Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Title: HSE COVID Residential Care/Home Support COVID Response Teams CRT Operational Guidance

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1. **Introduction:** Residential Care & Home Support Covid-19 Response Teams (CRT)

As part of the HSE COVID 19 response, there is a requirement on each of the Area Crisis Management Teams (ACMT) to establish a number of Residential Care & Home Support Covid-19 Response Teams (CRT) to address COVID -19 outbreaks in their area. Such outbreaks are determined by Public Health, and where there are three or more positive cases.

The purpose of these CRTs will be to support the prevention, identification, and management of COVID 19 outbreaks across residential care facilities and Home Support services. The teams will provide support across a range of nursing and medical care areas as well as Infection Prevention and Control.

These teams must support all residential care facilities/Approved centres in the catchment area whether they are public, S38, S39 or private facilities, and across the care groups of Older People, Disability, & Mental Health. In addition, they will also address identified clusters of concern in the Home Support services, as determined by Public Health. The teams will operate for the timescale of the COVID 19 Public Health emergency. The CHO area will require multiple teams based at LHO, or county level, depending on the number of centres in the area.

These teams will support facilities to maximise care they provide to residents, relative to their available levels of expertise, which will vary across care settings. This will bring benefits to residents/clients for both Covid-19 related & non-Covid-19 related illness during this pandemic.

The governance and management of each centre is the responsibility of each provider, in accordance with Regulations (HIQA /MHC). The CRT's role is to support these centres, as far as possible, while ensuring that the responsibility for the operation of the services and adherence to the regulation must rest with the Registered Provider.

NPHET (National Public Health Emergency Team) have directed the requirement to have such teams in place to ensure Residential Care/ Home Support service Covid-19 outbreaks are supported, through: -

- Supportive communication & Advice
- Guidance from specialists
- Where necessary some critical staffing supports, as available.
- Other practical supports where necessary e.g. PPE levels.

In addition, NPHET have specified that the management of such outbreaks must be in line with Public Health and clinical guidance and that each Residential facility and Home Support service have a site specific assessment of its preparedness plan by the CRTs.

The purpose of this document is to support a co-ordinated and consistent response across ACMTs and Covid Response teams to the prevention where possible, identification and management of COVID 19 outbreaks and identify the key reporting information required for each team.

2. Responsibility of Residential Care/ Home Support COVID Response Teams

The ACMT will determine the number and geographical areas covered by each Residential Care/ Home Support COVID response teams. The CHOs IPC Lead will work at ACMT/CHO level support all CRTs in the area. Each COVID Response Team will be led by a Senior Manager (COVID Response Team Lead) with experience of the management of Residential care settings. This manager will have responsibility for :

- Overseeing the working of the CRT in managing/preventing outbreaks in residential care centres and Home Support services.
- Ensuring input from other disciplines, as required, who are not part of the CRT is sought as required.
- The team lead should ensure that extra funding secured under the recent agreement, (Temporary Covid-19 Financial Support Scheme for Private Nursing Homes), be appropriated into the identification and securing of staff by the specific Nursing Home, and contribute to the review of expenditure by Private Nursing Homes, as may be required under this Scheme.
- Report formally on the findings and outcomes of the work of the CRT to the ACMT at a minimum daily and more frequently if required. This reporting will be done through the designated team Information Manager and agreed processes.

The COVID Response Team Lead reports to the Head of Social Care (Older Persons) on behalf of the Chief Officer. The CHO IPC Lead will work with the Head of Social Care (Older Persons) leading on IPC across all CRTs.

The ACMT will review each of the activity and resources of the Response teams within their area on an ongoing basis to ensure equity in the distribution of resources.

3. Membership of COVID Residential/ HS Response Team

Each team should have a core number of team members. The list below contains suggested team members however each team is not limited to the roles below and the composition of the team will be dependent on local resources and service demands. There may need to be provision for core membership with input from experts as the need arises. In addition, some professionals may work across, or input into, a number of different teams across a CHO.

The workload of each of these teams will be monitored by the ACMT and extra supports may be required depending on levels of activity.

