

Response to Dáil Members Covid-19 queries – 17 April

1	Catherine Connolly	<p>To ask the Minister for Health the financial provision that have been made in relation to the first year student nurses in Galway who were recalled to carry out their placements in Galway University Hospital/Merlin Park Hospital since the outbreak of Covid-19 and up to the 10th April; and if he will make a statement on the matter.</p> <p>Response: I have referred this question to the HSE for answering and direct reply to the Deputy.</p>
2	Catherine Connolly	<p>To ask the Minister for Health the provisions made for the health and wellbeing of first year student nurses recalled to carry out their placements in Galway University Hospital/Merlin Park Hospital during the Covid-19 and in particular the provisions made for such students in the event of any one or all of them contracting Covid-19; and if he will make a statement on the matter.</p> <p>Response: Concerning the specified locations, I have referred the question to the HSE for answering and direct reply to the Deputy.</p> <p>In addition, the HSE have issued guidance and circulars with updates concerning the occupational health and wellbeing of employees during the COVID-19 public health emergency. This guidance and additional information have been published online at https://healthservice.hse.ie/staff/news/coronavirus-news/. The HSE have also put in place measures to support employees affected by COVID-19 (including those first-year student nurses that take up paid employment in the public health service during this time). These measures include supports available for an employee that contracts Covid-19. Special Leave with Pay Arrangements have been put in place to support employees who contract COVID-19.</p>
3	Catherine Connolly	<p>To ask the Minister for Health to clarify the location of the clusters of Covid-19 in both public and private Nursing Homes in Galway City and County; and if he will make a statement on the matter.</p> <p>Response: As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
10	Richard Boyd Barrett	<p>To ask the Minister for Health what specific advice was looked for by NPHET of the Expert Advisory Group as they prepared for the Covid19 pandemic, in relation to Nursing Homes and elder care, to publish this advice and provide an update on what actions were carried out in line with this advice.</p> <p>Response: Ireland's national response to COVID-19 is supported by a dedicated governance structure to ensure a public health-led, whole-of-society approach.</p> <p>To support this, the National Public Health Emergency Team (NPHET) for COVID-19 was established on 27th January 2020 in the Department of Health and chaired by the Chief Medical Officer. The NPHET oversees and provides national direction, guidance, support and expert advice on the development and implementation of a strategy to contain COVID-19 in Ireland.</p>

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The NPHET facilitates the sharing of information between the Department of Health and its agencies. It provides a forum for agreement on strategic approaches to public health emergencies. A key source of support to the work of the NPHET is the independent Expert Advisory Group. The Expert Advisory was established on 5th February 2020 and has met on a regular basis since.

In accordance with its Terms of Reference, the Expert Advisory Group, having regard to the national and international research and developments in relation to 2019-nCoV, and any other evidence it deems appropriate, is asked:

- To function as an expert sub-group of the NPHET that will monitor and review this evidence and provide expert advice to the NPHET, the Health Service Executive and others as appropriate.
- To review current advice and guidance on 2019-nCoV preparedness and response, identify gaps, and update and provide clear, evidence-based expert advice on preparedness and response.

The membership of the Expert Advisory Group is a multidisciplinary group of leading experts from across clinical practice and universities. There are experts from all relevant medical and scientific specialities, providing a broad range of relevant expertise, including virology, intensive care medicine, public health, pathology, microbiology, paediatrics, infection prevention and control, respiratory medicine, emergency medicine and occupational medicine. It also includes a patient representative. The full detail of its membership is set out in the appendix.

The Chair of the Expert Advisory Group is a member of the NPHET and submission of advice and recommendations from the Expert Advisory Group has been and continues to be a standing agenda item at the meetings of the NPHET. All decisions of NPHET in response to this advice are recorded through the minutes of the NPHET meetings.

The minutes of the NPHET meetings are available at: <https://www.gov.ie/en/collection/691330-national-public-health-emergency-team-covid-19-coronavirus/> and officials of my Department will continue to update the dedicated COVID-19 webpage on a regular basis.

Appendix - Membership of the Expert Advisory Group:

Membership at a point in time reflects the work ongoing. Expert advisors and / or other stakeholders may be invited to attend meetings from time to time. The table below reflects membership at 16th April 2020:

Dr Cillian de Gascun (Chair)	Director National Virus Reference Laboratory (NVRL), Consultant Virologist
Prof Colm Bergin	Consultant Infectious Diseases
Prof Karina Butler	Chair, National Immunisation Advisory Committee, Consultant in Paediatric Infectious Diseases
Dr Jeff Connell	Head of Testing, NVRL, University College Dublin

