



**Health  
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# Infection Control and PPE in Disability Services: Interpreting and Applying the Regulations

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Gary Kiernan, Infection Prevention and  
Control Hub, Regulation Directorate, HIQA

*Safer Better Care*

# Please note:

- The following information is based on national guidance that applies in the Republic of Ireland
- This guidance is being updated regularly as the public health emergency evolves
- Please ensure that you check [www.hpsc.ie](http://www.hpsc.ie) and [www.hse.ie](http://www.hse.ie) regularly for updates

# Covid-19: Role of the Regulator:

- Our priority is the health and wellbeing of people using services
- Support for providers who are responsible for delivering services
- Support for staff delivering care
- **HIQA Infection Prevention and Control Hub:** set up to provide a direct line of contact to offer *guidance* and *support* to staff of social care services as you deal with COVID-19 infection control issues.

# INFECTION PREVENTION AND CONTROL HUB

*SUPPORT FOR SOCIAL CARE SERVICES*



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1800 220 000

DCIPCsupport@hiqa.ie

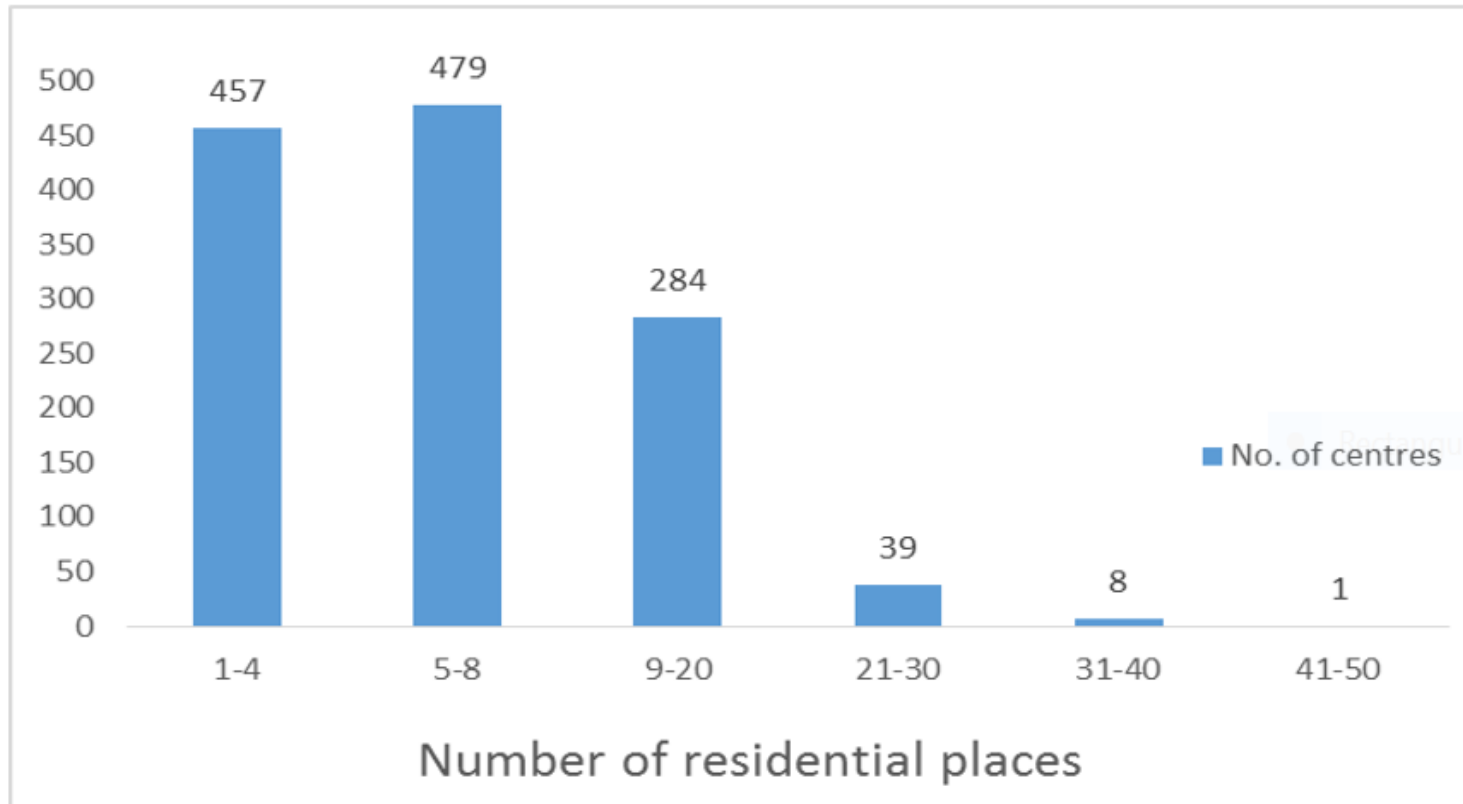


# Profile of residential disability centres:

- 1,268 registered residential centres
- Providing 9,064 residential places
- Diverse make-up, size and distribution
- Campus settings and larger houses for 10 people or more account for almost 1/3 of all residential places