Table 1 COVID 19 Response Team Roles & Responsibilities

Team Member	
Service Manager CRT Lead	Manage the linkage of information and workings of the team to maximise support to the Outbreak.
Information/Data Manager	First point of contact for ACMT/National queries on team activity and data. Management of Team Outcomes, Recording & Reporting of Outbreak Data

Public Health Rep	Provide team with Public Health guidance relating to Outbreak management and prevention
Consultant Geriatrician or other link consultant with local acute hospital	Support provision of clinical care and be a point of contact with GPs and / Directors of Nursing during management of Covid outbreak in residential centres for older people. Note geriatrician availability may be limited in certain areas and this role may be supported by alternative supporting acute hospital consultants in these situations with appropriate expertise.
As required Clinician working in M**ental health or Disability** s**ervices**	Provide clinical input into management of outbreaks within Disability or Mental Health services
Infection Prevention **Control Link Practitioner (supported by CHO IPC Lead)**	Provide IPC guidance to individual facilities/services and team COVID Outbreaks and preparedness plans IPC advisors will work in conjunction with Public Health as well as the CRTs, with their focus on Residential Care (see Appendix V for their specific roles and functions)
Residential Care Manager – Older Person services	Provide understanding of workings of Residential Care services in Older people settings
DPHN/ADPHN	**Provide details of available supports and overview of Home Support Services**
Home Support Service Manager	Provide detail of workings and impact on HS Service
Mental Health Service Manager	Provide understanding of workings of Residential aspects of Mental Health Services
Disability Service Manager(s)	Provide understanding of workings of Residential aspects of Disability Services
Occupational Health Rep	Provide Appropriate guidance on the OH input across all settings.
Representative from NPDU (Nursing Professional Development Unit)	Provide guidance on the training and development needs of frontline service staff
Administration/ICT Support	Support team operations & Data management

4. COVID Residential/ HS Response Team Operational Guidance

- The remit of the team encompasses Residential Care and Home Support services at risk of a COVID outbreak in the catchment area, and includes Older People, Disability, Mental Health and Home Support services, irrespective of the source of provision either through the private, public or voluntary sector.
- The team are required to:-

(a) have knowledge of the level of preparedness for the centres/services that are within the COVID Response Team's geographical area and

(b) support the outbreak site in managing the outbreak.

(c) be familiar with the published HSE Guidance relevant to the management of COVID 19 outbreaks in residential & HS settings.

(c) facilitate integration and communication of knowledge of outbreaks between acute hospitals and CHOs to ensure timely discussions regarding admission planning where needed.

4.1 General Preparation Planning

- The Team is required to have an overview of the Preparedness plan for each Residential Centre/HS Service with or without COVID 19 in their respective catchment area. (Appendix IV).
- Advise on preventative measures that can be implemented in various sites, in liaison with Public Health professionals.
- Each team will need to complete a high level mapping across each Residential Centre/Home Support service as part of the above. This may be done via teleconference if required.
- The team must also be familiar with the clinical governance of these services, floor plans, (in the case of Residential Care Centres), and their awareness of Infection Control and other specific COVID guidelines.
- Liaison with the HIQA Infection Control Hub to be considered for further information.
- Ensure ACMT planning approach to preparedness planning, testing and outbreak management within local services

See Appendix II for Covid-19 Repository-(This repository contains links to Occupational Health guidance)

4.2 Specific Outbreak Management measures to be considered

- Assessment of the health & welfare of residents, through the Person in Charge and Medical Officer/ GP, in conjunction with Public Health.
- Assessment of staffing levels/ management oversight within the centre/ service. This includes oversight of active monitoring of staff welfare – fever, cough and shortness of breath and temperature monitoring twice a day.
- Required frequency and level of interaction with the centre.
- Assessment of Covid Response Teams' ability to assist with supports required to manage the outbreak within the centre.
- Recommendation to ACMT on requirements/ options necessary by the centres and/or HSE inputs required.
- As appropriate, conduct incident management reviews to establish learning from sites with particular outcomes of concern / mortality rates outside expected rates. These reviews may / may not be conducted in conjunction with HIQA depending on local circumstances

4.3 Detailed operational process provided –(Appendix I Covid -19 Response Team Action Card)

Note: This supportive process does not seek to deter any service from escalating emerging issues immediately in order to maintain resident/client safety.

5. COVID Response Team Reporting

Reports will be generated at three levels on a daily basis. There will be a deadline for reporting purposes for data to be included on that day's report.

Covid Response Team Level- to include all detail input at Residential Centre level to facilitate team leads and key decision makers to receive a succinct summary of the key issues at identified Covid-19 outbreak centres.