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Prof Martin Cormican	National Clinical Lead for HCAI & AMR
Dr Aoife Cotter	Consultant Infectious Diseases, National Isolation Unit
Dr John Cuddihy	Director, Health Protection Surveillance Centre (HPSC)
Dr Lorraine Doherty	National Clinical Director Health Protection
Dr Aurelie Fabre	Consultant Histopathologist
Prof Sean Gaine	Consultant Respiratory Physician
Ms Josephine Galway	Director of Nursing for infection control, HSE
Dr Ronan Glynn	Deputy Chief Medical Officer, DOH
Dr Vida Hamilton	HSE National Clinical Advisor and Group Lead, Acute Hospitals
Dr David Hanlon	HSE National Clinical Advisor and Group Lead for Primary Care
Dr Derval Igoe	Consultant Public Health Medicine, NVRL/HPSC
Dr Ciara Martin	Consultant in Paediatric Medicine
Dr Jeanette McCallion	Health Products Regulatory Authority
Ms Helen Murphy	Infection Prevention and Control Nurse Manager, Lead Nurse for Antimicrobial resistance and Healthcare Associated Infections (AMR/HCAIs), HPSC
Mr Damien Nee	Patient Representative
Prof Michael O'Connell	Master of the Coombe Women and Infants University Hospital
Dr Gerard O'Connor	Consultant Emergency Medicine
Dr Joanne O'Gorman	Consultant Microbiologist
Dr Colman O' Loughlin	Consultant Intensive Care Medicine
Dr Margaret O' Sullivan	Chair, National Zoonoses Committee & Consultant Public Health Medicine
Dr Lynda Sisson	Consultant in Occupational Medicine
Dr Lelia Thornton	Consultant in Public Health Medicine, HPSC

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Richard Boyd Barrett

To ask the Minister for Health to provide details of the Expert Advisory Group, including members of the group, date it was set up, minutes of the meetings for this group and all advice issued from the group to NPHET, the government and his department and to make a statement on the matter.

Response: Please see composite reply in Q10 above.

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54	Richard Boyd Barrett	<p>To ask the Minister for Health what particular measures are being recommended by the NPHET with regards to particularly vulnerable groups living in congregated and overcrowded conditions such as those in Direct Provision, Homeless Hubs, Homeless Hostels, EFL student accommodation and families living in overcrowded conditions, particularly those who are on council housing “overcrowding” waiting lists?</p> <p>Response from Minister of State, Catherine Byrne:</p> <p>Both the Department and the HSE are pro-actively monitoring and responding to the impact of Covid-19 on vulnerable people living in congregated settings.</p> <p>The HSE has published guidance for preventing and managing the spread of Covid-19 in settings for vulnerable groups, such as people who are homeless, Travellers, international protection applicants (asylum seekers), Roma, refugees and others. The measures are mainly focused on congregate settings or facilities managed by staff and can be applied in direct provision centres, homeless hostels, family hubs, emergency accommodation, halting sites, or other residential settings including those without clinic or in-house nursing, medical or healthcare support. This guidance can be accessed here: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/COVID-19-Guidance-for-vulnerable-groups-settings.pdf</p> <p>In line with public health advice provided by the Department and the HSE, relevant departments and agencies have sourced additional accommodation to facilitate self-isolation, cocooning and thinning in these congregated settings.</p> <p>At a 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. 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>I am acutely aware of the significant public health challenges facing vulnerable groups in congregated settings arising from the Covid-19 pandemic. I acknowledge the constraints facing people living in congregated settings in adhering to public health advice. I wish to thank service users and service providers for their combined efforts to minimise the risk of Covid-19 transmission</p>
61	Richard Boyd Barrett	<p>To ask the Minister for Health to outline his plans for the nursing home sector to ensure that the prevalence of clusters in this area is halted and to make a statement on the matter.</p> <p>Response:</p> <p>The challenges in the nursing home sector remain an absolute priority in the overall response to COVID-19. Actions and measures to support nursing homes and their residents have been taken early in line with international WHO and ECDC guidance and have evolved quickly and decisively at various milestones on foot of epidemiological data and evidence. Measures for nursing home residents have evolved from enhanced general infection prevention measures such as handwashing and respiratory etiquette to social distancing to visitor restrictions and to cocooning. A range of enhanced measures were recommended by NPHET on 31st March and 3rd April. These include actions to strengthen HSE national and regional support structures, actions focused on reducing transmission of the disease such as prioritisation of staff for screening, and access to specific training and PPE for providers.</p>

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		<p>Additionally, a significant package of guidance tools developed in accordance with international guidance are available to support and guide planning for and responses to COVID-19 in nursing homes. In addition, on 17 April, the National Public Health Emergency Team met to continue its ongoing review of Ireland's response to COVID-19 and its decisions included:</p> <ul style="list-style-type: none"> • To expand testing capacity to 100,000 tests per week operating on a seven-day week basis for a minimum of six months; • Over the course of the following 7-10 days, testing of staff and residents in all Long-Term Residential Care (LTRC) facilities to be prioritised; • A census of mortality across all LTRC facilities to be carried out during the weekend ending Sunday 19 April 2020 to cover all deaths, COVID-19 and non-COVID-19 since 1st January 2020, regardless of where the death occurred. <p>A Temporary Financial Assistance Scheme is also established and open to applications from nursing homes, which represents significant financial support, in addition to the other supports.</p> <p>We all share a common goal to protect our older people, wherever they are living and I welcome the continued engagement between my Department, its agencies and Nursing Homes Ireland in pursuance of this goal. I have had further direct contact with NHI over the last couple of days and I am committed to continuing this level of engagement.</p>
65	Carol Nolan	<p>To ask the Minister for Health the reason he delayed engaging with an organisation as part of his response to the Covid-19 crisis; and if he will make a statement on the matter. - Carol Nolan. Details Supplied: Nursing Homes Ireland as outlined in the statement by NHI on 30 March that such engagement only came about "some way into the crisis" (Details supplied) and if he will make a statement on the matter. Details: https://nhi.ie/statement-by-nhi-following-meeting-with-minister-for-health/</p> <p>Response:</p> <p>I can assure the House that prior to, and since my meeting with Nursing Homes Ireland on 30 March 2020, officials across my Department have been in on-going extensive communication with the representative body for the private and voluntary nursing home sector during these challenging times. The HSE has also been regularly engaging with the representative body since January. The CEO of the HSE met with the CEO and Chairman of Nursing Homes Ireland in mid-February where the HSE committed to providing all possible assistance and, at the same time, the NHI committed to ensuring that their members were prepared to the highest degree possible for what lay ahead.</p> <p>The challenges in the nursing home sector remain an absolute priority in the overall response to COVID-19. Actions and measures to support nursing homes and their residents have been taken early in line with international WHO and ECDC guidance and have evolved quickly and decisively at various milestones on foot of epidemiological data and evidence. Measures for nursing home residents have evolved from enhanced general infection prevention measures such as handwashing and respiratory etiquette to</p>

