



National Policy ☐ National Procedure ☒ National Protocol ☐ National Guideline ☐
 National Clinical Guideline ☐

HSE Procedure for Managing the Care of Children Receiving a Paediatric Homecare Package During a Power Outage

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Note: HSE National PPPGs and Clinical Guidelines should be formally reviewed every 3 years, unless new legislative/regulatory or emerging issues/research/technology/audit etc. dictates sooner.

¹ Records the governance and approval of the document.

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V1	01/09/2026	Change to document title, HSE structures and inclusion of checklist. Transferred to HSE PPPG template V7
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PUBLICATION INFORMATION ⁴	
Topic:	HSE Procedure for Managing the Care of Children Receiving a Paediatric Homecare Package During a Power Outage
National Group:	Paediatric Homecare Package (PHCP) Coordinators Nurse Practice Group
Short summary:	HSE Procedure outlines risk-reducing measures prior to a power outage and power outage management procedures when a child is receiving a PHCP.
Description:	This procedure outlines the measures needed to prepare for and respond to a power outage when children who depend on electrically powered medical equipment at home are being cared for by a HSE Paediatric Homecare Package (PHCP). It describes the preventive actions required as well as the immediate steps to take during a power outage to maintain the child's safety and continuity of care for the duration of the power outage.

³ Records details of the document review or update, even if no changes are made.

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1.0 Planning

1.1. Purpose

This HSE procedure has been developed to provide guidance to all HSE Health Region, Paediatric Homecare Package (PHCP) governance groups, and homecare registered nursing staff (RN) on the measures required to minimise risk in the event of a power outage while a child with complex healthcare needs is receiving nursing care at home through a Paediatric Homecare Package (PHCP).

Many children with complex healthcare needs have functional limitations that often require technology assistance (Brenner et al, 2017). They can be dependent on or supported by electric and battery powered equipment, assistive technology and medical devices. Maintenance of a power supply for this group can be critical to the quality and safety of the care provided. This procedure supports the identification, assessment, management, monitoring, and review of risks associated with power outages in the home environment and promotes the ongoing delivery of safe, effective, and person-centred care for children with complex healthcare needs.

This Procedure should be read in conjunction with other CCHN procedures, local relevant policies/protocols/procedures that include the administration of medications, reporting of adverse incidents in the community, infection control and any other relevant documents that incorporate best practice.

1.2 Scope

This procedure applies to all HSE Health Region governance groups where nursing services are delivered in a community setting to a child with complex healthcare needs receiving a Paediatric Homecare Package (PHCP).

Out of Scope: this procedure is specific to the home and does not apply to services outside the home, even if those services are funded wholly or in part by the HSE e.g. acute hospital, respite services

1.1.1. Target users

This HSE Procedure applies to all registered nursing staff engaged in the provision of nursing care in a homecare setting to a CCHN. It does not apply to Healthcare Assistants contracted to provide a home care service.

1.1.2. Target population

Children with complex healthcare needs (Children 0-18 years) whose paediatric home care package are funded by HSE Regional Health Area's (RHA).

1.3 Objectives

- Promote a standardised approach to risk minimisation and management before and during a power outage in community settings where children with complex healthcare needs are receiving nursing care.
- Support the management of foreseeable risks in order to maintain a safe environment for children with complex healthcare needs receiving nursing care within a community setting, including preparedness measures prior to a power outage.

- Provide clear guidance to all HSE Regional Health Area PHCP governance groups on the measures required to minimise risk in the event of a power outage when a child with complex healthcare needs is receiving a Paediatric Homecare Package (PHCP) within a community setting.
- Outline the governance processes required to support, facilitate, and ensure the safe delivery of nursing care by registered nurses during a power outage for children with complex healthcare needs receiving a Paediatric Homecare Package (PHCP).

1.4. Outcomes

- Robust governance processes are established and implemented to support, facilitate, and ensure the safe and effective delivery of nursing care by registered nurses during power outages for children with complex healthcare needs receiving a PHCP.
- Foreseeable risks are proactively identified, assessed, and mitigated to maintain a safe care environment for children with complex healthcare needs receiving a PHCP, with preparedness measures in place prior to potential power outages.
- A consistent and standardised approach to risk minimisation and management is embedded across community settings, ensuring coordinated preparedness and response measures before and during power outages for children with complex healthcare needs receiving a PHCP.

