



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Email: covid.isolationrequest@hse.ie

**HSE COVID-19 Self isolation Facility
Citywest Hotel
Convention Centre
Saggart
Dublin D24 KF8A**

19th October 2020

Dear Colleagues,

It has become evident that many GPs and other medical practitioners have had difficulty accessing the referral form for the Self-Isolation Facility (SIF) at Citywest Hotel. Referrals should be emailed to covid.isolationrequest@hse.ie, the address on the form. Copy of updated Referral Form attached. You may wish to save the form to your desktop so you're not trying to find it when you need it at some point in the future.

The SIF is suitable for self-caring patients, who need to self-isolate and will find this difficult to do at home – e.g. have to share a bedroom / bathroom / kitchen, have vulnerable household members, are living in overcrowded conditions, etc.

The following categories of patients can be accepted

1. Confirmed Covid 19 positive patients
2. Contacts of a confirmed Covid-19 case
3. Patients with possible Covid symptoms who are waiting for a test / results

We cannot accept patients returning from abroad who need to quarantine, unless they also fit into one of the three categories outlined. However, if there are healthcare workers coming to Ireland to work in the health services, these can be admitted for quarantine, subject to acceptance.

We have also attached some information on the admission criteria used when assessing patients for suitability for the unit. Any referrals that are not accepted by the Nursing Team are discussed with the GPs on-site, prior to final decision being made.

Yours sincerely,

A Ní Shúilleabháin & Brian Blake

**Dr Aisling Ní Shúilleabháin & Dr Brian Blake
GP Service, Citywest Self Isolation Facility.**

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HSE Covid 19 Citywest Self Isolation Facility

Information re Admission Criteria

The risk of admission to the Self-Isolation Facility (SIF) at Citywest is assessed, based on the patient's medical history, and the minimal and remote level of staff monitoring at SIF. Patients are self-caring, behind closed doors and in their own room. Unless the patient raises an issue with staff, their only monitoring is three phone calls a day – two from the hotel reception, and one from the nursing staff.

Our prime concern is patients who are at higher risk of a sudden deterioration in their clinical status, or events such as an MI / seizure, where they may collapse and be unable to alert staff that they are unwell.

Therefore, it is very difficult to define absolute exclusion criteria – stage of illness, or whether a person is a close contact or confirmed Covid case will have an impact on their suitability for the unit.

All “**not accepted**” cases identified by the Nursing Team are discussed with the GPs looking after the Facility.

Potentially higher risk clinical groups are outlined below – these will be flagged by the Nursing Team for review by the GPs covering the Facility:

- Cardiac History (especially angina / MI / stents);
- Diabetes on insulin - history of frequent hypos / hypoglycaemic unawareness are unsuitable;
- Chronic lung disease (including asthma) - most can be accepted; discussed with GP if severe / brittle disease;
- Immunosuppressed - most can be accepted;
- Epilepsy - not suitable; consideration may be given to patients off medication with no seizures for a number of years;
- Psychiatric history - most mental health issues are exacerbated by self-isolation; current status should be explored with patient +/- their own GP if any concerns. However, most patients with a history of depression or anxiety are suitable;
- History of substance abuse - patients with active addiction issues are not suitable. Those in recovery are considered on a case by case basis and their own GP will be contacted for their opinion;
- Age - no age cut-off per se, but any referral of a person over 70 years of age will be reviewed by the GP on-site before being accepted;
- INEWs: for patients coming from hospital / Assessment Hub, their INEWs should <2 (i.e. 0 or 1 only), as we do not have the facility to provide regular observations.

HSE COVID 19 Self Isolation Facility REFERRAL FORM

(Please Complete in Block Capitals)

All correspondence should be sent to covid.isolationrequest@hse.ie

Client Name	Please print;				
Address:					
	DOB(DD/MM/YYYY): / /				
	Gender				
Tel/Mobile #	Consent to receive Text messages?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian/Next of Kin			GP Name		
Relationship to client			Address		
Tel / Mobile #			Tel #		
Referral Source	Acute <input type="checkbox"/> Yes	GP <input type="checkbox"/> Yes	Assessment Hub <input type="checkbox"/> Yes	Public Health <input type="checkbox"/> Yes	Other <input type="checkbox"/> Yes
Is patient a Healthcare Worker:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Other referral source please specify					
<i>If facilitating hospital discharge, date of discharge</i>					
<i>Please confirm you will accept this patient back to your hospital should they become unwell:</i>	(DD/MM/YYYY) / /				<i>I agree: _____ (Name & Sign)</i>
Covid 19 Status Please Complete All numbers:	1. Is the patient confirmed Covid +ve: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Date of onset of symptoms: _____ Or: Date of contact with known / suspected case: _____ 3. Date of Covid swab, if done (NOT date of result): _____ 4. Date of last documented fever: _____ 5. Expected date of completion of self-isolation: _____				
Reason for Referral <i>Please be specific (reason they are unable to self-isolate at home)</i>					
Past Medical History					
Medications					
Allergies					
Social Circumstances	Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language		
Mobility Issues / Disability (Hearing / visual impairment) Please outline	Please note that the potential resident must be self-caring.				
Other professionals involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <i>If "yes" provide name & contact details</i>					

HSE Self Isolation Facility at Citywest Hotel



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Referred By	Name / Title	Date	/ /
	Signature	Tel #	

Email Address:	
Postal Address: (Including ward /Eircode details as appropriate):	Preferred method of contact: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Post

Parent/Guardian/Next of Kin Signature: _____	Date: _____
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HAS CLIENT (OR PARENT/GUARDIAN):

(a) Consented to this Referral?

Yes

No

(b) Consented to sharing of His/ Her information?

Yes

No

Items to be brought by residents to Self-Isolation Facility: -

- Mobile telephone and a charger
- Enough personal clothing for the duration of your stay (up to 14 days)
- Contactless bank card payment is the only method to pay for basic items from the Facility shop. **The self-isolation facility is unable to accept cash payments.**
- List of prescription medication
- Bring a supply of prescription medication for the duration of stay (up to 14 days)
- Reading glasses, if worn
- Laptop and charger if desired - Wi-Fi is available free of charge in the hotel
- Apple iPad or android tablet or kindle if desired – Wi-Fi is available free of charge in the hotel
- Reading materials such as books and magazines, study materials
- Notebook and pens (for personal use)
- Walking shoes, warm outdoor coat/raincoat, hat, scarf and gloves and an umbrella
- Personal toiletries and cosmetics
- Personal supply of face masks and alcohol gel, if you have them
- Own hairdryer if preferred – hairdryers will be available
- Snacks/treats for own use

For people with children:

- Enough changes of clothing
- Nappies and or pull ups
- Baby wipes and baby toiletries
- Calpol and/or Neurofen
- Prescription medications
- Electric Steriliser and bottles – Microwave facility **not** available
- Toys, books, colouring books, colouring pencils & crayons and games
- Outdoor clothing

Please do not bring valuables with you to the facility