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LESSONS LEARNED DURING COVID-19 IN LONG TERM CARE

HOW TO CO-OPERATE, CREATE LEADERSHIP, AND SUPPORT STAFF

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What we did to prevent the spread of the virus in social welfare services

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SUMMARY OF MEASURES INTRODUCED BY SCSA TO SAFEGUARD CARE HOME STAFF

Introduction and regular reminders of preventative measures which should be taken to reduce the spread of infection, including:

- Promotion of regular handwashing

- Availability of hand sanitiser

- Staff and relatives (when visits were permitted) advised not to enter the residential home if experiencing flu-like symptoms

- Restrictions on visits

- Adherence to hygiene practices around the use and upkeep of uniforms

- Wearing of masks/visors

- Checking staff for fever at the beginning of their shift

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- Assistance by SCSA in procuring PPE and other infection control-related supplies, including delivery of donated supplies

- Contact tracing for COVID-19 positive residents and staff carried out by SCSA

- Training videos provided by SCSA regarding use and disposal of PPE. SCSA also advised service providers of any training being provided by the public health authorities

- Availability of an emergency number manned by SCSA personnel which all licenced service providers could call with queries or concerns

- Homes were instructed to facilitate laundry in-house, and limit any laundry-related visits by relatives to one per week

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- Suspension of visits to residential homes to reduce the number of people entering the facility

- Residents returning to the residential care home following hospitalisation were required to follow a period of quarantine, while intake of new residents was temporarily suspended between 16th March and 1st June 2020

- 9th April 2020: Residential facilities were required to ensure that their staff worked within only one residential facility to minimise possible transmission between homes. Staff were only permitted to work in a maximum of two residential settings once fully vaccinated

- Service providers were asked to coordinate transportation of staff between their private homes and the residential facility whenever possible

- Introduction of a resident-to-carer allocation system and bubbles within residential homes

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- Staff showing COVID-19 symptoms were instructed not to report to work and to seek advice from the helpline. Should the COVID helpline indicate that a swab be taken, the staff member was not to return to work until a negative COVID-19 test result was received

- Staff entering into live-in arrangements within a residential home were swabbed prior to the start of living-in. Live-ins were to be on a voluntary basis by staff, with adequate sleeping quarters and food for staff provided by the Home

- Ongoing swabbing exercise coordinated by SCSA for staff and residents, with schedules and swabs

- Swabbing practices for staff returning from abroad were recommended

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- Coordination of the influenza vaccine for both residents and staff in residential care homes

- Development of additional infection control procedures for activities organised within the residential home

- From September 2020, residential homes were instructed to implement segregation by floor within the home, including during meal times and activities

- Restrictions on residents leaving the home, which from mid-September 2020 was only permitted for medical reasons

- Recommendation that staff spend their breaks individually rather than as a group

- Development and circulation of guidelines for carers living in shared accommodation

- From 12th October 2020, setup of a designated residential facility to which COVID-19 positive residents were to be moved

- From 26th October 2020, introduction of additional protective equipment as part of protocols: surgical masks, gloves and aprons to be used when feeding/handling older persons. These should be changed and hand hygiene applied between each resident

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THANK YOU!

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