1.5 Disclosure of interests

No conflicts of interest are declared

1.6 Rationale / alignment with HSE national priorities

This procedure has been developed to standardise the approach to risk minimisation measures required in the event of a power outage when children with complex healthcare needs are receiving nursing care at home through an HSE-funded Paediatric Homecare Package (PHCP) within a community setting. Caring for children close to home is a key priority for Irish healthcare policy (Government of Ireland, 2018, HSE 2018a, HSE 2017). Sláintecare (Government of Ireland, 2018) & Sláintecare Action Plan (2023) identifies the need to transfer care from acute to community settings (including homecare) and outlines a strategy to expand community-based healthcare in order to achieve the delivery of care closer to home. This model of care is also supported by the HSE Strategic Plan for 2019 (HSE 2018a), Leading the Way; A National Strategy for the Future of Children's Nursing in Ireland 2021-2031 and the National Model of Care for Paediatric Healthcare Services in Ireland (HSE 2017).

1.7 Supporting evidence

- Health Information and Quality Authority (2016) Supporting Peoples Autonomy: a Guidance Document
- Health Information and Quality Authority (2017) National Standards for the Prevention and Control of Healthcare Acquired Infections
- Health Information and Quality Authority (2024) National Standards for Safer Better Healthcare.
- Health Services Executive (2011) Standards and Recommended Practices for Healthcare Records Management
- Health Services Executive (2019b) Data Protection Policy
- Health Service Executive (2020) Incident Management Framework and Guidance
- Health Service Executive (2020b) Incident Management Framework

- Health Service Executive (2021) National Quality Assurance Initiative
- Health Service Executive (2023) How to develop HSE National Policies, Procedures, Protocols and Guidelines: A Practical Guide
- Health Service Executive (2024) National Consent Policy
- Health Service Executive (2025) Open Disclosure Policy
- Nursing and Midwifery Board of Ireland (2025) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives incorporating the Scope of Practice and Professional Guidance.

Legislative Documents

- Child Care Act (1991)
- Children First Act (2015)
- Data Protection Acts (1988, 2003)
- General Data Protection Regulation (2018) European Commission
- Government of Ireland (1947) Health Act. www.irishstatutebook.ie
- Government of Ireland (1970) Health Care Act. www.irishstatutebook.ie
- Government of Ireland Freedom of Information Acts 1997 and 2003,
- Government of Ireland Health Act (2007).
- Government of Ireland (2011) Nurses and Midwives Act. www.irishstatutebook.ie
- Health Act (2007).
- Nurses and Midwives Act (2011).
- Patient Safety (Notifiable Incidents and Open Disclosure) Act (2023)
- Safety Health and Welfare at Work Act (General Application) Regulations (2007)
Dublin: Government of Ireland, Stationery Office, Dublin.

2.0 Methodology

2.1. List of key questions this national document will answer

- What is the Guidance to HSE RHA PHCP Governance Groups on the steps required to minimise risk in the event of a power outage when a child with complex healthcare needs is receiving a Paediatric Homecare Package (PHCP) in a community setting?
- How does the HSE RHA PHCP Governance manage risk in the event of a power outage when a child with complex healthcare needs is receiving a Paediatric Homecare Package (PHCP)?

2.2. Describe and document the evidence search

The PHCP Coordinators Nurse Practice Group undertook an extensive literature review. The objective of the literature review was to identify current evidence and best practice, and to explore new and emerging evidence, relating to risk minimisation measures required in the event of a power outage for children with complex healthcare needs receiving a Paediatric Homecare Package (PHCP). The HSE NQAI (2021) reviewers originally prepared a literature search in 2017, and this was updated in 2021 and 2026. Search terms used included Search terms included “*Children with complex healthcare needs*”, ‘*power outage*’, “*Nursing*”, “*Risk*” and “*Homecare*”. Major library databases—CINAHL, PubMed, and Medline—were searched to identify the most relevant and recent peer-reviewed publications to inform this procedure. The search was limited to studies published between 2007 and 2026. The Cochrane Library was also reviewed; however, no systematic reviews or protocols directly addressing the topic were identified. The

search yielded no relevant policies and procedures in relation to the procedure required in the event of a power outage while caring for CCHN in the home setting.

