checkbox"/>

services to ascertain if there are any proposed changes to their service provision or contact details at this time	nursing homes and highlight any specific provisions or acquisitions required to meet the residents' clinical need. Nursing Home specific response: <Document a brief synopsis of discussion here and list contact details including emergency and out-of hours contacts>	<input type="checkbox"/>	<input type="checkbox"/>
10. Develop a nursing home specific policy and procedures in relation to COVID-19 in key areas such as infection control; cleaning and decontamination; waste management; staff sickness, etc	Rationale: To ensure consistent application by staff of all policies and procedures Nursing Home specific response: <List here the name of the COVID specific policy or which policies have been updated and where they are located. Note: A template policy has kindly been provided by Nursing Matters free of charge for use by Members and can be accessed by clicking here>	<input type="checkbox"/>	<input type="checkbox"/>

Governance and Management			
Action	Notes	In progress	Complete
11. Consider identification and training of staff to undertake sampling/ swabs for testing staff and residents for COVID-19	Rationale: HPSC Interim infection control guidance recommendation (pg.13). To ensure timely testing and return of results for these priority groups as designated by NPHET Enhanced Measure No. 3. Nursing Home specific response: <List here whether this has been undertaken and when or if not highlight out any barriers encountered or the reasons why not implemented>	<input type="checkbox"/>	<input type="checkbox"/>
12. Establish an area within the nursing home to be used as an isolation unit/ wing and inform residents that may be required to vacate their rooms temporarily (as permitted under the terms of their contract of care)	Rationale: NPHET Enhanced Public Measures No.6 highlights the need to plan for cohorting of residents into COVID-19 and non-COVID-19. HSE Guidance on transfer of Hospitalised patients recommends single en-suite rooms. HPSC Interim Infection Control Guidance permits cohorting of 2-4 residents where this is not possible (pg. 31) Nursing Home specific response: <Specify the area to be used for COVID-19 residents ensuring the maximum use of single en-suite rooms or where this is not possible cohorting in a multi-occupancy room of 2-4 persons with access to a shared en-suite is preferable. Note: specific guidance on dedicating an area for cohorting is on pg.23 of HPSC Interim infection control guidance>	<input type="checkbox"/>	<input type="checkbox"/>
13. Develop registers for the purpose of documenting staff caring for residents with COVID-19 (to enable contact tracing) and for occupational health monitoring and	Rationale: HPSC Interim infection control guidance recommends a register of staff caring for residents with COVID-19 (pg. 13). HPSC Occupational health guidance recommends that staff who are self-isolating or ill should be actively monitored if they are a close contact (staff will self-monitor their symptoms but these must be reported daily to the nursing home) (pg.11)	<input type="checkbox"/>	<input type="checkbox"/>

	any additional measures have been taken to introduce named nurses/ carers or dedicated staff working within particular units>		
14. Liaise with local funeral directors to ascertain any changes to their normal practices; identify emergency and out-of-hours contact details and their contingency planning for surge capacity (i.e. use of body bags; coffins; response times, etc)	<p>Rationale: To identify any additional measures that the nursing home may have to implement should there be any delays in removing any deceased residents from the nursing home.</p> <p>Nursing Home specific response: <Document a brief synopsis of discussion here and any additional provisions which have been implemented as a result. Note: Updated HPSC guidance for funeral directors can be downloaded here which now highlights the use of body bags as being optional. Consider also need for temporary morgue facilities within the nursing home should a resident in a multi-occupancy room die and there is a delay in the undertaker due to a surge in the community></p>	<input type="checkbox"/>	<input type="checkbox"/>

Governance and Management			
Action	Notes	In progress	Complete
15. Review work practices and staff allocation. Assign staff to work in particular areas of the nursing home, operating as discrete units where possible. Prepare a list of 'essential' duties for all staff groupings and calculate minimum staffing levels.	<p>Rationale: HPSC interim infection control guidance recommendation (pg.11-12) to reduce exposure risk. Essential duties list will assist preparations and directing of staff duties when staffing levels are seriously depleted during the emergency</p> <p>Nursing Home specific response: <Document the process of staff allocation to dedicated units. As the guidance recommends that cohort areas should be separated by closed doors (pg. 24) then consider using fire compartments for this purpose. Highlight location of the 'essential duties' listings and list minimum staffing levels required to maintain operations></p>	<input type="checkbox"/>	<input type="checkbox"/>
16. Consider reducing occupancy rates/ admissions	<p>Rationale: To reduce the burden on remaining staff during the emergency when staffing levels may be severely depleted; To provide capacity for isolation of residents who may be in a shared bedroom.</p> <p>Nursing Home specific response: <List any measures you have taken here></p>	<input type="checkbox"/>	<input type="checkbox"/>
17. Ensure all residents have the opportunity to document and update their wishes in respect of Advanced Care Planning and/ or	<p>Rationale: To ensure residents' wishes are documented and respected if they lose the ability to make decisions during the emergency.</p> <p>Nursing Home specific response: <Record date of reviews, any issues arising and actions taken></p>	<input type="checkbox"/>	<input type="checkbox"/>

18. Develop Care Plans for the care of residents who are suspect/ probable or confirmed cases	<p>Rationale: To guide and direct staff and for immediate use as soon as symptoms develop</p> <p>Nursing Home specific response: <List location of care plan here. Note: Templates have been developed by:</p> <ul style="list-style-type: none"> • <u>Nursing Matters and Associates</u> • <u>St Vincent's Nursing Home Unit</u>> 	<input type="checkbox"/>	<input type="checkbox"/>
19. Prepare signage to identify COVID/ NON-COVID areas of the nursing home for use when the first case has been established	<p>Rationale: To inform staff of when they are entering a COVID area and for immediate use as soon as required</p>	<input type="checkbox"/>	<input type="checkbox"/>

Procurement			
Action	Notes	In progress	Complete
<p>20. Complete an initial inventory of Personal Protective Equipment (PPE) and secure sufficient supplies specifically of single use nitrile gloves; disposable aprons; disposable long sleeved fluid resistant gowns; surgical masks; FFP2 respirator masks; eye protection (either visor or goggles);</p> <p>Note: head covers and theatre shoe covers are NOT necessary</p>	<p>Rationale: PPE required for all contacts with probable or confirmed cases. Details provided in HPSC Interim infection control guidance for residential care facilities document and HPSC Current recommendations on the use of PPE document V 1.0 17_03_20. HPSC document highlights specifically that head covers; theatre caps and shoe covers are not required (pg. 33).</p> <p>Nursing Home specific response: <List here current supplier name and contact details and any issues with stock encountered including date. List alternative suppliers/ methods of procurement adopted including date. E.g. sourcing PPE/ masks in retail outlets; pharmacies; hardware stores; agricultural/ equine supply stores, etc; Utilising local business commerce connections or local social media pages to advertise locally for PPE from businesses that may have closed down temporarily (i.e. masks from beauticians; science and technology goggles from secondary schools; aprons from hairdressers, etc). Use of dedicated website for this purpose: https://covidmedsupply.org/ . Note NPHET Extended Public Health Measures no. 4 highlights that the HSE will ensure PPE supply to LTRC. Contact your local CHO Chief Officer to gain access to supplies></p>	<input type="checkbox"/>	<input type="checkbox"/>

<p>supplies and secure sufficient and additional supplies, particularly of detergents; disinfectants; disposable cleaning cloths; disposable mop-heads; alginate bags; general waste bags; clinical waste bags and tissues</p>	<p>infected linen in the HPSC Interim Infection control guidance which also recommends all cleaning equipment should be single use and stored separately (pg. 27). Additional stock should be factored into supplies due to increased environmental cleaning to at least twice daily as per HPSC and WHO infection control guidance. Tissues should be placed at entrances, various locations and in all resident bedrooms to enable respiratory hygiene and cough etiquette.</p> <p>Nursing Home specific response: <List here current supplier name and contact details and any issues with stock encountered including date. List alternative suppliers/ methods of procurement adopted including date. Note: HPSC guidance states only employer supplied products are to be used (pg. 11).></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>22. Review availability of hands-free closed clinical waste bins to ensure sufficient quantities for use both inside and external to isolation rooms. Order additional bins as necessary.</p>	<p>Rationale: HPSC Interim Infection control guidance recommends immediate disposal of all items in contact with residents in isolation should be treated as healthcare/ clinical waste, to include tissues. (pg.25)</p> <p>Nursing Home specific response: <highlight if any extra bins ordered and if clinical waste collection schedules amended></p>	<input type="checkbox"/>	<input type="checkbox"/>

Procurement			
Action	Notes	In progress	Complete
<p>23. Complete an inventory of hand hygiene products and secure sufficient and additional supplies of liquid hand soap; paper towels; alcohol based hand rub (>60% alcohol)</p>	<p>Rationale: WHO Interim Infection Control Guidance specifies minimum of 60% alcohol for hand rubs (pg 1). Ensure supplies factor in consideration of the number of increased hand hygiene points at entrances to each isolation rooms, etc</p> <p>Nursing Home specific response: <List here current supplier name and contact details and any issues with stock encountered including date. List alternative suppliers/ methods of procurement adopted including date. Note: local distilleries are now producing alcohol hand gels and are prioritising health care workers.></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>24. Complete an inventory and ensure sufficient restocking and renewed supply of cylinder Oxygen, ensuring these are decontaminated. Liaise with normal suppliers to identify any issues in the supply</p>	<p>Rationale: Whilst the Oxygen requirements for symptom control/ palliation is not yet known it is likely that there may be a high demand. When placing orders the facilities for safe and appropriate storage within the nursing home should be considered.</p> <p>Nursing Home specific response: <List here current supplier name and contact details (including emergency and out-of-hours contacts) and any issues with stock encountered including date. List alternative suppliers/ methods of procurement adopted including date.></p>	<input type="checkbox"/>	<input type="checkbox"/>

date contact details for emergency or out-of-hours contacts	your local CHO Chief Officer to arrange. See also guidance on decontamination of Oxygen cylinders guidance previously circulated here		
25. Liaise with Pharmacy to ensure sufficient stocks of medication for residents; to confirm new arrangements for repeat prescriptions; to undertake a medication review; to discuss supply and delivery of expected anticipatory medications; ascertain emergency and out-of-hours contacts and discuss mutual contingency arrangements if the Pharmacist becomes ill or is required to self-isolate	<p>Rationale: To ensure continuity of care for residents. Identify impact of the Medicinal Products (Prescription and Control of Supply (Amendment) Regulations 2020. To ensure anticipatory medications in stock by pharmacy. To enable access to medications in an emergency situation. Medication reviews should be undertaken to plan for an outbreak situation to assist in reducing contact time with probable/ confirmed cases by adjusting administration schedules e.g. if the majority of medications can be given maximum of once or twice daily.</p> <p>Nursing Home specific response: <highlight here a brief synopsis of the discussion and planned actions. Specify emergency and out-of-hours contact details and any alternative arrangements which may be put in place, following an outbreak situation or if the Pharmacist becomes ill. Note: Previously circulated Guidance on Anticipatory Prescribing can be accessed here. PSI and IMO Guidance on the new prescribing legislation here></p>	<input type="checkbox"/>	<input type="checkbox"/>
26. Obtain additional communication devices if all bedrooms do not have access to an individual telephone	<p>Rationale: To reduce contact time with residents while in isolation</p> <p>Nursing Home specific response: <List measures undertaken here or alternatives put in place such as baby monitors, walkie talkies; mobile phones, etc – see also Resident Health and Well-being section></p>	<input type="checkbox"/>	<input type="checkbox"/>

Staffing			
Action	Notes	In progress	Complete
27. Cancel/ Postpone all annual leave	<p>Rationale: To ensure all staff are available for work.</p> <p>Nursing Home specific response: <List provisions made and communicated to staff here. Note: some homes may decide to implement a policy of allowing annual leave but cancelling with immediate effect should an outbreak occur></p>	<input type="checkbox"/>	<input type="checkbox"/>
28. Cancel/ Postpone all non-essential training	<p>Rationale: To ensure all staff are available for direct caring duties</p> <p>Nursing Home specific response: <List measures undertaken here. Eg. which updates were postponed and provide new dates where possible></p>	<input type="checkbox"/>	<input type="checkbox"/>
29. For those staff who are part-time in the home, establish willingness and availability to work additional shifts	<p>Rationale: To have established list of all availability to enable planned rostering to take place in the event of an emergency</p> <p>Nursing Home specific response: <Highlight if you have done this and identify any staff</p>	<input type="checkbox"/>	<input type="checkbox"/>

<p>30. Contact staff who have recently left or retired staff and ascertain willingness to return to work. If retired professional staff establish their professional registration status. Assist them to re-register and update Vetting where required</p>	<p>Rationale: To increase the overall availability of staff who are familiar to the nursing home. To have established list to enable planned rostering to take place in the event of an emergency. To avoid any delays in commencing duties by having all recruitment tasks completed</p> <p>Nursing Home specific response: <List any staff by name, role and contact details and their availability here or highlight location of list/ files></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>31. Contact staff who may be on a career break; parental leave or other leave arrangements and ascertain willingness to return to work and availability</p>	<p>Rationale: To have established list of all availability to enable planned rostering to take place in the event of an emergency</p> <p>Nursing Home specific response: <List any staff by name, role and contact details and their availability here or highlight location of list/ files></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32. Contact pre-registration students who may have worked in the nursing home and establish their willingness and availability to work</p>	<p>Rationale: To have established list of all availability to enable planned rostering to take place in the event of an emergency</p> <p>Nursing Home specific response: <List any staff by name, role and contact details and their availability here or highlight location of list/ files></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>33. Contact volunteers in the home and ask if they would be willing to take on additional roles/ increase hours (e.g. catering assistant; household or caring staff) on a paid basis</p>	<p>Rationale: To increase flexibility in the rostering system and enable on-the-job learning/ mentoring to take place in their new roles. Note: HPSC Interim infection control guidance that 'normal' volunteering services should cease (pg. 16)</p> <p>Nursing Home specific response: <highlight details here if applicable></p>	<input type="checkbox"/>	<input type="checkbox"/>

Staffing			
Action	Notes	In progress	Complete
34. Provide shadowing and additional training for existing staff within the home so that their roles are interchangeable and tasks are familiar should the need arise	<p>Rationale: To ensure that all staff receive 'on-the-job' learning and are familiar with duties they may be tasked with undertaking in an emergency situation, NSAI recommendation.</p> <p>Nursing Home specific response: <Highlight what staff will take up which roles and what supports are in place></p>	<input type="checkbox"/>	<input type="checkbox"/>
35. Actively recruit additional staff, particularly nursing and health care assistant staff. Secure Garda Vetting/References and commence induction of staff	<p>Rationale: To prepare for surge capacity when staffing levels are expected to be severely depleted if staff become ill or are required to self-isolate. Garda Vetting is required for all staff and volunteers prior to commencing work therefore should be completed in advance to avoid any unnecessary delays.</p> <p>Nursing Home specific response: <List actions you have taken to recruit staff e.g. use of www.nhiirecruitment.ie or through social media channels, etc></p>	<input type="checkbox"/>	<input type="checkbox"/>
36. Identify preferred healthcare worker agencies and establish contacts	<p>Rationale: To establish networks and prioritisation during an emergency</p> <p>Nursing Home specific response: <List contact details of preferred agencies here></p>	<input type="checkbox"/>	<input type="checkbox"/>
37. For nursing homes that are part of a group, consider if staff redeployment is an option in the case of an outbreak. Note any redeployment would be required to be for a defined fixed period to avoid the risk of transferring the virus between facilities. Redeployed staff should work in the non-COVID section of the home to reduce the risk of transmission when returning to their original place of work.	<p>Rationale: NPHEC team Enhanced Public Measures No. 2 highlights the need to minimise staff movement working across facilities. A) So Kings County Washington report identified this as a contributing factor in their outbreak. HPSO Interim infection control guidance (pg.13). To support nursing homes within the group experiencing an outbreak situation. It is likely that outbreaks within group homes will be staggered and as staff are required to self-isolate for a period of 14 days it is expected that some staff will be in a position to return to work when the next nursing home is affected, thereby providing a rotating system of staffing.</p> <p>Nursing Home specific response: <List any specific arrangements here and provide contact details of the person responsible for executing the redeployment of staff. Consider professional staff who may be working in an administrative, managerial function also.></p>	<input type="checkbox"/>	<input type="checkbox"/>
38. Consider retention strategies and schemes to incentivise existing staff	<p>Rationale: To try to prevent staff from leaving due to the HSE 'Ireland on call' recruitment campaign</p> <p>Nursing Home specific response: <Highlight any measures put in place></p>	<input type="checkbox"/>	<input type="checkbox"/>
39. Liaise with the local CHO Chief Officer to ascertain local systems in place for accessing crisis staffing	<p>Rationale: To enable swift action should staffing levels be severely depleted in an emergency</p> <p>Nursing Home specific response: <Provide synopsis of discussion and highlight details of</p>	<input type="checkbox"/>	<input type="checkbox"/>

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Staff Education and Awareness (For newly recruited and all existing staff)			
Action	Notes	In progress	Complete
40. Provide updated training to all staff on infection, prevention and control to include Standard Precautions and Contact/ Droplet precautions and cough etiquette and ensure there are general information posters on COVID-19 and posters on respiratory hygiene and cough etiquette strategically placed at various locations in the nursing home.	<p>Rationale: To ensure staff are following best practice in infection, prevention and control and are able to understand the precautions to be taken in various scenarios. All guidance documents recommend training to be provided to all staff and volunteers appropriate to their role.</p> <p>Nursing Home specific response: <List here training provided, including dates and whether this was in-house training; externally sourced or self-directed study through use of electronic platforms or reading materials such as www.HSEland.ie which hosts the following resources: COVID-19 Infection Prevention and Control Guidance; Introduction to Infection Prevention and Control; Breaking the Chain of Infection. Nursing Matters have also provided training videos here. Posters are available here on Government and HPSC websites. Also HPSC Webinar here></p>	<input type="checkbox"/>	<input type="checkbox"/>
41. Provide updated training to all staff on hand hygiene practices and ensure advisory signage on 'WHO Five Moments of Hand Hygiene' is placed at all hand hygiene facilities within the home	<p>Rationale: To ensure best practice and to reinforce effective hand hygiene to limit the spread of the virus. All guidance documents recommend hand hygiene training and posting of advisory signage.</p> <p>Nursing Home specific response: <List here training provided including dates and method. Note: HSEland has a course entitled 'Hand Hygiene for HSE Clinical Staff'. Advisory signage can be downloaded from WHO website by clicking here></p>	<input type="checkbox"/>	<input type="checkbox"/>
42. Provide training on correct use of Personal Protective Equipment (PPE) – donning and doffing and reinforce daily with video and practical demonstrations	<p>Rationale: To ensure staff are trained in the appropriate use of PPE and to ensure their protection is not breached due to inappropriate use.</p> <p>Nursing Home specific response: <List here training provided including dates and method of reinforcement applied. Note: HSEland course entitled 'Putting on and taking off PPE in community healthcare settings'. Also quick video demonstrations are available on HPSC website here></p>	<input type="checkbox"/>	<input type="checkbox"/>
43. Provide refresher training on the use of oxygen	<p>Rationale: NPHET Enhanced Public Measures No. 5 recommendation. Oxygen is likely to be used for symptom control</p> <p>Nursing Home specific response: <List here training provided including dates. Note: training course on Respiratory Care on HSEland></p>	<input type="checkbox"/>	<input type="checkbox"/>
44. Provide updated training on palliative and end-of-life care and pronouncement of death	<p>Rationale: NPHET Enhanced Public Measures No. 5 recommendation. Residents may have identified an advanced directive for a palliative care approach or be too ill to transfer</p>	<input type="checkbox"/>	<input type="checkbox"/>

courses on HSE and include: Palliative Care (for Nurses Returning to Professional Practice in response to COVID-19); Pronouncement of Death

Infection, Prevention and Control Measures

Action	Notes	In progress	Complete
45. Cease all visitors to the nursing home including non-essential workers. Exceptions for visiting can be made for End-of-Life situations following risk assessment and the use of clinical judgement, generally limited to one person at a time	<p>Rationale: NHI recommendations to implement visitor restrictions 6th March 2020. NPHEP recommendations on 'Cocooning' and non-essential travel on 27th March 2020 followed by clarification on cocooning which highlighted suspension of visiting in NHI Members' mailing dated 31st March 2020. WHO guidance for Long-term care recommendation.</p> <p>Nursing Home specific response: <List here the measures you have introduced and when; how you communicated these to residents, staff and families and any additional provisions put in place to counteract. See also Resident's well-being section></p>	<input type="checkbox"/>	<input type="checkbox"/>
46. Diligently screen all new admissions for fever or symptoms of respiratory tract infection. Ensure you strictly adhere to the updated guidance on admissions and transfers regarding screening and accommodation	<p>Rationale: To reduce risk of introducing the virus into the nursing home. HPSC interim infection control guidance (pg. 17) and HSE Guidance on transfer of hospitalised patients documents recommendations</p> <p>Nursing Home specific response: <List here actions you have taken to ensure this happens in practice, e.g. have you updated your pre-admission assessment, or admissions criteria/ policy and have you reinforced these with staff responsible?></p>	<input type="checkbox"/>	<input type="checkbox"/>
47. Ensure residents are 'Cocooning' and spending the majority of the time in their bedrooms except for unaffected residents who may access communal areas or go outside in small groups on a rota basis provided that social distancing is maintained	<p>Rationale: HPSC guidance document on cocooning over 70 year olds and those who are extremely medically vulnerable highlights that it is applicable to nursing homes. Additional advice received from HSE infection control team clarified in NHI Member mailing dated 31st March 2020. HPSC interim infection control guidance (pg.12)</p> <p>Nursing Home specific response: <List the measures you have introduced here, by date and how this was communicated to residents, staff and families. E.g. providing meals in residents' rooms or staggering mealtimes to enable strict social distancing in small groups. Highlight out any specific provisions in terms of staffing, activities that have been implemented for residents' well-being and supervision/ safeguarding measures></p>	<input type="checkbox"/>	<input type="checkbox"/>
48. Cease group activities or where essential reduce size of group activities to small groups where	<p>Rationale: HPSC interim infection control document recommendation (pg 16). WHO guidance for long-term care recommendation (pg.2)</p>	<input type="checkbox"/>	<input type="checkbox"/>

strictly maintained

meaningful activities for residents*

Infection, Prevention and Control Measures			
Action	Notes	In progress	Complete
49. Ensure all staff are implementing standard precautions and that staff and residents are performing hand hygiene diligently and frequently providing feedback where there is non-adherence	<p>Rationale: NPHEt, HPSC and WHO general recommendations. Feedback on poor practices aims to drive compliance.</p> <p>Nursing Home specific response: <Highlight any additional hand hygiene facilities provided and dates and outcomes of any audits of hand hygiene practices of staff performed, etc></p>	<input type="checkbox"/>	<input type="checkbox"/>
50. Reinforce staff uniform policies in particular to ensure appropriate daily laundering (highest temperature possible); changing into uniforms upon arrival at work; no personal items or jewellery	<p>Rationale: To reduce risk of introducing the virus into the facility from community transmission via uniforms. HPSC Interim guidance (pg. 28)</p> <p>Nursing Home specific response: <Highlight any additional specific provisions you have implemented here></p>	<input type="checkbox"/>	<input type="checkbox"/>
51. Enforce physical distancing between staff at work	<p>Rationale: NPHEt general public information recommendations to prevent the transmission of the virus.</p> <p>Nursing Home specific response: <List the measures implemented to enforce social distancing at work, e.g. holding staff handovers in larger communal rooms to distance staff; staggering staff breaks and using unoccupied communal rooms for temporary staff use; advising staff to avoid congregating around nurse's stations, etc></p>	<input type="checkbox"/>	<input type="checkbox"/>
52. Revise cleaning schedules and increase frequency of cleaning and disinfection to ensure in particular that communal areas and resident bedrooms are cleaned at a minimum of once daily/ bathrooms are cleaned at least twice daily. Focus on	<p>Rationale: To prevent transmission of the virus within the nursing home. HPSC Interim guidelines recommend once daily cleaning of resident rooms and twice daily cleaning of frequently touched surfaces (pg.28) and also highlights that practically cleaning could ideally be performed by those caring for the resident in isolation whilst in the room. WHO guidance on long term care recommends twice daily cleaning of bathrooms (pg.3)</p> <p>Nursing Home specific response: <List changes made and highlight out any additional instruction given to cleaning/ household staff, particularly in relation to reinforcing cleaning</p>	<input type="checkbox"/>	<input type="checkbox"/>

door handles, light switches, bed rails, arms of chairs (especially underneath), bed tables, lockers, handrails, grab rails, commodes, remote controls, tablets/ phones & electronic devices, assistive equipment; table & counter tops, etc)	are followed to observe contact time for disinfectants before rinsing.>		
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Infection, Prevention and Control Measures			
Action	Notes	In progress	Complete
53. Introduce daily visual inspections of environmental hygiene, laundry and hand hygiene practices, including a review of documented cleaning schedules and checking of hand hygiene points to ensure adequate supplies. Complete scheduled audits of environmental hygiene and infection, prevention and control and provide regular feedback to staff	<p>Rationale: To ensure effective governance and management oversight; for quality control and to improve compliance. WHO guidance for long term care recommends regular audits (pg.1). NHI information sheet on infection control demonstrated that inspectors found multiple examples of soap, alcohol gels, paper towels, etc. were not routinely replenished as well as poor cleaning practices and lack of segregation of clean and dirty items.</p> <p>Nursing Home specific response: <Highlight provisions implemented here, persons responsible, any issues encountered and actions taken. Note: NHI BA003 Information Sheet on Infection Control can be used to assist in identifying common areas of non-compliance></p>	<input type="checkbox"/>	<input type="checkbox"/>
54. Review the use of multi-task attendants particularly those that are moving between tasks throughout the day (e.g. cleaning duties; kitchen assistants; caring duties; etc.)	<p>Rationale: Multi-task attendants were cited as a key non-compliance in HIQA inspection reports due to concerns about transmission of infection. This is of particular importance in the current emergency due to the frequency of resident contact and access to all parts of the centre which could easily transmit the virus if high standards were not maintained.</p> <p>Nursing Home specific response: <Highlight here actions taken to address the use of multi-task attendants e.g. assigning staff to one duty per shift or restricting access to one area, etc.></p>	<input type="checkbox"/>	<input type="checkbox"/>
55. Wherever possible ensure there is dedicated personal medical equipment available for use only in isolation rooms. Where this is not	<p>Rationale: HPSC interim infection control recommendation (pg.24-25)</p> <p>Nursing Home specific response: <Detail inventory of equipment which can be allocated to isolation/ cohort areas and review the need for additional procurement, particularly of</p>	<input type="checkbox"/>	<input type="checkbox"/>

cleaned and decontaminated prior
to use in non-cohort areas

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Occupational Health			
Action	Notes	In progress	Complete
56. Implement twice daily checking of staff temperatures, prior to commencing each shift and at a midway point through the shift. Staff should also verbally confirm that they do not have any symptoms such as fever, cough, shortness of breath or myalgia.	<p>Rationale: NPHET recommendation No.3 Enhanced Public Measures on 31st March 2020 WHO Infection control Interim guidance for long-term care facilities (pg. 2). HPSC infection control guidance (pg.13). HPSC Occupational health document highlights temperature of >37.5 and need to put on mask immediately (pg.15)</p> <p>Nursing Home specific response: <List here arrangements which have been put in place to perform this and the actions to be taken if staff become symptomatic. E.g. Lead nurse on duty on each shift identified to take temperatures of all staff and record on Staff temperature monitoring chart. Staff with temperature >37.5 degrees asked to put on mask and go home immediately (where this is not possible isolate in a room first). PIC reviews charts daily and keeps a log of all staff sent home></p>	<input type="checkbox"/>	<input type="checkbox"/>
57. Reinforce staff sickness policies; ensure staff self-monitor and do not come to work if they develop fever or any respiratory symptoms	<p>Rationale: To prevent transmission within the nursing home and to ensure that staff contact the nursing home to report reasons for their absence.</p> <p>Nursing Home specific response: <List here the actions you have taken e.g. if you have amended the staff sickness policy in the context of COVID 19 particularly with regard to payment terms; any staff information leaflets provided and the provision of the HSE Occupational Helpline number: 1850 420420; etc>.</p>	<input type="checkbox"/>	<input type="checkbox"/>
58. Identify staff members who live with other healthcare workers working elsewhere or staff who may be working across multiple nursing homes. Establish also any staff member that may be sharing transport to and from work	<p>Rationale: NPHET team Enhanced Public Measures No. 2 highlights the need to minimise staff movement working across facilities</p> <p>Nursing Home specific response: <List provisions you have put in place here. E.g. nursing homes may have alternative accommodation or empty independent living units that could be used to temporarily accommodate staff. Note: NPHET measure No. 2 highlights HSE to provide support for alternative residence and transport. Contact your local CHO Chief Officer to discuss. Also FreeNow taxi service has offered 50% off taxi fares - see NHI mail 8th April 2020></p>	<input type="checkbox"/>	<input type="checkbox"/>
59. Identify staff who may fall into the vulnerable categories for COVID-19 or who live with persons who are vulnerable	<p>Rationale: HPSC Interim guidance on infection control identifies the need to cohort staff caring for residents with COVID-19. Immunocompromised staff are at higher risk if they contract the virus and therefore every effort should be made to safeguard these vulnerable staff members. See HPSC guidance here.</p> <p>Nursing Home specific response: <Highlight here the actions you have taken to plan for the cohorting of staff caring for residents. This may include practising scenarios to identify any</p>	<input type="checkbox"/>	<input type="checkbox"/>

accommodation for staff sharing with vulnerable people or to mitigate against risk of transmission.>

Occupational Health			
Action	Notes	In progress	Complete
60. Enhance staff communication; provision of information to all staff and encourage staff to ask questions; raise concerns or provide suggestions. Prepare a central resource for all up to date information, policies and guidance documents within the nursing homes and direct all staff to only use official websites www.hpsc.ie ; www.hsc.ie and www.gov.ie to source their information	<p>Rationale: To ensure all staff are fully informed and have access to the latest documentation to aid their clinical practice and decision-making. Providing a central resource will ensure that all of the latest updates are easily accessible to staff. Enhancing communication methods will assist in reducing anxiety and building trust and resilience at this difficult time.</p> <p>Nursing Home specific response: <List here additional resources prepared and location of these. Highlight specific methods of communication adopted and how staff are kept informed of all updates E.g. additional staff meetings; staff noticeboard information; activities built into staff handovers, etc></p>	<input type="checkbox"/>	<input type="checkbox"/>
61. Provide information; resources and support to assist staff with their mental health and well-being; such as posters; videos; mindfulness applications, etc	<p>Rationale: To ensure staff are supported; to reduce anxiety and to develop coping mechanisms to avoid stress and burnout.</p> <p>Nursing Home specific response: <List steps you have taken to assist staff here. E.g. access to Employee Assistance Programmes; HSE Occupational Health Helpline; use of the following websites for information, posters and resources:</p> <ul style="list-style-type: none"> • WHO Mental Health Considerations • Mental Health Ireland • UK Intensive Care Society Well-being posters – general application for all <p>Pieta House has also offered free telephone counselling for all staff and residents. See www.pietahome.ie for contact details.></p>	<input type="checkbox"/>	<input type="checkbox"/>
62. Monitor staff contact time with residents and practise on reducing the length of tasks to below 15mins where possible	<p>Rationale: Cumulative exposure to residents who are in isolation may increase risk of transmission, make the staff member ill or deem them to be a close contact which will then require them to self-isolate. See Risk Assessment here. Updated HPSO Occupational Health document now states the infectious period for contact tracing is now 48hrs prior to showing symptoms (pg. 6)</p>	<input type="checkbox"/>	<input type="checkbox"/>

	E.g. It may be advisable in the preparedness phase to have a sheet in each residents notes so that staff can sign to state if they have been in the room, for how long and if they had any PPE on them - this will assist contact tracing should a resident become suspected or confirmed.>		
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Resident Health and Well-being			
Action	Notes	In progress	Complete
63. Ensure all residents receive information about COVID-19 in a format that they can understand and which focuses on the measures that they can take to protect themselves. Ascertain residents' wishes on the level and quantity of the information they wish to receive and ensure they have the appropriate supports to help them process that information and seek clarity on any aspects. Provide supports for mental health as needed.	<p>Rationale: Fundamental human right to have access to information. Allowing the resident to control the amount of information they wish to receive will assist their coping mechanisms. HPSC interim infection control guidance recommendation (pg.14)</p> <p>Nursing Home specific response: <List here the measures you have/ are taking to keep residents informed and any issues encountered.></p> <p>Note: Pieta House has offered free telephone counselling for all staff and residents. See www.pieta.ie for contact details. Also the National Adult Literacy Agency has developed a plain English guide to terms used which you can access here.></p>	<input type="checkbox"/>	<input type="checkbox"/>
64. Revise the activities schedules and where possible increase the provision of one-on-one activities during the visiting and cocooning restrictions	<p>Rationale: To ensure residents have access to meaningful activities and stimulation</p> <p>Nursing Home specific response: <List here the measures you have employed to ensure all residents have access to activities according to their interests and abilities.></p>	<input type="checkbox"/>	<input type="checkbox"/>
65. Ensure residents remain connected with their families and friends and the wider community	<p>Rationale: To provide stimulation and support during the cocooning/ Isolation phase</p> <p>Nursing Home specific response: <List here the measures you have/ are taking. E.g. telephone, video-messaging (Skype/ FaceTime/ WhatsApp), letters from school children, etc. In order to reduce the demand on staff time; need to disinfect devices between residents and need for families to arrange times to call, it may be worth asking local businesses to donate tablets/ smartphones or seeing if relatives and staff can repurpose old smartphones that they may have at home for use by residents. These devices can then run via the nursing home's WIFI generally without the need for SIM cards. Data should be removed first by</p>	<input type="checkbox"/>	<input type="checkbox"/>

