

Nursing Homes: Preparedness and Ongoing Response to COVID-19 – Update Paper

DOH and HSE Joint Paper

21st January 2021

Action required:

- For noting
- For discussion
- For decision

Approved for future publication: **YES**

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1 Introduction

The impact of COVID-19 on society in general and those living in nursing homes has been considerable. Nursing homes are people’s homes as well as places where healthcare and social care is provided. People living in nursing home settings are vulnerable populations and have been identified by the World Health Organisation (WHO) and ECDC¹ to be at a higher risk of being susceptible to infection from COVID-19 and for subsequent adverse outcomes². This is most likely due to their age, the high prevalence of underlying medical conditions, congregated settings and circumstances where high care support with the activities of daily living is required in collective high physical contact environments. The November ECDC risk assessment reiterates the overarching message that residents of long-term residential care services (LTRCs) are one of the most vulnerable populations and continued focus should be placed on preventing COVID-19 from being introduced into such facilities and the control of outbreaks when they do occur. Consistent with the learning arising from the pandemic to date, the ECDC highlights that the probability of COVID-19 introduction into an LTRC depends on the level of COVID-19 circulation in the community.

At the last census an estimated 5.0% of those aged 65 years and older were living in communal establishments in Ireland. There are 575 registered nursing homes in Ireland of which 461 are private or voluntary nursing homes and 3.6% of those over 65 reside in these settings.

Table 1: Nursing Home Sector - Key Statistics

Nursing home sector – Key Stats	
<ul style="list-style-type: none">• 575 nursing homes• 461 private & voluntary nursing homes• 30,000 residents / 25,000 long term care• 18,350 in private nursing homes under NHSS and 4,480 in public, also self-funders• NHSS budget >€1b	<ul style="list-style-type: none">• Average nursing home capacity 56 beds, median 50 beds• 306 nursing homes with 50 beds or less, 296 with 40 beds or less• Approximately 2,000+ beds were unoccupied across the sector in April 2020

The very infectious nature of COVID-19 makes it difficult to prevent and control in residential care settings. The transmission of the virus into and within nursing homes is multifactorial. As identified by the Nursing Homes Expert Panel where there is ongoing community transmission, settings like nursing homes are more vulnerable to exposure.

Nursing homes are people’s homes as well as places where healthcare is provided. NPHE has recognised the need to retain a holistic view of the wellbeing of residents of LTRC facilities, remain person-centred, be cognisant of their rights as citizens, and to be vigilant that in seeking to shield them from infection that these rights are not infringed upon in to an extent, or in a manner, that is disproportionate. One of most difficult aspects of COVID-19 is the sad deaths of those living in LTRC settings. NPHE has been particularly conscious of balancing protective actions with support and

¹ <https://www.ecdc.europa.eu/sites/default/files/documents/Increase-fatal-cases-of-COVID-19-among-long-term-care-facility-residents.pdf>

² WHO 2020, Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19 Interim guidance (21st March 2020)

compassion and endorsed the paper *“Ethical Considerations Relating to Residential Care Facilities in the context of COVID-19”*³.

This paper provides an update on key issues as a follow on from the paper on nursing homes discussed at NPHE on 17th December 2020.

It provides an updated overview of nursing homes in Ireland, including the current epidemiological situation; the challenges that have arisen so far including challenges arising in the context of Wave 3 of COVID-19; details on the significant supports that have been made available to nursing homes, both public and private, in the protection of the health of residents; the degree to which supports have been utilised; This paper highlights and re-emphasises the need for continued and ongoing interagency cooperation, that the set of supports in place by both HIQA and the HSE and the focus on prevention and management of COVID-19 transmission must remain in place.

1.1 Public Health Measures Adopted in Ireland

In Ireland, the approach to the COVID-19 pandemic has been a whole of Government co-ordinated approach. The National Public Health Emergency Team (NPHE) and HSE National Crisis Management Teams for COVID-19 were convened and commenced their work at the end of January. A National Action Plan was published on 16th March 2020, setting out a whole-of-society response and the mobilisation of resources across Government and society to fight the spread of this virus.

The NPHE approach is public health led in line with data, evidence and best practice as it emerges. Ongoing learning from national and international experience, including through the ECDC risk assessments has been integral to the continuing evolution of the response to COVID-19. The COVID-19 Nursing Homes Expert Panel, established on foot of a NPHE recommendation has added substantially further to our learning and provided an ongoing framework for the continued response to COVID-19 in relation to nursing homes, as well as recommending a range of systems reforms with regard to the design and delivery of older persons care.