A risk is something that could happen and an incident is something that has happened (HSE, 2017). Risk management and governance frameworks for home-based care for children with complex health and social care needs were developed as a component of the HSE NQAI (2021) and are presented to meet this identified gap in knowledge and experience. Developing and applying clinical governance and risk management frameworks are a component of service delivery leading to improving outcomes and services for CCHN and their families (Lewis & Noyle, 2007; Noyes et al. 2017). A fundamental aspect of risk management in everyday practice is recognising the risks specific to the service and ensuring that appropriate systems and processes are in place to reduce the likelihood of those risks occurring. Where risks cannot be prevented, measures should be implemented to minimise their impact and ensure the safe delivery of care. (HSE, 2017). Potential risks associated with CCHN at home includes the management of technology dependent children in the community setting. These include environmental, equipment and technical risks including mechanical failure, ventilator malfunctions, and backup power failures causing accidental injury or death. All healthcare staff within the scope of their role and practice have a responsibility to identify report, manage, and learn from risks and incidents arising in the home environment where a Paediatric Homecare Package (PHCP) is in place (HSE, 2017). Responsibility for the overall management of identified risks rests with line management. Managers and members of Paediatric Home Care Package (PHCP) governance groups should ensure that risk management is integrated into routine practice to support the safe and effective delivery of care to Children's with Complex Healthcare Needs (CCHN) (HSE, 2021).

2.3. Describe the method of screening and evidence appraisal

There is limited research-based or grey literature specifically addressing the delivery of nursing care to children with complex healthcare needs in a community setting when there is a power outage. However, some key articles and guidelines from the Irish and UK health services support risk minimisation in the event of a power outage for children with complex healthcare needs. Some HSE RHAs have developed information leaflets for patients that guide the process required when there is a power outage. An example of this is the document available in IHA Kildare West Wicklow; Managing Medical Equipment in Bad Weather (HSE, Nov 2018) (Appendix 6). An 'Emergency Power Planning' guide was available from the National Rehabilitation Hospital, Dublin (2025). Two relevant UK PPPGs were sourced that focused specifically on equipment risks in a power outage i.e., Home Oxygen and Tissue viability treatments and two further diagnosis focused UK PPPGs were also sourced that discussed the risk in people with dementia and renal disease (Dementia UK, 2026 and Kidney Care UK, 2026). Information was also available on the Citizens Advice website and was accessed. ESB Networks also have information on their website specific to these groups of patients and this was accessed as a element of the literature review to inform this procedure. All electricity providers must have a Vulnerable Customer Policy to address the needs of this cohort in the event of a power outage.

The development group reviewed these publications and websites, and drawing on both this evidence and their clinical expertise, formulated this procedure. The procedure was then reviewed externally by subject matter experts caring for CCHN's in primary care and

the acute tertiary hospitals.

2.4. Attach any copyright or permissions sought

None sought.

3.0 Procedure

3.1 Risk reducing measures prior to a power outage required before discharge home or initiation of PHCP.

- On initiation of the PHCP, identify back up locations where the child can relocate to if necessary, in case of emergency and notify these locations. e.g. local hospital, perhaps local garda station
- Nurses and carers should have phone numbers for other local support agencies readily available or stored in the contacts of their mobile phone e.g., a close family member or friend, NAS, fire brigade or local Gardaí.
- All staff should be familiar with the HSE readiness for severe weather PPPG in their RHA and implement it alongside this procedure.
- All staff should be familiar with the equipment capabilities and backup requirements. (The user guides will contain these details). (Appendix 5)
- All equipment supplied should have dual power source; from an internal battery and directly from the electricity power supply.
- In some instances, children may require prescribed second equipment and/or additional external battery packs.
- Ensure all equipment is connected to an electricity power supply whenever possible, so the battery remains charged.
- Ensure annual servicing of equipment to include checking the battery supply (Apx. 5)
- The Commission for Regulations of Utilities (CRU) has launched an initiative where all utility providers now must provide a Vulnerable Customer Policy. For any child with complex healthcare needs, registration with their Utility provider as a vulnerable customer is advised. This is completed by logging on to their website, typing in Vulnerable Customer Registration and following the instructions. Registered customers will be given priority for reconnection by ESB Networks in the event of power outages and will receive all the support available.
- Consider installing a backup generator if possible or have access to a portable power bank.
- Consider installation of solar panels- grant now available for medically vulnerable patients.
- If a child uses a motorized wheelchair or scooter, store a lightweight manual wheelchair for emergency use.
- All equipment should be checked at the beginning of the nurse's shift to ensure it is charged and in working order. If battery is low or displaying an error, prepare the emergency backup battery or initiate the manual alternative (e.g., bag-valve-mask).
- Care plans should document the battery life of all equipment supplied. If the equipment is rented, the supplying company's interruption of electricity supply procedure should be documented in the child's care plan.

