

COVID-19 IPC Guidance for visiting in RCFs
HSE Antimicrobial Resistance and Infection Control (AMRIC) Team

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What we will discuss today

- Main points
- General overview of COVID-19 situation
- Rationale for easing of current visiting restrictions in RCFs
- Implications of vaccinations and visiting
- Scenarios
- Live chat box discussion



People living in residential care facilities have the right to decide whether they wish to receive or refuse visitors

That needs to be balanced with the right of everyone in the RCF to health and life

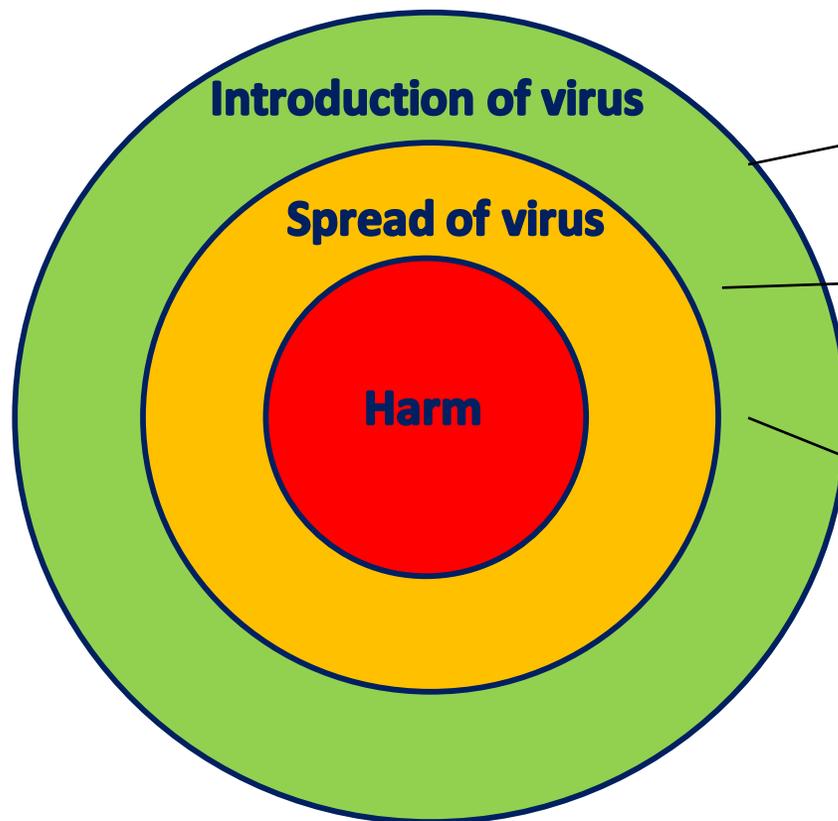
This is not easy for anyone



The Main Points

- Compassionate grounds is for everyone - the norm should be 2 visits per week for most people most of the time
- There is no ceiling on the number or duration of visits for people with specific critical or compassionate grounds (for example end of life)
- IPC precautions remain in place
- Recognised that there are practical issues that each RCF will need to work out
- Intended to take effect on Monday, March 22nd

We should continue to think of how we may control COVID-19 in any setting



Making sure as much as practical that staff and people entering the RCF do not have COVID-19 and are not COVID-19 contacts
vaccination of staff and residents

Hand hygiene, physical distancing, respiratory etiquette wearing surgical face mask, clean environment, monitoring of staff and service users, preparedness plan

