



Winter planning for Nursing Homes

21 October 2024

Thank you for joining the webinar, we will commence at 14:00

We expect to address your queries during the presentation. Please hold any questions until the end

If your queries are not answered during the presentation or at the Q&A we will post responses on our website after the webinar

Website link : [Winter Preparedness in Nursing Homes](#)

#Winterready





Welcome & Introduction

National Health Protection

Dr Augustine Pereira, Director of Public Health, Winter Resilience Lead





Presenters



- **Dr Éamonn O'Moore, Director of National Health Protection**
- **Dr Augustine Pereira, Director of Public Health, Winter Resilience Lead**
- **Dr Lisa Domegan, PhD, Principal Epidemiologist, HPSC**
- **Fionnuala Dore, Director of Nursing, Community Support Team, Community Healthcare East**
- **Dr Louise Marron, Consultant in Public Health Medicine, National Immunisation Office**
- **Dr Toney Thomas, National Director of Nursing, National Health Protection**
- **Dr Eimear Brannigan Consultant Infectious Diseases, Antimicrobial Resistance and Infection Control**
- **Dr Scott Walkin, AMRIC Clinical Lead & Assistant Scheme Director Sligo GP Training Scheme**
- **Dr Cillian De Gascun, Consultant Medical Virologist & Director NVRL**
- **Dr Anne Sheahan, Area Director of Public Health, HSE South West**
- **Tina Smith, Senior Project Manager, HPSC**



Plan & Prepare

Welcome & introduction

Respiratory virus epidemiology
Winter virus preparedness plan
Vaccination clinical guidance
Vaccination uptake & delivery
IPC measures



Case
Identification &
management

Winter virus signs and symptoms & treatments
Laboratory pathways
Clinical management of outbreaks

Resources

Close



Winter planning for Nursing Homes

21 October 2024

This webinar is being recorded.

We expect to address your queries during the presentation. Please hold any questions until the end

If your queries are not answered during the presentation or at the Q&A we will post responses on our website after the webinar

Website link : [Winter Preparedness in Nursing Homes](#)

#Winterready





Opening address from National Director

National Health Protection

Dr Éamonn O'Moore, Director of National Health Protection





Respiratory virus epidemiology

Epidemiological Week 41 of 2024: 06/10/2024 – 12/10/2024

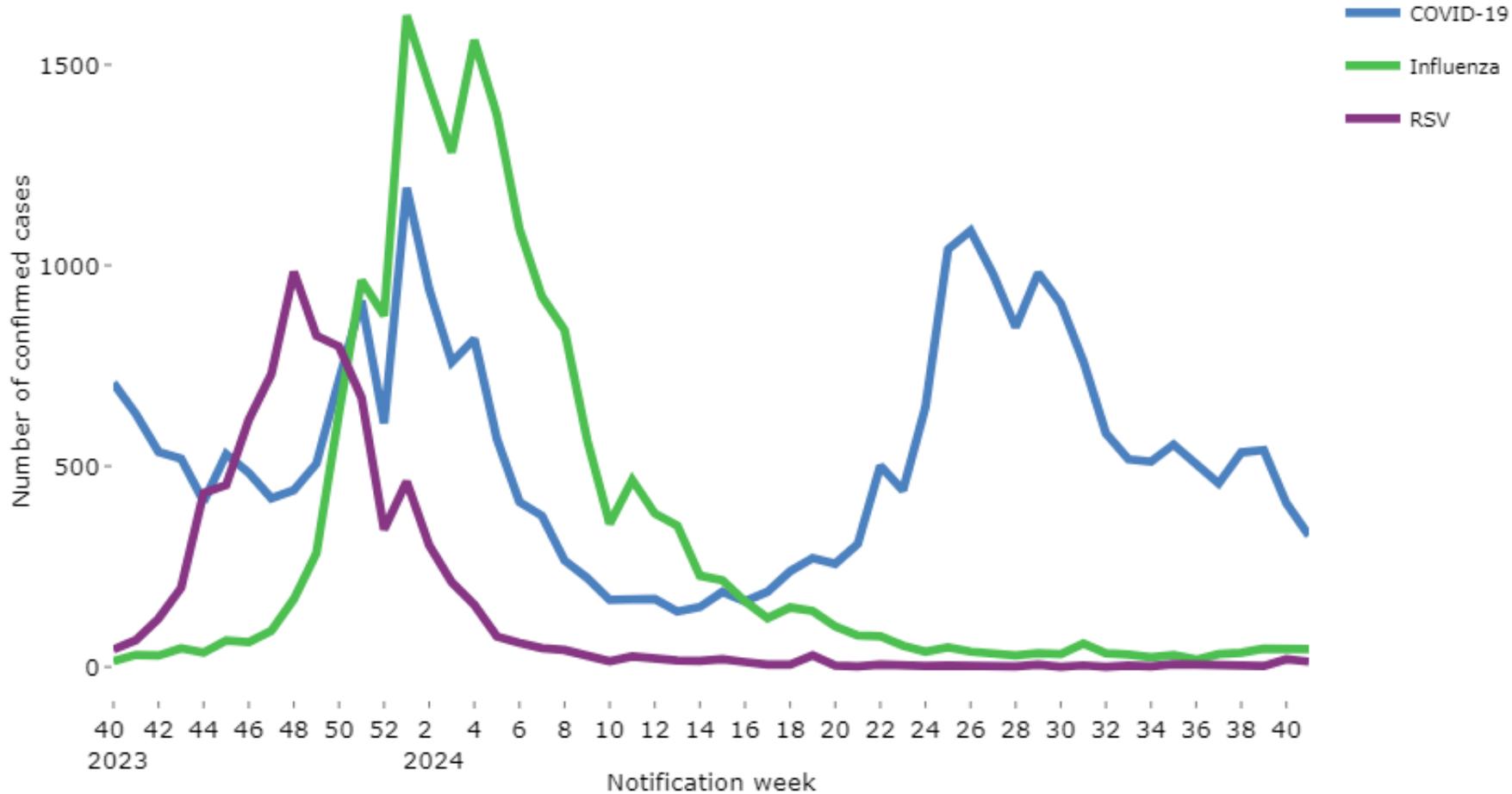


Health Protection Surveillance Centre (HPSC)

Lisa Domegan, PhD, Principal Epidemiologist, HPSC

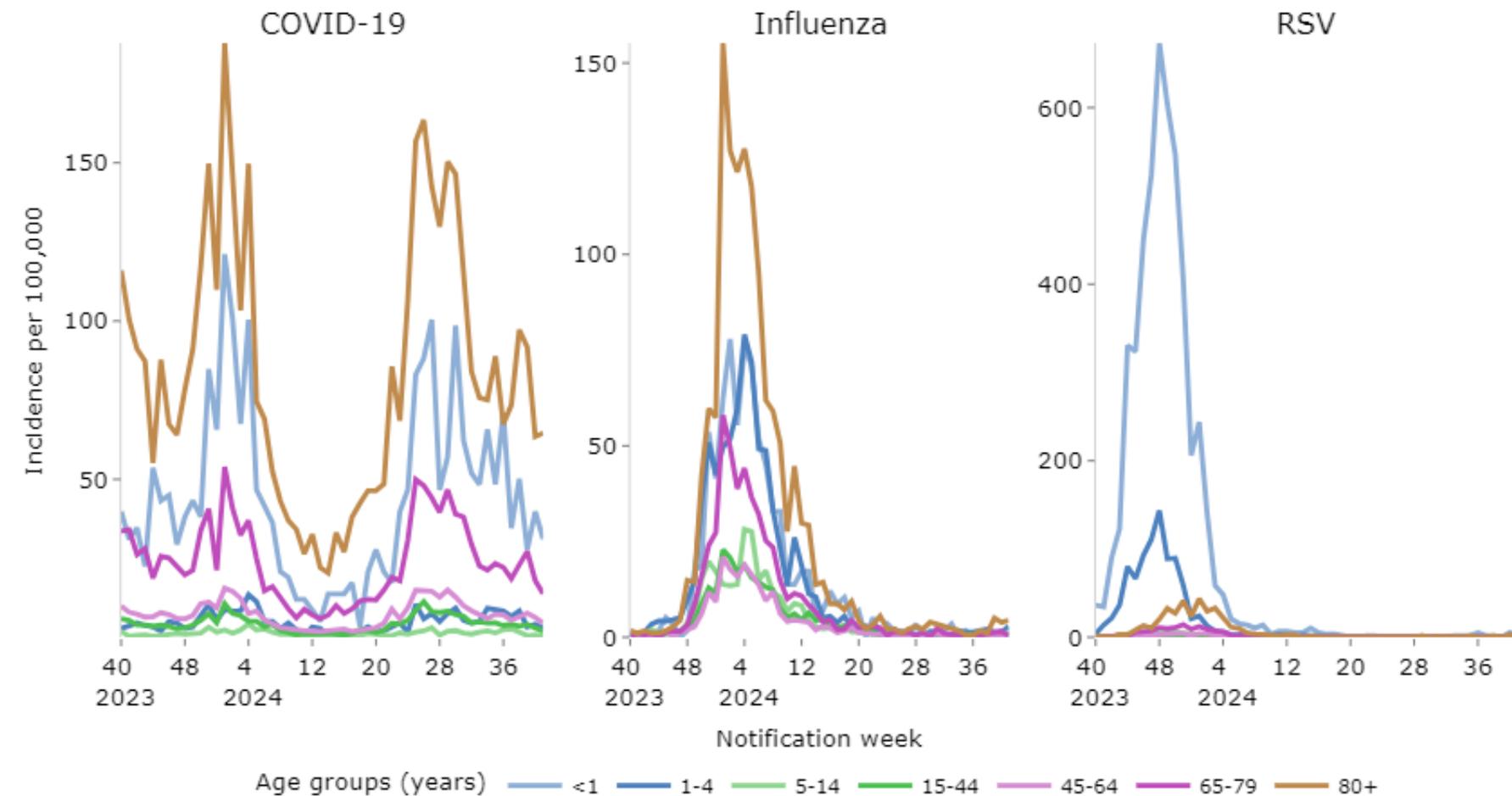
- Data presented in this slide-set are subject to ongoing review, validation and update
- As a result, data in this slide-set may differ from published data
- For the **latest published surveillance data on respiratory viruses** please refer to **HPSC's Integrated Respiratory Virus Bulletin**, published on Thursday of each week