Residents' Health and Well-being

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<p>66. Ensure residents that are cocooning receive regular staff visits and supervision throughout the day</p>	<p>Rationale: To ensure their overall safety, health and well-being and reduce risks of boredom and isolation.</p> <p>Nursing Home specific response: <List here the frequency of contacts or measures you have implemented></p>	<input type="checkbox"/>	<input type="checkbox"/>
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Action	Notes	In progress	Complete
67. Actively monitor all residents for signs and symptoms of the virus to include twice daily temperature checks. As older persons may present atypically also screen for increased confusion, falls, loss of appetite or sudden deterioration in known respiratory illness. Take immediate action to isolate the resident and instigate Contact and Droplet precautions, where the resident is symptomatic.	<p>Rationale: WHO guidance for Long-term care recommends twice daily temperatures for residents (pg.2) as an early recognition precaution measure. HPSC interim infection control document (pg. 12)</p> <p>Nursing Home specific response: <Highlight the date you commenced monitoring residents' temperatures and other screening including the frequency of this></p>	<input type="checkbox"/>	<input type="checkbox"/>
68. Liaise with pharmacist/ GP re Vitamin D Supplementation for all older residents at this time	<p>Rationale: TILDA research study recommendation here. INDI factsheet recommendation here.</p> <p>Nursing Home specific response: <List if supplementation commenced></p>	<input type="checkbox"/>	<input type="checkbox"/>
69. Ensure the needs of residents with cognitive impairment/ Dementia are given due consideration, particularly ensuring they are given bite-sized information repeatedly; are assisted to maintain high standards of hand hygiene; receive adequate stimulation and occupation and are monitored for signs of delirium	<p>Rationale: Residents with cognitive impairment are particularly vulnerable at this time and isolation and restrictive measures may be detrimental to their overall health and well-being.</p> <p>Nursing Home specific response: <List here the arrangements you have made. Consider preparing individualised activities schedules and/ or resources for use in isolation based on their life stories and individual preferences e.g. reminiscence activities, music, rummage boxes, games, etc. ></p> <p>Note: Previously circulated information:</p> <ul style="list-style-type: none"> • DSIDC Life Story template • DSIDC Reminiscence template • Management tips for suspected cases of delirium • British Geriatric Society Guidelines 	<input type="checkbox"/>	<input type="checkbox"/>

Caterer			
Action	Notes	In progress	Complete
70. Revise kitchen and food storage area cleaning schedules to increase frequency of cleaning in these areas and in particular following delivery of new supplies	<p>Rationale: To reduce the risk of introducing the virus on contaminated surfaces, delivery trays or via materials, food packaging. See pg. 9 of HPSC interim infection control guidance</p> <p>Nursing Home specific response: <List here changes introduced and any additional methods employed></p>	<input type="checkbox"/>	<input type="checkbox"/>
71. Continue to liaise with all food suppliers to ascertain any expected disruption in the supply chain	<p>Rationale: To ensure alternative arrangements can be put in place and identify any expected food or beverage shortages</p> <p>Nursing Home specific response: < Document here any issues identified; make any adjustments required to menu planning and highlight out any further actions taken></p>	<input type="checkbox"/>	<input type="checkbox"/>
72. Review menu planning, meal times and provision of drinks and snacks to identify changes in practice which may be required to provide meals to residents in their bedrooms or in the event kitchen staff are absent through self-isolation or illness	<p>Rationale: To ensure residents continue to receive a high standard of food at the correct temperature and at the correct times. To ensure residents spending time in their bedrooms have regular access to drinks and snacks.</p> <p>Nursing Home specific response: <List here arrangements which have been put in place to address E.g. Preparing alternative menus with reduced choices should kitchen staff be severely depleted; procurement of non-perishable snacks for distribution to residents in their bedrooms to reduce contact times during isolation, etc; use of care staff to transfer meals from the kitchen to resident bedrooms to reduce exposure to kitchen staff. Note: Learning from early nursing home outbreaks demonstrated that up to 50% of kitchen staff may be depleted></p>	<input type="checkbox"/>	<input type="checkbox"/>
73. Prepare, batch cook and label meals in advance which can be frozen and reheated if the chef becomes ill or is required to self-isolate. (Ideally a number of days' worth of food).	<p>Rationale: To ensure continuity of food provision to residents and enable back-up contingency plans to be implemented.</p> <p>Nursing Home specific response: <List here the quantity and types of food prepared and persons responsible for reheating and distributing food></p>	<input type="checkbox"/>	<input type="checkbox"/>
74. Identify local chefs/ caterers or kitchen staff who may be willing to be on stand-by and ensure these are Garda Vetted as required	<p>Rationale: To replace kitchen staff who may be ill or required to self-isolate</p> <p>Nursing Home specific response: <Detail here the names and contact numbers of alternative staffing that can be contacted></p>	<input type="checkbox"/>	<input type="checkbox"/>
75. Source alternative forms of meal delivery as a means of last resort	<p>Rationale: To provide further contingency measures should all of the above fail</p> <p>Nursing Home specific response: <Provide contact details of the services that can be activated here. Note: if this includes takeaway provision ensure that there is daily review to</p>	<input type="checkbox"/>	<input type="checkbox"/>

Laundry			
Action	Notes	In progress	Complete
76. Reinforce infection prevention and control measures with laundry staff, in particular the segregation of clean and dirty linen, storage of linen and correct methods including washing temperatures	<p>Rationale: NHI RA003 Information Sheet on Infection Control identified that poor segregation and storage of linen was a common non-compliance during HIQA inspections which may contribute to a risk of transmission of infection. Laundry staff also did not always know the correct temperatures when asked.</p> <p>Nursing Home specific response: <List here arrangements you have taken or information provided></p>	<input type="checkbox"/>	<input type="checkbox"/>
77. Source alternative laundry facilities in the local area to temporarily outsource laundry should the laundry personnel become ill or are required to self-isolate. Liaise with them in relation to any specific provisions required.	<p>Rationale: To ensure continuity of service</p> <p>Nursing Home specific response: <List here arrangements you have taken and provide names and contact details here.></p>	<input type="checkbox"/>	<input type="checkbox"/>

Maintenance			
Action	Notes	In progress	Complete
78. Source alternative maintenance provision to be on stand-by should the maintenance personnel become ill or are required to self-isolate.	<p>Rationale: To ensure continuity of service</p> <p>Nursing Home specific response: <List here arrangements you have taken and provide names and contact details here.></p>	<input type="checkbox"/>	<input type="checkbox"/>

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NPHE Meeting 31st March 2020: Enhanced Public Health Measures for COVID-19 Disease Management

NSAI (2020) COVID-19 Workplace Protection and Improvement Guide. National Standards Authority of Ireland

Public Health England (2020) COVID-19: guidance on residential care provision Updated 19 March 2020

WHO (2020) Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19: Interim Guidance. 21 March 2020.

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Template compiled by Sinéad Morrissey Consulting Ltd on behalf of Nursing Homes Ireland, under the terms of a specific contract.

If you have any queries about the use or implementation this contingency plan template please direct these to your usual contacts within NHI.

Adam Fleming

From: Kathleen_MacLellan@health.gov.ie
Sent: Friday 17 April 2020 17:02
To: Tadhg Daly
Cc: Niall_Redmond@health.gov.ie; Sarah_Cooney@health.gov.ie
Subject: NPHET Actions
Attachments: Letter to LTRC Person in Charge - NPHET Census.pdf; Department of Health - NPHET LTRC Census of mortality - To be completed_xlsx

Tadhg

As discussed earlier NPHET has made a number of recommendations today and I will be writing to you later today separately on this.

One of the NPHET actions today is to conduct a census over this weekend of all deaths in all long-term residential settings including nursing homes from January 2020 to date. HIQA has agreed to send out this census and I attach a copy of same. We will have telephone help available over the weekend should anyone need it.

I appreciate the short turnaround however NPHET is anxious to have this information for its next meeting on Tuesday to inform any additional public health measures required to interrupt the transmission of this disease in long term residential care setting.

I would like to acknowledge again the ongoing support of NHI and our collaborative working during this difficult time.

(See attached file: Department of Health - NPHET LTRC Census of mortality - To be completed.xlsx)

(See attached file: Letter to LTRC Person in Charge - NPHET Census.pdf)

Rgds

Kathleen

Dr Kathleen Mac Lellan
Assistant Secretary, Social Care Division

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Missian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

Designated Public Official under Regulation of Lobbying Act 2015

17 April 2020

To: Person in Charge, Long-term Residential Care Centre

COVID-19: Census of mortality rates in Long-term Residential Care Settings (LTRCs)

Dear Colleague,

Firstly, I would like to acknowledge the on-going commitment of both you and your teams and I want to recognise your support for our national collective approach in tackling the significant challenges associated with COVID-19. I am very conscious of the level of care you provide for our citizens, as residents in your long-term care settings, and for their families at all times, and particularly during this pandemic.

A number of key actions including preparedness, training and active screening of staff through temperature checking are among many of the enhanced measures being implemented across all of our long-term residential care settings. All our actions are guided by the World Health Organisation, the European Centre for Disease Control and the National Public Health Emergency Team (NPHE).

Our collective primary public health objective is to interrupt the chains of transmission of COVID-19. We will be advising of new and enhanced testing measures and further information will be available.

In order to assist expanding our current information set, which includes deaths in long-term care settings, NPHE recommended today that we conduct a census over this weekend of mortality rates in long term residential settings, between January and April 2020, as a matter of urgency. We ask for your patience as we are keenly aware that you already provide such information. However I want to assure you that this census will provide essential information to NPHE next Tuesday.

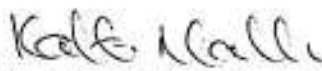
Attached to this correspondence is a census to be completed by the Person-In-Charge of each facility. This template needs to be returned to the Department of Health by email to social_care@health.gov.ie by 18:00 on Sunday 2020.

While I wish to acknowledge the challenge associated with the timeframe to complete this census I do sincerely appreciate your cooperation. I know we have a shared objective to provide as much public health information to assist in informing our required public health actions to interrupt transmission of this disease.

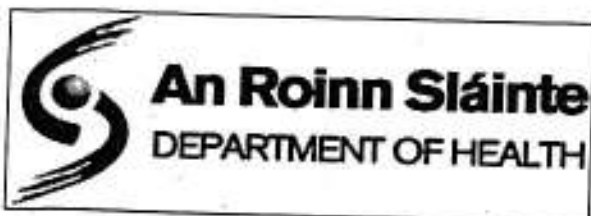
To support you during this process the Department will have staff available this week on Saturday and Sunday, between the hours of 14:00 to 18:00, to answer any questions you may have on how to fill out the survey. The number for the Department of Health is 01 635 4000.

Thank you for your cooperation on this matter and most importantly for all your continued work to protect some of our most vulnerable members of society during this unprecedented crisis.

Your sincerely,



Dr Kathleen Mac Lellan
Head of Social Care
Department of Health



Dep
Questionnaire for Nur

Sent By:

HIQA Identifier Centre ID :

Facility Name:

Name of person responsible for filling this questionnaire:

Email:

Direct Phone:

HIQA (on behalf of C

Return by Sunday 19th April at 18:00

Please Include your Centre ID Number (OSV)

Email to: social_care@health.gov.ie

Call:

01 635 4000

Any queries please click here to email Social Care survey team

Data

Mortality

HIQA Code

[Click Here to access guidance and notes](#)

Any additional comments :

**Department of Health
Nursing Homes & Other establishments**

2020

(Department of Health)

Status

Not Completed

Not Completed

Description

Data on Deaths in residents in facility and outside

Registration Code supplied by HIQA (OSV or Center ID)

WEEK NO
START of WEEK
END of WEEK

Any queries please click here to email Social Care survey team

HIQA IDENTIFIER

ENTER HIQA CODE ON FRONT PAGE

Deaths of Confirmed COVID cases in facility

Deaths of Confirmed COVID cases outside of facility (e.g. hospital)

Deaths of Suspected COVID Cases in facility

Deaths of Suspected COVID Cases outside of facility (e.g. hospital)

Total Numbers Died (Including NON-COVID) in facility

Total Numbers Died (Including NON-COVID) outside of facility e.g Hospital

Notes: Please add any clarifications or notes you would like to add here :

Week 01	Week 02	Week 03	Week 04
January 1st, 2020	January 6, 2020	January 13, 2020	January 20, 2020
January 5, 2020	January 12, 2020	January 19, 2020	January 26, 2020

Week 05	Week 06	Week 07	Week 08
January 27, 2020	February 3, 2020	February 10, 2020	February 17, 2020
February 2, 2020	February 9, 2020	February 16, 2020	February 23, 2020

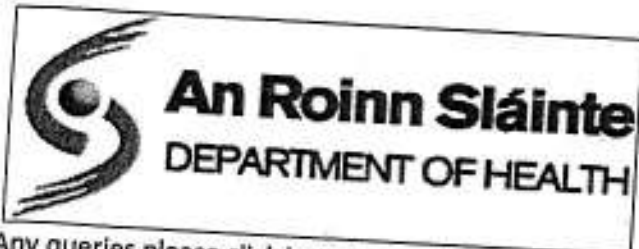
Week 09	Week 10	Week 11	Week 12
February 24, 2020	March 2, 2020	March 9, 2020	March 16, 2020
March 1, 2020	March 8, 2020	March 15, 2020	March 22, 2020

Week 13
March 23, 2020
March 29, 2020

Week 14
March 30, 2020
April 5, 2020

Week 15
April 6, 2020
April 12, 2020

Week 16
April 13, 2020
April 19, 2020



Any queries please click here to email Social Care survey team

Definition of COVID-19 Deaths in Ireland

Last Updated on 16th April 2020

COVID-19 Case Definition

The COVID-19 case definition used in Ireland including the case classification for possible, probable and confirmed cases is outlined on the HPSC website and included in the Appendix of this document

What is a COVID-19 death in Ireland?

- COVID-19 deaths include deaths in all possible, probable and confirmed COVID-19 cases (as outlined below)
- All COVID-19 deaths (as outlined below) should be notified regardless of setting, including home, care home, hospital, etc.
- There should be no period of complete recovery between the illness and death
- The following deaths should be notified as COVID-19 deaths:

Deaths in Confirmed COVID-19 Cases

All deaths in COVID-19 patients with laboratory confirmed COVID-19, as per the COVID-19 case classification.

- All deaths in patients with laboratory confirmation of COVID-19 post-mortem

Deaths in Probable COVID-19 Cases

All deaths in patients with a case classification of probable COVID-19, as per the COVID-19 case classification, which includes patients that had indeterminate/inconclusive COVID-19 laboratory results.

Deaths in Possible COVID-19 Cases

All deaths in patients suspected of having COVID-19 i.e. patients with symptoms clinically compatible with COVID-19 illness, as per the COVID-19 case classification. These suspect deaths may or may not have been tested for COVID-19 prior to death. These suspect deaths include patients with pending COVID-19 laboratory results.

- All unexplained deaths/sudden deaths in residential facilities with a confirmed/suspected COVID-19 cluster/outbreak of illness. These facilities include nursing homes, community care centres, etc.

Time of Death

There should be no period of complete recovery between the illness and death, as per WHO Definition of a COVID-19 death <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200411->

COVID-19 interim case definition

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/>

Clinical criteria

A patient with acute respiratory illness (fever [1] and at least one sign/symptom of respiratory disease e.g., cough, shortness of breath)

OR

A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset

OR

A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease e.g., cough, shortness of breath AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Case Classification

Possible:

Case meets the clinical criteria of a suspect case above (and no alternative diagnosis, microbiological or non-infectious, has been found).

Probable:

A suspect case for whom testing for the COVID-19 virus is inconclusive. [2]

OR

A suspect case for whom testing could not be performed for any reason.

Confirmed:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Notes:

[1] *Fever may be subjective or confirmed by healthcare worker ($\geq 38^{\circ}\text{C}$)*

[2] *Inconclusive being the result of the test reported by the laboratory.*

Date last updated: 09/04/2020

red below) and should all be notified.
community and hospital settings.

|



Contact details

Phone	Email
01 635 4000	social_care@health.gov.ie

[Any queries please click here to email Social Care survey team](#)

Function
Queries on Survey Returns

Hours Days
1pm -6pm Sat Sunday



RE: HIQA Assessment Framework

Fiona Kenny

to:

Matthew_OGorman@health.gov.ie

20/04/2020 15:20

Cc:

"Tadhg Daly"

Hide Details

From: "Fiona Kenny" <ea@nhi.ie>

To: "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>

Cc: "Tadhg Daly" <tdaly@nhi.ie>

History: This message has been replied to.

Hi Matthew,

Thank you for your email on Friday and we are requesting a response to this urgent correspondence.

Kind regards,

Fiona

From: Matthew_OGorman@health.gov.ie <Matthew_OGorman@health.gov.ie>

Sent: Friday 17 April 2020 20:38

To: Tadhg Daly <tdaly@nhi.ie>

Cc: Fiona Kenny <ea@nhi.ie>

Subject: Re: HIQA Assessment Framework

Thanks, Tadhg

I'll raise that with the Minister and officials

Kind regards

Matthew

—
Matthew O'Gorman

Private Secretary

Minister Harris' Private Office

—
An Roinn Siáinte

Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14

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T +353 (0)1 635 4149

M +353 87 699 3579

Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

From: "Tadhg Daly" <tdaly@nhi.ie>

To: "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>, "simon.harris@oireachtas.ie" <simon.harris@oireachtas.ie>

Cc: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, "pquinn@hiqa.ie" <pquinn@hiqa.ie>, "Mary Dunning"

<MDunnion@higa.ie>, "Fiona Kenny" <ss@nhi.ie>

Date: 17/04/2020 20:31

Subject: HIQA Assessment Framework

Dear Minister Harris,

Thank you once again for our earlier meeting and your commitment to work with NHI, our members and all stakeholder in a true partnership approach in addressing the significant challenges presented by COVID19 in the nursing home sector.

Please see attached re HIQA Assessment Framework.

Best regards,
Tadhg

Tadhg Daly
Chief Executive
e. tdaly@nhi.ie
p. 01/4699800
m. 087/2651934

Nursing Homes Ireland



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Dublin 24, D24 K299,
t. (01) 469 9800
e. info@nhi.ie
nhi.ie

NHI Care Awards 2020
in association with Homecare Medical
Citywest Hotel, Thursday 12th November 2020, 7pm

w. www.nhicareawards.ie
e. nhicareawards@eventpartners.ie
t. (01) 296 9394

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Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhi.ie | nhi.ie

Minister Simon Harris TD
Department of Health,
Block 1, Miesian Plaza,
50 - 58 Lower Baggot Street,
Dublin 2
D02 XW14

17th April 2020

Dear Minister,

Thank you once again for our earlier meeting and your commitment to work with NHI, our members and all stakeholder in a true partnership approach in addressing the significant challenges presented by COVID19 in the nursing home sector.

I refer to confirmation of the NPHEP recommendations and welcome announcement of the support of residential care facilities by HIQA albeit at this advanced stage of the pandemic.

In response to NPHEP announcement, we require clarification on how the Quality Assessment Framework will be undertaken? The HPSC state that staff should only work in one Residential Care Facility and not move across settings. HPSC also state that only essential healthcare/cleaning/cooking professionals should be permitted to enter the facility. Will HIQA staff move across settings? And if so how can this be kept in line with best practice?

Perhaps the assessments could be done on a desk basis with designated centres sending HIQA the preparedness plans, training records, inventory of PPE, staff contingency plans, risk assessments, cohorting plans, reviews of the impact on residents and families and any other documentation required to assure the Authority that there are preparations for a COVID19 outbreak.

Nursing homes can facilitate video conferencing for meetings. It is noted that most GP's are not attending nursing homes at this time and are communicating by video conference.

I think at this crucial point when 70 per cent of Nursing Homes are COVID free, all stakeholders would want everything done to prevent the virus entering the Nursing home. We are all too familiar with the profound consequences that it has in other facilities.

We propose that Department of Health review this, also consideration of an impact assessment of the plan may also be worthwhile. As you will appreciate, providers and Persons in Charge are working under huge stress too at the moment and additional challenges need to be kept to a practical level.

Yours sincerely,



**Tadhg Daly,
Chief Executive Officer**

cc Dr Kathleen McLellan, Department of Health
Mr Phelim Quinn, CEO, HIQA

Adam Fleming

From: Tadhg Daly <tdaly@nhi.ie>
Sent: Friday 17 April 2020 21:11
To: Matthew_OGorman@health.gov.ie
Cc: Kathleen_MacLellan@health.gov.ie; Fiona Kenny
Subject: Correspondence post our earlier meeting
Attachments: LT Simon Harris post meeting 17 April 2020.pdf

Dear Minister,

Thank you again for positive and constructive meeting earlier today.

Please find attached response as promised.

Look after yourself and stay safe

Tadhg



Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhilie | nhilie

Minister Simon Harris TD
Department of Health,
Block 1, Miesian Plaza,
50 – 58 Lower Baggot Street,
Dublin 2
D02 XW14

17th April 2020

Dear Minister,

We would like to once again thank you and your colleagues for the video conference call meeting today. Knowing we are not alone in this any longer is appreciated by our members and your assurance that everyone is working hard towards a common goal is welcome, we welcome your acknowledgement of NHI in that regard. It is important after some of the partisan comments this week that you acknowledge that we are in this together as the safety and welfare of all residents and staff in nursing homes and residential care is paramount.

We will be pleased to report tonight to our members your cast iron assurance now of priority testing of our residents and staff. As you know, this has been full of stops and starts, significant delays.

The news of priority testing for residents and staff will be very beneficial and confirmation of the deployment of HSE staff where necessary is welcome and hopefully can happen. Again, the urgency of this is vital as we are already seeing members whose workforces have been decimated, as has also happened in the public health system in this pandemic.

I refer to my earlier correspondence re HIQA measures proposed as we need to reflect on how the Authority can support while minimising the risk of the spread of infection. HIQA are well aware that it does place a very significant administrative burden on operators. It will be important that HIQA be there in a supportive role and function during the crisis. We assume that in the interest of ensuring the containment of the virus that this will be done on a remote basis. We are disappointed on two fronts though. We consider it an ongoing error not to have our nursing homes and NHI represented on the NPHET committee on nursing homes. It is like Hamlet without the actor.

As you know, NHI welcomed the Financial Support Scheme announced by you two weeks' ago. None of us could have imagined that 14 days' on, this support is still not finalised despite significant additional expenditure since March 1st. We and our members are very anxious that these measures and the Scheme is up and running without further delay or unnecessary bureaucracy. We would have hoped you would have made it a priority for NTPF and that it would be in place already.

There is an urgency for all the measures, including the Scheme as our members have to deal with the consequences of the pandemic.

Prior to our meeting, our members understood that on the basis of Government commitment they would be required to make a declaration regarding costs incurred as a result of Covid 19. We had believed that as a highly-regulated and monitored sector, with financial tracking and tracing already by the NTPF, this declaration by our members would be sufficient to satisfy the condition that public money was being deployed appropriately. At meeting with the NTPF, however, we were informed that the scheme would be another highly bureaucratic one with inappropriate burden and adherence conditions which your agency had not even finalised at that time.

The NTPF agreed that they would come back to us when they had made progress on the T&C for discussion but that did not happen, and they were sent to NHI last night as a 'fait accompli'. Hence our disappointment that we were not able to achieve a full outcome from today's meeting. It is very important that we are made aware as quickly as possible of the conditions attached to the Scheme as our members are being asked to sign a legally binding document.

As agreed, we welcome the opportunity of discussing and ironing out our members' concerns but our priority, as yours, is to have this in place for our frontline owners and operators without any delay. Without getting in to too much detail of specific concerns, having the NTPF deciding on the 'value for money' that our members or the HSE paid for sourcing PPE is Nero fiddling while Rome burns. Similarly the requirement for independent certification or having the NTPF review staff rosters and costs during such a pandemic. Asking our members to be bound by 'adherence to other terms and conditions' not specified or having the threat of financial support withdrawn if there is not full adherence to the HSE and NPHEP guidelines is insulting.

Cocooning a Covid 19 resident with Dementia is challenging as you will appreciate but having to fear a State agency's lack of understanding of such challenges is unworthy of you and your colleagues' hard work.

Unfortunately, there are many more issues with the conditions as provided by the NTPF that will cause unnecessary delays when a declaration by our members would satisfy the appropriateness of the public expenditure. All the supporting documentation can be provided when the emergency measures are finished. Based on media reports, such a measure already applies with the arrangements with private hospitals.

In summary we appreciate everyone's efforts and that everyone is pointing in the same direction. To move things on swiftly it would be important that:

- the contractual terms as suggested by the NTPF are simplified to Nursing Home declarations;
- the scheme needs to be based on the occupancy levels in the homes as of March 1st and that it is back dated to that date when Nursing Homes intensified preparations for the outbreak which happened last month;
- That the State Indemnity Scheme applies to homes as it does to private hospitals to facilitate HSE staff crossover;
- That there is an undertaking that the scheme will be extended to cover all residents so that no residents or Nursing Home will be left behind. It would be wrong that respite and other residents are excluded by your Department and the State.

Yours sincerely.



Tadhg Daly
Chief Executive Officer

CC Dr Kathleen McLellan, Asst Sec, Social Care

04/34



Temporary Financial Assistance scheme
Karl Duff to: Tadhg Daly
Cc: Niall Redmond, "Liam Sloyan"

17/04/2020 21:40

From: Karl Duff/SLAINTE
To: "Tadhg Daly" <tdaly@nhi.ie>
Cc: Niall Redmond/SLAINTE@SLAINTE, "Liam Sloyan" <liam.sloyan@ntpf.ie>

History: This message has been forwarded.

Tadhg

Further to your meeting with the Minister today and our recent engagements please find attached the final documents associated with the Scheme that will be published on the NTPF website later tonight.

Following our engagement and engagement between the Department, the HSE and the NTPF, some changes have been made to the documents, many of the changes relate to clarifying the language used.

For ease of reference changes are outlined below

Scheme Letter:

- Schedule 1: Condition 3 concerning the Covid-19 Preparedness Plan has been amended.
- Schedule 2: Paragraph 8 relating to Nursing Home Default has been amended
- Schedule 2: Paragraph 10 concerning disputes has been amended.
- Schedule 2: Paragraph 15 relating to Expiry has been amended further to our discussions

Scheme Details:

- Section 3: The final date for submitting Form A for April has been put back to 30 April.
- Paragraphs 5.18 and 5.19 have been removed

As agreed with the Minister earlier today, we are happy to receive your observations on the Scheme over the coming days.

Regards

Karl Duff
Services for Older People

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

M +353 (0)87 663 6787 T +353 (0)1 635 4153
health.gov.ie



Scheme Letter.DOCX Prospective Standard Covid-19 Assistance Claim Form A.xlsx Scheme Details.DOCX

Adam Fleming

From: Kathleen_MacLellan@health.gov.ie
Sent: Saturday 18 April 2020 09:05
To: Tadhg Daly
Subject: Re:

Tadhg
I acknowledge your email and concerns. The

Sent from IBM Notes Traveler

> From: "Tadhg Daly" <tdaly@nhi.ie>
> To: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>
> Cc: "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Sarah_Cooney@health.gov.ie"
> <Sarah_Cooney@health.gov.ie>
> Date: Fri, 17 Apr 2020 23:27
> Subject: Re:

>
>
>
> Kathleen,

>
> I am shocked and so disappointed by the fact that the Department and NTPF have gone ahead and published the Scheme details despite our agreement and commitment to engagement.

>
> In our earlier meeting the Minister agreed and committed to discuss further with NHI.

>
> Stay safe.

>
> Best regards,
> Tadhg

>
> On 17 Apr 2020, at 21:20, "Kathleen_MacLellan@health.gov.ie" wrote:

>
>
> Tadhg

> Please see attached.

>
>
>
> Rgds

>
>
> Kathleen

> Dr Kathleen Mac Lellan
> Assistant Secretary, Social Care Division

- >
- > An Roinn Sláinte
- > Department of Health
- >
- > Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
- > Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14
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- > Designated Public Official under Regulation of Lobbying Act 2015
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- > *****
- >



17 April 2020

Mr Tadhg Daly
Chief Executive Officer
Nursing Homes Ireland
2051 Castle Drive
Citywest
Dublin 24
D24 K299

tdaly@nhi.ie

**Enhanced Public Health Measures for COVID-19 Disease Management:
Long-term Residential Care (LTRC)**

Dear Tadhg

I refer to the meeting today of the National Public Health Emergency Team (NPHE) regarding additional public health actions for COVID-19 disease management in Long-Term Residential Care (LTRC) settings.

I thank you for your support of the work of the NPHE, and the commitment of your members to the full implementation of the range of measures recommended by NPHE aimed at residents living in LTRC settings (nursing homes, disability and mental health) (previous letters refer). Evidence continues to grow that older people in residential centres are a particularly vulnerable population to COVID-19 as recognised by the World Health Organisation and the European Centre for Disease Control.

The NPHE agrees that the response to COVID-19 in LTRC is based on preparedness, early recognition, isolation, care and prevention of onward spread, and will be based on public health actions which aim to:

- Support the maintenance of residents in LTRCs unless there is clinical or other advantage
- Interrupt transmission of the disease and prevent onward spread in LTRC and the community.

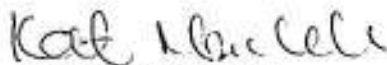
The NPHEt agreed today on a set of immediate additional actions to establish the level of risk of transmission related to staff COVID-19 status and further understand patient mortality in long term residential healthcare settings, to inform and direct the public health response, which are to include:

- a census of mortality is to be conducted (email earlier refers; HIQA is supporting the distribution of the census);
- national testing of staff across all settings with an initial widespread approach and thereafter ongoing testing, which may include both staff and patients, to be conducted on a rolling basis;
- the publication and assessment of a COVID-19 quality assurance regulatory framework for these settings by HIQA;
- the implementation of previous recommended actions with enhanced reporting through an expanded 'Nursing Homes/LTRC settings Actions Tracker', which is to include the roll out of the Contact Management (CRM) system.

The Department of Health, HIQA and the HSE are in agreement that these are a substantive range of additional actions which build on the set of significant measures underway.

Finally, I would like to take this opportunity to acknowledge you and your members for their ongoing commitment to tackling COVID-19 to meet the needs of our vulnerable members of society in these unprecedented times.

Your sincerely,



Dr Kathleen Mac Lellan
Head of Social Care

Adam Fleming

From: Kathleen_MacLellan@health.gov.ie
Sent: Saturday 18 April 2020 09:05
To: Tadhg Daly
Subject: Re:

Tadhg
I acknowledge your email and concerns. The

Sent from IBM Notes Traveler

> From: "Tadhg Daly" <tdaly@nhi.ie>
> To: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>
> Cc: "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Sarah_Cooney@health.gov.ie"
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> Stay safe.

> Best regards,
> Tadhg

> On 17 Apr 2020, at 21:20, "Kathleen_MacLellan@health.gov.ie" wrote:

> Tadhg

> Please see attached.

> Rgds

> Kathleen

> Dr Kathleen Mac Lellan
> Assistant Secretary, Social Care Division

- >
- > An Roinn Sláinte
- > Department of Health
- >
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- > Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14
- >
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17 April 2020

Mr Tadhg Daly
Chief Executive Officer
Nursing Homes Ireland
2051 Castle Drive
Citywest
Dublin 24
D24 K299

tdaly@nhi.ie

**Enhanced Public Health Measures for COVID-19 Disease Management:
Long-term Residential Care (LTRC)**

Dear Tadhg

I refer to the meeting today of the National Public Health Emergency Team (NPHE) regarding additional public health actions for COVID-19 disease management in Long-Term Residential Care (LTRC) settings.

I thank you for your support of the work of the NPHE, and the commitment of your members to the full implementation of the range of measures recommended by NPHE aimed at residents living in LTRC settings (nursing homes, disability and mental health) (previous letters refer). Evidence continues to grow that older people in residential centres are a particularly vulnerable population to COVID-19 as recognised by the World Health Organisation and the European Centre for Disease Control.

The NPHE agrees that the response to COVID-19 in LTRC is based on preparedness, early recognition, isolation, care and prevention of onward spread, and will be based on public health actions which aim to:

- Support the maintenance of residents in LTRCs unless there is clinical or other advantage
- Interrupt transmission of the disease and prevent onward spread in LTRC and the community.

