

Attachment 4

Health Information and Quality Authority (HIQA)

HIQA - Overview

HIQA is the independent statutory authority, established under the Health Act 2007, which is responsible for regulating residential care services for older people, whether delivered in a nursing home managed by the HSE or a private provider. It has significant and wide-ranging powers, up to and including, the cancellation of the registration of a nursing home, where it has significant concerns about the quality of governance and oversight in such services.

Section 8 of the Act set out the functions which the Authority is to carry out. These functions are:

- to set standards on safety and quality in relation to services provided by the HSE or a service provider in accordance with the Health Acts 1947 to 2007, except for services under the Mental Health Acts 1945 to 2001 that, under the Health Act 2004, are provided by the Executive, and in relation to services provided under the Child Care Acts 1991 and 2001, the Children Act 2001, and services provided by a nursing home as defined in section 2 of the Health (Nursing Homes) Act 1990;
- to monitor compliance with these standards;
- to undertake investigations in accordance with section 9 of the Act, which sets out the grounds under which an investigation may be initiated;
- at the request or with the approval of the Minister, to review and make recommendations as the Authority thinks fit in respect of the services, to ensure the best outcomes for the resources available to the Executive;
- to operate accreditation programmes in respect of the services and to grant accreditation to any of them meeting standards set or recognised by the Authority;
- to operate such other schemes aimed at ensuring safety and quality in the provision of the services as the Authority considers appropriate;
- to evaluate the clinical and cost effectiveness of health technologies including drugs and provide advice arising out of the evaluation to the Minister and the Executive;
- to evaluate available information respecting the services and the health and welfare of the population;
- to provide advice and make recommendations to the Minister and the Executive about deficiencies identified by the Authority in respect of this information;
- to set standards as the Authority considers appropriate for the Executive and service providers respecting data and information in their possession in relation to services and the health and welfare of the population;
- to advise the Minister and the Executive as to the level of compliance by the Executive and service providers with the standards referred to above;
- to act as a body standing prescribed by regulations made by the Minister for Health and Children as set out in section 5(5) of the Education for Persons with Special Educational Needs Act 2004 and in section 10 of the Disability Act 2005.
- The budget allocation from the DOH in 2019 was €16.29 and €17.29 for 2020.

Under the Health Act 2007 (as amended), any person carrying on the business of a residential service and or a residential respite service within a designated centre can only do so if the centre is registered under this Act and the person is its registered provider. As part of the registration and onward process

of regulation, the provider must satisfy the Chief Inspector that she or he is fit to provide the service and that the service is in compliance with the Act, the Regulations and these or other specified standards. The purpose of regulation in relation to designated centres is to safeguard people who are receiving residential services. Regulation provides assurance to the public that people living in designated centres are receiving services and supports that meet the requirements of National Standards, which are underpinned by regulations.

By regulating the entry and exit of services within the market, the Authority is fulfilling an important duty under Section 41 of the Health Act 2007 (as amended). However, registration relates to a judgment of fitness at a specific point in time. It is the monitoring process that underpins continuing fitness and compliance and ultimately promotes continuous improvement.

The monitoring of compliance is a continual process which checks that providers continue to be fit persons and continue to deliver an appropriate standard of service as prescribed by the registration authority. The monitoring of compliance contains a number of different activities to inform an inspector's judgment in relation to a provider's continuing fitness and compliance with the conditions of registration. These activities inform ongoing decision-making and the subsequent actions of the regulator.

The Authority has significant and wide-ranging powers up to and including the cancellation of the registration of a nursing home facility to operate as a service provider, where it has significant concerns about the quality of governance and oversight in the services concerned.

Department engagement with HIQA

Regular and ongoing engagement between the Department and HIQA on a range of matters related to the provision of high-quality and safe care for people using our health and social care services in Ireland, including the current regulatory framework is continuous. The Department and HIQA share the view that progressing the current national regulatory framework towards a 'service provider' model of regulation should be examined and advanced over time. This approach is being actively planned for in the context of regulation of the planned statutory home care scheme. In addition, the Department of Health continues to progress work on the Patient Safety (Licensing) Bill which will, for the first time introduce a licensing requirement for all hospitals, public and private, and certain designated high-risk activities in the community. The drafting of this Bill is on the Government's legislative programme, the general scheme of the Bill having been approved by Government and subject to Pre-Legislative Scrutiny at the Oireachtas Joint Committee of Health.

Material provided by HIQA to the Department during the course of this pandemic.

HIQA has a unique knowledge of the nursing home sector, both public and private due to its ongoing monitoring and inspection programme to ensure that providers maintain a high level of care in order to maintain their registration. In addition to being a member of NPHET since its inception HIQA is also a member of the NPHET Vulnerable Subgroup which held its first meeting on 6th March.