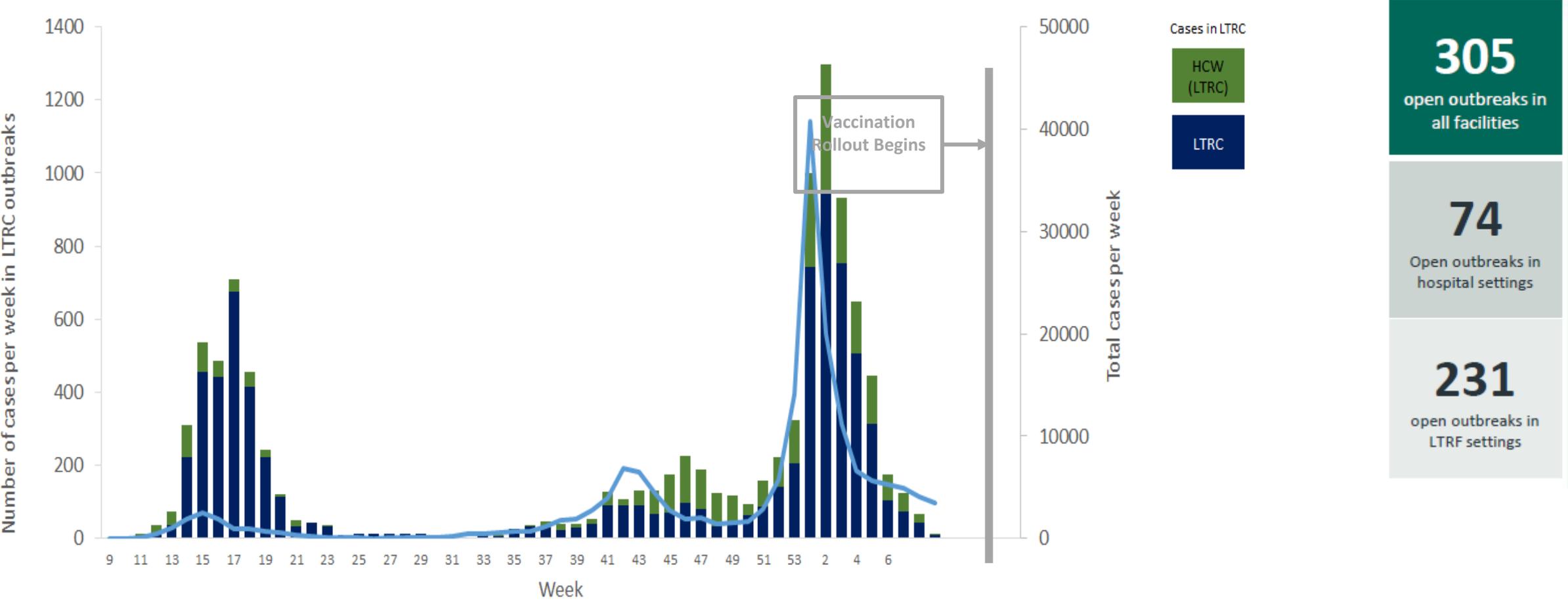
Early detection of outbreaks, early and high quality clinical care for those with infection, looking after general health all the time

We all need to have meaningful contact with families and friends to make life worthwhile

- Loss of meaningful contact is harmful
- The risk of introduction of COVID and the risk of harm from COVID has not gone away because of vaccine
- The risk of severe disease and death from COVID is much less for people who are vaccinated
- The balance between the risk of harm from isolation and the risk of harm from COVID has shifted
- There is a need to move cautiously to support people in RCFs and their families and friends in restoring and maintaining those contacts that bring joy and meaning to life

Cases in Long Term Residential Care settings

The level of infections in LTRC has seen a much sharper decrease in recent weeks when compared to the 1st wave. Additionally The number of cases in LTRC makes up a much smaller proportion of total number of cases at a national level when compared to the 1st wave