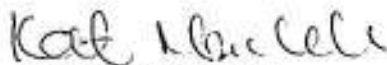
The NPHEt agreed today on a set of immediate additional actions to establish the level of risk of transmission related to staff COVID-19 status and further understand patient mortality in long term residential healthcare settings, to inform and direct the public health response, which are to include:

- a census of mortality is to be conducted (email earlier refers; HIQA is supporting the distribution of the census);
- national testing of staff across all settings with an initial widespread approach and thereafter ongoing testing, which may include both staff and patients, to be conducted on a rolling basis;
- the publication and assessment of a COVID-19 quality assurance regulatory framework for these settings by HIQA;
- the implementation of previous recommended actions with enhanced reporting through an expanded 'Nursing Homes/LTRC settings Actions Tracker', which is to include the roll out of the Contact Management (CRM) system.

The Department of Health, HIQA and the HSE are in agreement that these are a substantive range of additional actions which build on the set of significant measures underway.

Finally, I would like to take this opportunity to acknowledge you and your members for their ongoing commitment to tackling COVID-19 to meet the needs of our vulnerable members of society in these unprecedented times.

Your sincerely,



Dr Kathleen Mac Lellan
Head of Social Care

From: Padraig_Kelly@health.gov.ie on behalf of MinisterJim_Daly@health.gov.ie
Sent: Wednesday 20 May 2020 08:09
To: Adam Fleming
Subject: Fw: Correspondence as requested
Attachments: 9 April 2020 LT Liam Sloyan NTPF re COVID 19 Financial Support Scheme_.pdf; 13 April 2020 LT Simon Harris re COVID19 Enhanced Measures and financial support .pdf; LT Simon Harris post meeting 17 April 2020.pdf; Re .msg; RE Correspondence from Tadhg Daly Nursing Homes Ireland 1.msg; RE Correspondence from Tadhg Daly Nursing Homes Ireland .msg

----- Forwarded by Padraig Kelly/SLAINTE on 20/05/2020 08:08 -----

From: "Tadhg Daly" <tdaly@nhi.ie>
To: "Jim Daly" <MinisterJim_Daly@health.gov.ie>
Date: 19/04/2020 19:05
Subject: Correspondence as requested

Dear Jim,

Thank you again for your calls yesterday in respect of the Covid19 Financial Support Scheme. As requested I have attached the most relevant correspondence.

Appreciate your proposal to meet/ call tomorrow to discuss

Thanks
Tadhg

(See attached file: 9 April 2020 LT Liam Sloyan NTPF re COVID 19 Financial Support Scheme_.pdf)(See attached file: 13 April 2020 LT Simon Harris re COVID19 Enhanced Measures and financial support .pdf)(See attached file: LT Simon Harris post meeting 17 April 2020.pdf)(See attached file: Re .msg) (See attached file: RE Correspondence from Tadhg Daly Nursing Homes Ireland 1.msg)(See attached file: RE Correspondence from Tadhg Daly Nursing Homes Ireland .msg)



Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhil.ie | nhil.ie

**Mr Liam Sloyan,
Chief Executive Officer,
National Treatment Purchase Fund,
Ashford House,
Tara Street,
Dublin 2**

9th April 2020

Re: Administration by NTPF of the COVID 19 Financial Support Scheme

Dear Mr Sloyan,

I refer to our meeting yesterday the 8th April. In the first instance, I reiterate our disappointment with the delay by NTPF in implementing decisions of government and the Minister in respect of the Financial Support Scheme. This meeting was wholly unsatisfactory with no detail on the process and a lack of urgency by NTPF in implementing the decision of Government.

We request that NTPF as administrators of the scheme proceed without delay to implement the support payment element for all Nursing Home residents not only residents supported by the Nursing Home Support Scheme as per Government commitment and the Minister's announcement on Saturday last the 4th April.

The commitment of Government is clear that the scheme detail is as outlined by Minister Harris on Saturday last;

There will be two component parts of the Scheme which will be integrated:

- a support payment per month based on the number of Nursing Homes Support Scheme (NHSS) residents;*
- and enhanced assistance in the event of a nursing home actively managing an outbreak.*

Support payment

- €800 per Nursing Homes Support Scheme (NHSS) resident per month for the first 40 residents;*
- €400 per NHSS resident per month for the next 40 residents;*
- €200 per NHSS resident per month for each subsequent resident.*

In the absence of any information and documentation by NTPF in our meeting yesterday you requested NHI to outline the requirements on NTPF as administrators of this scheme.

We request that NTPF as administrators of the scheme proceed without delay to implement the support payment element as above for all nursing homes residents. It is not acceptable as outlined that only NHSS residents will qualify.

We request that the support payment element as per commitments is paid immediately. As you are the HSE NHSS central office in Tullamore has all the relevant information to process payment to include (but not limited to) tax clearance certificate etc.

This must be processed immediately and to ensure appropriate checks and balances this application to include a declaration that info submitted by nursing home is correct and that any applicant who knowingly or recklessly gives the NTPF information which is false or misleading in connection with an application for the support payment may be liable to prosecution.

Where a nursing home has incurred significant further costs or undertaken necessary enhanced actions arising directly from a Covid-19 outbreak, a nursing home may submit a separate business case for enhanced assistance. This enhanced assistance will be capped at double the standard assistance payment (inclusive of the standard payment) for that nursing home, with an overarching maximum cap of €75,000, inclusive of the standard assistance. We look forward to engaging with NTPF on the specific process for this element.

We request confirmation by return that the decision of Government and commitments in respect of the support payment under the Financial Support Scheme will be implemented immediately by NTPF as administrators and we remain available to meet.

Yours sincerely,



Tadhg Daly,
Chief Executive Officer



Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhii.ie | nhii.ie

Minister Simon Harris TD
Department of Health,
Block 1,
Miesian Plaza,
50 – 58 Lower Baggot Street,
D02 XW14

By email; ministersoffice@health.gov.ie

13th April 2020

Dear Minister Harris,

Thank you for your letter of the 11th April 2020 and the continued engagement in relation to COVID19 and the challenges faced by the nursing home sector in the protection of older people.

Regarding the enhanced measures recommended by NPHET which as you outline are being mobilised nationwide, our members are reporting difficulties with accessing these measures.

The feedback to NHI from nursing homes are that the access and implementation of these measures are not uniform across the country with some conveying positive messages in relation to the HSE rollout whilst other regions are not seeing the same level of urgency and lack of consistency.

I have attached our recent survey report that presents a snapshot of the feedback from our membership on the enhanced measures such as prioritised testing for staff and access to PPE. In relation to the Area Crisis Management teams, we are still awaiting the rollout of these teams in every area with the exception of Cork and Kerry. Nursing Homes access to these teams are paramount at this time.

We look forward to further engagement with the NTPF and the Department of Health this week on a pragmatic approach to the administration of the temporary COVID19 Financial Support Scheme and that the NTPF deliver on the commitment that this Scheme will be operational in the coming days.

It has been two weeks since our last meeting and in light of the rate of developments that COVID19 is presenting for the healthcare sector and the nursing home sector, I request that we

meet again as soon as possible to ensure a synergy of approach from both NHI and your Department in addressing the ongoing challenges presented by this pandemic.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tadhg Daly', written in a cursive style.

Tadhg Daly, CEO

CC Dr Kathleen MacLellan, Assistant Secretary, Department of Health



Nursing Homes Ireland
2051 Castle Drive, Citywest,
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Minister Simon Harris TD
Department of Health,
Block 1, Miesian Plaza,
50 – 58 Lower Baggot Street,
Dublin 2
D02 XW14

17th April 2020

Dear Minister,

We would like to once again thank you and your colleagues for the video conference call meeting today. Knowing we are not alone in this any longer is appreciated by our members and your assurance that everyone is working hard towards a common goal is welcome, we welcome your acknowledgement of NHI in that regard. It is important after some of the partisan comments this week that you acknowledge that we are in this together as the safety and welfare of all residents and staff in nursing homes and residential care is paramount.

We will be pleased to report tonight to our members your cast iron assurance now of priority testing of our residents and staff. As you know, this has been full of stops and starts, significant delays.

The news of priority testing for residents and staff will be very beneficial and confirmation of the deployment of HSE staff where necessary is welcome and hopefully can happen. Again, the urgency of this is vital as we are already seeing members whose workforces have been decimated, as has also happened in the public health system in this pandemic.

I refer to my earlier correspondence re HIQA measures proposed as we need to reflect on how the Authority can support while minimising the risk of the spread of infection. HIQA are well aware that it does place a very significant administrative burden on operators. It will be important that HIQA be there in a supportive role and function during the crisis. We assume that in the interest of ensuring the containment of the virus that this will be done on a remote basis. We are disappointed on two fronts though. We consider it an ongoing error not to have our nursing homes and NHI represented on the NPHET committee on nursing homes. It is like Hamlet without the actor.

As you know, NHI welcomed the Financial Support Scheme announced by you two weeks' ago. None of us could have imagined that 14 days' on, this support is still not finalised despite significant additional expenditure since March 1st. We and our members are very anxious that these measures and the Scheme is up and running without further delay or unnecessary bureaucracy. We would have hoped you would have made it a priority for NTPF and that it would be in place already.

There is an urgency for all the measures, including the Scheme as our members have to deal with the consequences of the pandemic.

Prior to our meeting, our members understood that on the basis of Government commitment they would be required to make a declaration regarding costs incurred as a result of Covid 19. We had believed that as a highly-regulated and monitored sector, with financial tracking and tracing already by the NTPF, this declaration by our members would be sufficient to satisfy the condition that public money was being deployed appropriately. At meeting with the NTPF, however, we were informed that the scheme would be another highly bureaucratic one with inappropriate burden and adherence conditions which your agency had not even finalised at that time.

The NTPF agreed that they would come back to us when they had made progress on the T&C for discussion but that did not happen, and they were sent to NHI last night as a 'fait accompli'. Hence our disappointment that we were not able to achieve a full outcome from today's meeting. It is very important that we are made aware as quickly as possible of the conditions attached to the Scheme as our members are being asked to sign a legally binding document.

As agreed, we welcome the opportunity of discussing and ironing out our members' concerns but our priority, as yours, is to have this in place for our frontline owners and operators without any delay. Without getting in to too much detail of specific concerns, having the NTPF deciding on the 'value for money' that our members or the HSE paid for sourcing PPE is Nero fiddling while Rome burns. Similarly the requirement for independent certification or having the NTPF review staff rosters and costs during such a pandemic. Asking our members to be bound by 'adherence to other terms and conditions' not specified or having the threat of financial support withdrawn if there is not full adherence to the HSE and NPHEP guidelines is insulting.

Cocooning a Covid 19 resident with Dementia is challenging as you will appreciate but having to fear a State agency's lack of understanding of such challenges is unworthy of you and your colleagues' hard work.

Unfortunately, there are many more issues with the conditions as provided by the NTPF that will cause unnecessary delays when a declaration by our members would satisfy the appropriateness of the public expenditure. All the supporting documentation can be provided when the emergency measures are finished. Based on media reports, such a measure already applies with the arrangements with private hospitals.

In summary we appreciate everyone's efforts and that everyone is pointing in the same direction. To move things on swiftly it would be important that:

- the contractual terms as suggested by the NTPF are simplified to Nursing Home declarations;
- the scheme needs to be based on the occupancy levels in the homes as of March 1st and that it is back dated to that date when Nursing Homes intensified preparations for the outbreak which happened last month;
- That the State Indemnity Scheme applies to homes as it does to private hospitals to facilitate HSE staff crossover;
- That there is an undertaking that the scheme will be extended to cover all residents so that no residents or Nursing Home will be left behind. It would be wrong that respite and other residents are excluded by your Department and the State.

Yours sincerely,



Tadhg Daly
Chief Executive Officer

CC Dr Kathleen McLellan, Asst Sec, Social Care

Adam Fleming

From: Fiona Kenny <ea@nhi.ie>
Sent: Monday 20 April 2020 14:21
To: Kathleen_MacLellan@health.gov.ie
Subject: Correspondence from Tadhg Daly
Attachments: 20 April 2020 LT Mr Phelim Quinn re COVID19 HIQA Fees.pdf

Hi Kathleen,

Please see attached correspondence from Tadhg Daly for your information.

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801



Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhi.ie | nhLie

Mr Phelim Quinn
CEO,
Health Information and Quality Authority,
George's Court,
George's Lane,
Dublin 7.
D07 E98Y

Re; Annual Fees

20th April 2020

Dear Phelim,

In the first instance I hope that you, your family and all in the Authority are safe and well.

It has been brought to my attention by my Scottish counterpart that the Scottish Government and Care Inspectorate has agreed to defer the requirement for Long Term Residential Care Settings to pay the Care Inspectorate fees for a period of three months due to the COVID19 crisis. This deferral of fees is intended to support care service providers at this difficult time.

As our sector here in Ireland is facing the same pressures and challenges presented by COVID19, we are requesting that HIQA defer the payment of the annual fee for a similar period to support the sector as we protect our most vulnerable citizens. Also like the Care Inspectorate, HIQA have deferred statutory inspections and so the fee deferral should be follow suit.

We request that the Authority defer the payment due on 1st May 2020 with a three-month deferment of the annual fee due as the COVID-19 crisis continues with a commitment to review the position again in July 2020. It is vital we work in a collaborative way in order to address this unprecedented challenge for our health services and wider society.

We remain committed to working with you and your colleagues in the Authority during this extremely challenging time for our country.

Yours sincerely,

Tadhg Daly,
Chief Executive Officer

cc Mary Dunnion, Chief Inspector of Social Services

cc Dr Dr Kathleen Mac Lellan, Assistant Secretary, Social Care Division, Department of Health

04139

Re: FW: URGENT; NAS Guidance required

Kathleen MacLellan to: Tadhg Daly

20/04/2020 14:55

covidpracticesupport, Fiona Kenny, "Karl_Duff@health.gov.ie",
Cc: "Niall_Redmond@health.gov.ie", "Sarah_Cooney@health.gov.ie", Tanya King

From: Kathleen MacLellan/SLAINTE

To: Tadhg Daly <tdaly@nhi.ie>

Cc: covidpracticesupport <covidpracticesupport@nhi.ie>, Fiona Kenny <ea@nhi.ie>,
"Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Sarah_Cooney@health.gov.ie"

Tadhg

Many thanks for your email.

I can confirm that the Department has been in contact with the HSE lead on this and that that issues are all being considered.

Rgds

Kathleen

Dr Kathleen Mac Lellan
Assistant Secretary, Social Care Division

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

Designated Public Official under Regulation of Lobbying Act 2015

Tadhg Daly

Good morning, I request that this request for NAS...

20/04/2020 09:56:56

From: Tadhg Daly <tdaly@nhi.ie>
To: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>,
"Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>
Cc: "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>, "Sarah_Cooney@health.gov.ie" <Sarah_Cooney@health.gov.ie>, covidpracticesupport <covidpracticesupport@nhi.ie>, Fiona Kenny <ea@nhi.ie>
Date: 20/04/2020 09:56
Subject: FW: URGENT; NAS Guidance required

Good morning,

I request that this request for NAS guidance and national policy is addressed by NPHE and NAS.

Thanks
Tadhg

From: Tadhg Daly
Sent: Monday 20 April 2020 09:53

To: Older People Operations <olderpeople.operations@hse.ie>; Older People Strategy (Michael Fitzgerald - A.N.D.Older People & Palliative Care Strategy) <olderpeople.strategy@hse.ie>; NCAGL Older Persons (ncagl.olderpersons@hse.ie) <ncagl.olderpersons@hse.ie>; David Walsh <David.Walsh1@hse.ie>

Cc: siobhan.kennelly1@hse.ie; covidpracticesupport <covidpracticesupport@nhl.ie>; 'Tuohy, Sandra' <sandra.tuohy@hse.ie>; Community Operations <communityoperations@hse.ie>

Subject: URGENT; NAS Guidance required

Importance: High

Good morning all,

Please see below immediate actions required in relation to the current process of NAS swabbing of all resident care facilities including all residents and staff.

Whilst, this is greatly welcomed in combating this infection, there has been a number of queries raised in relation to the lack of guidelines/policy and procedure available to Management of RCF's in preparation for this to occur.

Immediate requirement for clearly defined process in terms of a policy and procedure is circulated to all RCF's immediately, clearly outlining, but not limited to the below:

- Consent (both residents and staff);
- Management of GDPR in the completing of the Nursing Home resident & staffing list, if information is being forwarded to other teams e.g.: Outbreak Control Team.
- Notice – how much notice will the nursing home be given (some have showed up unannounced);
- Process for testing;
- Use of PPE during testing – procedure of donning and doffing PPE during the testing of multiple residents/ staff between multiple homes/ floors
- NAS use of PPE where there is no suspected/ confirmed cases
- Requirements for assistance during testing;
- Process in reducing cross contamination across sites;
- Process to deal with resident who refuse to be tested;
- Process to deal with staff members who refuse to be tested;
- What are the timelines on results – commitment required to 24 hour turnaround
- Who will receive the results – will the PIC receive the staff members results and if not is confirmation sent to the Nursing Home.
- Requirement for national contingency plan where a large number of staff have a positive Covi19 result

At this point, there is an immediate requirement for standard guidance at a National level on the testing of all resident and staff. To date inconsistent guidance has been distributed between CHO's.

Best regards,
Tadhg

Tadhg Daly
Chief Executive
e. tdaly@nhi.ie
p. 01/4699800
m. 087/2651934

Nursing Homes Ireland

nhi

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NHI Care Awards 2020

in association with Homecare Medical

Citywest Hotel, Thursday 12th November 2020, 7pm

w. www.nhicareawards.ie
e. nhicareawards@eventpartners.ie
t. (01) 296 9394

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From: Padraig_Kelly@health.gov.ie on behalf of MinisterJim_Daly@health.gov.ie
Sent: Wednesday 20 May 2020 08:09
To: Adam Fleming
Subject: Fw: Todays call
Attachments: NHI Agenda for meeting with Minister Harris 21st April 2020.pdf

----- Forwarded by Padraig Kelly/SLAINTE on 20/05/2020 08:09 -----

From: Tadhg Daly <tdaly@nhi.ie>
To: Jim Daly <MinisterJim_Daly@health.gov.ie>
Cc: Fiona Kenny <ea@nhi.ie>
Date: 21/04/2020 14:38
Subject: Todays call

Minister Daly,

Jim
 Thank you for earlier call.
 See attached as discussed.
 Thanks
 Tadhg
 (See attached file: NHI Agenda for meeting with Minister Harris 21st April 2020.pdf)



**NHI Agenda for Meeting with Minister Harris
Tuesday 21st April 3pm – Videoconference**

1. **Matters arising – meeting Friday 17th April 2020**
2. **NPHEP decisions 21st April – update from Minister**
 - NHI representation
3. **NPHEP announcement of testing in nursing homes**
 - Communication and notice etc
 - NAS guidance, policies, procedures and protocols
 - Requirement for staff contingency plans to be in place as a result of testing / -
Redeployment of staff – HSE and home carers
4. **Area Crisis Mgt Teams and local supports**
 - Update on progress in all CHO's
 - HSE contact details
 - Requirement for HSE update
5. **PPE and Oxygen supplies.**
6. **HIQA – Quality Assurance Framework.**
 - NHI welcome HIQA in supportive role as agreed. Clarity on approach.
7. **Financial Support Scheme**
 - (a) NHI request that Department deliver the Scheme that was announced by the Minister on the 4th April.
 - i. Assistance for nursing homes subject to a standard threshold;

Extract from Minister Statement 4/4/2020

Assistance for nursing homes subject to a standard threshold

Funding will be provided to each applicant nursing home for COVID-19 related measures and expected costs for the month ahead, the first of which will be the month of April.

Financial support will be provided based on the number of NHSS residents in situ as reported for the month of March by the HSE Nursing Homes Support Office.

The nursing home will receive €800 per resident per month for the first 40 residents, €400 per resident per month for the next 40 residents and €200 per resident per month thereafter.

HSE NHSS central office in Tullamore has all the relevant information to process payment to include (but not limited to) tax clearance certificate etc. This must be processed as per commitment and to ensure appropriate checks and balances this application to include a declaration that information submitted by nursing home is correct and that any applicant who knowingly or recklessly gives the NTPF information which is false or misleading in connection with an application for the support payment may be liable to prosecution.

NHI Requests;

- That the FSS is discharged immediately as per commitments on 4th April
- Scheme extended to non NHSS residents. No discrimination of older people.

Enhanced outbreak assistance

ii. Enhanced outbreak assistance business case (for the same period) in the event of COVID-19 outbreak.

NHI Requests;

- Engagement with NHI re the precise process for the Enhanced outbreak assistance

Financial Support Scheme - current Terms and Conditions

The Scheme Letter requires the applicant nursing home to confirm that they have read and accept the terms and conditions of the scheme as well as the scheme application form and the scheme details, and agree that all of these documents are incorporated as part of the contract between the nursing home and the NTPF. By submitting an application nursing will be agreeing to abide by the terms provided for in all of the documents.

- Clause 9- Liability/Indemnity- The Terms and Conditions require the nursing home to fully indemnify the NTPF and the HSE against a broad range of liabilities which may arise from the Scheme.

Insurers advise that this as a 'hold harmless' clause with unlimited liability attached which are unachievable in the current insurance market.

- No 5 of Conditions

We the applicant Nursing Home confirm that we will be open and available for admission and readmission of patients to long-term residential services and short-term transitional care services, in line with any guidance issued

ANY guidance issued? What guidance? From whom?

Nursing homes, in particular, those that remain Covid free are understandably not willing to accept the blanket nature of this clause

- The Terms and Conditions of TAPS provide for a unilateral NTPF entitlement to vary any term of the agreement without notice to the Nursing Home. No amendment to the agreement can be made by the nursing home without being agreed in writing by NTPF.

Unilateral variation unacceptable

- The Terms and Conditions as currently drafted states that the NTPF, and any persons nominated by it, to access the participating nursing home with one hour's notice.

Visit by whom and for what purpose?

NTPF and any person nominated??

Nursing Homes Ireland

21st April 2020

409.



Fw: Follow up Video Conference with Minister Harris
Denise Kelly to: Minister's Diary

21/04/2020 09:28

Denise Kelly
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

----- Forwarded by Denise Kelly/SLAINTE on 21/04/2020 09:28 -----

From: "Fiona Kenny" <ea@nhi.ie>
To: "Denise_Kelly@health.gov.ie" <Denise_Kelly@health.gov.ie>
Date: 20/04/2020 15:24
Subject: RE: Follow up Video Conference with Minister Harris

Dear Ms Kelly,

Please see the NHI delegation for tomorrows call at 3pm.

Tadhg Daly, CEO - tdaly@nhi.ie
Mary Burke, Nursing Committee Rep - mary@killurebridge.com
Vicky McDwyer, NHI Director- vicky@eskerlodgenursinghome.ie
Albert Connaughton, NHI Director albert@belmontcare.ie
Seamus Brady, NHI Director- seamus@bscc.ie

Can I also request who else will be dialling in to tomorrows call?

Kind regards,
Fiona

From: Denise_Kelly@health.gov.ie <Denise_Kelly@health.gov.ie> **On Behalf Of**
Minister'sDiary@health.gov.ie
Sent: Monday 20 April 2020 15:06
To: Tadhg.Daly@nhi.ie <Tadhg.Daly@nhi.ie>
Subject: Follow up Video Conference with Minister Harris

20th April 2020

Dear Mr Daly,

Minister Harris wishes to continue engagement and would like to invite you to part take in a follow up video conference tomorrow at 3pm.
Grateful if you can provide a list of attendees and email addresses in order to set up the video conference.

Kind regards

Denise Kelly

Please respond to the below email address

—
Minister Harris' Diary Team

Minister Harris' Private Office

—
An Roinn Sláinte

Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14

Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

T - Denise +353 (0)1 635 4185

T - Leah +353 (0)1 635 4158

MinistersDiary@health.gov.ie *****

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RE:
Tadhg Daly
to:
Kathleen_MacLellan@health.gov.ie
21/04/2020 08:52
Cc:
"Niall_Redmond@health.gov.ie", "Sarah_Cooney@health.gov.ie", "Fiona Kenny"
Hide Details
From: "Tadhg Daly" <tdaly@nhi.ie>
To: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>
Cc: "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>,
"Sarah_Cooney@health.gov.ie" <Sarah_Cooney@health.gov.ie>, "Fiona Kenny"
<ea@nhi.ie>

Kathleen,

I refer to our conversation this morning re NPHET recommendation on the publication and assessment of quality assurance framework by HIQA.

The NPHET recommendation and communication is clear that this is a quality assurance framework.

As you are aware this matter was specifically raised in the NHI meeting with Ministers Harris and Daly on Friday last.

The Minister confirmed that this quality assurance initiative is a support to the sector and not an inspection.

Kind regards,

Tadhg

From: Kathleen_MacLellan@health.gov.ie <Kathleen_MacLellan@health.gov.ie>
Sent: Friday 17 April 2020 21:20
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Niall_Redmond@health.gov.ie; Sarah_Cooney@health.gov.ie
Subject:

Tadhg

Please see attached.

Rgds

Kathleen

Dr Kathleen Mac Lellan
Assistant Secretary, Social Care Division


An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

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RE: HIQA Assessment Framework 
Matthew O'Gorman to: Fiona Kenny
Cc: Minister's Diary

21/04/2020 14:51

Fiona

Please see below the invited attendance for today's meeting

Attendees confirmed

Tadhg Daly, CEO
Mary Burke, Nursing Committee Rep
Vicky McDwyer, NHI Director
Albert Connaughton, NHI Director
Seamus Brady, NHI Director

HIQA
Phelim Quinn
Mary Dunnion
Susan Cliffe

HSE
David Walsh

NTPF
Liam Sloyan

Department
Minister Harris
Advisors
Niall Redmond
Kathleen McLellan
Tanya King (CNO)
Minister Daly

Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
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T +353 (0)1 635 4149
M +353 87 699 3579
Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

"Fiona Kenny" Dear Matthew, Thank you for the letter from Minister...

21/04/2020 14:37:16

From: "Fiona Kenny" <ea@nhi.ie>

To: "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>, "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>
Cc: "Tadhg Daly" <tdaly@nhi.ie>
Date: 21/04/2020 14:37
Subject: RE: HIQA Assessment Framework

Dear Matthew,

Thank you for the letter from Minister Harris.

Please see attached an agenda for todays video conference.

Thanks
Fiona

From: Matthew_OGorman@health.gov.ie <Matthew_OGorman@health.gov.ie>
Sent: 21 April 2020 12:03
To: Fiona Kenny <ea@nhi.ie>
Cc: Tadhg Daly <tdaly@nhi.ie>
Subject: RE: HIQA Assessment Framework

Dear Fiona

Please find attached letter from Minister Harris for the attention of Mr Daly

I will be in touch shortly with VC details for this afternoons call

Kind regards

Matthew

—
Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

—
An Roinn Sláinte
Department of Health

Blac 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
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—
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M +353 87 699 3579
Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

From: "Fiona Kenny" <fk@nhi.ie>
To: "Matthew OGorman@health.gov.ie" <Matthew.OGorman@health.gov.ie>
Cc: "Tadhg Daly" <tdaly@nhi.ie>
Date: 20/04/2020 15:20
Subject: RE: HIQA Assessment Framework

Hi Matthew,

Thank you for your email on Friday and we are requesting a response to this urgent correspondence.

Kind regards,
Fiona

From: [Matthew OGorman@health.gov.ie](mailto:Matthew.OGorman@health.gov.ie) <Matthew.OGorman@health.gov.ie>
Sent: Friday 17 April 2020 20:38
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Fiona Kenny <fk@nhi.ie>
Subject: Re: HIQA Assessment Framework

Thanks, Tadhg

I'll raise that with the Minister and officials

Kind regards

Matthew

Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
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T +353 (0)1 635 4149
M +353 87 699 3579
Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

From: "Tadhg Daly" <tdaly@nhi.ie>
To: "Matthew O'Gorman@health.gov.ie" <Matthew.O'Gorman@health.gov.ie>, "simon.harris@oireachtas.ie" <simon.harris@oireachtas.ie>
Cc: "Kathleen MacLellan@health.gov.ie" <Kathleen.MacLellan@health.gov.ie>, "pquinn@higa.ie" <pquinn@higa.ie>, "Mary Dunning" <MDunning@higa.ie>, "Fiona Kenny" <fk@nhi.ie>
Date: 17/04/2020 20:31
Subject: HIQA Assessment Framework

Dear Minister Harris,

Thank you once again for our earlier meeting and your commitment to work with NHI, our members and all stakeholder in a true partnership approach in addressing the significant challenges presented by COVID 19 in the nursing home sector.

Please see attached re HIQA Assessment Framework.

Best regards,
Tadhg

Tadhg Daly
Chief Executive
e. tdaly@nhi.ie
p. 01/4699800
m. 087/2651934

Nursing Homes Ireland



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Dublin 24, D24 K299.
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NHI Agenda for meeting with Minister Harris 21st April 2020.pdf

An Roinn Sláinte
Department of Health
Office of the Minister

Mr. Tadhg Daly,
CEO,
Nursing Homes Ireland
By email: ea@nhi.ie

21st April 2020

Re: Quality assurance regulatory framework

Dear Mr. Daly,

I refer further to your correspondence of 17th April 2020 in relation to the National Public Health Emergency Team (NPHE) recommendation on the publication and assessment of a COVID-19 quality assurance regulatory framework for long-term residential care facilities (LTRCs).

I wish to thank you for your continued support in the roll out of these important public health measures, aimed at supporting long-term residential care residents and interrupting the chain of transmission in LTRCs.

The position of NPHE and Government is that the response to COVID-19 in LTRCs should be based on preparedness, early recognition, isolation, care and prevention of onward spread. This is why there has been a sustained focus on LTRCs, reflected in the timely responses adopted having regard to changing international evidence and guidance as well as the progression of the virus in Ireland. NPHE continues to maintain focus on LTRCs.

To further support LTRC providers in their preparedness and contingency planning to ensure the care of all residents during an outbreak of COVID-19 the NPHE recommended the publication and assessment of a COVID-19 quality assurance regulatory framework for residential healthcare settings. This programme is in line with the Authority Monitoring Approach. As communicated previously, HIQA plans to publish this approach today, Tuesday 21st April and commence its fieldwork on 27th April 2020. This initiative continues a programme of significant State support to nursing homes, building on the substantial support that HIQA has been providing to long-term residential care facilities for some time.

Effective governance is central to having a COVID-19 preparedness plan. Through effective leadership, governance and management the registered provider can ensure that appropriate systems, processes and behaviours are in place to support the staff and residents respond to an outbreak of COVID-19. The programme will require every registered provider to undertake a self-assessment of their service, which will be validated, as appropriate.

This quality assurance programme will further support LTRCs preparing for and managing COVID-19, build confidence in the registered providers with respect to their preparedness and contingency plans, assist with the focusing of state support and intervention where possible and where appropriate and will further support public confidence in nursing homes in the care of their residents during this challenging time.

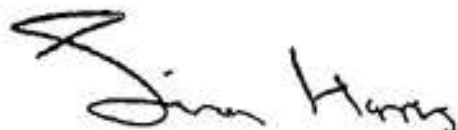
Since our last engagement on Friday, 17th April, HIQA has further consulted with the Health Protection Surveillance Centre (HPSC) which has confirmed that, during this Public Health Emergency, HIQA inspectors of social services can carry out assessments of compliance with regulations to include preparedness and risk-based assessments in all designated centres. In doing so HIQA is cognisant that this assessment of compliance with regulation programme is taking place during a national health emergency and as such inspectors of social services will take all necessary precautions in line with Public Health advice, including the following measures:

1. physical distancing (social distancing) will be observed at all times throughout the inspection.
2. HIQA will monitor inspectors for symptoms including the checking of temperatures prior to entering a centre.
3. the inspector will declare to the person in charge that they have no symptoms of illness or a raised temperature
4. good hand hygiene will be observed at all time by inspectors including entering and leaving the designated centre.
5. good cough and sneeze etiquette will be employed by inspectors at all times.
6. personal protective equipment will be used in accordance HSE guidance.
7. as appropriate, inspectors will comply with any additional measures registered providers have in place in individual centres.
8. inspectors of social services will be familiar with Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units.

I would like to take this opportunity to express my appreciation of your support for this quality assurance regulatory framework and confirmation of your offer of support that designated centres will provide HIQA with any of the necessary documentation required to complete the process. This is most helpful.

I look forward to our ongoing engagements.

Yours sincerely,

A handwritten signature in black ink that reads "Simon Harris". The signature is written in a cursive, flowing style.

Simon Harris T.D.
Minister for Health



Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhi.ie | nhi.ie

Minister Paschal Donohoe
Minister for Finance, Public Expenditure & Reform,
Department of Public Expenditure and Reform,
Government Buildings,
Upper Merrion Street,
Dublin 2, D02 R583

Re; Covid19 Tax Free Allowance for Healthcare Workers

21st April 2020

Dear Minister Donohoe,

I refer to our letter we issued to you on the 1st April.

In this correspondence we outlined a proposal for a temporary COVID19 additional tax-free allowance to be provided to all nursing home employees which would present significant state support for these critical workers and the vital role they are fulfilling within society during these challenging times. It can also further entice those who have unfortunately become unemployed to assume important roles within our sector during these unprecedented times.