- i. On 13th March HIQA provided the Department with a list of 19 HSE/HSE funded nursing homes identifying that as these had multi-occupancy rooms this created infection prevention risk. This information was sent by the Department on the same day to the HSE for their attention and the HSE has confirmed on-going risk management of these centres. This information was also provided again on 30th March.
- ii. On 29th and 30th of March key officials from the Department, HIQA, HPSC and HSE met to discuss nursing homes (minutes attached). It was agreed that representatives from the Department, HIQA, HSE and HSPC would collaborate to prepare a paper, encompassing a framework of necessary information, for consideration by the NPHE on meeting of 31st March on the specific issues and risks relating to COVID-19 infections in residential healthcare facilities.
- iii. Attendees were asked to provide information and inputs to the Framework of Information on 29th March 2020.
- iv. To inform the development of the paper, HIQA provided an information framework document to the team on March 30th (*attached; note specific attachments to the framework identify individual named homes and are not included*). A variety of potential risks were identified. These included the risk of small providers, access to IPC advice, access to PPE and timely access to testing. Following consideration of the paper referred to above NPHE at the meeting of 31st March requested HIQA to risk assess all nursing homes and liaise with national and regional governance structures and LTRCS as necessary in light of mitigating actions (letter attached).
- v. This HIQA risk assessment process was provided to the Department on 2nd April and the Risk Assessment Report provided to the Department on 9th April (attached).
- vi. On 3rd April HIQA issued a regulatory notice advising of the establishment of an Infection Prevention and Control Hub for designated centres (attached).
- vii. At the NPHE meeting 17th April an action was agreed that '*HIQA publishes and assesses a COVID-19 Quality Assurance Regulatory Framework*'. This Framework¹ has been designed to ensure that providers are prepared for, and have contingency plans in place for, an outbreak of COVID-19. This programme is in line with HIQA's established Authority Monitoring Approach².
- viii. The regulatory assessment framework is in line with the Health Act 2007, as amended, and associated regulations, and will assess:
 - the preparedness of the registered provider and designated centre to manage an outbreak of COVID-19 under key governance, leadership, management and quality and safety regulations
 - the provider's knowledge of the resources available to support residents and staff in preparing for and managing an outbreak
 - the efforts made by the registered provider to access specialist clinical advice in providing safe care for residents
 - the systems in place to ensure the centre is a safe place for residents.

¹ <https://www.hiqa.ie/reports-and-publications/guide/assessment-framework-preparedness-dcop-centre-covid-19-outbreak>

² <https://www.hiqa.ie/reports-and-publications/guide/enhanced-authority-monitoring-approach-ama-guidance> and <https://www.hiqa.ie/reports-and-publications/guide/regulation-handbook>

- ix. HIQA from the beginning of April collates daily, through mandated notifications the number of designated centres with confirmed numbers of COVID-19 residents and staff and suspected numbers of COVID-19 residents and staff. Through engagement with registered providers HIQA escalates actual or potential risk when appropriate to the Crisis Management Team in each CHO area. HIQA meets with Community Operations (HSE) weekly to formally discuss ongoing issues and escalate risk as appropriate. This information was copied to the Department in April and May.

List of attachments

13/03/20	Email
29/03/20	COVID-19: Meeting to Discuss Nursing Home Issues
29/03/20	Emails
30/03/20	COVID-19: Meeting to Discuss Nursing Home Issues
30/03/20	HIQA Framework of Information
01/04/20	Letter to HIQA CEO following NPHEM meeting 31 st March requesting HIQA to risk assess all nursing homes and liaise with national and regional governance structures and LTRCS as necessary in light of mitigating actions
02/04/20	HIQA Risk Assessment - Process
03/04/20	HIQA Infection Prevention and Control Hub
09/04/20	HIQA Risk Assessment - Report
29/03/20	Emails

Email 13/03/2020



infection control risks in nursing homes
Mairin Ryan to: Niall Redmond, Sarah Cooney
Cc: Kathleen MacLellan

13/03/2020 16:53

From: Mairin Ryan/SLAINTE
To: Niall Redmond/SLAINTE@SLAINTE, Sarah Cooney/SLAINTE@SLAINTE
Cc: Kathleen MacLellan/SLAINTE@SLAINTE

History: This message has been forwarded.

Hi all,

Please find attached the list from HIQA of designated centres for older people deemed to be high risk from an IPC perspective.

Rgds
Mairin

----- Forwarded by Mairin Ryan/SLAINTE on 13/03/2020 16:52 -----

From: Susan Cliffe <scliffe@hiqa.ie>
To: "Mairin_Ryan@health.gov.ie" <Mairin_Ryan@health.gov.ie>
Cc: Mary Dunnion <MDunnion@hiqa.ie>, Phelim Quinn <pquinn@hiqa.ie>
Date: 13/03/2020 16:01
Subject:

Dear Mairin

As discussed there are a number of registered designated centres for older people identified as cause for concern in the context of the current public health emergency.

Specifically the combination of the physical premises within which these centres are accommodated and the number of residents living in these centres combine to create a situation where isolation for the purpose of preventing the spread of infection is extremely difficult and nearly impossible.

Included on this list are 19 centres which are registered to accommodate a combined total of 1269 residents. As discussed in the context of the current emergency the Department of Health may wish to review these centres with a view to stopping admissions to these centres and reviewing the number of residents living in them

Kind Regards

Susan Cliffe
Deputy Chief Inspector of Social Services



200313_HSE Multi Occupancy_High Risk.pdf

COVID-19: Meeting to Discuss Nursing Home Issues

(via Video Conference)

Meeting Note

Date and Time	Sunday 29 th March 2020 at 11 am
Location	Department of Health, Miesian Plaza, Dublin 2 [<i>by video conference</i>]
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
In Attendance	Dr John Cuddihy, Acting Director, HSE HPSC Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Alan Smith, Deputy Chief Medical Officer, DOH Dr Kathleen Mac Lellan, Assistant Secretary, Social Care Division, DOH Dr Darina O’Flanagan, Public Health Adviser Mr Phelim Quinn, CEO, HIQA Mr Niall Redmond, Principal Officer, Social Care Division, DOH
Secretariat	Ms Rosarie Lynch and Ms Ruth McDonnell, NPSO, DOH

1. Welcome

The Chair welcomed the group and outlined that the purpose of the meeting was to discuss emerging public health data on cases and clusters and information on COVID-19. In particular, to consider disease progression in light of the emerging public health data for residential healthcare settings – for example, nursing homes, community hospitals and long-stay care facilities, including those for older people, disabilities and mental health.

