



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

9	Richard Boyd Barrett	<p>To ask the Minister for Health to outline what Pandemic Preparation plans, in line with WHO recommendations that countries should do fire drills, had been carried out by his department over the last years and to make a statement on the matter.</p> <p><b>Response:</b> Ireland's <i>National Influenza Pandemic Plan</i> was published in 2007 by the HSE and the then Department of Health and Children. A review of the Plan and related governance structures was initiated in 2010 (and completed in 2013), following the 2009-2010 'Swine-Flu' Pandemic (H1N1).</p> <p>In 2019, the HSE commenced work on a detailed update of the Pandemic Plan (for subsequent review and input by the Department) which, in line with 2018 recommendations made by the World Health Organisation, adopts a cross-Departmental / organisational approach to health security and includes provision for regular review and testing of its provisions (including simulation exercises). This cross-Departmental / organisational approach is also in line with the requirements of Ireland's Strategic Emergency Management Framework.</p> <p>A draft of the Plan was submitted to the Department and, alongside its predecessor, the 2013 review and international guidance, has been taken into consideration in the context of the State's response to Covid-19. The plan will be further developed to take account of measures taken during the course of the current outbreak.</p> <p>In tandem with the above, relevant expert HSE staff have engaged in various scenario-based exercises conducted both nationally and internationally relating to pandemics. For example, in November 2019, the WHO Health Emergencies (WHE) Programme for the WHO Regional Office for Europe conducted a functional simulation exercise called Exercise JADE (Joint Assessment and Detection of Events), which simulated the emergence and spread of a novel arenavirus. The HSE's Health Protection Surveillance Centre, as Ireland's focal point in relation to the International Health Regulations 2005, engaged proactively in this exercise.</p> <p>Ireland is also represented on, and proactively engages with, the Advisory Forum and Management Board of the European Centre for Disease Prevention and Control and the EU's Health Security Committee on matters relating to communicable diseases, pandemic planning and Covid-19.</p>
24	Richard Boyd Barrett	<p>To ask the Minister for Health to provide all the details of the deal between the government and the private healthcare facilities including the cost of running each category of bed per day and to make a statement on the matter.</p> <p><b>Response:</b> A major part of the Government's National Action Plan in response to Covid-19 was to substantially increase the capacity of healthcare facilities to cope with the anticipated additional demand. As part of the Action Plan to urgently ramp up capacity for acute care facilities, an arrangement has been agreed with the Private Hospitals Association to use their facilities as part of the public system on a temporary basis, to provide essential services. It is intended that the private hospitals will be mainly used to undertake urgent non Covid-19 elective procedures with patients being transferred to these facilities, so as to free up capacity in major public hospitals. Under the</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

arrangement, all patients in the private hospitals will be treated as public patients and their treatment will be prioritised based on clinical need. The arrangement has increased the capacity of the overall public system substantially, adding approximately 1,900 inpatient beds, 600 day beds as well as 47 ICU and 54 HDU beds to the system.

The arrangement is intended to be in place for the period of the COVID-19 response, with an initial 3-month period, followed by an option for the HSE to extend it for a further month and further thereafter by mutual agreement.

A Heads of Terms of an Agreement between the HSE and the Private Hospitals was agreed at the end of March and all 18 of the acute private hospitals signed up to it. The Heads of Terms provides an overarching framework governing the arrangement until final contracts are agreed with individual hospitals or groups of hospitals, which are due to be finalised shortly. The main terms are summarised below

- The State will secure 100% of the capacity of the 18 private hospitals which signed up to the Heads of Agreement;
- The private hospitals will effectively operate as public hospitals for the duration;
- Underpinning the arrangement with the private hospitals is the principle that they will not make a profit from it;
- Payment will be on a cost only Open Book model whereby the hospitals will be reimbursed for the operating costs properly incurred during the period;
- All patients treated in private hospitals under this arrangement will be public patients and neither the private hospitals nor medical consultants will be entitled to private fees;
- There is provision for continuity of care for patients who were in a private hospital or attending for treatment at the time the Heads of Terms were agreed and these patients will be treated as public patients;
- The private hospitals will retain their own staff for the duration, and these will not become State employees;
- The HSE will only reimburse costs of paying the salaries of staff and senior management of the private hospitals at the prevailing rates, up to a maximum of €200,000 per annum;
- The costs that will be covered will be limited to normal costs of operating the hospital and no payment will be made for a return on investment;
- The final cost will be verified by an independent firm of accountants and there will be an arbitration mechanism in place in the event of any disagreement.

The arrangement will be made under section 38 of the Health Act 2004. The hospitals will be linked into the Regional Hospital Groups. The private hospitals will retain their own management and other staff who will work with the Regional Hospital Groups Clinical Directors and management to implement the agreement.

Private only Consultants, who carry out work for the private hospitals will be offered a locum public contract, Type A for the duration of the arrangement. Under such a contract they will be covered by the State's Clinical Indemnity Scheme.





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		As set out above, under the arrangement, the HSE will fund the operational running costs of the facilities for the duration of the agreement. These costs will depend on a number of factors, including the level of occupancy, and the patient mix and acuity, during the period of the agreement. The costs will be subject to assessment and validation by external experts, and the C&AG.
28	Richard Barrett	Boyd To ask the Minister for Health what, if any, managerial capacity do private hospital groups retain in the day to day running of private hospitals being used to treat COVID19 patients? Are there conditions where any and all private control can be bypassed by the HSE to meet emergency demands?  Response: See 24 above.
29	Richard Barrett	Boyd To ask the Minister for Health will the HSE directly manage private sector hospitals it will use to treat COVID patients? Does the HSE have capacity to manage these hospitals now or will management be done by new hires or outsourced?  Response: See 24 above.
55	Richard Barrett	Boyd To ask the Minister for Health what actions have been taken by the Department of Health and Health Protection Surveillance Centre (HPSC) to reduce the spread of the virus by dental practices? HPSC released guidance for dental practices on 3rd April which did not limit dental treatment. In other jurisdictions, however, dentists have been given very strict protocols to reduce the spread of Covid-19. These accept that transmission of Covid-19 by aerosols from asymptomatic patients is a valid concern. HSE dental clinics have also stopped face to face dental care, except for emergencies under strict protocols. Will similar guidance be available for dentistry in Ireland?  Response: The Health Protection Surveillance Centre (HPSC) published guidance on <i>Managing Infection Related Risks in Dental Services in the Context of the COVID-19 Emergency</i> on 3rd April. The HPSC also published <i>Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19</i> on 17th March and guidance on <i>the use of Personal Protective Equipment (PPE) to support infection prevention and control practice when performing aerosol generating procedures on confirmed or clinically suspected COVID-19 CASES in a pandemic situation</i> on 23rd March. Guidance provided by the HPSC is supported by evidence, which is referenced in the guidance documents.  The Dental Council issued guidance as an addendum to their Code of Practice on Infection Prevention and Control on 8th April that aerosol generated procedures (AGPs) should only be undertaken with an appropriate level of PPE, which includes a respirator mask to a minimum



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>standard of FFP2. This measure is in addition to the environmental and organisational precautions necessary to protect against cross-infection within the dental practice.</p> <p>The Dental Council also issued guidance to patients on 14th April. It advises that dentistry is temporarily limited to emergency dental services only. Patients should contact their dentist by telephone or email for more information about how their dental care needs can be met throughout the COVID-19 pandemic.</p> <p>There is variation in detail between national guidance on infection prevention and control issued in different countries. Similarly, many other authoritative sources have issued recommendations, which differ in some details from national or international guidelines on infection prevention and control. Although differences in detail are a focus of considerable debate and can create a very challenging environment for dentists and for infection prevention and control practice it is important to focus on the clear consensus on all the most critical aspects of infection prevention and control and to continue to work together to manage those areas of difference and to look to emerging evidence to resolve those differences.</p> <p>Emergency dental services are designated as an essential service under the new Covid-19 Regulations - SI 121 of 2020 (as amended).</p> <p>HSE Emergency Dental Clinics are already in operation providing services for children and people with special needs in 38 centres. A contingency plan has been developed by the HSE for medical card holders to be seen at these centres if necessary. PPE is available for the designated centres.</p> <p>Adult medical card holders should contact a Dental Treatment Services Scheme (DTSS) contractor, who will make an assessment and provide appropriate treatment and advice. In general, the number of patients (children and adults) seeking care has been low since 27th March.</p> <p>There is ongoing contact between the Department of Health and the Irish Dental Association on COVID-19 related and other issues.</p> <p>The Government has put in place a number of initiatives to support business and enterprise during the COVID-19 crisis. These address long and short-term financial supports, tax alleviation measures, banking and credit measures and employee supports. The Department of Business, Enterprise and Innovation is providing supports and guidance to help businesses. A number of income supports are available from the Department of Employment Affairs and Social Protection for employees during a COVID-19 (Coronavirus) related absence or temporary lay-off from work.</p>
56	Richard Boyd Barrett	<p>To ask the Minister for Health if the guidance from HPSC not to use high quality Personal Protective Equipment (PPE) for dental care is based on evidence or lack of PPE?</p> <p><b>Response:</b> Please see 55 above.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

58	Richard Boyd Barrett	<p>To ask the Minister for Health to ensure that the necessary changes are made to ensure that 6 years old who do not have a medical card have access to safe dental care in this pandemic?</p> <p><b>Response:</b> Please see 55 above.</p>
68	Carol Nolan	<p>To ask the Minister for Health if he has had engagement with the pharmaceutical sector since the outbreak of Covid-19; if he has sought assurances that treatment medication that is being developed will be made available either free or a reduced cost; and if he will make a statement on the matter.</p> <p><b>Response:</b> Leading experts, scientists and medicine manufacturers around the world, including in Ireland, are working collaboratively on the development of treatments and vaccines to rapidly respond to the Covid-19 pandemic.</p> <p>The Department of Health, the HSE and the Health Products Regulatory Authority, together with the makers of medicines, wholesalers and pharmacists, are continually working to review the supply of medicines to Ireland to anticipate and respond to, in so far as is possible, any potential vulnerabilities in medicines supply as a consequence of the outbreak of Covid-19. As part of this coordinated response, all stakeholders are committed to developing approaches and implementing contingencies to address any identified concerns.</p> <p>Experts from the HSE and HPRA are engaging regularly with manufacturers and suppliers of medicines to review the general supply of medicines to Ireland, identify any potential vulnerabilities, and take appropriate steps to mitigate any potential risk posed by the Covid-19 pandemic.</p> <p>Ireland, the EU Commission and European regulators are in ongoing contact with the pharmaceutical industry. Work is ongoing to ensure that there are additional supplies of medicines used in the evidence-based treatment and care of Covid-19 patients. Ireland will continue to work with authorities at a European and International level to closely monitor the situation and ensure that all appropriate steps are taken to facilitate continuity of care and treatment.</p> <p>We are confident, through our engagement with the makers of medicines for the Irish market, that they are taking all steps necessary to ensure continuity of supply of medicines to meet expected demand. The ongoing support and commitment of stakeholders in the Irish pharmaceutical supply chain to Irish patients is acknowledged and welcomed.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

82	Richard Boyd Barrett	<p>To ask the Minister for Health the scientific, medical or other rationale for not stopping flights from areas of high Covid-19 intensity or imposing quarantine conditions on those entering the country from such areas in order to minimise the spread of infection; and if he will make a statement on the matter.</p> <p><b>Response:</b> Data on passenger arrivals into Ireland shows that the numbers arriving have reduced dramatically following the adoption of public health measures. For example the number of airline passengers into Dublin Airport are down by up to 99% when compared with the same dates in 2019.</p> <p>The overwhelming majority of passengers who continue to travel to Ireland are either Irish citizens, people who are resident in Ireland or residents of Northern Ireland.</p> <p>On the recommendation of the NPHET, all passengers arriving in Ireland, apart from arrivals from Northern Ireland, are required to restrict their movements for 14 days. This condition also applies to Irish residents. Essential supply chain services such as hauliers, pilots and maritime staff are exempt.</p> <p>It is essential that our ports and airports continue to operate to ensure the continuation of our supply chains and so that our citizens and residents who are abroad can return home.</p> <p>Furthermore, and since 8 April 2020, the Health Act 1947 (Section 31A-Temporary Restrictions) (Covid-19) Regulations 2020 now apply until 5 May 2020 to prevent, limit, minimise or slow the spread of Covid-19. The Regulations provide for restrictions on leaving a place of residence in the State, including a temporary place of residence, without reasonable excuse. Reasonable excuse includes providing or assisting in the provision of essential services. The Regulations also prohibit events (gatherings of people) unless the event is held for the purposes of a matter falling within the reasonable excuse provisions.</p>
91	Michael McGrath	<p>To ask the Minister for Health if he will respond to a matter raised in correspondence relating to Covid-19 and if he will make a statement on the matter. - Details supplied payments for student radiographer similar to student nurses.</p> <p><b>Response:</b> The HSE are currently assessing the ability of health and social care professional students on clinical placement to both continue in their professional training and to work directly on the response to the COVID emergency. A decision in this regard is expected shortly.</p>
117	Louise O'Reilly	<p>To ask the Minister for Health how much the state is paying per day for the use of Private Hospitals.</p> <p><b>Response:</b> Under the arrangement with the private hospitals in response to Covid-19, the HSE will fund the operational running costs of the private hospitals' facilities for the duration of the agreement. These costs will depend on a number of factors, including the level of</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>occupancy, and the patient mix and acuity, during the period of the agreement. The payments will be on a cost only open book basis. The cost is capped at actual cost incurred.</p> <p>The arrangement is in response to the COVID-19 pandemic and is for a 3-month period with option for the HSE to extend it for a further month and by mutual agreement thereafter. Since the rationale for the arrangement relates to the COVID-19 epidemic for which no one can provide a definitive time horizon it is not possible to indicate a precise cost estimate attaching to the arrangement. Instead robust safeguards regarding eligible costs, third party verification and termination have been built in against a necessarily uncertain disease background. How the disease evolves will influence the actual level of activity that it will be necessary for the private hospitals to carry out. It is because of this uncertainty that cost only open book compensation model was chosen. Under the arrangement the private hospitals' recent management accounts will be examined by a firm of accountants acting on behalf of the HSE. Payments will be determined on actual costs incurred which will also be subject to verification and as part of the agreement a process has been put in place to resolve any disputes.</p> <p>Under the arrangement a participating private hospital is due 80% of its estimated monthly costs in advance from the HSE. Actual costs incurred are subject to verification, as set out above and any difference is subject to clawback in the subsequent month. The HSE has made advance payments for April totalling €90.2m. This is based on estimates provided by the participating hospitals and will be adjusted based on verified actual costs validly incurred over the period.</p>
118	Louise O'Reilly	<p>To ask the Minister for Health what the details are for the new agreement with the private hospital network.</p> <p><b>Response:</b> A major part of the Governments National Action Plan in response to Covid-19 was to substantially increase the capacity of healthcare facilities to cope with the anticipated additional demand. As part of the Action Plan to urgently ramp up capacity for acute care facilities, an arrangement has been agreed with the Private Hospitals Association to use their facilities as part of the public system on a temporary basis, to provide essential services. It is intended that the private hospitals will be mainly used to undertake urgent non Covid-19 elective procedures with patients being transferred to these facilities, so as to free up capacity in major public hospitals. Under the arrangement, all patients in the private hospitals will be treated as public patients and their treatment will be prioritised based on clinical need. The arrangement has increased the capacity of the overall public system substantially, adding approximately 1,900 inpatient beds, 600 day beds as well as 47 ICU and 54 HDU beds to the system.</p> <p>The arrangement is intended to be in place for the period of the COVID-19 response, with an initial 3-month period, followed by an option for the HSE to extend it for a further month and further thereafter by mutual agreement.</p> <p>A Heads of Terms of an Agreement between the HSE and the Private Hospitals was agreed at the end of March and all 18 of the acute private hospitals signed up to it. The Heads of Terms provides an overarching framework governing the arrangement until final contracts are agreed with individual hospitals or groups of hospitals, which are due to be finalised shortly. The main terms are summarised below</p>