Notably, an important epidemiological and data analysis workstream in relation to nursing home outbreaks is being well advanced by the HPSC and HIQA – recommendation 6.7 – which recommended that the *“HPSC, HSE and HIQA should produce a detailed epidemiological analysis comparing both risk and protection factors associated with having an outbreak or not at all in HIQA regulated facilities”*. It is expected that this work will conclude next month and the findings will be provided to NPHE in due course.

An *Overview of the Health System Response to date Long-term residential healthcare settings*⁴ was published in May by the Department of Health. This paper outlined responses and learning from COVID-19. In addition, in recognition of the expected ongoing COVID-19 impact over the next 6-18 months NPHE emphasised the importance of real-time learning and a forward-looking approach for nursing homes. Therefore, at its meeting 14th May, NPHE recommended the establishment of an expert panel (*COVID-19 Nursing Homes Expert Panel – examination of measures to 2021*).

Interagency collaboration and coordination are critical factors in the ongoing response, as is continued engagement with key national stakeholders. The document *“COVID-19 Response: Nursing Homes - Overview of Roles of Key Stakeholders”*⁵ was published by the Department of Health.

³ <https://www.gov.ie/en/publication/37ef1-ethical-considerations-relating-to-long-term-residential-care-facilities/>

⁴ <https://assets.gov.ie/74796/d09c1f51-435f-4b73-9433-923ce3d531f9.pdf>

⁵ <https://www.gov.ie/en/publication/c7f5b-covid-19-nursing-homes-expert-panel-report-implementation-oversight-team/#covid-19-response-nursing-homes-overview-of-roles-of-key-stakeholders>

Developed on foot of a Nursing Homes Expert Panel recommendation, this document provides a comprehensive overview of the roles of key stakeholders in the response to COVID-19.

1.2 General Supports - Summary

The State's responsibility to respond to the public health emergency created the need for the HSE to stand up a structured support system in line with NPHET recommendations. This has been a critical intervention in supporting the resilience of the sector in meeting the unprecedented challenges associated with COVID-19.

In line with NPHET recommendations and in order to enable continuity of service delivery and infection prevention management, support for nursing homes, including prioritised public health supports, over the last number of months has encompassed:

- Enhanced HSE engagement;
- Temporary HSE governance arrangements for some non-public nursing homes;
- Multidisciplinary clinical supports at CHO level through 23 COVID-19 Response Teams;
- Access to supply lines for PPE, medical oxygen etc.
- Serial testing programme of all staff in nursing homes, for the prevention, management and control of outbreaks;
- Access to staff from community and acute hospitals – from an early stage the HSE mobilised considerable staff resources, making them available to nursing homes where possible;
- Suite of focused LTRC guidance;
- Temporary financial support scheme to June 2021;
- Temporary accommodation to nursing home staff;
- HIQA COVID-19 quality assurance regulatory framework.

Section 3 provides a further detailed update on supports being provided.

2 Current Epidemiological Position – Nursing Homes

COVID-19 has had a significant impact on nursing home residents to date. At the time of the last paper to NPHET on nursing homes (17th December 2020) there were 34 open outbreaks. Since then the epidemiological situation has deteriorated nationally, and consistent with evidence and international guidance, where community transmission is high the risk to nursing homes significantly increases. As of the 18th January there are 167 open outbreaks, a five-fold increase since mid-December.

The number of new nursing home outbreaks occurring had averaged around 5 per week in late November and into December, meaning nursing home outbreaks had remained an ongoing challenge. At that time, this was reported a reduction in the number of outbreaks reported in early to mid-October, 8-15 per week. However, in the 14 days from 4th January to 18th January 2021 inclusive, 109 nursing home outbreaks have been reported.

HPSC data as of 18 January 2021 as presented in Table 2 below identify the continuing trend regarding new COVID-19 outbreaks and cases in nursing homes. This data underline the ongoing urgency to continue to suppress the disease and to ensure that specific focused and enhanced public health measures for nursing homes continue to be maintained.

Table 2: HPSC data on nursing home outbreaks and cases

Nursing Homes	
	#
# Clusters in nursing homes up to midnight 12/12/2020	516
of which are OPEN	167
of which are CLOSED	349
# OPENED in the last week (11/01 – 18/01 inclusive)	59
# of deaths in nursing homes linked to NH outbreaks (up to 18/01/2021)	1,290
# of cases in nursing homes linked to NH outbreaks (up to 18/01/2021)	10,356
# of hospitalisations from nursing homes linked to NH outbreaks (up to 18/01/2021)	660

The data above relates to all case classification types (confirmed, probable and possible COVID-19 cases). The table below details cases and deaths linked to nursing home COVID-19 outbreaks by month up to midnight on 18th January. It shows the significance of the impact of COVID-19 in relation to nursing homes in March, April and May, including in relation to the number of outbreaks and deaths. There was a steady decline in cases and deaths over the summer months, however the data shows a concerning upward trend commencing from September, with the number of cases and deaths increasing again in October, November and December 2020. January 2021 shows a substantial upward trend with outbreak and case numbers of a level not seen since the early part of the pandemic.