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66	Carol Nolan	<p>To ask the Minister for Health the package of financial supports he is offering to the nursing home sector to address the Covid-19 crisis; and if he will make a statement on the matter.</p> <p>Response:</p> <p>A temporary Covid-19 Financial Support Scheme has been established to support the critical services provided by nursing homes. The scheme will provide a temporary assistance payment, which is offered to support private and voluntary nursing homes to action measures to further militate against a COVID-19 outbreak and be capable of managing an outbreak in terms of providing safe staffing and a safe environment, should an outbreak occur.</p> <p>The core concept of the scheme is that the State will provide additional funding to those nursing homes that require it. It is envisaged that the scheme will operate for a 3- month period. It will be reviewed after the first month's operation.</p> <p>There will be two component parts of the Scheme which will be integrated</p> <ul style="list-style-type: none"> • a support payment per month based on the number of Nursing Homes Support Scheme (NHSS) residents; and • enhanced assistance in the event of a nursing home actively managing an outbreak.

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		<p>Under the standard support component, funding may be provided to each applicant nursing home for Covid-19 related measures and associated expected costs for the month. The maximum level of financial support under the Scheme will be calculated by reference to the number of NHSS residents in the nursing home at a specified time. The standard assistance payment cap is calculated as follows:</p> <ul style="list-style-type: none"> • €800 per Nursing Homes Support Scheme (NHSS) resident per month for the first 40 residents; • €400 per NHSS resident per month for the next 40 residents; • €200 per NHSS resident per month for each subsequent resident. <p>Where a nursing home has incurred significant further costs or undertaken necessary enhanced actions arising directly from a Covid-19 outbreak, a nursing home may submit a separate business case for enhanced assistance.</p> <p>There is an overall monthly funding cap, which is the maximum amount that may be paid in respect of each month to a Nursing Home under the Scheme. This amount applies to the aggregate of payments under the Standard Assistance Payment and the Outbreak Assistance Payment. It is equal to the lower of:</p> <ul style="list-style-type: none"> • twice the Standard Assistance Payment Cap for the month; • the amount of €75,000; <p>The Scheme opened for applications on 17th April 2020.</p>
73	Seán Sherlock	<p>To ask the Minister for Health the advice social care providers have been given to protect the elderly as a result of the Covid-19 outbreak.</p> <p>Response:</p> <p>I am conscious that there are many people throughout the country living in a range of community settings who may be medically, or socially, at risk of contracting COVID-19. As such the Department of Health established the National Public Health Emergency Team (NPHE) Subgroup on Vulnerable People which has a broad membership from across Government Departments, Agencies and key stakeholders.</p> <p>This membership covers the range of settings in the community where people live, including for example nursing homes, residential disability facilities, mental Health facilities, prisons, youth detention centres and direct provision facilities.</p> <p>The relevant Department retains responsibility for the services under their remit but the role of the NPHE Subgroup on Vulnerable People is 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 and in the range of community settings outlined. This underlines the whole of Government approach that is being taken in the response to COVID-19 and the commitment we all share to ensure that vulnerable members of society are protected throughout this period.</p>

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A series of enhanced measures have been agreed by NPHET for these long-term residential care settings and are currently being implemented by the HSE, HIQA and service providers. They include measure to support facilities which have outbreaks of COVID-19, measures aimed at stopping the transmission of the virus and support the provision of personal protective equipment to and screening of staff.

The HSE through the Health Protection Surveillance Centres has developed an extensive body of guidance and support tools to assist staff in residential care facilities, including nursing homes and other social care settings, in their management of COVID-19 cases. Guidance has also been produced for health care workers, clinical and non-clinical settings and the public in general with regard to preventing transmission.

On April 3rd, HIQA issued a regulatory notice to service providers regarding the establishment of the Infection Prevention and Control Hub for designated centres and children's residential centres. The Hub is providing a direct line of contact for service providers and staff who are seeking guidance and support in dealing with COVID-19 infection control issues. This support includes advice on resident placement and cohorting; staff cohorting in the management of suspected and infected cases and transmission and standard based precautions. HIQA are working closely with the HSE on this.