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		<ul style="list-style-type: none"><li>• The State will secure 100% of the capacity of the 18 private hospitals which signed up to the Heads of Agreement;</li><li>• The private hospitals will effectively operate as public hospitals for the duration;</li><li>• Underpinning the arrangement with the private hospitals is the principle that they will not make a profit from it;</li><li>• Payment will be on a cost only Open Book model whereby the hospitals will be reimbursed for the operating costs properly incurred during the period;</li><li>• All patients treated in private hospitals under this arrangement will be public patients and neither the private hospitals nor medical consultants will be entitled to private fees;</li><li>• There is provision for continuity of care for patients who were in a private hospital or attending for treatment at the time the Heads of Terms were agreed and these patients will be treated as public patients;</li><li>• The private hospitals will retain their own staff for the duration, and these will not become State employees;</li><li>• The HSE will only reimburse costs of paying the salaries of staff and senior management of the private hospitals at the prevailing rates, up to a maximum of €200,000 per annum;</li><li>• The costs that will be covered will be limited to normal costs of operating the hospital and no payment will be made for a return on investment;</li><li>• The final cost will be verified by an independent firm of accountants and there will be an arbitration mechanism in place in the event of any disagreement.</li></ul> <p>The arrangement will be made under section 38 of the Health Act 2004. The hospitals will be linked into the Regional Hospital Groups. The private hospitals will retain their own management and other staff who will work with the Regional Hospital Groups Clinical Directors and management to implement the agreement.</p> <p>Private only Consultants, who carry out work for the private hospitals will be offered a locum public contract, Type A for the duration of the arrangement. Under such a contract they will be covered by the State's Clinical Indemnity Scheme.</p> <p>As set out above, under the arrangement, the HSE will fund the operational running costs of the facilities for the duration of the agreement. These costs will depend on a number of factors, including the level of occupancy, and the patient mix and acuity, during the period of the agreement. The costs will be subject to assessment and validation by external experts, and the C&amp;AG.</p>
127	Gino Kenny	<p>What actions have been taken by the Department of Health and Health Protection Surveillance Centre (HPSC) to reduce the spread of the virus by dental practices?</p> <p>Response: The Health Protection Surveillance Centre (HPSC) published guidance on <i>Managing Infection Related Risks in Dental Services in the Context of the COVID-19 Emergency</i> on 3rd April. The HPSC also published <i>Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19</i> on 17th March and guidance on <i>the use of Personal Protective</i></p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

	<p><i>Equipment (PPE) to support infection prevention and control practice when performing aerosol generating procedures on confirmed or clinically suspected COVID-19 CASES in a pandemic situation on 23rd March. Guidance provided by the HPSC is supported by evidence, which is referenced in the guidance documents.</i></p> <p>The Dental Council issued guidance as an addendum to their Code of Practice on Infection Prevention and Control on 8th April that aerosol generated procedures (AGPs) should only be undertaken with an appropriate level of PPE, which includes a respirator mask to a minimum standard of FFP2. This measure is in addition to the environmental and organisational precautions necessary to protect against cross-infection within the dental practice.</p> <p>The Dental Council also issued guidance to patients on 14th April. It advises that dentistry is temporarily limited to emergency dental services only. Patients should contact their dentist by telephone or email for more information about how their dental care needs can be met throughout the COVID-19 pandemic.</p> <p>There is variation in detail between national guidance on infection prevention and control issued in different countries. Similarly, many other authoritative sources have issued recommendations, which differ in some details from national or international guidelines on infection prevention and control. Although differences in detail are a focus of considerable debate and can create a very challenging environment for dentists and for infection prevention and control practice it is important to focus on the clear consensus on all the most critical aspects of infection prevention and control and to continue to work together to manage those areas of difference and to look to emerging evidence to resolve those differences.</p> <p>Emergency dental services are designated as an essential service under the new Covid-19 Regulations - SI 121 of 2020 (as amended).</p> <p>HSE Emergency Dental Clinics are already in operation providing services for children and people with special needs in 38 centres. A contingency plan has been developed by the HSE for medical card holders to be seen at these centres if necessary. PPE is available for the designated centres.</p> <p>Adult medical card holders should contact a Dental Treatment Services Scheme (DTSS) contractor, who will make an assessment and provide appropriate treatment and advice. In general, the number of patients (children and adults) seeking care has been low since 27th March.</p> <p>There is ongoing contact between the Department of Health and the Irish Dental Association on COVID-19 related and other issues.</p> <p>The Government has put in place a number of initiatives to support business and enterprise during the COVID-19 crisis. These address long and short-term financial supports, tax alleviation measures, banking and credit measures and employee supports. The Department of Business, Enterprise and Innovation is providing supports and guidance to help businesses. A number of income supports are available from</p>
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**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		the Department of Employment Affairs and Social Protection for employees during a COVID-19 (Coronavirus) related absence or temporary lay-off from work.
128	Gino Kenny	<p>HPSC released guidance for dental practices on 3rd April which did not limit dental treatment. In other jurisdictions, however, dentists have been given very strict protocols to reduce the spread of Covid-19. These accept that transmission of Covid-19 by aerosols from asymptomatic patients is a valid concern. HSE dental clinics have also stopped face to face dental care, except for emergencies under strict protocols. Will similar guidance be available for dentistry in Ireland?</p> <p><b>Response:</b> Please see response at 127 above.</p>
147	Paul Murphy	<p>To ask the Minister for Health what is being done to ensure that those who require consistent cervical smears for an ongoing condition will not have their appointments cancelled, and if they are being rescheduled when will the patients be informed?</p> <p><b>Response:</b> Since Covid 19 was categorised as a national public health emergency, the National Screening Service (NSS) has been assessing the feasibility of continuing their programmes as well as assessing the associated risks. On 27 March 2020 the National Screening Service (NSS) advised the Department of Health that it has regrettably decided to temporarily pause all 4 Screening Programmes under its remit CervicalCheck, BreastCheck, BowelScreen and Diabetic RetinaScreen.</p> <p>Where possible staff have been redeployed to assist the wider health service during the public health emergency. Any essential staff are working from home to ensure the continuity of the National Screening Service and provide support for all clients currently within the screening programmes and to enable a return to screening when it is safe to do so.</p> <p>The CervicalCheck programme has been paused since December 2019 due to the roll out of HPV screening, which was implemented on 30 March 2020.</p> <p>While the programme has successfully transitioned over to HPV as the primary screening test a decision has been made to temporarily pause the resumption of invitations in Primary Care.</p> <p>It is important to note that samples taken from patients in a colposcopy clinic setting (including follow-up smear clinics) will continue to be accepted and processed by CervicalCheck.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>The NSS will continue to review this decision, in line with the Government advice and keep their website <a href="http://www.screeningservice.ie/">www.screeningservice.ie/</a> updated regularly. The CervicalCheck website will also be kept updated as the situation evolves, <a href="http://www.cervicalcheck.ie">www.cervicalcheck.ie</a>. Information can also be found on the HSE website, <a href="https://www2.hse.ie/cervical-screening/">https://www2.hse.ie/cervical-screening/</a>.</p> <p>The Department will continue to liaise with the NSS and in relation to the operation of screening programmes. It is expected that the NSS will review the position on 19 April 2020.</p> <p>Irrespective of whether the screening programme is operational, it is always advised that, if a woman experiences any symptoms that they are concerned about then they should contact their GP without delay. This applies irrespective of the current COVID-19 outbreak as GPs continue to see patients.</p> <p>Similar pausing of population screening programmes has occurred in Northern Ireland, Scotland and Wales.</p>
148	Paul Murphy	<p>To ask the Minister for Health how the statutory instrument S.I No 541/2019, in relation to the commencement of Part 2 of the Child and Family Relationship Act 2015, will affect families who began their IVF donor-sperm procedures prior to the 4th of May 2020? Would the Minister also consider delaying the commencement of the relevant sections of the Act until a later date, given the suspension of IVF procedures due to COVID-19 resulting in a lack of clarification given to families up to this point?</p> <p><b>Response:</b> In November 2019, I signed S.I. 541/2019 to enable commencement of parts 2 and 3 of the Children and Family Relationships Act on 4<sup>th</sup> May 2020.</p> <p>These sections of the Act provide a legal framework for registering the births of children who are born as a result of assisted human reproduction involving donated eggs, sperm or embryos.</p> <p>Commencement of Parts 2 and 3 of the Act will also require records to be kept in relation to the identity of donors, which will enable the State to protect the rights of donor conceived persons to access information about their genetic heritage in future years.</p> <p>I am aware that all fertility treatments in clinics have ceased since mid-March in due to the ongoing public health situation in line with advice from international bodies.</p> <p>I understand that patients of these clinics are facing difficulties and uncertainty about their treatment, which has been cancelled or postponed.</p> <p>The issues raised by the Deputies are under consideration at present by my Department.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

149	Seán Haughey	<p>To ask the Minister for Health if student radiographers on clinical placement can be paid in the same way as student nurses during the covid-19 crisis; and if he will make a statement on the matter.</p> <p><b>Response:</b> The HSE are currently assessing the ability of health and social care professional students on clinical placement to both continue in their professional training and to work directly on the response to the COVID emergency. A decision in this regard is expected shortly.</p>
151	Carol Nolan	<p>To ask the Minister for Health how persons with acute dental pain may access services during the duration of the Covid-19 crisis and if he will make a statement on the matter.</p> <p><b>Response:</b> The Health Protection Surveillance Centre (HPSC) published guidance on <i>Managing Infection Related Risks in Dental Services in the Context of the COVID-19 Emergency</i> on 3rd April. The HPSC also published <i>Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19</i> on 17th March and guidance on <i>the use of Personal Protective Equipment (PPE) to support infection prevention and control practice when performing aerosol generating procedures on confirmed or clinically suspected COVID-19 CASES in a pandemic situation</i> on 23rd March. Guidance provided by the HPSC is supported by evidence, which is referenced in the guidance documents.</p> <p>The Dental Council issued guidance as an addendum to their Code of Practice on Infection Prevention and Control on 8th April that aerosol generated procedures (AGPs) should only be undertaken with an appropriate level of PPE, which includes a respirator mask to a minimum standard of FFP2. This measure is in addition to the environmental and organisational precautions necessary to protect against cross-infection within the dental practice.</p> <p>The Dental Council also issued guidance to patients on 14th April. It advises that dentistry is temporarily limited to emergency dental services only. Patients should contact their dentist by telephone or email for more information about how their dental care needs can be met throughout the COVID-19 pandemic.</p> <p>There is variation in detail between national guidance on infection prevention and control issued in different countries. Similarly, many other authoritative sources have issued recommendations, which differ in some details from national or international guidelines on infection prevention and control. Although differences in detail are a focus of considerable debate and can create a very challenging environment for dentists and for infection prevention and control practice it is important to focus on the clear consensus on all the most critical aspects of infection prevention and control and to continue to work together to manage those areas of difference and to look to emerging evidence to resolve those differences.</p> <p>Emergency dental services are designated as an essential service under the new Covid-19 Regulations - SI 121 of 2020 (as amended).</p>





Response to Dáil Members Covid-19 queries – 17 April 2020.

