



# Mental Health Commission

## COVID-19 risk assessment framework

The Department of Health has requested that the Mental Health Commission undertake a risk rating exercise as part of enhanced public health measures for COVID-19 disease management for the purposes of liaising with national and regional governance structures to support services.

The Commission has developed a risk framework to contact and assess services in terms of their preparedness, environment and disease progression. This is not an inspection, compliance or enforcement process. The Commission is committed to working with and supporting services as part of this risk assessment process.

**PLEASE NOTE:** The Commission will be contacting services (by phone in the first instance) to complete this framework. Services are not being requested to complete and submit the template. Any questions in relation to this framework should be sent to [Compliance@mhcirl.ie](mailto:Compliance@mhcirl.ie)

**EDIT 14 April 2020:** An appendix of focused follow-up questions to allow for the ongoing monitoring of services was added on 14 April 2020.

### Risk statements

*Risk will be assessed against the following **risk statements**, each of which includes a number of criteria and corresponding lines of enquiry. These risk statements relate to the resident cohort and the four pillars of 'SPACE', 'SYSTEMS', 'STAFF' and 'STUFF' (Crisis Standards of Care (IOM)).*

1. The resident cohort does not include at-risk populations
2. Residents are not accommodated in shared accommodation
3. The physical environment is able to facilitate separation and cohorting of residents
4. The service maintains a schedule of cleaning
5. There are clear protocols for communications relating to Covid-19
6. Protocols have been established for visitors
7. The service is able to provide general health, emergency and palliative care services
8. Protocols have been established for the admission and transfer of residents
9. The service has access to staff with appropriate expertise
10. Staff have access to relevant training
11. Staff are not working across services
12. There is a plan for staffing contingencies
13. The service has a baseline stock of PPE
14. The service has contingency plans with suppliers

### Risk criteria

*The service will be asked a number of questions in order to determine whether or not the risk statement is relevant and applicable. While these questions are structured for yes/no answers, it is likely that many services will be somewhere in the middle. Where this is the case, additionally commentary and specific examples will be sought.*

### DISEASE PROGRESSION

We are currently aware of <<number>> of suspected or confirmed cases of COVID-19 in the service. Could you please confirm whether that is correct or has changed?

<b>Current suspected or confirmed cases – residents</b> <i>Including residents transferred to or from service</i>
<b>Current suspect or confirmed cases – staff</b> <i>Numbers of staff self-isolating</i>
<b>Current number of tests or results awaited</b> <i>Timeframes for testing or results</i>

<b>Are you the nominated COVID-19 lead for the service?</b> <i>If not, please provide below:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>COVID-19 lead name</b>		
<b>COVID-19 lead role</b>		
<b>COVID-19 lead contact details</b>		

## RESIDENT PROFILE

<b>1. The resident cohort does not include at-risk populations</b>					
1.1	There are no residents over 60 years of age? <i>If there are, how many?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
1.2	There are no residents with underlying medical conditions? <i>Cardiovascular disease, Chronic respiratory disease, Diabetes, Cancer</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

## SPACE

<b>2. Residents are not accommodated in shared accommodation</b>					
2.1	Do all residents have a single room with ensuite?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

3. The physical environment is able to facilitate separation and cohorting of residents					
Currently, how many separate wards/units in the service?					
Comments:					
3.1	Are residents able to practice social distancing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
3.2	Can the service be reconfigured to isolate 1x resident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
3.3	Can the service be reconfigured to isolate 2x or more residents? <i>Can a ward/section of a ward be separated?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
3.4	Would the isolated resident(s) have access to separate living and dining spaces and bathroom facilities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

4. The service maintains a schedule of cleaning					
4.1	Is a regular schedule of cleaning maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
4.2	Is the frequency of cleaning increased for a suspected or confirmed case of Covid-19?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

## SYSTEMS

5. There are clear protocols for communications relating to Covid-19				
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5.1	Is there a person in the service responsible for collecting and disseminating information and updates in relation to Covid-19 to staff and residents?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
5.2	Are there regular communications to staff about Covid-19?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
5.3	Are there regular communications to residents about Covid-19? <i>Including information on preventative measures</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
5.4	Are there regular communications to families about Covid-19? <i>Including information on preventative measures</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
5.5	Is there a protocol for notifying suspected/confirmed cases of Covid-19? <i>Are staff aware of their public health contact?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

<b>6. Protocols have been established for visitors</b>					
6.1	Are there restrictions on visitors? <i>Protocols have been updated</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
6.2	Are there clear exceptions for residents receiving end of life care? <i>Protocols have been updated</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
6.3	Have new visiting procedures been communicated to residents and their families?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments:					
6.4	Are communications facilitated through other means, i.e. phone, Facetime etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