Table 3: Comparison of cases and deaths linked to Nursing Home outbreaks by month *

	March/ April~	May~	June~	July~	August~	September ~	October~	November ~	December ~ [^]	January~ (to 18/01/21)
Total Confirmed Cases Nationally	20,742	4,320	415	632	2,916	7,572	26,153	9,794	15,641	88,400
Total Deaths Nationally (all classifications)	1,265	385	88	25	14	29	111	136	144	495
<i>Confirmed only</i>	1,038	352	87	29	13	30	109	136	143	489
Nursing Home Outbreaks	220	38	-3#	15	7	16	44	17	29	131
Cases linked to NH outbreaks (all classifications)	4,003	1,348	591	130	41	171	731	547	512	2,254
<i>Confirmed only</i>	3,841	1,313	587	130	41	172	730	546	512	2,252
Deaths linked to NH outbreaks (all classifications)	647	268	65	10	5	8	9	47	49	156
<i>Confirmed only</i>	499	237	63	13	5	9	44	46	49	154

* Data as provided by the HPSC to the Department of Health in daily reports extracted from CIDR

~ Calculated as the difference between the cumulative total number of cases and deaths on the last date of this month with the cumulative total on the last date of the previous month. Due to ongoing quality checks and validation, cases may be denotified or reclassified.

Significant data validation exercises were undertaken and some suspected Nursing Home outbreaks may have been denotified or reclassified.

[^] Due to the report publication schedule over Christmas, the December figures relate to December up to midnight 28/12/2020

Figure 1: Number of COVID-19 Outbreaks in Nursing homes (n=228), notified from 02/08/2020 to midnight on 16/01/2021. Data source: CIDR.

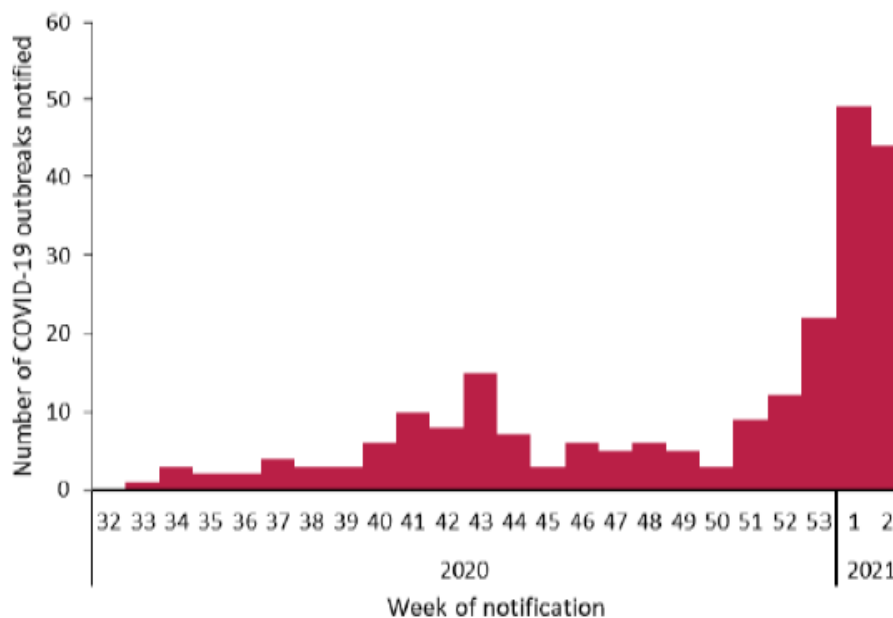


Figure 1, above, represents the number of outbreaks per week in nursing homes, showing a spike in early October, and a levelling off in the weeks November to early December. However, from the second half of December into the beginning of 2021 a significant upward trend in outbreaks is observed.

The number of deaths reported since the beginning of October, represented in Figure 3, below, based on association with nursing home outbreaks, shows a lower number of relative deaths among nursing home residents. However, given the continued incidence of nursing home outbreaks and notwithstanding the lower number of cases associated with these outbreaks, the potential for further deaths in nursing homes remains, underlining the importance of the continued implementation of protective measures designed to safeguard nursing home residents, including the provision of PPE, COVID-19 Response Team deployment and the serial testing programme, which allows for an early and measured response to new cases detected in nursing homes.