ACMT/CHO Level- to provide a summary by Residential centre of the complexity/seriousness of outbreak and the key staffing/supplies challenges facing that centre.

National-Community Operations daily report to provide summary by CHO of the key issues and numbers of centres requiring support of any type.

6.0 Implementation Plan

This process will be communicated to all areas through ACMTs. The ACMTs will report weekly to National Director on the actions and outcomes of the CRTs and this will be advised to the CCO.

7. 0 Evaluation and Audit

In the current evolving situation, this process will be under continuous review and any amendments communicated accordingly.

8.0 References

NPHET Meeting 31st March 2020: Enhanced Public Health Measures for COVID-19 Disease Management Long-term Residential Care (LTRC) and Home Support

The Appendices enclosed from Appendix I-V are sample templates for areas to adapt to the requirements for their individual areas.

Appendix I Crisis Response Team Action Card

Covid Response Team (CRT) Action Card

STEP ONE: CHO CRT Establishment

The Chief Officer, as chair of the ACMT, establishes COVID Response Teams within the CHO area, to address areas at risk of a COVID outbreak across Public, Private and Voluntary residential and Home Support services, across older People, Disability and Mental Health, care groups. The number of teams and their remit is at the discretion of the Chief Officer, but likely to be influenced by the number of centres in geographical areas.

STEP TWO: CRT Team Mobilisation

Teams are established with the membership of the CRT is suggested as follows (but not limited to depending on local resources and requirements).
The COVID Response Team Lead reports to the Head of Social Care (Older Persons) on behalf of the Chief Officer.

Team Member	
Service Manager CRT Lead	Manage the linkage of information and workings of the team to maximise support to the Outbreak.
Information/Data Manager	First point of contact for ACMT/National queries on team activity and data. Management of Team Outcomes, Recording & Reporting of Outbreak Data
Public Health Rep	Provide team with Public Health guidance relating to Outbreak management and prevention
Consultant Geriatrician or other link consultant with local acute hospital	Support provision of clinical care and be a point of contact with GPs and / Directors of Nursing during management of Covid outbreak in residential centres for older people. Note geriatrician availability may be limited in certain areas and this role may be supported by alternative supporting acute hospital consultants in these situations with appropriate expertise.
As required Clinician working in M**ental health or Disability** s**ervices**	Provide clinical input into management of outbreaks within Disability or Mental Health services
Infection Prevention **Control** Rep	Provide IPC guidance to individual facilities/services and team COVID Outbreaks and preparedness plans Infection Prevention and Control Teams work in conjunction with Public Health as well as the CRTs, with their focus on Residential Care (see Appendix V for their specific roles and functions)
Residential Care Manager – Older Person services	Provide understanding of workings of Residential Care services in Older people settings

DPHN/ADPHN	**Provide details of available supports and overview of Home Support Services**
Home Support Service Manager	Provide detail of workings and impact on HS Service
Mental Health Service Manager	Provide understanding of workings of Residential aspects of Mental Health Services
Disability Service Manager(s)	Provide understanding of workings of Residential aspects of Disability Services
Occupational Health Rep	Provide Appropriate guidance on the OH input across all settings.
Representative from NPDU (Nursing Professional Development Unit)	Provide guidance on the training and development needs of frontline service staff
Administration/ICT Support	Support team operations & Data management

There may be provision for core membership with input from experts as the need arises The outbreak control teams will be managed by the Public Health as is the norm.

Where there are a number of teams in the CHO/LHO area, the team Leads will work closely together to ensure as even a spread of work as possible and consistency in advice given.

STEP THREE: Analysis of level of Preparedness in CRT Geographical Catchment Area

- Determine the number of centres and services within the geographical area of the CRT that are at risk of a COVID outbreak.
- Make contact with each of the Persons In Charge, including Directors of Nursing, Medical Officers/GPs, Home Support Managers etc to determine in as much as possible: -
    - The number of resident/clients in receipt of services and number of staff providing services including Home Support/ PA, across all sectors and care groups.
    - The level of clinical support available to each site: Medical Officer. DON/ADON/Senior staff nurse, CNS, ANP, IPC.
    - Assessment of availability of Training in IPC or if additional input is required**.**
- Ensure all centres/service in the catchment area have an appropriate preparedness plan. This includes oversight of active monitoring of staff welfare – fever, cough and shortness of breath and temperature monitoring twice a day.