- If the child is on a specialised air mattress, ensure the company's interruption of electricity supply procedure is documented in the child's care plan.

3.2 Power Outage Procedure

Note; Power outages can be planned or unplanned; this procedure applies to both scenarios.

- Note time power outage started and if required switch on torch/ mobile phone torch.
- Complete a full assessment of the child to ensure that the child is clinically stable.
- Ensure all equipment is working on battery.
- Inform parent/carer
- Confirm if the power is completely out or if it is due to a tripped fuse.
- Confirm who will contact ESB Networks at 1800 372 999 or 021 2382410 to report fault and that this has been completed.
- Alert PHCP manager and update them on child's status
- Manage Critical Settings: If the medical equipment instructions advise using reduced flow rates or temporary settings to preserve battery life, apply these immediately and document the time
- Medication and Feeding: If the child requires continuous tube feeding, switch to gravity feeding temporarily if the pump loses power. For medication that requires refrigeration, keep the fridge and freezer doors tightly closed
- Regulate Temperature: Monitor the room temperature. If the house begins to lose heat, use extra blankets and layers to maintain the child's core body temperature.
- If prescribed by hospital consultant have access to a resuscitation BMV.
- Always ensure that an electric bed is at low level when not in use to facilitate bed transfer in the event of a power outage.
- If the child is on a specialised air mattress, follow the company's power outage procedure. At no stage should the child be lying on the bed frame.
- Leave the light in room on so you know when power is restored
- Activate alternative power source if required e.g. generator, solar battery.
- If power outage persists, it may be necessary to move to an pre-identified alternative location, bringing relevant equipment to have access to electricity and continue to provide safe care. This is considered in partnership with parents.
- If the power outage persists and battery packs are critically low, prepare the child for safe transport.
- **Notify Emergency Services:** If the child's equipment fails completely and immediate backup measures are insufficient, dial **112** or **999** for the National Ambulance Service. Inform direct line manager. Refer to *HSE Procedure for the urgent transfer of a child receiving a PHCP to hospital*.
- If appropriate; Consult Medical Contacts: Call the child's Clinical Nurse Specialist (CNS), Case Manager, or the Children in Hospital Ireland point of contact if clinical advice or rapid guidance is required

3.3 Post Power Outage Procedure

- Once power returns, check all electrical medical equipment for damage or surges.
- Plug in and fully recharge all primary and backup batteries
- Document the duration of the outage, the actions taken, and service provider manager should also notify the local HSE PHCP coordinator

3.4 Specific roles and responsibilities

3.4.1 Regional Executive Officer

The REO's have lead responsibility for regional implementation to ensure this procedure, is adopted and implemented throughout HSE RHA

3.4.2 RHA PHCP Governance Groups

The Regional Health Area (RHA) Paediatric Home Care Package (PHCP) Governance Group is responsible for ensuring that all healthcare staff involved in any aspect of a child's home nursing care have read, signed, implemented, and adhered to this procedure within the scope of their role and professional practice. The RHA PHCP Governance Group will oversee the implementation and monitoring of this procedure to ensure compliance with the National Quality Assurance Initiative (NQAI) recommendations (HSE, 2021) and the HSE Paediatric Home Care Package Standard Operating Procedure (2025). This includes promoting quality and safety, supporting a positive service user experience, and ensuring the delivery of safe, high-quality care.

3.4.3 HSE PHCP Coordinator

Under the leadership of the RHA PHCP governance group, the HSE PHCP Coordinator will be responsible for the monitoring and audit of this procedure.

