Area	Metric	Status / Discussion	Action	Status
Residents	Resident status	0 new suspect. Existing suspects , 1 confirmed positive in confirmed by CGH swab post transfer). 3 suspects being monitored in , no additional results back since 08.05.20 , 15 results back out of 38 residents re-swabbed on 06.05.20, 7 new confirmed positive, remaining previously confirmed positive. returned difficult to manage on moved back to , all residents in isolation re-configured. Ensured unaffected residents are not in rooms with suspects. All positives either in double sharing with other positives or in single rooms. total 44 confirmed cases (including 12 RIP), residents being closely observed noted on residents monitor 18.05 & update from CGH ON 2 residents (including 12 RIP), residents being RIP 29.04. RIP in CGH 02.05.20 & RIP in CGH on 03.05.20 (confirmed negative with two swabs – deterioration due to paused immunotherapy) RIP in ELNH 04.05.20. RIP in ELNH 07.05.20. renal failure returned to ELNH, eating and drinking. RIP in CGH (post 3 weeks in acute care) 14 th May 2020		
		in ELNH 0		
		Suspects awaiting swab results 23 (including re-tests)		
		Negative results in home 27 (over period of 40 days)		
		Total positives 45 over 40 days		
		All positive and suspected residents as per daily log 18.05.20 & daily monitor to CHO & update to DPH (highlights residents being closely monitored) 0 resident in hospital . No other issues, monitoring all residents and completing chest physio as per HCD guidelines & CGH Respiratory support team, confirmed that DAR residents are having hand massages with sanitizer. Vit D being provided to all residents. reviewed by physio. — transferred with confirmed negative, dehydrated given IV & returned to EL, advised by GP to send to CGH but ambulance refused on 08.05.20, GP advised of outcome. Some residents reswabbed 02.05.20 still awaiting results — 22 negatives confirmed. Other residents re. swabbed 06.05.20 CGH have completed two visits to ELNH (Respiratory Support Team link). from Healthcare direct has reviewed all DAR residents & who is out of bed in chair. DAR temp down but still chesty.		
Staffing	Current staffing level Symptom monitoring	Still using current rosters with extended shifts for HCAs in KK & DAR. Two week roster in place, review of tasks completed. Additional guidance to staff from by WhatsApp specified floor. Activities team not going into C&D rooms. No group activities. No communal eating. Confirmed goggles single use only. communicating with staff still SI & checking how they are & confirming return to work date. Most staff returning 14 days post self isolation, symptom free and well. When HK staff are finished SI plan to increase hours further. Post SN AL review SN hours to include more paperwork time to support DON & ADON with internal auditing. NB on 11.05 DB DAR self isolating L in HK but now SI for two weeks. Agreed action for HCW temp above 37.5 note high sensitivity infrared thermometers guidance, SN & TL recording direct care & NP recording indirect care twice per day. Reviewed and being completed within department. Phone comms to staff SI or unwell ongoing		ONGOING SINCE APRIL ON RECEIPT OF THERMO METERS

	Blanket testing	Additional guidance for staff who test positive requested from DPH re. what is day 1, day of test or day of result & what if staff member tested positive before the blanket testing, do they still have to self isolate for 14 days. DPH confirmed 14 days post swab, i.e. day of swab day 1		
	Agency / Extra staff	made contact with agency re. additional staff 8-4pm due to 4 x SN self isolating & with HSE. EMT resource starting 20.4.20. Signed T&Cs from signed TOB with for full time SN & HCAs if required, agreed terms with Agency on hold as staffing stable at present.	٧	
	Misc	Psychological support offered to staff via HSE, all info emailed to staff. ELNH offering extra support – VM emailed TL & Department Heads to check interest before setting up, VM awaiting feedback from team		Done
	# self isolating/ # close contacts / # casual contacts/ # derogations / # other absences	Texted all staff who are asymptomatic and recently confirmed positive – done & ongoing As per staff log 18.05.20. 1 new suspect previously) 0 new staff suspect since 1 on 28.04 1 new on 29.04 (S – while he has been on extended leave) 2 new positives confirmed from staff testing on 02.05.20 – (finished in ELNH) & No new suspects from (29.04.20 to 09.05.20 with staff), 1 new staff on 11.05.20 & 3 new staff on 14 th May , O off due to family bereavement, positive unrelated to work, family member also positive. 4 new confirmed		Done