- Ensure all centres/service are aware of the single process for sourcing PPE, Oxygen, Medication etc.
- Ensure all centres/service are aware of all current guidance in relation to Infection Prevention and Control.

STEP FOUR: Response to a COVID 19 Outbreak within Residential Care Setting/Home Support Service

Notification:

On confirmation of an outbreak, as declared by Public Health, the COVID Response Team assesses the situation and determines the level of intervention required.

Assessment of health & welfare of residents through the PIC & Medical Officer/ GP, in conjunction with Public Health.

- Involvement and input from GP/ Medical Officer
- Assistance on site by Consultant
- Assistance by phone with Consultant
- Out of Hours on call doctor service
- CNS/ANP Assessment
- IPC Assistance –on site/advice/training

Assessment of staffing levels/ governance & management oversight

- Appropriate onsite governance
- Sufficient Nursing on site
- Sufficient HCA on site
- Sufficient Cleaning on site
- Sufficient Catering on site
- Clarity on IPC measures onsite
- Clarity on End of Life Policy on site.
- Contingency plans, by provider, for staff rosters (e.g to minimise staff transfer between individual units/wards where possible)
- Plans for scaling up of resources
- Overall management plan of provider and its effectiveness.
- Other considerations.

- Determine the level & frequency of involvement required from COVID Response Team-Onsite &/or Off site
- Liaison with the HIQA Infection Control Hub may also be required for further information.

Supports to Centre/Service with outbreak

- Support Directors of Nursing and Medical Officers / GPs in decision-making and assessment of suspected cases of Covid-19 in their centres and minimise the risk of transmission to other residents/clients or staff, as well as support for the management of complex palliative care & end-of-life issues in residents/clients with covid-19, where appropriate.
- Provide advice in relation to isolation and infection control and prevention in all clinical encounters with query or positive cases.
- Provide advice on social distancing for all activities in the residential care units.
- Advise on use of oxygen and medication in specific circumstances.
- Advise on use of available equipment – e.g. subcutaneous infusion devices, giving sets etc.
- Advise on how to access educational materials and processes /training for the upskilling of staff to provide a higher level of care to some patients.
- Provide daily contact during COVID outbreak in facility and be a point of contact during same, (closely coordinated with or by Public Health Specialist).
- The team lead with advice given, ensures that extra funding secured under the recent agreement be appropriated into the identification and securing of staff by the Nursing Home themselves.
- Minimise hospitalisation except where clinically indicated, this will bring benefits to resident/client for both covid-19 related & non-covid-19 related illness during this pandemic.
- Support local centre specific outbreak management teams, where these need to be established, following an outbreak in a residential care setting.

- Where it is determined by the COVID Response Team that additional Nurse/HCA staff are required, the following options need to be considered in sourcing availability by the centre:
    - Within the centre's existing pool of staff
    - Within the overall Group (if centre is part of a larger Chain)
    - Agency
    - Where there are no other options available to continue to operate the centre safely, existing staff in other HSE centres/services that can be temporarily reassigned, for a short period, to support the crisis outbreak – *see note below.

**In considering the possibility of transferring existing staff from other HSE Centres/ services, and accepting that maintaining residents on site is best practice, the provision of additional onsite staffing supports must be considered in terms of:-*

- *The care and welfare of the residents/clients within the outbreak centre/service whose health outcomes will be significantly compromised if additional supports are not provided within a short time frame.*
- *The status and staffing levels for residents/ clients from HSE Centre/Service, where staff may be transferred from.*
- *Provision of onsite orientation with regards to the centre.*
- *All public employees will maintain their existing reporting relationship with their line manager, and work within the scope of their practice, while supporting the centres activity*

STEP FIVE: CRT Monitoring Outbreak Review and Reporting Processes

- The Information manager is responsible for receiving the daily information from Public Health in relation to the numbers of staff and residents who are either Covid-19 positive or awaiting results.
- This information is entered into the daily tracker (possibly at CHO level) which will feed information reports to the various levels as required i.e Crisis Response Team, ACMT, Public Health and national reports.
- Status update reports from the Crisis Response Team are provided to the Chief Officer via the ACMT daily or more frequently depending on emerging issues and risk rating of the outbreak.

- These reports will form part of an overall national report used for daily reporting.