		<p>HSE Emergency Dental Clinics are already in operation providing services for children and people with special needs in 38 centres. A contingency plan has been developed by the HSE for medical card holders to be seen at these centres if necessary. PPE is available for the designated centres.</p> <p>Adult medical card holders should contact a Dental Treatment Services Scheme (DTSS) contractor, who will make an assessment and provide appropriate treatment and advice. In general, the number of patients (children and adults) seeking care has been low since 27th March.</p> <p>There is ongoing contact between the Department of Health and the Irish Dental Association on COVID-19 related and other issues.</p> <p>The Government has put in place a number of initiatives to support business and enterprise during the COVID-19 crisis. These address long and short-term financial supports, tax alleviation measures, banking and credit measures and employee supports. The Department of Business, Enterprise and Innovation is providing supports and guidance to help businesses. A number of income supports are available from the Department of Employment Affairs and Social Protection for employees during a COVID-19 (Coronavirus) related absence or temporary lay-off from work.</p>
152	Carol Nolan	<p>To ask the Minister for Health if he is satisfied that sufficient provision of children's hospice care is being made available during the covid-19 crisis and if he will make a statement on the matter.</p> <p><b>Response:</b> In December 2009 the Department of Health published <i>Palliative Care for Children with Life Limiting Conditions: a National Policy</i>. Containing 31 recommendations under 19 headings, the structures set out in the Policy are designed to meet the palliative care needs of children born with a life-limiting condition and their families across all care settings.</p> <p>The policy states that the preferred location of care for these children is the home and recommends the development of hospice at home services.</p> <p>To respond to the increasing demand for palliative care services for children, the HSE, with co-funding from the Irish Hospice Foundation, established a Children's Palliative Care Programme including three elements: a consultant post, an education programme, and the appointment of clinical nurse co-ordinators.</p> <p>A 2016 Evaluation of the Children's Palliative Care Programme encouraged hospital groups to examine their provision of paediatric palliative care, and a national policy endorsement of the development of children's palliative care as a speciality. Each hospital group and local HSE management is requested to provide each Clinical Nurse Co-ordinator with administrative support.</p> <p>In the context of the Covid-19 pandemic, the provision of palliative care services to meet the needs of children with life-limiting conditions and their families is one of my key priorities, as Minister for Health. I am advised that the HSE is regularly engaging with representatives</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		from every specialist palliative care service to ensure continuity and flexibility in the provision of palliative care services during this difficult period, including for children who may need access to hospice care.
153	Carol Nolan	<p>To ask the Minister for Health to address concerns that a number of the cancer screening services are currently unavailable due to the covid-19 crisis; the medical advice on which this suspension of service is based and if he will make a statement on the matter.</p> <p><b>Response:</b> Since Covid 19 was categorised as a national public health emergency, the National Screening Service (NSS) has been assessing the feasibility of continuing their programmes as well as assessing the associated risks.</p> <p>After a thorough assessment, on 27 March 2020 the National Screening Service (NSS) advised the Department of Health that it has regrettably decided to temporarily pause all 4 Screening Programmes under its remit CervicalCheck, BreastCheck, BowelScreen and Diabetic RetinaScreen.</p> <p>Where possible staff have been redeployed to assist the wider health service during the public health emergency. Any essential staff are working from home to ensure the continuity of the National Screening Service and provide support for all clients currently within the screening programmes and to enable a return to screening when it is safe to do so.</p> <p>The Department has been informed by the National Screening Service since the beginning of the COVID-19 pandemic each of the four programmes has been assessing their individual logistics to see how best to manage the situation in relation to screening services in the context of COVID-19.</p> <p>The NSS will continue to review this decision, in line with the Government, HSE Public Health and Department of Health advice and keep their website <a href="http://www.screeningservice.ie">www.screeningservice.ie</a>/updated regularly. The individual programme websites will also be kept updated as the situation evolves.</p> <p>The Department will continue to liaise with the NSS and in relation to the operation of screening programmes. It is expected that the NSS will review the position on 19 April 2020.</p> <p>Irrespective of whether a screening programme is operational, it is always advised that, if a person experiences any symptoms that they are concerned about then they should contact their GP without delay. This applies irrespective of the current COVID-19 outbreak as GPs continue to see patients.</p> <p>Similar pausing of population screening programmes has occurred in Northern Ireland, Scotland and Wales.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

159	Michael McGrath	<p>To ask the Minister for Health when his department and the HSE intend to roll out Dental Emergency Treatment Centres / Hubs; to confirm if they will be able to treat private and medical card adults and children even if legislation is required to allow over 16's without a HSE Medical Card be seen in primary care centres; to confirm if appropriate personal protective equipment will be provided; and if he will make a statement on the matter.</p> <p>Response: The Health Protection Surveillance Centre (HPSC) published guidance on <i>Managing Infection Related Risks in Dental Services in the Context of the COVID-19 Emergency</i> on 3rd April. The HPSC also published <i>Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19</i> on 17th March and guidance on <i>the use of Personal Protective Equipment (PPE) to support infection prevention and control practice when performing aerosol generating procedures on confirmed or clinically suspected COVID-19 CASES in a pandemic situation</i> on 23rd March. Guidance provided by the HPSC is supported by evidence, which is referenced in the guidance documents.</p> <p>The Dental Council issued guidance as an addendum to their Code of Practice on Infection Prevention and Control on 8th April that aerosol generated procedures (AGPs) should only be undertaken with an appropriate level of PPE, which includes a respirator mask to a minimum standard of FFP2. This measure is in addition to the environmental and organisational precautions necessary to protect against cross-infection within the dental practice.</p> <p>The Dental Council also issued guidance to patients on 14th April. It advises that dentistry is temporarily limited to emergency dental services only. Patients should contact their dentist by telephone or email for more information about how their dental care needs can be met throughout the COVID-19 pandemic.</p> <p>There is variation in detail between national guidance on infection prevention and control issued in different countries. Similarly, many other authoritative sources have issued recommendations, which differ in some details from national or international guidelines on infection prevention and control. Although differences in detail are a focus of considerable debate and can create a very challenging environment for dentists and for infection prevention and control practice it is important to focus on the clear consensus on all the most critical aspects of infection prevention and control and to continue to work together to manage those areas of difference and to look to emerging evidence to resolve those differences.</p> <p>Emergency dental services are designated as an essential service under the new Covid-19 Regulations - SI 121 of 2020 (as amended).</p>
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**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>HSE Emergency Dental Clinics are already in operation providing services for children and people with special needs in 38 centres. A contingency plan has been developed by the HSE for medical card holders to be seen at these centres if necessary. PPE is available for the designated centres.</p> <p>Adult medical card holders should contact a Dental Treatment Services Scheme (DTSS) contractor, who will make an assessment and provide appropriate treatment and advice. In general, the number of patients (children and adults) seeking care has been low since 27th March.</p> <p>There is ongoing contact between the Department of Health and the Irish Dental Association on COVID-19 related and other issues.</p> <p>The Government has put in place a number of initiatives to support business and enterprise during the COVID-19 crisis. These address long and short-term financial supports, tax alleviation measures, banking and credit measures and employee supports. The Department of Business, Enterprise and Innovation is providing supports and guidance to help businesses. A number of income supports are available from the Department of Employment Affairs and Social Protection for employees during a COVID-19 (Coronavirus) related absence or temporary lay-off from work.</p>						
160	Carol Nolan	<p>To ask the Minister for Health to provide an update on the work of the Covid-19 Vulnerable People Subgroup within NPHET.</p> <p><b>Response:</b> The Department of Health has also established the NPHET Subgroup on Vulnerable People which has a broad membership from across Government Departments, Agencies and key stakeholders. The subgroup was established to provide oversight and assurance with regard to the specific preparedness, measures and actions that need to be taken to protect vulnerable groups and individuals in society. An integrated cross government approach is being taken by the Subgroup.</p> <p>The subgroup had its first meeting on 6 March and has met regularly since then. A list of subgroup members, terms of reference, and all subgroup minutes, once finalised, are available on the website at: <a href="https://www.gov.ie/en/collection/301f5e-the-national-public-health-emergency-team-nphet-subgroup-vulnerable-/">https://www.gov.ie/en/collection/301f5e-the-national-public-health-emergency-team-nphet-subgroup-vulnerable-/</a></p>						
161	Carol Nolan	<p>To ask the Minister for Health to provide the membership details of the Covid-19 Behavioural Change subgroup within NPHET; the purpose of this group.</p> <p><b>Response:</b> The membership of the National Public Health Emergency Team (NPHET) Behavioural Change Subgroup is as follows:</p> <table><tr><td>Department of Health</td><td>Kate O’Flaherty (Chair)</td></tr><tr><td>Department of Health</td><td>Robert Mooney</td></tr><tr><td>Department of Health</td><td>Robert Murphy</td></tr></table>	Department of Health	Kate O’Flaherty (Chair)	Department of Health	Robert Mooney	Department of Health	Robert Murphy
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**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>The Economic and Social Research Institute University College Dublin National University of Ireland Galway Safefood Sustainable Energy Authority of Ireland University of Limerick</p> <p>Prof Pete Lunn Prof Liam Delaney Prof Molly Byrne Dr Aileen McGloin Karl Purcell Prof Orla Muldoon</p> <p>The National Action Plan in response to COVID-19 recognises how, as a society, we must all adopt behaviours that enable us, as a society to interrupt transmission. As is stated in the terms of reference, The Behavioural Change Subgroup of the NPHET has been established to:</p> <ol style="list-style-type: none"> <li>1. Provide evidence-based, expert analysis and advice from the national and international literature and research to understand key population behaviours and drivers. Establish robust processes to support the work of, and collaborate with, the Communications Group</li> <li>2. Analyse data generated through research processes conducted to listen to the public (including through media and social media monitoring, qualitative research, data analytics) to understand and address emerging concerns</li> <li>3. Establish processes, in collaboration with the Communications group, to measure and analyse the impact of ongoing communications and interventions designed to drive behaviour change and support resilience</li> <li>4. Design, implement and analyse rapid behavioural studies or other research measures to support optimal impact of ongoing communications and interventions, address emerging or anticipated issues and concerns, or as requested by NPHET</li> </ol> <p>The work of the Subgroup assists the NPHET with communications and decision-making utilising the insights from behavioural science. The Subgroup is made up of Behavioural Science practitioners and academics and represents a unique partnership of expertise supporting the response of Government to COVID-19. Further detail on the work of the Subgroup can be found at: <a href="https://www.gov.ie/en/collection/3008f6-the-national-public-health-emergency-team-nphet-covid-19-subgroup-be/">https://www.gov.ie/en/collection/3008f6-the-national-public-health-emergency-team-nphet-covid-19-subgroup-be/</a></p>
166	Sean Fleming	<p>Can the Department of Health and the HSE clarify issue in relation to Optometrists as they were initially deemed an essential service and then they were told that the COVID-19 directive put them into the category of business that only offer emergency or call out or delivery services. It is clear Optometrists can not offer a call out from their practices and the Association of Optometrists feel that this may have been clerical error and can this matter be clarified and this health matter should be an essential service and it is impracticable to provide it on a call out basis.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p><b>Response:</b> The Health Act 1947 (Section 31A-Temporary Restrictions) (Covid-19) Regulations 2020 (S.I. No. 121 of 2020) was signed by the Minister for Health on 7 April 2020 and amended by the Health Act 1947 (Section 31A – Temporary Restrictions) (Covid-19) (Amendment) Regulations 2020 on 10 April 2020 (S.I. 128 of 2020).</p> <p>In this Regulation:</p> <p>“essential retail outlet” means a retail outlet specified in Schedule 1;</p> <p>“essential service” means a service specified in Schedule 2;</p> <p>Schedule 1 (Essential retail outlets) includes at 11: <i>The following outlets insofar as they offer services on an emergency basis only: (a) optician and optometrist outlets;</i></p> <p>Schedule 2 (Essential services) includes at 15 (b) <i>therapy services provided by a member of a designated profession within the meaning of section 3 of the Health and Social Care Professionals Act 2005 (No. 27 of 2005);</i></p> <p>The Schedules in the Health Act 1947 (Section 31A – Temporary Restrictions) (Covid-19) Regulations 2020 are intended to reflect as closely as possible the Government’s practical guidance published on 27 and 28 March but are necessarily more detailed.</p> <p>The website of the HPSC <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/</a> provides infection prevention and control guidance, occupational health guidance and other relevant guidance.</p>
171	Pádraig Mac Lochlainn	<p>To ask the Minister for Health if he will waive the requirement on pharmacists at this time to apply prescription levies to their customers and in response to the obvious practical difficulties this entails during this covid-19 pandemic crisis in terms of collection versus minimizing interaction between staff and customers?</p> <p><b>Response:</b> The Health (Amendment) Act 2010 provides for the charging of fees in respect of prescribed items dispensed by community pharmacy to persons with full medical card eligibility. Accordingly, the Health Service Executive is required in legislation to collect same via dispensing community pharmacists.</p> <p>I understand the concerns raised in regard to the safety of pharmacy staff and minimising the interaction between such key workers, volunteer delivery services and the general public. The Pharmaceutical Society of Ireland and the HSE have recently issued joint guidance on the safe delivery of Medicines during the COVID-19 pandemic. This should be used by pharmacies as the essential reference on which to put in place a safe medicine delivery service and aims to support patients, volunteers and pharmacists at this time. This guidance can be accessed at: <a href="https://www.thepsi.ie/Libraries/COVID/Home_delivery_of_medicines_-_Joint_guidance_from_PSI_and_HSE.sflb.ashx">https://www.thepsi.ie/Libraries/COVID/Home_delivery_of_medicines - Joint guidance from PSI and HSE.sflb.ashx</a>.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