<b>7. The service is able to provide general health, emergency and palliative care services</b>					
7.1	In normal operating conditions would the service provide medical treatment within the service? (i.e. would not transfer the resident) For comments: Has this changed / have any issues arisen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
7.2	In normal operating conditions would the service provide end of life care within the service? (i.e. would not transfer the resident) <i>For comments: Has this changed / have any issues arisen?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
7.3	In normal operating conditions would the service manage a medical emergency within the service? (i.e. would not transfer the resident) For comments: Has this changed / have any issues arisen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
7.4	Residents deemed as a 'close contact' are checked 4x per day for Covid-19 as per public health guidance? See 5.2 HSE Guidance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
7.5	All residents are regularly monitored for symptoms of Covid-19?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

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8. Protocols are established for the admission and transfer of residents					
8.1	Does the service have a protocol for checking and recording symptoms prior to an admission or transfer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
8.2	Does the service have a protocol for admitting or transferring a resident with Covid-19 symptoms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

## STAFF

9. The service has access to staff with appropriate expertise					
9.1	Does the service have access to Infection Prevention Control (IPC) expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
9.2	Does the service have access to palliative care expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
9.3	Is one member of staff or more trained to collect a sample for testing for Covid-19? <i>Does the service have access to testing for Covid-19</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

10. Staff have access to relevant training					
10.1	Do staff have access to IPC information and training?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
10.2	Are all staff are trained in all aspects of IPC practice relevant to their role? <i>Do they know signs and symptoms of Covid-19</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments:					
10.3	Are staff trained in the proper use of PPE?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
10.4	Are cleaning staff are trained in additional cleaning and disinfecting requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
10.5	Do staff have access to palliative care information?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
10.6	Do staff have access to palliative care training?				
Comments:					
10.7	Is there a person with responsibility for identifying training needs and accessing appropriate training?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

<b>11. Staff are not working across services</b>					
11.1	Does the service have dedicated nursing staff that are not working across services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
11.2	Does the service have dedicated medical staff that are not working across services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
11.3	Does the service have dedicated healthcare assistants (HCAs)/ multi-task attendants (MTAs) that are not working across services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

11.4	Does the service have dedicated health and social care professionals (HSCPs) that are not working across services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

<b>12. There is a plan for staffing contingencies</b>					
12.1	Is there a person responsible for reviewing staffing levels and needs daily?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
12.2	Is there a register maintained of staff caring for residents with Covid-19?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
12.3	Are staff temperatures checked twice daily?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
12.4	Is there an escalation protocol for staffing shortages?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
12.5	Is there a plan for staff cohorting? <i>Care for a resident who has tested positive is delivered by a single nominated person on each shift to the greatest extent possible</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

## SUPPLIES

<b>13. The service has a baseline stock of PPE</b>					
13.1	<i>(Where there are <b>no</b> current cases)</i> Do you have enough PPE for 1x positive (suspected or confirmed) Covid-19 patient for 3 days?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					



13.2	<i>(Where there are current cases)</i> Do you have enough PPE per positive (suspected or confirmed) Covid-19 patient for 3 days?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

<b>14. The service has contingency plans with usual suppliers</b>					
14.1	Do you have access to palliative care medications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
14.2	Do you maintain access to a pharmacy as per normal operating conditions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
14.3	Do you have access to oxygen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
14.4	Do you have access to the usual supplies of food and catering equipment? <i>Any issues arisen</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
14.5	Do you have access to usual supplies and cleaning services for linen? <i>Any issues arisen</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

<b>Additional comments:</b>					

## Appendix 1: Follow-up monitoring questions for MHC COVID-19 Risk Framework

<b>1. RESIDENT cases</b>
1(a) Current number <b>confirmed</b> cases RESIDENTS? <i>This includes residents subsequently transferred</i>
1(b) Current number <b>suspected</b> cases RESIDENTS? <i>This includes residents subsequently transferred</i>
1(c) Recovered RESIDENTS?
1(d) Location of RESIDENTS? <i>Are they in the facility? Where in the facility?</i>
<b>2. STAFF cases</b>
2(a) Current number <b>confirmed</b> cases STAFF?
2(b) Current number <b>suspected</b> cases STAFF? <i>This is suspected based on symptoms (i.e. not based on close contact)</i>
2(c) Recovered STAFF?
2(d) Number of staff currently self-isolating?
<b>3. Current access to PPE?</b> <i>Do they have current stock? Do they have defined access?</i>
<b>4. Any delays in testing?</b> <i>How long are they waiting on average for tests?</i>
<b>5. Additional information to provide from original survey?</b>
<b>6. Any other concerns or issues?</b>