305
open outbreaks in all facilities

74
Open outbreaks in hospital settings

231
open outbreaks in LTRF settings

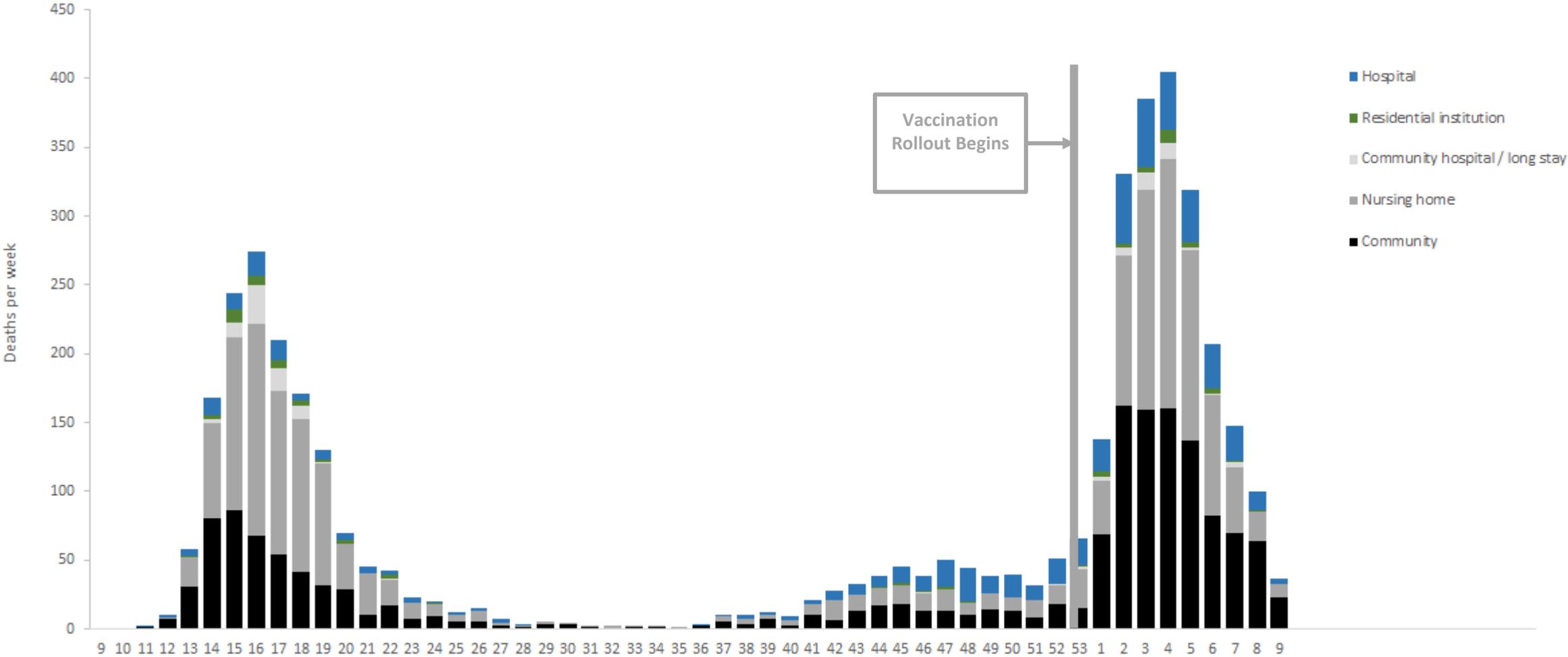


Number of cases per week linked to outbreaks in long-term residential care (bars) compared to the total number of cases per week (dotted line, referred to the secondary y-axis). LTRC: cases amongst residents in outbreaks in long-term residential settings.

HCW (LTRC): Cases in healthcare workers associated with outbreaks in LTRC.