- As appropriate conduct incident management reviews to establish learning from sites with particular outcomes of concern / mortality rates outside expected. These reviews may / may not be conducted in conjunction with HIQA depending on local circumstances.

Sample **Pro-Forma that may assist in assessing an outbreak in a centre to support CRT Action Card**

Pro-Forma Assessment of COVID- 19 Outbreak in Residential Centre	**Yes**	**No**	**In Progress**
CHO Specific			
1. Is there a Residential Care/Home Support COVID-19 Response Team in place			
2. Number of teams per CHO/LHO *Please specify:*			
3. Have Locations of centres (public and private) /offices under the remit of COVID-19 Response team been identified?			
Residential Care/Home Support COVID Response Team Level			
4. In relation to each Centre with/without Covid-19 is there a clear oversight of bed numbers?			
5. Has there been an assessment of preparedness plans of each centre/office? (*applicable to SOP/MH/Home Support/Disability)*			
6. Level of clinical support accessible/ available on site? (e.g Medical Officer, Infection Prevention and Control Specialist, ANP/CNS/other. *Please specify whether on site or accessible*			
7. Assessment as to whether the availability of training resources in relation to Infection Control is readily accessible?			
8. Level of involvement required from COVID-19 Response Team to off site locations?			
9. Any issues with residents'/clients' welfare? *Please specify:*			
10. Any issues with Staffing management? *Please specify:*			
11. Any issues with equipment availability? e.g. Oxygen, PPE, medications? *Please specify:*			
12. Any issues with potential transfer of care for resident /client? *Please specify:*			
13. Any other issue to be raised? *Please specify:*			

APPENDIX II National Covid-19 HSE Clinical Guidance & Evidence
https://hselibrary.ie/covid

The site contains important information and contains:

- HSE Interim Clinical Guidance to provide consistent advice to the clinical community in response to the Covid-19 pandemic. This is based on best available knowledge at the time of completion, written by clinical subject matter experts (SMEs) working with the HSE. These SMEs have both expertise and experience of treating patients for the specific health conditions covered by the guidance.
- Research evidence summaries prepared by the HSE National Library Evidence team and other stakeholders.
- Facility to request additional published Covid19 evidence in relation to specific clinical questions
- Links to point of care tools and educational resource
- The content of the site is not meant to replace clinical judgement or Specialist consultation.

Site Navigation- The menu on the left hand side of the screen represents all the areas and the guidance is evident by clicking on same**. Note** –the infection control section directs to the HPSC website and the guidance on HPSC website is updated frequently**.**

APPENDIX III

SAMPLE Communication from Crisis Response Team to Residential Site/Office in CHO area

Area (indicate if CHO or LHO area)	Yes	No	In progress	Date to be established	Emerging Issues
Assistance/advice Via phone or in person					
Advice re suspected resident/staff					
Advice re confirmed resident/staff					
Isolation/cohorting issues					
Social Distancing Issues					
Update re latest HPSC guidance					
Public Health feedback					
Additional Considerations: Additional staff Additional support Additional Equipment					
AOB					
Issues to be escalated:					

Appendix 4 SAMPLE Template Residential Care Setting/Home Support COVID 19 Preparedness plan

Section 1: Residential Care Setting/Home Support COVID 19 Preparedness plan

The purpose of this document is to assist residential care settings develop a COVID 19 Preparedness Plan for their settings. A COVID 19 preparedness plan aims to

- Slow and stop transmission, prevent outbreaks and delay spread to residents/service users and staff
- Provide optimised care for all residents/service users, especially those who have pre-existing conditions or are seriously ill

It can be completed by a designated senior manager or team working within the care setting. A wide range of Clinical Guidance and training resources relating to the management of COVID 19 can be found on www.hpsc.ie and https://hselibrary.ie/covid.

Residential Centre/Home Support Name:	
Centre Address:	
Tel No/Email:	
CHO Area:	

Table 1 COVID 19 Transmission Status as of (Insert Date)

No of Total residents/service users in care setting	
No. of suspected COVID 19 cases among residents/service users	
No. of confirmed COVID 19 cases among residents/service users	
No. of suspected COVID 19 cases among staff	
No. of suspected COVID 19 Cases among staff	

Section 2: Preparedness Plan Priority Actions

As part of the process of developing a preparedness plan each action contained within the plan should be reviewed by a senior manager(s) within a service to enable actions to be undertaken named persons and by when.