We respectfully request that your department urgently consider this request as all necessary supports to our frontline healthcare workers in nursing homes are crucial at this time.

We look forward to a speedy response.

Yours sincerely,

Tadhg Daly, Chief Executive Officer

cc Minister Simon Harris TD, Minister for Health

04/44

An Roinn Sláinte
Department of Health

22 April 2020

Mr Tadhg Daly
CEO Nursing Homes Ireland

**Subject: Enhanced Public Health Measures for COVID-19 Disease Management:
Use of surgical facemasks for health care workers**

Dear Tadhg,

At a meeting of the National Public Health Emergency Team (NPHE) today there was a discussion on advice by the Expert Advisory Group (EAG) in relation to the use of surgical face masks by health care workers, where it was agreed to recommend the following advice.

- Surgical masks should be worn by HCWs when providing care to patients within 2m of a patient, regardless of the COVID 19 status of the patient.
- Surgical masks should be worn by all HCWs for all encounters, of 15 minutes or more, with other HCWs in the workplace where a distance of 2 metres cannot be maintained.

The Health Protection Surveillance Centre (HPSC) will now update its guidance to take into account this advice.

Therefore I would ask that NHI would ensure that all Nursing Home Providers are made aware of this enhanced measure and I know you, and your members, will work proactively with the HSE in order to ensure this guidance is operationalised as a matter of urgency.

Finally I would like to take this opportunity to again acknowledge nursing home staff and management in their ongoing efforts to support and protect some of our most vulnerable members of society by halting the transmission of this virus in nursing homes as part of our national response to COVID-19.

Yours sincerely,


Dr Kathleen Mac Lellan
Head of Social Care



Re: Ongoing engagement on COVID19 measures
Niall Redmond to: Tadhg Daly
Cc: "Liam Sloyan"
Bcc: Karl Duff, Helen Simon, Dave Walsh, Kathleen MacLellan

22/04/2020 20:02

From: Niall Redmond/SLAINTE
To: Tadhg Daly <tdaly@nhi.ie>
Cc: "Liam Sloyan" <liam.sloyan@ntpf.ie>
Bcc: Karl Duff/SLAINTE@SLAINTE, Helen Simon/SLAINTE@SLAINTE, Dave Walsh/SLAINTE@SLAINTE, Kathleen MacLellan/SLAINTE@SLAINTE

Dear Tadhg,

Many thanks for your Memorandum, cc'd to me and other relevant parties.

The Minister's office will manage the correspondence in due course.

I note the comprehensive nature of the submitted observations. You will appreciate that the Department will need to engage with the relevant agencies to examine and consider those observations. As agreed at the meeting yesterday we will revert with our response.

I think it is also important that I take the immediate opportunity to clarify a couple of points, which might be helpful, from your memo.

I note your concern with regard to delays in the implementation of the Scheme. However, as per the meeting on Friday 17th, there was agreement that the Scheme would "go live" the same day, and the Minister committed to further engagement on particulars of concern. The Scheme is open and payments have been progressed in line with the commitment given to progress applications quickly.

With regard to your suggestion on the use of declarations with the retention of documentary evidence for later validation, please note that this is a feature of the Scheme's set up. When the Department and the NTPF met with you on the 8th April to hear your views on how the Scheme might work, we took this feedback on board. Documentary evidence is not required to be submitted with application forms. This is evidenced by the fact that a first batch of applications have been approved and paid in less than 48 hours.

Finally for the moment, I think it is important to clarify that funding under the Scheme is not paid out on a "named client basis", rather applicant nursing homes may make claims and the level of claim payable, subject to the scheme rules, is capped with regard to validated NHSS residents in occupancy.

In any event, to ensure that there is no misunderstanding, the agreed position is that the Minister committed to explore the concern raised in this regard.

Regards,

Niall

Tadhg Daly

Dear Minister Harris, I refer to our meeting yester...

22/04/2020 14:08:18

From: Tadhg Daly <tdaly@nhi.ie>
To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>, "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>, "simon.harris@oireachtas.ie" <simon.harris@oireachtas.ie>
Cc: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "liam.sloyan@ntpf.ie" <liam.sloyan@ntpf.ie>, Fiona Kenny <ea@nhi.ie>
Date: 22/04/2020 14:08
Subject: Ongoing engagement on COVID19 measures

Dear Minister Harris,

I refer to our meeting yesterday afternoon wish to once again acknowledge your commitment to twice-weekly meetings with **NHI** to address the significant challenges presented for nursing home residents.

As requested please find attached **NHI** memorandum in respect of the issues discussed and we look forward to immediate engagement with your officials as agreed.
I await a call to meet with officials.

Stay safe.

Best regards,
Tadhg

Tadhg Daly
Chief Executive
e. tdaly@nhi.ie
p. 01/4699800
m. 087/2651934

Nursing Homes Ireland

nhi

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[attachment "Memo to Minister Harris re Ongoing engagement on COVID19 measures 22nd April 2020 FINAL.pdf" deleted by Niall Redmond/SLAINTE]

04/4

Re: FW: URGENT; NAS Guidance required

Kathleen MacLellan To: Tadhg Daly

23/04/2020 11:57

Cc: "covidpracticesupport", "Fiona Kenny", "Karl_Duff@health.gov.ie",
"Niall_Redmond@health.gov.ie", "Sarah_Cooney@health.gov.ie",
"Tanya_King@health.gov.ie", covid19testing.queries, Laura Casey, Eoin

From: Kathleen MacLellan/SLAINTE

To: "Tadhg Daly" <tdaly@nhi.ie>

Cc: "covidpracticesupport" <covidpracticesupport@nhi.ie>, "Fiona Kenny" <ea@nhi.ie>,
"Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>,
"Sarah_Cooney@health.gov.ie"

covid19testing.queries@hse.ie

Tadhg

I have also followed up - I been informed that there is now a dedicated HSE email address for all testing queries - I have included that email address in this email.

Rgds

Kathleen

Dr Kathleen Mac Lellan
Assistant Secretary, Social Care Division

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

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"Tadhg Daly"

Hello Kathleen, I refer to my email of Monday last...

23/04/2020 11:41:39

From: "Tadhg Daly" <tdaly@nhi.ie>
To: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>,
"Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>
Cc: "Tanya_King@health.gov.ie" <Tanya_King@health.gov.ie>, "Sarah_Cooney@health.gov.ie" <Sarah_Cooney@health.gov.ie> <Sarah_Cooney@health.gov.ie>,
<covidpracticesupport@nhi.ie> "Fiona Kenny" <ea@nhi.ie>, "covidpracticesupport" <covidpracticesupport@nhi.ie>
Date: 23/04/2020 11:41
Subject: FW: URGENT; NAS Guidance required

Hello Kathleen,

I refer to my email of Monday last and your prompt response, thank you.

The NAS national policy remains outstanding and I have emailed HSE colleagues again just now – see below.

Thanks,

Tadhg

From: Tadhg Daly

Sent: Thursday 23 April 2020 11:39

To: 'Older People Operations' <olderpeople.operations@hse.ie>; 'Older People Strategy (Michael Fitzgerald - A.N.D.Older People & Palliative Care Strategy)' <olderpeople.strategy@hse.ie>; 'NCAGL Older Persons (ncagl.olderpersons@hse.ie)' <ncagl.olderpersons@hse.ie>; 'David Walsh' <David.Walsh1@hse.ie>

Cc: siobhan.kennelly1@hse.ie; covidpracticesupport <covidpracticesupport@nh.ie>; 'Tuohy, Sandra' <sandra.tuohy@hse.ie>; 'Community Operations' <communityoperations@hse.ie>

Subject: RE: URGENT; NAS Guidance required

All,

We await communication of the policies, procedures and guidance in respect of the national testing programme by NAS.

Can you advise the status of same as a matter of urgency so that we are in a position to advise nursing homes.

Thanks

Tadhg

From: Tadhg Daly

Sent: Monday 20 April 2020 09:53

To: Older People Operations <olderpeople.operations@hse.ie>; Older People Strategy (Michael Fitzgerald - A.N.D.Older People & Palliative Care Strategy) <olderpeople.strategy@hse.ie>; NCAGL Older Persons (ncagl.olderpersons@hse.ie) <ncagl.olderpersons@hse.ie>; David Walsh <David.Walsh1@hse.ie>

Cc: siobhan.kennelly1@hse.ie; covidpracticesupport <covidpracticesupport@nh.ie>; 'Tuohy, Sandra' <sandra.tuohy@hse.ie>; Community Operations <communityoperations@hse.ie>

Subject: URGENT; NAS Guidance required

Importance: High

Good morning all,

Please see below immediate actions required in relation to the current process of NAS swabbing of all resident care facilities including all residents and staff.

Whilst, this is greatly welcomed in combating this infection, there has been a number of queries raised in relation to the lack of guidelines/policy and procedure available to Management of RCF's in preparation for this to occur.

Immediate requirement for clearly defined process in terms of a policy and procedure is circulated to all RCF's immediately, clearly outlining, but not limited to the below:

- Consent (both residents and staff);
- Management of GDPR in the completing of the Nursing Home resident & staffing list, if information is being forwarded to other teams e.g.: Outbreak Control Team.
- Notice – how much notice will the nursing home be given (some have showed up unannounced);
- Process for testing;
- Use of PPE during testing – procedure of donning and doffing PPE during the testing

- of multiple residents/ staff between multiple homes/ floors
- NAS use of PPE where there is no suspected/ confirmed cases
- Requirements for assistance during testing;
- Process in reducing cross contamination across sites;
- Process to deal with resident who refuse to be tested;
- Process to deal with staff members who refuse to be tested;
- What are the timelines on results – commitment required to 24 hour turnaround
- Who will receive the results – will the PIC receive the staff members results and if not is confirmation sent to the Nursing Home.
- Requirement for national contingency plan where a large number of staff have a positive Covi19 result

At this point, there is an immediate requirement for standard guidance at a National level on the testing of all resident and staff. To date inconsistent guidance has been distributed between CHO's.

Best regards,
Tadhg

Tadhg Daly
Chief Executive
e. tdaly@nhi.ie
p. 01/4699800
m. 087/2651934

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RE: Ongoing engagement on COVID19 measures

Tadhg Daly

to:

Minister Harris (ministersoffice@health.gov.ie), Matthew_OGorman@health.gov.ie, simon.harris@oireachtas.ie

23/04/2020 15:17

Cc:

"Kathleen_MacLellan@health.gov.ie", "Niall_Redmond@health.gov.ie", "liam.sloyan@ntpf.ie", "Fiona Kenny"

Hide Details

From: "Tadhg Daly" <tdaly@nhi.ie>

To: "Minister Harris (ministersoffice@health.gov.ie)" <ministersoffice@health.gov.ie>,"

"Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>,"

"simon.harris@oireachtas.ie" <simon.harris@oireachtas.ie>

Cc: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>,"

"Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>,"

"liam.sloyan@ntpf.ie" <liam.sloyan@ntpf.ie>,"Fiona Kenny" <ea@nhi.ie>

Dear Minister,

I refer to my communication including memorandum and remain concerned we have received no invitation on promised engagement in respect of the COVID19 Temporary Assistance Scheme ahead of tomorrows scheduled meeting with you.

Best regards,
Tadhg

From: Tadhg Daly

Sent: Wednesday 22 April 2020 14:07

To: Minister Harris (ministersoffice@health.gov.ie) <ministersoffice@health.gov.ie>,"

Matthew_OGorman@health.gov.ie; simon.harris@oireachtas.ie

Cc: Kathleen_MacLellan@health.gov.ie; Niall_Redmond@health.gov.ie; liam.sloyan@ntpf.ie; Fiona Kenny <ea@nhi.ie>

Subject: Ongoing engagement on COVID19 measures

Dear Minister Harris,

I refer to our meeting yesterday afternoon wish to once again acknowledge your commitment to twice-weekly meetings with NHI to address the significant challenges presented for nursing home residents.

As requested please find attached NHI memorandum in respect of the issues discussed and we look forward to immediate engagement with your officials as agreed.

I await a call to meet with officials.

Stay safe.

Best regards,
Tadhg

Tadhg Daly

Chief Executive

e. tdaly@nhi.ie

p. 01/4699800
m. 087/2651934

Nursing Homes Ireland



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Nursing Homes Ireland
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MEMORANDUM

To: Minister Simon Harris, TD, Minister for Health
cc. Kathleen McLellan, Assistant Secretary, Dept of Health
Niall Redmond, Principal Officer, Dept of Health
Liam Sloyan, CEO National Treatment Purchase Fund (NTPF)
From: Nursing Homes Ireland
Date: 22nd April 2020
Re: Ongoing engagement on COVID19 measures

In the first instance we wish to once again acknowledge your commitment to twice-weekly meetings with NHI to address the significant challenges presented for nursing home residents. We very much appreciate the efforts and the hard work by you, your office and agencies. It is achieving results. Our members have and continue to work hard also and the nursing home sector played a vital part in ensuring that our hospitals and ICUs were not overstretched. In many instances they have undertaken and delivered much more that normally might be dealt with in acute facilities. We very much appreciate your acknowledgement of the role of the staff, management and providers in the nursing home. By working together in true spirit of collaboration we can get on top of this pandemic.

NHI remains of a view that if we are all together in this as the Government says, it would make sense even at this advanced stage for the NPHEC Committee/ subcommittee to include representation from the frontline of private and voluntary nursing home sector.

Quality Assurance Framework

We welcome the assurance that HIQA and its Quality Assurance Framework will be undertaken as a supportive role and these are not inspections, that this will commence on Wednesday 29th April on an announced basis. We also are relieved from an infection control point of view that HIQA confirms that Authority staff won't be entering residents' rooms. We note the date on its letter is March 23rd.

CHO

We note too that HSE will provide local details of the CHO escalation teams immediately. However, we noted with concern that HSE said it does not have sufficient staff to assign to

nursing homes in the event that a provider needs support if many staff need to self-quarantine. Even though a number of our staff have been recruited by the HSE and acute hospitals seem to be under control, that agency is now saying it simply doesn't have any spare colleagues.

We note the HSE is escalating this to the Nat Director of Acute Hospitals and also to private hospitals for staff (particularly nursing). It is to be examined that if commitments on staff (from acutes or private hospitals) cannot be guaranteed where an issue arises for a home, the transfer of some residents to hospital will be considered, with everyone's first priority to keep the resident in their home.

NAS Testing

As we expressed at the meeting, we have concerns at the lack of consistency in procedures for testing at nursing homes by the National Ambulance Service. We have requested the guidelines/policy and procedure to be issued immediately to all nursing homes. We note the HSE is to provide further detail on policies and procedures on this and they will contact NAS re giving nursing homes prior notice to their arrival.

Covid19 Temporary Assistance Scheme;

As discussed, we had agreed at our meeting Friday last 17th April 2020 the commitment to engagement with NHI on the Covid19 Temporary Support Scheme to ensure the Scheme to progress quickly without the delays we are now experiencing. As per correspondence and recent meetings we remain concerned at the delays in implementation given the fact that the Scheme was announced, and very much welcomed by NHI, on 4th April 2020

We also welcome and acknowledge your express commitment to address the non Nursing Home Support Scheme Residents and look forward to receiving your timely proposals in that regard.

At the outset we once again query the necessity of complex contractual arrangements when the same objectives (in terms of release of funding and commitment by providers to use the funds appropriately and in line with the policy objective) can be achieved by means of a comprehensive undertaking by each provider to be attached to current deed. That the funds will be used for costs associated with COVID19; that the provider must retain documentary evidence to support the funding request; and that the provider will be subject to penalty should it subsequently transpire that the funding was improperly applied.

NTPF stated that many of the terms and conditions are also to protect the Nursing Homes and that would not envisage enforcing all of the conditions, which leads to obvious question as why they are included. As discussed as a legally binding contract all the terms and conditions are enforceable.

We have once again listed some of the main general concerns with more detail below.

- The Terms and Conditions of Covid19 Temporary Assistance Scheme (the "Scheme") entitles the NTPF, and any persons nominated by it, to access the participating nursing home with one hour's notice.

What is the reason for a potential visit? Staffing and equipment records are not time dependant, rosters and, payroll are held and resident numbers are returned to HIQA. No visitors currently to nursing homes as per infection control. The one-hour notice provision is not appropriate, acceptable or reasonable and should be excluded.

- The Terms and Conditions of the Scheme provide for an NTPF entitlement to give a nursing home a 2 business-day notice period to remedy a breach of the Scheme contract which the NTPF becomes aware of.
Where the breach is not remedied by the nursing home, NTPF is entitled to advise the nursing home that it no longer qualifies for assistance under the Scheme

This can relate to any breach or alleged breach as interpreted by the NTPF – as can be seen regarding the vagueness of certain conditions the NTPF can deem the nursing home to be in breach for even the most minor issue (of any of the disputed terms) and terminate payment.

Breaking a contract for an **alleged breach** would be very unusual, if a breach occurs the nursing home should be given the time (not an unreasonable deadline) to remedy any breach. The usual remedy for breach of contract has more to do with restitution, or damages but also can require specific performance by the party in breach, the nursing home, presumably. The NTPF should at least stipulate what constitutes a breach of the contract in their view which would be usual and provide the nursing home with opportunity for the to put in place remedies to address the alleged breach

- **Condition 9 of Schedule 2 of the Scheme Letter:** Through this condition, nursing homes are asked to agree that, where the nursing home applies for funding and

complies with the HSE/HIQA guidelines for Covid-19 management, and Covid-19 occurs within the nursing home which results in any loss, injury, prejudice, including death of any person, the NTPF and the HSE would be excluded from liability. Further, if any person, including residents, staff or resident's families were to institute proceedings directly against the HSE or the NTPF in relation to a Covid-19 infection from the nursing home, then the NTPF/HSE would be able to rely on this condition 9 and require the nursing home to indemnify the HSE or the NTPF against all claims and damages, even if the nursing home were not sued in the original action.

In conjunction with clause re admissions nursing homes are potentially liable any claim for any infection a resident/ relative acquires may already have. Testing is only a point in time measure.

As discussed, Insurers advise that this as a 'hold harmless' clause with unlimited liability attached which are unachievable in the current insurance market. The unlimited liability clause requires revision. As discussed requirement for State Indemnity Scheme to apply.

- **Condition 13 of Schedule 2 of the Scheme Letter:** Through this condition, the NTPF states that even if the nursing home accepts the Scheme Letter in its current format through agreement between the NTPF and the nursing home operator, the NTPF unilaterally, at any time in the future can change any term or condition of the Scheme (including the liability provision) without discussion or agreement with the nursing home operator. Again, as you will appreciate, this is an anomalous provision that is imposed unilaterally by the NTPF at a time of duress, which would make the legality of the provision questionable.

The existing NHSS Deed of Agreement commits to no changes unless agreed by both parties, should be the same in the assistance scheme.

Contracts of this nature are usually bilateral, changes to be made by agreement, giving the nursing home to get access to legal advices (again a cost) prior to agreeing to any additional changes in terms & conditions.

- **Scope of the Scheme:** The stated scope of the Scheme is for Fair Deal residents only. All nursing homes will/may have residents other than Fair Deal residents, to include private residents who are excluded from the scope of this

Scheme. Objectively, the exclusion of non-Fair Deal residents from this Scheme raises discrimination concerns, especially where all residents are equally exposed to the Covid-19 threat. The Scheme is silent as to whether or not another scheme will be established and operated for the support of non-Fair Deal residents, to address the obvious discrimination. We welcome your commitment Minister to review and revert.

Other terms and conditions

1.2; Will ensure pursuance of value for money in implementing the measures.

What is the definition of Value for Money that the NTPF will assess this against? The NTPF have consistently failed to provide Providers with the criteria of VFM without any reference material and have failed to accept providers version of VFM. In the current global pandemic the shared objective of VFM in respect of goods and services is to say the least challenging and this to be reworded to include "best available price" type language.

1.4 Will permit and consent to data sharing with relevant agencies including NTPF, DoH, HSE, HIQA.

What other relevant agencies are implied in this? The statement allows the NTPF to share any submitted information with any agency they choose – wide open. What is the purpose of the proposed sharing this data with other agencies, named and unnamed?

NTPF should be required to provide a list of agencies and other bodies eg accountants they may share the information with and this also raises data protection issues.

1.5; Will provide independent certification of the costs incurred and confirmation that they related to Covid-19 outbreak measures where requested.

Are nursing homes expected to have auditors certify ALL of the costs claimed regardless of whether they request it or not, thereby expecting nursing homes to engage auditors from the start? Particular attention must be paid to the associated costs of staff recruitment and retention and the significant additional staff costs in this pandemic.

Any proposed verification must be by an independent body with clinical expertise and an understanding of requirements associated with responding to pandemic not an NTPF appointed individual or body.

*2; we the applicant nursing home will comply with **all** the relevant guidance issued by the state entities including HSE (HPSC), NPHET, HIQA and Coroners Service regarding the Covid-19 emergency.*

This may be impossible to achieve in Private Nursing Home Sector as all residents and buildings are different eg some of the guidance to date could not be adhered to with dementia residents. Nursing homes have carefully managed our approach to this outbreak and have stayed ahead of the curve.

5; We the applicant Nursing Home confirm that we will be open and available for admissions and readmission of patients to long-term residential and short-term transitional care services in line with guidance issued.

This has been a problem for our members as there are numerous examples where the hospital has sought to discharge people without adhering to their correct procedures which has resulted in COVID entering Nursing Homes.

Please note the legal requirements as per below for persons in charge;

S.I No. 415 of HEALTH ACT 2007 (CARE AND WELFARE OF RESIDENTS IN DESIGNATED CENTRES FOR OLDER PEOPLE) REGULATIONS 2013

Regulation 5: Individual Assessment and Care Planning, outlines:

5 (2): (2) The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.

6; We the applicant Nursing Home agree that any funding which is found to be invalidated etc etc.

The invalidation of any cost claim rests with the NTPF or an "expert" appointed by them (see Terms & Conditions 10 Disputes). This clause leave matters wide open to

their opinion based on their parameters, casting aside our management actions and procedures planned and implemented to tackle this crisis.

No "expert" should be appointed by one side, it should be an agreed body or person. The same dispute resolution mechanism clause should be used eg arbitrator appointed by The President of the Law Society.

Schedule 2: Standard Terms and Conditions.

2.1; Financial assistance; The maximum amount of assistance that may be provided by the HSE to the Nursing Home is as set out in the application form – no it is not as it is set out in the procedures and details for payments under the scheme a totally different document.

The methodology for calculation is overly complex, if it is based on expenditures all that is needed is a simple claim form at the end of the month for expenditures made, as in a monthly expenses claim form

5.3 external review or audit and failure to comply in full subject to any of the remedies available to it hereunder. Again this is wide open to NTPF opinion as to what constitutes failure.

- **Legal Base:** The Scheme Letter fails to set out the precise statutory basis upon which the NTPF has been appointed by the HSE and/or the Minister for Health to be the operator and supervisory regulator of this Scheme. It is noted that neither the Health Act 2007 or the Nursing Home Support Scheme Act 2009 provide a statutory basis for the operation of this Scheme.

There are no procedures set out in respect of the adjudication of applications.

The dispute resolution mechanism is unilateral, again.

In the event of agreement, no detail, absence of transparent procedures set out and as currently drafted vests inappropriate, non-transparent, rights with the NTPF CEO.

In conclusion we again welcome your commitment Minister for immediate engagement and discussions with Department of Health officials and NTPF on the above. We remain available immediately and look forward to confirmation of details of meeting with officials.



FW: Covid-19: Updated NHI Contingency Plan 23rd April

Tadhg Daly

to:

Older People Operations, olderpeople.strategy@hse.ie, NCAGL Older Persons (ncagl.olderpersons@hse.ie), David Walsh

23/04/2020 14:58

Cc:

"Tuohy, Sandra", Eithne.McAuliffe@hse.ie, Kathleen_MacLellan@health.gov.ie, Niall_Redmond@health.gov.ie, "covidpracticesupport"

Hide Details

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To: "Older People Operations" <olderpeople.operations@hse.ie>, olderpeople.strategy@hse.ie <olderpeople.strategy@hse.ie>, "NCAGL Older Persons (ncagl.olderpersons@hse.ie)" <ncagl.olderpersons@hse.ie>, "David Walsh" <David.Walsh1@hse.ie>

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Colleagues,

I refer to previous circulation of the COVID19 NHI Contingency Template.

Below and attached **UPDATED V3**.

Please circulate and share as appropriate.

Thanks,

Tadhg

From: NHI Communications <covidpracticesupport@nhi.ie>

Sent: Thursday 23 April 2020 14:53

To: Tadhg Daly <tdaly@nhi.ie>

Subject: Covid-19: Updated NHI Contingency Plan 23rd April

[View this email in your browser](#)

Dear Member,

Please see attached [Updated Contingency Plan Template v3](#), developed by NHI to assist all members in their contingency planning for Covid-19. The Contingency Plan Template has been reviewed and updated in line with HIQA Regulatory assessment framework of the preparedness of designated centres for older people, for a COVID19 outbreak and the newly revised Interim Public Health and Infection Prevention Control Guidance on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units, V4.

A version summary including all updates is provided on page 3 of the document and a cross reference chart on page 44 which outlines the HIQA Regulatory Assessment Framework Regulation and the NHI Contingency Template Evidence.

Completion of this Contingency Plan in full will assist in ensuring compliance and should be presented along with risk register, updated policies and procedure, relevant care plans etc. This plan should be accessible to staff in their central resource so staff can action it and have ready access to contact details should they need them in the event the PIC/Provider is not available or HSE teams are to come to assist.

As national guidance on the management of Covid-19 is changing rapidly and on a daily basis, it is important that this contingency plan is used as a live document, which is reviewed daily and amended as required.

If you require any further details/information in relation to the content and completion of the Covid-19 Contingency Plan, please feel free to contact me at any stage.

Yours,

Regina Connell

NHI Covid Practice Support

Email: covidpracticesupport@nhi.ie

Tel: 01 469 9809 / 4699800 (extension: 11)

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COVID -19 Contingency Plan Template

Version 3 - Updated

April 2020

The information has been compiled specifically to assist Nursing Homes Ireland Members and is NOT for wider circulation. We appreciate Members upholding their responsibility with regard to the information that is compiled specifically for them.

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Version Update History

This contingency plan template has been updated in line with the HIQA Regulatory Framework published 21st April 2020, the majority of which are minor changes within the Preparedness Phase only. A summary of the changes are included below for ease of reference:

Bullet Number	Page Number	Summary of the Change
1	6	Added establishment of links with local providers
2	6	Added need to review effectiveness of on-call arrangements
3	6	Added consideration of additional senior management roles within each staff grouping
5	7	Added need to update Risk Management Policy
9	7	Added need to update End of Life Policy
20	10	Added facemasks to be worn in all clinical areas
39	13	Added need to document contact details for the CHO team
45	15	Added need to clearly define visiting restrictions & update policy
49	16	Added facemasks to be worn by all staff
57	18	Added need for staff to declare if they have been a close contact
58	18	Added staff living in direct provision centres
60	19	Added need to update staff on reporting and management of a case, atypical symptoms and ability for staff to obtain specialist IPC advice
63	20	Added need to update all care plans; added information sessions for residents on hand hygiene and cough etiquette and resident satisfaction surveys to assess impact of measures and enable residents to continue to exercise choice
64	20	Added need to update psychosocial care plans
65	20	Added communication with other residents/ friends in NH; need to maintain privacy for residents in shared rooms and consider utilising communication methods to continue resident's committee meetings, etc
69	21	Added need to update Responsive Behaviour policy and individualise each relevant care plan. Need to list contact details for old age psychiatry services and to audit restraint/ restrictive practices
102	30	Added cleaning stock and need to monitor stocks and reorder

References and page numbers throughout the document have also been updated.

Context and Notes on the Use of this Template:

Purpose

This template has been prepared to assist NHI members with their contingency planning for COVID-19. NHI has a varied membership base, ranging from small family-run nursing homes to large corporate groups and all stages in between. The governance and management structures and supports therefore may be vastly different in each nursing home and hence this template aims to be a central resource which hopefully will reduce your overall administrative burden by providing specific actions which are linked to specialist advices or which include information which has been previously circulated all within the one document for ease of use.

It is recognised that many of you will be at different stages in preparing and responding to this pandemic. For those at an early stage it should help direct your thought processes and actions. For those already at an advanced stage it is hoped that this template will serve as an aid memoir, an additional resource to quality assure the provisions you may have already implemented to date and a defined structure to document and keep track of your efforts.

Documents and information on COVID-19 is changing rapidly and on a daily basis, therefore your contingency plan should be used as a live document, be reviewed daily and amended as required. As HIQA have circulated out a Communique to all Registered Providers (23rd March 2020) it is expected that when they resume inspections that the inspectors will seek to review the contingency plans you had in place and the actions you had taken. This plan therefore has been designed to detail all information in one location and in as concise a manner as possible.

Methodology

Information contained within this template has been sourced from various national and international resources and guidance documents which were developed specifically for long-term care facilities. Any discrepancies between the guidance recommended internationally or queries that have arisen in practice have been escalated through the HSE national team co-ordinating the response for long-term care and in consultation with HSE Infection Control Teams and a Gerontology COVID Support group. A full listing of reference materials including hyperlinks has been provided in the References section at the end of this document.

Use and Design of the template

The template has been designed to be a short, sharp-focused action plan. It can also be used as a central resource to collate arrangements that have been made and access information and contact details in a timely manner when there is a need to escalate responses.

It is set out in a table format which enables you to add additional fields where required.

The action plan covers three main phases, the Preparedness Phase, the Response Phase and the Capacity Phase. The **Preparedness Phase** details all of the actions that are recommended to be implemented before there are any probable or confirmed cases within your nursing home. The **Response Phase** will commence when the first probable or confirmed case presents and the **Capacity Phase** focuses on actions when there is a full outbreak in the centre and you are operating at full capacity or are entering crisis staffing/ resource levels. The three phases are colour coded to reflect the traffic light system often used in risk assessment.

