

## Mental Health Commission COVID-19 Notification Process

Thursday, 01 October 2020

The Mental Health Commission's Standards & Quality Assurance team continues to monitor the progression of COVID-19 in residential mental health services, both approved centres and community residences. In order to enable us to do so, this memo reiterates the current COVID-19 notification process which residential mental health services should follow.

## COVID-19 Case Notification

As per previous communications, please be reminded that the Commission must be notified of any suspected or confirmed staff or resident cases of COVID-19. An email notification should be sent to compliance@mhcirl.ie.

It is essential that this email communication clearly identifies the name of the approved centre or community residence to which a suspected or confirmed case relates.

A member of the Standards & Quality Assurance team will contact the service in the same week for more detail about the case, any delays in testing, and access to PPE. Should a test result be received in the interim, we would ask that a follow-up email be sent. Should a 'not detected' result be received, this will mean that a monitoring call is not required.

To facilitate this process, we would invite you to carefully consider the notes section of the COVID-19 Monitoring Questionnaire at Appendix II overleaf. This questionnaire is used to support the Standards & Quality Assurance Team in their contacts with services.

A number of important matters are clarified in the notes section. In particular, it makes clear that for the purposes of the Commission's monitoring, suspected cases are based on <u>symptoms</u>. It also makes clear that the current number of confirmed and suspected resident cases includes residents who are subsequently transferred to another service for treatment.

We would ask that services continue to notify the Commission of any emerging issues being experienced on the ground. We will continue to escalate these matters as appropriate.

We continue to wish you and all residents, patients and staff well during these challenging times.

Yours sincerely,

Ms Elena Hamilton

Interim Director of Standards and Quality Assurance

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## Appendix I: Contact Details

Elena Hamilton, Interim Director of Standards and Quality Assurance: e: <a href="mailton@mhcirl.ie"><u>elena.hamilton@mhcirl.ie</u></a> t: 087 451 2957

Susan Finnerty, Inspector of Mental Health Services: e: <a href="mailto:susan.finnerty@mhcirl.ie">susan.finnerty@mhcirl.ie</a> t: 087 244 4575

If you have a general query relating to the inspections please email <u>inspectorateadmin@mhcirl.ie</u>. For all other general queries, please email <u>compliance@mhcirl.ie</u>.

| Question  | Response   | Status  | Notes  |
|---|--|---|--|
|   |  |   |  |
| Current number confirmed cases RESIDENTS?           |  | Mandatory   | This includes residents subsequently transferred   |
| Recovered RESIDENTS?                                |  | Optional  |  |
| Total confirmed cases RESIDENTS?                    |  | Mandatory   | This includes residents deemed COVID recovered. i.e. the total comprises all residents currently COVID-19 positive, and all residents deemed COVID-recovered   |
| Current number suspected cases RESIDENTS?           |  | Mandatory   | This includes residents subsequently transferred. This is suspected based on symptoms (i.e. not close contact)   |
| Location of residents?                              |  | Mandatory   | Are they in the facility? Where in the facility?   |
| Current number confirmed cases STAFF?               |  | Mandatory   |  |
| Recovered STAFF?                                    |  | Optional  |  |
| Total confirmed cases STAFF?                        |  | Mandatory   | This includes staff deemed COVID recovered. i.e. the total figure comprises all staff currently COVID-19 positive, and all staff deemed COVID-recovered  |
| Current number <b>suspected</b> cases STAFF?        |  | Mandatory   | This is suspected based on symptoms (i.e. not close contact)   |
| Is staff testing completed/planned?                 |  | Optional  | As per public health guidance  |
| Current number staff self-<br>isolating/not at work |  | Optional  | All staff currently absent/not at work - this should inform whether or not there is a current risk around staffing.  |
|   | Current number confirmed cases RESIDENTS?  Recovered RESIDENTS?  Total confirmed cases RESIDENTS?  Current number suspected cases RESIDENTS?  Location of residents?  Current number confirmed cases STAFF?  Recovered STAFF?  Total confirmed cases STAFF?  Current number suspected cases STAFF?  Current number suspected cases STAFF?  Current number suspected cases STAFF? | Current number confirmed cases RESIDENTS?  Recovered RESIDENTS?  Total confirmed cases RESIDENTS?  Current number suspected cases RESIDENTS?  Location of residents?  Current number confirmed cases STAFF?  Recovered STAFF?  Total confirmed cases STAFF?  Current number suspected cases STAFF? | Current number confirmed cases RESIDENTS?  Recovered RESIDENTS?  Optional  Total confirmed cases RESIDENTS?  Current number suspected cases RESIDENTS?  Location of residents?  Mandatory  Current number confirmed cases STAFF?  Recovered STAFF?  Optional  Total confirmed cases STAFF?  Current number suspected cases Mandatory  Mandatory  Current number confirmed Mandatory  Current number suspected cases STAFF?  Optional  Total confirmed cases STAFF?  Current number suspected Mandatory  Current number suspected cases STAFF?  Current number suspected Optional  Current number staff self-  Current number staff self- |

| 7  | Current access to PPE?      | Mandatory | Do they have current stock? Do they have defined access? |
|----|-----------------------------|-----------|--|
|    |                             |           |  |
| 8  | Any delays in test results? | Mandatory | If yes, have delays been escalated?                      |
|    |                             |           |  |
| 9  | Additional information re   | Optional  | Any additional information they didn't                   |
|    | survey?                     |           | have to hand last time                                   |
|    |                             |           |  |
| 10 | Any other concerns or       | Optional  |  |
|    | issues?                     |           |  |