Each of the HSE's Area Crisis Management Teams has also offered very significant support to the residential facilities in their areas. This has included management support, PPE, other supplies, Public Health inputs, other clinical inputs, support with sourcing staffing and, in some cases, the reassignment of HSE staff to support nursing homes during an outbreak.

To ask the Minister for Health if he will acknowledge the significant impact that the pandemic is placing on people's mental health and in particular those with pre-existing mental health illness, the scaling back of face-to-face mental health services including supervision around medication taking and coping strategies; if he will outline the provisions his department has made to address this both during and post-pandemic; and if he will make a statement on the matter.

Response from Minister of State, Jim Daly:

The outbreak of Covid-19 throughout the world is a source of significant stress, anxiety, worry and fear for many people. The Government Action Plan in response to Covid-19, acknowledges the importance of people maintaining their wellbeing and resilience to push through this unprecedented outbreak. The Action Plan aims to reduce the risk of people becoming unwell and for those with a mild mental health issue, access to counselling and other interventions can provide increased positive outcomes.

The HSE already delivers and funds a wide range of mental health and psychosocial support services. HSE is planning a further range of initiatives and service expansions, including through psychosocial management teams in each HSE region. In addition, NGOs currently in receipt of funding from HSE are being supported and encouraged to develop updated responses

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Gino Kenny

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		<p>to the Covid-19 outbreak. Services are listed on the HSE website www.yourmentalhealth.ie and information is also provided through the free mental health telephone information line 1800 111888.</p> <p>I am pleased to be able to confirm that the Department of Health and the HSE have been working extensively over the last number of years to develop new on-line services through the use of digital tools with many new services up and running on a pilot basis throughout the country well in advance of Covid-19. The HSE is well positioned now to increase service delivery through these processes that will assist service users to avail of therapies, and clinicians to deliver the services. An additional €1 Million euro has been provided to the HSE this week to increase service levels</p> <p>Expanded provision of online counselling, crisis textline support and online life skills training is being rolled out to healthcare staff and members of the public. Access to counselling can reduce anxiety and intervene early to reduce onset of depression or other mental health issues. Immediate counselling can prevent mild mental health issues from becoming problematic. This is a way to connect people to efficient, professional, supervised support without a need to travel during restrictions.</p> <p>Online counselling will augment existing online supports for both members of the public and healthcare workers and further counselling can be provided based on need.</p>
133	Gino Kenny	<p>To ask the Minister for Health if he will clarify what CAMHS services are currently being provided; what CAMHS services have been scaled back or suspended; what contingency measures have been put in place to address the substantial mental health needs of children and youth; and if he will make a statement on the matter.</p> <p>Response from Minister of State, Jim Daly: As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
136	Gino Kenny	<p>To ask the Minister for Health if he is aware of the rise in drug and alcohol abuse during the pandemic; if he is aware that county councils have not included Drug and Alcohol Task Force representatives on community response forums and if he will take steps to ensure that DATF representatives are included in community response forums; and if he will make a statement on the matter.</p> <p>Response from Minister of State, Catherine Byrne: The community support response to Covid-19, also known as the Community Call, seeks to mobilise the resources of the community and voluntary sectors as part of the whole-of-government response to Covid-19 (see https://www.gov.ie/en/collection/6dd895-covid-19-communication-pack-for-communities/). The response is led by the Dept of Rural and Community Development.</p> <p>The community support response includes the establishment of county forums by local authorities. The forums assist with the provision of the following services:</p> <ul style="list-style-type: none"> • Collection and delivery of food, essential household items, fuel, medication in line with guidance • Transport to community testing centres, clinical Assessment Hubs, GP and hospital appointments

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		<ul style="list-style-type: none"> • Social isolation, supports, engagement • Meals and their delivery • Other medical/health needs <p>The involvement of task forces and community drug services in the community response is to be welcomed and there are local examples where this is already taking place on an informal basis. The Dept of Rural and Community Development has stated that it's at the discretion of individual local authorities to add organisations or groups to the county forums. In general, the community and voluntary response in each county is being coordinated by community champions, which are organised nationally by The Wheel and Irish Rural Link. Local development companies (LDCs) are also members of the forum. Some task forces are aligned with the LDCs or with local community groups already active on the ground, so that may also be a route for them to participate. Finally, each forum also includes the local volunteer centre – individuals who wish to volunteer can contact their local centre or register to volunteer for Covid-19 roles at Volunteer.ie.</p>
163	Catherine Connolly	<p>To ask the Minister for Health whether he has any plans to integrate the Irish Community Rapid Response air ambulance into the HSE, as it is currently in a vulnerable situation as a result of the fact that it is entirely dependent on charitable donations, which is insufficient for its continued operation; and if he will make a statement on the matter.</p> <p>Response: The Munster Helicopter Emergency Medical Service (HEMS) is provided by Irish Community Rapid Response under a Service Level Agreement with the HSE. Under the terms of this SLA, the ICRR committed to fund all maintenance, repairs, fuel and other expenses incurred in the provision of the transportation element of the service, while the National Ambulance Service (NAS) committed to provide the clinical staff and consumables. It was never envisaged that Exchequer funding would be required, or would be available, to subvent the ICRR service. The decision to proceed with the service arrangement was contingent on the contribution of the charity to the cost of the operation of the service.</p> <p>ICRR has advised the NAS that they intend to continue to provide the service on a five-day basis for an interim period. This is welcomed, as is the NAS's commitment to continue to engage with ICRR on an ongoing basis.</p> <p>I would like to assure Deputy Connolly that the Emergency Aeromedical Service (EAS), which is operated by the NAS in conjunction with the Air Corps, also provides HEMS coverage from its base at Custume Barracks, Athlone. I would also like to acknowledge the reserve HEMS cover provided by the Irish Coast Guard (IRCG) from its bases in Waterford, Shannon, Sligo and Dublin, which it provides in addition to its primary search and rescue function.</p>
165	Sean Fleming	<p>Can the Department of Health please provide information regarding putting arrangements in place by the HSE for staff employed by the HSE and through Section 38 and 39 organisations where staff are pregnant and what special arrangements are in place for that.</p>