Figure 2: Deaths by date of death

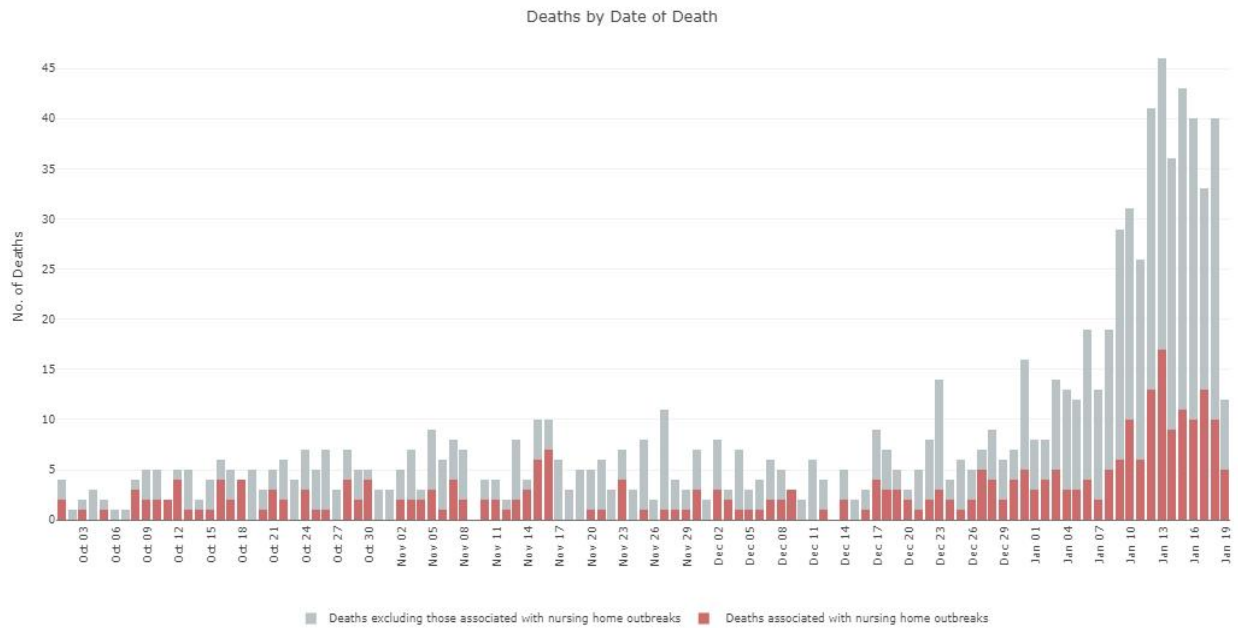
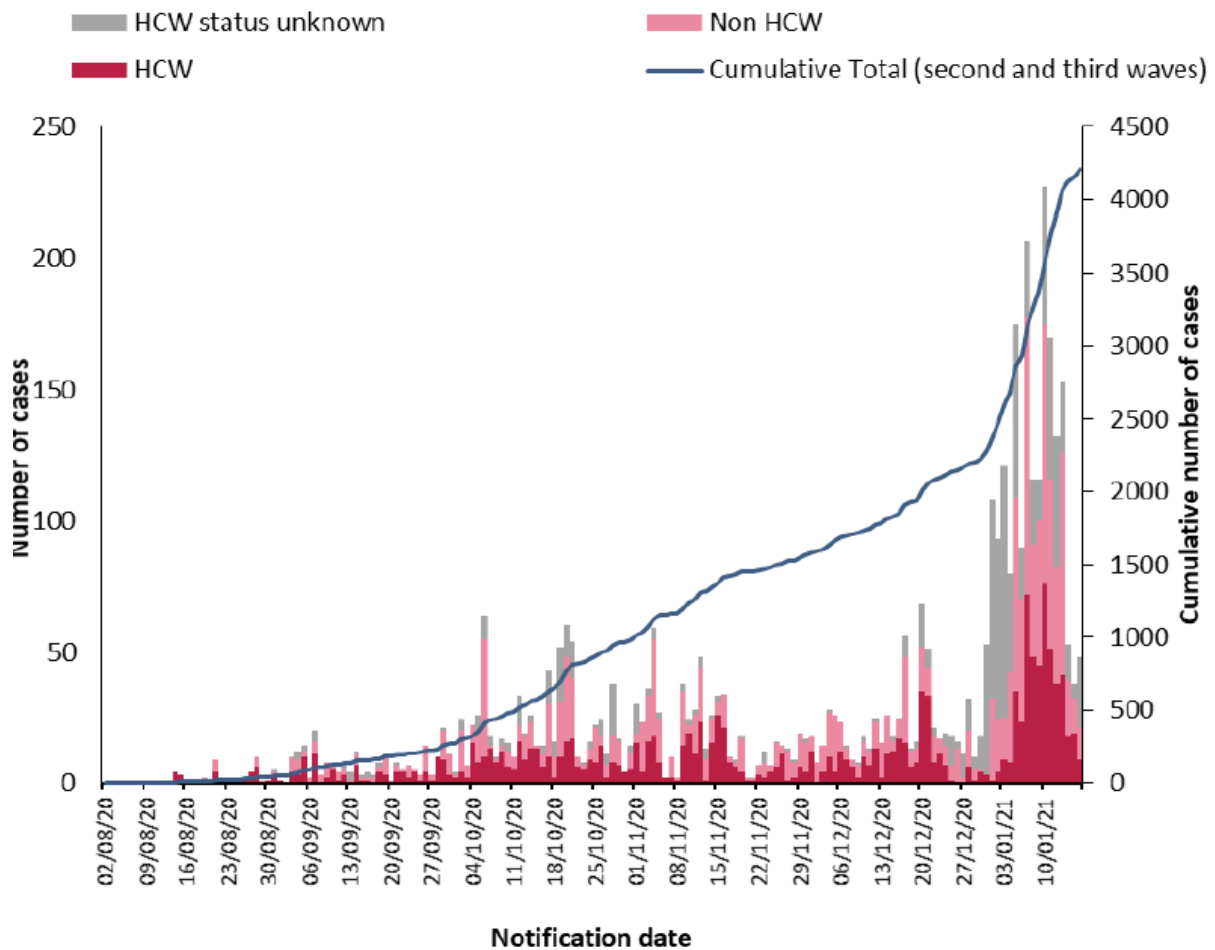