The template example is given below to aid your understanding of the design and use:

Category	Notes	In progress	Complete
Action			
This section identifies the action to be undertaken	This section in the template will highlight the rationale for the action or the source of the information which recommends the action and which was reviewed (on behalf of NHI) to prepare this template plan. When used by Nursing homes this section should also be used to highlight specific measures put in place including contact details required to escalate or implement these actions in an emergency situation.	<input type="checkbox"/>	<input type="checkbox"/>
Example:			
Implement twice daily checking of staff temperatures, prior to commencing each shift and at a midway point through the shift	Rationale: NPHET recommendation to all nursing homes on 01/04/2010. WHO infection control interim guidance for long-term care facilities (pg. 2) Nursing Home specific response: Lead nurse on duty on each shift identified to take temperatures of all staff and record on Staff temperature monitoring chart. Staff with temperature >37.5 degrees asked to put on mask and go home immediately. PIC reviews charts daily and keeps a log of all staff sent home	<input type="checkbox"/>	<input type="checkbox"/>

Preparedness Phase

The following actions should be commenced now if not already undertaken:

Governance and Management Action	Notes	In progress	Complete
1. Establish an MDT team to address contingency planning and identify key personnel responsible for leading out on various actions including the designation of an overall lead person. Establish links with local Providers	<p>Rationale: To ensure all eventualities are identified and planned for and there is accountability in implementing actions. NPHEET meeting 31st March 2020 Enhanced Public Health Measures No. 6 recommendation.</p> <p>Nursing Home specific response: <List here all the names and roles of MDT appointed and their respective responsibilities and frequency of meetings/ review of actions. Highlight any agreements of support with local providers></p>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify on-call arrangements for Registered Provider Representative (RPR); Person in Charge (PIC); other senior management and review their effectiveness	<p>Rationale: All staff will be aware of method and contact details to contact in an out of hours or emergency situation and these are effective and operational</p> <p>Nursing Home specific response: <List here contact name and telephone numbers of RPR; PIC or other key management personnel></p>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identify deputising arrangements should the Registered Provider Representative or PIC become ill or are required to self-isolate. Consider development of additional senior reporting relationships within each staff grouping where relevant	<p>Rationale: To ensure continuity of service and identify relevant personnel who will assume decision-making responsibilities</p> <p>Nursing Home specific response: < List here the arrangements which have been put in place. Identify the staff member by name, job title and provide contact details for out of hours/ emergency contacts. E.g. An ADON or CNM or other lead nurse may be appointed to deputise for the PIC. A Board Director, authorised signatory or equivalent may be in a position to deputise for the RPR. Consider also if additional decision-making supports may be required such as contacting NHI and/or appointing a healthcare management consultant. List also any local arrangements for clinical support from Gerontology services, etc ></p>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ensure IT systems (e.g. devices; emails; shared drives; electronic patient records systems, etc) facilitate off-site working and are GDPR compliant. Ensure the nursing home has a Healthmail account set up.	<p>Rationale: To enable RPR; PIC or other key staff to work from home where required (e.g. if required to self-isolate due to being a casual or close contact but may be asymptomatic and feel well). Healthmail is required to enable confidential transfer of information between health services e.g. communicating with HSE/ public health, prescriptions and swab results.</p> <p>Nursing Home specific response: <List provisions made here></p>	<input type="checkbox"/>	<input type="checkbox"/>

Governance and Management		Notes	In progress	Complete
Action				
5. Ensure specific section on COVID-19 is added to the risk register, is kept under review daily and updated as necessary. Update risk management policy to include risk of pandemics if not already covered		<p>Rationale: To enable identification of all risks and put in place mitigating measures to address these.</p> <p>Nursing Home specific response: <List Policy changes & categories that have been added to the register and the corresponding date as they have arisen. E.g. 05/04/20 – Register updated to include Corporate Risks; Occupational Health Risks; Risks to residents; etc. ></p>	<input type="checkbox"/>	<input type="checkbox"/>
6. Liaise with all General Practitioners to ascertain new provisions for assessment/ medical review of residents; ascertain emergency and out-of-hours contacts; alternative arrangements should the GP be required to self-isolate or become ill		<p>Rationale: To ensure continuity of care for residents; appropriate access to assessment and review and to enable all provisions to be put in place to facilitate new ways of working.</p> <p>Nursing Home specific response: <List here a brief synopsis of arrangements in place and detail all emergency and out-of-hours contact details. Consider additional resources which may be required to facilitate telemedicine or video assisted review and procure these ></p>	<input type="checkbox"/>	<input type="checkbox"/>
7. Liaise with all suppliers to ascertain if there are any existing or expected issues with the supply chain		<p>Rationale: To ensure alternative arrangements can be put in place and identify any international supply shortages</p> <p>Nursing Home specific response: < Document here any issues identified; add this to the risk register and highlight alternative arrangements ></p>	<input type="checkbox"/>	<input type="checkbox"/>
8. Agree a communication strategy for various groupings e.g. residents, staff, relatives, media. Draft up proposed templates for regular communications & ensure contact details for NOK are up-to-date.		<p>Rationale: To ensure all respective groupings are kept regularly informed of various measures in place; to reduce anxiety; to manage expectations and to reduce the likelihood of increased phone calls during critical times</p> <p>Nursing Home specific response: <List here the strategies/ methods employed; persons responsible; frequency of communications; PR advice contacts in the event of a media query following an outbreak situation e.g. Michael@nhi.ie ></p>	<input type="checkbox"/>	<input type="checkbox"/>
9. Liaise with local palliative care services to ascertain if there are any proposed changes to their service provision or contact details at this time and update EOL policy		<p>Rationale: To enhance understanding of the role of palliative care in managing COVID-19 in nursing homes and highlight any specific provisions or acquisitions required to meet the residents' clinical need and to ensure EOL policy incorporates provisions for COVID.</p> <p>Nursing Home specific response: <Document a brief synopsis of discussion here and list contact details including emergency and out-of hours contacts. Highlight policy updates ></p>	<input type="checkbox"/>	<input type="checkbox"/>
10. Develop a nursing home specific policy and procedures in relation to COVID-19 in key areas such as infection control; cleaning and decontamination; waste management; staff sickness, etc.		<p>Rationale: To ensure consistent application by staff of all policies and procedures</p> <p>Nursing Home specific response: <List here the name of the COVID specific policy or which policies have been updated and where they are located. Note: A template policy has kindly been provided by Nursing Matters free of charge for use by Members and can be accessed by clicking here.></p>	<input type="checkbox"/>	<input type="checkbox"/>

Governance and Management			
Action	Notes	In progress	Complete
11. Consider identification and training of staff to undertake sampling/swabs for testing staff and residents for COVID-19	<p>Rationale: HPSC interim infection control guidance recommendation (pg.13). To ensure timely testing and return of results for these priority groups as designated by NPHET Enhanced Measure No. 3.</p> <p>Nursing Home specific response: <List here whether this has been undertaken and when or if not highlight out any barriers encountered or the reasons why not implemented></p>	<input type="checkbox"/>	<input type="checkbox"/>
12. Establish an area within the nursing home to be used as an isolation unit/ wing and inform residents that may be required to vacate their rooms temporarily (as permitted under the terms of their contract of care)	<p>Rationale: NPHET Enhanced Public Measures No.6 highlights the need to plan for cohorting of residents into COVID-19 and non-COVID-19. HSE Guidance on transfer of Hospitalised patients recommends single en-suite rooms. HPSC Interim Infection Control Guidance permits cohorting in multioccupancy rooms where this is not possible (pg. 24)</p> <p>Nursing Home specific response: <Specify the area to be used for COVID-19 residents ensuring the maximum use of single en-suite rooms or where this is not possible cohorting in a multi-occupancy room with access to a shared en-suite is preferable. Note: specific guidance on dedicating an area for cohorting is on pg 24 of HPSC Interim Infection control guidance></p>	<input type="checkbox"/>	<input type="checkbox"/>
13. Develop registers for the purpose of documenting staff caring for residents with COVID-19 (to enable contact tracing) and for occupational health monitoring and tracking of staff in self-isolation	<p>Rationale: HPSC Interim infection control guidance recommends a register of staff caring for residents with COVID-19 (pg. 13). HPSC Occupational health guidance recommends that staff who are self-isolating or ill should be actively monitored if they are a close contact (staff will self-monitor their symptoms but these must be reported daily to the nursing home) (pg.11)</p> <p>Nursing Home specific response: < Specify location of each register developed. Highlight if any additional measures have been taken to introduce named nurses/ carers or dedicated staff working within particular units></p>	<input type="checkbox"/>	<input type="checkbox"/>
14. Liaise with local funeral directors to ascertain any changes to their normal practices; identify emergency and out-of-hours contact details and their contingency planning for surge capacity (i.e. use of body bags; coffins; response times, etc)	<p>Rationale: To identify any additional measures that the nursing home may have to implement should there be any delays in removing any deceased residents from the nursing home.</p> <p>Nursing Home specific response: <Document a brief synopsis of discussion here and any additional provisions which have been implemented as a result. Note: Updated HPSC guidance for funeral directors can be downloaded here which now highlights the use of body bags as being optional. Consider also need for temporary morgue facilities within the nursing home should a resident in a multi-occupancy room die and there is a delay in the undertaker due to a surge in the community></p>	<input type="checkbox"/>	<input type="checkbox"/>

Governance and Management		Notes	In progress	Complete
Action				
15. Review work practices and staff allocation. Assign staff to work in particular areas of the nursing home, operating as discrete units where possible. Prepare a list of 'essential' duties for all staff groupings and calculate minimum staffing levels.		<p>Rationale: HPSC interim infection control guidance recommendation (pg.14) to reduce exposure risk. Essential duties list will assist preparations and directing of staff duties when staffing levels are seriously depleted during the emergency</p> <p>Nursing Home specific response: <Document the process of staff allocation to dedicated units. As the guidance recommends that cohort areas should be separated by closed doors (pg. 25) then consider using fire compartments for this purpose. Highlight location of the 'essential duties' listings and list minimum staffing levels required to maintain operations></p>	<input type="checkbox"/>	<input type="checkbox"/>
16. Consider reducing occupancy rates/ admissions		<p>Rationale: To reduce the burden on remaining staff during the emergency when staffing levels may be severely depleted; To provide capacity for isolation of residents who may be in a shared bedroom.</p> <p>Nursing Home specific response: <List any measures you have taken here></p>	<input type="checkbox"/>	<input type="checkbox"/>
17. Ensure all residents have the opportunity to document and update their wishes in respect of Advanced Care Planning and/ or DNAR orders		<p>Rationale: To ensure residents' wishes are documented and respected if they lose the ability to make decisions during the emergency.</p> <p>Nursing Home specific response: <Record date of reviews, any issues arising and actions taken></p>	<input type="checkbox"/>	<input type="checkbox"/>
18. Develop Care Plans for the care of residents who are suspect/ probable or confirmed cases		<p>Rationale: To guide and direct staff and for immediate use as soon as symptoms develop</p> <p>Nursing Home specific response: <List location of care plan here. Note: Templates have been developed by:</p> <ul style="list-style-type: none"> • Nursing Matters and Associates • St Vincent's Nursing Home Unit > 	<input type="checkbox"/>	<input type="checkbox"/>
19. Prepare signage to identify COVID/ NON-COVID areas of the nursing home for use when the first case has been established		<p>Rationale: To inform staff of when they are entering a COVID area and for immediate use as soon as required</p>	<input type="checkbox"/>	<input type="checkbox"/>

Procurement	Action	Notes	In progress	Complete
20. Complete an initial inventory of Personal Protective Equipment (PPE) and secure sufficient supplies specifically of single use nitrile gloves; disposable aprons; disposable long sleeved fluid resistant gowns; surgical masks; FFP2 respirator masks; eye protection (either visor or goggles); Note: head covers and theatre shoe covers are NOT necessary	<p>Rationale: PPE required for all contacts with probable or confirmed cases. Details provided in HPSC Interim infection control guidance for residential care facilities document and HPSC Current recommendations on the use of PPE document V 1.0 17.03.20 highlights specifically that head covers; theatre caps and shoe covers are not required (pg. 8). NPHEP recommendation 22/04/20 that facemasks are to be worn in all clinical areas when caring for a resident within 1 metre and when physical distancing cannot be maintained between staff</p> <p>Nursing Home specific response: <List here current supplier name and contact details and any issues with stock encountered including date. List alternative suppliers/ methods of procurement adopted including date. E.g. sourcing PPE/ masks in retail outlets; pharmacies; hardware stores; agricultural/ equine supply stores, etc; Utilising local business commerce connections or local social media pages to advertise locally for PPE from businesses that may have closed down temporarily (i.e. masks from beauticians; science and technology goggles from secondary schools; aprons from hairdressers, etc). Use of dedicated website for this purpose: https://covidmedsupply.org/. Note NPHEP Extended Public Health Measures no. 4 highlights that the HSE will ensure PPE supply to LTRC. Contact your local CHO Chief Officer to gain access to supplies></p>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Complete an inventory of cleaning supplies and secure sufficient and additional supplies, particularly of detergents; disinfectants; disposable cleaning cloths; disposable mop-heads; alginate bags; general waste bags; clinical waste bags and tissues	<p>Rationale: Recommendations for two step cleaning process and use of alginate bags for all infected linen in the HPSC Interim Infection control guidance which also recommends all cleaning equipment should be single use and stored separately (pg. 32). Additional stock should be factored into supplies due to increased environmental cleaning to at least twice daily as per HPSC and WHO infection control guidance. Tissues should be placed at entrances, various locations and in all resident bedrooms to enable respiratory hygiene and cough etiquette.</p> <p>Nursing Home specific response: <List here current supplier name and contact details and any issues with stock encountered including date. List alternative suppliers/ methods of procurement adopted including date. Note: HPSC guidance states only employer supplied products are to be used (pg. 32).></p>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Review availability of hands-free closed clinical waste bins to ensure sufficient quantities for use both inside and external to isolation rooms. Order additional bins as necessary.	<p>Rationale: HPSC interim infection control guidance recommends immediate disposal of all items in contact with residents in isolation should be treated as healthcare/ clinical waste, to include tissues. (pg.29/30)</p> <p>Nursing Home specific response: <Highlight if any extra bins ordered and if clinical waste collection schedules amended></p>	<input type="checkbox"/>	<input type="checkbox"/>	

Procurement	Action	Notes	In progress	Complete
23.	Complete an inventory of hand hygiene products and secure sufficient and additional supplies of liquid hand soap; paper towels; alcohol based hand rub (>60% alcohol)	<p>Rationale: WHO Interim Infection Control Guidance specifies minimum of 60% alcohol for hand rubs (pg 1). Ensure supplies factor in consideration of the number of increased hand hygiene points at entrances to each isolation room, etc</p> <p>Nursing Home specific response: <List here current supplier name and contact details and any issues with stock encountered including date. List alternative suppliers/ methods of procurement adopted including date. Note: local distilleries are now producing alcohol hand gels and are prioritising health care workers.></p>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Complete an inventory and ensure sufficient restocking and renewed supply of cylinder Oxygen, ensuring these are decontaminated. Liaise with normal suppliers to identify any issues in the supply chain and ensure correct and up to date contact details for emergency or out-of-hours contacts	<p>Rationale: Whilst the Oxygen requirements for symptom control/ palliation is not yet known it is likely that there may be a high demand. When placing orders the facilities for safe and appropriate storage within the nursing home should be considered.</p> <p>Nursing Home specific response: <List here current supplier name and contact details (including emergency and out-of-hours contacts) and any issues with stock encountered including date. List alternative suppliers/ methods of procurement adopted including date. Note: NPHEH Enhanced Measures No. 4 highlights HSE support for access to Oxygen. Contact your local CHO Chief Officer to arrange. See also guidance on decontamination of Oxygen cylinders; guidance previously circulated here.></p>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Liaise with Pharmacy to ensure sufficient stocks of medication for residents; to confirm new arrangements for repeat prescriptions; to undertake a medication review; to discuss supply and delivery of expected anticipatory medications; ascertain emergency and out-of-hours contacts and discuss mutual contingency arrangements if the Pharmacist becomes ill or is required to self-isolate	<p>Rationale: To ensure continuity of care for residents. Identify impact of the Medicinal Products (Prescription and Control of Supply (Amendment) Regulations 2020. To ensure anticipatory medications in stock by pharmacy. To enable access to medications in an emergency situation. Medication reviews should be undertaken to plan for an outbreak situation to assist in reducing contact time with probable/ confirmed cases by adjusting administration schedules e.g. if the majority of medications can be given maximum of once or twice daily.</p> <p>Nursing Home specific response: <Highlight here a brief synopsis of the discussion and planned actions. Specify emergency and out-of-hours contact details and any alternative arrangements which may be put in place, following an outbreak situation or if the Pharmacist becomes ill. Note: Previously circulated Guidance on Anticipatory Prescribing can be accessed here. PSI and IMO Guidance on the new prescribing legislation here.></p>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Obtain additional communication devices if all bedrooms do not have access to an individual telephone	<p>Rationale: To reduce contact time with residents while in isolation</p> <p>Nursing Home specific response: <List measures undertaken here or alternatives put in place such as baby monitors; walkie talkies; mobile phones, etc – see also Resident Health and Well-being section></p>	<input type="checkbox"/>	<input type="checkbox"/>

Staffing Action	Notes	In progress	Complete
27. Cancel/ Postpone all annual leave	<p>Rationale: To ensure all staff are available for work</p> <p>Nursing Home specific response: <List provisions made and communicated to staff here. Note: some homes may decide to implement a policy of allowing annual leave but cancelling with immediate effect should an outbreak occur></p>	<input type="checkbox"/>	<input type="checkbox"/>
28. Cancel/ Postpone all non-essential training	<p>Rationale: To ensure all staff are available for direct caring duties</p> <p>Nursing Home specific response: <List measures undertaken here. E.g. which updates were postponed and provide new dates where possible></p>	<input type="checkbox"/>	<input type="checkbox"/>
29. For those staff who are part-time in the home, establish willingness and availability to work additional shifts	<p>Rationale: To have established list of all availability to enable planned rostering to take place in the event of an emergency</p> <p>Nursing Home specific response: <Highlight if you have done this and identify any staff willing to increase hours here or highlight location of list></p>	<input type="checkbox"/>	<input type="checkbox"/>
30. Contact staff who have recently left or retired staff and ascertain willingness to return to work. If retired professional staff establish their professional registration status. Assist them to re-register and update Vetting where required	<p>Rationale: To increase the overall availability of staff who are familiar to the nursing home.</p> <p>To have established list to enable planned rostering to take place in the event of an emergency. To avoid any delays in commencing duties by having all recruitment tasks completed</p> <p>Nursing Home specific response: <List any staff by name, role and contact details and their availability here or highlight location of list/ files></p>	<input type="checkbox"/>	<input type="checkbox"/>
31. Contact staff who may be on a career break; parental leave or other leave arrangements and ascertain willingness to return to work and availability	<p>Rationale: To have established list of all availability to enable planned rostering to take place in the event of an emergency</p> <p>Nursing Home specific response: <List any staff by name, role and contact details and their availability here or highlight location of list/ files></p>	<input type="checkbox"/>	<input type="checkbox"/>
32. Contact pre-registration students who may have worked in the nursing home and establish their willingness and availability to work	<p>Rationale: To have established list of all availability to enable planned rostering to take place in the event of an emergency</p> <p>Nursing Home specific response: <List any staff by name, role and contact details and their availability here or highlight location of list/ files></p>	<input type="checkbox"/>	<input type="checkbox"/>
33. Contact volunteers in the home and ask if they would be willing to take on additional roles/ increase hours (e.g. catering assistant; household or caring staff) on a paid basis	<p>Rationale: To increase flexibility in the rostering system and enable on-the-job learning/ mentoring to take place in their new roles. Note: HPSC interim infection control guidance that 'normal' volunteering services should cease (pg. 16)</p> <p>Nursing Home specific response: <Highlight details here if applicable></p>	<input type="checkbox"/>	<input type="checkbox"/>

Staffing			
Action	Notes	In progress	Complete
34. Provide shadowing and additional training for existing staff within the home so that their roles are interchangeable and tasks are familiar should the need arise	<p>Rationale: To ensure that all staff receive 'on-the-job' learning and are familiar with duties they may be tasked with undertaking in an emergency situation. NSAI recommendation.</p> <p>Nursing Home specific response: <Highlight what staff will take up which roles and what supports are in place></p>	<input type="checkbox"/>	<input type="checkbox"/>
35. Actively recruit additional staff, particularly nursing and health care assistant staff. Secure Garda Vetting/ References and commence induction of staff	<p>Rationale: To prepare for surge capacity when staffing levels are expected to be severely depleted if staff become ill or are required to self-isolate. Garda Vetting is required for all staff and volunteers prior to commencing work therefore should be completed in advance to avoid any unnecessary delays.</p> <p>Nursing Home specific response: <List actions you have taken to recruit staff e.g. use of www.nhirecruitment.ie or through social media channels, etc></p>	<input type="checkbox"/>	<input type="checkbox"/>
36. Identify preferred healthcare worker agencies and establish contacts	<p>Rationale: To establish networks and prioritisation during an emergency</p> <p>Nursing Home specific response: <List contact details of preferred agencies here></p>	<input type="checkbox"/>	<input type="checkbox"/>
37. For nursing homes that are part of a group, consider if staff redeployment is an option in the case of an outbreak. Note any redeployment would be required to be for a defined fixed period to avoid the risk of transferring the virus between facilities. Redeployed staff should work in the non-COVID section of the home to reduce the risk of transmission when returning to their original place of work.	<p>Rationale: NPHEH team Enhanced Public Measures No. 2 highlights the need to minimise staff movement working across facilities. Also Kings County Washington report identified this as a contributing factor in their outbreak. HPSC interim infection control guidance (pg.14). To support nursing homes within the group experiencing an outbreak situation. It is likely that outbreaks within group homes will be staggered and as staff are required to self-isolate for a period of 14 days it is expected that some staff will be in a position to return to work when the next nursing home is affected, thereby providing a rotating system of staffing.</p> <p>Nursing Home specific response: <List any specific arrangements here and provide contact details of the person responsible for executing the redeployment of staff. Consider professional staff who may be working in an administrative, managerial function also.></p>	<input type="checkbox"/>	<input type="checkbox"/>
38. Consider retention strategies and schemes to incentivise existing staff	<p>Rationale: To try to prevent staff from leaving due to the HSE 'Ireland on call' recruitment campaign</p>	<input type="checkbox"/>	<input type="checkbox"/>
39. Liaise with the local CHO Chief Officer to ascertain local systems in place for accessing crisis staffing from the 'Ireland On Call' campaign	<p>Nursing Home specific response: <Highlight any measures put in place></p> <p>Rationale: To enable swift action should staffing levels be severely depleted in an emergency</p> <p>Nursing Home specific response: <List contact details for CHO team here. Provide synopsis of discussion and highlight details of the process here></p>	<input type="checkbox"/>	<input type="checkbox"/>

Staff Education and Awareness (For newly recruited and all existing staff)

Action	Notes	In progress	Complete
40. Provide updated training to all staff on infection, prevention and control to include Standard Precautions and Contact/ Droplet precautions and cough etiquette and ensure there are general information posters on COVID-19 and posters on respiratory hygiene and cough etiquette strategically placed at various locations in the nursing home.	<p>Rationale: To ensure staff are following best practice in infection, prevention and control and are able to understand the precautions to be taken in various scenarios. All guidance documents recommend training to be provided to all staff and volunteers appropriate to their role.</p> <p>Nursing Home specific response: <List here training provided, including dates and whether this was in-house training; externally sourced or self-directed study through use of electronic platforms or reading materials such as www.HSEland.ie which hosts the following resources: COVID-19 Infection Prevention and Control Guidance; Introduction to Infection Prevention and Control; Breaking the Chain of Infection. Nursing Matters have also provided training videos here.</p> <p>Posters are available here on Government and HPSC websites. Also HPSC Webinar here.></p>	<input type="checkbox"/>	<input type="checkbox"/>
41. Provide updated training to all staff on hand hygiene practices and ensure advisory signage on 'WHO Five Moments of Hand Hygiene' is placed at all hand hygiene facilities within the home	<p>Rationale: To ensure best practice and to reinforce effective hand hygiene to limit the spread of the virus. All guidance documents recommend hand hygiene training and posting of advisory signage.</p> <p>Nursing Home specific response: <List here training provided including dates and method. Note: HSEland has a course entitled 'Hand Hygiene for HSE Clinical Staff'. Advisory signage can be downloaded from WHO website by clicking here></p>	<input type="checkbox"/>	<input type="checkbox"/>
42. Provide training on correct use of Personal Protective Equipment (PPE) – donning and doffing and reinforce daily with video and practical demonstrations	<p>Rationale: To ensure staff are trained in the appropriate use of PPE and to ensure their protection is not breached due to inappropriate use.</p> <p>Nursing Home specific response: <List here training provided including dates and method of reinforcement applied. Note: HSEland course entitled 'Putting on and taking off PPE in community healthcare settings'. Also quick video demonstrations are available on HPSC website here.></p>	<input type="checkbox"/>	<input type="checkbox"/>
43. Provide refresher training on the use of oxygen	<p>Rationale: NP/HET Enhanced Public Measures No. 5 recommendation. Oxygen is likely to be used for symptom control</p> <p>Nursing Home specific response: <List here training provided including dates. Note: training course on Respiratory Care on HSEland ></p>	<input type="checkbox"/>	<input type="checkbox"/>
44. Provide updated training on palliative and end-of-life care and pronouncement of death	<p>Rationale: NP/HET Enhanced Public Measures No. 5 recommendation. Residents may have identified an advanced directive for a palliative care approach or be too ill to transfer</p> <p>Nursing Home specific response: <List here training provided including dates. Note training courses on HSEland include: Palliative Care (for Nurses Returning to Professional Practice in response to COVID-19); Pronouncement of Death></p>	<input type="checkbox"/>	<input type="checkbox"/>

Infection, Prevention and Control Measures		Notes	In progress	Complete
Action				
45. Cease all visitors to the nursing home including non-essential workers and ensure this is clearly defined within the visiting policy. Exceptions for visiting can be made for End-of-Life situations following risk assessment and the use of clinical judgement, generally limited to one person at a time	<p>Rationale: NHI recommendations to implement visitor restrictions 6th March 2020. NPHEI recommendations on 'Cocooning' and non-essential travel on 27th March 2020 followed by clarification on cocooning which highlighted suspension of visiting in NHI Members' mailing dated 31st March 2020. WHO guidance for Long-term care recommendation.</p> <p>Nursing Home specific response: <List here the measures you have introduced and when; how you communicated these to residents, staff and families and any additional provisions put in place to counteract. See also Resident's well-being section></p>		<input type="checkbox"/>	<input type="checkbox"/>
46. Diligently screen all new admissions for fever or symptoms of respiratory tract infection. Ensure you strictly adhere to the updated guidance on admissions and transfers regarding screening and accommodation	<p>Rationale: To reduce risk of introducing the virus into the nursing home. HPSC interim infection control guidance (pg. 17) and HSE Guidance on transfer of hospitalised patients documents recommendations</p> <p>Nursing Home specific response: <List here actions you have taken to ensure this happens in practice, e.g. have you updated your pre-admission assessment, or admissions criteria/ policy and have you reinforced these with staff responsible?></p>		<input type="checkbox"/>	<input type="checkbox"/>
47. Ensure residents are 'Cocooning' and spending the majority of the time in their bedrooms except for unaffected residents who may access communal areas or go outside in small groups on a rota basis provided that social distancing is maintained	<p>Rationale: HPSC guidance document on cocooning over 70year olds and those who are extremely medically vulnerable highlights that it is applicable to nursing homes. Additional advice received from HSE infection control team clarified in NHI Member mailing dated 31st March 2020. HPSC interim infection control guidance (pg.13)</p> <p>Nursing Home specific response: <List the measures you have introduced here, by date and how this was communicated to residents, staff and families. E.g. providing meals in residents' rooms or staggering mealtimes to enable strict social distancing in small groups. Highlight out any specific provisions in terms of staffing, activities that have been implemented for residents' well-being and supervision/ safeguarding measures></p>		<input type="checkbox"/>	<input type="checkbox"/>
48. Cease group activities or where essential reduce size of group activities to small groups where social/ physical distancing can be strictly maintained	<p>Rationale: HPSC interim infection control document recommendation (pg 14). WHO guidance for long-term care recommendation (pg.2)</p> <p>Nursing Home specific response: <List alternative arrangements adopted to continue meaningful activities for residents></p>		<input type="checkbox"/>	<input type="checkbox"/>

Infection, Prevention and Control Measures		Notes	In progress	Complete
<p>Action</p>	<p>49. Ensure all staff wear facemasks when within 1 metre & implement standard precautions. Ensure staff and residents are performing hand hygiene diligently and frequently providing feedback of non-adherence.</p>	<p>Rationale: NPHET, HPSC and WHO general recommendations. Feedback on poor practices aims to drive compliance. NPHET recommendation on facemasks dated 22/04/2020 – pg 28 of HPSC interim infection control guidance</p> <p>Nursing Home specific response: <Highlight any additional hand hygiene facilities provided and dates and outcomes of any audits of hand hygiene practices of staff performed, etc></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>50. Reinforce staff uniform policies in particular to ensure appropriate daily laundering (highest temperature possible); changing into uniforms upon arrival at work; no personal items or jewellery</p>	<p>Rationale: To reduce risk of introducing the virus into the facility from community transmission via uniforms. HPSC interim guidance (pg.33)</p> <p>Nursing Home specific response: <Highlight any additional specific provisions you have implemented here></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>51. Enforce physical distancing between staff at work</p>	<p>Rationale: NPHET general public information recommendations to prevent the transmission of the virus.</p> <p>Nursing Home specific response: <List the measures implemented to enforce social distancing at work. E.g. holding staff handovers in larger communal rooms to distance staff; staggering staff breaks and using unoccupied communal rooms for temporary staff use; advising staff to avoid congregating around nurse's stations, etc></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>52. Revise cleaning schedules and increase frequency of cleaning and disinfection - communal areas and resident bedrooms are cleaned at a minimum of once daily/ bathrooms are cleaned at least twice daily. Focus on frequently touched surfaces such as door handles, light switches, bed rails, arms of chairs (especially underneath), bed tables, lockers, handrails, grab rails, commodes, remote controls, tablets/ phones & electronic devices, assistive equipment; table & counter tops, etc)</p>	<p>Rationale: To prevent transmission of the virus within the nursing home. HPSC interim guidelines recommend once daily cleaning of resident rooms and twice daily cleaning of frequently touched surfaces (pg.32) and also highlights that practically cleaning could ideally be performed by those caring for the resident in isolation whilst in the room. WHO guidance on long term care recommends twice daily cleaning of bathrooms (pg.3)</p> <p>Nursing Home specific response: <List changes made and highlight out any additional instruction given to cleaning/ household staff, particularly in relation to reinforcing cleaning practices such as appropriate use of detergents and ensuring manufacturer's instructions are followed to observe contact time for disinfectants before rinsing.></p>	<input type="checkbox"/>	<input type="checkbox"/>	

Infection, Prevention and Control Measures		
Action	Notes	In progress Complete
53. Introduce daily visual inspections of environmental hygiene, laundry and hand hygiene practices, including a review of documented cleaning schedules and checking of hand hygiene points to ensure adequate supplies. Complete scheduled audits of environmental hygiene and infection, prevention and control and provide regular feedback to staff	<p>Rationale: To ensure effective governance and management oversight; for quality control and to improve compliance. WHO guidance for long term care recommends regular audits (pg.1). NHI information sheet on infection control demonstrated that inspectors found multiple examples of soap, alcohol gels, paper towels, etc. were not routinely replenished as well as poor cleaning practices and lack of segregation of clean and dirty items.</p> <p>Nursing Home specific response: <Highlight provisions implemented here, persons responsible, any issues encountered and actions taken. Note: NHI RA003 Information Sheet on Infection Control can be used to assist in identifying common areas of non-compliance></p>	<p><input type="checkbox"/> In progress</p> <p><input type="checkbox"/> Complete</p>
54. Review the use of multi-task attendants particularly those that are moving between tasks throughout the day (e.g. cleaning duties; kitchen assistants; caring duties; etc.)	<p>Rationale: Multi-task attendants were cited as a key non-compliance in HIQA inspection reports due to concerns about transmission of infection. This is of particular importance in the current emergency due to the frequency of resident contact and access to all parts of the centre which could easily transmit the virus if high standards were not maintained.</p> <p>Nursing Home specific response: <Highlight here actions taken to address the use of multi-task attendants e.g. assigning staff to one duty per shift or restricting access to one area, etc.></p>	<p><input type="checkbox"/> In progress</p> <p><input type="checkbox"/> Complete</p>
55. Wherever possible ensure there is dedicated personal medical equipment available for use only in isolation rooms. Where this is not possible ensure all devices are cleaned and decontaminated prior to use in non-cohort areas	<p>Rationale: HPSC interim infection control recommendation (pg.29)</p> <p>Nursing Home specific response: <Detail inventory of equipment which can be allocated to isolation/ cohort areas and review the need for additional procurement, particularly of protective covers, etc)</p>	<p><input type="checkbox"/> In progress</p> <p><input type="checkbox"/> Complete</p>

Occupational Health

Action	Notes	In progress	Complete
<p>56. Implement twice daily checking of staff temperatures, prior to commencing each shift and at a midway point through the shift. Staff should also verbally confirm that they do not have any symptoms such as fever, cough, shortness of breath or myalgia.</p>	<p>Rationale: NPHET recommendation No.3 Enhanced Public Measures on 31st March 2020 WHO Infection control interim guidance for long-term care facilities (pg. 2). HPSC infection control guidance (pg.13). HPSC Occupational health document highlights temperature of >37.5 and need to put on mask immediately (pg.15)</p> <p>Nursing Home specific response: < List here arrangements which have been put in place to perform this and the actions to be taken if staff become symptomatic. E.g. Lead nurse on duty on each shift identified to take temperatures of all staff and record on Staff temperature monitoring chart. Staff with temperature >37.5 degrees asked to put on mask and go home immediately (where this is not possible isolate in a room first). PIC reviews charts daily and keeps a log of all staff sent home.></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>57. Reinforce staff sickness policies; ensure staff self-monitor and do not come to work if they develop fever or any respiratory symptoms and that they self-report if they have been in close contact with a case</p>	<p>Rationale: To prevent transmission within the nursing home and to ensure that staff contact the nursing home to report reasons for their absence or need to self-isolate</p> <p>Nursing Home specific response: <List here the actions you have taken e.g. if you have amended the staff sickness policy in the context of COVID 19 particularly with regard to payment terms; any staff information leaflets provided and the provision of the HSE Occupational Helpline number: 1850 420420; etc.></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>58. Identify staff members who live with other healthcare workers working elsewhere; staff who may be working across multiple nursing homes or staff living in direct provision centres. Establish also any staff member that may be sharing transport to and from work</p>	<p>Rationale: NPHET team-Enhanced Public Measures No. 2 highlights the need to minimise staff movement working across facilities</p> <p>Nursing Home specific response: <List provisions you have put in place here. E.g. nursing homes may have alternative accommodation or empty independent living units that could be used to temporarily accommodate staff. Note: NPHET measure No. 2 highlights HSE to provide support for alternative residence and transport. Contact your local CHO Chief Officer to discuss. Also FreeNow taxi service has offered 50% off taxi fares – see NHI mail 8th April 2020></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>59. Identify staff who may fall into the vulnerable categories for COVID-19 or who live with persons who are vulnerable</p>	<p>Rationale: HPSC interim guidance on infection control identifies the need to cohort staff caring for residents with COVID-19. Immunocompromised staff are at higher risk if they contract the virus and therefore every effort should be made to safeguard these vulnerable staff members. See HPSC guidance here.</p> <p>Nursing Home specific response: <Highlight here the actions you have taken to plan for the cohorting of staff caring for residents. This may include practising scenarios to identify any issues presenting. List also any arrangements put in place to offer alternative accommodation for staff sharing with vulnerable people or to mitigate against risk of transmission.></p>	<input type="checkbox"/>	<input type="checkbox"/>

