

# Mental Health Commission

## Re-starting Inspections of Approved centres during the COVID-19 Pandemic



### Background

In light of the COVID-19 pandemic, on 13 March, the Mental Health Commission announced that it had suspended the inspections of approved centres. Under the Mental Health Act 2001 (the 2001 Act), the Inspector of Mental Health Services is required to visit and inspect all approved centres on the Register of approved centres each year. The Inspector is required to assess compliance with the 2006 (Approved Centres) Regulations, Rules and Codes of Practice.

A number of approved centres were inspected prior to the suspension. In line with the above requirement, all remaining approved centres must be inspected before 31 December 2020.

The Commission has developed a plan to complete these inspections to a process which is in line with public health advice and aims to protect the safety of residents and staff of approved centres and Commission staff by limiting the risk of Covid-19 disease transmission.

This plan will be kept under constant review to ensure that plans and protocols are in line with current official advice and guidelines.

At a high level, the plan aims to reduce the amount of time spent on site in approved centres by assistant inspectors and to limit the number of inspectors required on site, while ensuring that compliance with all regulations, rules and codes of practice is inspected. Where onsite work is required, protocols to reduce the risk of Covid-19 disease transmission will be implemented in line with public health advice.

This document is an abbreviated version of a more comprehensive plan and contains information relevant to service providers and staff. Reference to internal workings and processes have been removed.

### 1. Inspection schedule

*This section outlines the requirements which will inform the development of the inspection schedule.*

- 1.1. In line with the Government's announcements on the phased lifting of restrictions, it is planned to recommence inspections of approved centres on 13 July. It is noted that commencement is subject to COVID-19 disease progression and directives issued by the Government and Public Health, which will be monitored by the Regulatory Management Team daily.

- 1.2. All routine annual inspections will be announced. Services will be given two weeks' notice of their inspection date.
- 1.3. The duration of onsite work will be limited. As per section 16(2) d and 52(b) of the 2001 Act there are certain statutory requirements which mean that certain service user interviews will have to take place onsite.  
  
All possible work will be completed offsite in the form of a desktop review and time on site by inspectors will be limited.
- 1.4. All inspectors on the inspection team will attend the approved centre on the first morning of the inspection to complete a full walk around inspection of the premises (where appropriate). Following this, the inspection team will stagger their attendance to one inspector onsite at a time, and one inspector per day (where appropriate).
- 1.5. The scope of onsite work will be limited to the work required to assess compliance with legislative requirements.
- 1.6. Inspectors will visit no more than one approved centre (or other mental health service) per day.
- 1.7. A protocol outlining the circumstances in which an inspection will be rescheduled will be implemented. This is in relation to confirmed or suspected cases of COVID-19 in approved centres and/or in the event of the identification of symptoms in an inspector.

## **2. Infection control**

*This section outlines the requirements which aim to minimise the risk of COVID-19 disease transmission between inspectors and approved centre residents and staff.*

- 2.1 Inspectors will be advised to adhere to all public health advice in relation to COVID-19 and take the necessary precautions. Inspectors will also be required at all times to act in line with individual service protocols in relation to infection prevention and control, and risk management measures. These will be obtained by the lead inspector from the nominated approved centre contact.
- 2.2 A symptom check list to include a temperature check and recent contact will be completed by each inspector prior to entry of an approved centre each day. Actions to be taken arising from identification of a symptom or recent contact will be defined. See Appendix 3 and reference 1.7.
- 2.3 Access to the premises of each approved centre will be made through a direct entrance / exit point, and not through other general hospital / facility areas. Direct access will be arranged through the nominated approved centre contact in advance of the inspection with the inspection team.