2. Epidemiological Update

The group was updated on the latest figures from the HPSC of confirmed COVID-19 cases in residential healthcare settings in Ireland. It was noted that the number of clusters in these settings has increased. It was also noted that a proportion of the confirmed COVID-19 cases in the East of the country were patients in nursing homes and that there are also a number of confirmed outbreaks in nursing homes.

The group discussed the type of information that would be useful to further assess the evolving situation in residential healthcare settings, including, but not limited to, details of the:

- i. numbers of confirmed and suspected cases, and age profile
- ii. numbers of residents and staff in these centres as denominator
- iii. centre type(s) i.e. patient / client cohort served
- iv. access to infection control measures
- v. layout of centres, particularly in the context of infection control risks
- vi. governance and adherence to standards
- vii. number of COVID-19 related hospitalisations and mortality.

It was agreed that a framework of necessary information would be drafted. See appendix for outline as discussed at meeting.

Action: The HPSC is to provide additional information on confirmed COVID-19 cases in residential healthcare settings in Ireland.

Action: A framework of information on residential healthcare settings is to be finalised.

3. Discussion

In light of the epidemiological information available, it was agreed that more tailored, specific interventions were needed for residential healthcare settings.

The overarching public health consideration is the disease control to minimise spread of infection to patients, staff and the wider community.

The HPSC advised that in each area of the country, the HSE's Public Health Departments are co-ordinating a support team, which includes a Geriatrician, to support residential healthcare settings and nursing homes.

It was noted that there are differences in the size, layout and staffing of different residential healthcare settings, and that their access to infection prevention control (IPC) measures may vary. It is likely that these residential healthcare settings vary in their capacity to respond and some may need targeted supports.

It was noted that HIQA, as the independent authority with responsibility for quality and safety in health and social care services in Ireland, would have an important role in assessing risks in residential healthcare centres.

It was noted that a parallel process was examining potential financial supports for nursing homes in order to ensure continuity of care, taking account of additional costs to maintain service during the COVID-19 response.

It was discussed and agreed that the following supports may need to be tailored for these services: COVID-19 testing for both residents and staff, the availability of personal protective equipment (PPE), staff training in the use of PPE and infection control, the governance and implementation of guidance and standards.

The HPSC's *Preliminary Coronavirus Disease (COVID-19) Infection Prevention and Control Guidance include Outbreak Control in Residential Care Facilities (RCF) and Similar Units (issued 21 March 2020)* was noted. It was agreed that this guidance will be reviewed and updated as needed, in light of the additional public health measures implemented on 27th March 2020, and the current available epidemiological data, including that on clusters.

Action: The HPSC to review and update *Guidance for Infection Prevention and Control (including Outbreak Control) in Residential Care Facilities.*

4. NPHEP Paper

It was agreed that representatives from the DOH, HIQA, HSE and HSPC would collaborate to prepare a paper for consideration by the NPHEP on the specific issues and risks relating to COVID-19 infections in residential healthcare facilities. The focus of this work is to be on disease control, particularly the protection of patients/clients, staff and the wider community. In particular, expertise on IPC should be included.

Action: DOH to co-ordinate preparation of a paper, with input from DOH, HIQA, HSE and HPSC for consideration at the next NPHE meeting on Tuesday 31st March 2020. This paper will focus on the specific issues related to COVID-19 infection control in healthcare settings in Ireland.

5. Meeting Conclusion

The Chair thanked all the attendees for their participation in the meeting.

Appendix – Draft Framework

Public Health Considerations

Disease control aims are to minimise patient, staff and community spread.

Scope

Longterm Care Settings: To include nursing homes, long term older people residential, long term disability residential, long term mental health residential.

Framework of Information

1. Data: COVID-19 positive cases; proportion of overall COVID-19 positive cases; age profile; mortality; number of staff in settings; number of patients in settings; hospitalisations; reporting of KPI suite as a subgroup of data for these settings vs overall KPI
2. Definition of settings; type; size; accommodation lay out; patient / client cohort (e.g. care of the elderly, disabilities, mental health etc)
3. Risk assessment: those setting with known infection; have infection but not yet known; no infection but at risk; low risk
4. Guidance/Standards: IPC; testing; visitors; staff; respite and activities
5. Preparedness: IPC training and competence; PPE supply; contingency plans in place for staff
6. Assurance: set of KPIs to be reported
7. Strengthened outbreak control and supports required; national; regional; local

Emails

Page 1 of 2



RE: URGENT: Follow up to meeting this morning Nursing Homes/Lonterm Care Services
Phelim Quinn to: Kathleen_MacLellan@health.gov.ie, Director HPSC (directorhpsc@hse.ie) (directorhpsc@hse.ie), Darina_OFlanagan@health.gov.ie, Eibhlin_Connolly@health.gov.ie, Alan_Smith@health.gov.ie 29/03/2020 14:19
Cc: "Rosarie_Lynch@health.gov.ie", "Niall_Redmond@health.gov.ie", "Karl_Duff@health.gov.ie"
From: "Phelim Quinn" <pquinn@hiqa.ie>
To: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>, "Director HPSC (directorhpsc@hse.ie) (directorhpsc@hse.ie)" <directorhpsc@hse.ie>, "Darina_OFlanagan@health.gov.ie" <Darina_OFlanagan@health.gov.ie>, "Eibhlin_Connolly@health.gov.ie" <Eibhlin_Connolly@health.gov.ie>, "Alan_Smith@health.gov.ie" <Alan_Smith@health.gov.ie>
Cc: "Rosarie_Lynch@health.gov.ie" <Rosarie_Lynch@health.gov.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Karl_Duff@health.gov.ie" <Karl_Duff@health.gov.ie>

Hi Kathleen

I will ensure that we get this information to you as soon as possible - in line with discussions at the meeting can we include the community hospitals (we can provide a list) that are not designated centres.

Should we include someone from HSE (operations) in providing some of this information?