[Integrated Reports - Health Protection Surveillance Centre \(hpsc.ie\)](https://www.hpsc.ie)



- **COVID-19** activity was at **moderate** levels and continued to **decline**
- **Influenza** and **RSV** activity remained **stable** and **low** overall

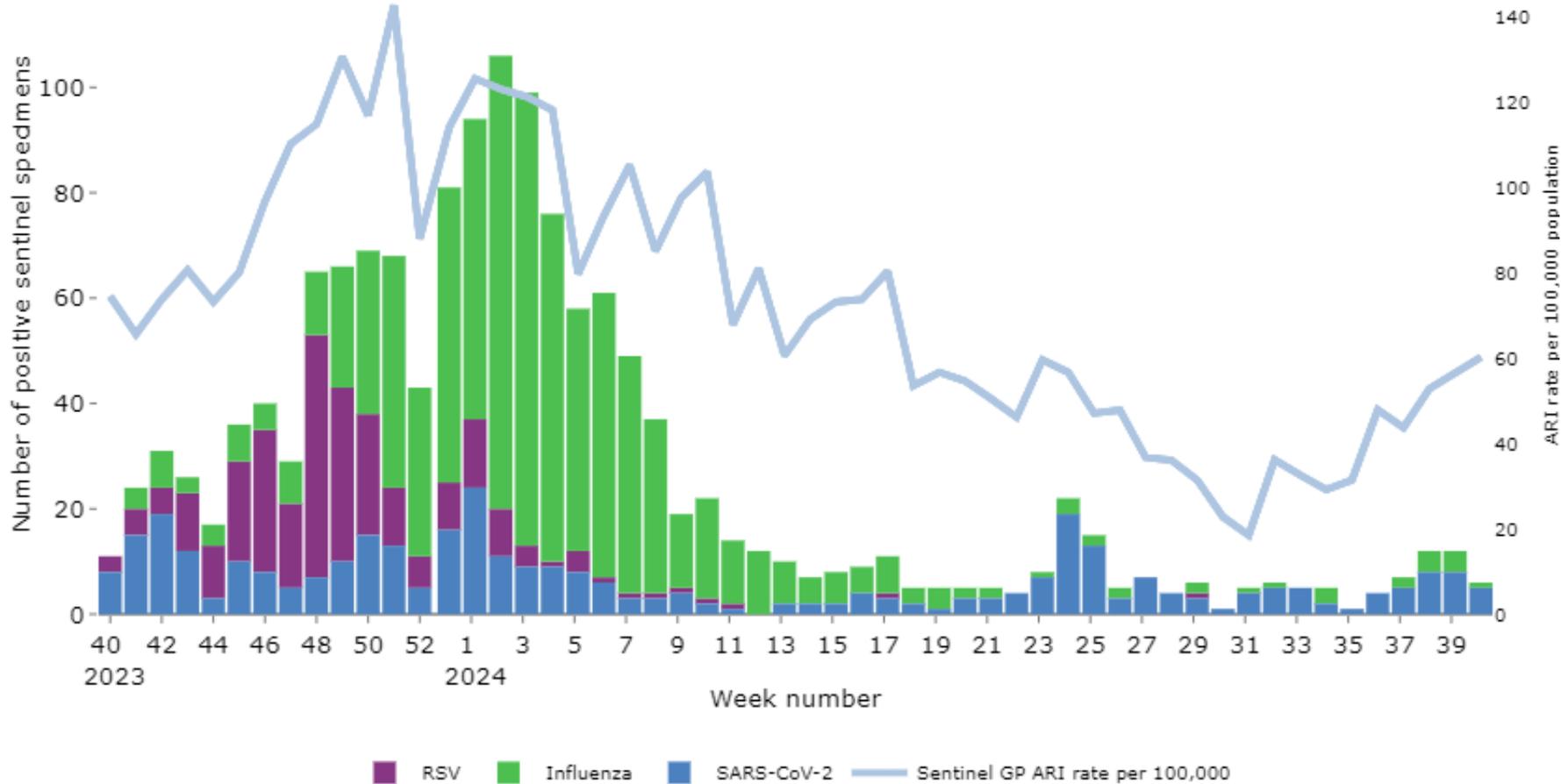
Respiratory virus age specific rates, Week 41 2024



- **COVID-19** age specific rates were **highest** for those aged **≥80 years**

HF Sentinel GP Acute Respiratory Infection (ARI) consultations

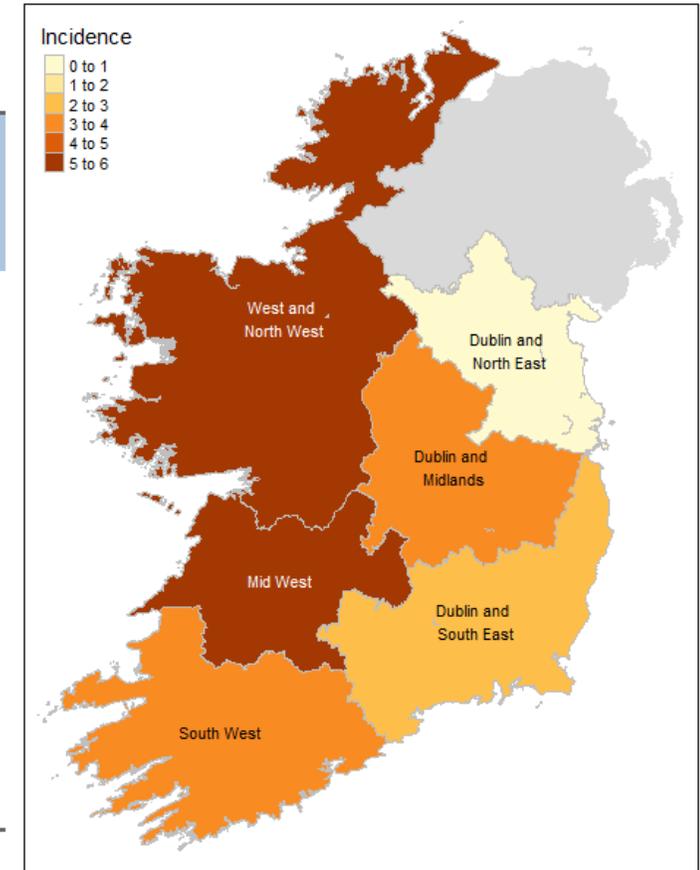
Week 41 2024

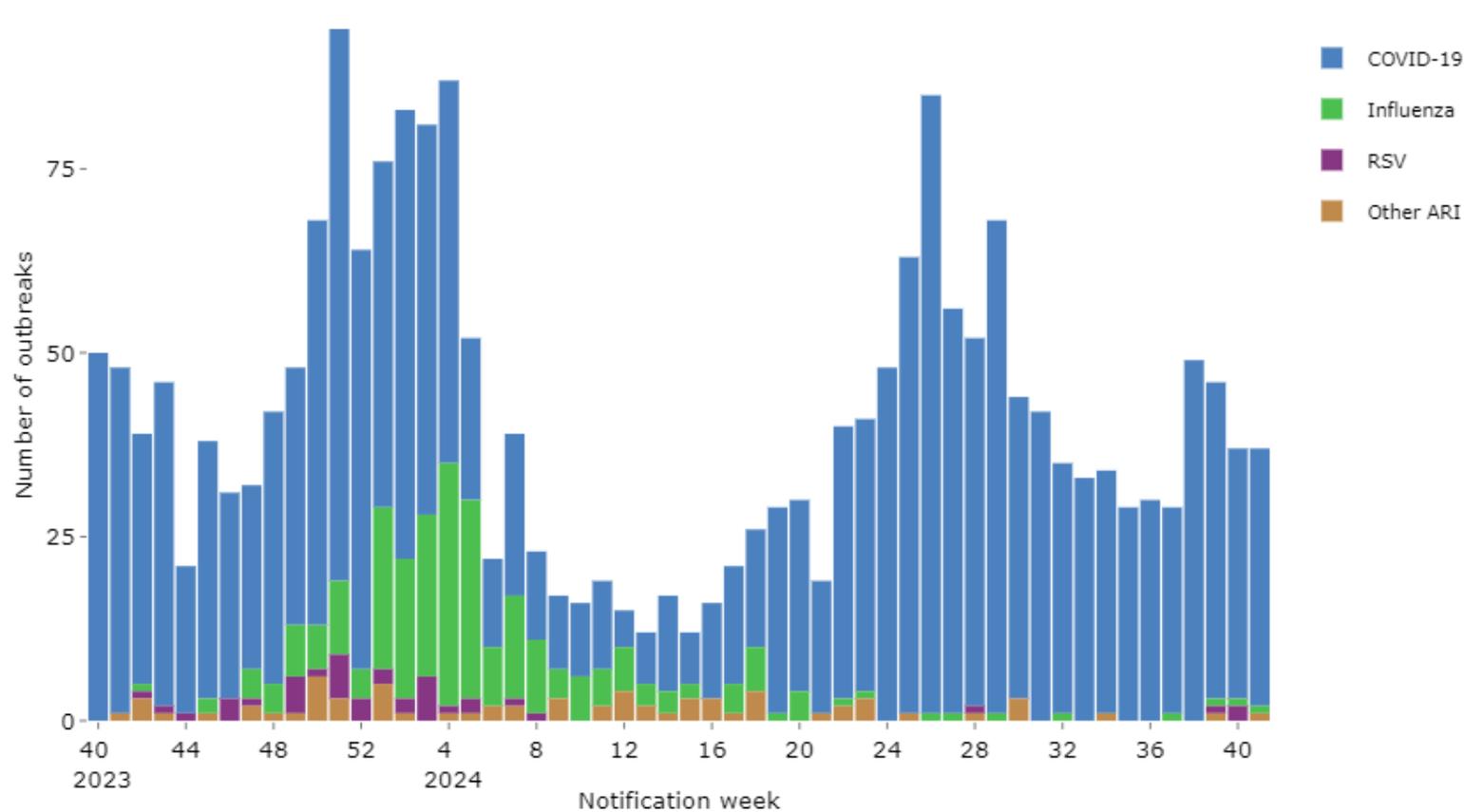


- Sentinel GP ARI consultation rates increasing in recent weeks
- Rhino and enteroviruses are circulating at high levels in the community