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		<p>Response: Advice in relation to pregnancy and the coronavirus is available on the HSE website via this link</p> <p>https://www2.hse.ie/conditions/coronavirus-and-pregnancy.html</p> <p>Specific queries regarding working during pregnancy is a matter for each employer.</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 cover all possible situations for publicly employed employees, and a copy of this document is available to view here</p> <p>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</p> <p>Employees who are pregnant and have significant heart disease (congenital or acquired) are identified as being extremely medically vulnerable, and it is recommended that they cocoon in line with the advice set out on the HSE's website.</p>
174	Catherine Connolly	<p>To ask the Minister for Health what is the situation regarding the Irish Community Rapid Response air ambulance, particularly in light of the current Covid-19 pandemic. Whether he has any plans to propose that such a vital service would be operated directly by the HSE. Given that the service is entirely funded by volunteers, donations and is very vulnerable. This is totally unacceptable for an island economy; and if he will make a statement on the matter.</p> <p>Response: See 163 above.</p>
178	Jack Chambers	<p>To ask the Minister for Health to ensure the necessary health measures, funding and personal protective equipment (PPE) is available to nursing homes in their efforts to stop the spread of the Covid 19 virus and keep residents safe.</p> <p>Response:</p> <p>As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
181	Michael Collins	<p>Irish Community Rapid Response (Air Ambulance) – Department of Health – Question – They have depleted funds and are on the verge of closing down, can the department of health step in with vital funding to keep this service going especially during these uncertain times.</p> <p>Response: The Munster Helicopter Emergency Medical Service (HEMS) is provided by the ICRR under a Service Level Agreement with the HSE. Under the terms of this SLA, the ICRR committed to fund all maintenance, repairs, fuel and other expenses incurred in the provision of the transportation element of the service, while the National Ambulance Service (NAS) committed to provide</p>

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		<p>the clinical staff and consumables. It was never envisaged that Exchequer funding would be required, or would be available, to subvent the ICRR service. The decision to proceed with the service arrangement was contingent on the contribution of the charity to the cost of the operation of the service.</p> <p>ICRR has advised the NAS that they intend to continue to provide the service on a five-day basis for an interim period. This is welcomed as is the NAS's commitment to continue to engage with ICRR on an ongoing basis.</p>
182	Aengus Ó Snodaigh	<p>To ask the Minister for Health if his Department through the Health Service Executive & National Ambulance Service plans to provide sustainable funding to the Irish Community Rapid Response Air Ambulance, if he is aware that the current operational ambulance in Ireland South will cease operations in 6 weeks due to lack of funding and if he recognises the vital importance of this emergency community service especially during the ongoing Covid 19 public health emergency.</p> <p>Response: The Munster Helicopter Emergency Medical Service (HEMS) is provided by the ICRR under a Service Level Agreement with the HSE. Under the terms of this SLA, the ICRR committed to fund all maintenance, repairs, fuel and other expenses incurred in the provision of the transportation element of the service, while the National Ambulance Service (NAS) committed to provide the clinical staff and consumables. It was never envisaged that Exchequer funding would be required, or would be available, to subvent the ICRR service. The decision to proceed with the service arrangement was contingent on the contribution of the charity to the cost of the operation of the service.</p> <p>ICRR has advised the NAS that they intend to continue to provide the service on a five-day basis for an interim period. This is welcomed as is the NAS's commitment to continue to engage with ICRR on an ongoing basis.</p>
185	Darren O'Rourke	<p>To ask the Minister for Health if he will outline how suspected and confirmed Covid-19 patients who are resident in nursing homes will be clinically managed; if he will confirm that residents of nursing homes will be admitted to hospital for the treatment of Covid-19 if clinically indicated, and that there is not a standard 'do not resuscitate' (DNR) policy in place for all hospitalised nursing home residents with Covid-19.</p> <p>Response: HSE guidelines aim to assist staff in residential care facilities, including nursing homes, in their management of COVID-19 cases, including in relation to decisions on transfer of residents, to hospitals, where appropriate. The HSE through the Health Protection Surveillance Centres has developed an extensive body of guidance and support tools to assist staff in residential care facilities, including nursing homes, in their management of COVID-19 cases, including in relation to decisions on transfer of residents, to hospitals, where appropriate. The current relevant guidelines are the: "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units"</p>