Regards

Phelim

From: Kathleen_MacLellan@health.gov.ie [mailto:Kathleen_MacLellan@health.gov.ie]

Sent: Sunday 29 March 2020 14:13

To: Director HPSC (directorhpsc@hse.ie) (directorhpsc@hse.ie); Darina_OFlanagan@health.gov.ie; Phelim Quinn; Eibhlin_Connolly@health.gov.ie; Alan_Smith@health.gov.ie

Cc: Rosarie_Lynch@health.gov.ie; Niall_Redmond@health.gov.ie; Karl_Duff@health.gov.ie

Subject: URGENT: Follow up to meeting this morning Nursing Homes/Lonterm Care Services

Dear Colleagues

As an urgent follow up to the meeting this morning can you please information or inputs that you have with regard to 1-7 below as **early as possible**? We intend to pull together to have a paper to circulate tomorrow lunchtime with a view to bringing a paper to NPHET on Tuesday.

Public Health Considerations

- Disease control aims - minimise patient, staff and community spread

Scope

Longterm Care Settings: To include nursing homes, long term older people residential, long term disability residential, long term mental health residential

Framework of Information

1. **Data:** COVID-19 positive cases; proportion of overall COVID-19 positive cases; age profile; mortality; number of staff in settings; number of patients in settings; hospitalisations; reporting of KPI suite as a subgroup of data for these settings vs overall KPI

2. **Definition of settings:** type; size; accommodation lay out; patient / client cohort (e.g. care of the elderly, disabilities, mental health etc)
3. **Risk assessment:** those setting with known infection; have infection but not yet known; no infection but at risk; low risk
4. **Guidance/Standards:** IPC; testing; visitors; staff; respite and activities
5. **Preparedness:** IPC training and competence; PPE supply; contingency plans in place for staff
6. **Assurance:** set of KPIs to be reported
7. **Strengthened outbreak control and supports required:** national; regional; local

Many thanks

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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RE: Meeting Note from video conference on residential healthcare settings.Phelim Quinn to: NPH_ETCV@health.gov.ie, Tony_Holohan@health.gov.ie, Niall_Redmond@health.gov.ie, Darina_OFlanagan@health.gov.ie, Alan_Smith@health.gov.ie, Ronan_Glynn@health.gov.ie, Director HPSC, Eibhlin_Connolly@health.gov.ie 30/03/2020 09:22
 Cc: "Kathleen_MacLellan@health.gov.ie"
 From: Phelim Quinn <pquinn@hiqa.ie>
 To: "NPH_ETCV@health.gov.ie" <NPH_ETCV@health.gov.ie>, "Tony_Holohan@health.gov.ie" <Tony_Holohan@health.gov.ie>, "Niall_Redmond@health.gov.ie" <Niall_Redmond@health.gov.ie>, "Darina_OFlanagan@health.gov.ie" <Darina_OFlanagan@health.gov.ie>, "Alan_Smith@health.gov.ie" <Alan_Smith@health.gov.ie>, "Ronan_Glynn@health.gov.ie" <Ronan_Glynn@health.gov.ie>, Director HPSC <directorhpsc@hse.ie>, "Eibhlin_Connolly@health.gov.ie" <Eibhlin_Connolly@health.gov.ie>
 Cc: "Kathleen_MacLellan@health.gov.ie" <Kathleen_MacLellan@health.gov.ie>

1 Attachment



200313_HSE Multi Occupancy_High Risk.pdf

See attached

From: Rosarie_Lynch@health.gov.ie [mailto:Rosarie_Lynch@health.gov.ie] On Behalf Of NPH_ETCV@health.gov.ie
Sent: Sunday 29 March 2020 16:18
To: Tony_Holohan@health.gov.ie; Niall_Redmond@health.gov.ie; Phelim Quinn; Darina_OFlanagan@health.gov.ie; Alan_Smith@health.gov.ie; Ronan_Glynn@health.gov.ie; Director HPSC; Eibhlin_Connolly@health.gov.ie
Cc: Kathleen_MacLellan@health.gov.ie
Subject: Meeting Note from video conference on residential healthcare settings.

Hello all
 Following on from the video conference this morning, please see attached meeting note.

Kind regards
 Rosarie

This email address is for correspondence related to the National Public Health Emergency Team (NPHE) on COVID-19 (SARS-CoV-2)

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COVID-19: Meeting to Discuss Nursing Home Issues

(via Video Conference)

Meeting Note

Date and Time	Monday 30 th March 2020 at 9am
Location	Department of Health, Miesian Plaza, Dublin 2 [<i>by video conference</i>]
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via Video Conference	Dr Kathleen Mac Lellan, Assistant Secretary, Social Care Division, DOH Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Dr Darina O’Flanagan, Special Advisor to the NPHE Mr Niall Redmond, Principal Officer, Social Care Division, DOH Mr Phelim Quinn, CEO, HIQA Dr Colm Henry, Chief Clinical Officer (CCO), HSE Prof Patrick Wall, Professor of Public Health, UCD Mr David Walshe, HSE National Director, Community Operations, HSE Dr John Cuddihy, Acting Director, HSE HPSC Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Alan Smith, Deputy Chief Medical Officer, DOH Dr Siobhan Keneally, National Clinical Advisory Group Lead, Social Care Division, HSE Prof Martin Cormican, National Clinical Lead for Antimicrobial Resistance and Infection Control (AMRIC), HSE Ms Joan Regan, Principal Officer, Acute Hospitals Policy Division, DOH Ms Marita Kinsella, National Patient Safety Office, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH
Secretariat	Ms Rosarie Lynch, Ms Ruth McDonnell, Ms Liz Kielty NPSO, DOH

2. Welcome

The Chair welcomed the Group and explained that the purpose of the meeting was to continue the discussions from 29th March 2020 in regard to emerging public health data relating to outbreaks of COVID-19 in long-term healthcare settings, including clusters³. The Chair advised that this data creates a need to target specific focused and enhanced public health measures for long-term healthcare settings. Accordingly, the aim of the meeting was to identify a set of effective disease control interventions, in order of priority, to minimise the spread of infection to patients, staff and the wider community for consideration at tomorrow’s NPHE meeting.