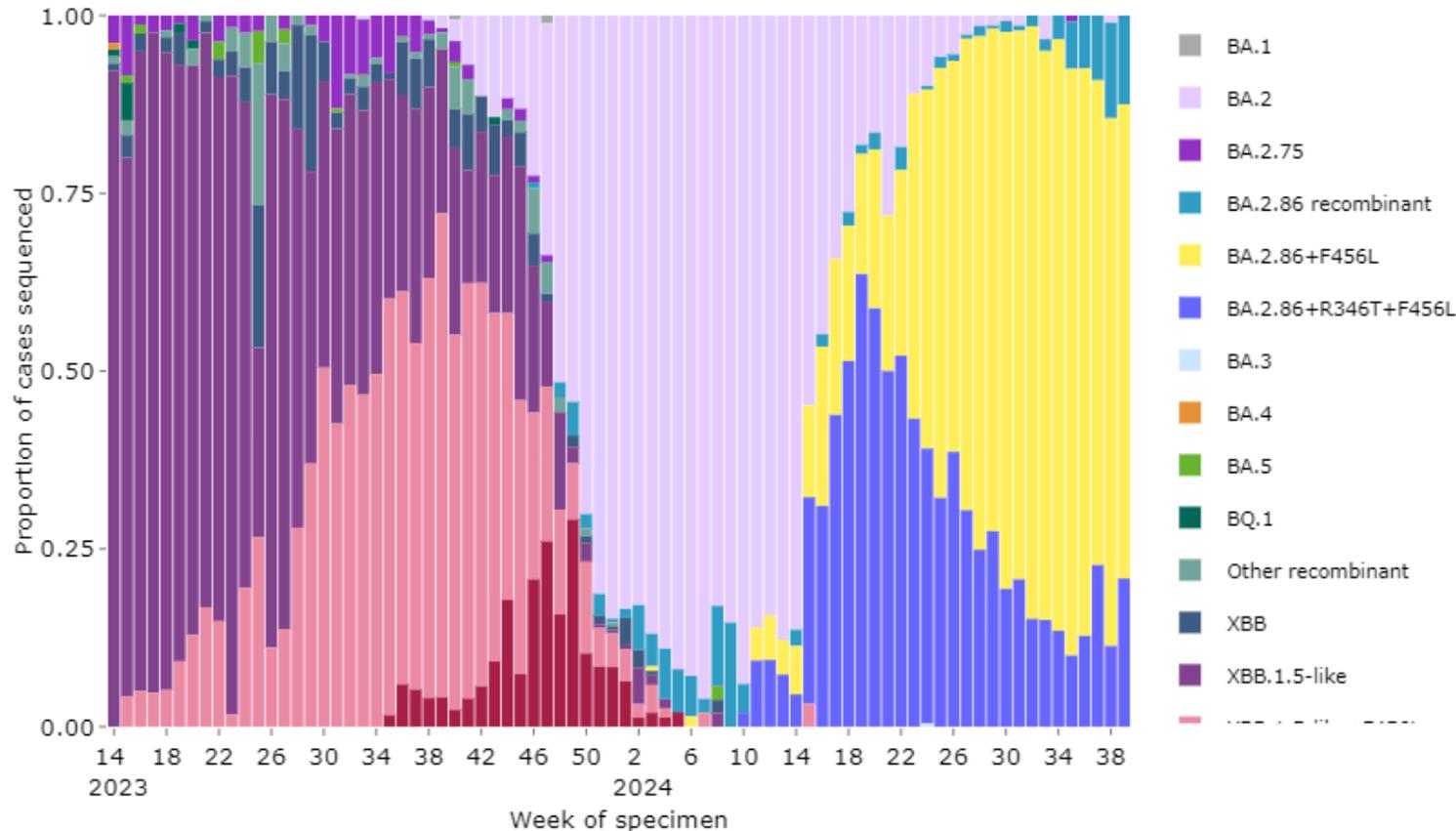
Table 3: Number and incidence of hospitalised cases of COVID-19, influenza and RSV by HSE region (according to patient county of residence) for week 41 2024.

HSE region	COVID-19		Influenza		RSV	
	Number of cases	Cases per 100,000 persons	Number of cases	Cases per 100,000 persons	Number cases	Cases per 100,000 persons
Dublin and North East	5	0.4	2	0.2	0	0.0
Dublin and Midlands	35	3.2	1	0.1	1	0.1
Dublin and South East	17	1.8	4	0.4	2	0.2
South West	22	3.0	3	0.4	0	0.0
Mid West	21	5.1	1	0.2	1	0.2
West and North West	34	4.5	3	0.4	2	0.3
Total	134	2.6	14	0.3	6	0.1





- COVID-19 outbreaks remained stable
- 35 COVID-19 outbreaks reported across all HSE regions; 13 in nursing homes and 10 in hospitals
- One influenza A outbreak was reported in a nursing home



- **KP.3** and its sub-lineages **dominant** in Ireland; 76.3% of all samples sequenced recent weeks
- **Emerging XEC - Variant Under Monitoring** (ECDC Sept 2024)
- **No evidence of impact on clinical severity or vaccine effectiveness**
- XEC 9% of samples sequenced recent weeks in Ireland



Winter virus preparedness plan

Community Support Team

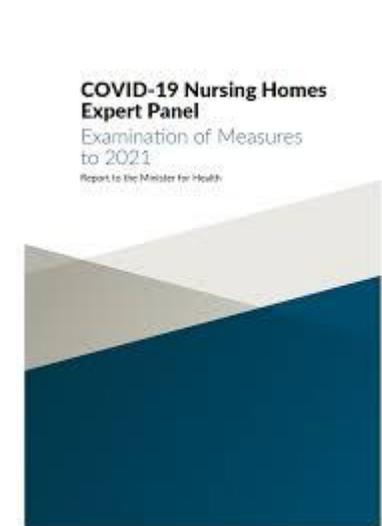
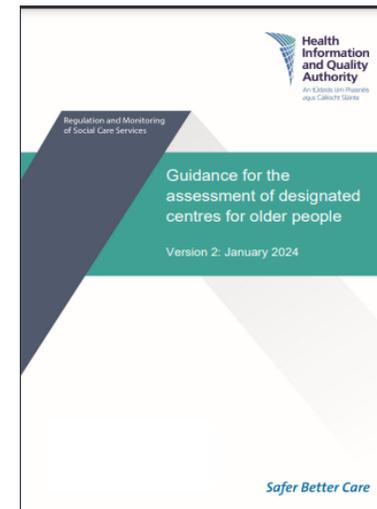
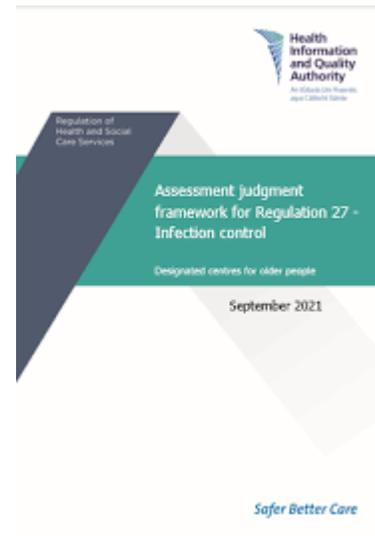
Fionnuala Dore

Director of Nursing - Community Support Team, Community Healthcare East



Regulation 27 of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (Amended) requires that,

The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA are implemented by staff.