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		<p>The principle of the right care in the right place at the right time applies. Nursing homes are people's home and in general residents with or without COVID-19 diagnosis should be managed in their facilities unless transfer to hospital is deemed clinically appropriate and will confer additional benefit. Decisions to transfer are clinical decisions made on a case by case basis by senior staff and the attending doctor usually the GP. Decisions should always be made in conjunction with the person, their families and their advanced care plans.</p>
186	Pat Buckley	<p>To ask the Minister for Health his plans to ensure that the additional staff taken on in the mental health services during the Covid19 crisis will be retained indefinitely</p> <p>Response from Minister of State, Jim Daly: As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
187	Pat Buckley	<p>To ask the Minister to outline additional mental health supports to be put in place to deal with any increased demand resulting from any delay, postponement or other changes to the Leaving Certificate program.</p> <p>Response from Minister of State, Jim Daly: The HSE already delivers and funds a wide range of mental health and psychosocial support services. HSE is planning a range of initiatives and service expansions based on the need through various psychosocial management teams in each HSE area. In addition, NGOs currently in receipt of funding from HSE are being supported and encouraged to develop updated responses to the Covid-19 outbreak.</p> <p>I am pleased to be able to confirm that the Department of Health and the HSE have been working extensively over the last number of years to develop new on-line services through the use of digital tools with many new services up and running on a pilot basis throughout the country well in advance of Covid-19. The HSE is well positioned now to increase service delivery through these processes that will assist service users to avail of therapies, and clinicians to deliver the services. An additional €1 Million euro has been provided to the HSE this week to increase service levels</p> <p>In order to respond to the anticipated additional needs of the population during this crisis, additional online services are being delivered to support the population, including students dealing with stress arising from changes to the leaving certificate programme. Provision of online counselling, expanded crisis textline support and online life skills training is being rolled out to healthcare staff and members of the public. Access to counselling can reduce anxiety and early intervention can reduce onset of depression or other mental health issues. Online counselling is a useful way to connect people (including students) to efficient, professional, supervised support without a need to travel during restrictions.</p>

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188	Pat Buckley	<p>To ask the Minister to outline the additional mental health supports being put in place to attend to the needs of healthcare professional working through the Covid19 crisis particularly those directly exposed to patients suffering with the virus or having cared for a patient that has died from the virus</p> <p>Response from Minister of State, Jim Daly: I am pleased to be able to confirm that the Department of Health and the HSE have been working extensively over the last number of years to develop new on-line services through the use of digital tools with many new services up and running on a pilot basis throughout the country well in advance of Covid-19. The HSE is well positioned now to increase service delivery through these processes that will assist service users to avail of therapies, and clinicians to deliver the services. An additional €1 Million euro has been provided to the HSE this week to increase service levels</p> <p>The mental health needs of frontline staff are a key priority for the Government. The HSE's Employee Assistance Programme already offer all frontline staff access to counselling within the existing HSE structures.</p> <p>In addition, HSE has collaborated with SilverCloud, and commenced roll-out of an online Life Skills module for health care professionals working on the front line during this crisis. Healthcare professionals can access online education supports based on cognitive behaviour therapy about stress management, relaxation and sleep management.</p> <p>HSE staff also have access to counselling. Additional independent, online counselling will be made available for free to professionals who can self-refer.</p>
189	Pat Buckley	<p>To ask the Minister to outline his plans for the further role out of technology based solutions to meeting mental health demand in the crisis</p> <p>Response from Minister of State, Jim Daly: I am pleased to be able to confirm that the Department of Health and the HSE have been working extensively over the last number of years to develop new on-line services through the use of digital tools with many new services up and running on a pilot basis throughout the country well in advance of Covid-19. The HSE is well positioned now to increase service delivery through these processes that will assist service users to avail of therapies, and clinicians to deliver the services. An additional €1 Million euro has been provided to the HSE this week to increase service levels.</p> <p>Digital health applications will be helpful for the large numbers of people during this Covid-19 crisis who have common mental health conditions. Current evidence and practice suggest that digital health offers considerable potential, and some fields of application are already quite mature.</p>

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		<p>Online health applications can help to empower people with mental health conditions to engage more effectively in their recovery through self-help, access to peer support, and new ways to participate in jointly managing treatment and recovery pathways with clinicians.</p> <p>During this time in particular, additional online supports can help mental health services to address the large numbers anticipated to develop common mental health conditions as well as provide effective continuity of care for people with enduring conditions. In addition to existing supports listed on www.yourmentalhealth.ie or on the free phone mental health line 1800 111 888, the Department of Health are working with a digital online team in HSE to provide several online solutions for supporting people in need.</p> <p>The stepped care approach has been resourced by €1 million to provide:</p> <ol style="list-style-type: none"> 1. Additional crisis textline supports 2. Additional online counselling capacity (5,000 sessions per month and more if needed) 3. Online life skills supports 4. Online peer group supports <p>Many of these additional evidence-based supports can be expanded based on need.</p>
190	Pat Buckley	<p>To ask the Minister to provide in tabular form a breakdown of current staffing levels in the mental health services detailing the service including any additional staff in place for responding to increased challenges during the Covid19 crisis and the cost to the exchequer.</p> <p>Response from Minister of State, Jim Daly: As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
193	Thomas Gould	<p>To ask the Minister for Health if all student nurses and medical students working in hospitals during the Covid 19 crisis are receiving a salary when completing hours as part of their work placement.</p>