3.4.4 Private Providers Nursing Staff

Private Providers must ensure that all staff providing care for the child are aware of and comply with the outcome of the processes described in this procedure. Private providers will provide training for staff in caring for the CCHN to comply with this procedure. Nursing staff will determine her/his scope of practice and make a judgement as to whether she/he is competent to carry out a particular role and function and take measures to maintain the competence necessary for professional practice (Code of Conduct incorporating Scope of Practice, NMBI, 2025).

4.0 Consultation

4.1 Child Safeguarding Considerations

The safety and welfare of the child must remain paramount when delivering care in the home during a power outage. All healthcare professionals, homecare providers involved in supporting a child with complex healthcare needs have a responsibility to remain vigilant to safeguarding risks and to act in accordance with Children First: National Guidance for the Protection and Welfare of Children and HSE Child Protection and Welfare Policy.

Potential safeguarding concerns during a power outage may include, but are not limited to:

- Inadequate supervision of the child.
- Exposure to environments or situations that may place the child at risk of harm, neglect or injury.
- Failure to maintain appropriate staffing levels or support arrangements.

- Failure or delay to respond appropriately to changes in the child's health status or care needs.

Where a safeguarding concern is identified, the registered nurse must:

- Take immediate action to ensure the child's safety where required.
- Report concerns in accordance with Children First and HSE safeguarding procedures.
- Inform the relevant line manager and designated safeguarding personnel as appropriate.
- Document the concern, actions taken, and outcomes in accordance with local and national policies.
- Participate in any subsequent safeguarding assessment, investigation, or review process.

4.1. Stakeholder involvement

- National consultation workshop with HSE PHCP Coordinator group to inform and agree HSE Procedure for the urgent transfer to hospital of children with complex healthcare needs receiving a paediatric homecare package within HSE Regional Health Areas.
- Consultation with National Ambulance Service and acute services nurse specialist's department.
- Consultation with PHN and CCHN services within primary care.

All feedback received was reviewed and agreed by the development group. Agreement was reached on the whether to accept or reject the feedback. The Procedure was developed following this and all feedback received is retained by Margaret O'Meara.

4.2. External review

Nurse Practice Development Coordinator for PHNs, ONMSD reviewed the procedure.

5.0 National implementation plan

5.1. Resource implications

It is necessary for all RHA's to have a Regional PHCP Clinical and Corporate Governance Group and for each IHA to have an IHA PHCP Operational Governance Group and a HSE PHCP coordinator for CCHN's identified. The RHA will disseminate the Procedure to all relevant staff through the RHA PHCP Governance Groups.

The procedure will be available to staff on The HSE National PPPG Central Repository.

5.2. Describe the structure and governance of the national implementation team.

HSE management has approved this procedure

5.3. List tools and resources developed to support local implementation of the National document.

- Parent Information Leaflet
- Agreement of Care form
- PCAT Assessment Form-Equipment Lists

5.4. Expected date of full implementation

1/9/26

6.0 Governance and approval

The Procedure was commissioned by the HSE to support delivery of PHCP services. Following development of the Procedure, a checklist was used in assessing that the Procedure met the standards outlined in How to Develop HSE National PPPGs – A Practical Guide and signed and dated by the Chairperson of the Development Group. The PHCP Coordinators Nurse Practice Group recommended the Procedure to HSE management with a signed and dated copy of the checklist and submitted the final document and checklist to for sign off by National Director of Access and Integration. Once approved, the final version was converted to a PDF document to ensure the integrity of the Procedure and uploaded to the HSE National Central Repository. A signed and dated copy of the checklist was attached to the master copy, which is retained in Primary Care Access and Integration.

7.0 Communication and dissemination plan

This Procedure will be issued through the RHA governance structures for dissemination to IHA PHCP Operational Governance Groups.

The Procedure will also be issued to each of the approved service providers.

The document can be accessed only on the HSE National Central Repository which is the single trusted source for accessing storage and document control for National 3PGs. No duplicate copies of the procedure should be accessible in any secondary electronic locations, only the link to the document on the Repository should be used on other locations. This link will automatically update in all locations if changed on the Repository. It is the responsibility of each RHA PHCP Clinical & Corporate governance group to implement the procedure in each IHA outlining actions required, specific roles, responsibilities, etc.