Deaths by setting

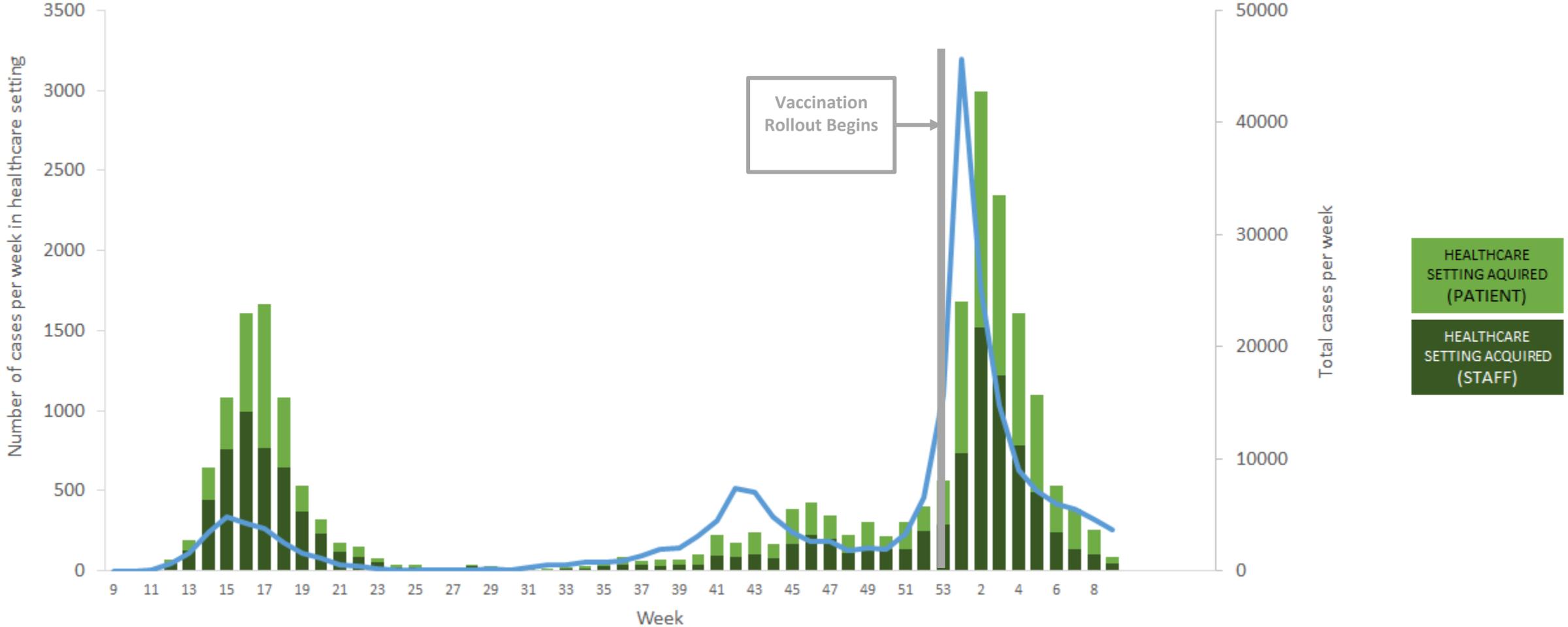
Deaths associated with outbreaks in LTRC appear to have decreased earlier and more rapidly than in the wider community, which may be due to the protective effect of vaccination



Deaths per week by week of death and the setting in which the death occurred. Deaths with laboratory confirmed SARS-CoV-2 only. Deaths in hospital outbreaks refers to deaths within a cluster of linked cases where the infection has been transmitted in the hospital setting, other deaths in hospitals are recorded as 'community' as the infection occurred in the community.

Infections in the healthcare setting

The incidence of healthcare-acquired infection has decreased rapidly, and quicker than expected, given its persistence after previous surges of disease demonstrated in waves 1 & 2



Number of cases per week recorded in CIDR as 'healthcare setting acquired' (bars) compared to the total number of cases per week (dotted line, referred to the secondary y-axis). Cases dated by event date. Tests outsourced to German laboratory in April backdated, using the specimen collection date, to the date they would have been confirmed in a timely manner.