- 2.4 For the purposes of contact tracing, in the event that an inspector becomes a suspected or confirmed case, each inspector will be required to keep a log of each in-person contact made on each inspection. For this purpose, a contact will be defined as: any individual who has had greater than 15 minutes face-to-face (<2 metres' distance) contact (based on the definitions in the HPSC National Interim Guidelines for Public Health Management of Contacts of Cases of COVID-19).
- 2.5 Interviews with staff will be pre-arranged through the nominated approved centre contact prior to the inspection, where possible. Interviews will be arranged to be completed by phone / remotely, where possible. Interviews with residents will be conducted by phone, where possible (As per section 16(2)d and 52(b) of the 2001 Act there are certain statutory requirements which mean that certain service user interviews will have to take place onsite). To facilitate this process, a pre-defined list of interviews required will be created.
- 2.6 Interviews which must be completed in person, will be completed in line with social distancing requirements (2 metres apart), and/or the inspector will wear a face mask, in line with NPHET guidance of 21 April 2020 (last updated 19 June 2020).
- 2.7 Inspectors will be instructed to practice hand hygiene and respiratory etiquette, in line with official public health guidance.
- 2.8 PPE stock will be procured, in line with the Commission's procurement processes, to allow for the provision of PPE to each inspector prior to the commencement of inspections. A review of stock required will be undertaken on an ongoing basis, and in response to any updated public health guidance on use. PPE stock and recommended use will be as per the protocols in Appendix 1.
- 2.9 Inspectors will be required to undertake specific training related to infection prevention and control and use of PPE prior to undertaking an inspection. See Appendix 2.
- 2.10 Inspectors will be required to limit touching of surfaces, this will be facilitated by limiting the amount of time inspectors spend in approved centres and by the streamlined inspection framework, in general. In addition:
- Inspectors will wear gloves when in contact with physical surfaces, including files.
  - Inspectors will not remove any documentation or items from an approved centre, photography will be used to gather evidence where required (e.g. in place of removing documents or taking photocopies).
- 2.11 Inspectors are required to use mobile phones and tablet computers / laptops while onsite in an approved centre. Inspectors will be advised to follow the guidance relevant to the scope of their use of same, as outlined in the HPSC Infection Prevention and Control Precautions for Acute Settings – COVID-19 (V.1.2).

2.12 With regards to inspector travel, inspectors will be advised:

- To use their own private transportation to and from approved centres.
- To avoid public transport.
- To avoid carpooling with other inspectors.

### 3. Appendices

#### Appendix 1: Personal Protective Equipment (PPE)

1. PPE will be procured to allow for the provision to each inspector prior to the commencement of the inspection schedule. The PPE stock levels and its recommended indications for use and disposal are outlined in the table below.
2. In general, the types of PPE used should be aligned to that of the staff of the approved centre. Notwithstanding the type of PPE worn by approved centre staff, the Commission recommends the use of PPE by inspectors as outlined below to ensure the minimisation of disease transmission from and to approved centre contacts.
3. It is recommended that during the week prior to the inspection, the lead inspector confirms the following with the approved centre nominated contact, and communicates to the rest of the inspection team:
  - a. The PPE used by staff in the approved centre and for what purposes;
  - b. Agrees a procedure for the disposal of inspectors' PPE while onsite in the approved centre. It is recommended that a plan for the disposal of clinical waste bags containing used face masks, gloves and surface wipes at the end of the day (or more frequently, as required) is agreed; and
  - c. Agrees a suitable location for inspectors to change from scrubs to their own clothing at the beginning and end of the day (or more frequently, as required).
4. Inspectors will be provided with guidance on the use of relevant PPE, as outlined in the HPSC Infection Prevention and Control Precautions for Acute Settings – COVID-19 (V.1.2), and HPSC Safe Use of Masks guidance poster.

Note: As per the Health and Safety Authority COVID-19 Return to Work Safety Protocol, it should be noted that, notwithstanding the requirement to utilise gloves and various PPE within this plan, the use of gloves and PPE cannot take the place of other preventative measures such as proper hand hygiene.

**Table 1:** PPE required for each inspector, its recommended use and disposal.

#	Item	Quantity per Inspector	Recommended Use	Disposal
1	Face masks	Pack of 50	Use when social distancing cannot be maintained (2 metres) and/or for all encounters with other people over 15 minutes (including staff of approved centre, residents and other inspectors).	Clinical waste bag

2	Gloves	Pack of 50	<ul style="list-style-type: none"> <li>Use when inspecting physical surfaces. For example, files, facilities, medication stock.</li> <li>A new pair should be used for each task.</li> </ul>	Clinical waste bag
3	Scrubs*	3 pairs	<ul style="list-style-type: none"> <li>Wear for entire duration while onsite in an approved centre.</li> <li>Change from scrubs to own clothing in line with process agreed with the approved centre contact 3(c).</li> <li>Wear a new/laundered pair for each new day of onsite inspection.</li> </ul>	Alginate bag - to be laundered by inspectors
4	Hand sanitizer	12 pack of 50-100ml	Use when access to soap and water is not available	N/A
5	Surface wipes	2 pack of 200	Use after / before touching surfaces without gloves, or when required	Clinical waste bag
6	Alginate bags	20	Used to store used scrubs prior to being laundered	To be agreed in advance of the inspection with the approved centre contact by the Lead Inspector
7	Clinical Waste Bags	50 x 30L medium duty	Use when disposing of PPE.	These will be disposed of in clinical waste bin in approved centre as inspector leaves
8	Thermometer	1	Use to check personal temperature in line with the symptom checklist and temperature check protocol (Appendix 4)	N/A

Note: \*Scrubs are not considered PPE, but are provided for inspectors' use to avoid risk of contamination of their own clothing.