8.0 Sustainability

8.1. Describe the plan for monitoring and audit

It is the responsibility of each Regional PHCP Clinical and Corporate Governance Group and IHA PHCP Operational Governance Group to outline actions required, specific roles and responsibilities, and timelines etc. As part of the implementation it is essential there is a Regional PHCP Clinical and Corporate Governance Group and IHA PHCP Operational Governance Group. A barrier to the implementation of this procedure is the absence of active PHCP Governance groups.

PHCP Governance groups will ensure that the implementation of this procedure is monitored and audited within their area of responsibility using the Audit Checklist in Appendix 4 and maintain evidence of same.

9.0 Review / update

9.1. Review of national document

This procedure will be reviewed in 3 years unless there is a change in best practice

- Method for amending procedure if new evidence emerges.

If new evidence emerges, the Paediatric Home Care Package Coordinators Nurse Practice Group will be reconvened, and the new evidence will be considered for integration into the procedure.

10.0 References

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- NHS England, 2024. *Guidance on Managing Medical Equipment within Virtual Wards (Including Hospital at Home)*. London: NHS England. Available at: <https://www.england.nhs.uk/publication/guidance-on-managing-medical-equipment-within-virtual-wards-including-hospital-at-home/> [Accessed June 2026].

- Nursing & Midwifery Board of Ireland (2025) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Dublin.
- Sustainable Energy Authority of Ireland: For further information on home energy grants, go to the following link: <https://www.seai.ie/grants/home-energy-grants>

11 Glossary of terms

CCHN; Children with Complex Healthcare Needs	Children with Complex Healthcare Needs have substantial medical healthcare needs as a result of one or more congenital, acquired or chronic conditions, with functional limitations that often requires technology assistance and ongoing nursing care primarily to support their parent(s) to care for them at home thereby preventing hospital readmission, in some instances to avert death and in others to provide palliative and end of life care. A home care package is required when a child has nursing needs that cannot be met by existing HSE and Children's Disability services. (Elias E et al, 2012)
HSE PHCP Coordinator	This term applies to the HSE case coordinator for CCHN who has responsibility for managing PHCP's.
Health region (RHA)	Regional Health Area. The Health Service Executive (HSE) new structures to commence in 2024 delivers health services in the community through 6 Regional Health Areas in Ireland.
IHA PHCP Operational Governance Group	The Integrated Health Area (IHA) Paediatric Homecare Packages (PHCP) Operational Governance Group provides operational management and coordination of PHCP for Children with Complex Healthcare Needs (CCHN) within the designated Integrated Health Area (IHA).
NQAI	HSE National Quality Assurance Initiative (2021) was commissioned by the HSE to determine planning, development and delivery models nationally and to inform the development of a national standard service framework for Children with Complex healthcare needs.
PHCP Paediatric Home Care Package	is a home nursing service provided by HSE when a child has healthcare and/or nursing needs that cannot be met by existing HSE and social care services.
P-CAT	The P-CAT assessment will identify clinical nursing needs in children with complex healthcare needs. It also supports the process of determining eligibility for a paediatric home care nursing support package and ensure consistent and comprehensive consideration of an individual's clinical nursing needs.
REO's	Regional Executive Officers who are accountable and responsible for the HSE operational service delivery within their respective regions
RHA PHCP Clinical & Corporate Governance Group	The Regional PHCP Clinical and Corporate Governance Group is a governance management group whose role is directly concerned with establishing, developing and implementing RHA wide quality and safety structures, processes, standards and oversight across the PHCP service which promote compliance with NQAI recommendations and standards, service user experience and safety..
Service/Private Provider	Is a company commissioned by the HSE to administer a Paediatric homecare Package to Children with Complex Healthcare Needs and a service arrangement is drawn up. The Private Healthcare Provider is responsible for providing staff with the relevant skills/competencies for the child as identified. The reporting relationship will be to the service provider nurse manager on professional and clinical matters. Clinical Governance for care of the Child remains with the service provider.
Service Arrangement	The HSE enter into an arrangement for the provision of services to Service Users. The terms and conditions of the clinical, corporate and financial governance standards are specified in the agreement.