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		<p>Response: Concerning student nurses, all first, second and third year nursing and midwifery students that work as temporary Health Care Assistants in our public health service (including hospitals) shall be paid at point one on the Health Care Assistant pay scale. Fourth year nursing and midwifery students shall continue with their paid intern placement, though shall be temporarily paid at point one on the Health Care Assistant pay scale. These temporary contracts and changes will support the front-line response during this public health emergency and are for three months duration only.</p> <p>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> <p>Arrangements have also been put in place to bring forward the commencement of the 'Intern year' for graduating doctors from July to May and to extend the period of the internship to 14 months. In addition, approval has been given to increasing the number of available Intern places by nearly 50% - 734 to 1,100.</p>
195	Johnny Mythen	<p>To ask the Minister for Health if all student nurses, many whom have not received pay to date, will have their remuneration be backdated and paid as soon as possible.</p> <p>Response: I recently approved the temporary hiring of student nurses and midwives as Health Care Assistants as part of the front-line response during the COVID-19 public health emergency. This initiative follows intensive collaboration between the Department of Health, HSE, Nursing and Midwifery Board of Ireland and the Higher Education Institutes to protect and provide options for continued student nurse and midwifery education and training during this emergency period. This initiative also enables the provision of significant numbers of additional Health Care Assistants to help meet the expected increased demands on our health service during this public health emergency.</p> <p>In normal circumstances, first, second- and third-year students are not paid as part of their education. This initiative will protect their education and training while providing paid employment during the present public health emergency.</p> <p>The HSE began a rapid implementation of this initiative last week, including the activation of the applications process. Student nurses / midwives that avail of these temporary roles can commence work from Tuesday, 14th April.</p> <p>Those first, second and third year nursing and midwifery students that take up these roles shall work as Health Care Assistants in our public health service and paid at point one on the Health Care Assistant pay scale.</p> <p>It is important to note that fourth year nursing and midwifery students are also part of this initiative and shall continue with their paid intern placement, now temporarily paid at point one on the Health Care Assistant pay scale.</p> <p>These temporary contracts and changes are for three months duration only.</p>

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196	Johnny Mythen	<p>To ask the Minister for Health what additional transport & accommodation measures have been put in place for frontline workers during the Covid 19 health crisis and if free public transport for them has been considered during this period</p> <p>Response: The HSE are making available, temporary accommodation, close to an employee's place of work for healthcare workers affected by COVID19. This initiative will assist eligible healthcare workers to reduce interactions with others and prevent the spread of coronavirus in hospitals, in the community and in residential settings.</p> <p>Temporary accommodation provided will be located as close as possible to the place of work, and where transport is required, local arrangements will be made.</p> <p>Further details about this initiative is publicly available on the HSE's website (link below). https://healthservice.hse.ie/staff/news/coronavirus/temporary-accommodation-for-healthcare-workers-during-covid-19.html</p>
199	Imelda Munster	<p>To ask the Minister for Health to provide figures for each of the last three weeks, in tabular form, to include the number of patients in hospitals suffering from Covid-19 that were admitted from nursing homes; how many people who have tested positive for Covid-19 are residents of nursing homes; and the number of people who have died from Covid-19 in nursing homes or other institutions excluding hospitals</p> <p>Response: As this is a service matter relating to hospital admission data and health protection surveillance data, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
200	Imelda Munster	<p>To ask the Minister for Health, given reports that nursing homes have been instructed not to call for ambulances in cases where residents become seriously ill from Covid-19, if he will confirm exactly what advice has been given to nursing home owners and staff regarding protocols for calling emergency services with a view to admitting patients to hospital in cases where residents become seriously ill with Covid-19?</p> <p>Response: HSE guidelines aim to assist staff in residential care facilities, including nursing homes, in their management of COVID-19 cases, including in relation to decisions on transfer of residents, to hospitals, where appropriate. The HSE through the Health Protection Surveillance Centres has developed an extensive body of guidance and support tools to assist staff in residential care facilities, including nursing homes, in their management of COVID-19 cases, including in relation to decisions on transfer of residents, to hospitals, where appropriate. The current relevant guidelines are the: "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units" The principle of the right care in the right place at the right time applies. Nursing homes are people's home and in general residents with or without COVID-19 diagnosis should be managed in their facilities unless transfer to hospital is deemed clinically appropriate and will confer additional benefit. Decisions to transfer are clinical decisions made on a case by case basis by senior staff and the</p>