Vaccination administered cumulative to 8th March 2021

Total Vaccinations Cumulative to 8th March – **536,617***
[D1 382,528 D2 154,089]

Administered to 8th March - LTRCFs



167,303
Vaccinations

Dose 1

100,617

Dose 2

66,686

Administered to 8th March – FLCW



268,462
Vaccinations

Dose 1

181,090

Dose 2

87,372

Administered to 8th March - 70's & Over



100,613
Vaccinations

Dose 1

100,603

Dose 2

10

*Includes Non coded - 146 & Cohort 4 - 93

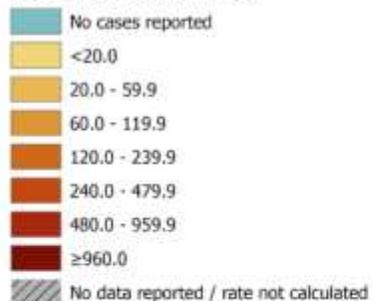
The situation in Europe – 14 Day incidence rate (ECDC Data as of Mar 11th)

Key Points:

- 14-day Incidence rates in Europe is currently on the decline
- In countries such as the Czech Republic & in Estonia incidence rates remain high however
- Ireland has seen a large decrease in incidence rates in recent weeks and is now amongst the countries with a lower incidence rate



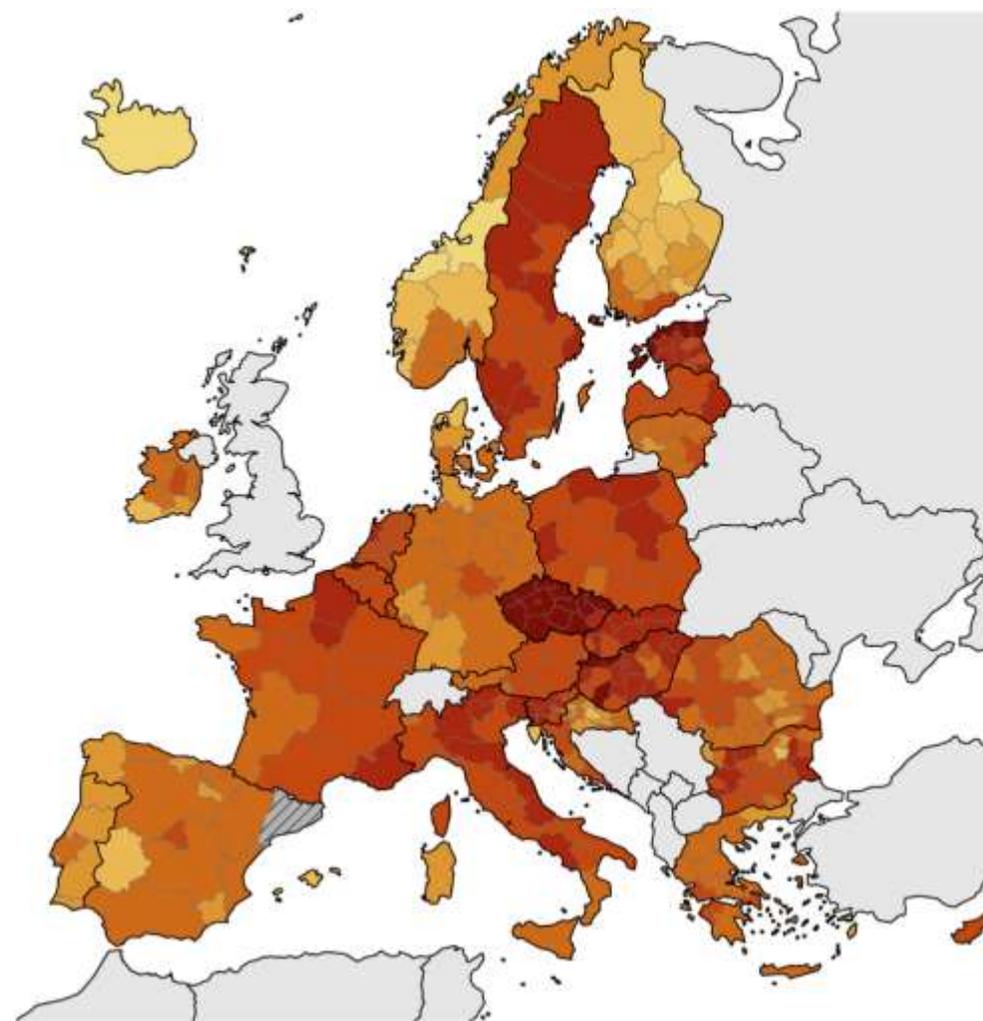
14-day COVID-19 case notification rate per 100 000 population 2021-w08 to 2021-w09