		contacted on 15.05.20 and on 18.05.20 re. additional staff nurse. emailed NOC & HSE re. additional shifts – done working 22.05 & 24.05 & also working 1 x shift		Done
Supplies	Pharmaceutical/ medicine/ Medical / PPE IPC-Gel/ cleaning Other	OK Daily deliveries from HSE. Stock monitor on G Drive. set up account with Bunzl and / or BWG re. gloves. Escalated to HSE lack of appropriately sized gloves No additional clinical waste bins available, no supply of regular sized bags available, extra collections agreed. As per DPH IPC guidance additional household bins used to hold clinical waste bags as there are no additional clinical waste bins available.	Done	Done
Communica tion	Residents Family Staff External-Public Health/HIQA/HSE	Update from activities by email on evening of 06.04.20 12.04.20, further update on 02.05.20 ongoing fresh air, writing cards, 1:1, video calls & review of photography competition. Video calls for pastoral care set up. Out door 1 to 1 activities on balcony ongoing for fresh air. Activities team asked to refer to ADON re. duration of activities etc. for recovering /rehabilitating residents Ongoing for affected residents. Ongoing for departments and affected staff. Completed daily: NH Monitor CHO1 HSE Daily, Daily RCF Update DPH & Daily updates for HIQA being completed. had discussion with CGH as part of twice weekly conference call. They agreed to have consultants liaise with re. additional input. raised issue of antibiotic treatment for residents. CGH agreed to revert with additional guidance & support regarding same after conferring with consultants. Outstanding, follow up with CGH liaising with CGH & DPH re. mass testing & review of cohorting by NH management and consultant input from CGH – DPH refused to sanction but DPH convened outbreak management meeting to review actions. Call held on 07.05.20.		

Building& Environ.	Housekeeping	OK, daily updates by via text & meeting 4 x times per week, reviewed processes now full team of HK in place, increased c&d cleaning regime. Still awaiting HK staff to come off SI to put extra house keeping resource on		ongoing
	Laundry Isolation areas/rooms Donning & doffing	DAR taking laundry to department to minimize movements out of the department. No laundry staff in rooms with C&D, corridors only		
		Single rooms in use for isolation and isolation area available if required. Disposable crockery use stopped, creating IPC risk		Done
		PPE donning and doffing areas created with available spare rooms		Done
		Whatsapp staff the video for donning and doffing PPE so that they can review again. Share with all SN & TL so that staff can access it if required		Done
Risk areas / Risk	New	Updated COVID-19 Risk Register sent for review by today 12.04 all areas highlighted to be reviewed and actions agreed. Reviewed HCI preparedness infograph for use by EMT	Done	
Register		Add potential outdoor visits of family of <15 mins, subject to written approval by DPH possibly post outbreak with easing of visiting restrictions		
		Reviewed full c&d PPE use for all residents whether suspect, positive or not – following DPH guidance		
		Resident who are 23 days post covid-19 & clear have obs reviewed & also residents who have been confirmed negative (22 to date)	_	
		GP support – escalate to CGH & HSE CHO 1 ACMT - ongoing		
		IPC – some areas require additional input which will be scheduled as per additional available staff resources		
		Inability to cohort PLWD based on green amber red profile due to purposeful walking and inability to predict behaviour in a different part of home		
Quality Control	Audits / Compliance Monitoring	IPC daily checklist for PIC from DPH to be implemented – added to daily EMT agenda & provided to SN on ND to complete & Daily Aide Memoire implementation to be reviewed		Done
		completed IPC audit. Report with findings received on 15.05. Action plan created and will be prioritized and extra resource allocated based on priority areas and availability of staff		Done
External Updates	HPSC / HSE /Public Health	NHI updates to be reviewed and disseminated to EMT ongoing. attending ECHO seminar & disseminating info to EMT team		ongoin