Figure 3: Epi-curve of confirmed COVID-19 cases linked to outbreaks in nursing homes and community hospital/long-stay units by healthcare worker (HCW) status and by date of notification, and cumulative number of confirmed cases during the second wave of infection by date of notification, from 02/08/2020 to midnight 16/01/2021. Note: HCW status is not available at the moment for cases from 25/12/2020 onward due to surge in cases. Data source: CIDR



3 Update on Supports to Nursing Homes

3.1.1 Guidance

A substantial suite of guidance which is reviewed regularly has been developed for the sector including: visitations to Long Term Residential Care Facilities; various Infection Prevention & Control Guidelines, and Ethical Guidance.

3.1.2 COVID-19 Response Teams

The HSE COVID-19 Response Teams (CRTs) were established to support Public Health Outbreak teams covering all residential services as well as home support settings. The purpose of these multi-disciplinary teams is to support the prevention, identification, and management of COVID-19 outbreaks across these services (public and private). The teams will operate for the duration of the pandemic. 23 COVID Response Teams are currently in operation.

3.1.3 Provision of Personal Protective Equipment (PPE)

The HSE has established extensive logistics at national and Community Healthcare Organisation (CHO) level providing daily requirements of PPE, free of charge, to all residential care settings and other service areas. The continued supply of PPE on both a precautionary and an outbreak basis is a key support mechanism and will continue to be provided in line with clinical and public health recommendations. In the week ending 12 January, approx. 7.3m items of PPE were supplied to residential care settings (including public and HSE nursing homes), representing 48% of all PPE items supplied that week. Typically, on average, about 21m pieces of PPE is provided to nursing homes per month, costing circa €12.5m per month, €11m of which relates to private nursing homes.

It is important to note that each nursing home provider has a legal responsibility with regard to the provision of safe care to their residents and a safe working environment for their staff. In that regard, irrespective of the source of supply of PPE, each provider must ensure that it has sufficient PPE to cover its need, has contingency plans in place, and alternative supply chains to mitigate risk.

3.1.4 HSE Temporary Accommodation Scheme

The HSE established a temporary accommodation scheme for healthcare workers affected by COVID-19 and is in place since April 9th. This scheme is available to healthcare workers in all nursing home settings. It aims to provide temporary accommodation, where required, for situations such as where the worker lives in a congregated domestic setting. There was high utilisation of this facility from late April to June; utilisation has increased again since late, with a substantial further increase in the week to the 14th January 2021 (up 70% from the previous week), where 2,388 beds were occupied. Almost 60% of the healthcare workers who are currently availing of this service work in private and voluntary nursing homes.

3.1.5 Serial Testing Programme

NPHEP requested a planned programme of **serial testing** of all staff in nursing homes. The programme commenced on 24 June 2020.

- To date, the programme has completed over 471,000 tests and identified 3,138 detected cases. This is a detection rate of 0.31%.
- Cycle 7 of serial testing in nursing homes commenced on 4th January. As of 19th January, Cycle 7 has completed approximately 53,500 tests and identified 1,253 detected cases. This represents a detected rate of 2.34%.