172	Carol Nolan	<p>To ask the Minister for Health to provide an update on the work of the Covid-19 Vulnerable People Subgroup within NPHET and if he will make a statement on the matter.</p> <p><b>Response:</b> See 160 above.</p>																		
173	Carol Nolan	<p>To ask the Minister for Health to provide the membership details of the Covid-19 Behavioural Change subgroup within NPHET; the purpose of this group and if he will make a statement on the matter.</p> <p><b>Response:</b> The membership of the National Public Health Emergency Team (NPHET) Behavioural Change Subgroup is as follows:</p> <table><tr><td>Department of Health</td><td>Kate O’Flaherty (Chair)</td></tr><tr><td>Department of Health</td><td>Robert Mooney</td></tr><tr><td>Department of Health</td><td>Robert Murphy</td></tr><tr><td>The Economic and Social Research Institute</td><td>Prof Pete Lunn</td></tr><tr><td>University College Dublin</td><td>Prof Liam Delaney</td></tr><tr><td>National University of Ireland Galway</td><td>Prof Molly Byrne</td></tr><tr><td>Safefood</td><td>Dr Aileen McGloin</td></tr><tr><td>Sustainable Energy Authority of Ireland</td><td>Karl Purcell</td></tr><tr><td>University of Limerick</td><td>Prof Orla Muldoon</td></tr></table> <p>The National Action Plan in response to COVID-19 recognises how, as a society, we must all adopt behaviours that enable us, as a society to interrupt transmission. As is stated in the terms of reference, The Behavioural Change Subgroup of the NPHET has been established to:</p> <ol style="list-style-type: none"><li>1. Provide evidence-based, expert analysis and advice from the national and international literature and research to understand key population behaviours and drivers. Establish robust processes to support the work of, and collaborate with, the Communications Group</li><li>2. Analyse data generated through research processes conducted to listen to the public (including through media and social media monitoring, qualitative research, data analytics) to understand and address emerging concerns</li><li>3. Establish processes, in collaboration with the Communications group, to measure and analyse the impact of ongoing communications and interventions designed to drive behaviour change and support resilience</li><li>4. Design, implement and analyse rapid behavioural studies or other research measures to support optimal impact of ongoing communications and interventions, address emerging or anticipated issues and concerns, or as requested by NPHET</li></ol>	Department of Health	Kate O’Flaherty (Chair)	Department of Health	Robert Mooney	Department of Health	Robert Murphy	The Economic and Social Research Institute	Prof Pete Lunn	University College Dublin	Prof Liam Delaney	National University of Ireland Galway	Prof Molly Byrne	Safefood	Dr Aileen McGloin	Sustainable Energy Authority of Ireland	Karl Purcell	University of Limerick	Prof Orla Muldoon
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**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>The work of the Subgroup assists the NPHET with communications and decision-making utilising the insights from behavioural science. The Subgroup is made up of Behavioural Science practitioners and academics and represents a unique partnership of expertise supporting the response of Government to COVID-19. Further detail on the work of the Subgroup can be found at: <a href="https://www.gov.ie/en/collection/3008f6-the-national-public-health-emergency-team-nphet-covid-19-subgroup-be/">https://www.gov.ie/en/collection/3008f6-the-national-public-health-emergency-team-nphet-covid-19-subgroup-be/</a></p>
175	Cian O'callaghan	<p>Given the reduction on the GMS levy announced in the 2020 budget, can consideration be given to eliminating this also?</p> <p><b>Response:</b></p> <p>The Health (Amendment) Act 2010 provides for the charging of fees in respect of prescribed items dispensed by community pharmacy to persons with full medical card eligibility. Accordingly, the Health Service Executive is required in legislation to collect same via dispensing community pharmacists.</p> <p>I understand the concerns raised in regard to the safety of pharmacy staff and minimising the interaction between such key workers, volunteer delivery services and the general public. The Pharmaceutical Society of Ireland and the HSE have recently issued joint guidance on the safe delivery of Medicines during the COVID-19 pandemic. This should be used by pharmacies as the essential reference on which to put in place a safe medicine delivery service and aims to support patients, volunteers and pharmacists at this time. This guidance can be accessed at: <a href="https://www.thepsi.ie/Libraries/COVID/Home_delivery_of_medicines_-_Joint_guidance_from_PSI_and_HSE.sflb.ashx">https://www.thepsi.ie/Libraries/COVID/Home_delivery_of_medicines - Joint guidance from PSI and HSE.sflb.ashx</a>.</p>
176	Michael McGrath	<p>To ask the Minister for Health what plans are in place to ensure that private patients who were due to have cancer treatment at private hospitals do not have their essential treatment now cancelled as a result of the agreement between the HSE and the private hospitals for the use of their facilities during the Covid-19 pandemic and if he will make a statement on the matter.</p> <p><b>Response:</b> Under the terms of the agreement between the HSE and the Private Hospitals Association, provision has been made to ensure continuity of care for patients who were in a private hospital or receiving a course of treatment when the Heads of Terms for the arrangement was agreed. There are a number of principals underpinning the arrangement, including that the private hospitals will be used to treat public patients only, that they will not make a profit from the arrangement, and consultants will not be able to charge fees for working in these hospitals. Consultants who work wholly for the private hospitals have been offered temporary locum public patient only (Type A) contracts for the duration of the arrangement. The patients who are being treated in the hospitals will be treated as public patients and will be prioritised based on clinical needs as with any other public patient. The patients will remain under the care of their existing consultant, if the consultant is already employed by the HSE or if the consultant is a whole-time private practice practitioner who accepts the HSE's offer of a temporary contract. If a patient's consultant does not accept the HSE's offer the patient will be transferred to the care of another consultant as a public patient. The policy intention is that non-COVID urgent care will be provided in the private hospitals insofar as practicable depending on the progression of the disease. Therefore, the policy intention is that urgent patients will receive care from the same clinical team and in the same facility that they are familiar with. Patients in treatment and in need of continued urgent care will not be charged for their care either Outpatient or Inpatient with the exception of the statutory charges as applicable. The HSE is currently</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>finalising a Frequently Asked Questions document to be made available to patients so as give assurance to them regarding their ongoing treatment.</p> <p>In relation to cancer in particular, the National Action Plan on Covid-19 identifies the continued delivery of cancer care as a priority, through ensuring the delivery of national specialities and maintaining urgent activity. Cancer treatment is continuing, with consideration of the risk:benefit ratio of treatment for individual patients. The emphasis is on providing time-sensitive treatment, with some less urgent treatment being delayed.</p> <p>Guidance on medical, radiation and surgical oncology in the Covid-19 period has been issued to clinicians by the HSE's National Cancer Control Programme</p>
177	Jack Chambers	<p>To ask the Minister for Health to respond to the concerns raised with him by dentists about continuing to operate during the Covid 19 pandemic.</p> <p>Response: The Health Protection Surveillance Centre (HPSC) published guidance on <i>Managing Infection Related Risks in Dental Services in the Context of the COVID-19 Emergency</i> on 3rd April. The HPSC also published <i>Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19</i> on 17th March and guidance on <i>the use of Personal Protective Equipment (PPE) to support infection prevention and control practice when performing aerosol generating procedures on confirmed or clinically suspected COVID-19 CASES in a pandemic situation</i> on 23rd March. Guidance provided by the HPSC is supported by evidence, which is referenced in the guidance documents.</p> <p>The Dental Council issued guidance as an addendum to their Code of Practice on Infection Prevention and Control on 8th April that aerosol generated procedures (AGPs) should only be undertaken with an appropriate level of PPE, which includes a respirator mask to a minimum standard of FFP2. This measure is in addition to the environmental and organisational precautions necessary to protect against cross-infection within the dental practice.</p> <p>The Dental Council also issued guidance to patients on 14th April. It advises that dentistry is temporarily limited to emergency dental services only. Patients should contact their dentist by telephone or email for more information about how their dental care needs can be met throughout the COVID-19 pandemic.</p> <p>There is variation in detail between national guidance on infection prevention and control issued in different countries. Similarly, many other authoritative sources have issued recommendations, which differ in some details from national or international guidelines on infection prevention and control. Although differences in detail are a focus of considerable debate and can create a very challenging environment for dentists and for infection prevention and control practice it is important to focus on the clear consensus on all the most critical aspects of</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

	<p>infection prevention and control and to continue to work together to manage those areas of difference and to look to emerging evidence to resolve those differences.</p> <p>Emergency dental services are designated as an essential service under the new Covid-19 Regulations - SI 121 of 2020 (as amended).</p> <p>HSE Emergency Dental Clinics are already in operation providing services for children and people with special needs in 38 centres. A contingency plan has been developed by the HSE for medical card holders to be seen at these centres if necessary. PPE is available for the designated centres.</p> <p>Adult medical card holders should contact a Dental Treatment Services Scheme (DTSS) contractor, who will make an assessment and provide appropriate treatment and advice. In general, the number of patients (children and adults) seeking care has been low since 27th March.</p> <p>There is ongoing contact between the Department of Health and the Irish Dental Association on COVID-19 related and other issues.</p> <p>The Government has put in place a number of initiatives to support business and enterprise during the COVID-19 crisis. These address long and short-term financial supports, tax alleviation measures, banking and credit measures and employee supports. The Department of Business, Enterprise and Innovation is providing supports and guidance to help businesses. A number of income supports are available from the Department of Employment Affairs and Social Protection for employees during a COVID-19 (Coronavirus) related absence or temporary lay-off from work.</p>
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**Response to Dáil Members Covid-19 queries – 17 April 2020.**

179	Michael Collins	<p>Dentists have no access to PPE, however they are still expected to treat patients as normal (contrary to all International Advice), despite their efforts to communicate and be heard by the government they have been met with deflection and unwillingness to take part in any discussions, as if dental emergencies were not worth the governments consideration. If these Dentists treat patients without the proper PPE, it could cause a bed of infection within the community leading to a spike in hospitalizations and deaths. If the Dentists do not treat patients, they in turn end up at the hospital or at their local GP practise again causing clog up and more pressure on an already pressured Health Service. The Dentists would like to set up HSE emergency Clinics/Hubs to relieve patients of Pain/Trauma/Infection and seems to be the way forward to save the waste of valuable PPE in the most efficient way forward. Many Dentists I have spoken to signed up for the HSE on call scheme and want to help in any way they can. So, in short can we set up HSE Emergency Clinics/Hubs for the treatment of patients with dental trauma/pain/infection?</p> <p>Response: The Health Protection Surveillance Centre (HPSC) published guidance on <i>Managing Infection Related Risks in Dental Services in the Context of the COVID-19 Emergency</i> on 3rd April. The HPSC also published <i>Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19</i> on 17th March and guidance on <i>the use of Personal Protective Equipment (PPE) to support infection prevention and control practice when performing aerosol generating procedures on confirmed or clinically suspected COVID-19 CASES in a pandemic situation</i> on 23rd March. Guidance provided by the HPSC is supported by evidence, which is referenced in the guidance documents.</p> <p>The Dental Council issued guidance as an addendum to their Code of Practice on Infection Prevention and Control on 8th April that aerosol generated procedures (AGPs) should only be undertaken with an appropriate level of PPE, which includes a respirator mask to a minimum standard of FFP2. This measure is in addition to the environmental and organisational precautions necessary to protect against cross-infection within the dental practice.</p> <p>The Dental Council also issued guidance to patients on 14th April. It advises that dentistry is temporarily limited to emergency dental services only. Patients should contact their dentist by telephone or email for more information about how their dental care needs can be met throughout the COVID-19 pandemic.</p> <p>There is variation in detail between national guidance on infection prevention and control issued in different countries. Similarly, many other authoritative sources have issued recommendations, which differ in some details from national or international guidelines on infection prevention and control. Although differences in detail are a focus of considerable debate and can create a very challenging environment for dentists and for infection prevention and control practice it is important to focus on the clear consensus on all the most critical aspects of infection prevention and control and to continue to work together to manage those areas of difference and to look to emerging evidence to resolve those differences.</p>
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**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>Emergency dental services are designated as an essential service under the new Covid-19 Regulations - SI 121 of 2020 (as amended).</p> <p>HSE Emergency Dental Clinics are already in operation providing services for children and people with special needs in 38 centres. A contingency plan has been developed by the HSE for medical card holders to be seen at these centres if necessary. PPE is available for the designated centres.</p> <p>Adult medical card holders should contact a Dental Treatment Services Scheme (DTSS) contractor, who will make an assessment and provide appropriate treatment and advice. In general, the number of patients (children and adults) seeking care has been low since 27th March.</p> <p>There is ongoing contact between the Department of Health and the Irish Dental Association on COVID-19 related and other issues.</p> <p>The Government has put in place a number of initiatives to support business and enterprise during the COVID-19 crisis. These address long and short-term financial supports, tax alleviation measures, banking and credit measures and employee supports. The Department of Business, Enterprise and Innovation is providing supports and guidance to help businesses. A number of income supports are available from the Department of Employment Affairs and Social Protection for employees during a COVID-19 (Coronavirus) related absence or temporary lay-off from work.</p>
183	Aengus Snodaigh	<p>Ó To ask the Minister for Health when he plans to commence Part 2 of the Child and Family Relationship Act 2015 which is due to be introduced under S.I. No 541/2019 that was signed by you on the 5th November 2019, this commencement needs to happen for families who have had their fertility treatments cancelled due to the coronavirus emergency and whose donor sperm will have to be on a register post 4<sup>th</sup> May but this cannot currently happen due to the register not being open.</p> <p><b>Response:</b> Response: In November 2019, I signed S.I. 541/2019 to enable commencement of parts 2 and 3 of the Children and Family Relationships Act on 4<sup>th</sup> May 2020.</p> <p>These sections of the Act provide a legal framework for registering the births of children who are born as a result of assisted human reproduction involving donated eggs, sperm or embryos.</p> <p>Commencement of Parts 2 and 3 of the Act will also require records to be kept in relation to the identity of donors, which will enable the State to protect the rights of donor conceived persons to access information about their genetic heritage in future years.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>I am aware that all fertility treatments in clinics have ceased since mid-March in due to the ongoing public health situation in line with advice from international bodies.</p> <p>I understand that patients of these clinics are facing difficulties and uncertainty about their treatment, which has been cancelled or postponed.</p> <p>The issues raised by the Deputies are under consideration at present by my Department.</p>
184	Darren O'Rourke	<p>To ask the Minister for Health if there are proprietary issues impeding our access to essential Covid-19 testing reagents and materials and, if so, what those issues are and what efforts are being made to overcome them; and if he will make a statement on the matter.</p> <p><b>Response:</b> It is important to state that each part of the COVID 19 test has different requirements and reagents. In addition, different manufacturers have slightly different reagents for each part of the test cycle. Thus, there isn't a generic produce that just can be purchased or developed that will work in all situations.</p> <p>While there are challenges in supply of the materials for each part of the testing process, the greatest supply chain difficulty is in the supply of extraction reagents. The amount of tests being done depends on the capacity to extract viral RNA from the patient sample. In recent weeks, there has been a global shortage of extraction kits for the most commonly used testing platforms in Ireland.</p> <p>As a result of this, the HSE has procured a range of new and diverse extractors for the Irish laboratories. The HSE have tried to utilise different manufacturers where possible to supplement existing suppliers. While the HSE cannot provide any absolute guarantees in the current pandemic situation, it is believed that this approach will provide some resilience and contingency within the Irish testing programme in the weeks and months ahead.</p> <p>There have been extensive negotiations with existing suppliers to maximise the allocations to Ireland. These are continuing each week as the supply chain situation changes globally.</p> <p>The HSE has also worked with third level colleges and industry to look to develop some of the reagents required. There have been local and national developments in this regard. This is only realistic for specific parts of the testing cycle.</p> <p>Additional laboratory capacity has also been secured by the HSE, both indigenous but also at an international level. The past week also seen a significant increase in laboratory testing, including the use of a German laboratory, and HSE has advised that the remaining backlog of samples will be tested this week.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>The HSE continues to pursue the requisite supplies for all its laboratory providers, including NVRL and our hospital laboratories. There are very significant supply chain challenges with most countries experiencing difficulties.</p>
191	Sorca Clarke	<p>To ask the Minister for Health if alternative measures have been explored to permit birthing partners into the labour ward hospitals and to ensure that adequate staffing levels and PPE are provided to ensure that women can be accompanied during the birth of their child.</p> <p><b>Response:</b> The HSE National Women &amp; Infants Health Programme has provided assurance that the midwifery and obstetric community are committed to ensuring that the impact of COVID-19 on the birthing experience of every woman should be kept to an absolute minimum, and are mindful of the support provided by partners at the time of birth and wish to facilitate this as far as possible.</p> <p>However, it is also recognised that that each of the 19 maternity units/hospitals is facing challenges maintaining staffing levels at this time. In that context, an individual unit/hospital may, under certain circumstances, be forced to restrict access of partners to labour wards. It is important to remember that these restrictions are put in place to minimise the risk of spread of Covid-19 and to protect hospital staff and patients as much as possible.</p> <p>Decisions on any restrictions to restrict access are made, implemented and reviewed at hospital level and, while very regrettable, are necessary to protect the safety of patients, the wellbeing of staff and the operability of our maternity services. However, you can be assured that in the context of what is a rapidly evolving situation, any such restrictions necessary will be frequently reviewed and reversed as soon as possible. In that regard, I am pleased to note that the restrictions which applied to attendance of birth partners at Midland Regional Hospital Mullingar, have now been lifted.</p>
197	Donnchadh Ó Laoghaire	<p>To ask the Minister for Health to outline what financial, social and community supports are available for 'Extremely Medically Vulnerable' people who have been advised to cocoon; to outline the list of people that are classed as 'Extremely Medically Vulnerable'; and to ask what engagement has taken place with representative organisations like the Disability Federation of Ireland and Inclusion Ireland on this matter.</p> <p><b>Response:</b> Cocooning is a measure to protect those over 70 years or those extremely medically vulnerable to COVID-19 by minimising interaction between them and others. This means that these people should not leave their homes, and even within their homes should minimise all non-essential contact with other members of their household.</p> <p>The guidance on cocooning has been developed by the Health Protection Surveillance Centre (HPSC) and is available <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/</a></p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>This guidance covers the following people:</p> <ul style="list-style-type: none"><li>• people aged 70 years or over</li><li>• solid organ transplant recipients</li><li>• people with specific cancers</li><li>• people with severe respiratory conditions including cystic fibrosis, severe asthma and severe COPD</li><li>• people with rare diseases and inborn errors of metabolism that significantly increase the risk of infections</li><li>• people on immunosuppression therapies sufficient to significantly increase risk of infection</li><li>• women who are pregnant with significant heart disease, congenital or acquired</li></ul> <p>The Department of Health has also established the NPHET Subgroup on Vulnerable People which has a broad membership from across Government Departments, Agencies and key stakeholders. The subgroup was established to provide oversight and assurance with regard to the specific preparedness, measures and actions that need to be taken to protect vulnerable groups and individuals in society. An integrated cross government approach is being taken by the Subgroup.</p> <p>A list of subgroup members, which includes Disability Federation of Ireland, representing Disability Umbrella Groups is also available online. All subgroup minutes, once finalised, are available on the website at: <a href="https://www.gov.ie/en/collection/301f5e-the-national-public-health-emergency-team-nphet-subgroup-vulnerable/">https://www.gov.ie/en/collection/301f5e-the-national-public-health-emergency-team-nphet-subgroup-vulnerable/</a></p>
203	Aengus Snodaigh	<p>Ó To ask the Minister for Health what contingency plans are in place for family carers caring for vulnerable loved ones and where they contract Covid-19 or be forced to self-isolate; what equipment can be provided to and procedures put in place for family carers to ensure that they and their loved ones can remain at home.</p> <p><b>Response:</b> Family carers play an invaluable role in the care of their loved ones. The State recognises the role that family carers play in society and is committed through a range of healthcare and income supports to support carers in their caring role and alleviate the physical, emotional and financial burden of caring.</p> <p>In line with the public health measures recommended by the National Public Health Emergency Team, family carers are advised to stay in their home in order to slow the spread of the Coronavirus, except in certain situations, such as caring for children, elderly or vulnerable people, attending medical appointments, or collecting medicines or other health products.</p> <p>Family Carers Ireland, which is supported by the HSE, has produced an Emergency Care Plan booklet in response to the Covid-19 outbreak, available at the following link: <a href="https://familycarers.ie/emergency-care-plan/">https://familycarers.ie/emergency-care-plan/</a>. This booklet is designed to help family carers think about who</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