Preparedness Plan Priority Action Area	Action Status			Action Required	Person Responsible	Due Date
Service Governance	Completed Y/N	In Progress Y/N	Not Started Y/N			
Clinical & operational governance arrangements to manage service and COVID-19 outbreak within service in place						
Service has identified key HSE Public Health and supports during a COVID-19 outbreak						
A person(s) has been assigned responsibility communicating with HSE Public Health of COVID- 19 suspected and confirmed cases						
A person has been assigned responsibility for communication with staff, residents and their families regarding the status and impact of COVID-19 in the facility						
Communication plans include how signs, phones and other means of communication will be used to inform staff, family members and other persons coming into the facility about status of COVID-19 in the facility						
Detailed facility floor plan in place including identification of location of single/private rooms						
Transmission Risk Mitigation - suspected/COVID-19 positive in care setting						
Advice in relation to enhancement of preventative measures has been sought and in place						
Service has enhanced IPC in place						

Preparedness Plan Priority Action Area	Action Status			Action Required	Named Person Responsible	Action Status
Human Resources e.g. Staffing	**Completed Y/N**	**In Progress Y/N**	**Not Started Y/N**			
A person has been assigned responsibility for conducting daily staffing status and needs during a COVID-19 outbreak						
Service has appropriate alternative residence and transport for staff living in congregated domestic living arrangements						
Staff allocation in relation to decrease of movement between wards/service areas and fixed allocation where possible						
Service has established protocol to inform staff if resident/service user has tested positive or if testing has been initiated by the HSE.						
Service has contingency staffing plan in place to include additional staff rosters should a COVID-19 outbreak and subsequent surge occur						
Consumables including medical equipment and supplies e.g. PPE, Oxygen						
Ensure PPE supply to LTRC settings and home support providers						
Service has plan around access to oxygen						
Ensure service has supply of essential resident care materials including equipment and pharmaceuticals						
Ensure provision of hand sanitiser and adherence to good waste management standards.						

Preparedness Plan Priority Action Area	Action Status			Action Required	Named Person Responsible	Action Status
Staff Education & Training	**Completed Y/N**	**In Progress Y/N**	**Not Started Y/N**			
Service is aware of how to support staff access to the provision of training in IPC, use of oxygen, palliative care and end of life care, pronouncement of death						
Service has enabled provision of training for staff in IPC/PHE use and other identified training needs palliative care and end of life care, pronouncement of death						
Escalation measures						
Service has surge plan in place to include the following key areas: 1. Bed Capacity Plans 2. Centre Specific 3. Care of Residents/Service Users 4. Staff issues						

Section 3: Overall Preparedness Plan Assessment: Services can use this section to assess and prioritise action areas where additional support is required

Status Priority Action Areas	Service Can be Maintained	Additional Supports Required	Full Escalation Measures Warranted
Service Governance			
Transmission Risk Mitigation - suspected/COVID-19 positive in care setting			
Human Resources e.g. Staffing			
Consumables including e.g. PPE, Oxygen			
Education & Training			
Escalation measures			

APPENDIX V Infection Control Support

As part of the HSE COVID 19 response there is a requirement for each of the Area Crisis Management Teams (ACMT) to establish Residential Care & Home Support COVID-19 Response Teams (CRT) to prevent COVID -19 outbreaks in their area, and support case and outbreak management.

Current HSE COVID governance structures include the Integrated National Operations Hub as well as the Area Crisis Management Teams and IPC support will be aligned to these HSE governance structures for COVID-19.
The current IPC capacity in Community Operations is limited at between 0.5 to 2 IPC staff per CHO, for this reason the IPC Support model is based on qualified IPC staff in all instances working at CHO level (ACMT or Head of Service) supporting IPC Link Practitioners at LHO or County Level.

Establishment of Residential Care & Home Support COVID-19 response teams (CRT)

Residential Care & Home Support COVID-19 response teams (CRT) will be linked with:

- Existing HSE COVID governance arrangements as outlined above.
- The nine regional Departments of Public Health in line with infectious disease regulations.
- The National AMRIC Team – for infection prevention and control guidance.
- Acute Operations.

A National Level Team

A national IPC and Nursing support team will be established to provide support to the CHO CRT's and to ensure that there is access for them to expert advice, support, training and nationally mandated guidelines for CRT members. Configuration of this group will be broadly aligned to national recommendations for outbreak control team membership.