The testing programme is a critical part of the ongoing response to COVID-19 in nursing homes and allows for the early detection of cases and targeting of the early intervention of COVID-19 Response and Outbreak Control Teams. The serial testing programme is ongoing in nursing homes, testing staff on a fortnightly basis, with the HPSC recently initiating a weekly testing cycle where the relevant local HSE teams and nursing homes agree that this is appropriate. The number of cases detected so far under **cycle 7 represents almost 40% of all detections under the programme to date.**

The programme remains to advantage in identifying positive cases in the nursing homes sector, many of which are asymptomatic at time of testing. This allows for a prompt public health response and outbreak management.

3.1.6 COVID-19 Temporary Assistance Payment Scheme for Nursing Homes

In April 2020, the Temporary Assistance Payment Scheme (TAPS) was established as a temporary support mechanism to contribute towards costs associated with COVID-19 for private and voluntary nursing homes. The Scheme has been extended until the end of June 2021. As of 19th January 2021, some €63 million of direct financial support has been paid to the sector.

In December, funding to further support nursing homes to enhance and create additional safe visiting spaces was announced. TAPS has been expanded on a once-off basis to allow a claim of up to €2,500 per eligible nursing home. This will enable them to create additional safe visiting spaces and enhance current visiting spaces.

Up to €1.125m is now available through the €92.5 million 2020 TAPS sanction for this once-off winter claim. It is too early in the reporting cycle to identify the level of take up of this additional initiative

Up to €92.5m was available for the Scheme in 2020 and up to €42m is available in 2021.

3.1.7 Regulator Supports

As COVID-19 has impacted many services and access to services across health and social care, HIQA has responded to the changing needs in terms of inspections and reporting. This includes, for example, inspections of nursing homes both with and without cases of COVID-19, the expedition of applications to open new nursing home beds and the receipt and review of a large number of mandatory notifications.

HIQA developed and published a regulatory assessment framework of the preparedness of designated centres for older people for a COVID-19 outbreak and a self-assessment in April 2020. The aim of the framework is to support nursing homes to prepare for an outbreak of COVID-19 and put in place the necessary contingency plans. Providers were asked to self-assess their preparedness and inspectors then validated the provider's own self-assessment.

In September 2020, HIQA published a further assurance framework for registered providers for preparedness planning and infection prevention and control measures. Providers are required to comply with the minimum requirements of the regulations. HIQA will undertake inspections as part of this programme.

HIQA's Standards Team developed an online Infection Prevention and Control (IPC) learning module, launched on 18 August 2020, to support the implementation of the national IPC community standards. The IPC module was first hosted on the HIQA website and has moved to HSELand to increase accessibility on 02 October. Approximately 15,000 people have completed the module to date; the majority of whom are frontline staff working in health and social care services in the community. A dissemination plan was prepared to raise awareness about the module; this included extensive coverage on social media and sending targeted emails to a wide range of stakeholder groups. As part of this engagement all registered providers of designated centres for older people and designated centres for people with a disability were contacted and asked to share details of the module with colleagues and staff. A more detailed analysis of feedback on the module will be undertaken in the coming weeks at which point additional findings will be shared and additional tools to support implementation of national standards will be identified and developed.

4 Interagency Engagement and Current Nursing Home Challenges

4.1 Interagency cooperation

Interagency cooperation has been very effective in problem solving and providing supports to nursing homes. Recommendation 14.1 of the Nursing Homes Expert Panel Report provides for a framework outlining the roles of various agencies and maps out the support and escalation pathways in place. A framework document on the roles and responsibilities of the various agencies has been finalised and will be published on the Department's website in the coming days. This document will be updated regularly as it will be treated as a living document.

The Minister for Health and the Minister for Mental Health and Older Persons, along with senior Department officials have met regularly with HSE and HIQA senior teams, including when possible, the CEOs and Chairs of the HSE and HIQA, the Chief Inspector of Social Care Services (HIQA) and the Chief Operations Officer (HSE) to discuss nursing homes and COVID-19. Meetings were convened on 15th October, 21st December 2020 and 8th January 2021.

The purpose of these meetings has been to examine the situation with regard to nursing homes and COVID-19 at the time and to consider whether every possible measure that can be done is being done.

Both HIQA and the HSE outline and assure that all of the relevant supports, where available, that are in place are fully activated, and the various local teams are engaging with nursing homes on a proactive basis to ensure preparedness and, where required, management of outbreaks where they occur. HIQA has confirmed that it is continuing to maintain a risk analysis of nursing homes and an "at-risk" list. It is prioritising its inspectorate resources towards those nursing homes that are identified as being at higher risk. The HSE and HIQA have an ongoing structured collaboration and escalation pathway, whereby concerns in respect of individual nursing homes are referred between the organisations to activate proactive supports where risk is identified. Both organisations have confirmed that these pathways and collaborative engagements are active and working well. However, as noted in section 4.3 the current level of risk and the challenges surrounding it, may not be fully mitigated.