Occupational Health		Notes	In progress	Complete
Action	<p>60. Enhance staff communication; provision of information to all staff and encourage staff to ask questions; raise concerns or provide suggestions. Prepare a central resource for all up to date information, policies and guidance documents within the nursing homes and direct all staff to only use official websites www.hpsc.ie; www.hse.ie and www.gov.ie to source their information</p>	<p>Rationale: To ensure all staff are fully informed and have access to the latest documentation to aid their clinical practice and decision-making. Providing a central resource will ensure that all of the latest updates are easily accessible to staff. Enhancing communication methods will assist in reducing anxiety and building trust and resilience at this difficult time.</p> <p>Nursing Home specific response: <List here additional resources prepared and location of these. Highlight specific methods of communication adopted and how staff are kept informed of all updates and in particular the procedures to follow to report and manage a suspected/ confirmed case and atypical presentations. E.g. additional staff meetings; staff noticeboard information; activities built into staff handovers, etc. Document how staff can seek specialist infection control advice either through local public health or via HIQA infection prevention and control hub: 1800 220 000 or DCIPCsupport@hiqa.ie. ></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>61. Provide information; resources and support to assist staff with their mental health and well-being; such as posters; videos; mindfulness applications, etc</p>	<p>Rationale: To ensure staff are supported; to reduce anxiety and to develop coping mechanisms to avoid stress and burnout.</p> <p>Nursing Home specific response: <List steps you have taken to assist staff here. E.g. access to Employee Assistance Programmes; HSE Occupational Health Helpline; use of the following websites for information, posters and resources:</p> <ul style="list-style-type: none"> • WHO Mental Health Considerations • Mental Health Ireland • UK Intensive Care Society Well-being posters – general application for all <p>Pieta House has also offered free telephone counselling for all staff and residents. See www.pieta.ie for contact details.></p>	<p>Rationale: Cumulative exposure to residents who are in isolation may increase risk of transmission, make the staff member ill or deem them to be a close contact which will then require them to self-isolate. See Risk Assessment here. Updated HPSC Occupational Health document now states the infectious period for contact tracing is now 48hrs prior to showing symptoms (pg 6)</p> <p>Nursing Home specific response: <Highlight any measures introduced and learning here. E.g. It may be advisable in the preparedness phase to have a sheet in each residents notes so that staff can sign to state if they have been in the room, for how long and if they had any PPE on them – this will assist contact tracing should a resident become suspected or confirmed.></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>62. Monitor staff contact time with residents and practise on reducing the length of tasks to below 15mins where possible</p>			<input type="checkbox"/>	<input type="checkbox"/>

Resident Health and Well-being	Action	Notes	In progress	Complete
63. Ensure all residents receive information about COVID-19 in a format that they can understand and which focuses on the measures that they can take to protect themselves. Ascertain residents' wishes on the level and quantity of the information they wish to receive and ensure they have the appropriate supports to help them process that information and seek clarity on any aspects. Provide supports for mental health as needed. Update all care plans.	<p>Rationale: Fundamental human right to have access to information. Allowing the resident to choose and control the amount of information they wish to receive will assist their coping mechanisms. HPSC interim infection control guidance recommendation (pg.14)</p> <p>Nursing Home specific response: <List here the measures you have/ are taking to keep residents informed and any issues encountered. E.g. information sessions on hand hygiene and cough etiquette; resident satisfaction surveys to ascertain impact of measures and enable residents to continue to exercise choice, etc></p> <p>Note: Pieta House has offered free telephone counselling for all staff and residents. See www.pieta.ie for contact details. Also the National Adult Literacy Agency has developed a plain English guide to terms used which you can access here.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
64. Revise the activities schedules and where possible increase the provision of one-on-one activities during the visiting and cocooning restrictions & update resident's psychosocial care plan	<p>Rationale: To ensure residents have access to meaningful activities and stimulation and can continue to exercise choice</p> <p>Nursing Home specific response: <List here the measures you have employed to ensure all residents have access to activities according to their interests and abilities. ></p>	<input type="checkbox"/>	<input type="checkbox"/>	
65. Ensure residents remain connected with their families and friends and the wider community to include connection with other residents/ friends within the nursing home. For residents in a shared room consider ways in which this can be undertaken in private. Consider also utilising these methods to continue resident's committee meetings, etc	<p>Rationale: To provide stimulation and support during the cocooning/ isolation phase</p> <p>Nursing Home specific response: <List here the measures you have/ are taking. E.g. telephone, video-messaging (Skype/ FaceTime/ WhatsApp), letters from school children, etc. In order to reduce the demand on staff time; need to disinfect devices between residents and need for families to arrange times to call, it may be worth asking local businesses to donate tablets/ smartphones or seeing if relatives and staff can repurpose old smartphones that they may have at home for use by residents. These devices can then run via the nursing home's WiFi generally without the need for SIM cards. Data should be removed first by restoring the phone to factory settings.></p>	<input type="checkbox"/>	<input type="checkbox"/>	
66. Ensure residents that are cocooning receive regular staff visits and supervision throughout the day	<p>Rationale: To ensure their overall safety, health and well-being and reduce risks of boredom and isolation.</p> <p>Nursing Home specific response: <List here frequency of contacts/ measures taken></p>	<input type="checkbox"/>	<input type="checkbox"/>	

Residents' Health and Well-being		Notes	In progress	Complete
Action				
67. Actively monitor all residents for signs and symptoms of the virus to include twice daily temperature checks. As older persons may present atypically also screen for increased confusion, falls, loss of appetite or sudden deterioration in known respiratory illness. Take immediate action to isolate the resident and instigate Contact and Droplet precautions, where the resident is symptomatic.		<p>Rationale: WHO guidance for Long-term care recommends twice daily temperatures for residents (pg.2) as an early recognition precaution measure. HPSC interim infection control document (pg. 14)</p> <p>Nursing Home specific response: <Highlight the date you commenced monitoring residents' temperatures and other screening including the frequency of this></p>	<input type="checkbox"/>	<input type="checkbox"/>
68. Liaise with pharmacist/ GP re Vitamin D Supplementation for all older residents at this time		<p>Rationale: TILDA research study recommendation here. INDI factsheet recommendation here.</p> <p>Nursing Home specific response: <List if supplementation commenced></p>	<input type="checkbox"/>	<input type="checkbox"/>
69. Ensure the needs of residents with cognitive impairment/ Dementia are given due consideration, particularly ensuring they are given bite-sized information repeatedly; are assisted to maintain high standards of hand hygiene; receive adequate stimulation and occupation and are monitored for signs of delirium. Specifically update the Responsive Behaviours Policy and the relevant care plans of all residents to reflect their care needs during the cocooning stage or if full isolation is required. Audit the use of restraint/ restrictive practices		<p>Rationale: Residents with cognitive impairment are particularly vulnerable at this time and isolation and restrictive measures may be detrimental to their overall health and well-being.</p> <p>Nursing Home specific response: <List here the changes to the policy or arrangements you have made. Consider preparing individualised activities schedules and/ or resources for use in isolation based on their life stories and individual preferences e.g. reminiscence activities, music, rummage boxes, games, etc. and ensure these are documented within the relevant care plans/ positive behaviour support plans. List contact details for any psychiatry of old age services here></p> <p>Note: Previously circulated information:</p> <ul style="list-style-type: none"> • DSIDC Life Story template • DSIDC Reminiscence template • Management tips for suspected cases of delirium • British Geriatric Society Guidelines 	<input type="checkbox"/>	<input type="checkbox"/>

Catering		Notes	In progress	Complete
Action				
70. Revise kitchen and food storage area cleaning schedules to increase frequency of cleaning in these areas and in particular following delivery of new supplies		<p>Rationale: To reduce the risk of introducing the virus on contaminated surfaces, delivery trays or via materials, food packaging. See pg. 9 of HPSC interim infection control guidance</p> <p>Nursing Home specific response: <List here changes introduced and any additional methods employed></p>	<input type="checkbox"/>	<input type="checkbox"/>
71. Continue to liaise with all food suppliers to ascertain any expected disruption in the supply chain		<p>Rationale: To ensure alternative arrangements can be put in place and identify any expected food or beverage shortages</p> <p>Nursing Home specific response: < Document here any issues identified; make any adjustments required to menu planning and highlight out any further actions taken></p>	<input type="checkbox"/>	<input type="checkbox"/>
72. Review menu planning; meal times and provision of drinks and snacks to identify changes in practice which may be required to provide meals to residents in their bedrooms or in the event kitchen staff are absent through self-isolation or illness		<p>Rationale: To ensure residents continue to receive a high standard of food at the correct temperature and at the correct times. To ensure residents spending time in their bedrooms have regular access to drinks and snacks.</p> <p>Nursing Home specific response: <List here arrangements which have been put in place to address E.g. Preparing alternative menus with reduced choices should kitchen staff be severely depleted; procurement of non-perishable snacks for distribution to residents in their bedrooms to reduce contact times during isolation, etc; use of care staff to transfer meals from the kitchen to resident bedrooms to reduce exposure to kitchen staff. Note: Learning from early nursing home outbreaks demonstrated that up to 50% of kitchen staff may be depleted></p>	<input type="checkbox"/>	<input type="checkbox"/>
73. Prepare; batch cook and label meals in advance which can be frozen and reheated if the chef becomes ill or is required to self-isolate. (Ideally a number of days' worth of food).		<p>Rationale: To ensure continuity of food provision to residents and enable back-up contingency plans to be implemented.</p> <p>Nursing Home specific response: <List here the quantity and types of food prepared and persons responsible for reheating and distributing food></p>	<input type="checkbox"/>	<input type="checkbox"/>
74. Identify local chefs/ caterers or kitchen staff who may be willing to be on stand-by and ensure these are Garda Vetted as required		<p>Rationale: To replace kitchen staff who may be ill or required to self-isolate</p> <p>Nursing Home specific response: <Detail here the names and contact numbers of alternative staffing that can be contacted></p>	<input type="checkbox"/>	<input type="checkbox"/>
75. Source alternative forms of meal delivery as a means of last resort		<p>Rationale: To provide further contingency measures should all of the above fail</p> <p>Nursing Home specific response: <Provide contact details of the services that can be activated here. Note: if this includes takeaway provision ensure that there is daily review to ascertain if they are still open and can cater for the number of residents involved></p>	<input type="checkbox"/>	<input type="checkbox"/>

Laundry		
Action	Notes	In progress Complete
76. Reinforce infection prevention and control measures with laundry staff. In particular the segregation of clean and dirty linen, storage of linen and correct methods including washing temperatures	<p>Rationale: NHI RA003 Information Sheet on Infection Control identified that poor segregation and storage of linen was a common non-compliance during HIQA inspections which may contribute to a risk of transmission of infection. Laundry staff also did not always know the correct temperatures when asked.</p> <p>Nursing Home specific response: <List here arrangements you have taken or information provided></p>	<input type="checkbox"/> In progress <input type="checkbox"/> Complete
77. Source alternative laundry facilities in the local area to temporarily outsource laundry should the laundry personnel become ill or are required to self-isolate. Liaise with them in relation to any specific provisions required.	<p>Rationale: To ensure continuity of service</p> <p>Nursing Home specific response: <List here arrangements you have taken and provide names and contact details here. ></p>	<input type="checkbox"/> In progress <input type="checkbox"/> Complete

Maintenance		
Action	Notes	In progress Complete
78. Source alternative maintenance provision to be on stand-by should the maintenance personnel become ill or are required to self-isolate.	<p>Rationale: To ensure continuity of service</p> <p>Nursing Home specific response: <List here arrangements you have taken and provide names and contact details here. ></p>	<input type="checkbox"/> In progress <input type="checkbox"/> Complete

Response Phase

This part of the plan focuses on maintaining service provision and preventing onward transmission of the virus during a COVID outbreak among residents or staff. Steps that have been taken in the Preparedness phase will now be operationalised as the need arises in each category.

Information and guidance on the clinical management of an outbreak is contained within the [HPSC Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units](#)

Further individualised practical support and guidance on the clinical management and response to the outbreak as it occurs will be provided through your local Public Health Team; Chief Officer or COVID Response Team.

Additional high level actions highlighted within this section are therefore to assist with the immediate response to a suspect or confirmed case and the presenting situation.

Note: Asymptomatic staff members who have been identified as close contacts to a suspect/ confirmed case which has occurred elsewhere will be required to self-isolate. Your nursing home may therefore be impacted by the absence of staff without any suspect or confirmed cases within your own nursing home. Extra vigilance should be applied to the monitoring of residents and staff if there are a high number of these absences.

These steps should commence when the first possible, probable or confirmed case presents (a resident or a staff member displaying/ reporting symptoms). Refer to the current case definitions on the [HPSC website here](#).

Symptomatic Staff Action	Notes	In progress	Complete
79. Ensure that all staff absences are accounted for/ explained and regular contact is maintained during the absence	Rationale: To screen for potential suspect/ confirmed cases among staff who have not self-reported Nursing Home specific response: <List any relevant information here as required>	<input type="checkbox"/>	<input type="checkbox"/>
80. If a staff member presents with symptoms at work, ensure that they immediately put on a facemask, report to the P/C and arrange to return home and telephone their GP. (Note: If unable to return home at once then they should self-isolate within a separate well ventilated room in the nursing home until able). If a staff member telephones to report symptoms, advise them to contact their GP and remain at home. Both should be advised not to present for work until they have been reviewed by their GP and a clinical decision has been made on their fitness to work.	Rationale: HPSC Interim infection control guidance recommendation (pg.14). HPSC occupational health document advises on wearing of masks (pg. 15) Nursing Home specific response: <Document date, time and symptoms reported on a staff register for the purposes of occupational health monitoring as prepared under action 13 above. Document each respective date of entry to the register and names/ number of staff involved here> (Note: Refer to HSE Occupational Health Helpline, HPSC Occupational Health Guidance and specific guidance on derogation for essential healthcare workers)	<input type="checkbox"/>	<input type="checkbox"/>
81. Establish if the staff member who is symptomatic lives with any other member of staff and ensure they also return home or do not present for work and self-isolate	Rationale: Members of staff living together would be deemed close contacts. HPSC recommendation for close contacts to self-isolate - multiple references. Nursing Home specific response: <Highlight here if any action taken on each occasion>	<input type="checkbox"/>	<input type="checkbox"/>

Symptomatic Staff		Notes	In progress	Complete
Action 82. Establish a list of residents/ staff which may have been in close/ casual contact with the staff member (in the 48 hours before symptom onset) and commence active monitoring	<p>Rationale: Identification of close contacts and immediate self-isolation will reduce the risk of transmission. Close contacts and symptomatic casual contacts must NOT remain at work. HPSC Occupational Health guidance (pg. 9). HPSC Interim infection control guidance now recommends establishing contacts within 48hours before symptom onset (pg. 20)</p> <p>Nursing Home specific response: <Document details of the date and numbers of staff/ residents required to self-isolate on each occasion here.></p> <p>(Note: Derogations for asymptomatic close contact essential workers may be given by management in consultation with public/ occupational health but it is recommended this should be reserved as a last resort when staffing levels reach crisis point and that returning workers are assigned to work in COVID positive areas)</p> <p>Rationale: HPSC Occupational Health recommendation for close contacts (pg. 9). Active monitoring will assist public health to determine the extent of the outbreak and will also enable managers to identify the status and availability of staff for work.</p> <p>Nursing Home specific response: <Update Occupational Health Monitoring document and record any test results received here by date.></p>	<input type="checkbox"/>	<input type="checkbox"/>	
83. Maintain daily contact with the staff member to monitor their symptoms and ascertain if they have been swabbed/ received a result.	<p>Rationale: Identification of close contacts and immediate self-isolation will reduce the risk of transmission. Close contacts and symptomatic casual contacts must NOT remain at work. HPSC Occupational Health guidance (pg. 9). HPSC Interim infection control guidance now recommends establishing contacts within 48hours before symptom onset (pg. 20)</p> <p>Nursing Home specific response: <Document details of the date and numbers of staff/ residents required to self-isolate on each occasion here.></p> <p>(Note: Derogations for asymptomatic close contact essential workers may be given by management in consultation with public/ occupational health but it is recommended this should be reserved as a last resort when staffing levels reach crisis point and that returning workers are assigned to work in COVID positive areas)</p> <p>Rationale: HPSC Occupational Health recommendation for close contacts (pg. 9). Active monitoring will assist public health to determine the extent of the outbreak and will also enable managers to identify the status and availability of staff for work.</p> <p>Nursing Home specific response: <Update Occupational Health Monitoring document and record any test results received here by date.></p>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: The following actions are based on the presumption that all residents are already cocooning in their bedrooms for the majority of the day.

Symptomatic Residents Action	Notes	In progress	Complete
<p>84. If a resident presents with or reports symptoms, request that they remain in their room with the door closed, telephone their GP for telephone assessment and immediately commence contact and droplet precautions and follow the management guidelines in the HPSC interim infection control guidance.</p> <p>If resident is in a shared room and other residents are asymptomatic, isolate the resident, where possible in a single en-suite bedroom.</p> <p>If there are a number of symptomatic residents ensure these are placed in single en-suite rooms that are close together or are cohorted together in a shared room</p>	<p>Rationale: To prevent onward transmission. HPSC interim infection control guidance to take initial action and implement control measures of even one suspect case (pg.20) and to cohort suspect/ positive cases in one area of the nursing home (pg.24) Scottish Outbreak tool suggests rooms should be decluttered with no non-essential items (pg. 7)</p> <p>Nursing Home specific response: < List actions taken and synopsis of numbers of residents involved, isolation area in use and details of the GP risk assessment></p> <p>(Note: Whilst fever and respiratory symptoms are well known, there is increasing evidence that these symptoms may not be present in all older persons. Staff therefore should be vigilant to atypical presentations of the disease by monitoring for any changes to the norm for residents to include but not limited to:</p> <ul style="list-style-type: none"> • Increased GI disturbances – diarrhoea, vomiting, loss of appetite • Confusion/ Delirium • Lethargy/ malaise • Falls • Headache <p>See British Geriatrics Society blog here)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>85. Display appropriate signage to reduce entry to isolation rooms/ areas and alert staff</p>	<p>Rationale: HPSC interim infection control guidance (pg.23). To alert staff working in the nursing home to take contact and droplet precautions and use the appropriate level of PPE WHO guidance recommends signage indicating droplet and contact precautions (pg.3)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>86. Provide hand hygiene, clinical waste and PPE facilities outside every isolation room/ area with dedicated medical equipment</p>	<p>Rationale: To ensure contact and droplet precautions are implemented and that staff have ready access to hand hygiene, PPE and waste facilities prior to and following each contact with a suspect/ confirmed case. PPE guidance available here.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>87. Establish a list of other residents/ staff which may have been in close/ casual contact with the resident (48 hours before symptom onset) & commence active monitoring</p>	<p>Rationale: Identification of close contacts and immediate self-isolation will reduce the risk of transmission. HPSC Interim infection control guidance now recommends establishing contacts within 48hours before symptom onset (pg. 20)</p> <p>Nursing Home specific response: <Document details of the date and numbers here.></p>	<input type="checkbox"/>	<input type="checkbox"/>

Governance and Management		Notes	In progress	Complete
<p>Action</p> <p>88. Notify Public Health of outbreak; update line listing of new cases and liaise with them daily throughout the outbreak (Note: currently defined as one single suspected or confirmed case in a resident or staff member acquired in the nursing home)</p>	<p>Rationale: HPSC interim infection control recommendation to immediately notify even if only one suspected case and definition of outbreak (pg. 20) and line listing (pg.35) Nursing Home specific response: <List brief synopsis of discussion and any additional actions to be taken as highlighted by public health></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>89. Notify HIQA of the outbreak on NF02 Notification form via the HIQA portal and update daily</p> <p>Notify HIQA of any unexpected deaths on NF01 Notification form via HIQA portal and update with cause of death when known</p>	<p>Rationale: Statutory requirements to notify outbreaks and unexpected deaths under Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) Nursing Home specific response: <Document here any and all notifications submitted by date and reference number and daily updates></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>90. Communicate with residents, staff and families as directed by Public Health and maintain contact throughout the outbreak. (Note: Public health may have template letters available for use)</p>	<p>Rationale: To ensure transparency and rights to information are upheld, whilst also maintaining confidentiality. To allay fears, anxiety and to provide regular updates Nursing Home specific response: <Provide brief detail of communications issued here> (Note: It may be advisable to dedicate a particular time of the day to facilitate communications with families to reduce overall pressures on the service)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>91. Prepare a briefing document for HSE Area Crisis Management Team which describes the nursing home and provides detail of the COVID specific activity (Note: this action and the specific response adjacent was inserted by HSE personnel as a pre-requirement to enable HSE crisis teams to go into nursing homes)</p>	<p>Rationale: To ensure continuity of information is easily available in the eventuality of absence of key individuals in the organisation Nursing Home specific response: Provide an overview of your service including floor plan, number of beds, single rooms, multiple occupancy rooms, number of residents in the home, number and location of other residents, numbers of residents who are COVID positive, suspected and numbers awaiting swab results, numbers of deaths (COVID and non COVID), overall staff allocation to the unit/home, numbers of staff who are COVID positive, suspected and numbers awaiting swab results, names of residents with ACP and DNAR decisions, number of staff who have completed IPC related training and pronouncement of death, Identified GP for each resident and their contact details, copy of risk register</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Governance and Management		Notes	In progress	Complete
Action				
92. Ensure all residents and staff have been tested		<p>Rationale: NPHEIT recommendation to test all residents and staff effective from 17/04/2020</p> <p>Nursing Home specific response: <Record date of mass testing completed here and synopsis of results when received i.e. total residents and staff testing positive or not detected></p>	<input type="checkbox"/>	<input type="checkbox"/>
93. Assign a staff member to keep a daily inventory of PPE and other stocks and reorder as required		<p>Rationale: To ensure stocks are maintained and replenished as necessary during the outbreak</p> <p>Nursing Home specific response: < List person responsible here></p>	<input type="checkbox"/>	<input type="checkbox"/>
94. Cease all admissions to the nursing home and/ or transfers except where clinically indicated for a deteriorating resident		<p>Rationale: HPSC interim infection control guidance recommendation (pg. 16/23)</p> <p>Nursing Home specific response: < List measures taken here and date admissions ceased></p>	<input type="checkbox"/>	<input type="checkbox"/>
95. Ensure all staff are aware that should a resident require transfer to hospital that this is flagged in advance		<p>Rationale: HPSC interim infection control recommendation</p> <p>Nursing Home specific response: <Identify person responsible for alerting hospitals and method></p>	<input type="checkbox"/>	<input type="checkbox"/>
96. Liaise with insurance company to ascertain any impact/ liability concerns and review professional indemnity cover (particularly if staff may be working outside of their normal duties/scope of practice)		<p>Rationale: To ensure the nursing home and professional staff are adequately covered</p> <p>Nursing Home specific response: <Document any changes made here></p>	<input type="checkbox"/>	<input type="checkbox"/>
97. If a resident expresses a wish to return home (or family request) then a risk assessment must be completed to ascertain if they fully understand the impact of their decision and whether their needs can continue to be met in the community at this time		<p>Rationale: While some residents or family may feel they are safer at home, there remains a statutory responsibility on the nursing home to ensure all residents are discharged in a planned and safe manner. Services in the community (particularly home care) are currently restricted and therefore discharge may not be possible in all cases. It is recommended that telephone advocacy services are employed to assist in the decision-making process here.</p> <p>Nursing Home specific response: <Detail here any provisions made were appropriate></p>	<input type="checkbox"/>	<input type="checkbox"/>

Infection Control Considerations		Notes	In progress	Complete
Action				
98. Assign dedicated staff to work within isolation area only for the duration of the outbreak and ensure that staff do not transfer between units to care for other residents or to mix with other staff during break times, etc		Rationale: To minimise risk of transmission and reduce the level of exposure to all staff Nursing Home specific response: <Highlight measures taken here>	<input type="checkbox"/>	<input type="checkbox"/>
99. Ask suspect/ confirmed residents to wear a facemask when staff are in the room & ensure no fans in use		(Note: Scottish guidance recommends that positive staff who have recovered and are returning to work should be assigned to work in COVID areas pg.15) Rationale: WHO infection control guidance recommendation (pg.3). Scottish Outbreak control tool highlights potential risk of airborne transmission of virus with fan use (pg. 7)	<input type="checkbox"/>	<input type="checkbox"/>
100. Ensure bedrooms of residents that have been moved to an isolation area are terminally cleaned before use by another resident that may have been displaced and ensure there is signed documentation to evidence this has been completed		Rationale: HPSC interim infection control recommendation (pg. 32) Nursing Home specific response: <Document here bedrooms that have been terminally cleaned and location of the terminal cleaning schedules.>	<input type="checkbox"/>	<input type="checkbox"/>
101. Ensure the frequency and standard of cleaning is enhanced as per revised cleaning schedules. Where it is not possible to cohort household/ cleaning staff then either utilise the staff within isolating rooms to clean or ensure the cleaning of isolation rooms is performed after non-COVID areas		Rationale: To reduce the likelihood of cross contamination. HPSC interim infection control guidance for staff caring within isolation rooms to clean (pg. 32) Scottish guidance recommends cleaning after all unaffected areas are cleaned (pg. 19) Nursing Home specific response: <Document measures introduced here> (Note: Cleaning/ household staff must wear appropriate PPE in isolation areas. Hoovering of carpets in isolation rooms should be avoided. Bed clothes should not be shaken and all linen should be washed at the highest temperature possible and dried in a dryer at hottest setting - pg. 31. All crockery and utensils should be washed in a dishwasher)	<input type="checkbox"/>	<input type="checkbox"/>
102. Assign a staff member to ensure all hand hygiene/ PPE/ cleaning stock is replenished frequently throughout the day		Rationale: To ensure staff have all the available resources to enable them to care for residents and reduce the risk of exposure and that stock is being monitored/ reordered. Nursing Home specific response: <Highlight name of the person assigned>	<input type="checkbox"/>	<input type="checkbox"/>
103. Continue daily walk around environmental hygiene audits and provide feedback to staff		Rationale: To reinforce high infection prevention and control standards Nursing Home specific response: <Highlight person responsible here>	<input type="checkbox"/>	<input type="checkbox"/>

Staffing Action	Notes	In progress	Complete
104. Assign a staff member responsible for assessing staffing requirements on a daily basis. Activate respective staffing/department contingency plans to cover any staff absences. Where additional staff cannot be obtained, reassign duties among existing staff	<p>Rationale: To ensure continuity of service provision</p> <p>Nursing Home specific response: <Highlight name of responsible person here. List all activities employed to source and replace staff including contacts made with existing staff, recruitment of new staff; agency staff; reassigning of roles, temporary redeployment of professional staff working in a managerial or administrative role, etc></p> <p>(Note: <u>HSE operational guidance on the COVID response teams</u> highlights that the nursing home must exhaust all efforts prior to the HSE teams being requested/ deployed)</p>	<input type="checkbox"/>	<input type="checkbox"/>
105. Where recruitment through preferred agencies is unsuccessful consider making direct contact with any agency staff that may have previously worked in the nursing home to ascertain their availability and willingness to work	<p>Rationale: Previous experience of the nursing home routines will be advantageous in an emergency situation. Some agencies have been recommended to reduce the cross-facility nature of staff working in multiple sites.</p> <p>Nursing Home specific response: <Highlight here any contact details of staff and their availability.</p> <p>(Note: Interview on Morning Ireland 16/04/20 - nurse highlighted they had signed up for 'On Call for Ireland' and was available for work but no contact made from HSE or agency until the Nursing Home rang them directly)</p>	<input type="checkbox"/>	<input type="checkbox"/>
106. Review staffing rosters to reallocate shifts among remaining staff. Consider if changing shift patterns may assist in covering short-term absences	<p>Rationale: To ensure maximum availability of all staff</p> <p>Nursing Home specific response: <Provide detail on any changes implemented here e.g. introduction of 12 hour shifts; twilight shifts, etc.></p>	<input type="checkbox"/>	<input type="checkbox"/>
107. Review the Occupational Health Monitoring Registers daily to ascertain the status of all staff isolating and their ability to return to work. Where swabs have been taken ask the staff members to actively follow up to ascertain the result	<p>Rationale: To enable identification of staff who may have completed their 14 day isolation period with 5 days symptom free and staff that may have received a not-detected result.</p> <p>Nursing Home specific response: <Document any issues with delayed results here so that you have this information at hand should matters escalate and the HSE COVID Response Teams are required ></p> <p>(Note: GPs or local laboratories may have access to the swab results if the staff member has not heard back from Public Health. ></p>	<input type="checkbox"/>	<input type="checkbox"/>
108. Continue to liaise with local Chief Officer and Area Crisis Management Teams to appraise them of staffing difficulties arising	<p>Rationale: To alert teams to the potential need for activation of the COVID Response Teams to provide practical support in-house</p>	<input type="checkbox"/>	<input type="checkbox"/>

Resident Health and Well-being		Notes	In progress	Complete
<p>Action</p> <p>109. Continue to liaise with GP, Pharmacist; Geriatrician Outreach teams, Public Health and Palliative Care to ensure the clinical management of COVID residents including decisions around any potential transfer to hospital or palliative care needs</p>	<p>Rationale: To ensure a whole systems Multidisciplinary Team approach which facilitates the most appropriate clinical and ethical pathway for residents</p> <p>Nursing Home specific response: <Where relevant document a brief synopsis of any specific discussions/ decisions here.></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>110. Closely monitor suspect/ confirmed residents for signs of deterioration at a minimum of twice daily and seek urgent medical review for red flag symptoms. Encourage good hydration and nutritional support and analgesia</p>	<p>Rationale: HPSC interim infection control guidance recommendation. Red flag symptoms on HSE Dr Steeven's Repository here which include:</p> <ul style="list-style-type: none"> • RR > 30 breaths/ min • New onset SpO₂ <90% on room air • Severe respiratory distress • New onset confusion • Hypotension • Oliguria > 12 hours 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>111. Provide additional support and clear repetitive information for residents that are unable to understand the need for isolation. Use a non-pharmacological approach in the least restrictive manner</p>	<p>Rationale: To reduce risk of onward transmission; enhance compliance with isolation and provide appropriate supports to meet the resident's needs</p> <p>Nursing Home specific response: <Highlight here the mechanisms put in place to support residents here. E.g. one-to-one care; using person-centred care approaches, etc.></p> <p>(Note: HPSC guidance states the resident can go outside alone or accompanied by a staff member (pg. 23). Additional dementia tips and supports can be downloaded here.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>112. For residents that have died: Staff should continue to wear PPE when handling the deceased.</p>	<p>Rationale: HPSC interim infection control guidance (pg. 35)</p> <p>Nursing Home specific response: <Document dates and details of death and supports provided to family members here.></p> <p>(Note: Management of death guidelines available here. Irish Hospice Foundation guidance documents here.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Capacity Phase

Nursing homes at this stage of the plan are operating beyond their normal management capacity and the service is therefore unsustainable and unsafe. Urgent supports are required to maintain the care and welfare of residents and keep the nursing home operational.

