PHA/HSCB COVID-19 Regional Surge Plan for the NI Care Home Sector[1]

Overarching Aim: To deliver a comprehensive HSC response to support the prevention and management of COVID-19 in the Care Home sector

Overall planning assumptions:

- There will be a significant number of outbreaks of COVID-19 across Care Homes with worst case scenario of up to 90% or over 430 home being affected by the end May 2020
- Care Home residents are more at risk because of individual vulnerabilities, shared living space and frequent close contact with staff who can unwittingly spread COVID-19 within and between settings
- Mortality rate for COVID-19 in Care Homes will be significant and higher than in the general population
- Increased level of clinical acuity among multiple affected residents in individual homes and across the system
- Large scale staff absences

OBJECTIVES

Prevention: Reduce the number of outbreaks and the number of individuals infected in each outbreak

Mitigation: Provide robust integrated Medical, Nursing, AHP and Social Care response commensurate with resident health care needs including acute clinical management of COVID-19 in residents.

Resilience (service continuity): Support, work in partnership with and strengthen Care Homes to ensure person centred care continues to be delivered to <u>all</u> residents irrespective of COVID-19 status.

PRINCIPLES

The following key principles will be applied:

- All decision making/planning will be underpinned by ethical practice considerations as outlined in the DOH (2007) Ethical Framework for policy and planning
- Effective person centred care will continue to be delivered to all residents irrespective of COVID- 19 status. Families, where appropriate , should be involved as much as possible in care planning decisions
- Cognisance should be given to the differentiation of needs in nursing & residential homes
- Appropriate, person centered, effective, evidence based clinical and psychological care delivery will be upheld
- Effective governance, including safeguarding, will be adhered to
- The Care Home Leadership role will be respected and work will be progressed in partnership
- Partnership and mutual aid across HSC and with Care Homes at local and strategic levels will be in place
- Mobilising HSC resources will be at no additional cost to Care Homes. This will strengthen Care Home's ability to prevent and contain outbreaks and mitigate the impact on residents when they occur. (Triggers = Acuity, Staffing etc.)
- COVID-19 +ve residents remain in Care Home when clinically appropriate and in line with their advanced care plan preferences.
- Care should be escalated to secondary care when clinically appropriate
- Effective, ongoing communication with resident, family, staff, facility and public levels will be in place
- There will be access to palliative care, end of life care and bereavement support
- Information and communication will be in Plain English
- This plan will be reviewed at regular intervals where circumstances change

Care Homes in NI

The following table outlines the number of care homes and bed capacity (steady state) in Northern Ireland according to geography of each trust.

Trust	Number of Care Homes	Number of Beds
BHSCT	91	3310
NHSCT	131	4182
SEHSCT	111	3749
SHSCT	79	2674
WHSCT	71	2180
TOTALS	**483**	**16095**

- Large workforce with significant numbers working in more than one setting and frequent bank and agency staff use
- Residential homes ordinarily are not required to provide nursing care or to employ registered nurses.

COVID-19 DECISION SUPPORT FRAMEWORK FOR THE CARE HOME SECTOR

A decision support framework is outlined overleaf to provide stakeholders with high level triggers to reflect the current COVID-19 related pressures in the Care Home system.

- Stage 1 of the framework reflects high level indicators of service pressures to inform levels of support that may be required at individual home level.
- Stage 2 illustrates how individual Care Home pressures can be translated into an overall home RAG status which would be helpful at Trust and Care Home Group level
- Stage 3 of the framework offers an overview of the extent to which actions on Prevention, Care resilience (service continuity) and Mitigation have been successful at a system level.