			<p>could offer support, and what that person would need to know, in the event that the primary family carer is unable to provide care due to an emergency.</p> <p>A range of supports have been provided by the HSE to support carers during the public health emergency including;</p> <ul style="list-style-type: none"><li>- A Digital Partner Pack, containing guidance for staff and carers during the Covid-19 public health emergency to ensure they are fully aware of the steps they need to take during the outbreak. All of the materials are available to download at <a href="https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/">https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/</a>;</li><li>- A carers support web page, with links to information on online training courses, many of them available free, through voluntary organisations. This page is located at <a href="https://www.hse.ie/eng/services/list/3/carerssupport/">https://www.hse.ie/eng/services/list/3/carerssupport/</a>.</li></ul> <p>In the context of the work of the National Public Health Emergency Committee's Working Group on Vulnerable Groups, the term vulnerable people refers to people who are at higher risk of being susceptible to infection from COVID-19 and for subsequent adverse outcomes, including older people, people with a disability, mental health service users, those with an underlying illness or condition, children in care and those accessing social inclusion services. This list is not exhaustive, but family carers are not currently considered to be a vulnerable group.</p> <p>The Health Protection Surveillance Centre (HSPC) is the official source of data for my Department. Guidance for vulnerable groups is available on the HSPC website: <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/</a>.</p> <p>As several parts of the query relate to service matters, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
204	Aengus Snodaigh	Ó	<p>To ask the Minister for Health to clarify whether family carers are recognised as a vulnerable group by the National Public Health Emergency Committee (specifically its Working Group on Vulnerable Groups) and if so what plans are in place to support them especially in the community?</p> <p><b>Response:</b> See 203 above.</p>
205	Aengus Snodaigh	Ó	<p>To ask the Minister for Health if the Department of Health and their HSE colleagues intend to develop dedicated guidance for family carers giving advice on how to prevent the spread of Covid-19 in caring situations, setting out protocols and steps to be taken should a family carer or their loved one display symptoms?</p> <p><b>Response:</b> See 203 above.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

207	Aengus Snodaigh	Ó	<p>To ask the Minister for Health what emergency care plans are in place to replace the care provided by a family carer if they are diagnosed with COVID 19 or are forced to self-isolate and where no other family member is available?</p> <p><b>Response:</b> See 203 above.</p>
208	Aengus Snodaigh	Ó	<p>To ask the Minister for Health given that COVID-19 has forced the closure of many routine services family carers and their loved ones rely on including respite and day care services; what efforts are being made to provide in-home alternatives where practical and how can families avail of these supports?</p> <p><b>Response:</b> See 203 above.</p>
210	Aengus Snodaigh	Ó	<p>To ask the Minister for Health with the request for homecarers to be redeployed to nursing home settings during the Coronavirus crisis; that no negative impact will be placed on People with Disabilities and the current Personal Assistant and Homecare Services that they are afforded.</p> <p><b>Response:</b> The HSE and its partner service providers are endeavouring to maintain essential support services during this unprecedented public health emergency. A key challenge over the coming period will be the issue of maintaining home support service delivery to those service users who require it most. While observing Government requirement of cocooning of vulnerable groups and maintaining appropriate physical distancing, the HSE and its partners need to carefully manage its Home Support Service. In this context, the HSE has set out a prioritisation process for home support, which looks at delivering a service based on priority need across 4 priority categories. This may require service providers to suspend home support services to some service users, where possible, in order to continue to support those most in need, with alternative community/voluntary supports being offered and provided as an alternative.</p> <p>There are strong structures in place in the HSE to govern the response to COVID-19, which includes the circulation of guidance and advice to its staff, service providers, service users and families.</p> <p>The guidance includes <i>Contingency Planning for Home Support Managers/Health Care Support Assistants/ Personal Assistants during the Mitigation Phase</i> which supports home care or PA staff working in a person's own home.</p> <p>The purpose of this is to advise Home Care Support Teams/disability support teams on actions to be taken during the COVID - 19 mitigation phase. Please see weblink</p> <p><a href="https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/">https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/</a></p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

	<p>This document identifies:</p> <ul style="list-style-type: none"><li>– A sample client schedule of service.</li><li>– Prioritisation classifications.</li><li>– Action cards for the Home Support Co-Ordinator and HCSA/Personal Assistant or other providers of care/support in the home eg specialist nurses, voluntary providers etc.</li><li>– Additional operational matters for consideration included in Appendix I.</li></ul> <p>The Home Support Contingency Plan also identifies prioritisation of patients/service users/clients which has been reviewed in the context of three different scenarios:</p> <ol style="list-style-type: none"><li>1. Normal service to continue</li><li>2. Reduction of homecare/home support service</li><li>3. Alternative provision of care/support services</li></ol> <p>In addition, a 'check list' has been developed for service providers delivering vital supports to vulnerable people, in order to assist and support in terms of 'COVID-19 preparations'. This check list offers an opportunity which each CHO can utilise as part of the formal engagement with funded S38/39 organisations in terms of their actual plans and state of readiness.</p> <p>As part of each CHO Areas' Crisis Management Team process, each Chief Officer ensures that there is dedicated contact points/ liaison personnel that can assist, support and be a point of reference for these providers, most of whom are delivering extensive health and social care supports on our behalf and who need to form part of the overall response to the current public health emergency.</p> <p>As this is an evolving and unprecedented situation, the HSE will keep matters in review and will advise accordingly. The HSE has updated the National Disability Umbrella Organisations asking that they also disseminate this information and to support the key message that each provider keep a close watch on the following weblink(s) for guidance and advisory links (including in terms of social care/ clinical matters) relating to COVID-19,.</p> <p><a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/</a></p> <p><a href="https://www2.hse.ie/conditions/coronavirus/at-risk-groups.html">https://www2.hse.ie/conditions/coronavirus/at-risk-groups.html</a></p>
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**Response to Dáil Members Covid-19 queries – 17 April 2020.**

211	Aengus Snodaigh	Ó	<p>To ask the Minister for Health if he will give thought to adding parents of children and adults with profound disabilities to the list of 'Extremely Medically Vulnerable' persons which will allow them to seek community and voluntary groups to assist with weekly chores such as shopping and collecting prescriptions during the coronavirus crisis</p> <p><b>Response:</b> On 27 March the Health Protection Surveillance Centre (HPSC) issued guidance to protect those over 70 years or those extremely medically vulnerable to COVID-19 by minimising interaction between them and others. This guidance on cocooning means that these people should not leave their homes, and even within their homes should minimise all non-essential contact with other members of their household.</p> <p>In order to support people cocooning on 28 March 2020 my colleague Minister Murphy, the Minister for Housing, Planning and Local Government announced the operationalisation of the Framework for Local Authority Community Support. Under this structure a Community Support Fora has been put in place in each Local Authority, and the HSE are represented on this group at a local level to help ensure the delivery of essential supports to those on the ground.</p> <p>All vulnerable people, including those living with a disability and their families, can contact their Local Authority to get assistance with essential supports including food or medicines delivery.</p> <p>The Department of Health has also established the NPHET Subgroup on Vulnerable People which has a broad membership from across Government Departments, Agencies and key stakeholders. The subgroup was established to provide oversight and assurance with regard to the specific preparedness, measures and actions that need to be taken to protect vulnerable groups and individuals in society. An integrated cross government approach is being taken by the Subgroup.</p>
212	Aengus Snodaigh/Matt Carthy	Ó	<p>To ask the Minister for Health if family carers providing complex or personal care at home will be provided with personal protective equipment and if so through how can they avail of this?</p> <p><b>Response:</b> As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputies as soon as possible.</p>
216	Aengus Snodaigh	Ó	<p>To ask the Minister for Health to provide data on the number of people with an intellectual disability who have contracted COVID-19, recovered from the virus, and those who may have deceased from the virus?</p> <p><b>Response:</b> The Health Information and Quality Authority (HIQA) has been supporting the national public health response to COVID-19 through the monitoring/tracking of confirmed or suspected outbreaks of the virus. The COVID tracker is based on mandatory NF02 notifications, whereby registered providers are mandated to report outbreaks within 72 hours.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>The latest update from the Disability Tracker outlines that there have been 64 confirmed cases and 96 suspected cases of COVID-19 among the residents of registered disability residential facilities. There have also been 8 confirmed and 1 suspected deaths due to COVID-19 in disability residential centres, although these figures include both staff and service users.</p> <p>The detail provided by HIQA does not contain information on the numbers of people with an intellectual disability who have contracted COVID-19 and recovered from the virus.</p> <p>It should also be noted that the figures highlighted above do not include persons with ID ordinarily resident in Mental Health facilities or living at home in the community, who have tested positive for COVID-19.</p>
217	Aengus Snodaigh	<p>To ask the Minister for Health if any specific advice exists for all People with Disabilities to best deal with the Coronavirus outbreak.</p> <p><b>Response:</b> See 211 above.</p>
240	Stephen Donnelly	<p>To ask the Minister for Health what arrangements have been agreed for student radiographers and other students who are being deployed in response to the COVID-19 crisis, and if he will make a statement on the matter.</p> <p><b>Response:</b> The HSE are currently assessing the ability of health and social care professional students on clinical placement to both continue in their professional training and to work directly on the response to the COVID emergency. A decision in this regard is expected shortly.</p>
248	Stephen Donnelly	<p>To ask the Minister for Health what childcare support for healthcare workers are now in place, and if he will make a statement on the matter.</p> <p><b>Response:</b> I wish to acknowledge the difficulties at I know many parents are facing in the current circumstances, and particularly those who are essential workers, including healthcare workers.</p> <p>The closure of creches and schools has impacted on many families, including essential workers, any measures introduced in this area must be aligned to current public health advice. In addition, the need to support the resilience of the health service workforce to meet the increased demand associated with response to the Covid-19 pandemic is also fully recognised.</p> <p>Provision of access to childcare for essential healthcare workers continues to remain under review by the Government and the Cabinet Committee on Covid-19 discussed this issue yesterday.</p> <p>Guidance has been provided by the Department of Public Expenditure and Reform (DPER) to assist all Public Service Employers in relation to working arrangements and leave associated with COVID-19. These guidelines include options for publicly employed employees who have caring responsibilities (section 5.1), and a copy of this document is available to view <a href="#">here</a>.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<a href="https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-027-2020-updated-faqs-re-working-arrangements-and-leave-associated-with-covid-19.html">https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-027-2020-updated-faqs-re-working-arrangements-and-leave-associated-with-covid-19.html</a>
249	Stephen Donnelly	<p>To ask the Minister for health if nurses and midwives who cannot attend work due to having no childcare will be paid their full salary, if nurses and midwives who can secure childcare so they can attend work will have the costs of that childcare covered, and if he will make a statement on the matter.</p> <p><b>Response:</b> See 248 above.</p>
252	Stephen Donnelly	<p>To ask the Minister for Health when will the emergency hubs for dental work be operational, and if he will make a statement on the matter.</p> <p><b>Response:</b> The Health Protection Surveillance Centre (HPSC) published guidance on <i>Managing Infection Related Risks in Dental Services in the Context of the COVID-19 Emergency</i> on 3rd April. The HPSC also published <i>Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19</i> on 17th March and guidance on <i>the use of Personal Protective Equipment (PPE) to support infection prevention and control practice when performing aerosol generating procedures on confirmed or clinically suspected COVID-19 CASES in a pandemic situation</i> on 23rd March. Guidance provided by the HPSC is supported by evidence, which is referenced in the guidance documents.</p> <p>The Dental Council issued guidance as an addendum to their Code of Practice on Infection Prevention and Control on 8th April that aerosol generated procedures (AGPs) should only be undertaken with an appropriate level of PPE, which includes a respirator mask to a minimum standard of FFP2. This measure is in addition to the environmental and organisational precautions necessary to protect against cross-infection within the dental practice.</p> <p>The Dental Council also issued guidance to patients on 14th April. It advises that dentistry is temporarily limited to emergency dental services only. Patients should contact their dentist by telephone or email for more information about how their dental care needs can be met throughout the COVID-19 pandemic.</p> <p>There is variation in detail between national guidance on infection prevention and control issued in different countries. Similarly, many other authoritative sources have issued recommendations, which differ in some details from national or international guidelines on infection prevention and control. Although differences in detail are a focus of considerable debate and can create a very challenging environment for dentists and for infection prevention and control practice it is important to focus on the clear consensus on all the most critical aspects of</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>infection prevention and control and to continue to work together to manage those areas of difference and to look to emerging evidence to resolve those differences.</p> <p>Emergency dental services are designated as an essential service under the new Covid-19 Regulations - SI 121 of 2020 (as amended).</p> <p>HSE Emergency Dental Clinics are already in operation providing services for children and people with special needs in 38 centres. A contingency plan has been developed by the HSE for medical card holders to be seen at these centres if necessary. PPE is available for the designated centres.</p> <p>Adult medical card holders should contact a Dental Treatment Services Scheme (DTSS) contractor, who will make an assessment and provide appropriate treatment and advice. In general, the number of patients (children and adults) seeking care has been low since 27th March.</p> <p>There is ongoing contact between the Department of Health and the Irish Dental Association on COVID-19 related and other issues.</p> <p>The Government has put in place a number of initiatives to support business and enterprise during the COVID-19 crisis. These address long and short-term financial supports, tax alleviation measures, banking and credit measures and employee supports. The Department of Business, Enterprise and Innovation is providing supports and guidance to help businesses. A number of income supports are available from the Department of Employment Affairs and Social Protection for employees during a COVID-19 (Coronavirus) related absence or temporary lay-off from work.</p>
253	Stephen Donnelly	<p>To ask the Minister for Health, given the changes allowing private hospitals to provide care to public patients, to confirm of access to dental emergency centres will be enabled for all children and adults regardless of their status in terms of statutory entitlements to healthcare, and if he will make a statement on the matter.</p> <p><b>Response:</b> Please see 252 above.</p>
255	Stephen Donnelly	<p>To ask the Minister for Health when he will meet with the Irish Dental Association to discuss the catastrophic effect of the pandemic on the provision of dental care in Ireland, and if he will make a statement on the matter.</p> <p><b>Response:</b> Please see 252 above.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

