



**HSE National Infectious Diseases
Isolation Facility
St Ita's Campus, Portrane, Co Dublin.**



- **43-bedded facility caters for residents with Infectious Diseases who are self-caring and unable to isolate in their own homes or community;**
- **Centre served with 24/7 Nursing and Health Care Assistant Staff**

The HSE Infectious Diseases Isolation Facility on St. Ita's Campus in Portrane, Co. Dublin has been officially opened by the Interim CEO, Stephen Mulvaney, on 12th December 2022. It is a 43-bedded, 24/7 facility for residents with infectious diseases who are self-caring and unable to isolate in their own homes, shared accommodation or community.

The facility is zoned and as such, can concurrently accommodate residents with different infectious diseases and differing isolation period time-frames, without risk of cross-contamination. To-date, the facility has accommodated residents with Mpox (formerly known as Monkey pox), COVID, Chickenpox, Measles and Norovirus, and it has the capacity to accommodate other types of infections that require isolation.

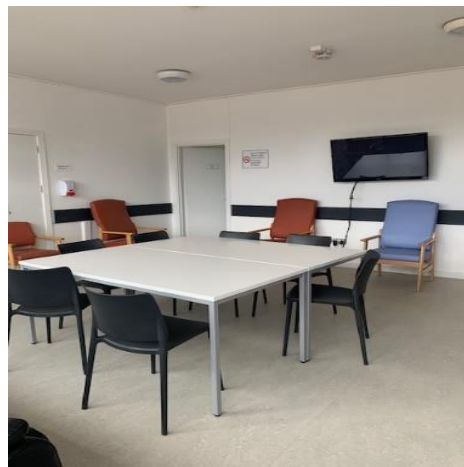
The Facility is managed by an Assistant National Director and Director of Nursing and is served with 24/7 Nursing and Health-Care Assistant Staff. There is access to an on-site GP service daily Mon-Fri, and on-call GP service for weekends and out of hours. Residents are provided with three meals a day. Outside of meal times there are welfare areas where residents can make their own tea or coffee and watch TV. Free Wi-Fi is also available. Residents have access to shared shower and toilet facilities. There is also a number of isolation rooms with ensuite. Clean laundry and towels are provided on a daily basis or as required. All resident areas are cleaned on a daily basis to ensure high standards of infection prevention and control.

To access our services a referral form (see attached below) must be completed in full, signed by a clinician, and emailed to **isolation.facility@hse.ie** which is managed by an admin team who operate from 08:00 to 19:00, 7 days a week. The discharge date is determined by GP consultation with the referring clinician. Where necessary, there will also be collaboration with the relevant HSE Public Health Department, Acute Hospital or Referring Team.

All clinical enquiries can be directed to isolation.facility@hse.ie or by calling the admin team on 01 9210151, nursing team on 01 9210157/8.

All other queries please contact Helen Stokes, Assistant National Director 087 6182109 or Anne McNally, Director of Nursing 087 1800130.

The following pictures are a sample of the resident areas:-



Food

Tea and coffee making facilities.

Meals are provided and brought to the dining area each day.

Resident Zone/bed area

Each resident area is provided with its own Wardrobe, bedside locker which has a secure area for private items, clinical waste bin and a laundry bin.

Fresh bed linen will be delivered to room/bed-space as required

The floors and surfaces and bed space are cleaned daily.





Washing facilities

Towels will be available and changed daily

Showers and toilets are cleaned daily.



Outside recreational area with seating and smoking area.



Residents also have access to an outside area with sea views and green space.