4.2 Overview of HIQA November risk assessment

On 26th November HIQA provided an updated risk assessment of nursing homes. The HIQA aggregate risk profile provides an overview of potential risks and outlines in further detail the various monitoring and pathways for referral for supports to the HSE.

The Department convened an interagency meeting (Department, HSE and HIQA) on 2nd December to discuss the report on the COVID-19 risk assessment for nursing homes. The risk assessment identified there is a strong correlation between high levels of COVID-19 in the community and risk of an outbreak developing in a nursing home. The HSE confirmed that as part of its daily monitoring of all nursing homes that the daily HIQA provided information (see below) is reviewed and the HSE combines this information with its own daily updates from the HPSC CIDR data, the serial testing programme and operational information from the frontline through the CRTs proactive and other engagements directly with nursing homes and other teams in the community. This collective consideration of all the information inputs then creates a comprehensive view to ensure a focused daily response to provide nursing homes with the required supports on a proactive and informed basis.

The HIQA risk assessment also provides an informative and timely reminder of the monitoring and escalation pathways that have been established to provide a continuous oversight and support for

the nursing home sector – this has been outlined in previous papers and in the recently published document “*COVID-19 Response: Nursing Homes, Overview of Roles of Key Stakeholders*”. HIQA utilises the risk data in combination with its daily notifications from nursing homes in order to create triggers for (i) HIQA inspections and (ii) to provide live information to the HSE in order to inform its ongoing response to COVID-19 for its own public units and its support role for private nursing homes.

In that context, daily, HIQA inspectors:

- review NFO1⁶ and NFO2⁷ trackers⁸;
- contact each nursing home with a confirmed or suspected COVID-19 case and/or unexpected residents deaths - assessing their current status and capacity to manage the COVID-19 outbreak. Confirm they are supported by Public Health and operating in line with their advice. Review their regulatory history (to include the aforementioned criteria), escalate as appropriate for HSE CHO area support;
- review by the inspector with case holding responsibility for the nursing home and schedule a risk inspection as appropriate; and
- The Chief Inspector issues a daily cumulative report to include nursing homes of actual or potential risk requiring HSE support to the National Director of Community Services, the Assistant National Director for Older Persons, the HPSC and the relevant regional Public Health areas.

The intensive ongoing monitoring and daily reporting between the HIQA and HSE demonstrates the ongoing necessary focused response to risks across nursing homes in the context of COVID-19.

4.3 Current Challenges and risks.

As noted earlier, there has been a significant increase in the number of open outbreaks being reported in nursing homes. This has presented significant challenges, not least in relation to staffing of these nursing homes, in recent weeks. The HSE has reported that in excess of 1,000 staff across nursing homes are unavailable as a result of COVID-19 related absences.

The Serial Testing Programme for nursing home staff continues and is now in its seventh cycle. As indicated earlier, there has been a significant increase in detection rates as part of the serial testing in recent weeks, just as there has been an increase in cases in the community. This gives further indication of the challenges arising at present with regard to staffing availability.

Serial testing is currently being offered to nursing homes, where the nursing home and local HSE community services agree it is appropriate, on a weekly basis for the next number of weeks. This is a short-term measure in light of the increased incidence of COVID-19 in the community and in line with the vaccine rollout to nursing home residents.

4.3.1 Risks and further interagency engagement

On 15th January, an interagency meeting was convened between the HSE, Department of Health and HIQA to discuss the range of challenges arising as a result of the current pressures across the system. Risks relating to: safe level of patient care in the context of parallel management of COVID-19

⁶ The unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre

⁷ Any outbreak of any notifiable disease

⁸ Registered providers are legally required to notify HIQA within certain time frames about certain incidents, events or changes within their centre.

outbreaks and increasing levels of end of life care associated with both Winter and COVID-19 related morbidity/mortality; high-levels of staff absenteeism as a result of COVID-19 and the capacity of HSE to continue to provide intensive supports to voluntary and private facilities, including on the ground management and clinical leadership advice, IPC guidance and most especially deployment of HSE staff to these facilities were further discussed.

It was ultimately noted that these risks, despite extensive supports from HSE and HIQA to nursing homes in their efforts to manage their responsibilities in maintaining safe care and communications with residents and families, may not be fully mitigated.