6. Epidemiological Update

The Group received updated figures on confirmed COVID-19 cases in long-term healthcare settings from the HPSC. The figures showed that the number of clusters has increased with the highest concentration of the confirmed COVID-19 cases involving nursing homes reported in the East of the

³ Residential care setting includes nursing homes, community hospitals and long-stay care facilities, including those for older people, disabilities and mental health.

country. It was observed that the outbreak rates in long-term healthcare settings and, in particular, nursing homes were higher than the outbreak rates for the general population.

The Chair emphasised the need for comprehensive surveillance data from the CRM and other data sets to inform decision making in relation to long-term healthcare settings. The HPSC confirmed that a template has now been developed to allow for essential surveillance information to be gathered from residential and acute settings in relation to the outbreak on a daily basis. The Chair stressed the importance of obtaining this information as soon as possible.

The important role of HIQA, as the independent authority with responsibility for quality and safety in health and social care services in Ireland, in assessing risks in long-term healthcare settings was recognised by the Group. Having regard to this, the Chair requested HIQA to undertake risk profiles of those long-term healthcare settings reporting confirmed and suspected outbreaks so that appropriate support could be targeted at these facilities.

Action: The HPSC is to collect information on confirmed COVID-19 cases in long-term healthcare settings in Ireland using the templates referred to above.

Action: HIQA to undertake risk profiles of those long-term healthcare settings with confirmed COVID-outbreaks.

7. NPHET Paper - National Plan Update: Long-Term Residential Care Centres

The Chair of the Vulnerable People Subgroup presented a draft paper entitled “***Measures for Disease Management - Long-term Residential Care Centres (LTRCs)***” which focuses on the specific issues related to COVID-19 infection control in long-term healthcare settings in Ireland. The paper outlines a number of measures for disease minimisation for consideration.

It includes measures in relation to:

- Public Health/Infection Prevention
- Risk ratings
- Staffing
- Environment/cleaning
- Reporting
- Risk assessment – scale of risk based on disease progression, environment and staff
- Admissions and readmission policy
- Residents
- Access to Critical Medical Management

The Group expressed broad agreement with the measures identified in the framework and it undertook to consider these in more detail and to revert with observations or feedback in advance of tomorrow’s NPHET meeting.

The Group:

- noted the overarching public health consideration is disease control to minimise the spread of infection to patients, staff and the wider community;

- accepted that all relevant measures should be undertaken to avoid long-term healthcare patients having to be admitted to hospital, where possible. In that context the Group noted that there may be a need to consider the messaging to family members of patients;
- felt that consideration should be given to whether all patients in a facility which has one or more patients confirmed as COVID positive should be treated as if they are all symptomatic having particular regard to the vulnerable nature of the patient population and the fact that certain patients may be asymptomatic;
- accepted that there may be a need to make provision for appropriate alternative residence and transport for staff living in congregated domestic living arrangements involving other long-term healthcare settings/homecare staff to interrupt transmission of the disease;
- recognised the need to support residential care facilities in cohorting patients and to consider whether step down facilities/settings may be appropriate in certain circumstances;
- highlighted the need consider whether financial support should be made available in certain circumstances for residential care facilities to ensure continuity of care;
- recognised the need to support those residential care settings which do not have any confirmed outbreaks of COVID-19;
- discussed contingency measures which could be applied to alleviate challenges for those long-term healthcare settings where staffing difficulties and other serious issues are identified; and
- acknowledged the need to examine the provision of homecare services.

Action: The Group is to consider the measures set out in “*Measures for Disease Management - Long-term Residential Care Centres (LTRCs)*” and provide feedback in advance of the NEHPAT with a view to establishing a list of measures, in order of priority, for approval at the NPHET meeting.

Action: The Group is to consider the governance arrangements surrounding any measures which are agreed.

8. Meeting Conclusion

The Chair thanked all the attendees for their participation in the meeting.

30th March 2020

HIQA Framework of Information

Framework of Information

OLDER PERSONS DESIGNATED CENTRES

1. Data:

Registered providers are required to notify the chief inspector within three days of an outbreak of Covid 19¹.

Information received to date for nursing homes (set out in the table below) lags behind nationally reported data

NF02 COVID-19 Status	No. of designated centres (Older Persons)	No. of Confirmed Residents	No. of Confirmed staff	No. of Suspected COVID related Deaths
Confirmed	Currently collating this am's return - to follow			
Suspected				
Grand Total				

2. Definition of settings: type; size; accommodation lay out; patient / client cohort (e.g. care of the elderly, disabilities, mental health etc)

Designated centres for older people

There are currently 583 nursing homes with approximately 32,000 registered beds. There is considerable variation in the accommodation available with many of the newer nursing homes providing single ensuite bedrooms while many older nursing homes rely on multi-occupancy rooms, communal bathroom facilities and limited communal day space. Most **private nursing homes** have reduced the number of residents in communal bedrooms to a maximum of four, but more often 3 or less.

However many of the HSE or HSE funded centres (Section 38) continue to have larger numbers of residents accommodated in one sleeping area. [Appendix 1\(older persons\)](#), already submitted to the HSE and DOH sets of a list of nursing home centres where the premises pose a significant risk in the context of the spread and/or management of Covid 19

¹ Chief Inspector in HIQA would advise at a minimum - no further residents are admitted to these nursing homes

3. **Risk assessment:**

Designated centres for older people

Any assessment of the risk of Covid 19 within nursing homes should focus on the registered provider, the centre and the management of an outbreak.