256	Stephen Donnelly	<p>To ask the Minister for Health what assistance will be made available to dental practices whose income has fallen by over 90% as a result of the pandemic and will he consider following the example of the authorities in the UK who have provided a range of specific financial supports to dental practices, and if he will make a statement on the matter.</p> <p><b>Response:</b> Please see 252 above.</p>
257	Stephen Donnelly	<p>To ask the Minister for Health for the daily occupancy rates for each public and private hospital since March 12, and if he will make a statement on the matter.</p> <p><b>Response:</b> As this is an operational matter, I have asked the HSE to reply to the Deputy directly with the requested information.</p>
258	Stephen Donnelly	<p>To ask the Minister for Health for the details for how private patients will be transferred to public lists, including: How urgent care needs will be flagged; How patients will be transferred from existing doctors to another doctor; When, and how will these new doctors be determined; How patient records will be transferred from existing treating doctor to new doctor, where there is a new doctor; What information will be given to patients about these transfers; What will happen to existing urgent care scheduled appointments / procedures, and if he will make a statement on the matter.</p> <p><b>Response:</b> Under the terms of the agreement between the HSE and the Private Hospitals Association, provision has been made to ensure continuity of care for patients who were in a private hospital or receiving a course of treatment when the Heads of Terms for the arrangement was agreed. There are a number of principals underpinning the arrangement, including that the private hospitals will be used to treat public patients only, that they will not make a profit from the arrangement, and consultants will not be able to charge fees for working in these hospitals. Consultants who work wholly for the private hospitals have been offered temporary locum public patient only (Type A) contracts for the duration of the arrangement. The patients who are being treated in the hospitals will be treated as public patients and will prioritised based clinical needs as with any other public patient. The patients will remain under the care of their existing consultant, if the consultant is already employed by the HSE or if the consultant is a whole-time private practice practitioner who accepts the HSE's offer of a temporary contract. If a patient's consultant does not accept the HSE's offer the patient will be transferred to the care of another consultant as a public patient. The policy intention is that non-COVID urgent care will be provided in the private hospitals insofar as practicable depending on the progression of the disease. Therefore, the policy intention is that urgent patients will receive care from the same clinical team and in the same facility that they are familiar with. Patients in treatment and in need of continued urgent care will not be charged for their care either Outpatient or Inpatient with the exception of the statutory charges as applicable. The HSE is currently finalising a Frequently Asked Questions document to be made available to patients so as give assurance to them regarding their ongoing treatment.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

