



National Director, Community Operations  
Dr. Steevens Hospital, Dublin 8, DO8 W2A8  
Tel: 01 6352596 Email: communityoperations@hse.ie

Stiúrthóir Náisiúnta, Oibríochtaí Pobail  
Ospidéal Dr. Steevens' Baile Atha Cliath 8, DO8 W2A8  
T 01 6352596 R: communityoperations@hse.ie

**To:** Each Community Healthcare Organisation, Chief Officer

**From:** David Walsh, National Director, Community Operations

**Copy:** Liam Woods, National Director Acute Operations and Philip Crowley, National Director, Quality Improvement

**Re: Community Response Teams (CRTs) for Residential Care & Home Support Outbreaks**

**Date:** 9<sup>th</sup> April 2020

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Dear Chief Officer,

The attached HSE Covid Residential Care/ Home Support COVID Response Teams, Operational Guidance, approved at INOH on 9<sup>th</sup> April, is provided to assist CHO areas in addressing outbreaks in their areas and as a requirement from NPHE direction of 31<sup>st</sup> March and 6<sup>th</sup> April 2020. It is recognised that due to the ongoing and increasing requirement to support residential care settings that many ACMTs will already have progressed significantly in the development of such teams, across the country and this guidance is to support that process.

The purpose of this document is to ensure a co-ordinated and consistent view and response to outbreaks across the country, whether they are occurring either in public, private or voluntary services, and delivered across residential settings for Older Persons, Disability, and Mental Health, as well as Home Support Services.

These teams which will be established by the Area Crisis Management Teams will work across geographical or LHO or county areas, (to be decided at the discretion of the ACMTs), will seek to support facilities/services to maximise care they provide to residents/clients, relative to their available levels of expertise, to minimise hospitalisation/transfer except where clinically indicated. The teams will require the support of key disciplines and specialists across both community and acute hospital services and Public Health, who have clear responsibilities in dealing with all outbreaks. It is a key priority in the management of such outbreaks and the support being provided to such centres is that, where possible, residents will be supported onsite and we will seek to minimise hospitalisation/transfer except where clinically indicated.

In residential care, the role of the regulator remains for all providers and it is important that the work of the teams reflects the support that may be necessary to help centres manage COVID outbreaks and what can have quite a devastating effect for a period of time, while also understanding that providers have a responsibility to manage, and be able to demonstrate that they can manage their service provision as per the regulations and as providers in their own right.

An immediate requirement is the need to have daily reporting which is linked to Public Health Outbreak data and which captures the work of the teams in terms of their need and requirement for intervention and their own assessment at any time to the ACMT of the severity that the outbreak is having on each centre. You are already being asked to capture this on a daily basis and over the coming days we will be providing you with an automatised version of data collection, currently in development and being considered by one CHO from a testing perspective, which will incorporate the key data requirements on a daily basis for ACMTs own management process and National monitoring to INOH and generating reports for NPHET. Can you revert TODAY with the name of a contact Data Recorder person for your ACMT, so we can coordinate this process.

Yours sincerely,



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**David Walsh**  
**National Director Community Operations**