Registered provider: *Registered Providers are not a homogenous group, they vary from*

- *standalone sole traders or partnerships running small centres (40 or less beds)*
- *small companies that run single centres (40 or less beds)*
- *larger companies or groups of companies that run multiple centres of varying size*

Appendix 2 (older persons) attached

The greatest risk in the context of the current pandemic are those small providers who do not have access to (a) a group structure and (b) a large work force of significant liquidity. These providers are extremely vulnerable to knowledge deficits, staffing shortages, and equipment deficits.

The centre: *The physical premises in which a nursing home is accommodated may significantly increase the risk by contributing to the spread or failing to contain Covid 19.*

Compliance with key regulations provides an insight into the number of centres that may be a concern. Key regulations in older persons include those focused on infection control, resident's rights (in the context of adequate personal space), access to belongings (in the context of adequate personal space), risk management, end of life care and premises

Summary Table

<i>Number of centres (older persons)</i>
<i>Non-compliant with more than 1 of the key regulations</i>
212

Appendix 3 (older persons) *details the name, number of residents and the specific non complaint regulation which may potentially challenge a service to safely manage residents with Covid 19*

The management of an outbreak:

The risks inherent in the management of an actual or suspected outbreak are linked to these key issues:

- *access to infection control advice*
- *access to PPE*
- *isolation and/or controlled cohorting of residents*
- *timely access to testing*
- *timely reporting of result*
- *availability of professional healthcare and support staff*

Poor access to any of these contribute to the inability of a provider to recognise, respond to, staff their centre and contain the spread of Covid 19.

4. **Guidance/Standards:** IPC; testing; visitors; staff; respite and activities
 - *Sector has already reduced and /or stopped all visitors*
5. **Preparedness:** IPC training and competence; PPE supply; contingency plans in place for staff
 - *Chief Inspector issued a contingency check list ([appendix 4](#)) to all designated centres on March 23rd.*
6. **Assurance:**²set of KPIs to be reported
 - *Inspector of Social Services must contact all designated centres for:*
 - *Older persons weekly - a series of questions are asked and recorded ([appendix 5](#))*
 - *Mandated notifications³ - in response to the public emergency on March 12th the Chief inspector reduced the number of mandatory notifications ([appendix 8](#))*
7. **Strengthened outbreak control and supports required;** national; regional; local

² There are 3 Special care units for children (registered centres - a series of questions are asked and recorded([appendix 7](#)))

³ Chief Inspector in HIQA suggests it would be beneficial for Registered Providers to report suspected Covid 19 cases to HIQA

At a national level consideration should be given to the impact of recent national decisions such as:

- *The lifting of the HSE embargo on employment is attractive for staff working in the nursing home sector to apply for work.*
- *Providers have anecdotally informed us that the social welfare funding is preventing them from employing people e.g. from the hospitality sector.*
- *It is unclear whether the HSE's 'Be on Call' campaign will facilitate the allocation of healthcare professionals to the residential sectors.*
- *Thus far, there does not appear to be a national governance and aligned operational arrangements within the HSE to clearly articulate the national response and support for the residential sector.*

At a regional level nursing homes require access to a single point of contact within the HSE ⁴to a support structure that provides

- *advice of the action to take if a resident presents with Covid 19*
- *advice to underpin changes in practice*
- *access to PPE, and other items as the need arises*

⁴ The Chief Inspector in HIQA has offered the HSE an Infection Control Hub in HIQA (staffed by HIQA personnel who know the sector) as a first point of contact for residential centers. This hub would have to have direct contact with e.g. the emergency team leads in each CHO area. *Currently awaiting HSE response*

FYI

The HIQA infection control hub team will offer guidance or advice on the following:

- outbreak preparedness
- outbreak management advice to include ;
 - resident placement
 - cohorting and special measures especially in centres where isolations is not possible
 - Staff cohorting in the management of suspected and infected cases
 - transmission based precautions
 - standard precautions

The team will also support in understanding HSE advice and its applicability to specific centres and general support to providers and staff in designated centre on infection control issues.

- *support to staff centres in the event that Covid 19 seriously undermines the local staffing level (may be finance for agency staff or may be redeployed staff)*



01 April 2020

Mr Phelim Quinn,
CEO HIQA

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

Dear Phelim,

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

As you are aware the NPHEM considered a set of measures aimed at residents living in LTRC settings (nursing homes, disability and mental health). 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 NPHEM 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 recognise that these are a substantive set of measures, a number of which the HSE can commence immediately and a number which will involve the HSE setting up new systems over the next short while.

In addition, Action 1 requests that HIQA and the Mental Health Commission 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. I would be grateful if as a matter of urgency, you would commence the progression of this action and provide an update at the NPHE meeting on Friday 3rd April. It would be very helpful if HIQA and the Mental Health Commission could work together to consider this action to promote a consistent approach where possible.

Finally, I would like to take this opportunity to acknowledge you and your staff 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)
<p>No. 4 HSE Provision of PPE and Oxygen</p>

<ul style="list-style-type: none"> • Ensure PPE supply to LTRC settings and home support providers • Access to oxygen for LTRC settings
<p>No. 5 Training</p> <ul style="list-style-type: none"> • 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
<p>No. 6 Facilities and Homecare Providers – Preparedness planning</p> <ul style="list-style-type: none"> • 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

02/04/2020

HIQA Risk Assessment Process

Health Information and Quality Authority Covid-19 Public Health Measures.