Recommendations: Preparedness plans, Adequate Staffing, Training & Leadership
Community Support Teams(CST)

GUIDANCE

- **National Clinical Guideline No. 30 – Infection Prevention and Control (IPC)***
- **Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities V2 21.08.24***
- The AMRIC HUB on www.hseland.ie can be accessed through the 'Hubs and Resources' tab. *
- AMRIC Videos showing healthcare workers how to put on and take off PPE*

*See resources slides for details on how to access

HOUSEHOLD

- **Supplies**- liquid soap, sanitizer, hand towels.
- **Testing** - PCR SWABS
- **Cleaning Schedules** – standard cleaning, enhanced cleaning, terminal cleaning
- **Laundry** – segregation, transport, frequency of removal from units
- **Medical Equipment** – cleaning, storage, signage

Advice on fit checking and fit testing is available on the AMRIC PPE module on www.hseland.ie and NCEC National Clinical Guideline No. 30 Infection Prevention and Control, available at:

<https://www.gov.ie/IPCclinicalguideline>

Volume 1, Section 3, No. 3.2.4, Recommendation 16 pages 98-101

Communication & Access

- **COMMUNICATION** – Residents, staff, visitors/relatives, Public Health, CST.
- **DETERIORATION PLAN** – GP/Hospital/Transfer. Oxygen/Oxygen training **HSeLanD**,
- **ACCESS** – To preparedness, resident vaccination status(line listing), site/isolation plans, communication plans.
- **IPC & Public Health Guidelines** – Hard Copies available on wards/floors / each nurses station

Staff

- **IPC CHAMPION & LINK PRACTITIONER** – Named staff member, Protected time, hand hygiene training & audits, donning & doffing spot checks. Certification & staff training database. Signage prep in advance donning and doffing , PCRA
- **STAFF EDUCATION** – **HSeLanD**, Amric Training, HPSC Webinars and guidance documents .
- **SYMPTOM AWARENESS** – Residents, staff, visitor/staff, pre-prepared symptom check lists.
- **STAFFING LEVELS** – Agency staff, required training, staff supports
- **VACCINATIONS** – Promotion of vaccinations amongst staff, **HSeLanD Module: The Flu and COVID 19 vaccines for Healthcare workers- protect yourself, protect others**



Winter virus preparedness plan: Outbreak Activation Phase



NOTIFICATIONS

PH AT ONSET(LINE LISTING)

HIQA, CST

STAFFING

DAILY BRIEFINGS

AVOID TRANSFER OF STAFF BETWEEN FLOORS OR WARDS.

COMMUNICATIONS

RESIDENTS, STAFF, RELATIVES, SIGNAGE

SYMPTOM CHECKLISTS STAFF & VISITORS

TRANSMISSION BASED PRECAUTIONS

ISOLATION PROTOCOLS, COHORTING, PCRA (POINT CARE RISK ASSESSMENTS)

SWABS – PCR PACKAGING, TRANSPORT TO LAB

CLEANING, LAUNDRY, WASTE ,CATERING

CARE PLANNING

MANAGEMENT/LINK PRACTITIONER/IPC CHAMPION

OUTBREAK CLOSURE

AFTER ACTION REVIEW/ LESSONS LEARNT

STAFF DEBRIEFING & SUPPORT

REVIEW PREPAREDENESS PLANS



Vaccinations

HSE National Immunisation Office

Louise Marron

Consultant in Public Health Medicine, National Immunisation Office



What are the benefits of receiving influenza vaccines?

- Influenza is highly infectious
- Illness is more **severe in older age groups, in young children, in those with chronic heart or lung disease and in pregnant women**
- Influenza vaccines provide seasonally variable protection of 40-90% against influenza
 - **Even when vaccine effectiveness is low the impact of vaccination is still high due to high incidence of influenza**
 - Influenza associated **morbidity and mortality are significantly reduced** in those who have been vaccinated
 - **HCW 10x more likely to get flu and can transmit it to vulnerable patients**
 - **Can transmit even in the absence of symptoms**
- Vaccination is the **best protection we have** against the complications of influenza infection
 - 4,000 hospitalisations with influenza in the 2023/2024 season
- **Annual vaccination recommended because immunity declines during the year after vaccination and circulating strains of influenza virus change from year to year**

What are the benefits of receiving COVID-19 vaccines?

- Age, underlying medical conditions, pregnancy associated with increased risk of severe disease
- COVID-19 vaccines are effective in preventing **hospitalisations, severe disease, death**
 - **In Ireland vaccination reduced hospitalisations by 81%, ICU admissions by 89% and deaths by 87%¹**
- The protection that vaccines afford against infection and mild disease is limited
- Protection against severe disease wanes gradually over time
 - Increasing the risk for those susceptible to severe disease
- Boosters used to restore protection
 - mRNA vaccines preferred for use as boosters in Ireland
- Key message is that **COVID-19 has not gone away, continues to cause hospitalisations, ICU admissions and deaths**
 - Nearly 7,000 hospitalisations with COVID-19 in 2023/2024 winter season

(1).Marron L, Mateo-Urdiales A, O'Donnell J, Robinson E, Domegan L. The impact of the COVID-19 vaccination programme on symptomatic and severe SARS-CoV-2 infection during a period of Omicron variant dominance in Ireland, December 2021 to March 2023. Euro surveillance. 2024 Jul 11;29(28):2300697.

Summary of recommended groups for COVID-19 and influenza: 2024/2025



Age and Cohort	COVID-19 booster vaccine recommendations	Influenza vaccine recommendations
60 years and older	All	All
18 to 59 years	<p>Those living in long term care facilities for older adults</p> <p>Those with immunocompromise associated with a suboptimal response to vaccination</p> <p>Those with medical conditions associated with a higher risk of COVID-19 hospitalisation, severe disease or death</p>	<p>Residents of nursing homes, old people's homes, and other long stay facilities where rapid spread is likely to follow introduction of infection</p> <p>Those at increased risk of influenza- related complications</p>
2 to 17 years	<p>Those with immunocompromise associated with a suboptimal response to vaccination</p> <p>Those with medical conditions associated with a higher risk of COVID-19 hospitalisation, severe disease or death</p>	All
6 to 23 months	<p>Those with immunocompromise associated with a suboptimal response to vaccination</p> <p>Those with medical conditions associated with a higher risk of COVID-19 hospitalisation, severe disease or death</p>	Those at increased risk of influenza- related complications
Healthcare workers	All	All

Summary of recommended groups for COVID-19 and influenza: 2024/2025



Age and Cohort	COVID-19 Booster recommendations	Influenza Vaccine recommendations
Pregnancy	<p>All year and not seasonal</p> <p>Recommended at least once in pregnancy if > 6 months since previous COVID-19 vaccine or infection</p> <p>Can be given at any stage in pregnancy but ideally should be given between 20-34 weeks gestation</p>	<p>Recommended at any stage of pregnancy (during influenza season)</p>
Carers and household contacts of people with underlying chronic health condition or people who have Down syndrome		All
People with regular contact with pigs, poultry or water fowl		All

Influenza

- For those who are eligible and aged 18 years and older
 - Non-live quadrivalent influenza vaccines (QIV) are recommended
 - Influvac tetra and Quadrivalent influenza vaccine

COVID-19

- The most recently adapted mRNA COVID-19 vaccine, **Comirnaty Omicron JN.1**, is the preferred vaccine

- COVID-19 and adult seasonal influenza vaccines **should be co-administered where practicable**, to maximise uptake
- **Adults can get influenza and COVID-19 vaccines at the same time or at any interval**
 - Co-administered vaccines should be given in different arms
 - There may be a slight increase in short term mild adverse events after co-administration with a seasonal influenza vaccine
 - These include pain at the site of injection, fatigue, headache, and myalgia
- NIAC recommend co-administration where practicable
- There are **no safety or efficacy concerns** with co-administration

- A COVID-19 vaccine may be given in Autumn/Winter 2024 irrespective of the number of previous doses or types of COVID-19 vaccines received
- **There should be at least three months from previous SARS-CoV-2 infection or COVID-19 vaccine dose**
- In the event of recent COVID-19 infection and ineligibility for vaccination **do not delay the influenza vaccine**
- **Get influenza vaccine now and COVID-19 vaccine when it is due**



Vaccine uptake



National Health Protection

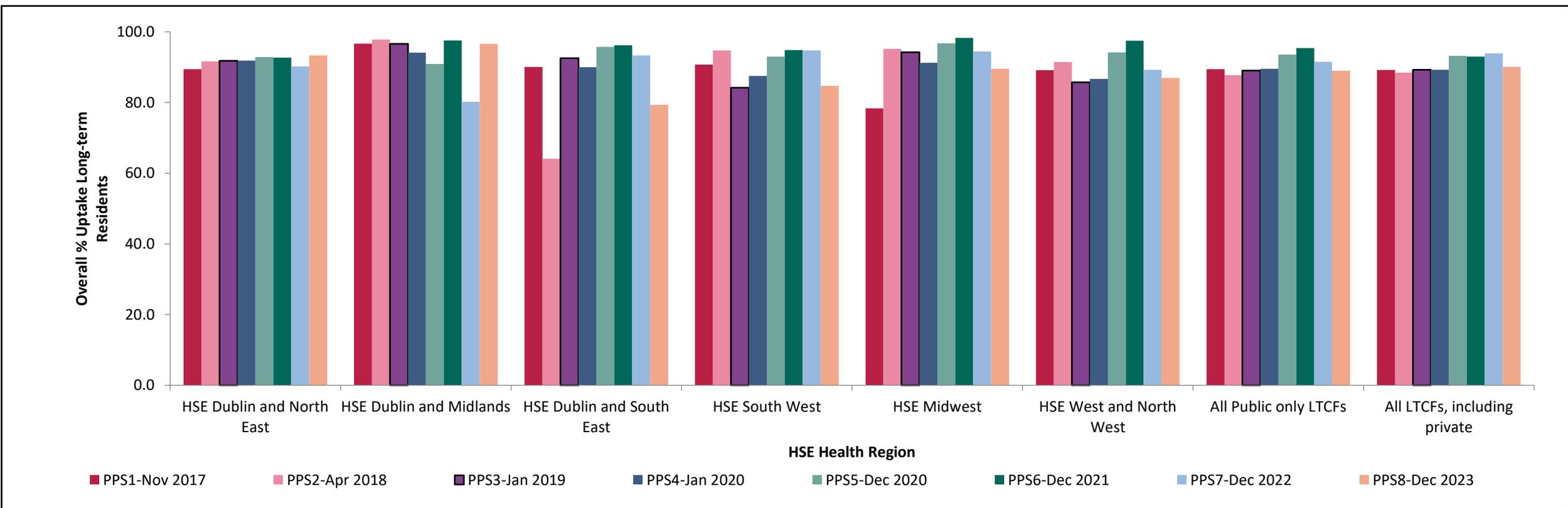
Dr Toney Thomas

National Director of Nursing, National Health Protection

HSE Influenza vaccine uptake among LTCF long term residents)