Escalation		
Action	Notes	Complete
113. Ensure management have issued a derogation for all essential staff that are asymptomatic and can return to work. These staff should be assigned to work in COVID areas only and be subject to active monitoring twice daily	<p>Rationale: To ensure maximum availability of staff and to reduce risk to residents that have not tested positive. Scottish guidance recommends returning staff to only work in COVID positive areas</p> <p>Nursing Home specific response: <List details of staff returning here></p> <p>(Note: Public health will assist in identifying relevant staff who may be in a position to return to work. Further information is available in the HPSC occupational health guidance document and specific guidance on derogation here.)</p>	<input type="checkbox"/> In progress <input type="checkbox"/> Complete
114. Cease all non-essential duties; consider delegation of certain aspects of nursing tasks and ask staff to work longer and additional shifts	<p>Rationale: To ensure residents continue to receive fundamental care to meet their basic activity of daily living needs.</p> <p>Nursing Home specific response: <Detail measures taken here></p> <p>(Note: Any nurse delegating functions remains professionally accountable for their actions. One example of delegation could be for a healthcare assistant to give/ prompt medications which have been dispensed and signed for by a nurse while that nurse supervises from the door. It is recommended that staff should seek advice from NMBI and HIQA prior to introducing any newly delegated tasks).</p>	<input type="checkbox"/> In progress <input type="checkbox"/> Complete
115. Seek urgent assistance from the HSE COVID Rapid Response Team through your local CHO office		<input type="checkbox"/> In progress <input type="checkbox"/> Complete
116. Keep HIQA informed due to the risk to the care and welfare of residents and the inability to maintain services as per the Statement of Purpose and Function and your Conditions of Registration (Condition 5). HIQA are also assisting in identifying nursing homes that require additional supports and therefore can escalate with HSE in this regard.		<input type="checkbox"/> In progress <input type="checkbox"/> Complete

References:

[Project ECHO AllHPC webinars for Nursing Homes](#)

[BGS \(2020\) COVID-19: Managing the COVID-19 pandemic in care homes. British Geriatrics Society](#)

[CDC \(2020\) Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#)

[CDC \(2020\) Coronavirus Disease 2019 \(COVID-19\) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#)

[CDCP \(2020\) COVID -19 in a Long-Term Care Facility – King County, Washington February 27 – March 9, 2020. Centres for Disease Control and Prevention. Morbidity and Mortality Weekly Report.](#)

[CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia](#)

[Department of An Taoiseach \(2020\) Ireland's National Action Plan in response to COVID-19 \(Coronavirus\) Update 16th March 2020. Government of Ireland.](#)

[Health Protection Scotland \(2020\) COVID-19: Information and Guidance for Social or Community Care & Residential Settings Version 1.6. 2nd April 2020](#)

[Health Protection Scotland \(2020\) COVID-19 Incident or outbreak control tool for social or community care or residential settings Version 1.1. 17th April 2020](#)

[HIQA \(2020\) COVID-19 Contingency Planning in Designated Centres. Communiqué 4. 23rd March 2020](#)

[HIQA \(2020\) Regulatory assessment framework of the preparedness of designated centres for older people for a COVID19 outbreak. 21/04/2020](#)

[HPSC \(2020\) COVID-19 Guidance on cocooning to protect people over 70 years and those extremely medically vulnerable from COVID-19. Version 1 27.03.2020](#)

[HPSC \(2020\) Interim Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units. V4 22/04/20](#)

[HPSC \(2020\) Derogation for the return to work of Healthcare Workers \(HCW\) who have been advised to restrict their movements BUT are identified as essential for critical services – Version 4.1 - 10th Apr 2020](#)

[HPSC \(2020\) Risk Assessment of Healthcare Workers with Potential Workplace Exposure to Covid-19 Case V8.1](#)

[HPSC \(2020\) COVID-19 Interim assessment, testing and outbreak guidance for residents in Residential facilities \(RF\) and Long Term Care Facilities \(LTCF\)](#)

[HPSC \(2020\) Guidance on the use of Surgical Masks in the Healthcare Setting in the Context of the COVID-19 Pandemic V1.0 21.04.2020](#)

[HSE \(2020\) Interim Guidance for Coronavirus - Healthcare Worker Management By Occupational Health Version 11. Health Service Executive: Dublin](#)

[HSE \(2020\) HR Circular 006/2020: Contingency Planning Information Required in Respect of COVID-19. 6th March 2020](#)

[HSE \(2020\) 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. 19th March 2020](#)

[HSE \(2020\) HSE COVID Residential Care/Home Support COVID Response Teams CRT Operational Guidance. 8th April 2020](#)

[NPHET Meeting 31st March 2020: Enhanced Public Health Measures for COVID-19 Disease Management](#)

[NSAI \(2020\) COVID-19 Workplace Protection and Improvement Guide. National Standards Authority of Ireland](#)

[Public Health England \(2020\) COVID-19: guidance on residential care provision Updated 19 March 2020](#)

[WHO \(2020\) Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19: Interim Guidance. 21 March 2020.](#)


Regulatory Assessment Framework - Cross Reference Chart

HIQA Regulatory Assessment Framework Regulation	NHI Contingency Template Evidence (Bullet Numbers)
4: Written Policies and Procedures	9; 10; 27; 45; 46; 50; 57; 60; 69
14: Persons in Charge	2; 3; 4
15: Staffing	2; 15; 16; 27; 28; 29; 30; 31; 32; 33; 34; 35; 36; 37; 38; 39; 50; 51; 55; 56; 57; 58; 79; 80; 81; 82
16: Training and Staff Development	40; 41; 42; 43; 44; 49; 53; 103
23: Governance and Management	1; 2; 6; 8; 11; 12; 21; 22; 23; 24; 25 39; 45; 46; 58; 60; 73; 74; 75; 77; 89; 92; 116
31: Notification of Incidents	89
5: Individual Assessment and Care plans	17; 63; 60; 67; 84; 110
6: Healthcare	3; 6; 9; 69; 94; 95; 109
7: Managing Behaviour that is Challenging	69; 111
8: Protection	47; 66
9: Residents' Rights	12; 47; 48; 63; 64; 65; 69
10: Communication	63; 65
11: Visits	45
26: Risk Management	5; 57; 58; 81; 82
27: Infection Control	20; 21; 22; 23; 41; 49; 52; 53; 55; 70; 76; 86; 93; 100; 101; 103; 112


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 info@nhi.ie

 @NursingHomesIre

 /nursinghomesireland

49



RE: URGENT; NAS Guidance required

Tadhg Daly

to:

Kathleen_MacLellan@health.gov.ie

23/04/2020 14:39

Cc:

"Sarah_Cooney@health.gov.ie", "Niall_Redmond@health.gov.ie"

Hide Details

From: Tadhg Daly <tdaly@nhi.ie>

To: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>

Cc: "Sarah_Cooney@health.gov.ie" <Sarah_Cooney@health.gov.ie>,
"Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>

Thank you Kathleen,

Received and circulated.

Thanks,

Tadhg

From: Kathleen_MacLellan@health.gov.ie <Kathleen_MacLellan@health.gov.ie>

Sent: Thursday 23 April 2020 14:35

To: Tadhg Daly <tdaly@nhi.ie>

Cc: Sarah_Cooney@health.gov.ie; Niall_Redmond@health.gov.ie

Subject: Fw: URGENT; NAS Guidance required

Tadhg

I understand that David Walsh has been in touch with you and provided documentation.

Rgds

Kathleen

Dr Kathleen Mac Lellan

Assistant Secretary, Social Care Division

An Roinn Sláinte

Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14

Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

Designated Public Official under Regulation of Lobbying Act 2015

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From: Tadhg Daly <tdaly@nhi.ie>
Sent: Friday 24 April 2020 12:40
To: Kathleen_MacLellan@health.gov.ie
Cc: covid19testing.queries@hse.ie; covidpracticesupport; Fiona Kenny; Eoin_Dunleavy@health.gov.ie; Karl_Duff@health.gov.ie; Laura_Casey@health.gov.ie; Niall_Redmond@health.gov.ie; Sarah_Cooney@health.gov.ie; Tanya_King@health.gov.ie
Subject: Dedicated HSE email address for all testing queries

Thank you Kathleen,

Have you a received/ can you confirm revised updated email address?

Thanks
 Tadhg

From: Kathleen_MacLellan@health.gov.ie <Kathleen_MacLellan@health.gov.ie>
Sent: Thursday 23 April 2020 12:26
To: Tadhg Daly <tdaly@nhi.ie>
Cc: covid19testing.queries@hse.ie; covidpracticesupport <covidpracticesupport@nhi.ie>; Fiona Kenny <ea@nhi.ie>; Eoin_Dunleavy@health.gov.ie; Karl_Duff@health.gov.ie; Laura_Casey@health.gov.ie; Niall_Redmond@health.gov.ie; Sarah_Cooney@health.gov.ie; Tanya_King@health.gov.ie
Subject: RE: FW: URGENT; NAS Guidance required

Tadhg

I am now advised that the email address below is being changed and is not established for the queries you have below - apologies - I will revert back to you shortly on a contact point.

Rgds

Kathleen

Dr Kathleen Mac Lellan
 Assistant Secretary, Social Care Division

An Roinn Sláinte
 Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
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Designated Public Official under Regulation of Lobbying Act 2015

From: Tadhg Daly <tdaly@nhi.ie>
To: "Kathleen MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>
Cc: covidpracticesupport <covidpracticesupport@nhi.ie>; Fiona Kenny <ea@nhi.ie>; "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>; "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>; "Sarah_Cooney@health.gov.ie" <Sarah_Cooney@health.gov.ie>; "Tanya_King@health.gov.ie" <Tanya_King@health.gov.ie>; "covid19testing.queries@hse.ie" <covid19testing.queries@hse.ie>; "Laura_Casey@health.gov.ie" <Laura_Casey@health.gov.ie>; "Eoin_Dunleavy@health.gov.ie" <Eoin_Dunleavy@health.gov.ie>

Date: 23/04/2020 12:09
Subject: RE: FW: URGENT; NAS Guidance required

Thank you Kathleen,

Tadhg

From: Kathleen_MacLellan@health.gov.ie <Kathleen_MacLellan@health.gov.ie>
Sent: Thursday 23 April 2020 11:57
To: Tadhg Daly <tdaly@nhi.ie>
Cc: covidpracticesupport@nhi.ie; Fiona Kenny <ea@nhi.ie>; Karl_Duff@health.gov.ie; Niall_Redmond@health.gov.ie; Sarah_Cooney@health.gov.ie; Tanya_King@health.gov.ie; covid19testing.queries@hse.ie; Laura_Casey@health.gov.ie; Eoin_Dunleavy@health.gov.ie
Subject: Re: FW: URGENT; NAS Guidance required

covid19testing.queries@hse.ie

Tadhg

I have also followed up - I been informed that there is now a dedicated HSE email address for all testing queries - I have included that email address in this email.

Rgds

Kathleen

Dr Kathleen Mac Lellan
Assistant Secretary, Social Care Division

An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

Designated Public Official under Regulation of Lobbying Act 2015

From: "Tadhg Daly" <tdaly@nhi.ie>
To: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>
Cc: "Tanya_King@health.gov.ie" <Tanya_King@health.gov.ie>, "Sarah_Cooney@health.gov.ie" <Sarah_Cooney@health.gov.ie>, "Fiona_Kenny@nhi.ie" <ea@nhi.ie>, "covidpracticesupport@nhi.ie" <covidpracticesupport@nhi.ie>
Date: 23/04/2020 11:41
Subject: FW: URGENT; NAS Guidance required

Hello Kathleen,

I refer to my email of Monday last and your prompt response, thank you.

The NAS national policy remains outstanding and I have emailed HSE colleagues again just now – see below.

Thanks,
Tadhg

From: Tadhg Daly

Sent: Thursday 23 April 2020 11:39

To: 'Older People Operations' <olderpeople.operations@hse.ie>; 'Older People Strategy (Michael Fitzgerald - A.N.D.Older People & Palliative Care Strategy)' <olderpeople.strategy@hse.ie>; 'NCAGL Older Persons (ncagl.olderpersons@hse.ie)' <ncagl.olderpersons@hse.ie>; 'David Walsh' <David.Walsh1@hse.ie>

Cc: siobhan.kennelly1@hse.ie; covidpracticesupport@nhi.ie; 'Tuohy, Sandra' <sandra.tuohy@hse.ie>; 'Community Operations' <communityoperations@hse.ie>

Subject: RE: URGENT; NAS Guidance required

All,

We await communication of the policies, procedures and guidance in respect of the national testing programme by NAS.

Can you advise the status of same as a matter of urgency so that we are in a position to advise nursing homes.

Thanks
Tadhg

From: Tadhg Daly

Sent: Monday 20 April 2020 09:53

To: Older People Operations <olderpeople.operations@hse.ie>; Older People Strategy (Michael Fitzgerald - A.N.D.Older People & Palliative Care Strategy) <olderpeople.strategy@hse.ie>; NCAGL Older Persons (ncagl.olderpersons@hse.ie) <ncagl.olderpersons@hse.ie>; David Walsh <David.Walsh1@hse.ie>

Cc: siobhan.kennelly1@hse.ie; covidpracticesupport@nhi.ie; 'Tuohy, Sandra' <sandra.tuohy@hse.ie>; Community Operations <communityoperations@hse.ie>

Subject: URGENT; NAS Guidance required

Importance: High

Good morning all,

Please see below immediate actions required in relation to the current process of NAS swabbing of all resident care facilities including all residents and staff.

Whilst, this is greatly welcomed in combating this infection, there has been a number of queries raised in relation to the lack of guidelines/policy and procedure available to Management of RCF's in preparation for this to occur.

Immediate requirement for clearly defined process in terms of a policy and procedure is circulated to all RCF's immediately, clearly outlining, but not limited to the below:

- Consent (both residents and staff);
- Management of GDPR in the completing of the Nursing Home resident & staffing list, if information is being forwarded to other teams e.g.: Outbreak Control Team.
- Notice – how much notice will the nursing home be given (some have showed up unannounced);
- Process for testing;
- Use of PPE during testing – procedure of donning and doffing PPE during the testing of multiple residents/ staff between multiple homes/ floors
- NAS use of PPE where there is no suspected/ confirmed cases
- Requirements for assistance during testing;
- Process in reducing cross contamination across sites;
- Process to deal with resident who refuse to be tested;
- Process to deal with staff members who refuse to be tested;
- What are the timelines on results – commitment required to 24 hour turnaround
- Who will receive the results – will the PIC receive the staff members results and if not is confirmation sent to the Nursing Home.
- Requirement for national contingency plan where a large number of staff have a positive Covi19 result

At this point, there is an immediate requirement for standard guidance at a National level on the testing of all resident and staff. To date inconsistent guidance has been distributed between CHO's.

Best regards,
Tadhg

Tadhg Daly
Chief Executive
e. tdaly@nhi.ie
p. 01/4699800
m. 087/2651934

Nursing Homes Ireland



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NHI Care Awards 2020
in association with Homecare Medical
Citywest Hotel, Thursday 12th November 2020, 7pm

w. www.nhicareawards.ie
e. nhicareawards@eventpartners.ie
t. (01) 296 9394


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RE: Re:Meeting tomorrow 24th April 
Matthew O'Gorman to: Fiona Kenny, Tadhg Daly
Cc: "Minister'sDiary@health.gov.ie"

24/04/2020 17:17

1 attachment



NHI Agenda for Meeting with Minister Harris 24th April 2020.pdf

Hi Fiona

Apologies but the meeting has had to be pushed back to 6pm.

I'll amend the VC invitations but I wanted to give a shout first

Kind regards

Matthew

—
Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

—
An Roinn Sláinte
Department of Health

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Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

From: Fiona Kenny <ea@nhi.ie>
To: "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
Cc: "Minister'sDiary@health.gov.ie" <Minister'sDiary@health.gov.ie>
Date: 24/04/2020 15:45
Subject: RE: Re:Meeting tomorrow 24th April

Hi Matthew,

Please see list of NHI delegation below, along with NHI agenda for todays videoconference attached.

Tadhg Daly, CEO - tdaly@nhi.ie

Mary Burke, Nursing Representative - mary@killurebridge.com

Vicky McDwyer, NHI Director- vicky@eskerlodgenursinghome.ie

Albert Connaughton, NHI Director albert@belmontcare.ie

Seamus Brady, NHI Director- seamus@bscc.ie

Can you please send me a list of the participants on the call also ?

Kind regards,

Fiona

From: Matthew_OGorman@health.gov.ie <Matthew_OGorman@health.gov.ie>

Sent: 24 April 2020 15:18

To: Fiona Kenny <ea@nhi.ie>

Cc: Minister'sDiary@health.gov.ie

Subject: RE: Re:Meeting tomorrow 24th April

Hi Fiona

Just setting up the VC now

Can I have the attendees for the NHI please

Cheers

Matthew

Matthew O'Gorman

Private Secretary

Minister Harris' Private Office

An Roinn Sláinte

Department of Health

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Diary email - MinistersDiary@health.gov.ie

matthew_ogorman@health.gov.ie

From: Fiona Kenny <ea@nhi.ie>
To: "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
Cc: "Minister'sDiary@health.gov.ie" <Minister'sDiary@health.gov.ie>
Date: 24/04/2020 14:05
Subject: RE: Re:Meeting tomorrow 24th April

Hi Matthew,

Are there any further details of today's call?

Kind regards,
Fiona

From: Matthew_OGorman@health.gov.ie <Matthew_OGorman@health.gov.ie>
Sent: 23 April 2020 22:42
To: Fiona Kenny <ea@nhi.ie>
Cc: Minister'sDiary@health.gov.ie
Subject: Re:Meeting tomorrow 24th April

Hi Fiona

Provisional vc time is 5:30pm

I'll be in touch tomorrow with further details

Cheers

Matthew

Sent from IBM Notes Traveler

Fiona Kenny --- Meeting tomorrow 24th April ---

From: "Fiona Kenny" <ea@nhi.ie>
To: Matthew_OGorman@health.gov.ie
Date: Thu, 23 Apr 2020 3:06 PM
Subject: Meeting tomorrow 24th April

Hi Matthew,

I hope you are well.

Have you any details of tomorrows meeting? Participants, time etc

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801

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**NHI Agenda for Meeting with Minister Harris
Friday 24th April 5.30pm-Videoconference**

- 1. NPHET Recommendations**
 - Update from Minister

- 2. PPE**
 - Clarity on new HSE Guidance for Facemasks
 - Sourcing of PPE
 - Contingency Plans for deliveries

- 3. HSE**
 - Protocols on Testing (NAS)
 - Update on ACMT's from the CHO's
 - Contact Tracing- what contacts do the HSE require?
 - Update on any staff/contingency plan if staff test positive? Have HSE had any volunteers?

- 4. HIQA**
 - Clarification on Quality Assurance Framework
 - Schedule

- 5. Financial Support Scheme**
 - Clarity on the new T&C's
 - Any update on the scheme being applicable to private residents




RE: Temporary Financial Support Scheme

Tadhg Daly

to:

Niall_Redmond@health.gov.ie

25/04/2020 09:07

Cc:

"Liam Sloyan (liam.sloyan@ntpf.ie)", "sandra.tuohy@hse.ie", David Walsh,

"Kathleen_MacLellan@health.gov.ie", Fiona Kenny

Hide Details

From: Tadhg Daly <tdaly@nhi.ie> Sort List...

To: "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>

Cc: "Liam Sloyan (liam.sloyan@ntpf.ie)" <liam.sloyan@ntpf.ie>, "sandra.tuohy@hse.ie" <sandra.tuohy@hse.ie>, David Walsh <David.Walsh1@hse.ie>,

"Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, Fiona Kenny <ea@nhi.ie>

History: This message has been forwarded.

Good morning Niall,

Thank you for your email.

In the first instance can I thank you and HSE colleagues for your work over the last number of days. It is noted that the Scheme was announced by Minister Harris 3 weeks ago today.

I received a call from Minister Harris shortly after 5.30pm yesterday in advance of our videoconference at 6.00pm. In my call with the Minister and our subsequent videoconference it was made abundantly clear that the HSE is the contracting authority in respect of the Temporary Financial Support Scheme.

The Minister confirmed that applications for the Scheme would be to NTPF.

The HSE as a Statutory organisation must have independence in the discharge of its functions and I am unclear to the reference in your email below that the HSE will be "assisted and advised" by NTPF. The NTPF role is that of administration and to receive applications from nursing homes as agreed.

I look forward to receipt of the documentation today as per your commitment.

Best regards,

Tadhg

From: Niall_Redmond@health.gov.ie <Niall_Redmond@health.gov.ie>

Sent: Friday 24 April 2020 19:33

To: Tadhg Daly <tdaly@nhi.ie>

Cc: Liam Sloyan (liam.sloyan@ntpf.ie) <liam.sloyan@ntpf.ie>; sandra.tuohy@hse.ie

Subject: Temporary Financial Support Scheme

Importance: High

Tadhg,

Thank you for the call with the Minister.

As noted, we will be aiming to have the clarified documentation to you at some stage tomorrow, following further engagements between HSE, NTPF and Department.

To fully clarify, one of the significant clarifications you will see with regard to the Scheme operation will be around the processes. Particularly, you will see clarity with regard to the roles of the NTPF and HSE. Broadly, the HSE will be the contracting authority with regard to the Scheme and they will be assisted and advised by the NTPF in the administration of the Scheme.

Regards,

—
Niall Redmond
Principal, Services for Older People

—
An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

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Covid-19 Temporary Assistance Payment Scheme

Niall Redmond to: Tadhg Daly

Cc: "Liam Sloyan", sandra.tuohy, olderpeople.operations, Karl Duff

25/04/2020 22:26

From: Niall Redmond/SLAINTE
 To: "Tadhg Daly" <tdaly@nhi.ie>
 Cc: "Liam Sloyan" <liam.sloyan@ntpf.ie>, sandra.tuohy@hse.ie, olderpeople.operations@hse.ie, Karl Duff/SLAINTE@SLAINTE

Dear Tadhg,

I refer further to our ongoing engagements with regard to the COVID-19 Temporary Assistance Payment Scheme established by the Minister.

Firstly, I wish to thank you for your submitted Memorandum in relation to the Scheme and the observations made by Nursing Homes Ireland (NHI) in respect of same.

As discussed yesterday, the feedback has been considered in the context of the extensive Scheme process development and engagement work that is ongoing by the HSE, the NTPF and the Department.

Since previous discussions, we have further developed the clarifications around the operation of the Scheme, which set out in greater specification the roles and responsibilities of the parties administering Scheme. In doing so, we have also been able to introduce clarifications and in some cases, revisions to Scheme terms and conditions. To that end we continue to aim to strike the balance between the effective operation of the Scheme and with meeting necessary requirements with regard to the expenditure of public monies.

In that regard, I now attach draft revised and extended Scheme documentation for your information.

In terms of key highlights with regard to clarifications introduced, please note:

- the roles of the primary agencies are set out in further detail, outlining the role of the NTPF in providing support and advice with respect to certain aspects of the Scheme, and the role of the HSE with regard to decision-making on Scheme applications and with regard to the issuing of payments;
- the reduction in the scope of the variation condition;
- the exclusion of the indemnity/liability condition;
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processes. This means that on first application for prospective payment, the completed application form may be reviewed promptly and where approved, support can be promptly paid. The commitment of the HSE and the NTPF to support this is demonstrated by the fact that a first group of applications were approved and support funding was in nursing home bank accounts within about 48 hours of receipt of applications. Those applicant nursing homes have enjoyed the benefit of funding support from a very early stage.

We are happy to receive any further feedback, however, we are anxious to proceed and publish the clarification and revised documents so that we can quickly engage with nursing homes who wish to participate in the Scheme and ensure the continued timely processing and payment of approved applications.

These documents will undergo final proof read prior to publication.

Regards

Niall



Covid-19 Temporary Assistance Scheme Procedures 2020_04_25.pdf



Covid_19 Temporary Assistance Scheme Process Steps 2020_04_25.pdf



Covid-19 Temporary Assistance Payment Scheme Application Draft 2020_04_25.pdf

(54)

RE: Covid-19 Temporary Assistance Payment Scheme
Niall Redmond

to:

Tadhg Daly

26/04/2020 22:33

Cc:

"Liam Sloyan", sandra.tuohy, olderpeople.operations, Karl Duff, "Fiona Kenny"

Hide Details

From: Niall Redmond/SLAINTE Sort List...

To: "Tadhg Daly" <tdaly@nhi.ie>

Cc: "Liam Sloyan" <liam.sloyan@ntpf.ie>, sandra.tuohy@hse.ie, olderpeople.operations@hse.ie, Karl Duff/SLAINTE@SLAINTE, "Fiona Kenny" <ca@nhi.ie>

Thanks Tadhg

We expect to circulate final documentation tomorrow and publish them soon after in the day.

Regards

Niall

Sent from IBM Notes Traveler

Tadhg Daly --- RE: Covid-19 Temporary Assistance Payment Scheme ---

From: "Tadhg Daly" <tdaly@nhi.ie>
To: Niall_Redmond@health.gov.ie
Cc: "Liam Sloyan" <liam.sloyan@ntpf.ie>, sandra.tuohy@hse.ie, olderpeople.operations@hse.ie, Karl_Duff@health.gov.ie, "Fiona Kenny" <ca@nhi.ie>
Date: Sun, 26 Apr 2020 16:18
Subject: RE: Covid-19 Temporary Assistance Payment Scheme

Good afternoon Niall,

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As you state the priority now is to open the Scheme to application and ensure immediate processing and payment of approved applications.

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We are meeting Minister again on Tuesday and look forward to updates on the non NHSS residents.

This together with continued engagement and consultation as per Ministers commitment in the best interest of all nursing home residents and staff.

Best regards,
Tadhg

From: Niall_Redmond@health.gov.ie <Niall_Redmond@health.gov.ie>
Sent: Saturday 25 April 2020 22:27
To: Tadhg Daly <tdaly@nhi.ie>
Cc: 'Liam Sloyan' <liam.sloyan@ntp.ie>; sandra.tuohy@hse.ie; olderpeople.operations@hse.ie; Karl_Duff@health.gov.ie
Subject: Covid-19 Temporary Assistance Payment Scheme
Importance: High

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Niall Redmond

to:

Tadhg Daly

26/04/2020 22:33

Cc:

"Liam Sloyan", sandra.tuohy, olderpeople.operations, Karl Duff, "Fiona Kenny"

Hide Details

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Cc: "Liam Sloyan" <liam.sloyan@ntpf.ie>, sandra.tuohy@hse.ie, olderpeople.operations@hse.ie, Karl Duff/SLAINTE@SLAINTE, "Fiona Kenny" <ca@nhi.ie>

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To: Niall_Redmond@health.gov.ie
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Sent: Saturday 25 April 2020 22:27
To: Tadhg Daly <tdaly@nhi.ie>
Cc: 'Liam Sloyan' <liam.sloyan@ntp.ie>; sandra.tuohy@hse.ie; olderpeople.operations@hse.ie; Karl_Duff@health.gov.ie
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Regards

Niall

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RE: Covid-19 Temporary Assistance Payment Scheme

Niall Redmond to: Tadhg Daly 27/04/2020 20:44
Cc: "Fiona Kenny", "Karl_Duff@health.gov.ie", "Liam Sloyan",
"olderpeople.operations@hse.ie", "sandra.tuohy@hse.ie"
Bcc: Sarah Bardon, Joanne Lonergan, Matthew O'Gorman

From: Niall Redmond/SLAINTE
To: "Tadhg Daly" <tdaly@nhi.ie>
Cc: "Fiona Kenny" <ea@nhi.ie>, "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>, "Liam Sloyan" <liam.sloyan@ntpf.ie>, "olderpeople.operations@hse.ie" <olderpeople.operations@hse.ie>, "sandra.tuohy@hse.ie" <sandra.tuohy@hse.ie>
Bcc: Sarah Bardon/SLAINTE@SLAINTE, Joanne Lonergan/SLAINTE@SLAINTE, Matthew O'Gorman/SLAINTE@SLAINTE

Tadhg
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Documents should be available on the NTPF website overnight and the process will reopen for applications in the morning.
I will let you know when this happens.

Thanks,
Niall



APPLICATION FORM TEMPORARY COVID 19 SCHEME.docx



Covid-19 Temporary Assistance Scheme Procedures.docx



Standard Covid-19 Assistance Claim Form A.xlsx

"Tadhg Daly" Good afternoon Niall, Thank you for providing the... 26/04/2020 16:18:23

From: "Tadhg Daly" <tdaly@nhi.ie>
To: "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>
Cc: "Liam Sloyan" <liam.sloyan@ntpf.ie>, "sandra.tuohy@hse.ie" <sandra.tuohy@hse.ie>, "olderpeople.operations@hse.ie" <olderpeople.operations@hse.ie>, "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>, "Fiona Kenny" <ea@nhi.ie>
Date: 26/04/2020 16:18
Subject: RE: Covid-19 Temporary Assistance Payment Scheme

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Best regards,
Tadhg

From: Niall_Redmond@health.gov.ie <Niall_Redmond@health.gov.ie>
Sent: Saturday 25 April 2020 22:27
To: Tadhg Daly <tdaly@nhii.ie>
Cc: 'Liam Sloyan' <liam.sloyan@ntpf.ie>; sandra.tuohy@hse.ie; olderpeople.operations@hse.ie; Karl_Duff@health.gov.ie
Subject: Covid-19 Temporary Assistance Payment Scheme
Importance: High

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Regards

Niall

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From: Padraig_Kelly@health.gov.ie
Sent: Thursday 21 May 2020 11:55
To: Adam_Fleming@health.gov.ie
Cc: Helen_Simon@health.gov.ie
Subject: Fw: Supporting Staff on the Frontline : NURSING HOMES

Kind regards
Pádraig

Pádraig Kelly
Private Secretary to the Minister for Mental Health and Older People

An Roinn Sláinte
Department of Health

Department of Health, Block 1, Milesian Plaza, 50-58 Lower Baggot Street, Dublin 2, D02 XW14
An Roinn Sláinte, Bloc 1, Plaza Míseach, Sráid Bhagóid Íochtarac, Baile Átha Cliath 2, D02 XW14

M +353 (0)87 233 1746 T +353 (0)1 635 4717
health.gov.ie

----- Forwarded by Padraig Kelly/SLAINTE on 21/05/2020 11:54 -----

From: Padraig Kelly/SLAINTE
To: Tadhg Daly <tdaly@nhl.ie>
Date: 27/04/2020 14:11
Subject: Fw: Supporting Staff on the Frontline : NURSING HOMES

Dear Tadhg

Minister Daly has asked me to forward the below offer to you for your consideration and any appropriate action. I have also sent it to HSE Social Care division and the Covid office.

Kind regards
Pádraig

Pádraig Kelly
Private Secretary to the Minister for Mental Health and Older People

An Roinn Sláinte
Department of Health

Department of Health, Block 1, Milesian Plaza, 50-58 Lower Baggot Street, Dublin 2, D02 XW14
An Roinn Sláinte, Bloc 1, Plaza Míseach, Sráid Bhagóid Íochtarac, Baile Átha Cliath 2, D02 XW14

M +353 (0)87 233 1746 T +353 (0)1 635 4717
health.gov.ie

----- Forwarded by Padraig Kelly/SLAINTE on 27/04/2020 14:09 -----

From: "O'Rourke, Margaret" <M.O'Rourke@ucc.ie>
To: "padraig_kelly@health.gov.ie" <padraig_kelly@health.gov.ie>
Cc: "jim.daly@oir.ie" <jim.daly@oir.ie>
Date: 24/04/2020 14:44
Subject: Supporting Staff on the Frontline : NURSING HOMES

Dear Padraig,
Many thanks for taking my call to Minister Daly.

I am making contact to let you know that I would like to help with frontline staff in the Nursing Home sector.

I am already doing this for frontline health professionals in hospitals via the platform meetboost.com which has been set up to help get our SAFEMED Health, Wellbeing and Resilience tools and resources where they are most needed at the moment.

What we are doing is supporting frontline workers with personal protection from a psychological perspective,

we are helping professional build real time resilience so that they can stay safe and supported in their important work. We are trying to safeguard the mental health and wellbeing of workers and we know that nursing homes are finding it extra challenging right now.

If you are interested, we can work with you and NHI (?) to get safe ,evidence based content up and running in jig time.

Let me know if we can help

Yours sincerely

Margaret

Dr Margaret O'Rourke,
Director of Behavioural Science and Psychological Medicine
Consultant Forensic Clinical Psychologist
School of Medicine, University College Cork

From: Tadhg Daly <tdaly@nhi.ie>
Sent: Tuesday 28 April 2020 06:23
To: Niall_Redmond@health.gov.ie
Cc: Fiona Kenny; Karl_Duff@health.gov.ie; Liam Sloyan; olderpeople.operations@hse.ie; sandra.tuohy@hse.ie
Subject: RE: Covid-19 Temporary Assistance Payment Scheme

Good morning Niall,

I acknowledge receipt of the new application process for the Temporary Assistance Payment Scheme.

I note that it is on the HSE website.

As you will be aware the Scheme is on the agenda for our meeting with Minister today. The commitment of Minister to engagement and consultation with NHI twice weekly ensures the opportunity to address matters as they arise.

Can you also confirm the process of consultation on the Outbreak Assistance element?

Speak later.

thanks,
Tadhg

From: Niall_Redmond@health.gov.ie <Niall_Redmond@health.gov.ie>
Sent: Monday 27 April 2020 20:45
To: Tadhg Daly <tdaly@nhi.ie>
Cc: Fiona Kenny <ea@nhi.ie>; Karl_Duff@health.gov.ie; 'Liam Sloyan' <liam.sloyan@ntpf.ie>; olderpeople.operations@hse.ie; sandra.tuohy@hse.ie
Subject: RE: Covid-19 Temporary Assistance Payment Scheme
Importance: High

Tadhg

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Date: 26/04/2020 16:16
Subject: RE: Covid-19 Temporary Assistance Payment Scheme

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Sent: Saturday 25 April 2020 22:27

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Cc: 'Liam Sloyan' <liam.sloyan@ntpf.ie>; sandra.tuohy@hse.ie; olderpeople.operations@hse.ie; Karl_Duff@health.gov.ie

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- clarification regarding guidance including the change with regard to admissions and readmissions requirements;
- clarification that the requirement for nursing home applicants to provide independent certification of costs incurred relates only to the outbreak assistance component of the Scheme (i.e. is not required for the standard assistance payment);
- it continues to be the case that documentary evidence etc. of claims being made is not required to accompany first application for prospective payment, this will be managed retrospectively through the reconciliation process and via the required audit processes. This means that on first application for prospective payment, the completed application form may be reviewed promptly and where approved, support can be promptly paid. The commitment of the HSE and the NTPF to support this is demonstrated by the fact that a first group of applications were approved and support funding was in nursing home bank accounts within about 48 hours of receipt of applications. Those applicant nursing homes have enjoyed the benefit of funding support from a very early stage.

We are happy to receive any further feedback, however, we are anxious to proceed and publish the clarification and revised documents so that we can quickly engage with nursing homes who wish to participate in the Scheme and ensure the continued timely processing and payment of approved applications.

These documents will undergo final proof read prior to publication.

Regards

Niall

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RE: Covid-19 Temporary Assistance Payment Scheme

Tadhg Daly

to:

sandra.tuohy@hse.ie, olderpeople.operations@hse.ie, 'ultan.hynes@hse.ie'

28/04/2020 10:42

Cc:

"Fiona Kenny", "Niall_Redmond@health.gov.ie"

Hide Details

From: "Tadhg Daly" <tdaly@nhi.ie>

To: "sandra.tuohy@hse.ie" <sandra.tuohy@hse.ie>, "olderpeople.operations@hse.ie" <olderpeople.operations@hse.ie>, "ultan.hynes@hse.ie" <ultan.hynes@hse.ie>

Cc: "Fiona Kenny" <ca@nhi.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>

Good morning Sandra,

I can confirm receipt of the new application process for the Covid19 Temporary Assistance Payment Scheme last evening.