261	Stephen Donnelly	<p>To ask the Minister for Health if he is aware of the difficulties faced by parents of children undergoing cancer treatment are having obtaining PPE, what efforts are being made to address this, and if he will make a statement on the matter.</p> <p><b>Response:</b> As this is an operational matter, I have asked the HSE to reply to the Deputy directly with the requested information.</p>
265	Stephen Donnelly	<p>To ask the Minister for Health what the estimated impact will be on existing healthcare waiting lists due to the COVID-19 crisis, and if he will make a statement on the matter.</p> <p><b>Response:</b> In response the COVID-19 emergency the HSE has had to take measures to defer all non-urgent elective scheduled care activity, including outpatient clinics. This is to ensure patient safety and that all appropriate resources are made available for COVID-19 related activity and time-critical essential work.</p> <p>My Department the HSE and the National Treatment Purchase Fund (NTPF) are currently working together to assess the impact of Covid-19 emergency on Scheduled Care waiting lists, in order to understand the impact of the reduction of scheduled care activity during this period and to support recovery planning, when the emergency abates. Part of this process will capture the innovative steps currently being undertaken by hospitals to meet patient care requirements, such as virtual clinics for outpatient appointments, which are increasing throughout the system as a mechanism to engage with patients and to support continuity of care.</p> <p>My Department, with the HSE, continues to ensure that the resources available throughout our health system are best utilised to deal with this unique and challenging situation. I remain committed to improving access to Scheduled Care and my Department continues to plan for future elective care demands to ensure waiting lists are addressed once normal activity begins to resume.</p>
269	Stephen Donnelly	<p>To ask the Minister for Health his view of Nursing Home Ireland's proposal for special tax measures for private sector healthcare workers during the COVID-19 crisis, as a healthcare support measure, and if he will make a statement on the matter.</p> <p><b>Response:</b> Although the proposal referenced is credited to Nursing Homes Ireland, it is about giving tax breaks to private sector healthcare workers generally this is not a matter for the Department of Health.</p>
272	Stephen Donnelly	<p>To ask the Minister for Health how many people have had their home care hours reduced, and how many have had their home care hours reduced to zero, in recent weeks, and if he will make a statement on the matter.</p> <p><b>Response:</b> I recognise that home support services are front line, essential services for many people. In order to ensure that these services continue to be provided to those clients who require it most, the HSE has categorised each of their clients into one of four categories ranging from high dependency clients with limited or no family support (Priority 1) to low dependency clients with family supports (Priority 4).</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>In order to continue to support Priority 1 and 2 clients and to re-allocate resources to support essential residential services, the HSE has, where considered appropriate, suspended home support services to clients assessed as Priority 3 and 4. The decision to temporarily withdraw home support services from clients was subject to individual assessment of each client and their particular circumstances. Those who have had their home support services temporarily suspended have been directed to alternative forms of volunteer-provided local supports if appropriate.</p> <p>On 28 March 2020 my colleague Minister Murphy, the Minister for Housing, Planning and Local Government announced the operationalisation of the Framework for <i>Local Authority Community Support</i>. Under this structure a Community Support Fora has been put in place in each Local Authority, and the HSE are represented on this group at a local level to help ensure the delivery of essential supports to those on the ground.</p> <p>I have asked the HSE to respond directly to the Deputy in regard to the numbers of people who have had their home support hours reduced.</p>
279	Stephen Donnelly	<p>To ask the Minister for Health for details of palliative care arrangements in the community, and if he will make a statement on the matter.</p> <p><b>Response:</b> In the context of the Covid-19 pandemic, the provision of palliative care services to meet the needs of people with life-limiting conditions and their families is one of my key priorities, as Minister for Health.</p> <p>I am advised that the HSE is regularly engaging with representatives from every specialist palliative care service to ensure continuity and flexibility in the provision of palliative care services, including for those who need hospice care or palliative care in the community, during this difficult period.</p> <p>The HSE has developed national guidance, which has been disseminated through webinars, GPs, specialist palliative care services, which will assist health care professionals in meeting the palliative care needs of dying patients, including those living in long-term care facilities, such as nursing homes or other community settings. In addition, palliative medicine consultants are now providing support to non-specialist services, including mental health and disability services.</p> <p>Specialist palliative care continues to be provided through community home care teams, 38 acute hospitals and 10 hospices. Non-specialised palliative care is also provided through community hospitals and hospice day care services, as well as by GPs and primary care teams.</p> <p>The needs of patients and respect for their privacy and dignity are at the centre of specialist palliative care. All recently built or redesigned hospices, and the majority of beds in older services, consist of single occupancy rooms, to allow for privacy of patients, dignity for patients and families at end of life, and a reduction of the risk of infection from others.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		Finally, over €100m has been allocated in the National Service Plan 2020 for palliative care services, including €3m to support the voluntary hospice sector in line with sustainability plans to be agreed with the HSE. This does not include expenditure on specialist palliative care provided in 38 acute hospitals, nor 150 palliative care support beds in over 60 locations, or designated home care packages.																						
281	Stephen Donnelly	<p>To ask the Minister for Health if he is aware that the HSE has targeted significant advertising spend to local media outlets but concentrating on specific publications to the exclusion of others who have a large readership, if he believes such spend should be more widely targeted, and if he will make a statement on the matter.</p> <p><b>Response:</b> The HSE has advised that targeted advertising in relation to cocooning measures in specific publications was considered necessary to reach a particular cohort of the population at that time. More widespread advertising will be considered as required.</p>																						
282	Stephen Donnelly	<p>To ask the Minister for Health for the projected impact on spending for this year of COVID-19, including the costs incurred as well as any identified potential costs saved, and if he will make a statement on the matter.</p> <p><b>Response:</b> The Cabinet Committee on Covid 19 approved the National Action Plan and it was published on 16 March. The plan was prepared following involvement from all departments and key agencies. It encompasses nine actions specific to the health sector with a further seven actions related to other sectors.</p> <p>The current gross estimate of additional costs to the Health Vote associated with the implementation of the nine actions specific to the health system outlined in the National Action Plan is €1.827bn in 2020 as set out below.</p> <table><tr><th>Actions</th><th>€m</th></tr><tr><td>Heading 1: What you can do to support collective behaviours</td><td>0</td></tr><tr><td>Heading 2: Cross Cutting Actions</td><td>15</td></tr><tr><td>Heading 3: Communications</td><td>8</td></tr><tr><td>Heading 4: Community Care including Vulnerable Groups.</td><td>506</td></tr><tr><td>Heading 5: Caring for People in Acute Services</td><td>689</td></tr><tr><td>Heading 6: Expanding and Protecting our Health Workforce and essential workers</td><td>62</td></tr><tr><td>Heading 7: Expanding Critical Physical Capacity</td><td>220</td></tr><tr><td>Heading 8: Maintaining access to essential health products and equipment</td><td>327</td></tr><tr><td>Heading 9: Maximising existing legislative powers</td><td>0</td></tr><tr><td><b>Grand Total</b></td><td><b>1,827</b></td></tr></table>	Actions	€m	Heading 1: What you can do to support collective behaviours	0	Heading 2: Cross Cutting Actions	15	Heading 3: Communications	8	Heading 4: Community Care including Vulnerable Groups.	506	Heading 5: Caring for People in Acute Services	689	Heading 6: Expanding and Protecting our Health Workforce and essential workers	62	Heading 7: Expanding Critical Physical Capacity	220	Heading 8: Maintaining access to essential health products and equipment	327	Heading 9: Maximising existing legislative powers	0	<b>Grand Total</b>	<b>1,827</b>
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**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>The costs are gross costs but will ultimately be offset by underspends on the revenue and capital budgets, as a result of redeployment, displaced activity within the National Service Plan, and any delays in the existing capital programme due to the closure of building sites</p> <p>It is important to note that these costs represent a point in time and other costs will arise over the course of this event. In addition, the figures do not include currently known impacts such as</p> <ul style="list-style-type: none"><li>• adjustments to the Action Plan responses in line with NPHET recommendations</li><li>• the ability to achieve the savings targets which were embedded in the National Service Plan;</li><li>• the growth in unemployment will have an impact on the number of people entitled to medical cards;</li><li>• the focus on managing COVID-19 cases will see restrictions in elective admissions. This in turn will all but eliminate public income in respect of private patients of approximately €45m per month. In addition, a shortfall in acute hospital statutory income can also be expected.</li></ul> <p>The actual costs incurred are being tracked, monitored and reported to my Department by the HSE as action responses are rolled out and is overseen through the Health Budget Oversight Group, comprising representatives of the Department of Public Expenditure &amp; Reform, the Department of Health and the HSE.</p> <p>Additional expenditure continues to be subject of formal sanction from the Minister for Public Expenditure &amp; Reform, in line with Public Financial Procedures, and that streamlined procedures have been put in place to facilitate and expedite necessary and appropriate expenditures under the National Action Plan. Also, a report on Covid-19 related expenditure will be prepared by the Department of Health for submission to the Cabinet Committee on Covid-19 and to Government on a monthly basis, following due scrutiny at the Health Budget Oversight Group.</p>
285	Stephen Donnelly	<p>To ask the Minister for Health what COVID-19 related supports have been put in place for those in addiction, and if he will make a statement on the matter.</p> <p><b>Response:</b> I am acutely aware of the significant challenges facing both drug and alcohol service users and service providers at this difficult time. I want to assure you that both the Department and the HSE are pro-actively monitoring and responding to the impact of Covid-19 on people who use drugs.</p> <p>The HSE has published advice, guidance and resources on drug consumption and drug services, which is available online at <a href="http://www.drugs.ie">www.drugs.ie</a> and at; <a href="https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/covid-19-sharing-resources-addiction.html">https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/covid-19-sharing-resources-addiction.html</a></p> <p>In addition, the Drugs Policy and Social Inclusion Unit is in frequent contact with the drug and alcohol task forces and the National Drugs</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>Strategy oversight structures to monitor the impact of Covid-19 on people who use drugs.</p> <p>The main policy response to minimise the spread of Covid-19 among people who use drugs is to maximise access to opioid substitution treatment (OST) via GPs and addiction services. Already, in CHO 7 (Dublin south city &amp; county), an additional 50 people have signed up for treatment. Nationally, over 10,000 people are on OST and special arrangements are being put in place to ensure continuity of supply during the crisis.</p> <p>Drug services continue to be available for people who use drugs, either through telephone or video connections. Access to clean syringes and needles is also being provided. It is important that service users stay in touch during this difficult time. We are asking drug users and service providers to be especially vigilant as there is an increased risk of overdose at this time, because of the nature of the Covid-19 virus and the possible contamination of drug supplies.</p> <p>At government level, the Department of Health has established the National Public Health Emergency Team to assess the evolving situation, to coordinate the public health response and to develop plans for further mobilisation of health service and wider public resources. A subgroup of the NPHET focused on vulnerable people is providing oversight and assurance on preparedness, measures and actions to protect vulnerable groups affected by Covid-19, including people who use drugs. The subgroup is taking an integrated cross-government approach. Relevant departments and stakeholders providing services to vulnerable groups are represented. Importantly, the Drugs Policy and Social Inclusion Unit and the HSE national office for social inclusion also sit on this group.</p> <p>Addiction does not stop during a pandemic. If anything, it can become more of a problem for many and its impacts can be much more confined. The requirement to stay indoors can be a challenge for people who use drugs and their families. I want to assure people that there are supports available for families through the National Family Support Network and local services. Mental health supports are also available. People who use drugs are among the most vulnerable in society and we must ensure services and supports continue to be provided for them.</p>
286	Stephen Donnelly	<p>To ask the Minister for Health what the estimated total cost of the COVID-19 response will be, for measures covered under his Department, and if he will make a statement on the matter.</p> <p><b>Response:</b> See 282 above.</p>
287	Stephen Donnelly	<p>To ask the Minister for Health what the total estimated cost is for the COVID-19 arrangement with the private healthcare sector, and if he will make a statement on the matter.</p> <p><b>Response:</b> Under the arrangement with the private hospitals in response to Covid-19, the HSE will fund the operational running costs of the private hospitals' facilities for the duration of the agreement. These costs will depend on a number of factors, including the level of</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>occupancy, and the patient mix and acuity, during the period of the agreement. The payments will be on a cost only open book basis. The cost is capped at actual cost incurred.</p> <p>The arrangement is in response to the COVID-19 pandemic and is for a 3-month period with option for the HSE to extend it for a further month and by mutual agreement thereafter. Since the rationale for the arrangement relates to the COVID-19 epidemic for which no one can provide a definitive time horizon it is not possible to indicate a precise cost estimate attaching to the arrangement. Instead robust safeguards regarding eligible costs, third party verification and termination have been built in against a necessarily uncertain disease background. How the disease evolves will influence the actual level of activity that it will be necessary for the private hospitals to carry out. It is because of this uncertainty that cost only open book compensation model was chosen. Under the arrangement the private hospitals' recent management accounts will be examined by a firm of accountants acting on behalf of the HSE. Payments will be determined on actual costs incurred which will also be subject to verification and as part of the agreement a process has been put in place to resolve any disputes.</p> <p>Under the arrangement a participating private hospital is due 80% of its estimated monthly costs in advance from the HSE. Actual costs incurred are subject to verification, as set out above and any difference is subject to clawback in the subsequent month. The HSE has made advance payments for April totalling €90.2m. This is based on estimates provided by the participating hospitals and will be adjusted based on verified actual costs validly incurred over the period.</p>
288	Stephen Donnelly	<p>To ask the Minister for Health if he has asked for an analysis or estimate of the economic cost of each week of COVID-19 related restrictions, if he has to detail those costs, and if he will make a statement on the matter.</p> <p><b>Note:</b> Transferred to Department of Finance for answer.</p>
289	Stephen Donnelly	<p>To ask the Minister for Health what preparations have been undertaken to handle the additional fatalities, including temporary morgues and additional workloads for coroners, and if he will make a statement on the matter.</p> <p><b>Response:</b> In preparation for the impact of Covid-19, a group of senior officials from across Government and relevant Agencies, is working together to address these issues. A plan has been developed by this group to guide the implementation of an effective and appropriate national system for managing mortality.</p> <p>The plan was developed by an inter-agency group comprising representatives from An Garda Síochána, Civil Defence, the Coroners Society of Ireland, the Defence Forces, the Departments of Defence, Justice and Equality, Health, Taoiseach, the Faculty of Pathology (Royal College of Physicians of Ireland), the Health Service Executive, local authorities and the Office of the State Pathologist, and was convened and supported by the Department of Housing, Planning and Local Government.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>The development of this plan included considerable work to identify and expand capacity both in the hospital system and at a local authority level including temporary regional holding facilities. The HSE has secured a number of additional holding units that will be made available to specific hospital locations to augment their current capacity.</p> <p>It is acknowledged that these are particularly sensitive matters and so, this group, which includes representatives of the Coroners Society of Ireland, meets regularly and ensures they are well informed and ideally situated to monitor and advise on emerging issues.</p> <p>It is important during this time that the dignity and needs of patients, families and loved ones remain integral to the operation of all fatality and other mortuary delivered services. The HSE is also planning to enhance the current range of additional support services (e.g. bereavement, chaplaincy and other end of life services).</p>
291	Stephen Donnelly	<p>To ask the Minister for Health what supports have been put in place for children with special needs, including on-going assessment and treatment, respite and other clinical-supports, during the COVID-19 crisis, and if he will make a statement on the matter.</p> <p><b>Response:</b> The HSE and its partner service providers are endeavouring to maintain essential support services during this unprecedented public health emergency. There are strong structures in place in the HSE to govern the response to COVID-19, which includes the circulation of guidance and advice to its staff, service providers, service users and families. These guidance documents have been developed by the HSE in collaboration with service providers and family and service user representative organisations in the voluntary sector. They have been approved by the National Public Health Emergency Team (NPHE) subgroup for Vulnerable People and can be accessed at the following weblink: <a href="https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/">https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/</a></p> <p>All decisions regarding supports for children with disabilities and their families are made in the context of contemporaneous public health advice from the National Public Health Emergency Team.</p> <p>As the impact of social distancing measures has restricted the HSE and its partner organisations' ability to provide routine multidisciplinary / interdisciplinary team services, after school supports, home supports and respite services, the HSE and HSE funded children's disability services are endeavouring to provide remote telephone / video supports for children and families wherever possible. Furthermore, the HSE is working with colleagues in the Department of Health and the Department of Education to finalise arrangements for the reassignment of Special Needs Assistants to provide additional supports for these children and young people.</p> <p>Where a face to face contact is deemed critical to supporting a service user, and where a service user (and if a child, their carer,) is willing and able to attend a clinic, or for the clinician to provide a home visit, a face to face intervention may be provided. Again, strict adherence to Public Health guidance on COVID-19 must be maintained at all times.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

292	Stephen Donnelly	<p>To ask the Minister for Health what supports are in place for the operation of hospices, and if he will make a statement on the matter.</p> <p><b>Response:</b> See 279 above.</p>																						
294	Michael McGrath	<p>To ask the Minister for Public Expenditure and Reform the extra money spent in the Department of Health and HSE in response to the COVID-19 outbreak broken down by staff costs, PPE costs, equipment costs, construction costs and any other costs and if he will make a statement on the matter.</p> <p><b>Response:</b> The Cabinet Committee on Covid 19 approved the National Action Plan and it was published on 16 March. The plan was prepared following involvement from all departments and key agencies. It encompasses nine actions specific to the health sector with a further seven actions related to other sectors.</p> <p>The current gross estimate of additional costs to the Health Vote associated with the implementation of the nine actions specific to the health system outlined in the National Action Plan is €1.827bn in 2020 as set out below.</p> <table><tr><th>Actions</th><th>€m</th></tr><tr><td>Heading 1: What you can do to support collective behaviours</td><td>0</td></tr><tr><td>Heading 2: Cross Cutting Actions</td><td>15</td></tr><tr><td>Heading 3: Communications</td><td>8</td></tr><tr><td>Heading 4: Community Care including Vulnerable Groups.</td><td>506</td></tr><tr><td>Heading 5: Caring for People in Acute Services</td><td>689</td></tr><tr><td>Heading 6: Expanding and Protecting our Health Workforce and essential workers</td><td>62</td></tr><tr><td>Heading 7: Expanding Critical Physical Capacity</td><td>220</td></tr><tr><td>Heading 8: Maintaining access to essential health products and equipment</td><td>327</td></tr><tr><td>Heading 9: Maximising existing legislative powers</td><td>0</td></tr><tr><td><b>Grand Total</b></td><td><b>1,827</b></td></tr></table> <p>The costs are gross costs but will ultimately be offset by underspends on the revenue and capital budgets, as a result of redeployment, displaced activity within the National Service Plan, and any delays in the existing capital programme due to the closure of building sites</p> <p>It is important to note that these costs represent a point in time and other costs will arise over the course of this event. In addition, the figures do not include currently known impacts such as</p>	Actions	€m	Heading 1: What you can do to support collective behaviours	0	Heading 2: Cross Cutting Actions	15	Heading 3: Communications	8	Heading 4: Community Care including Vulnerable Groups.	506	Heading 5: Caring for People in Acute Services	689	Heading 6: Expanding and Protecting our Health Workforce and essential workers	62	Heading 7: Expanding Critical Physical Capacity	220	Heading 8: Maintaining access to essential health products and equipment	327	Heading 9: Maximising existing legislative powers	0	<b>Grand Total</b>	<b>1,827</b>
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**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<ul style="list-style-type: none"><li>• adjustments to the Action Plan responses in line with NPHET recommendations</li><li>• the ability to achieve the savings targets which were embedded in the National Service Plan;</li><li>• the growth in unemployment will have an impact on the number of people entitled to medical cards;</li><li>• the focus on managing COVID-19 cases will see restrictions in elective admissions. This in turn will all but eliminate public income in respect of private patients of approximately €45m per month. In addition, a shortfall in acute hospital statutory income can also be expected.</li></ul> <p>The actual costs incurred are being tracked, monitored and reported to my Department by the HSE as action responses are rolled out and is overseen through the Health Budget Oversight Group, comprising representatives of the Department of Public Expenditure &amp; Reform, the Department of Health and the HSE.</p> <p>Additional expenditure continues to be subject of formal sanction from the Minister for Public Expenditure &amp; Reform, in line with Public Financial Procedures, and that streamlined procedures have been put in place to facilitate and expedite necessary and appropriate expenditures under the National Action Plan. Also, a report on Covid-19 related expenditure will be prepared by the Department of Health for submission to the Cabinet Committee on Covid-19 and to Government on a monthly basis, following due scrutiny at the Health Budget Oversight Group.</p>
304	Danny Healy-Rae	<p>The home support service (home help) workers being deployed to other areas with in the HSE leaving elderly vulnerable people without their home help care. I am asking the Minister for health to do something to ensure there is a change in the current approach and ensure people can continue to receive the home support service they need to remain in their homes.</p> <p><b>Response:</b> I recognise that home support services are front line, essential services for many people. In order to ensure that these services continue to be provided to those clients who require it most, the HSE has categorised each of their clients into one of four categories ranging from high dependency clients with limited or no family support (Priority 1) to low dependency clients with family supports (Priority 4).</p> <p>In order to continue to support Priority 1 and 2 clients and to re-allocate resources to support essential residential services, the HSE has, where considered appropriate, suspended home support services to clients assessed as Priority 3 and 4. The decision to temporarily withdraw home support services from clients was subject to individual assessment of each client and their particular circumstances. Those who have had their home support services temporarily suspended have been directed to alternative forms of volunteer-provided local supports if appropriate.</p> <p>These arrangements are a temporary response to the demands being placed on the health service during the COVID-19 pandemic and will be reviewed as early as possible.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>I would also like to note that on 28 March 2020 my colleague Minister Murphy, the Minister for Housing, Planning and Local Government announced the operationalisation of the Framework for Local Authority Community Support. Under this structure a Community Support Fora has been put in place in each Local Authority, and the HSE are represented on this group at a local level to help ensure the delivery of essential supports to those on the ground.</p>
308	Jennifer Whitmore	<p>To ask the Minister for Health, if there are plans for student radiographers to be paid for their placements in line with what was offered to student nurses, taking into account the fact that student radiographers are unable to work part time during this period, and are dealing with costs associated with their studies including fees, accommodation, public transport, uniforms, food, equipment etc...; and if he will make a statement on the matter.</p> <p><b>Response:</b> The HSE are currently assessing the ability of health and social care professional students on clinical placement to both continue in their professional training and to work directly on the response to the COVID emergency. A decision in this regard is expected shortly.</p>
310	Jennifer Whitmore	<p>To ask the Minister for Health, if he will issue clear guidelines to Dentists and Dental Nurses of the carrying out of dental work during COVID-19 restrictions; if the proper Personal Protective Equipment will be made available to the sector; and if he will make a statement on the matter.</p> <p><b>Response:</b> The Health Protection Surveillance Centre (HPSC) published guidance on <i>Managing Infection Related Risks in Dental Services in the Context of the COVID-19 Emergency</i> on 3rd April. The HPSC also published <i>Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19</i> on 17th March and guidance on <i>the use of Personal Protective Equipment (PPE) to support infection prevention and control practice when performing aerosol generating procedures on confirmed or clinically suspected COVID-19 CASES in a pandemic situation</i> on 23rd March. Guidance provided by the HPSC is supported by evidence, which is referenced in the guidance documents.</p> <p>The Dental Council issued guidance as an addendum to their Code of Practice on Infection Prevention and Control on 8th April that aerosol generated procedures (AGPs) should only be undertaken with an appropriate level of PPE, which includes a respirator mask to a minimum standard of FFP2. This measure is in addition to the environmental and organisational precautions necessary to protect against cross-infection within the dental practice.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>The Dental Council also issued guidance to patients on 14th April. It advises that dentistry is temporarily limited to emergency dental services only. Patients should contact their dentist by telephone or email for more information about how their dental care needs can be met throughout the COVID-19 pandemic.</p> <p>There is variation in detail between national guidance on infection prevention and control issued in different countries. Similarly, many other authoritative sources have issued recommendations, which differ in some details from national or international guidelines on infection prevention and control. Although differences in detail are a focus of considerable debate and can create a very challenging environment for dentists and for infection prevention and control practice it is important to focus on the clear consensus on all the most critical aspects of infection prevention and control and to continue to work together to manage those areas of difference and to look to emerging evidence to resolve those differences.</p> <p>Emergency dental services are designated as an essential service under the new Covid-19 Regulations - SI 121 of 2020 (as amended).</p> <p>HSE Emergency Dental Clinics are already in operation providing services for children and people with special needs in 38 centres. A contingency plan has been developed by the HSE for medical card holders to be seen at these centres if necessary. PPE is available for the designated centres.</p> <p>Adult medical card holders should contact a Dental Treatment Services Scheme (DTSS) contractor, who will make an assessment and provide appropriate treatment and advice. In general, the number of patients (children and adults) seeking care has been low since 27th March.</p> <p>There is ongoing contact between the Department of Health and the Irish Dental Association on COVID-19 related and other issues.</p> <p>The Government has put in place a number of initiatives to support business and enterprise during the COVID-19 crisis. These address long and short-term financial supports, tax alleviation measures, banking and credit measures and employee supports. The Department of Business, Enterprise and Innovation is providing supports and guidance to help businesses. A number of income supports are available from the Department of Employment Affairs and Social Protection for employees during a COVID-19 (Coronavirus) related absence or temporary lay-off from work.</p>
311	Jennifer Whitmore	<p>To ask the Minister for Health, if contractors can continue to carry out extensions in homes where a kitchen/water/electricity is incomplete due to the discontinuation of construction works under COVID-19 restrictions; if he can confirm whether a contractor needs a letter of permission from the Minister for Health's office to continue such work; and if he will make a statement on the matter.</p> <p><b>Response:</b> As these are service matters, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