Point Prevalence Surveys (PPS), (Nov. 2017, April 2018, Jan. 2019, Jan. 2020, Dec. 2020, Dec. 2021, Dec. 2022, Dec. 2023), by HSE Health Region, Ireland*



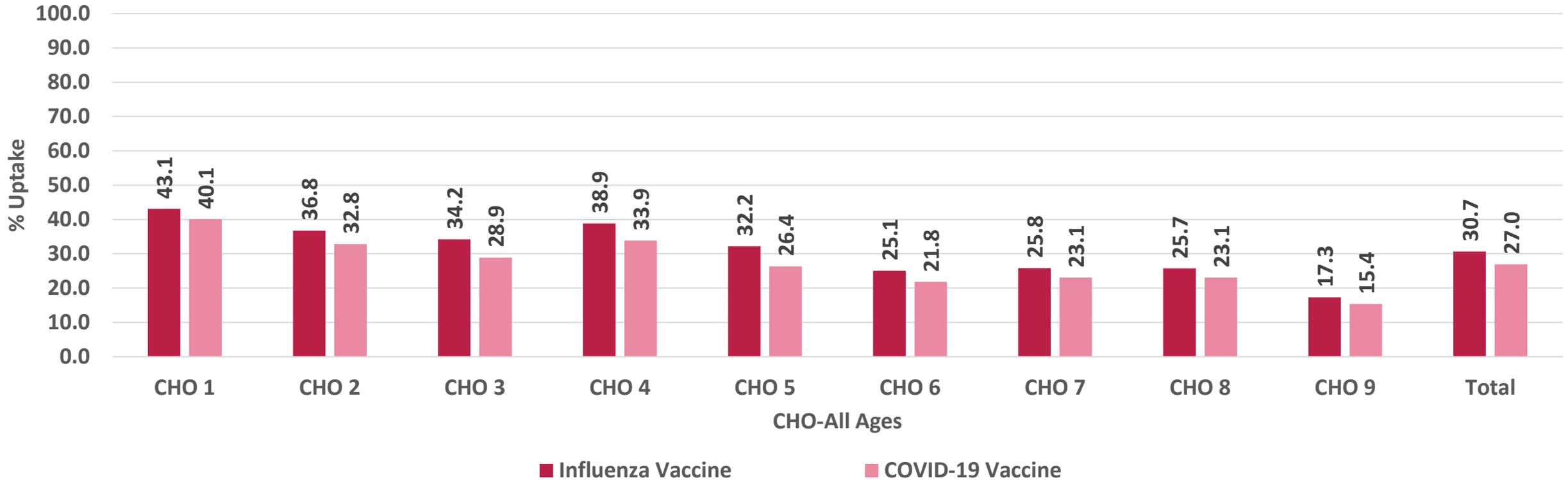
Seasonal Influenza and COVID-19 Vaccination uptake among Residents of RCFs who avail of the HSE Fair Deal Scheme* as of 14/10/2024

Target Facility / Population

- **525 RCFs, 23,658 residents (<65 yrs (5.1%) and >65+ yrs (94.9%))**
 - **Influenza Vaccine uptake: 30.7%** (n=7,261/23,658)
 - **Covid-19 Autumn Booster uptake : 27%** (n=6,376/23,658)

*Fair deal Scheme report download: 16/09/24 to 13/10/24, HPSC

Residents, by CHO and Nationally, 16/09/2024 to 13/10/2024



Source: HPSC Vaccination uptake of Influenza and COVID-19 vaccines in Fair Deal RCF Residents, by CHO and Nationally, report, Oct 2024



AVERAGE LENGTH OF STAY (LOS) FOR INFLUENZA, HOSPITAL INPATIENTS AGE >65



Vaccination Status	Average LOS
Unvaccinated	24 Days
Vaccinated	13 Days

Added financial burden for unvaccinated cases	
Cost/BDU*	€813*
Additional cost per unvaccinated case	€7,317 (+9 days costs)
Cost /vaccinated case	€10,569
Cost /unvaccinated case	€19,512

*Source: [Hospital Charges - HSE.ie](https://www.hse.ie/hospitalcharges)

- **HCWs** Influenza vaccine uptake 2023-2024 season#
 - **LTCF, 42.2% vs 66.3% (2020-21)**
- **Residents of LTCF** >80% vaccinated (PPS* 2017-2023)#, (Source HPSC Aug 2024)

*PPS – Point prevalence survey



Influenza vaccine uptake among HCWs in public LTCFs by influenza season, Ireland*



Season	Total No. Eligible HCWs	Total No. Vaccinated HCWs	% Uptake	Median % Uptake	Range % Uptake	No. Participating LTCFs
2011-2012	3861	687	17.8	10.0	0-90.4	56
2012-2013	10823	1327	12.3	11.1	0-76.0	108
2013-2014	8704	1658	19.0	18.2	0-80.0	87
2014-2015	7031	1691	24.1	24.7	0-77.1	66
2015-2016	7058	1625	23.0	22.2	0-100	81
2016-2017	9633	2595	26.9	24.5	0-75.0	101
2017-2018	13928	4621	33.2	35.1	0-93.3	129
2018-2019	13205	5531	41.9	40.3	0-96.7	218
2019-2020	13926	6361	45.7	44.0	0-100	234
2020-2021	13537	8982	66.3	68.6	1.7-100	225
2021-2022	14390	7948	55.2	54.2	0-100	214
2022-2023	9134	4888	53.5	48.3	26.1-76.9	171
2023-2024	10182	4297	42.2	44.9	0-100	157

- Influenza and COVID-19 vaccines will be administered by **HSE vaccination teams** who will **visit RCFs**
- **Contact local HSE COVID-19 lead for details of planned visits by the immunisation teams**
- **Contact HSE COVID-19 lead if there is a need for a return visit**
 - E.g., to vaccinate those who could not have a COVID-19 vaccine due to recent infection
- Vaccination for all **HCWs is also available for free** at participating GPs and pharmacies



IPC measures



AMRIC

Dr. Eimear Brannigan
Consultant Infectious Diseases ,Antimicrobial Resistance and Infection Control

- **We are all familiar with the tools to protect ourselves and others from other respiratory infections**
- Build on knowledge & experience throughout the COVID pandemic on how you can prevent the spread of infection
- The importance of breaking the chain of infection
- **Basic key points to remember:**
- Reminder about vaccination (staff, residents & visitors)
- Standard precautions at all times for everybody
- Apply transmission based precautions where required, consider ventilation
- Use the point of care risk assessment to support selection of PPE
- Use available resources: NCEC Guidance:
<http://health.gov.ie/national-patient-safety-office/ncec/>
- AMRIC Guidance and Public Health Guidance hosted on HPSC.ie
- The purpose of guidelines is to support care that meets the needs of the person, they are not a set of rigid rules and they should always be applied with care and compassion
- Guidance allows for clinical and institutional decision making



- IPC/Public Health Personnel, algorithms, eLearning, poster resources available on HPSC website
- eLearning (19 AMRIC Modules)
- AMRIC HUB
- Resources (Posters, Patient information leaflets)

Point Of Care Risk Assessment (PCRA)

Infection prevention & control (IPC)

To be carried out before each patient* interaction

IMPORTANT Check patient's symptoms/MDRO status/travel history	Does the patient have unexplained rash, cough, sneezing / unexplained diarrhoea / fever or known MDRO. Suspected or confirmed droplet (eg influenza, meningitis) or airborne illness (e.g. chicken pox, measles, MDKX TB)	If yes: PPE (as per below) determined by level of anticipated contact and type of activities. For suspected/confirmed droplet/airborne illness - medical (droplet) or respirator (airborne) mask as minimum
HANDS Perform hand hygiene as per WHO 5 moments	Can my hands be exposed to blood, body fluids, non intact skin, mucous membranes or contaminated items	If yes: Don gloves
		If yes: Add facial protection (includes mask & goggles or visor)
		If yes: Low contact activity = apron High contact activity = gown
		If yes: Add PFF20 respirator

Adapted from Nova Scotia Health and/or/Health Health Canada

MDRO

Information for patients about

Norovirus

Information for patients about

antibiotics

How to take your

being infection aware

Information for patients about

HOW TO TAKE OFF PERSONAL PROTECTIVE EQUIPMENT (PPE)

The order for removal of PPE is shown here, this is to minimize potential for cross-contamination

Remember to perform hand hygiene if your hands become contaminated at any stage

HOW TO PUT ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

Before you put on PPE key points to remember:

- Don gloves
- Secure hair back off face
- Tie hair before the elbows
- Remove all jewellery
- Perform hand hygiene

For high consequence infectious disease also remember:

- Have a trained observer (PPE buddy)
- Consider waste management

Remember to perform hand hygiene if your hands become contaminated at any stage

GLOVES OFF

ALWAYS REMEMBER HAND HYGIENE AND POINT OF CARE RISK ASSESSMENT*

Gloves are **not** needed when:

- Touching, comforting or mobilising a person we care for
- When entering the home of a person we care for
- Pushing a wheelchair or trolley/bed
- Checking a temperature, pulse or blood pressure
- Giving medication
- Giving an intramuscular injection or for the routine preparation & administration of IV medication as indicated*
- Handing out or collecting meal trays
- Assisting a person with eating
- Making and providing drinks
- Using a computer, phone or other electronic devices

Use this poster with RESIST

3

Remove eye protection

5

Remove gown

7

Risk waste disposal of PPE

Community Infection Prevention and Control Manual

A practical guide to implementing Standard and Transmission-Based Precautions in Community Health and Social Care Settings