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

1. Process to support risk rating:

- a. The HIQA Infection control hub in conjunction with case holding inspectors will provide support and guidance on:
 - Suspected or outbreak preparedness
 - Outbreak management advice to include ;
 - resident placement
 - cohorting and special measures especially in centres where isolation is not possible
 - Staff cohorting in the management of suspected and infected cases
 - transmission based precautions
 - standard precautions
- b. The infection control hub will also support providers and staff in:
 - understanding HSE advice
 - applying this advice to their specific centres
 - general support to providers and staff in designated centre on infection control issues.
- c. Structure
 - The infection control hub will be staffed by inspectors with experience and expertise in infection control, delivering services and/or regulating designated centres.
 - Providers will be able to contact the team in one of the following ways:
 - By telephone on 1800 220 000

Or

 - by e-mail at DCICP@hiqa.ie

d. Hours of business

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

2. Risk assessment tool

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

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

a. Mandatory notifications

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

b. Metrics

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

4. Centre has been in contact with Public Health
 5. Availability of sufficient quantity of PPE
 6. Confirm if residents have access to medical and health care as required for ongoing and emerging health needs and COVID-19
- iii. Sufficient numbers and skill mix of staff at present
 1. Number of staff vacancies
 2. Number of staff currently unable to work due to confirmed COVID-19
 3. Number of staff currently unable to work due to suspected COVID-19 and/or self-isolation.
 4. Quantify – if centre has had to supplement the staff caring for residents through the use of:
 - a. staff from another agency or provider,
 - b. volunteers
 - c. Non healthcare staff
 - d. Number of staff without garda vetting
 - iv. Confirm there is a contingency plan in place in the event of residents care needs increasing or staffing levels decreasing due to the requirement to self-isolate.
- c. Regulatory history
 - i. Non- compliance
 1. premises
 2. Infection control
 3. risk management
 4. residents rights
 - d. Unsolicited information (from public, service users, media othersources)
 - i. Risk rated following **validation**

4. Escalation process (appendix 1)

a. Internal

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

b. External

i. Referrals to the HSE

1. *Awaiting confirmed pathways*

In the interim

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

5. Reporting:

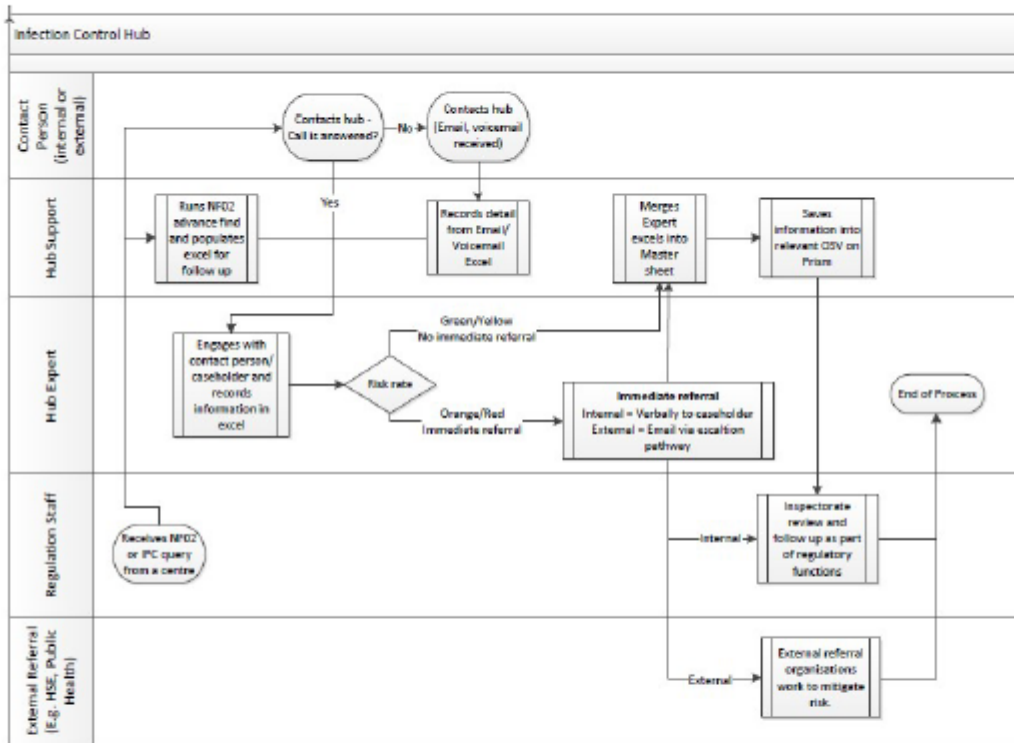
a. Daily reports to Chief Inspector

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

b. Summary reports

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

Appendix 1



CONFIDENTIAL

03/04/2020

HIQA Infection Prevention and Control Hub

Important information from the Chief Inspector of Social Services re.COVID-19 Infection Prevention and Control Hub

Communique no. 6

Friday, 3rd April: HIQA and the Chief Inspector continue to closely monitor the evolving COVID-19 situation in the best interests of people using services.

I am aware that providers and staff in designated centres and children's residential services are working extremely hard to provide safe care to residents and children in these exceptionally challenging times. My priority remains the safety and wellbeing of people using services and to support providers and staff in designated centres and children's residential centres.

In order to continue to support you and your staff during this public health emergency, I wish to advise you of the establishment of an Infection Prevention and Control Hub for designated centres and children's residential centres in HIQA.

The aim of the HIQA Infection Prevention and Control Hub is to provide a direct line of contact for providers and staff of social care services to offer guidance and support as you deal with COVID-19 infection control issues.

This Hub will work closely with the HSE and Tusla and, when appropriate, will escalate high-risk centres for their attention.