## Appendix 2: Inspector training requirements relevant to onsite work

Note: This is a live working document and, as such, this appendix will be reviewed on an ongoing basis and be amended to take into account new guidance from [www.gov.ie](http://www.gov.ie), [www.hse.ie](http://www.hse.ie), [www.hpsc.ie](http://www.hpsc.ie) and [www.hsa.ie](http://www.hsa.ie)

1. Prior to the commencement of inspections, each inspector will be required to complete the training outlined in the table below.
2. A log of training will be maintained. Each inspector will be required to complete and confirm completion by a set date, prior to starting their first inspection.

**Table 2:** Inspector training requirements

#	Training
1	HSELand Infection prevention and control module
2	Review relevant guidance on: <ul style="list-style-type: none"><li>• Recommended use of PPE (relevant to the specific task being undertaken) outlined in the HPSC Infection Prevention and Control Precautions for Acute Settings – COVID-19 (V.1.2).</li><li>• Recommended use of masks as per the HPSC Safe Use of Masks guidance poster.</li></ul>
3	Complete a review of official hygiene guidance: <ul style="list-style-type: none"><li>• Hand hygiene Relevant reference for hand hygiene is Appendix E of the Interim Public Health, Infection Prevention &amp; Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units (Update 19 June 2020)</li><li>• Respiratory Etiquette Appendix 1 of Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting V.1.2 (30 May 2020) deals with respiratory and cough etiquette:</li></ul>
4	Complete a read and understanding check of the “Inspection Handbook” ( <i>Judgement Support Framework – Special Edition</i> ) and all relevant protocols for the inspection process.

### **Appendix 3:** Symptom, Temperature and Contact Checklist and Protocol

The purpose of the Symptom, Temperature and Contact Checklist and Protocol is to minimise the risk of Covid-19 disease transmission to approved centre staff, residents, colleagues and others. It aims to provide an assurance that inspectors presenting with symptoms or indicated as a potential suspected or confirmed cases, or contacts of same, do not enter an approved centre.

The checklist is based on the symptoms and questions outlined on the HSE and Department of Health websites.

<b>Symptom, Temperature and Contact Checklist and Protocol</b>
<p>On each morning of the onsite inspection, prior to travelling to the approved centre, each inspector completes the questions below:</p> <p>If you have any of the following symptoms, please follow next steps:</p> <ul style="list-style-type: none"><li>• A fever (high temperature) 38 degrees or above</li><li>• A cough</li><li>• Shortness of breath</li><li>• Loss or change to your sense of smell or taste</li></ul> <p>If you do not have symptoms you may still need to restrict your movements and follow next steps if you answer “yes” to any of the following questions:</p> <ul style="list-style-type: none"><li>• Are you a suspected or confirmed case?</li><li>• Have you been in contact with a suspected or confirmed case in the last 14 days?</li><li>• Do you live with someone who has symptoms of COVID-19 (Coronavirus), but you feel well?</li><li>• Are you a close contact of a confirmed case of COVID-19 (Coronavirus)?</li><li>• Have you recently returned from another country?</li></ul> <p>Next steps:</p> <ol style="list-style-type: none"><li>1. Notify lead inspector and admin team, this is to allow for the rescheduling of the inspection / reassignment of a new inspector.</li><li>2. Contact Senior HR Manager.</li><li>3. Follow Public Health advice.</li></ol>

**Disclaimer:**

This document represents an abbreviated, provisional plan for re-starting inspections of approved centres. The full comprehensive document has been reviewed by HSE Public Health. As a live working document, it will be reviewed on an ongoing basis to take account of new guidance from [www.gov.ie](http://www.gov.ie), [www.hse.ie](http://www.hse.ie), [www.hpsc.ie](http://www.hpsc.ie) and [www.hsa.ie](http://www.hsa.ie).

The information contained in this plan in relation to various infection and prevention control methods is included for educational purposes only and is non-exhaustive. It is not intended to provide definitive or legal advice. The Commission does not provide any warranty, express or implied, as to its accuracy or completeness.