12 Appendices

Appendix 1: Membership of Development Group

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Appendix 3: Sample implementation plan template

Appendix 4: Audit Template

Appendix 5: HSE Medical Equipment Servicing Record

Appendix 6: Signature sheet

Appendix 7: Managing Medical Equipment during Severe Weather Conditions

Appendix 1: Membership of Development Group

Membership of PHCP Practice Development Group	
Name	Role and position
Margaret O'Meara (Chair)	PHCP Clinical Lead Primary Care Access & Integration
Breeda O Farrell	HSE PHCP Coordinator
Claire Lynott	HSE PHCP Coordinator
Aishling Banks	HSE PHCP Coordinator
Shirley King	HSE PHCP Coordinator
Tara Galligan MacNamara	HSE PHCP Coordinator
AnnMarie O Gorman	HSE PHCP Coordinator
Ann Lyndon	HSE PHCP Coordinator
Suzanne Dromey	HSE PHCP Coordinator

Appendix 2: Membership of Governance/Steering Group

Membership of PHCP Governance/Steering Group	
Name	Role and position
TJ Dunford	Assistant National Director, Primary; Care Access and Integration
Maeve Raeside	General Manager Primary Care Access and Integration
Margaret O'Meara	PHCP Clinical Lead Primary Care Access & Integration
Nora Quinn	DPHN Mid-West RHA

Sign-off by Chair of Approval Governance Group

HSE Procedure for Travel Outside the Home for children receiving a HSE Paediatric Homecare Package was formally ratified and recorded in the minutes of the Approval Governance Group on 01/09/2026

Name: (print)	TJ Dunford
Title:	Assistant National Director, Primary; Care Access and Integration
Signature: (e-signatures accepted)	
Registration number: (if applicable)	n/a

Appendix 3: Sample implementation plan template

National Document Title: HSE Procedure for Managing the Care of Children Receiving a Paediatric Homecare Package During a Power Outage Expected date of full implementation (refer to 5.4): 01/09/2026					
IMPLEMENTATION ACTION	Implementation barriers / enablers	List of tasks to implement the action	Lead responsibility for delivery of the action	Expected completion date	Expected outcomes
PHCP memo circulated to RHAs	SOP with integrated PPPGs circulated to RHA's	Notice	National Director Access and Integration		Implement Procedure
HSE PHCP Coordinators group	Notice to all HSE PHCP Coordinators	Notice	PHCP Clinical Lead		Implement Procedure
Private Providers	Notice To all Private Providers	Notice	PHCP Clinical Lead		For Information
Dissemination and action of Health Region staff	No Governance Group	Roll Out	REO		Implement Procedure
Describe the structure and governance of your implementation team. PHCP SOP Education / training required to implement the National document: Equipment Servicing List					

Adapted from National Clinical Effectiveness Committee (NCEC) Implementation Guide and Toolkit (Department of Health 2018)

Appendix 4: National Audit Tool

HSE Procedure for Managing the Care of Children Receiving a Paediatric Homecare Package During a Power Outage
Methodology

Population: A sample of target users

Sampling: A total of 10% or 10 target users, whichever is greater, should be selected.

Frequency: To be determined locally at least annually.

Method: Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable**.

Compliance requirement:

[Should have a 100% compliance requirement unless your national document allows flexibility – compliance levels should be set].

Is standard/criteria being met for the following statements:	Yes	No	N/A	Evidence
The Development Group should identify the core statements that should be audited at least annually.				
Statement 1 Nursing care plan includes plan for power outage				
Statement 2 Risk minimisation assessment completed				
Statement 3 All equipment serviced as per recommendations				
Statement 4 Equipment List completed and up to date				
Statement 5 Family have registered child as medically vulnerable with electricity provider				
Statement 6 Where possible spare batteries are available for all electrical equipment				
Statement 7 Alternative relocation site has been identified for the child				
Date of Audit: Audited by (name/title): Compliance Rate %:				
Calculation of Compliance Rate % The score, expressed as a percentage, is calculated by dividing the number of “yes” and “no” answers. “Not applicable” answers are excluded from the calculation of the percentage score. Example: If there are 6 “yes” and 2 “no” answers, the score is calculated as follows: 6 (yes answers) divided by 8 (total of yes and no answers) multiplied by 100 = 75%				

Appendix 5: HSE Medical Equipment Servicing Record



HSE Medical Equipment Servicing Record

To be completed by the For-Profit Provider and submitted to the HSE Key Worker to arrange for equipment to be serviced. Equipment should be serviced on an annual basis.