ACTIONS

1.0 PREVENTION

1.1 Epidemiology and public health management

- Analysis of current outbreak patterns/characteristics in order to identify links, prioritise infection control, management and support arrangements
- Deliver Contact Tracing
- Decision Support Framework for the Care Home Sector is utilised to inform additional support requirements

1.2 Partnership Working

- Maintain active partnerships between Care Homes and Trusts and at a strategic level with PHA/HSCB ensuring engagement with key stakeholders from Care Homes
- Maintain effective ongoing communication and engagement with Care Homes at local and strategic level
- Establish Trust's Single Point of Contact (SPOC) for Care Homes for COVID-19 24/7 to direct and support Care Homes in taking appropriate actions
- Continue to deliver appropriate training to support Care Home staff (for example – managing deteriorating patient, end of life care, managing difficult situations)

1.3 Strengthen IPC

- Provide additional virtual Infection Control Training including use of PPE for all homes.
- Provide additional "on the ground" support in Care Homes utilising the Care Home Trigger Matrix
- Provide enhanced and/or deep environmental cleaning in all Care Home, ensuring footfall is at a minimum.
- Ensure sufficient and appropriate PPE is available to include staff training
- Ensure early detection of cases in residents and staff.
- There must be plans in place to rapidly isolate residents who have suspected or confirmed COVID-19. These must take account of deprivation of liberty legislation
- Take action to raise awareness of the atypical presentation of COVID-19 in older residents and have a low threshold for isolation and testing.
- Ensure staff understands the importance of isolating themselves as soon as they become symptomatic.

1.4 Testing

- Implement Care Home testing policy including testing:
  - prior to hospital discharge back to Care Home, prior to admission to care-home from community setting
  - all residents and staff for all new outbreaks from 24th April 2020.
- Identify and mobilise staff to assist with full implementation of Care Home testing policy.
- Consider innovative models of testing to enhance support to Care Homes e.g. local mobile teams
- Ensure clear advice to Care Homes on actions to take after test results

1.5 Shielding and lockdown

- No visitors permitted except for end of life and in exceptional circumstances.
- Reduce footfall within the homes – including health and social care professionals visiting on a risk assessed basis and including appropriate mitigation.
- Provide alternative occupation and activities for residents who have lost the opportunity for communal activity
- Make alternative arrangements for family contact eg video or face time contact at no additional cost to care homes
- Have in place standard operating procedures for isolating residents who "walk with purpose" as a consequence of cognitive impairment
- Pilot 'safer at home' approach and scale and spread the principles as appropriate

1.6 Staff

- Implement staff rotas to reduce movement of staff between settings to an absolute minimum.
- Staff should be aligned to individual homes where possible
- Cohort residents and staff where possible.
- Continue to enhance IPC staff in situ in Care Homes.

2.0 MITIGATION

Clinical Care pathways

- Continue to establish mechanisms to create virtual wards within Care Homes and work alongside GPs, COVID-19 centres and other clinical professions
- Provide enhanced clinical resource including medical, nursing and AHP input to Care Homes. This must be available virtually and on the ground in the Care Homes.
- Implement an overarching clinical care pathway to support early identification and optimal management of COVID-19 in line with advanced care plans and ceilings of care. This pathway should support the delivery of care throughout surge and will include:
  - Immediate actions when COVID-19 first suspected
  - Clinical assessment and management in the Care Home
  - Care delivery models including virtual and on-site care.
  - Acute care response by appropriate professionals including GPs, Nurses, AHPs, Respiratory Consultants, COVID-19 Centres and Geriatricians. To note particular attention needs given to the support of residential homes.
- Continue to augment existing supplies and delivery of clinical equipment and PPE in line with additional demands linked to COVID-19 such as Oxygen / Drugs / Hydration/Nutrition / Equipment
- Rapid access to medication safety advice from Clinical Pharmacists if needed, for prescribers changing or stopping prescribed treatments and palliative care medicines.
- Outbreak management support must be provided
- Emotional and psychological supports to be made available to residents and staff as required
- Put in place systems to promote the physical health, wellbeing , mobility and independence of residents post COVID infection