315	Jennifer Whitmore	<p>To ask the Minister for Health, how his Department will address the following issues for families of children with life-limiting conditions: lack of PPE; difficulties obtaining medication due to restrictions put in place by many pharmacies especially where prescriptions have to be brought in person to the pharmacy (ie. Morphine); interruptions in the supply of oxygen and feed; interruptions in nursing care particularly where staff are sick or are self-isolating due to exposure to COVID-19; and if he will make a statement on the matter.</p> <p><b>Response:</b> As these are service matters, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
318	Marian Harkin	<p>To ask the Minister for Health what arrangements are being put in place for people whose home help is being withdrawn due to the fact that home help workers are being seconded to Nursing Homes as a result of the current COVID-19 crisis, details supplied (an xx year old has been informed that their home help will be withdrawn at the end of this week because of staff being seconded to Nursing Homes), and will the Minister make a statement on the matter?</p> <p><b>Response:</b> I recognise that home support services are front line, essential services for many people. In order to ensure that these services continue to be provided to those clients who require it most, the HSE has categorised each of their clients into one of four categories ranging from high dependency clients with limited or no family support (Priority 1) to low dependency clients with family supports (Priority 4).</p> <p>In order to continue to support Priority 1 and 2 clients and to re-allocate resources to support essential residential services, the HSE has, where considered appropriate, suspended home support services to clients assessed as Priority 3 and 4. The decision to temporarily withdraw home support services from clients was subject to individual assessment of each client and their particular circumstances. Those who have had their home support services temporarily suspended have been directed to alternative forms of volunteer-provided local supports if appropriate.</p> <p>These arrangements are a temporary response to the demands being placed on the health service during the COVID-19 pandemic and will be reviewed as early as possible.</p> <p>I would also like to note that on 28 March 2020 my colleague Minister Murphy, the Minister for Housing, Planning and Local Government announced the operationalisation of the Framework for Local Authority Community Support. Under this structure a Community Support Fora has been put in place in each Local Authority, and the HSE are represented on this group at a local level to help ensure the delivery of essential supports to those on the ground.</p>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

319	Mattie McGrath	<p>To ask the Minister for Health under what legislation were changes in the provision of abortion approved? Why were such changes not brought before the Houses of Oireachtas and if he will make a statement on the matter?</p> <p><b>Response:</b> The Covid-19 outbreak brings with it unprecedented challenges for patients and clinicians. The issues surrounding access to termination in early pregnancy at this time was raised in the Dáil on the 26 March.</p> <p>Section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018 deals with termination in early pregnancy. It provides that a termination of pregnancy may be carried out "where, having examined the pregnant woman, [a medical practitioner] is of the reasonable opinion formed in good faith that the pregnancy concerned has not exceeded 12 weeks of pregnancy". The Act does not prescribe the actions or clinical aspects of the medical practitioner's examination of the woman.</p> <p>Services for termination in early pregnancy, carried out in the community, operate under a Model of Care that requires the medical practitioner to examine a pregnant woman before coming to the reasonable opinion, formed in good faith, that her pregnancy has not exceeded 12 weeks. In that context, the woman is required to attend the surgery/clinical setting to have a face-to-face consultation with her doctor.</p> <p>In the current situation, where the need for social distancing, reducing personal contacts and reducing the burden on medical practitioners are paramount, it may not be possible or advisable for a woman to attend a medical practitioner in person to access termination in early pregnancy.</p> <p>Therefore, as part of the Government's ongoing efforts to protect public health and limit the spread of Covid-19, new arrangements have been put in place which allow termination of pregnancy services in early pregnancy to be provided remotely.</p> <p>A revised Model of Care clarifies that for the purposes of providing terminations of pregnancy under section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018 (i.e., in early pregnancy), remote consultation, i.e. by telephone conversation or video conference, with a medical practitioner will be permissible at this time.</p> <p>The revised model of care will apply only for the duration of the Covid-19 public health emergency.</p>
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**Response to Dáil Members Covid-19 queries – 17 April 2020.**

322	Mattie McGrath	<p>There is huge concerns about the 15 minute per day visiting restrictions on Neonatal Intensive Care Units. While we all fully support the general restrictions on visiting hospitals. I fear for the longterm heart implications that this may have on mother's and babies. We know how traumatic this experience can be and I understand that other countries have acknowledged the importance of mother and baby contact in this setting and have found better ways of operating restrictions. Can this be revisited and examined to see if it is the best solution.</p> <p><b>Response:</b> The National Women &amp; Infants Health Programme (NWIHP) has provided assurance that the midwifery and obstetric community are committed to ensuring that the impact of COVID-19 on the experience of women accessing our maternity services should be kept to an absolute minimum and deeply regret any deviation from normal practice.</p> <p>In relation to visitation policies at Neonatal Intensive Care Units (NICUs), it is understood that some units/hospitals have implemented strict controls on visitors to NICUs. It should be noted that decisions with respect to access and visitation are made, implemented and reviewed at hospital level. The NWIHP has advised that such decisions are made by clinicians in light of the particular local circumstances and are not made lightly. In that regard, it is important to remember that babies in our NICUs are extremely vulnerable and actions such as restricted visitation, while very regrettable, may be required to protect them and the staff caring for them.</p> <p>However, the Deputy can be assured that, in the context of what is a rapidly evolving situation, any restrictions implemented will be frequently reviewed and reversed as soon as possible.</p>
328	Éamon Ó Cuív	<p>To ask the Minister for Health his plans to ensure adequate care for persons with an intellectual disability that may be impacted by Covid-19 either directly or indirectly in view of their vulnerability to change; and if he will make a statement on the matter.</p> <p><b>Response:</b> The HSE and its partner service providers are endeavouring to maintain essential support services during this unprecedented public health emergency. There are strong structures in place in the HSE to govern the response to COVID-19, which includes the circulation of guidance and advice to its staff, service providers, service users and families.</p> <p>These guidance documents have been developed by the HSE in collaboration with service providers and family and service user representative organisations in the voluntary sector. They have been approved by the National Public Health Emergency Team (NPHE) subgroup for Vulnerable People and can be accessed at the following weblink:</p> <p><a href="https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/">https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/</a></p> <p>The guidance documents include:</p> <ul style="list-style-type: none"><li>• <b>Contingency Plan for Home Support Managers and Health Care Support Assistants and Disability Managers/Personal Assistance during Mitigation</b></li></ul>



**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<ul style="list-style-type: none"><li>• <b>Guidance to support a person with additional needs who becomes distressed and angry when you try to engage with them.</b></li><li>• <b>Guidance for Alternative Models of Care (Non-Residential)</b></li><li>• <b>Guidance for testing for COVID-19 in Disability Services</b></li><li>• <b>Guide for Supporting adults in a community residence/at home</b></li><li>• <b>Guide for Supporting children in a community residence/ at home</b></li><li>• <b>Support Coordination in a Pandemic – A practical checklist to avoid stressors for service users</b></li></ul> <p>In addition, a 'check list' has been developed for service providers delivering vital supports to vulnerable people, in order to assist and support in terms of 'COVID-19 preparations'. This check list offers an opportunity which each CHO can utilise as part of the formal engagement with funded S38/39 organisations in terms of their actual plans and state of readiness.</p> <p>As part of each CHO Areas' Crisis Management Team process, each Chief Officer ensures that there is dedicated contact points/ liaison personnel that can assist, support and be a point of reference for these providers, most of whom are delivering extensive health and social care supports on our behalf and who need to form part of the overall response to the current public health emergency.</p> <p>As this is an evolving and unprecedented situation, the HSE will keep matters in review and will advise accordingly. The HSE has updated the National Disability Umbrella Organisations asking that they also disseminate this information and to support the key message that each provider keep a close watch on the following weblink(s) for guidance and advisory links (including in terms of social care/ clinical matters) relating to COVID-19, <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/</a> <a href="https://www2.hse.ie/conditions/coronavirus/at-risk-groups.html">https://www2.hse.ie/conditions/coronavirus/at-risk-groups.html</a></p>
329	Éamon Ó Cuív	<p>To ask the Minister for Health whether he was advised by the Chief Medical Officer of the Department to change the guidelines in relation to terminations of pregnancy because of Covid-19 before he did so; whether he is willing to publish the advice given to him on this matter by medical experts within the Department spearheading the fight to save lives during the Covid-19 pandemic; and if he will make a statement on the matter.</p> <p><b>Response:</b> The Covid-19 outbreak brings with it unprecedented challenges for patients and clinicians. The issues surrounding access to termination in early pregnancy at this time was raised in the Dáil on the 26 March.</p> <p>Section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018 deals with termination in early pregnancy. It provides that a termination of pregnancy may be carried out "where, having examined the pregnant woman, [a medical practitioner] is of the reasonable opinion formed in good faith that the pregnancy concerned has not exceeded 12 weeks of pregnancy". The Act does not prescribe the actions or clinical aspects of the medical practitioner's examination of the woman.</p>





**Response to Dáil Members Covid-19 queries – 17 April 2020.**

		<p>Services for termination in early pregnancy, carried out in the community, operate under a Model of Care that requires the medical practitioner to examine a pregnant woman before coming to the reasonable opinion, formed in good faith, that her pregnancy has not exceeded 12 weeks. In that context, the woman is required to attend the surgery/clinical setting to have a face-to-face consultation with her doctor.</p> <p>In the current situation, where the need for social distancing, reducing personal contacts and reducing the burden on medical practitioners are paramount, it may not be possible or advisable for a woman to attend a medical practitioner in person to access termination in early pregnancy.</p> <p>Therefore, as part of the Government's ongoing efforts to protect public health and limit the spread of Covid-19, new arrangements have been put in place which allow termination of pregnancy services in early pregnancy to be provided remotely.</p> <p>A revised Model of Care clarifies that for the purposes of providing terminations of pregnancy under section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018 (i.e., in early pregnancy), remote consultation, i.e. by telephone conversation or video conference, with a medical practitioner will be permissible at this time.</p> <p>The revised model of care will apply only for the duration of the Covid-19 public health emergency.</p>
331	Brid Smith	<p>To ask the Minister for Health if he will provide an update, listing hospitals by name in table format, the current take up to date of all private hospital facilities and capacity and if he will provide a similar update on any private hospital capacity not being utilised by the state and if he will make a statement on the matter?</p> <p><b>Response:</b> As this is an operational matter, I have asked the HSE to reply to the Deputy directly with the requested information.</p>