# Profile of residential disability centres

**Number of registered residential places in designated centres for people with disabilities as at end Dec 2019**



# Vulnerable population

- Having a disability is not in itself a risk factor
- Higher rates of multi-morbidities amongst people with a disability
- People with multi-morbidities are at higher risk
- Psychological impact: Emotional and mental health conditions can increase the impact of IPC interventions
- Accommodation in congregated settings
- Some shared bedrooms
- Access to IPC advice

Guidance and resources available at  
[www.hpsc.ie](http://www.hpsc.ie)

**Interim Public Health and Infection Prevention Control  
Guidelines on the Prevention and Management of COVID-19  
Cases and Outbreaks in Residential Care Facilities and  
Similar Units**

V3 10/04/20



# Care and Support Regulations and IPC

- **S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.**
- **Regulation 17 Premises**
- **Regulation 23 Governance and Management**
- **Regulation 26 Risk Management Procedures**
- **Regulation 27 Protection Against Infection**

# National Standards for infection prevention and control in community services



National Standards for  
infection prevention and  
control in community  
services

2018

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# Contingency planning

Chief Inspector issued a notice: *Communique no 4 COVID-19 Contingency Planning in Designated Centres (23 March 2020)*

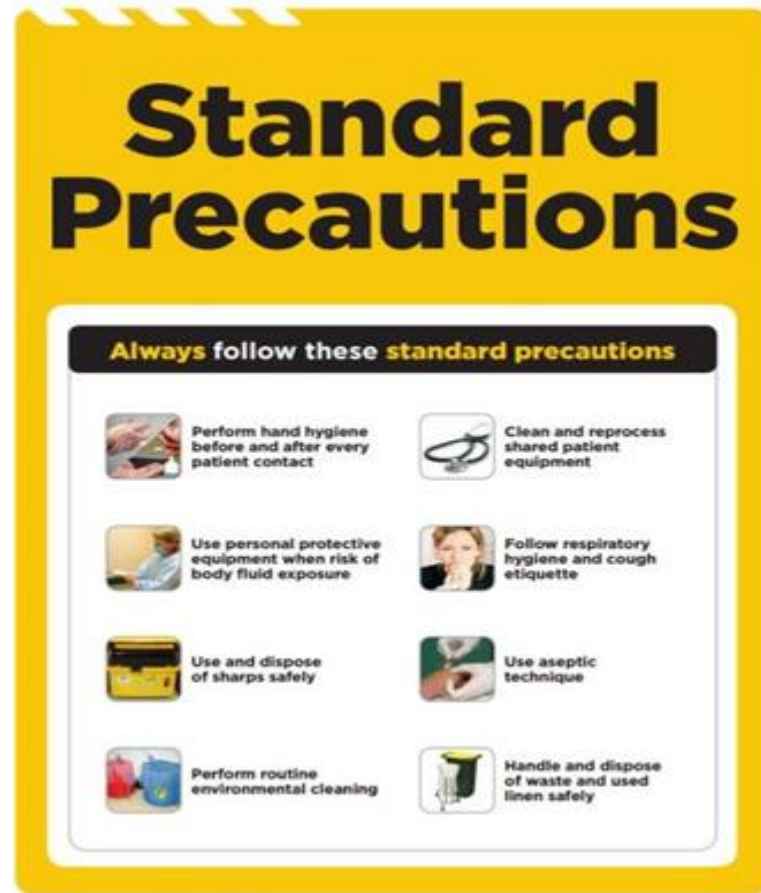
Providers must consider and review their preparedness under:

- Governance and management:** 1,268 centres are overseen by a small number of providers
- Staffing:** diverse range of nurse-led and non nurse-led (community) centres
- Infection control:** providers must assess their capacity to prevent, detect and respond to cases.

