| NHEP Rec. No. | NHEP Covid-specific recommendations were designed to be implemented immediately/short-term and very focused on the pandemic response. These were implemented at the time and some have been superseded by updated guidance and protocols (e.g. testing, IPC), and others, where appropriate have been mainstreamed into operations. | Lead Agency | Status Update |
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| **1.1.** | Continue the enhanced Public Health measures for COVID-19 Disease Management in Long-term Residential Care (LTRC) adopted by NPHET at its meetings of 31st March 2020 and 3rd April 2020, including PPE supply to Nursing Homes; staff accommodation; contingency staffing teams; preparedness planning etc. | HSE, HIQA, Each Nursing Home Provider as relevant | Complete |
| **1.2.** | HSE COVID-19 Response Teams (CRT) have been a critical initiative. These teams must remain in place. These teams should be standardised in terms of operation and composition and must be overseen jointly by HSE CHOs and Hospital Groups, who should have joint responsibility and accountability for their operation. | HSE and Hospital Groups | Complete |
| **2.2.** | Each Nursing Home should adopt a clear IPC strategy, including deep clean protocols, for itself which should be incorporated into its preparedness plan. It should be reviewed regularly to ensure consistency with the HSE's community IPC strategy. | Infection Prevention & Control<br><br>Each Nursing Home Provider | Complete |
| **2.3.** | In line with Public Health and ECDC guidance, Nursing Home residents should continue to be prioritised for testing with rapid reporting of results. | HSE (HPSC) | Complete |
| **2.4.** | A plan for and monitoring of a programme of periodic testing for healthcare workers in Nursing Homes should be continued. Associated protocols should identify the periods. | HSE (HPSC) | Complete |
| **2.5.** | Ensure there is rapid turnaround capacity in testing and contact tracing system. | HSE (HPSC) | Complete |
| **2.6.** | It is essential that in-house staff who can undertake sample swabbing and reliable labelling are available, and that there is proximal access to a laboratory with Laboratory Information Management Systems (LIMS) follow up for contact tracing for both residents and staff. | Infection Prevention & Control | Complete |

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| **2.8.** | A user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE to nursing homes by the HSE needs to be refined.<br><br>Similar protocols must be put in place for the ordering and supply of other essential COVID-19 management related equipment. These protocols should be kept under review during the pandemic<br><br>Each nursing home is responsible for and should have an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster. This should be included in preparedness plans. | HSE<br><br>Each nursing home provider | Complete |
| **2.9.** | Influenza vaccine should be prioritised for all residents unless medically contraindicated of all Nursing Homes once it becomes available and consider making it mandatory for staff. | HSE and Department of Health | Complete |
| **2.10.** | Management of entry and exit: Examine options for zoning within care homes so different entrances/exits can be used for different parts of the home. This examination should be documented with results and actions incorporated into preparedness plans. | Each Nursing Home Provider | Complete |
| **3.1.** | Access to rapid testing with fast tracked results, as above. | HSE | Complete |
| **3.2.** | PPE to be readily available and staff training with onsite supervision on every shift to ensure PPE being used correctly. Training should be documented and records available for inspection by HIQA. | Each Nursing Home Provider<br><br>HIQA (compliance oversight) | Complete |
| **3.3.** | Sustain protocols for self-isolation, quarantine, cohorting and referral to GP Lead. | Each Nursing Home Provider | Complete |
| **3.4.** | Suspect cases and close contacts need to be isolated pending the results of rapid testing. | Each Nursing Home Provider | Complete |
| **3.5.** | Facilities must have ability and space to isolate and cohort residents and a clear plan on how this will happen. This plan should be incorporated into preparedness plans. | Each Nursing Home Provider | Complete |
| **3.6.** | Access to safe staffing levels at all times and to include required skill set on every shift. | Each Nursing Home Provider | Complete |
| **3.7.** | Social distancing facilities for residents and staff should be in place and maintained. | Each Nursing Home Provider | Complete |
| **3.8.** | Each provider should incorporate written plans on each of the above into their preparedness plan for review by HIQA. | Each Nursing Home Provider<br><br>HIQA Compliance Oversight | Complete |
| **4.1.** | Ensure all new residents coming from the community or proposed transfers from hospital are tested for COVID-19 prior to admission | Each Nursing Home Provider and HSE | Complete |