Regions not visible in the main map extent



Countries not visible in the main map extent





COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs)

V2.0 11.03.2021

Publication date: 11.03.2021
Implementation date: 22.03.2021

<file:///F:/Coronavirus/webinars/RCF%20webinars/Visiting%20RCFs%20190321/Guidance%20on%20visits%20to%20RCF.pdf>





The challenge for service providers

Managing visiting is challenging for service providers who must balance their obligation to protect all residents and staff from the risk of introduction of COVID-19 with their obligation to facilitate and support visits for residents to the greatest extent possible

Reminder



- Surge in COVID-19 in January of 2021 and the resulting harm to residents and staff
- Importance of continued vigilance to prevent introduction of COVID infection into RCFs
- Situation has improved considerably however there is a continuing risk even with vaccination of introduction of infection
- Particular concern remains about the possibility of introducing a new variant that the vaccine may not protect against
- Government framework Level 5 remains and therefore visiting is suspended other than on critical and compassionate grounds
- It may not be possible to support visiting in some RCFs because of on-going outbreaks



Communication and what service providers need to do

Restrictions on visiting and the loss of “meaningful contact” are of themselves a cause of harm to residents, their friends and families

It is important to engage with residents, involve them in decision making and communicate clearly with each resident and relevant others regarding visiting policy including any restrictions. This communication should include

- how visiting is facilitated
- any restrictions that apply and the expected duration of restrictions
- clarify that only a very limited number of visitors can be in the LTRCF at one time therefore the service will arrange suitable times
- individualised visiting plan for each resident is recommended as *“providing a person centred approach that takes account of individual preferences and needs and balanced against the needs of everyone in the care home”*
- Whenever visiting is restricted in any way arrangements should be continued to support virtual visiting to the greatest extent possible

- Vaccination is important in considering the balance of risk between harm related to restriction of visiting and harm related to COVID-19
- **Vaccination does not confer immediate protection** therefore it is important that IPC precautions continue
- Full effect of the vaccine should not be expected to apply until an interval of two weeks schedule completion
- The evidence regarding the effect of vaccine in preventing a person from acquiring infection and from being infectious for others is less clear but is getting better
- There is concern that vaccine related protection may be less effective against some new variants of the virus.
- **Therefore caution remains appropriate**
- The vaccination status of prospective visitors is relevant to assessing the risks associated with visiting.
- A visitor who has completed vaccination is far less likely to acquire severe COVID-19 disease as a result of exposure to COVID-19 in a LTRCF





Communication and what service providers need to do

Engagement with residents and families around visiting is essential

Use a risk based approach to facilitate visiting on critical and compassionate grounds which include the following:

- Are there any current restrictions in place in the RCF
- What are the reasons for those restrictions
- What is the expected duration of restrictions
- Who the RCF should be contacted for support if someone is dissatisfied
- facilitate visiting to the greatest extent possible with times when visiting can be effectively supported by available staff
- All decisions regarding restricted access should be documented, including their rationale, in line with the Health Act 2017 (Care and Welfare) Regulations 2013



Framework Level	Visiting Policy*
Level 1	Open with protective measures
Level 2	Open with enhanced protective measures
Levels 3,4 and 5	Suspended other than in critical and compassionate circumstances*

*Increased frequency of visiting on compassionate grounds at levels 3, 4 and 5 in the context of a high level of vaccination of residents and staff

Residents who have recovered from COVID-19 should be regarded as equivalent to vaccinated residents for 6 months after diagnosis

- **Regardless of vaccination status some visiting should be facilitated**
- One visit every two weeks by one person should be facilitated on general compassionate grounds
- This applies regardless of vaccination status
- One visit every week by one person is likely to represent a very low risk of harm in certain disability services (based on risk assessment) and should be facilitated on general compassionate grounds where practical to do so