HSE Isolation Facility REFERRAL FORM

(Please Complete in Block Capitals)

All correspondence should be sent to isolation.facility@hse.ie

Queries can be made by contacting 01 9210251 / 01 9210158 / 087 1800130 (8:00 to 19:00 daily)

Client Name:			
Address:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB (DD/MM/YYYY): / /	
Consent to receive Text messages: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tel/Mobile #:	
Parent/Guardian/ Next of Kin		GP Name	
Relationship to client		Address	
Tel / Mobile #		Tel/ Mobile #	
Referral Source: Acute Hospital <input type="checkbox"/> GP <input type="checkbox"/> Assessment Hub <input type="checkbox"/> Public Health <input type="checkbox"/> Other <input type="checkbox"/>			
If other, please specify: _____			
Is patient a Healthcare Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Infectious Disease Status Please complete all sections	COVID <input type="checkbox"/> Mpox <input type="checkbox"/> Chickenpox <input type="checkbox"/> Measles <input type="checkbox"/> Norovirus <input type="checkbox"/> Scabies <input type="checkbox"/>		
	Other <input type="checkbox"/>		
	If "Other" please state type of Infectious Disease: _____		
	Is the patient a confirmed case: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date of onset of symptoms: / /		
	Type of Symptoms: _____ Or:		
	Date of contact with known / suspected case: _____		
	Date of test, if done (NOT date of result: _____		
	Date of last documented fever _____		
	Expected date of completion of isolation: _____		
Vaccination Status (for Mpox, Chickenpox & Measles) : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Unknown			
Date of vaccination: _____			
Reason for Referral <i>i.e. reason they are unable to self-isolate at home, please be specific:</i> _____			
Background Information	Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No		

	Drug Dependency: <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol Dependency: <input type="checkbox"/> Yes <input type="checkbox"/> No Psychiatric Illness: <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures/Epilepsy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____
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Past Medical History	
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Medications Please include Dose & Frequency	
Does the resident have sufficient medication for their isolation period? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Allergies	Dietary Requirements:
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Mobility / Disability (Hearing / visual impairment)? Note that the potential resident must be self-caring
 Please outline.

Checklist for Referrer:

1. This Resident is suitable for isolation in a self-caring facility Yes No
2. The resident has agreed to isolated in the facility for necessary period of time Yes No
3. Has resident consented to this referral? Yes No
4. Has the resident consented to sharing of their information? Yes No
5. If discharging from an **Acute Hospital**, Discharge Summary attached Yes No

Please confirm you will accept this patient back to your hospital should they become unwell: Yes No

Signed: _____ Date: / /

Referred By (Title & Name): PLEASE PRINT _____

Place of Work: _____

Signature: _____ **Date:** _____

Tel: _____ **Email:** _____

For residents under 18 years of age:

Parent/Guardian/Next of Kin Signature: _____

Date: _____

Important Information - Not to be returned with Referral Form (To be given to Patients in advance of Admission)

Items to be brought by residents to Isolation Facility: -

- Mobile telephone and a charger
- Enough personal clothing for the duration of your stay (up to 14 days)
- List of prescription medication
- Bring a supply of prescription medication for the duration of stay (up to 21 days)
- Reading glasses, if worn
- Laptop and charger if desired - Wi-Fi is available free of charge in the facility
- Apple iPad or android tablet or kindle if desired – Wi-Fi is available free of charge in the facility
- Reading materials such as books and magazines, study materials
- Notebook and pens (for personal use)
- Walking shoes, warm outdoor coat/raincoat, hat, scarf and gloves and an umbrella
- Personal toiletries and cosmetics
- Personal supply of face masks and alcohol gel, if you have them
- Own hairdryer if preferred
- Snacks/treats for own use. Dried products only. No take-away deliveries or perishable foods are allowed.

Residents with children:

Please note that in the event that you become unwell during your isolation period or require hospitalisation, your child(ren) will attend hospital ED with you and will be transferred to the care of the hospital social services during the period of your ED assessment or Treatment.

- Enough changes of clothing
- Nappies and or pull ups
- Baby wipes and baby toiletries
- Calpol and/or Neurofen
- Prescription medications
- Electric Steriliser and bottles – Microwave facility **not** available
- Toys, books, colouring books, colouring pencils & crayons and games
- Outdoor clothing

Please do not bring valuables with you to the facility