



Residential Care facilities Infection Prevention and Control COVID 19 Key updates to Guidance

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Antimicrobial Resistance &
Infection Control Programme



COVID 19 is still with us



- **The risk of COVID-19**
 - Infection – still happening
 - Harm – much reduced not gone away
- **The other harms**
 - Loss of many things that make life enjoyable
 - Social isolation
 - Physical and mental loss skills and conditioning
- **The difficult balance** – harm from COVID-19 /harm from measures to limit COVID-19

COVID 19 -recap



The virus – SARS-COV-2

- You almost always get infection from being close to people who are infectious
- Spreads – out of the airway of an infectious person into the airway of a susceptible person (direct through the air and indirect from surfaces)

Prevention of Spread of Infection

- Not being near people who are infectious (especially indoors)
- Hand hygiene, mask use, respiratory hygiene, ventilation, cleaning, vaccination

Prevention of disease

- Vaccination, good baseline health

COVID 19 -recap



Control of introduction

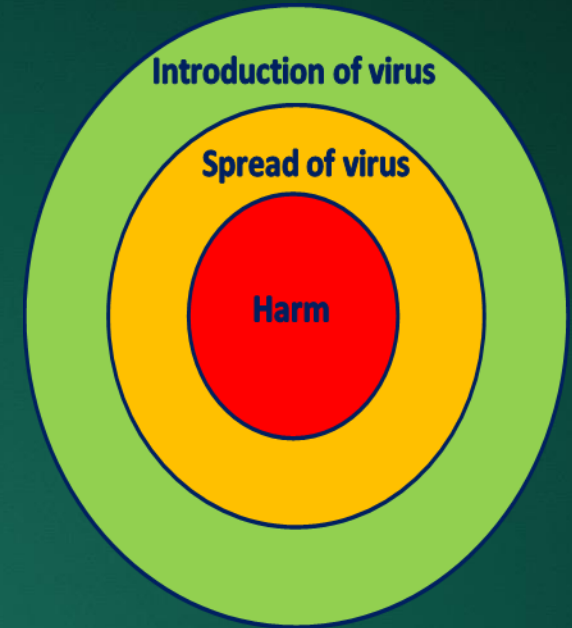
- Vaccination
- Limiting traffic
- Checking for symptoms (everyone)
- Testing

Control of spread

- Vaccination
- Standard precautions
- Transmission-based precautions
- Distance/ventilation

Control of harm

- Vaccination
- Care of the person before and after
- Know which residents need to be considered for early treatment



Transmission based precautions for COVID 19



- For COVID-19 transmission based precautions can be discontinued **10 days** after symptom onset, where a resident has had complete or substantial resolution of symptoms for at least the last **2 days** of the period and has had vaccination including booster.
- The period is extended to **14 days** for those who are eligible for booster but have not yet had booster.
- Extended to **21 days** for residents who are on respiratory support devices that are aerosol generating
- For Influenza transmission based precautions can be discontinued after **7 days** provided fever has resolved for **2 days** or more at that time.

Key Updates



Vaccination

Testing

Contact tracing

Outbreak management changes

Restriction of movement

FFP2/surgical masks

Vaccination



2nd dose booster vaccination in progress

Full vaccination including booster – 1st dose or 2nd dose?

Testing



PCR testing is recommended only if symptomatic for residents and healthcare workers

Recommendation for testing on/before admission is still required

Contact Tracing for COVID 19



No longer requirement for contact tracing including the identification of close contacts of a confirmed case of COVID 19 in an RCF

Influenza – identify close contacts is recommended

- identify close contacts
- accommodate single room/cohort
- consider antiviral tx
- asymptomatic testing not recommended

Outbreak management



All outbreaks COVID-19 or influenza in a RCF must be reported to the regional Medical Officer of Health (MOH) at the Department of Public Health at the earliest opportunity.

Public health risk assessment and where appropriate:

- The RCF should lead and manage the outbreak locally in line with national guidance, however, they should continue to have access to their local DPH for advice and guidance if required.

Outbreak management



- Public Health should continue to engage in active decision-making in relation to nursing home outbreaks i.e. when activities / transfers can resume and declaring an outbreak over.
- RCFs should keep a record of the numbers of cases and provide this information to their local Departments of Public Health if requested.
- An Outbreak Control Team may be convened.

Declaring the outbreak over



In order to formally declare an outbreak is over

- not have experienced any new cases of infection (resident or staff) acquired in the RCF which meet the case definition for a period of two incubation periods.
- this period is now **14 days (2 x 7 day incubation period)**.

This had been 28 days (2 x 14 day incubation period).

Admissions and transfers



Public Health may recommend that a person who is transferring from a particular congregated healthcare setting (a hospital or RCF) where there is evidence of ongoing transmission of COVID-19 (one or more open outbreaks) is managed as a **COVID-19 Contact after transfer** based on risk assessment. In this context Public Health may also recommend a **repeat test at 5 days** to enhance detection of hospital acquired infection.

Restricted Movements



Any person who has not had booster vaccination, and has not been diagnosed with COVID19 since December 1st 2021 will need to restrict their movements for 7 days after transfer regardless of the test result.

- Single room
- Standard Precautions plus *surgical mask – update to guidance
- Resident may leave their room but should remain separated from other residents (e.g. to go the garden or for a short walk)

FFP 2 /Surgical mask



Healthcare workers should continue to wear respirator (FFP2) masks when caring for patients with suspected or confirmed COVID-19. They should also wear respirator (FFP2) masks in settings where the infection prevention and control team advice indicates that there is a high risk that patients with unsuspected COVID-19 are likely to be present.

FFP 2 /Surgical mask



Healthcare workers in low-risk settings, when caring for those who do not have suspected or confirmed COVID-19, can revert to wearing a surgical mask.

Recognising that health care workers' preferences are an important consideration, respirator (FFP2) masks should continue to be available to healthcare workers in all settings, although they are not required.

FFP 2 /Surgical mask



Carer staff who live and work with residents in health and social care settings should, when caring for those who do not have suspected or confirmed COVID-19, revert to wearing a surgical mask.

Queries



Steam cleaning for areas where carpets are in place - recommended thermal (heat) cleaning

Choice of mask when handling deceased- if COVID 19 detected and within infectious period – minimum surgical mask- transmission based precautions

If a person who is on CPAP or BiPAP is not vaccinated (including booster vaccination), but the samples taken before and after admission are reported as COVID-19 not detected, they can move around outside their room and participate in activities subject to confirming each day that there is no deterioration in their condition that could suggest COVID-19 or other viral respiratory tract infection?

Queries



Day care settings and management of clients attending whom wish NOT to avail of the COVID vaccine?

HE

ANY
QUESTIONS
?



THANK YOU

- Queries regarding guidance or request for webinars to hcai.amrteam@hse.ie