**Expect that most RCFs have a high level of vaccination
and do more than this with low risk as follows**

How this applies in the current Level 5 of the Government Framework



From two weeks after the date when a high proportion of all residents and healthcare workers in the LTRCF have completed vaccination schedule, (about 8 out of 10 residents and healthcare workers) two visits per week should be facilitated on compassionate grounds at framework levels 3, 4 and 5

Note about 8 of 10 is not a sharp cut-off

This applies regardless of vaccination status of the individual however residents who are not vaccinated should be advised of the specific risk to them of seeing additional people in the absence of vaccination

For this purpose **those who have had COVID-19 in the previous six months but are now outside the infectious period should be counted as equivalent to residents who have completed the vaccination schedule** even if not vaccinated



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Critical and compassionate circumstances



Critical and compassionate circumstances are difficult to define and require judgement

The term should not be interpreted as limited to circumstances when the death of a resident is imminent

Meaningful contact with family and friends is important at all times therefore there is a requirement for visiting on compassionate grounds in the absence of any specific circumstances

There is not limit to the duration of the visit required on infection prevention and control grounds

Where it is necessary for operational reasons to limit the duration of the visit the limit should not be less than 1 hour (unless for operational reasons)

Compassion is a lot more than “end of life” which is of course important



Coronavirus
COVID-19
Public Health
Advice

Circumstances in which a resident is significantly distressed or disturbed and although unable to express the desire for a visit there is reason to believe that a visit from a significant person may relieve distress

When there is an exceptionally important life event for the resident (for example death of a spouse or birthday)

When the visitor may not have another opportunity to visit for many months or years or never (for example because they are leaving the country or are themselves approaching end of life)

Increased visiting is recommended by their doctor as a non-pharmacological therapeutic alternative to an increased dose of an existing agent or introduction of a new anxiolytic or sedative agent



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Compassion is a lot more than “end of life” which is of course important

A resident expresses a strong sense of need to see someone whether for personal reasons, to make financial or other arrangements or to advocate on their behalf

A person nominated by the resident expresses concern that a prolonged absence is causing upset or harm to a resident

Other circumstances in which the judgement of the medical or nursing staff or social care worker caring for the resident is that a visit is important for the person’s health or sense of well-being

A person nominated by the resident expresses concern that a prolonged absence is causing upset or harm to a resident

Other circumstances for the person’s health or sense of well-being



You may listen back to the audio recording available now on the following HPSC website link to hear the webinar discussion on queries received from residential care facilities

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/webinarresourcesforipc/>

Thank you for the queries



CAUTION

DO NOT DROP YOUR GUARD

Vaccine Safety is Priority

(Update on Pfizer/Moderna/Astra Zeneca)

The vaccine is effective **AFTER** the immune response

The vaccine is not perfect

There are lot of other infections besides COVID-19

IPC does not go away because you have been vaccinated





Webinar slide set and audio recording will be available and may be accessed on the following link next week

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/webinarresourcesforipc/>

Thank you for engaging with the AMRIC team to support visiting in your service





Some more online resources and links - preparedness

Stay safe at work.



Coronavirus
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Coronavirus
COVID-19
Public Health
Advice

Do not come to work if you have symptoms of COVID-19 infection, are a contact or are waiting for a test. Remember, the risk doesn't go away when you are out of the clinical area.

Keep 2M apart or wear a mask if you cannot keep 2M apart.

Travel to work



If you have to share transport, always wear a face covering.

Passengers should sit in the rear of the car, away from the driver.

Break times



Keep 2M from other staff. If you can't keep 2M distance, wear a surgical mask. Keeping your distance is safer.



Changing rooms

Keep your distance from other staff. Do not bring personal items into clinical areas. When you are caring for people, remove your wrist jewellery and fitness bands.



Public corridors and meeting rooms

Do not stand talking in groups in the corridors. Avoid face to face meetings, but, if you must, please maintain 2M social distance.