Publication date: 31 March 2022
Revised date: 31 March 2021

Developed by the HPSC Community Operations Infection Prevention & Control Working Group





Winter virus signs and symptoms & treatments

Antimicrobial Resistance & Infection Control Clinical

Dr. Scott Walkin

AMRIC Clinical Lead & Assistant Scheme Director Sligo GP Training Scheme



- Guidance is available at
 - <https://www.hpsc.ie/a-z/respiratory/acuterespiratoryinfection/>
- Definition of Acute Respiratory Infection
 - Sudden onset of symptoms (cough/sore throat/SOB/nasal symptoms)
 - AND suspected to be due to infection
- In elderly: a general deterioration - ? influenza/COVID-19 in RCF

- Clinical assessment
 - The six vital signs are vital
 - Multiplex test
 - Let the GP know if there is influenza about
- Treatment
 - Oseltamivir – treat early
 - Paxlovid® is no longer recommended

HSE Winter virus signs and symptoms & treatments



Acute

- Sudden
- AND
- At least
- AND
- A clinical

This case

**It is important to note symptoms such as:

1. lethargy
2. increased
3. change in
4. loss of

Clinical

- Undertake multiplex PCR testing for respiratory viruses****.
- Where multiplex testing is not available, testing for influenza and COVID-19 should be undertaken simultaneously using appropriate swabs.
- Implement appropriate infection prevention and control precautions using a point of care risk assessment.
- **Do not delay** necessary antiviral treatment while awaiting test results if influenza is suspected (e.g. for possible cases with influenza-like illness or for probable cases with a known epidemiological link to a confirmed influenza case). Suitability for antiviral therapy should be assessed in consultation with resident's GP
- If there are two or more linked cases, or an outbreak is suspected, follow Public Health advice for management of the outbreak.****

Positive

Positive for COVID-19

- Assess for treatment according to national guidelines.
- Treat as per HSE guidance.

Positive for Influenza (or clinical assessment indicates possible or probable Influenza)

- Assess suitability for antiviral therapy e.g. Tamiflu.
- Treatment should be started as early as possible, ideally within 48 hours of symptom onset.
- A public health risk assessment should be undertaken to assess the requirement for providing antiviral chemoprophylaxis to exposed residents and staff. This risk assessment can be undertaken by the OCT or local public health.
- See HSE influenza antiviral treatment and prophylaxis guidance [here](#) or see antibioticprescribing.ie for further management advice.

- For duration of transmission-based precautions, please see [here](#).

Negative for both

- Conduct a clinical risk assessment to determine if further testing should be undertaken for other respiratory viruses.
- A diagnosis of COVID-19 or Influenza is still possible following a "not detected" result if a resident remains unwell with no alternative diagnosis.
- Continue with infection prevention and control measures.

symptoms

- Clinical assessment
 - The six vital signs are vital
 - Multiplex test
 - Let the GP know if there is influenza about
- Treatment
 - Oseltamivir – treat early



Laboratory Pathways



Dr Cillian De Gascun
Consultant Medical Virologist & Director NVRL

- NH transport most frequently used to transport to lab for onsite testing or to local lab for onward transfer to NVRL
- NVRL used by Northwest, Mayo, Northeast and Dublin as testing lab
Local lab used by West, Midwest, Southwest, Southeast and Midlands

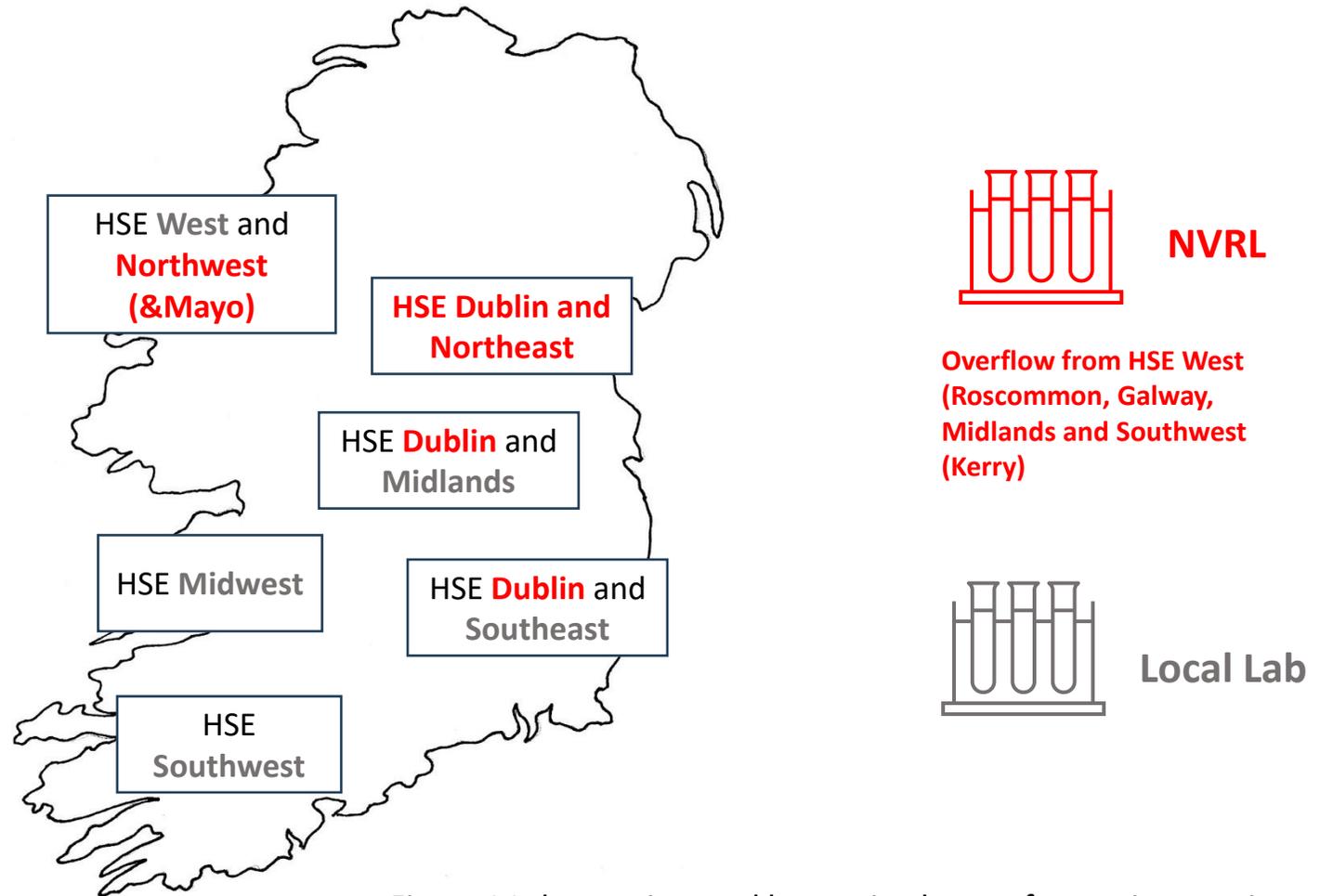


Figure 1 Laboratories used by nursing homes for respiratory virus testing, by HSE health region location of nursing home

- Swabs and requested processing forms can be sourced from your assigned laboratory (local laboratory or NVRL)
 - Recommended that you ensure you have a **minimum of 5-10** swabs on hand at all times during winter season. Larger sites may need more swabs available.
- Swab type will be lysis buffer **or** viral transport medium (VTM or Copan) swabs
- If you are unsure about how to source swabs reach out to your laboratory or contact Public Health / CSTs teams.

Copan (VTM) swab



Figure A Copan (VTM) swab

Lysis swab



Figure B Lysis swabs

- The Nursing Home can request swabs online at <https://nvrl.ucd.ie/swabs>.
- At the bottom of this page there is an **Order swab now** button, select to go to order form.
 - Once the order form is completed with the relevant details , select **Next Page** button which will enable you to select different swab types available. Select the **Copan Swab Collection Device for Viral Molecular Testing**
 - input the number of swabs required. The maximum number they can order is 10.
 - There is a **Preview** button at the bottom of this page which allows you to review the details of their order. If all is correct ,select the **Submit** button. The NVRL will fill their order and send the swabs to the address on the form.
- Copan swab from NVRL website -[Copan \(copangroup.com\)](http://copangroup.com)
- A video re NP swab collection- [Stream \(videodelivery.net\)](http://videodelivery.net)
- **Request Forms**
- The Nursing Home can download the **General Request Form** for use at <https://nvrl.ucd.ie/info>
- Nursing Homes must ensure to **request ARI – multiplex testing** on this form.