Child's Name
DOB
Address

Name of Item	Asset Tag Number	Date equipment Supplied	Date of last service	Date next service due	Organisation responsibly for service	Date Submitted to Key Contact

Appendix 6: Signature sheet

I have read, understand and agree to adhere to this Procedure

Document Title: HSE Procedure for managing the care of children receiving a paediatric homecare package during a power outage

Print Name	Signature	Job Title	Date

Appendix 7

IN THE EVENT OF A POWER OUTAGE

www.powercheck.ie live updates on estimated restoration times.

To log a fault in your area
<https://esbnetworks.ie/apps/faultlogging/Allpowerout#/>

ELECTRICITY SUPPLIERS

BE Energy 1800 817 383

Bord Gais Energy 1850 632 632

Electric Ireland 1850 372 372

Energia 1850 405 405

Just Energy 1850 858 011

Panda Power 1890 686 868

Pinenergy 1850 945 023

Prepaypower.ie 0818 919 487

SSE Airtricity 1850 812 220

OXYGEN SUPPLIERS

BOC Homecare 1890 355 255

Air Liquide 1850 240 202

KILDARE/ WEST WICKLOW HEALTH CENTRE PHONE NUMBERS:

Athy Primary Care Centre 059 8633500

Ballitore Health Centre 059 8623184

Baltinglass Health Centre 059 6481081

Blessington Primary Care Centre
 076 6957800

Castledermot Health Centre 059 9144429

Celbridge Health Centre 01 9214000

Clane / Kilmeague Primary Care Centre
 045 986300

Derrinturn/Johnstownbridge 046 9552017

Dunlavin Health Centre 045 406955

Kilcock Health Centre 01 9213500

Kilcullen Health Centre 045 481895

Kildare Primary Care Centre 076 6958500

Leixlip Health Centre 076 6957700

Maynooth Health Centre 01 6106130

Monasterevin Health Centre 045 529372

Naas/ Kill Primary Care Centre 045 920800

Newbridge Primary Care Centre
 045 920900

Rathangan Primary Care Centre 045 528025



Kildare /West Wicklow
 (CHO7) Public Health
 Community Nursing Service



Managing Medical Equipment during severe weather conditions

Emergency Phone Numbers

ESB Networks 1850 372 999 /021
 2382410

Gas Networks 1850 20 50 50

Water 1850 278 278 /01 707 2828

Kildare County Council 1890 500 333

Emergency Services 999/112



Medical Equipment such as:

Oxygen Concentrator
Ventilator
Home Dialysis
Personal Suction Machine
Peg tube feeding pump
Total Parental Nutrition (TPN) machine
Nebuliser
Electric Hoist
Household/stair lift
Electric pressure relieving mattress
Electric Hospital bed

PREPARATION

It is important that any user of medical equipment notifies their electricity supplier and registers on the vulnerable customer register.

Phone numbers of the electricity suppliers are overleaf. Please phone your supplier today and register.

Your electricity supplier will notify ESB networks of the vulnerable customers registered in each area.

In the event of a planned power outage ESB networks will phone or text customers on the vulnerable register and notify them of the planned outage so that the customer/family can make alternative arrangements during the power outage.

In the event of a prolonged power outage in your area, consider staying with a family member or friend who has power. However you may need to attend your hospital if you are unable to use your medical equipment or there is a prolonged power outage in your area.

IN THE EVENT OF SEVERE WEATHER FORECAST

- Ensure you charge up all batteries and reserve batteries of your medical equipment.
- Charge up mobile phones and power banks in order to access assistance and the ESB networks information (see over).
- Oxygen users should have a back up cylinder of oxygen from their oxygen supplier (numbers overleaf). The cylinder lasts between 8–17 hours depending on use.
- In cases of PEG/TPN/NG feeding have a supply of feeding equipment and also a back up supply of equipment to carry out a gravity feed if necessary
- To contact your ESB Networks you will need your MPRN number. Record it here as you may not be able to access your bill during the power outage.
MPRN _____