



Residential Care Facilities – COVID-19 Testing and Supporting a Family Member



Covid 19 – Residential Care Facilities Update

As reported by RTE News on 19th April, all residents and staff in long-term residential care units are to be tested for Covid-19 over the next seven to ten days, as part of an effort to tackle the spread of the virus in these settings. As of 28th April, we are advised that 90% of disability services are COVID-19 free, the other 10% are so far coping with their outbreaks. Sadly, 10 people have passed away due to COVID-19.

What will increased testing mean?

As a result of increased testing there will very likely be an increase in the number of individuals confirmed as having COVID-19 and an increase in the number of care facilities identified as having an outbreak of COVID-19. But it is essential to know where there are cases of infection so that the correct healthcare, support and infection control measures can be taken.

Keeping in contact with my family member

HSE COVID-19 infection control guidelines¹ say “Family and friends will have been advised that all but essential visiting (for example end of life) is suspended in the interest of protecting residents at this time. The restriction of visiting can be extremely distressing for the resident and their family and friends and every effort should be made by the residential service to encourage regular communication by telephone, mail or video messaging where possible.”

Wi-Fi is available in most residential facilities and should be available in all. If not, ask that it be made available as matter of priority. Inclusion Ireland has a guide to [the best ways of staying in contact](#) using a smartphone or iPad.

Advocating for a family member in a long-term residential facility.

Remember every adult is presumed to have capacity to make his or her own decisions and to speak for themselves unless there is evidence to the contrary. With the consent of the person, family and friends can be a communication partner, support or advocate, as needed. Particularly when unwell or when there is a lot of change happening, trusted family and friends can assist in identifying the will and preferences of the person receiving care, support or treatment.

1. [HSE HSPC 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 V3.2 17/04/20](#)
2. [PROJECT ECHO AIIHPC: Webinars For Intellectual Disability Services, How to support people with intellectual disabilities with a diagnosis of COVID-19, Professor Mary McCarron, Trinity College Dublin, IDS-TILDA.](#)



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My family member is diagnosed positive with COVID 19:

HSE guidelines¹ say that “Where possible, residents with probable or confirmed COVID-19 should be isolated in single rooms with en-suite facilities. If there are multiple residents, these single rooms should be in close proximity to one another in one zone for example on a particular floor or area within the facility. Staff working in cohort areas should not be assigned to work in non-COVID-19 areas. Numbers entering the cohort area should be kept to a minimum.

Where single room capacity is exceeded, and it is necessary to cohort residents in a multi-occupancy room **only** residents with a diagnosis of COVID-19 can be cohorted together.

Residents with confirmed COVID-19 will require appropriate healthcare and social support, including access to their GP for medical management.

Managing Isolation: Guidance on Managing Isolation from the All Ireland Institute of Hospital and Palliative Care (3rd April 2020)² proposes the following questions that you can ask on your own or a family member’s behalf.

- “Does the person have their own room, and can this space be made therapeutic e.g. music, art, activities to keep the individual occupied?”
- Is there a place for the person to wander or pace while in isolation?”
- Is there an enclosed garden or other facility that will be calming?”
- Is there another space within the same service environment better suited to isolation?”
- Are attempts at managing isolation putting others at risk?”
- Legitimate restrictions on a person’s freedom can be justified in cases where exercising that freedom places other people at significant risk? Are restrictions justified? What are the least restrictive measures available?”
- Is medication needed to manage distress/behaviour that challenge?”
- Would the person benefit from being moved to a different facility?”

Residents with confirmed COVID-19 infection should remain in isolation with precautions against contact and droplet infection until 14 days after the first date of onset of symptoms and they are fever free for the last 5 days.

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My family member is probable COVID-19 but does not have a confirmed diagnosis:

HSE guidelines¹ say “Where possible, residents with probable or suspected COVID-19 should be isolated in single rooms with en-suite facilities. Residents with probable COVID-19 should **not** be cohorted with those who are confirmed positive; The risk of cohorting probable cases in multi-occupancy areas is much greater than that of cohorting confirmed positive residents together, as the suspect cohort is likely to include residents with and without COVID-19.

Where residents with probable covid 19 are cohorted in multi-occupancy rooms every effort should be made to minimise cross-transmission risk. Maintain as much physical distance as possible between beds; if possible, reduce the number of residents/beds in the area to facilitate social distancing.” See above for guidelines on managing isolation.

My family member does not have COVID-19 but is a contact of a possible or confirmed case:

HSE guidelines¹ say that “Residents who are contacts of a confirmed or possible case should be accommodated in a single room with their own bathing and toilet facilities. If this is not possible, cohorting in small groups (2 to 4) with other contacts is acceptable. Residents who are contacts should be advised to avoid communal areas and stay in their room where it is practical to do so until 14 days after exposure.

Residents may go outside if appropriate, alone or accompanied by a staff member maintaining a distance of 1m to 2m. An accompanying staff member in this situation is not required to wear PPE.” See above for guidelines on managing isolation.

Transfer to an acute hospital

HSE guidelines¹ say that “Outward transfer for attendance or care off-site should only be necessary to provide essential care to residents. In such cases, the national ambulance service and the local receiving hospital should be notified of the transfer in advance in either COVID positive or suspected COVID residents. COVID positive status in itself does not preclude (*prohibit or prevent*) transfer to acute hospital where it is deemed clinically appropriate.”

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Care Pathways

For more information, if considering care options, this is the link to the All-Ireland Institute of Hospital and Palliative Care presentation by Dr. Mary McCarron, Trinity College Dublin, (3rd April 2020) [How to Support People with Intellectual Disabilities with a Diagnosis of COVID-19](#) .

The short presentation discusses care pathways, hospitalisation and the best environment for care. Click [here](#) to watch the presentation, for the presentation slides and links to other presentations.

Communication about an outbreak of COVID-19

With consent, as set out in the resident's contract of care, close family members of each resident should be kept advised regarding their family member's health and care needs. The privacy of each resident must be respected and protected, as always, but general information regarding the presence and extent of COVID-19 infection in the residential facility and the steps being taken to manage an outbreak should be available to and communicated clearly to all residents and their family members.

You can ask does the service have enough staff, personal protective equipment, supply of oxygen etc; whatever is or may be a requirement for care. Residents and family members need clear and accessible information so that they can make and take part in decisions about their personal care and treatment.

Useful Contacts and Links

[Inclusion Ireland](#).

[HSE Coronavirus Covid-19](#)

[HSPC Guidelines COVID-19 in Residential Care Facilities](#)

[AIIHPC How to support people with intellectual disability with a diagnosis of COVID-19, Professor Mary McCarron, TCD.](#)

[Family Advocacy – Tools and Tips](#)

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