- Multi-pathogen testing for COVID-19 +Flu+ RSV will be carried out in most labs. NVRL have a broader array of tests.
- Results accessed via **GP most frequently for local lab results**
 - Phone call NVRL
 -
 - Check with your local lab whether you would receive electronic / paper results
- Turnaround times for results usually 24-48 hours for a number of areas but 72–96 hrs also noted

- Know **how to source** swabs for your facility
- Have a **minimum reserve** of swabs on site (rotating for shelf life)
- Know **who your local test laboratory is** and how to contact them
- Know **how to transport swabs** to your local test laboratory
- Are familiar with how you will **receive your results**



Clinical management of outbreaks

Public Health

Dr Anne Sheahan
Area Director of Public Health



- Winter Preparedness Checklists complete
- Staff training and upskilling complete

Now

- Report of two/more suspect cases – linked – have been isolated and managed with IPC precautions
- Testing completed – confirmed Flu/Covid/other respiratory pathogen
- Outbreak confirmed
- Must Notify regional Department of Public Health – MOH legislation

- **Liaise with staff in DPH** – what they will want to know
- Layout of building including no. single/multi-occupancy rooms, ensuite, shared bathrooms, staffing – who covers what/crossover
- Numbers of residents and staff
- Vaccination status of residents and staff – what, when, uptake
- Staff – training in IPC, hand hygiene, cross cover over building, changing facilities

- **Update on cases** – identification of 1st case, incubation period, when isolated, have they been assessed by GP, treatment, improving, hospitalised, number of cases lab confirmed, number symptomatic, severity of cases
- **Update on contacts** – duration of contact (incubation period, symptomatic), how they are being managed, vaccination status
- Isolation/cohorting of cases and identification of contacts (only applies to Influenza)
- Staff management of cases and contacts including crossover of staff managing cases and contacts

- **Control Measures**
- Isolation / cohorting plan – include assigning staff to positive and other residents
- Treatment and prophylaxis – discussed and managed by GP. Includes plan for transfer to hospital
- Training and updating of staff on IPC measures
- Testing – recommended for symptomatic only
- Line list of confirmed and suspect cases among staff and residents

- Staffing plan for management of cases, contacts
- IPC measures – Standard precautions/ transmission based precautions
- Environmental cleaning – enhanced
- Terminal cleaning as cases come out of isolation
- What activities continue and what consider pausing (depends of severity and duration of outbreak)
- Visitors – inform, advise
- Admissions and discharge – how to manage safely
- Communication – residents, staff, visitors, admissions, transfers, local hospital if admitting

Declare outbreak over

- Agree with local DPH – 2 IPs from isolation of last case
- Do report and include lessons learnt
- Share the learning with staff



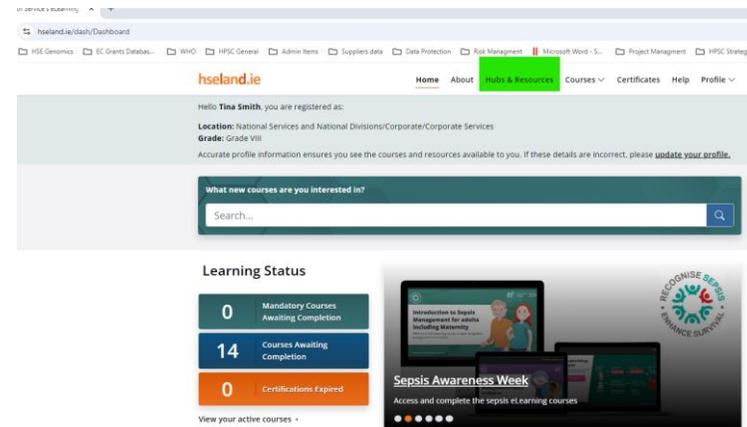
Supporting Resources



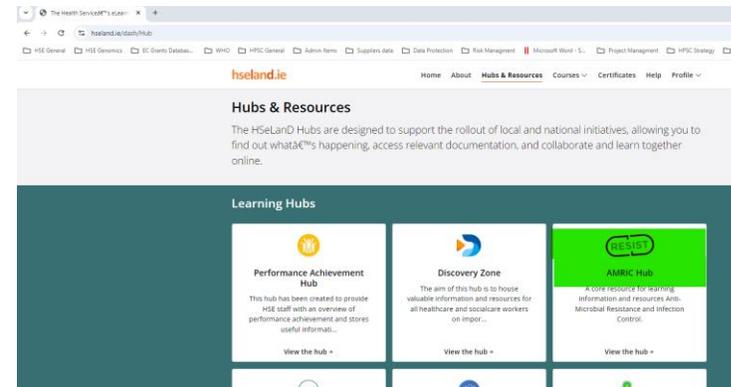
Tina Smith
Senior Project Manager, HPSC

1. Log on to HSE LanD
<https://www.hseland.ie/dash/Account/Login>

2. Select Hubs and Resources



3. Select AMRIC hub



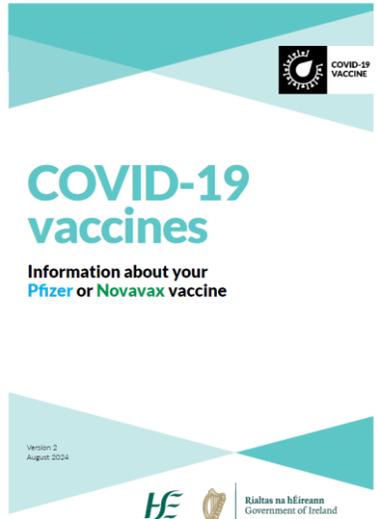
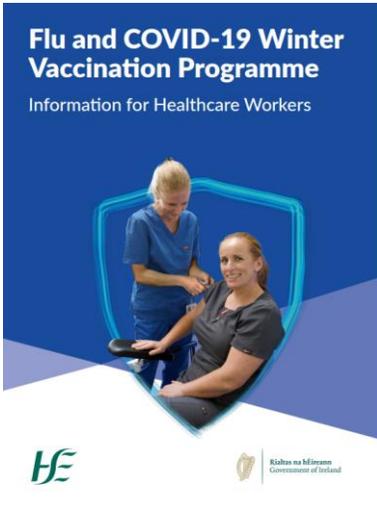
Module Title	Suitable for		Module Duration
AMRIC Basics of Infection Prevention and Control	All staff	Recommended	20 minutes
AMRIC Hand Hygiene	All staff	Mandatory	30 minutes
AMRIC IPC Risk Assessment	Clinical	Recommended	30 minutes
AMRIC Personal Protective Equipment	Clinical	Recommended	20 minutes
AMRIC Standard and Transmission-Based Precautions	All staff	Recommended	30 minutes
AMRIC Respiratory Hygiene and Cough Etiquette	All staff	Recommended	15 minutes
AMRIC Outbreak – Prevention and Management	Clinical	Recommended	30 minutes

Guidance	Link
National Clinical Guideline Infection Prevention and Control (IPC) Volume 1, Section 3, No. 3.2.4, Recommendation 16 pages 98-101	National Clinical Guideline Infection Prevention and Control (IPC)
Antibiotic Prescribing Guidance	Antibiotic Prescribing Guidance
Antibiotic Prescribing Guidance – COVID-19	Antibiotic Prescribing Guidance – COVID-19 Adults
Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities	PH IPC Guidance in RCF
Community Infection Prevention and Control Manual: A practical guide to implementing Standard and Transmission-Based Precautions in Community Health and Social Care Settings October 2024	Community IPC manual

Guidance	Link
Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities	Public Health and Infection Prevention and Control guidance
The 5 moments for Hand Hygiene	The 5 moments for Hand Hygiene
Guidance on appropriate use of PPE – Gowns, Respirators , Masks , Gloves	Appropriate use of PPE Video resources for PPE
Acute Respiratory Infection Guidance	Acute Respiratory Infection
Infection Control Posters , Point of care risk assessments , Respiratory Hygiene posters	Poster Resources
Respiratory Guidance for Residential Care Facilities	Respiratory Guidance for Residential Care Facilities
Integrated Respiratory Virus Bulletins, 2024	HPSC Respiratory Virus Bulletins 2024

Guidance	Link
COVID-19 Nursing Homes Expert Panel: Final Report	COVID-19 Nursing Home Expert Panel Final report
National Standards for infection prevention and control (IPC) in community services(HIQA)	National Standards for infection prevention and control (IPC) in community services
Assessment-judgment framework for infection prevention and control and antimicrobial stewardship in designated centres for older people 2024(HIQA)	Assessment-judgment framework for IPC
Guidance for the assessment of designated centres for older people 2024 (HIQA)	Guidance for the assessment of designated centres for older people
Gas Safety Courses (Oxygen)	<p>HSELand and search</p> <ul style="list-style-type: none"> • Medical Gas Safety for Clinical Staff on line 2 hours duration • Medical Gas Safety for Non-Clinical Staff (e.g. Porters, Maintenance, Pharmacy on line 2 hours duration) <p>Medical gas safety for staff</p>
Integral Valve Oxygen Cylinders Learning Guide	Integral Valve Oxygen Cylinders Learning Guide for HSE staff

Resources- Vaccinations

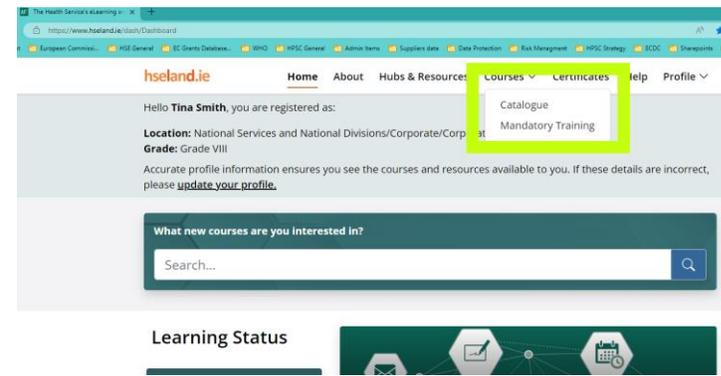


Document	Link
Vaccine Information for healthcare workers	Vaccine Information for healthcare workers
COVID-19 and flu vaccination clinics for staff	Where to get vaccines
Seasonal Influenza Vaccination Programme 2024/2025	Seasonal Influenza Vaccination Programme 2024/2025
Flu and COVID-19 Winter Vaccination Programme Information for Healthcare Workers	Flu & COVID winter vaccination for Healthcare workers
Information Material Flu	Flu vaccine materials
Information Material COVID-19	COVID-19 vaccine materials
National Immunisation Advisory Committee Immunisation Guidelines for Ireland Chapter 11 and Chapter 5a	RCPI Immunisation guide Ireland
Patient Information Leaflet and the Summary of Product Characteristics for each of the vaccines is available	HPRA European medicines agency