Infection Prevention and Control Hub services

The HIQA infection control hub will provide support and guidance on:

- outbreak preparedness
- outbreak management advice to include:
 - resident placement
 - cohorting and special measures in centres where isolation is not possible
 - staff cohorting in the management of suspected and infected cases
 - transmission-based precautions
 - standard precautions.

The Infection Prevention and Control Hub will also offer support to you and your staff in understanding HSE advice and how you can apply this advice to your specific centres. General infection control queries may also be directed to this service.

This Hub does not replace your obligation to notify Public Health of any suspected or confirmed cases of COVID-19.

Not in scope

Please be advised that the following is not currently within the scope of the Hub:

- occupational health advice
- public health advice - this will be referred to public health
- medical management of staff and COVID-19 infected residents.

General regulatory queries will be managed by case holding inspectors

Contact details

The HIQA Infection Prevention and Control Hub will be staffed by inspectors with experience and expertise in infection control, delivering services and or regulating designated centres. You can contact the team in one of the following ways:

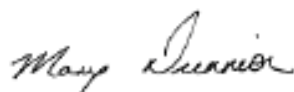
- by telephone on **1800 220 000**
- by email at DCIPCsupport@hiqa.ie.

Hours of business

Initially, the Hub will be available from Monday to Friday 9am- 5pm, however we will keep this under review and will adapt these hours depending on demand.

I hope this service will be of benefit to you and your staff. I am also confident that by working together, we can support and protect vulnerable adults and children living in residential centres.

Mary Dunion



Chief Inspector of Social Services

HIQA Risk Assessment - Report

Health Information and Quality Authority - Chief Inspector of Social Services
Nursing Home Sector - Public Health Emergency
09/04/2020

Introduction:

The nursing home sector provides residential care for 32,000 people. These services are regulated in line with the Health Act 2007, as amended. Each nursing home is registered for three years.

The Health Services Executive provides 18% of residential beds, those funded through a section 38 arrangement provide 2% of residential beds. The remaining 80% are provided by the private sector.

Nursing homes are standalone facilities – a good nursing home is integrated within the local community. The average number of registered beds in any home is 50, the smallest having 9 and the largest 180 beds.

Private nursing homes are owned by single providers, limited companies and partnerships. Importantly a company may own several nursing homes however, each is registered as a single legal entity and regulated accordingly. The private nursing home sector is primarily funded through (a) nursing home support scheme¹ or (b) privately by a resident.

Each resident agrees and signs a contract of care with the provider. Their contract agrees the services the provider will deliver.

The private nursing home sector has no clinical governance oversight by or relationship with the Health Service Executive.

Regulation:

All nursing homes are inspected and assessed against national registration and care and welfare regulations. The care and welfare regulation, amended in 2013, set a minimum standard for nursing homes.

As of 2019, **23%** of nursing homes in Ireland were fully compliant with all regulations.

Staffing:

There is no nationally mandated staffing ratio for the nursing home sector.

Professional nursing staff working in the nursing home sector are registered with An Bord Altranais, medical care is provided by General Practitioners and /or resident house officers.

In the private sector the majority of care is provided by healthcare assistants, supervised by a registered nurse. In a large number of private nursing homes their established staffing levels, skills mix, and competencies are not commensurate with what is required to deal effectively with the escalating care needs of residents during a Covid 19 outbreak.

Importantly, the private sector is unable to safely sustain a quality service when staffing levels are depleted by staff self- isolating whilst awaiting Covid 19 testing and/or results.

¹ The fee paid for a nursing home resident is a standardised fee set by NTPF regardless of the needs, complexity or dependency of a resident.

Regulatory non-compliance

Whilst 67% of nursing homes are not fully compliant with the care and welfare regulations, in the context of a Covid-19 outbreak those providers with a regulatory history of persistent non-compliance are challenged in the areas of:

- Premises:
I.e. The poor infrastructure and limited capacity to isolate patients poses a significant risk.
- Governance leadership and management
I.e. The capability of the provider to prepare for and effectively deal with a Covid -19 outbreak poses a risk
- Infection Control²
I.e. The limited availability of sluicing, inappropriate use of PPE (aprons and gloves), and poor ICP procedures to include staff training
- Risk management
I.e. The identification, assessment and control of risk is not of a high standard.

Are potentially most at risk of:

- not effectively managing a Covid -19 outbreak
- not maintaining a quality service for residents
- Increasing safeguarding concerns for residents

And

- requiring additional supports to include staffing from the HSE

Potential number of nursing homes at risk:

The HSE has undoubtedly endeavoured to provide assistance and support to the providers in the sector when the need has arisen

By way of example, the HSE provided [REDACTED] with:

- in excess of 50 staff (nursing and non-nursing)
- on site infection control advice
- psychological staff support services
- increased PPE
- Public Health advice

However the lack of direct relationship of the HSE with the private sector has highlighted a challenge to effectively project the specific needs of nursing homes during the Covid-19 outbreak.

² The regulation that relate to infection prevention and control are minimal and would not be a predictor of how a home could deal with an outbreak such as Covid 19

In the context of managing a Covid 19 outbreak - of the 580 nursing homes, we estimate 124 public and private nursing homes will potentially need some level of additional support etc. This list has been shared with the HSE. In addition, the provider is mandated to report any Covid-19 outbreak to the Chief Inspector - an updated status report to include a risk assessment is shared with the HSE each morning.

What would potentially reduce/mitigate this demand:

- **Staffing**
 - o Fast track Covid 19 testing and results for residents and staff to expedite staff return.

- **Minimizing infection**
 - o Ensuring patients transferring from the acute sector have 2 negative Covid 19 results

- **Protect and reassuring staff and residents**
 - o Base line store of PPE and security of supply thereafter.

- **Managing Covid 19 outbreak**
 - o Formal escalation pathways to ensure:
 - Adequate PPE
 - Infection control advice and support
 - Public Health support