Proposed Roles of National Team

- To form a network of CHO or ACMT IPC Leads.
- Assist IPC Leads in identifying and equipping staff to act as LHO or County level IPC Link Practitioners.
- Develop and deliver training on pro-active Infection Prevention and Control in residential settings.
- Develop and deliver training to CRT members in relation to outbreak management.
- Develop materials and advise on control measures to support services to prevent outbreaks – including staff and resident surveillance.
- Develop standardised outbreak management resource toolkits for each service to use.
- Support the CHO IPC Leads in relation to requests for advice and offer national guidance.

- To explore means of expanding capacity (private, education sector etc).
- Report progress to National Community Operations and onwards to INOH.

Membership of the National-level Support Team (core member model with nominated members co-opted as required)

Core membership

- Assistant National Director QPS Community Operations (Lead)
- Consultant Microbiologist TBC
- Public Health Doctor TBC
- HSE Care Group Representatives TBC
- Head of Infection Prevention & Control Community Operations
- General Manager QPS Community Operations
- AMRIC Team IPCN TBC
- ONMSD representative TBC
- Health Protection Nurse TBC
- Provider Representative / DON
- Public Health Nursing representative TBC
- Surveillance Scientist (HPSC) – link to CIDR
- Clerical Officer

ACMT or CHO Level Residential Care and Home Support IPC

Current CHO IPC staff should be deployed to act as the IPC lead above all CRTs at ACMT level, working CHO wide. This will require a high level of support from the National Team. This alignment of the qualified IPC staff to CHO wide level working will be necessary for the advice of a qualified IPC staff member to be available to IPC Link Practitioners working at LHO or County level.

These teams must support all residential care facilities and home care providers, across all Care Groups. Given the scale it will be necessary for a partnership model to operate, with larger providers IPC, QPS and Practice Development Staff leading internally – supported by CRTs and Link Practitioners. CRT's will operate for the timescale of the COVID 19 public health emergency.

There should be a contingency to deploy a crisis team to facilities experiencing severe outbreaks of infection – this will be considered in the overall operating guideline for CRTs.

Proposed CHO Level IPC Lead Functions:

- Lead on IPC at CHO / ACMT level.
- Support the prevention, identification, and management of COVID 19 outbreaks across residential care facilities and Home Support services
- Recruit and enable a team of Link Practitioners at LHO or County level supported by the National Team.
- Establish early the IPC capacity of all providers and asses priority in the context of risk rating.

- Site-specific assessments of each residential facility and Home Support service preparedness plan (to be requested form providers).
- Develop a network of IPC Link Practitioners.
- Develop proactive and reactive work plans for the Link Practitioners.
- Address identified clusters of concern in the Home Support services, as determined by Public Health.
- Source guidance from specialists when required.
- Support ACMT reporting as relevant to IPC activity.
- Other practical supports where necessary e.g. PPE use and management.
- Assessment of the Health & welfare of residents, through the PIC & Medical Officer/ GP, in conjunction with Public Health.
- Provide training in, and assurance of staff surveillance.
- Provide training in, and assurance of resident surveillance.
- Make recommendation to ACMT on requirements/ options necessary for overall support to the residential services and Home Support Providers.

CHO IPC Lead Requirements & Governance

The IPC team member is required to:-

(a) Have a substantive post in IPC in the CHO and/or an IPC qualification
(b) Have a working understanding of the CHO structures

The CHO IPC Lead should report professionally to a CHO Director of Nursing and operationally to the manager with overall CHO wide responsibility for CRT' – for the duration of the COVID-19 Public Health Emergency.

LHO or County Level IPC Link Practitioners

Under the guidance of the CHO IPC Lead a network of advisors will be required to achieve the coverage required. Many staff not formally qualified in IPC can be equipped for this role.

The attributes of potential IPC Link Practitioners include those with an interest and /or basic training in IPC and expertise in any of a range of areas including healthcare education, audit, practice development, quality improvement, standards development, and patient safety. Given the above it is proposed to develop a short specification to attract / find candidates to act as Link Practitioners across current and retired staff of any discipline meeting these criteria.

It is envisaged that all providers are assigned a Link Practitioner who will in turn be supported by the CHO IPC Lead, who in turn will be supported by the National Team.