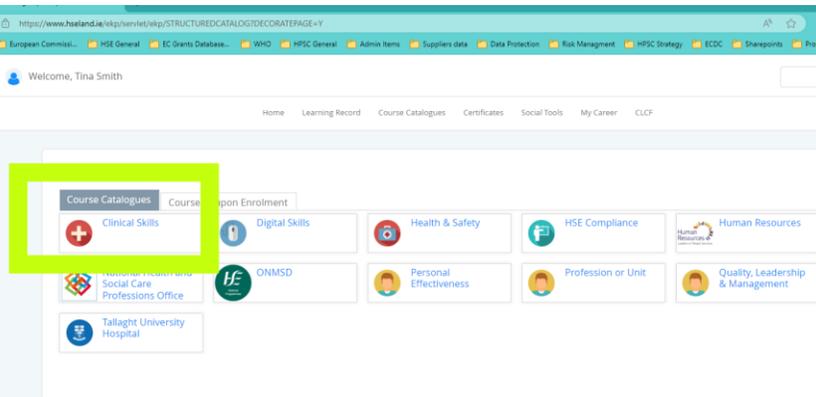


1. Log on to HSELand
<https://www.hseland.ie/dash/Account/Login>

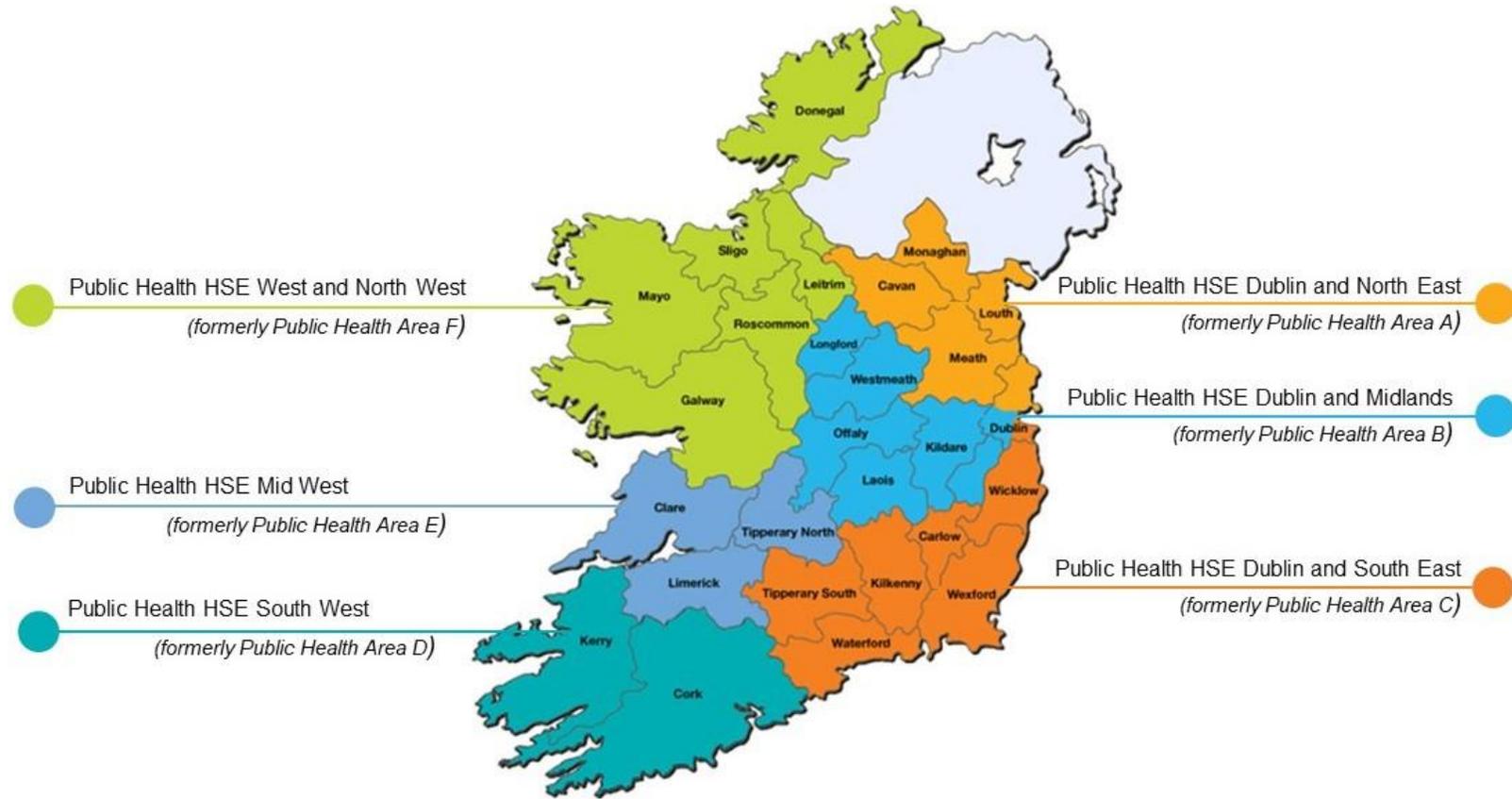
2. Select Courses / Catalogue



3. Select Clinical Skills >> National Immunisation office



Module Title	Suitable for		Module Duration
Quadrivalent Influenza Vaccine (QIV) 2024/2025	Clinical	Recommended	25 minutes
The Flu and Covid-19 vaccines for Healthcare Workers – protect yourself, protect others	All health and social care professionals	Recommended	15 minutes

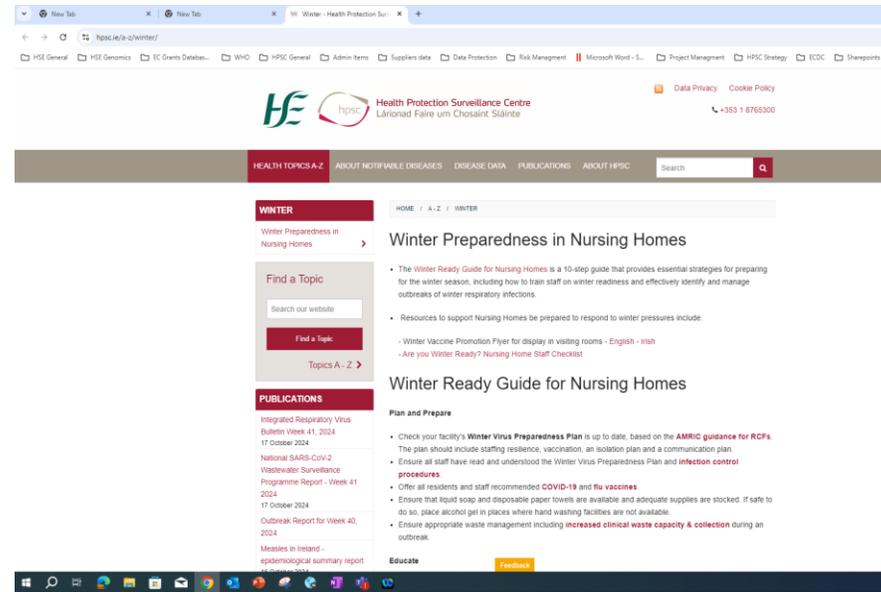
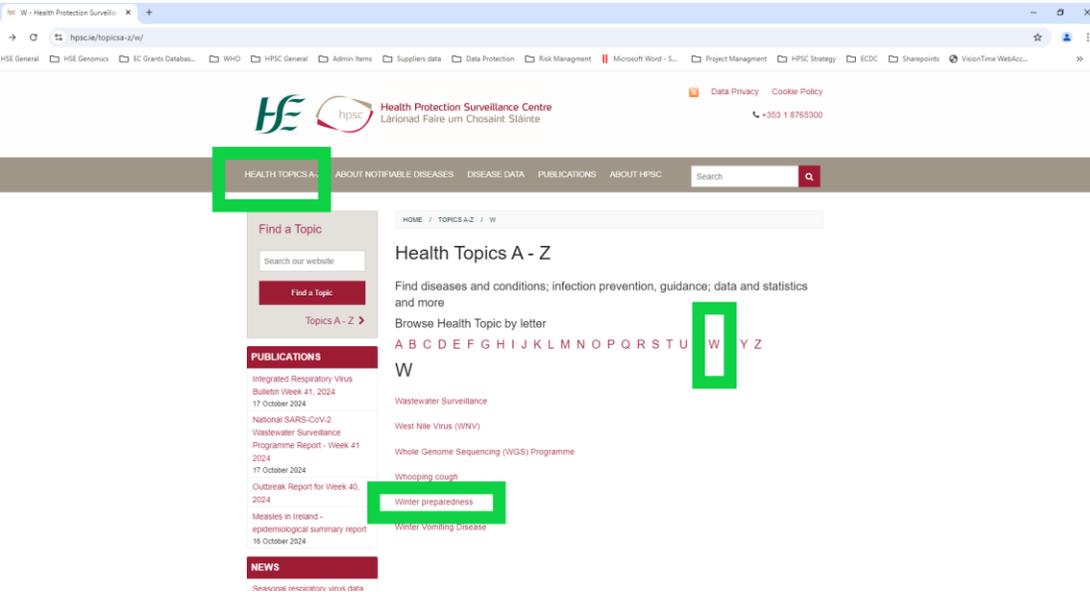


Link
[Public Health Contacts in Health Regions](#)

HE Access to Webinar information



Webinar recording , presentation, Q&A will be available on HPSC website : www.hpsc.ie



Winter Preparedness in Nursing Homes



Thank you.

Q & A

Any queries post the webinar can be directed to:
winter.resilience@hpsc.ie