# Preparedness:









- Ensure policies, procedures and guidelines are updated and reviewed
- Contact details: senior staff and escalation pathway to provider/ HSE, GP contact (including out of hours) and regional department of public health
- Identify isolation facilities (*Notice from Chief Inspector Re Unregistered Beds. 31 March 2020*)
- Training and education: Importance of regular briefings and information for staff (including ancillary staff) and residents
- Monitoring of staff for symptoms
- Standard precautions (hand hygiene, respiratory hygiene, and environmental hygiene).

# Preparedness: Standard precautions



**Standard Precautions**

**Always follow these standard precautions**

-  Perform hand hygiene before and after every patient contact
-  Clean and reprocess shared patient equipment
-  Use personal protective equipment when risk of body fluid exposure
-  Follow respiratory hygiene and cough etiquette
-  Use and dispose of sharps safely
-  Use aseptic technique
-  Perform routine environmental cleaning
-  Handle and dispose of waste and used linen safely

# Preparedness: Keeping COVID-19 out of the centre

- ID high-risk population and protect
- Educate staff on early signs and be very vigilant (atypical presentation)
- Emphasis on need for unwell staff to stay away
- Implement a low threshold of suspicion

# Preparedness:

- Test as early as you can
- Importance of prompt results in disability setting
- Be wary of result of 'not detected' when resident is still symptomatic
- Restriction of movement within the centre
- Arrangements for transfers back from the acute setting
- Review visiting – sensible and sensitive arrangements for end of life

# Management of index case/suspect case:

- **Risk assessment:** ID vulnerable cohort of residents, assess available resources such as staff, access to medical advice, isolation facilities, medical supplies, medication, chain of supply.
- **Communication:** HSE, Public Health, residents, families and HIQA (NF02)
- **Isolation:** Single room with en-suite bathing and toilet facilities.
- **Door closed:** well ventilated and increase environmental hygiene
- **PPE available:** contact and droplet precautions
- **Distancing:** dedicated staff, minimize contact (1M ) and time (15 min) as appropriate
- **Monitoring** of residents contacts twice daily
- **Monitoring** of staff



# Management of outbreak:

- Outbreak equals evidence of spread within the centre
- Public Health notified and multi-disciplinary outbreak control team in place
- Identify close contacts
- Cohort of cases with dedicated staff
- Resident avoids communal areas 14 days from onset and 5 days post fever
- Residents encouraged carry out hand hygiene
- Re-train in safe use of PPE

# Use of PPE:

- Updated PPE Guidance specific to disability settings:

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>

- In addition to Standard precautions, use contact and droplet precautions as set out in the guidance
- Surgical mask
- Gloves
- Apron or gown: depends on COVID status and level of contact
- Eye protection\*

\*part of standard precautions where there is a risk of blood/body fluids/secretions splashing into eyes and based on individual risk assessment based on risk of Covid status and task to be performed.

# When to use PPE:

- Informed use to ensure supplies available to all
- Refer to guidance on [www.hpsc.ie](http://www.hpsc.ie) / [www.hse.ie](http://www.hse.ie)
- Inappropriate use can increase risk of infection
- Standard precautions always required where risk of blood or bodily fluid exposure
- Use for confirmed or suspected Covid

# When not to use PPE:

- Universal use of PPE with asymptomatic residents is not indicated (but must be vigilant for atypical signs)
- No direct contact
- Universal or continued use of masks increases risk of infection
- Inappropriate use of gloves also increases risk of infection

# Cocooning:

- Recognition that this is the resident's home and rights and freedoms must be respected
- Arrangements must be assessed in the context of residents' welfare
- Group activities suspended or in small groups assuming asymptomatic and social distancing implemented
- Encourage good hand hygiene and cough etiquette
- Previous webinar on supporting the person in isolation

# End-of-life care and visiting:

- Must be pragmatic and respectful – however, controlled arrangements are essential
- Visitors must be shown in and out of the centre
- Restrict their movement
- Show how to use PPE and observe hand hygiene
- Discourage close contact

# Residents' rights:

- Social care and recreation: Onus on providers and staff to maintain good standards of care
- Importance of good communication
- Use of social stories – HSE have circulated material
- Isolation spaces – how to make more therapeutic, re-assess needs and modify and adapt

# Safeguarding:

- Time of increased vulnerability – the regulations and standards for safeguarding residents must be upheld
- Contingency staff planning must prioritise vetting and safeguarding training
- Restrictive practices: must all be vigilant for use of unauthorised and unnecessary practices
- Psychological impact: need to continually assess the impact of wider public health measures on a resident's wellbeing



**Thank you for listening.**

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