3.0 RESILIENCE (Service continuity)

- Develop and implement surge plans to support the Care Home sector in line with agreed regional surge plan. Trust surge plans need to have cross directorate support and be approved through formal Trust processes
- Augment RQIA existing dataset to create a single regional COVID-19 data source which will be used to support decisions in surge planning and support response for Care Homes
- Use RQIA COVID-19 dataset and Decision Support Framework for the Care Home Sector to identify and understand when and where pressures exist
- Have in place a workforce plan to mobilise staff in support of the Care Home sector to enhance care capacity and resilience. These plans need to address skill mix, induction and training
- Actively promote with Trust staff the importance of COVID-19 roles in Care Homes
- Identify and mobilise up to 200 nursing staff, 100 AHP staff (AHP and care support roles) and 100 social care/social work staff per Trust to support Care Homes
- Utilise alternative step up and step down facilities if required.
- Ensure rapid testing turn around and result reporting to support staff return to work.
- Mobilise family support/input in high surge scenario when required.
- Ensure appropriate skill mix of staff, registered and non-registered, including staff with managerial expertise, in order to manage acuity
- Implement robust plans to address COVID 19 related palliative care, end of life care and bereavement support.

1- to be changed imminently

Decision Support Framework for Care Home Sector

STAGE 1: CARE HOME TRIGGER MATRIX

The matrix below will be used as a point of reference for Care Homes and Trusts to guide decision making on when additional targeted support may be required. It is not meant to replace professional decision making.

The variables listed reflect key high level indicators of service pressures and risk, some of which are based on subjective opinion. Local knowledge will be important in the interpretation due to the complexity of intelligence that is associated with each indicator. Where Care Homes report pressures in more than one variable, a more comprehensive response may be required.

Care Homes may move between levels of pressure within relatively rapid timeframes. Actions to strengthen prevention, mitigate risk and support service continuity should continue in ALL Care Homes. This will provide a regional overview and allow identification of any patterns and/or information that requires a more strategic response.

	Status	Green	Amber	Red
	Pressure	Low →		High
	Number of residents/staff with symptoms or confirmed COVID-19	0 or <10%	1-4 cases or >10% and <25%	5 or more cases >25%
	Workforce	Adequate staffing for 72 hours plus	Adequate staffing for 24-72 hours	Not adequate staff currently to meet the care needs today/overnight
	End of life needs	0 or <10%	2 cases >10% and <25%	3 or more cases >25%
	Acuity (utilise symptom checker)	Mild cases (no SOB, O2 >94% usual mobility and function)with no oxygen requirements above current levels for <10% of residents	Difficult to manage cases (GI symptoms, delirium) and/or >10%, <25% of Care Home residents requiring oxygen	Residents with severe disease (O2 <92%, RR>30, SBP <90) should be escalated to COVID-19 pathway – more than 25% of Care Home residents requiring oxygen
	PPE & Equipment required for management of COVID-19	Adequate PPE & equipment for 72 hours plus	Adequate PPE & equipment for 24-72 hours	Not adequate PPE or equipment currently to meet the care needs today/overnight

STAGE 2: DEFINITION OF CARE HOME STATUS

Once there is a clear understanding of the pressures facing an individual Care Home the tool below assists the designation of a COVID-19 status to an individual Care Home.

An individual Care Home status is defined according to the trigger with the highest pressure point as follows

Status		Definition
	Red Home	The Care Home identifies with one or more of the criteria in the Red Status column of the Surge Trigger Matrix
	Amber Home	The Care Home identifies with one or more of the criteria in the Amber Status column of the Surge Trigger Matrix
	Green Home	The Care Home identifies with all the criteria in the Green Status column of Surge Trigger Matrix

The designation of a status to each Care Home will assist the Care Home Sector and Trusts to develop an overview an overview of the Care Home status in a geographical area or a Care Home Group.

STAGE 3: IDENTIFICATION OF SURGE STATUS

It is important at a system level to be able to identify the level of surge within the Care Home Sector. The tool below classifies the level of surge based on the percentage of Care Homes presenting with green, amber or red status.

Surge Status	Surge Level	Criteria Level
Green	Low Surge	>90% Care Homes in Green Status
Amber	Medium Surge	10-45% Care Homes in Amber Status
Red	High Surge	>45% Care Homes in Red Status