As per our telephone conversation I can confirm that NHI has circulated to all private and voluntary nursing homes this morning.

As discussed on our call just now I note that the closing date is 30th April 2020, in effect less than 72 hours. We all agree that speed is of the essence to ensure that the funding commitments by Government are delivered without any further delay.

Can you confirm that if an applicant nursing home is not in a position to meet the deadline of this Thursday 30th April that an application will be accepted and processed.

We are prepared to work with you and HSE colleagues to ensure all applications are submitted immediately. If there are issues arising we need to discuss and agree a process to address to ensure that applicants are not discriminated against by the fact the new application procedures was only finalised last evening and received by nursing homes this morning.

Appreciate your commitment and that of your HSE colleagues in addressing this matter.

Thanks,
Tadhg

From: Niall_Redmond@health.gov.ie <Niall_Redmond@health.gov.ie>

Sent: Monday 27 April 2020 20:45

To: Tadhg Daly <tdaly@nhi.ie>

Cc: Fiona Kenny <ea@nhi.ie>; Karl_Duff@health.gov.ie; 'Liam Sloyan' <liam.sloyan@ntpf.ie>; olderpeople.operations@hse.ie; sandra.tuohy@hse.ie

Subject: RE: Covid-19 Temporary Assistance Payment Scheme

Importance: High

Tadhg

Please find attached final versions of the relevant documentation which are now in the process of going live. Documents should be available on the NTPF website overnight and the process will reopen for applications in the morning.

I will let you know when this happens.

Thanks,

Niall

From: "Tadhg Daly" <tdaly@nhi.ie>
To: "Niall Redmond@health.gov.ie" <Niall.Redmond@health.gov.ie>
Cc: "Liam Sloyan" <liam.sloyan@ntpf.ie>, "sandra.tuohy@hse.ie" <sandra.tuohy@hse.ie>, "olderpeople.operations@hse.ie" <olderpeople.operations@hse.ie>, "Karl Duff@health.gov.ie" <Karl.Duff@health.gov.ie>, "Fiona Kenny" <fk@nhi.ie>
Date: 26/04/2020 16:18
Subject: RE: Covid-19 Temporary Assistance Payment Scheme

Good afternoon Niall,

Thank you for providing the revised draft suite of documentation in respect COVID-19 Temporary Assistance Payment Scheme established by the Minister.

I can confirm that NHI engaged with HSE this afternoon on matters of clarification on the draft and I understand HSE will revert Department of Health on same. I look forward to receipt of final draft documentation at the earliest opportunity so that we are in a position to finalise and subsequently circulate the links to the application process and nursing homes can submit applications.

As you state the priority now is to open the Scheme to application and ensure immediate processing and payment of approved applications.

As per Ministerial commitment we look forward to regular and ongoing consultation on the Scheme (prospective and retrospective elements) and crucially on the Outbreak Assistance Payment element.

We are meeting Minister again on Tuesday and look forward to updates on the non NHSS residents.

This together with continued engagement and consultation as per Ministers commitment in the best interest of all nursing home residents and staff.

Best regards,
Tadhg

From: Niall Redmond@health.gov.ie <Niall.Redmond@health.gov.ie>
Sent: Saturday 25 April 2020 22:27
To: Tadhg Daly <tdaly@nhi.ie>
Cc: 'Liam Sloyan' <liam.sloyan@ntpf.ie>; sandra.tuohy@hse.ie; olderpeople.operations@hse.ie; Karl.Duff@health.gov.ie
Subject: Covid-19 Temporary Assistance Payment Scheme
Importance: High

Dear Tadhg,

I refer further to our ongoing engagements with regard to the COVID-19 Temporary Assistance Payment Scheme established by the Minister. Firstly, I wish to thank you for your submitted Memorandum in relation to the Scheme and the observations made by Nursing Homes Ireland (NHI) in respect of same.

As discussed yesterday, the feedback has been considered in the context of the extensive Scheme process development and engagement work that is ongoing by the HSE, the NTPF and the Department.

Since previous discussions, we have further developed the clarifications around the operation of the Scheme,

which set out in greater specification the roles and responsibilities of the parties administering Scheme. In doing so, we have also been able to introduce clarifications and in some cases, revisions to Scheme terms and conditions. To that end we continue to aim to strike the balance between the effective operation of the Scheme and with meeting necessary requirements with regard to the expenditure of public monies. In that regard, I now attach draft revised and extended Scheme documentation for your information.

In terms of key highlights with regard to clarifications introduced, please note:

- the roles of the primary agencies are set out in further detail, outlining the role of the NTPF in providing support and advice with respect to certain aspects of the Scheme, and the role of the HSE with regard to decision-making on Scheme applications and with regard to the issuing of payments;
- the reduction in the scope of the variation condition;
- the exclusion of the indemnity/liability condition;
- the HSE will include a review process with regard to disputes with the appointment of an independent expert to take submissions from the HSE and the relevant nursing home in respect of their contention. The reviewer will make non-binding decisions in respect of disputes;
- clarification regarding named agencies who will need to share data and the specified purpose of sharing, being the full and proper implementation of the Scheme;
- clarification regarding guidance including the change with regard to admissions and readmissions requirements;
- clarification that the requirement for nursing home applicants to provide independent certification of costs incurred relates only to the outbreak assistance component of the Scheme (i.e. is not required for the standard assistance payment);
- it continues to be the case that documentary evidence etc. of claims being made is not required to accompany first application for prospective payment, this will be managed retrospectively through the reconciliation process and via the required audit processes. This means that on first application for prospective payment, the completed application form may be reviewed promptly and where approved, support can be promptly paid. The commitment of the HSE and the NTPF to support this is demonstrated by the fact that a first group of applications were approved and support funding was in nursing home bank accounts within about 48 hours of receipt of applications. Those applicant nursing homes have enjoyed the benefit of funding support from a very early stage.

We are happy to receive any further feedback, however, we are anxious to proceed and publish the clarification and revised documents so that we can quickly engage with nursing homes who wish to participate in the Scheme and ensure the continued timely processing and payment of approved applications.

These documents will undergo final proof read prior to publication.

Regards

Niall

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Re: Video Conference with Minister Harris today 28th April
Matthew O'Gorman to: Fiona Kenny
Cc: Minister's Diary

28/04/2020 12:49

Hi Fiona

I believe the Minister was aiming for 4pm but if Tadhg is unavailable at that time we can push it back to 5pm

I'll confirm with the Minister and our attendees shortly

Cheers

Matthew

Matthew O'Gorman
Private Secretary
Minister Harris' Private Office

An Roinn Siáinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

T +353 (0)1 635 4149
M +353 87 699 3579
Diary email - MinistersDiary@health.gov.ie

matthew.ogorman@health.gov.ie

Fiona Kenny

Hi Matthew, I hope you are well.

28/04/2020 11:35:45

From: Fiona Kenny <ea@rhi.ie>
To: "Matthew_OGorman@health.gov.ie" <Matthew_OGorman@health.gov.ie>
Date: 28/04/2020 11:35
Subject: Video Conference with Minister Harris today 28th April

Hi Matthew,

I hope you are well.

Are there any details on the video conference with Minister Harris today?

Tadhg is in Dublin today at a meeting and was wondering could it possibly be after 5pm?

Kind regards,
Fiona Kenny
EA to the CEO
Ph: 01 4699801



**NHI Agenda for Meeting with Minister Harris
Tuesday 28th April 5pm-Videoconference**

- 1. NPHEP Recommendations**
 - Update from Minister
- 2. PPE/Facemasks**
- 3. HSE**
 - Proposed frequency of testing
 - Testing by Nursing Homes?
 - Update on ACMT's from the CHO's
 - Contact Tracing- what contacts do the HSE require?
 - Update on staff/contingency redeployment
- 4. HIQA**
 - Quality Assessment Framework
 - Schedule
- 5. COVID-19 Temporary Assistance Payment Scheme**
 - Outbreak Assistance Payment
 - Non NHSS Residents
- 6. Nurse and HCA Recruitment**

(60)



RE: Covid-19 Temporary Assistance Payment Scheme

Tadhg Daly

to:

Niall_Redmond@health.gov.ie

29/04/2020 12:53

Cc:

Fiona Kenny, "Karl_Duff@health.gov.ie", "olderpeople.operations@hse.ie"

Hide Details

From: Tadhg Daly <tdaly@nhi.ie>

To: "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>

Cc: Fiona Kenny <ea@nhi.ie>, "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>, "olderpeople.operations@hse.ie" <olderpeople.operations@hse.ie>

Hi Niall,

I refer to our meeting with Minister Harris yesterday afternoon and our subsequent telephone conversation. The NHI position is clear that the Covid-19 Temporary Assistance Payment Scheme is provided for all nursing home residents.

We welcome confirmation once again that the Minister and Department are engaged in a process specifically in respect of the funding of non NHSS residents under the Covid-19 Temporary Assistance Payment Scheme.

As agreed I committed to revert to you on the process of validating such data as per our discussion with Minister.

As I proposed the data is validated under Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. Under the Regulations (S.I. No. 61 of 2015) the registered provider declares to the Authority, by the 15th day of the calendar month in which the instalment falls due, the number of residents that are accommodated at the designated centre.

I look forward to engagement and update on this as per Ministers commitment.

Thanks

Tadhg

From: Niall_Redmond@health.gov.ie <Niall_Redmond@health.gov.ie>

Sent: Monday 27 April 2020 20:45

To: Tadhg Daly <tdaly@nhi.ie>

Cc: Fiona Kenny <ea@nhi.ie>; Karl_Duff@health.gov.ie; 'Liam Sloyan' <liam.sloyan@ntpf.ie>; olderpeople.operations@hse.ie; sandra.tuohy@hse.ie

Subject: RE: Covid-19 Temporary Assistance Payment Scheme

Importance: High

Tadhg

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I will let you know when this happens.

Thanks,

Niall

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To: "Niall Redmond@health.gov.ie" <Niall.Redmond@health.gov.ie>
Cc: "Liam Sloyan" <liam.sloyan@ntrpf.ie>, "sandra.tuohy@hse.ie" <sandra.tuohy@hse.ie>, "olderpeople.operations@hse.ie" <olderpeople.operations@hse.ie>, "Karl Duff@health.gov.ie" <Karl.Duff@health.gov.ie>, "Fiona Kenny" <ea@nhi.ie>
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Best regards,
Tadhg

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Sent: Saturday 25 April 2020 22:27
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Cc: 'Liam Sloyan' <liam.sloyan@ntrpf.ie>; sandra.tuohy@hse.ie; olderpeople.operations@hse.ie; Karl.Duff@health.gov.ie
Subject: Covid-19 Temporary Assistance Payment Scheme
Importance: High

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In that regard, I now attach draft revised and extended Scheme documentation for your information.

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- the reduction in the scope of the variation condition;
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These documents will undergo final proof read prior to publication.

Regards

Niall

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Care of the Deceased/Personal Possessions

Niall Redmond to: 'Tadhg Daly'

30/04/2020 16:44

From: Niall Redmond/SLAINTE
To: "Tadhg Daly" <tdaly@nhi.ie>

Hi Tadhg,

Just getting in contact with you on slightly different aspect of COVID-19.

Firstly, thanks for arranging for nursing home representation on the Department of Housing mortality group for COVID-19.

The Department of Health member of that group has asked me to reach out to you on related issues, with a specific query around the care and removal of personal possessions belonging to the deceased.

Two related queries arise:

1) Does NHI have or has it in the past issued guidance and/or policy and procedures templates to member nursing homes in relation to personal possessions generally? (relates generally to Standard 2.5.13 "Procedures are in place for the respectful removal of the resident's personal possessions in accordance with the resident's wishes, in a timely and respectful fashion following their death. The return of personal effects is carried out in a dignified manner and is formally documented and signed." and Regulation 4 re "writing, adopt and implement policies and procedures on a range of matters, including Residents' personal property, personal finances and possessions"

2) related to same, would it be possible for NHI to reach out to a few nursing homes (maybe 5?) to obtain a copy of the their written policies and procedures on the above (I see no reason why this couldn't be done on anonymised basis if that was a concern). I understand that the Mortality group is looking to see some samples of same to assist and inform their work in relation to the expansion of guidance in relation to the care of the remains and possessions of the deceased.

Thanks
Niall



RE: Temporary Assistance Payment Scheme - Form A - Deadline
Tadhg Daly

to:

Niall_Redmond@health.gov.ie

30/04/2020 22:53

Cc:

"Liam Sloyan (liam.sloyan@ntpf.ie)", "sandra.tuohy@hse.ie", "Fiona Kenny"

Hide Details

From: "Tadhg Daly" <tdaly@nhi.ie>

To: "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>

Cc: "Liam Sloyan (liam.sloyan@ntpf.ie)" <liam.sloyan@ntpf.ie>, "sandra.tuohy@hse.ie" <sandra.tuohy@hse.ie>, "Fiona Kenny" <ea@nhi.ie>

Niall,

I acknowledge receipt of your email and notification of extension of deadline to for Form A Monday 4th May. I can confirm that we will communicate with nursing homes.

I look forward to engagement and consultation on Form B and the process in respect of Outbreak Assistance as per commitment.

Thanks

Tadhg

From: Niall_Redmond@health.gov.ie <Niall_Redmond@health.gov.ie>

Sent: Thursday 30 April 2020 22:09

To: Tadhg Daly <tdaly@nhi.ie>

Cc: Liam Sloyan (liam.sloyan@ntpf.ie) <liam.sloyan@ntpf.ie>; sandra.tuohy@hse.ie

Subject: Temporary Assistance Payment Scheme - Form A - Deadline

Dear Tadhg,

I refer to recent discussions in relation to the deadline for the submission of Form A April applications for the Temporary Assistance Payment Scheme (TAPS).

As you know, the original intended deadline for receipt of Form A applications was today, April 30th. In light of extensive recent engagements, I am happy to inform you that the Department has agreed to extend this deadline to close of business on Monday, 4th May, to allow nursing homes further opportunity to submit their applications.

For further clarity, the passing of the deadline for Form A applications, for any month, does not fully exclude an application for the month in question. The Form A process was specifically designed to allow for prospective payments in the month, to assist with early and timely provision of financial support in the month. A second, retrospective opportunity also exists "Retrospective Standard Assistance Reconciliation – Form B" whereby a nursing home may apply retrospectively for the previous month. The deadline for such applications is the 15th day of the following month. Form B is required in all cases whether an applicant has submitted a Form A or not. Form B will require additional information and we hope to be in a position to circulate and advance copy to you for feedback in the next day or so.

I have included an extract relating to the Form B process from the Scheme details below for info. In summary

Form A deadline for April is now Monday 4th of May

Form B deadline for April is 15th May. Form B will be circulated shortly for obs.

Regards,

Niall

B. Retrospective Standard Assistance Reconciliation – Form B (to follow)

On or before the 15th day of the month following the month in respect of which an application is being made, a Nursing Home must submit a Statement of Additional Allowable Costs. The Retrospective Standard Assistance Reconciliation – Form B will be available on the NTPF website from early May. The form will require the completion of a description of and data relating to the measures undertaken as specified on the form. In respect of an applicant's first application under Form B, it shall be accompanied by the latest financial information. This financial information may include:

Most recently filed accounts with the Companies Office;

Or

Where a Nursing Home is not required to file relevant accounts, relevant accounts, projections or business plans prepared by the Nursing Home should be submitted.

The NTPF will review the Statement of Additional Allowable Costs and advise the HSE of the amount that it considers to be comprised of additional allowable costs, subject to the applicable Standard Assistance Payment Cap and the Overall Monthly Cap on the basis that the amount applied for is less than or equal to the total increase in costs that that Nursing Home incurred in the month as a result of the Covid-19 emergency.

Where the amount assessed is greater than the amount paid under the Prospective Standard Assistance Payment process, the NTPF will advise that the difference is to be paid by the HSE to the Nursing Home. Where the amount determined is less than the amount paid under the Prospective Standard Assistance Payment process, the NTPF will advise that the difference is owed to the HSE by the Nursing Home and may be deducted from any future payments from the HSE to the Nursing Home, including under this Scheme or under the NHSS or otherwise recouped as a contract debt. The HSE will make the final determination and pay or recoup the appropriate amount to or from the Nursing Home.

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Discussion Document

Easing Visitor Restrictions in Nursing Homes – Covid19

On Friday 6th March 2020 Visitor Restrictions were announced by Nursing Homes Ireland for the protection of nursing home residents and staff. These included no non-essential visiting, children or groups allowed, with special provision for end of life care.

NHI also asked that all visitors contact prior to attending. Visitors should only seek to attend in urgent circumstances and the management reserve the right to impose full restrictions where necessary.

The leadership by NHI was critical in early March and we now need to consider an approach on easing visitor restrictions.

As we move through this crisis and note that this virus may be with us until at least early 2021, NHI must discuss a plan on when and how these visitor restrictions will be eased and what this will look like for residents, families and our members. We must be cognisant of both the health and wellbeing of the residents and staff but also that many families have not seen their loved ones for a number of weeks now.

Nursing Homes Ireland is monitoring the evolving situation on an ongoing basis and is in continuous contact with Minister for Health, Department of Health, HSE and all relevant health authorities on the guidance.

We are aware that our nursing homes will need clear guidance on when and how to ease/lift these restrictions.

Below listed some potential items for discussion on how members could plan for a policy and procedure on easing visitor restrictions. NHI propose engagement with Department of Health, NPHE, HSE Public Health, HSE Operations, HIQA and other key stakeholders.

These DRAFT measures are all based on the premise that NPHE recommend that visitor restrictions are eased together with a more effective, timely process of testing (24 hour results) and contact tracing system. A consistent daily delivery of fast test results is crucial if the information is to be acted upon and the positive cases isolated.

1. Nursing Homes may be based on a scale rating with a 5 level scale with 5 being total lock down as we are today and 1 being open door visiting as it was prior to March 6th. The draft measures here could relate to the level 4 measures and any lifting on these measures would relate to level 3 and then so on.
2. Visitor Restrictions should remain in place in all centres that are Covid19 Positive for a period of time that will be agreed with Public Health.
3. Visits should be for a maximum duration of (15/30) minutes to allow as many visitors as possible access. This should be reviewed on a weekly basis.
4. Covid19 Status of each nursing home needs to be verified (NAS testing and results) prior to easing/ lifting visitor restrictions.
5. Visits should be booked to commence on the hour or the half hour, allowing the extra time for donning and doffing of PPE.
6. It will be necessary to get confirmation that visits may take place from insurance companies for Public Liability and Employers Liability perspective.
7. An appropriate risk assessment should be done when people arrive and the staff member greets them at the door.
8. Screening must be completed for all visitors prior to entry. Visitors will have their temperature checked upon arrival at the centre and must inform the nursing home staff if they feel unwell or have had sudden onset of any of the following, respiratory illness / cough / shortness of breath / fever.
9. Visitors must inform the nursing home staff where they have been in close contact with a suspected / probable COVID-19 case within the last 14 days.
10. Visitors must wash their hands upon entering and leaving the nursing home.
11. Social distancing will need to be maintained at all times.
12. No children under the age of 18 are allowed to visit.
13. No refreshments will be made available to visitors during the course of the visit.
14. Any visitors showing up in an unplanned manner will be refused admission.
15. Strict control of overall number of visits to the nursing home each day, with prearranged appointment times. Visitors that are late will not be admitted; visitors that are early will need to wait until their pre-booked time.

16. Consider ease of access and egress when deciding on the policy – access should be only through the front door/main entrance.
17. Visitors will need to be escorted from the entrance(s) to the residents rooms and back again when they are leaving.
18. Visits will be facilitated where appropriate based on size and access outside in the nursing home garden or in the nursing home patio. Social distancing requirements must be adhered to.
19. Sign in books will be completed by Reception staff upon the arrival of the visitor.
20. Visitors will not be able to use the nursing homes restrooms. If visitors do need to use restrooms they should use the en-suite bathroom facilities during their visits due to potential for infection.
21. Visits should not take place in multi-occupancy rooms.
22. No more than one visitor per resident per visit is strictly observed and that it is the same person each time i.e. the nominated representative
23. Restrict visits to 1 per week per resident in the first two weeks scaling it up very gradually after that.
24. PPE for visitors needs to be supplied by nursing home, they will need at a minimum a plastic apron, a surgical mask & gloves.
25. Time of visits – Visits should only take place during the day when the main cohort of staff are on duty and away from meal times. Suggest 10.00 – 12.00 & 14.00-16.30.
26. Visits will be fully restricted again if in the opinion of the Person In Charge/Registered Provider it is prudent to do so.
27. Visitors found flouting the rules will be asked to leave and will not/ may not be allowed back into the nursing home.
28. Separate arrangements will be in place for those who are visiting residents at end of life.

Policy regularly reviewed.

28th April 2020



FW: ASSISTANCE FOR PRIVATE NURSING HOMES

Tadhg Daly

to:

'Tuohy, Sandra', Older People Operations, olderpeople.strategy@hse.ie
24/04/2020 09:19

Cc:

"ultan.hynes@hse.ie", "David Walsh", "Fiona Kenny",
"Kathleen_MacLellan@health.gov.ie", "Niall_Redmond@health.gov.ie"

Hide Details

From: "Tadhg Daly" <tdaly@nhi.ie> Sort List...

To: "'Tuohy, Sandra'" <sandra.tuohy@hse.ie>, "Older People Operations"
<olderpeople.operations@hse.ie>, "olderpeople.strategy@hse.ie"
<olderpeople.strategy@hse.ie>

Cc: "ultan.hynes@hse.ie" <ultan.hynes@hse.ie>, "David Walsh"
<David.Walsh1@hse.ie>, "Fiona Kenny" <ea@nhi.ie>,
"Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>,
"Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>

2 Attachments



Letter to Chief Officers re Temporary Assistance Scheme to Private and Voluntary Nursing Home.pdf



Briefing Note re Covid19 Temporary Assistance Scheme Nursing Homes.pdf

Good morning Sandra,

I refer to our brief call just now and following up as promised.

I refer to attached correspondence;

1. Letter to Chief Officer re Temporary Assistance Scheme to Private and Voluntary Nursing Homes
2. Briefing Note re Temporary Assistance Scheme Nursing Homes

I note that the circulars issued from your office and this information has been sent to nursing homes.

As you and HSE colleagues are aware Minister Harris in our meeting on Tuesday last 21st April, Minister committed to continuous engagement with NHI on the Temporary Assistance Scheme. We are meeting Minister Harris again today Friday 24th at 3.30pm.

The circulation of the attached is unacceptable given that we await the engagement as per Ministerial commitment and I request that the attached communication issued by your office is immediately revoked.

I request confirmation by return together with the revocation notice issued to Chief Officers.

As you are aware we in NHI remain committed to working in a true spirit of partnership in the interests of all residents in nursing home care.

Best regards,

Tadhg

Tadhg Daly

Chief Executive

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Nursing Homes Ireland



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NHI Care Awards 2020

in association with Homecare Medical

Citywest Hotel, Thursday 12th November 2020, 7pm

- w. www.nhicareawards.ie
- e. nhicareawards@eventpartners.ie
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22 April 2020

RE: Temporary Assistance Scheme to Private and Voluntary Nursing Homes

Dear Chief Officer,

Please find attached briefing note which previously issued to your Heads of Finance re Covid 19 Temporary Assistance Scheme for Nursing Homes.

This explains the operation of the Temporary Assistance Scheme to Private and Voluntary Nursing Homes as announced by Minister Harris.

A few points to note;

1. The purpose of the Scheme is to provide financial support to the private Nursing Home sector to allow them build resilience to both reduce the risk of having a Covid-19 outbreak and to have the systems and staff in place to manage an outbreak, should one occur.
2. This should remove the requirement for the HSE to have to provide any type of emergency funding to a private Nursing Home to ensure continuity of business and/or resident safety during a Covid-19 outbreak. The requirement to provide emergency staff and the full range of other professional and supplies support may continue to be required. However, the responsibility for payment for extra Agency staff at private Nursing Homes should rest with the private Nursing Home, to be funded if necessary under this Scheme. Obviously, individual emergency situations will have to be assessed and dealt with on their own merits.
3. Therefore, requests from private Nursing Homes for financial support or payment of invoices for staff, services or supplies required by Nursing Homes as a result of Covid 19 should now be directed in the first instance to the NTPF website at <https://www.ntpf.ie/home/covid19.htm> or their email address for queries - covid19support@ntpf.ie
4. The scheme went live on Friday, April 17th on the NTPF website - <https://www.ntpf.ie/home/covid19.htm> and is being managed by the NTPF who will notify HSE of the payments to be made to Nursing Homes through the existing NHSS payment process.

Details of the Outbreak Assistance application process will be on the NTPF website at end April. The payments require a claim to be made and Covid 19 surplus costs over the norm to be incurred – it is not an automatic per capita grant.

The below is a copy of a relevant section within the NTPF Conditions for Nursing Home Eligibility for your information. We are currently working with the NTPF and DoH to agree a business process around how the HSE can ensure compliance with these, and other, scheme requirements.



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2	<i>We the applicant Nursing Home will comply with all relevant guidance issued by State entities including HSE (HPSC), NPHET, HIQA and Coroners Service regarding the Covid-19 emergency</i>
3	<i>We the applicant Nursing Home declare that we have developed a Covid-19 preparedness plan in line with NPHET recommendations, including:</i>
3.1	Staff training in IPC measures
3.2	Covid-19 preventative measures
3.3	Contingency planning for outbreak management including isolation measures and cleaning procedures
3.4	Full engagement and timely provision of data and information through processes established by the HSE and HIQA, including any Central Records Management System established (e.g. no. of confirmed cases, admissions, transfers out, death etc.)
4	<i>We the applicant Nursing Home declare that we have submitted and will continue to submit all required documentation and evidence and acknowledge that any false, misleading or fraudulent claims or statements made by us or any false, misleading or fraudulent information provided by us will expose us to administrative fines and/or legal liability including potential referrals to the Office of the Director of Corporate Enforcement, Garda Síochána or other regulatory authorities.</i>
5	<i>We the applicant Nursing Home confirm that we will be open and available for admission and readmission of patients to long-term residential services and short-term transitional care services, in line with any guidance issued</i>
6	<i>We the applicant Nursing Home agree that any funding provided which is found to be invalidated shall be repayable, including, where necessary, through recoupment or deduction from future NHSS payments, any other applications or otherwise as a contract debt. For the avoidance of doubt any payments made under the Scheme will not impact on or increase the amounts payable by residents or their respective next of kin under the NHSS "fair deal" arrangements.</i>
7	<i>The proposed measures to be undertaken should be consistent with any advice provided by State agencies in relation to COVID-19 preparedness and management and funding, and where relevant, funding should be prioritised towards achieving those measures.</i>

It is important that HSE Services continue to record any direct HSE support such as staff or supplies which have been provided to Nursing Homes as a result of Covid 19 which are not allowable for claims under the Assistance Scheme by Nursing Homes.

We will update you further as detailed processes are agreed.

Yours Sincerely,

Sandra Tuohy,
Assistant National Director - Community Operations,
Services for Older People.

Covid-19 Temporary Assistance Payment Scheme Nursing Homes

A Temporary Assistance Payment Scheme has been announced by the State to support Nursing Homes with respect to additional costs arising from Covid-19, to action measures to further militate against a Covid-19 outbreak and be capable of managing an outbreak.

The **National Treatment Purchase Fund** will manage the Scheme with support as required from the HSE.

The Scheme envisages Covid 19 Temporary Financial Assistance to up to 435 Private and Voluntary Nursing Homes who currently provide long stay care to just over 18,000 Fair Deal residents at any one time. Existing regular Fair Deal State Support payments to these Private Nursing Homes will be in the order of €690 million for 2020.

This Scheme Details and Procedures for Payment under Scheme document has been published on a dedicated section of the NTPF website at: <https://www.ntpf.ie/home/covid19.htm>

The Scheme will provide a temporary support payment, which is offered to support private and voluntary nursing homes to action measures to further militate against a COVID-19 outbreak and be capable of managing an outbreak in terms of providing safe staffing and a safe environment, should an outbreak occur.

The core concept of the scheme is that the State will provide additional funding to those nursing homes that incur **additional allowable costs as a result of Covid 19**. It is envisaged that the scheme will operate for a 3 month period. It will be reviewed after the first month's operation.

It is intended that there will be two components parts of the Scheme which will be integrated:

1. Assistance for nursing homes subject to a standard threshold

Commencing in April, a Nursing Home may apply for a Prospective Standard Assistance Payment each month based on its estimate of allowable additional costs to be incurred during that month. The Application for a Prospective Standard Assistance Payment for April must be received by the NTPF by Thursday 30 April. For subsequent months, the Application for Prospective Standard Assistance Payments must be received by the 15th of the month.

The Standard Assistance Payment Cap is calculated by reference to the following sliding scale:

- €800 per resident per month for the first 40 NHSS residents; and thereafter
- €400 per resident per month for the next 40 NHSS residents; and thereafter
- €200 per resident per month for each subsequent NHSS resident.

2. Enhanced outbreak assistance business case

Where a nursing home has incurred significant further costs or undertaken necessary enhanced actions arising directly from COVID-19 outbreak as certified by the HSE, a nursing home may submit a separate business case for enhanced funding. In such cases, the nursing home in question will be required to submit evidence of the measures undertaken and the costs incurred, along with independent certification from an auditor that the expenditure was incurred and it relates directly to Covid-19.

The maximum assistance available to an individual nursing home per month will be twice that of the agreed monthly support (see 1 above) or a maximum amount of €75,000 inclusive of the monthly support, whichever is the lesser.

Allowable Costs are costs that may be included in an application for support under the Scheme. These costs can arise in executing the following measures:

- I. Implementing higher than normal infection prevention and management measures
- II. Enhanced environmental and waste management
- III. Providing for Covid-19 testing on site
- IV. Interpreting and following HSE/HPSC guidance
- V. Ensuring physical distancing measures and as of 28th March "cocooning" measures
- VI. Training and education of staff on new measures and practices, particularly in areas of enhanced care
- VII. Implementing evolving protocols and necessary practices including cohorting of patients with Covid-19
- VIII. Developing and instigating local measures to protect staff and residents
- IX. Escalating measures upon suspected cases of staff or residents
- X. Implementing alternative arrangements including staff rostering during staff self-isolation periods
- XI. Introducing contingency based on suspected cases becoming actual cases and escalating measures to prevent contagion

Note: Allowable Costs exclude Excluded Items and non Covid-19 specific costs. Furthermore, Allowable Costs cannot include any costs incurred in respect of which the Nursing Home has been reimbursed, compensated or has received remittance from any other source. Any costs claimed by a Nursing Home in respect of increased work as a result of Covid-19 must be capable of being evidenced and available for review by the NTPF and/or the HSE.

Procedure for applying for and receiving payment

- a. All Nursing Homes who wish to participate in the Scheme must sign the Scheme letter and complete an application form to register for the Scheme. The Scheme letter and applicable application form can be downloaded from the NTPF's website and must be signed by an authorised person on behalf of the Nursing Home and sent to the dedicated NTPF e-mail address covid19support@ntpf.ie
- b. For each of the months of April, May and June the Nursing Home may complete a separate Prospective Standard Assistance Payment – Form A by entering the Nursing Home information in the relevant section along with estimated additional allowable costs for each period, signing the declaration at the end of the form and sending it to the NTPF dedicated e-mail address covid19support@ntpf.ie
- c. The NTPF will verify and validate each claim in line with the Scheme Rules and advise on the appropriate amount proposed to be paid by the HSE to each Nursing Home.
- d. Following the end of each month, Nursing Homes will submit a Retrospective Standard Assistance Reconciliation - Form B to the NTPF.
- e. The NTPF will verify and validate each claim in accordance with the Scheme Rules and advise on the proposed appropriate amount to be paid to/recouped from each Nursing Home by the HSE.
- f. The NTPF will, on a sample basis, carry out formal audits of claims made retrospectively and may be supported in this work by external professional auditors. It will be necessary for the Nursing Home to be able to provide vouched evidence of Covid-19 expenditure as any expenditure that is not vouched **will be deducted from future claims or NHSS payments**. All records shall be kept by the Nursing Homes for a minimum period of 6 years.

- g. The NTPF will advise of the proposed payment amount for each Nursing Home as assessed to the HSE Fair Deal Finance Department.
- h. The HSE Fair Deal Finance Department has agreed with the NTPF the format and process for transfer of information to effect payment to the Nursing Homes submitting claims under the Assistance Scheme.
- i. The HSE Fair Deal Finance Unit will at 48 hours notice on dates agreed with NTPF process payments in respect of Scheme claims approved by NTPF in accordance with with the HSE's own payment control procedures but separately to the normal monthly NHSS payment to the Nursing Home's bank account.
- j. The NTPF may at any time review and verify any claims made under the Scheme and the outcome of any such exercise may result in a change in any advice given by the NTPF.
- k. Details regarding the Outbreak Assistance Payment will be made available on the NTPF website by the end of April.