At CHO level all of the required actions are taking place in terms of seeking additional and redeployed staff, largely nursing and healthcare assistants (HCA), and responses are taking place in close collaboration with Public Health, HR and hospital colleagues, where hospitals are also experiencing increased outbreaks and their own staffing issues. All sources of staffing from redeployment through daily requests across the system, agency etc. are being targeted and there is currently deployment of Defence Force personnel across CHOs 3 and 4 to cleaning/catering duties only. A number of the Chief Officers have had to utilise the current staff derogation policy (See next section) for the return of close contact HCWs before the elapse of the required 14 days.

The HSE is actively managing and supporting a high number of outbreaks at the moment and staffing challenges are being flagged as an area of substantial concern. The Department will consider and support the progression of any further proposals that might provide additional support options. HIQA and the HSE are continuing to monitor the nursing homes where the situation with regard to staffing remains at a crisis point. From day-to-day HSE is monitoring about 12 nursing home outbreaks of significant concern. Given the volatility of the situation, the number of nursing homes and those nursing home of significant concern may evolve and change each day.

The HSE continues to provide staffing support where available along with the full range of other established supports (PPE, expert clinical and professional advice, staff accommodation etc.). However available staffing capacity is now extremely limited and the HSE has exhausted current available staffing capacity in some cases and as a result in some nursing homes residual risk remains with regard to the level of safe staffing available to them. The availability of registered nurses remains the central challenge, with limited possibility for capacity to be obtained from other State agencies or sources outside of the HSE.

Under the Health Act 2007 and associated regulations, the responsibility for the provision of safe care and service to nursing home residents' rests with each individual service provider, be that the HSE, s.38s or s.39s, voluntary providers or private providers, who have a duty to ensure continued adherence to the existing regulatory and standards framework. The legal framework also requires providers to have in place an appropriate number and skill mix of staff to provide for the needs of residents. In the current COVID-19 surge and the impacts on staffing availability arising from same, meeting these responsibilities are particularly challenging. As regulator, as well as supporting nursing home providers, HIQA is also inspecting nursing homes against the regulatory framework and may be required to take proportionate regulatory action as appropriate.

4.3.2 Further actions being considered and/or progressed

Following the interagency meeting a number of further actions are being progressed and or considered:

- The Chief Inspector of Social Services in HIQA wrote to all nursing home providers on 15th January in relation to the staffing challenges being experienced across the sector and provided them with the derogation guidance (see next section);
- Additional nursing staff have been made available through very welcome redeployments from Nursing and Midwifery Planning and Development Unit (NMPDU) and are currently supporting prioritised Nursing Homes;
- On site clinical placements have ceased for 1st to 3rd year students to facilitate redeployment of Clinical Placement Coordinators (this may be across hospital and community and so not sure of locations or impact on prioritised Nursing Homes);
- Nursing and Midwifery Board of Ireland (NMBI) has corresponded with all registered nurses where they are known not to be in current employment indicating the need for nursing staff across Vaccination, Hospital and Community;
- Be On Call lists have been recirculated again to those identified previously as coordination contacts.

4.3.3 Derogation for the Return to Work of Healthcare Workers (HCW) who are Essential for Critical Services

The HSE has developed guidance in respect of asymptomatic healthcare workers (HCWs) who are restricting their movements due to, for example, close contact with a COVID-19 case and who have been identified as essential to critical service needs. This excludes close contacts of positive cases in their own homes. The guidance provides that close contacts under certain circumstances can be provided with a derogation to return to work prior to the completion of the normal isolation period. This measure is in place to mitigate the risks in the direct provision of services for patients in critical areas within services while also ensuring on-going staff safety. Decisions on derogations may only be made by senior managers within services. Such derogations may only be considered where other options have been exhausted.

Currently, all derogated asymptomatic HCWs (not including those of positive cases in their own home) should have a negative test immediately prior to returning to the workplace. For example, if immediate return is required, then day 0 testing should be carried out. For asymptomatic close contacts who are derogated, testing should also be carried out on day 5 as per national guidance

In the event that a derogation is made, the close contact asymptomatic HCW must be actively monitored twice daily by their line manager/designate (to include temperature check, which must be < 37.5°C), once prior to starting their shift and at one point during their shift.

Given the current staffing crisis nursing home providers may be required to use this derogation process in consultation with their relevant Department of Public Health. The Chief Inspector of Social Services in HIQA wrote to all nursing home providers on 15th January in relation to the staffing challenges being experienced across the sector and provided them with the derogation guidance. Various safeguards are in place including that decisions on derogations may only be made by senior managers within services, and such derogations may only be considered where other options have been exhausted. Derogations cannot be made for HCWs if they are a close contact of a suspected or confirmed case in their home (household contacts) due to the higher risk of transmission.