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| **4.2.** | Admissions should only be made to Nursing Homes who can demonstrate their infection control measures are of sufficient standard to ensure there is no risk of onward infection. HIQA should maintain a register of those Nursing Homes it deems to have demonstrated sufficient infection control standard reached, to support informed decision on admission in this regard. | Each Nursing Home, HSE and HIQA | Complete |
| **4.3.** | New Residents must be isolated according to HSPC protocol. | Each Nursing Home Provider | Complete |
| **5.1.** | Log of all persons/staff entering Nursing Homes should be maintained by each Nursing Home and available for inspection by HIQA. | Each Nursing Home Provider/HIQA (compliance oversight) | Complete |
| **5.2.** | Nursing Homes should have a clear written back-up plan when regular staff cannot work or fail to turn up for work. This should be incorporated into the Nursing Home's preparedness plan for review by HIQA. | Each Nursing Home Provider/HIQA (compliance oversight) | Complete |
| **5.5.** | While Phase 3 of the Safe Staffing Framework is developed, in the interim, evidence and learnings from earlier phases of the Framework should be examined and used to inform interim changes to staffing in Nursing Homes. These learnings should also be used to develop guidance on staffing levels and skill mix in surge situations arising from COVID-19. These changes should be readjusted as Phase 3 develops and is rolled out. | Department of Health | Complete |
| **5.6.** | For the next 18 months or until the declaration of the end of the Global pandemic by WHO, staff employed by a Nursing Home should be precluded from working across multiple sites and adequate single-site employment contracts should be put in place to support this. | Each Nursing Home Provider (employment).<br><br>HIQA (compliance oversight). | Complete |
| **5.8.** | Occupational health and HR support, including psychological supports, for all staff is necessary and access should be put into place. | Each Nursing Home Provider | Complete |
| **6.1.** | Improve linkage amongst different datasets such as CIDR with HIQA and GRO datasets. This may include updating the CIDR outbreak file data fields to include a HIQA ID. | HSE (HPSC) and HIQA | Complete |
| **6.6.** | Having regard to improved data linkages (6.1), the HSE (HPSC) should produce a detailed report on the management and outcomes of the multiple clusters that occurred during the COVID-19 pandemic with learnings on causal factors and preparedness for infection prevention and control. | HSE (HPSC) | Work in Progress<br><br>The report has been commissioned by the HSE with NUIG and the report should be available by end 2023. |
| **6.7.** | 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. | HSE (HPSC) and HIQA | Complete |

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| **9.2.** | It is essential to have strong informed nursing leadership on site in all Nursing Homes with a documented contingency plan for when leaders are absent. These plans should be incorporated into preparedness plans. They should be available for inspection by HIQA. | Each Nursing Home Provider.<br><br>HIQA<br>(compliance oversight) | Complete |
| **11.2.** | Visitor guidelines – individual assessments should be undertaken and documented, and compassionate visiting should be followed as recommended by the HSE and in line with HPSC visiting. guidance. They should be available for inspection by HIQA. | Each Nursing Home Provider.<br><br>HIQA (Compliance oversight). | Complete |
| **12.1.** | HPSC should proactively/regularly review visiting guidelines in order to achieve a balance between individual freedoms and protective Public Health measures, in line with the Department of Health ethical guidance. | HPSC | Complete |
| **12.2.** | Infrastructural adaptations may be needed including visiting rooms that can facilitate visits from friends and family. | Each Nursing Home Provider | Complete |
| **12.3.** | End of life visiting must be arranged on compassionate grounds based on clinical judgement and take account of Public Health measures. | Each Nursing Home Provider | Complete |
| **13.1.** | Meaningful communications with residents and families should take place regularly in relation to visiting protocols, changes in processes and explanations relating to same. | Each Nursing Home Provider | Complete |
| **13.2.** | Clear communications plans with residents to provide information on the ongoing situation should be developed and documented regularly. HIQA should examine these as part of the inspection process. Providers should provide regular updates about residents to families. | Each Nursing Home Provider<br><br>HIQA (Compliance Oversight) | Complete |
| **13.3.** | Phone lines must be maintained- and additional reception / communications staff planned for at busy periods. Purchase tablet computers if relevant and review IT solutions for use by individual residents to assist with family and friend communication and review of facilities to ensure all have access to Wi-Fi facilities. Each provider should document its review and action plan in this regard and make it available to residents, families, and HIQA. 6.1 | Each Nursing Home Provider | Complete |
| **13.4.** | Dedicated staff should be assigned/appointed to facilitate social activities and communication with families. Assignments/appointments should be documented with clear activity and communication plans and records in place and available for HIQA inspection. | Each Nursing Home Provider<br><br>HIQA (Compliance Oversight) | Complete |

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| **14.1.** | A clear document outlining the roles and responsibilities of key stakeholders should be developed to include a clear overview of the roles and responsibilities of NPHET, the Department of Health, HSE, HIQA, and individual providers. This should take into account the recommendations in this Report. The ongoing approach to Nursing Homes should be coordinated in line with this. Official guidelines, key updates and important news relating to COVID-19 should be coordinated and distributed to providers from one statutory source to avoid duplication and confusion. Requests for information from providers should be coordinated similarly subject to existing legal requirements. | Department of Health in consultation with HSE and HIQA | Complete |
| **14.5.** | Assessment of compliance with the regulatory assessment framework of the preparedness of designated centres for older people for a COVID-19 outbreak should be part of the inspection process. | HIQA | Complete |