**CONTINEGENCY PLAN FOR**

**MOUNT CARMEL SUPPORT CARE HOME**

**DURING COVID 19 EMERGENCY.**

**2020**

**Version 1.0**

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**Appendix 1 Isolation Room**

**1.0 Introduction:**

This contingency plan **(CP)** has been developed in response to the COVID-19 pandemic within the context of Mount Carmel Support Care Home is social led and not Nursing led. The plan has been developed in conjunction with active **Action Plan** that is currently in operation and responds to the guidance issued by the Heath Service Executive **(HSE),** Health Protection Surveillance Centre **(HPSC)** and other State Agencies directives.

The Action Plan is the active plan that responds to guidance and directives issued and allows staff to familiarise themselves immediately with new or revised actions. The action plan has been active since the first week in March 2020 and precedes the CP and a update copy can be found in the staff office.

Also a part of the Contingency Plan there is a COVID-19 folder in the office which has relevant updates, PPE orders, Staff and Residents health screening etc.

**2.0 Residents:**

The safety and wellbeing of the residents is paramount in the Contingency Plan and in the Action Plan. All actions endeavour to ensure the physical and mental health of residents.

**2.1 Suspected Resident Case:**

If a resident presents with symptoms of COVID-19, they will be initially isolated in their respective room and their GP will be contacted for guidance, if the GP’s advice is for isolation and testing the person will transferred to the identified isolation room (Rm18). Please see appendix 1. This room is ensuite and is better suited to facilitate a 14 day isolation period. Relevant agencies will informed of suspected cases (HIQA & Public Health)

**2.2 Confirmed Resident Case:**

If after testing the person is confirmed to be COVID-19 positive we request that the person be transferred to a suitable medical facility that would be able to meet the needs of the person. Relevant agencies will informed of confirmed cases (HIQA & Public Health)

**2.3 Community Admissions:**

During the pandemic all community admissions will be put on hold but existing waiting lists will be maintained. This action will be reviewed on an ongoing basis.

**2.4 Hospital Transfer:**

Admissions through transfer from hospital settings will be facilitated using the most up to date HSE***Guidance on the Transfer of Hospitalized Patients from an Acute Hospital to a Residential Care Facility in the Context of the Global COVID-19 Epidemic.***

**2.5 Medication:**

The Centre will liaise with both the pharmacist and the resident’s GP in relation to keeping adequate supply of medication or generic alternatives.

**2.6 Communication with Residents:**

It is essential that clear and concise communication takes place with all residents. To facilitate this weekly House meeting will take place with residents and if there is a need to have more that will happen.

**2.7 Non COVID-19 Health Care:**

Direct contact with relevant resident’s GPs have been maintained to ensure that non COVID-19 health Care is maintained through various methods and were appropriate a GP consultation can be arrange and the necessary precautions are taken.

Non GP contact Health Care has also been maintained through telephone consultations.

**2.8 Nurse:**

As part of the Actin Plan the nurses hours have been increase from 10 hours to 25 hours a week, the nurse is on duty for 5 of the 7 days a week on a part-time basis.

**3.0 Staff:**

It is essential that the Centre maintains a COVID-19 free staff team and to support this the Mount Carmel has urged all staff to maintain and adhere to all directives and Guidance issued by relevant Government bodies for community living. Staff will be asked to familiarize themselves at the start of every shift with the **Action Plan** with regards to new practices/actions.

**3.1 Suspected Staff Cases:**

If staff exhibit any of the symptoms of COVID-19 they are requested not to attend for work but to contact their GP for guidance and Advice and follow the advice provided by their GP.

In the event that staff are advised by their GP not to attend to work because of possible contact with a suspected case, staff will remain off work until directed by their GP to resume work. Relevant agencies will be informed of suspected cases (HIQA & Public Health)

**3.2 Confirmed Staff Case:**

If a staff member is positive for COVID19 the Centre they will self-isolate and follow the instructions given by their GP. The Centre will follow the Guidelines of contact tracing.

**3.3 Staffing Levels contingencies:**

Experience to date has shown that Mount Carmel has been able to cope when staffing levels drop. This is due to the fact that we have a high level staff who are under employed and when requested have increase their hours maintain adequate cover in the Centre.

In addition to this we have also have access to catering staff that the Centre has used previously if required.

This approach has proven to be very beneficial to the residents as we have managed to provide adequate levels of staffing from the existing team and not unduly disturb residents with new staff.

As part of the ongoing action plan all staff that could work from home have been facilitated to do this to minimize staff entering the building.

In the event of the manager becoming ill or not in apposition to attend work the deputy manager will take over that position.

**4.0 Governance:**

Because of COVID-19 it has not been feasible to hold a board meeting but the manager still produces a monthly report for circulation to all board members. There is regular phone contact with various board members and weekly contact with both the Chairperson and the Treasures.

**4.1 Management on Duty:**

There is a member of the management team on duty every day, the management team consists of the following:

* Manager / PIC
* Deputy Manager
* Senior Care Worker

The Manager / PIC and the deputy manager alternate every weekend to provide on call supports. The Manager/PIC is on 24/7 phone on call.

**Appendix 1:**

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