If you cannot keep 2M apart, you must wear a mask. Healthcare staff should wear surgical face masks in public work areas.



New stay safe at work poster (online version – poster will be printed and HSE services can order)

- New stay safe at work staff webpages
- New stay safe at work animated video <https://youtu.be/ilR1ZHIMvo0>
- Message from the CEO in his regular staff video
- Key messages from Prof Cormican video <https://youtu.be/mxOjqkLy7QU>
- Social media plan
- Staff broadcast
- RESIST newsletter feature
- Inclusion in HG and Community Services news articles/staff communications
- Health Matters piece

Stay safe. Protect each other.



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www.hpsc.ie is the central hub for nationally approved infection control guidance relating to COVID19. It contains a wealth of infection control guidance and resources for caring for people in their own home. You should familiarise yourself with the relevant guidance.

All guidance has been approved by the COVID19 National Public Health Emergency Team (Expert Advisory Group) or the HSE Health Protection and Surveillance Centre.

The critical guidance for all staff delivering care in a person's home is:

COVID-19 Infection Prevention and Control [Guidance](#) for Health and Social Care Workers who Visit Homes to Deliver Healthcare



Online training programmes are available on www.hseland.ie This resource is accessible to any service public or private once they have registered online.

The key infection control resources on this site include videos to demonstrate:

- How to perform hand hygiene using soap and water
- How to perform hand hygiene using alcohol based rub
- Breaking the chain of infection – an online infection control course (with a knowledge test)
- How to put on and take off PPE in a community setting (with a knowledge test)
- How to put on and take off PPE in an acute hospital setting (with a knowledge test)



There are additional videos on HPSC relating to putting on and taking off the new overall type PPE and masks with loops. Also included are scenarios for managing patients in a GP clinic area that are useful for other settings

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

Webinars: there are a number of education webinars on infection control and reducing the risk of transmission of COVID19 in health services.

<https://bit.ly/34YccbT>

There are additional videos on HPSC relating to putting on and taking off the new coverall type PPE and masks with loops. Also included are scenarios for managing patients in a GP clinic area that are useful for primary care settings

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/videoresources/>





There is a considerable amount of online information for clients, families, the public. All of this information is available on the HSE website and the link is listed below.

There are many pieces of translated materials, videos in Irish sign language and specific materials for patients who have intellectual disability or who have dementia.

Please familiarise yourself with the range of materials accessible here:

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>

Some samples of online posters available for download – use this link

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>



Coronavirus
COVID-19

Visitors

PROTECT YOUR LOVED ONES

Don't visit if you feel unwell with a cough, breathing difficulties, fever or shortness of breath.

			
Wash your hands well and often to avoid contamination	Cover your mouth and nose with a tissue or sleeve when coughing or sneezing and use used tissue	Avoid touching eyes, nose, or mouth with unwashed hands	Clean and disinfect frequently touched objects and surfaces

For more information visit [hse.ie/coronavirus](https://www.hse.ie/coronavirus)

RESIST



Cosain tú féin agus daoine eile ó thinneas

Nigh do lámha

- Tar éis casacht nó sraoth
- Nuair a bhíonn tú ag tabhairt aire do dhuine tinn
- Roinn agus tar éis bia a ullmhú
- Sula n-itheann tú
- Tar éis an leithreas
- Nuair atá do lámha salach
- Tar éis lámh a leagain ar ghearradh, spualc nó créacht oscailte
- Is féidir cuimilteoir alcóil lámhe a úsáid mura bhfuil cuma shalach ar na lámha

www.hse.ie/handhygiene

RESIST



COVER YOUR COUGH AND SNEEZE

STOP THE SPREAD OF GERMS THAT MAKE PEOPLE SICK

When you cough or sneeze cover your nose and mouth with a tissue

OR Cough or sneeze into your elbow, not your hands.

Throw away your tissue!

Clean your hands after coughing or sneezing.

THANKS!

RESIST