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		<p>attending doctor usually the GP. Decisions should always be made in conjunction with the person, their families and their advanced care plans.</p> <p>I have received confirmation from the Director of the National Ambulance Service that no such instruction was issued by NAS that nursing homes should not call for ambulances in cases where residents become seriously ill from Covid-19.</p>
201	Imelda Munster	<p>To ask the Minister for Health to clarify exactly what provisions have been made for PPE in residential care facilities and nursing homes and if he will outline the protocols staff are to follow, and the amount of aprons, masks, gloves and other types of PPE that have been made available to these facilities</p> <p>Response: As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
209	Aengus Ó Snodaigh	<p>To ask the Minister for Health will the Department clarify the situation of people with a disability who normally reside in a residential care centre but have temporarily moved home due to COVID 19; are they still expected to make a 'long stay contribution' towards the cost of their accommodation, maintenance, heating, groceries etc while they are not living in the centre (i.e. the Residential Support Services Maintenance and Accommodation Contributions)?</p> <p>Response: Residential support services maintenance and accommodation contributions (under section 67C of the Health Act 1970) do not apply to any persons, regardless of disability status, who move out of accommodation in which they receive residential support services provided by or on behalf of the HSE into a private family home setting in which they do not receive such residential support services.</p>
239	Stephen Donnelly	<p>To ask the Minister for Health if moving private sector consultants to HSE post-2012 A contracts means they will be paid more than some existing HSE consultants, the number of existing HSE consultants who will be earning less, if he believes this is reasonable, and if he will make a statement on the matter.</p> <p>Response: Consultants recruited from the private hospitals on a temporary basis are being employed under HSE 'post-2012 Type A contracts' and they will not be paid more than existing HSE consultants holding Type A contracts. My Department has formally confirmed this position to the IHCA and IMO.</p> <p>The Government has agreed a framework whereby private hospitals will operate effectively as public hospitals for the duration of the COVID Emergency. To support this, consultants who have been working exclusively in these private hospitals are being offered HSE Type A contracts. As Type A contract holders, the consultants concerned will not be allowed engage in private practice. The temporary contract of employment is the prevailing contract offered to existing consultants who have been recruited to work as Type A consultants in the public only system; the 'post-2012 Type A' consultant contract, amended only to reflect the temporary nature of the contract. The pay scales for this contract are the scales already in place for serving 'post-2012 Type A' consultants.</p> <p>The pay scales for serving Type A contract holders are higher than the scales for serving Type B, Type B* or Type C contract holders, as these contracts permit the holders engage in on-site private practice, with the B* and C contracts also allowing off-site private</p>

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		practice. Given the significant changes in train concerning the delivery of care in our acute hospitals and that the levels of private practice activity may be affected, the HSE has agreed interim arrangements under which such contract holders may apply to switch to a Type A contract on a temporary basis for the duration of the current unique arrangements.
246	Stephen Donnelly	<p>To ask the Minister for Health how many nurses, midwives, doctors and other clinicians have been hired temporarily as part of the HSE's efforts to scale up Ireland's COVID-19 capacity, including people who have retired and people who are returning from abroad, including numbers for those with intensive care experience, and if he will make a statement on the matter.</p> <p>Response: I have asked the HSE to respond directly to the Deputy on this matter.</p>
247	Stephen Donnelly	<p>To ask the Minister for Health how many nurses, midwives, doctors and other clinicians hired temporarily as part of the HSE's efforts to scale up Ireland's COVID-19 capacity, have been deployed to hospitals, nursing homes, hospices and other settings, and if he will make a statement on the matter.</p> <p>Response: I have asked the HSE to respond directly to the Deputy on this matter.</p>
250	Stephen Donnelly	<p>To ask the Minister for Health how many private sector consultants have signed up to the proposed HSE contracts, and if he will make a statement on the matter.</p> <p>Response: I have asked the HSE to respond directly to the Deputy on this matter.</p>
259	Stephen Donnelly	<p>To ask the Minister for Health if staff in mental health facilities are being prioritised for testing, how many are waiting for test results, and for details of the time they are waiting, including average, median and quartile days waiting, and if he will make a statement on the matter.</p> <p>Response from Minister of State, Finian McGrath: As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
260	Stephen Donnelly	<p>To ask the Minister for Health for details of supports being provided to mental health services, including inpatient centres, and if he will make a statement on the matter.</p> <p>Response from Minister of State, Jim Daly: As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
270	Stephen Donnelly	<p>To ask the Minister for Health if he will confirm the commitment to funding for nursing homes residents in the private and voluntary sector will be administered by the NTPF without qualification, and if he will make a statement on the matter.</p> <p>Response:</p>

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A temporary Covid-19 Financial Support Scheme has been established to support the critical services provided by nursing homes. The scheme will provide a temporary assistance payment, which is offered to further support private and voluntary nursing homes to action measures to further militate against a COVID-19 outbreak and be capable of managing an outbreak in terms of providing safe staffing and a safe environment, should an outbreak occur.

The core concept of the scheme is that the State will provide additional funding to those nursing homes that require it. It is envisaged that the scheme will operate for a 3- month period. It will be reviewed after the first month's operation.

There will be two component parts of the Scheme which will be integrated:

- assistance for nursing homes subject to a standard threshold;
- enhanced outbreak assistance business case (for the same period) in the event of COVID-19 outbreak.

In the provision of this financial support, which consists of significant exchequer expenditure, there is an obligation to have in place robust control and validation processes. Therefore, there will be an oversight and control framework in place. Every effort is being made to balance the responsiveness of the Scheme with the duties and requirements associated with public spending.

Under the standard support component, funding may be provided to each applicant nursing home for Covid-19 related measures and associated expected costs for the month. The maximum level of financial support under the Scheme will be calculated by reference to the number of NHSS residents in the nursing home at a specified time. The standard assistance payment cap is calculated as follows:

- €800 per Nursing Homes Support Scheme (NHSS) resident per month for the first 40 residents;
- €400 per NHSS resident per month for the next 40 residents;
- €200 per NHSS resident per month for each subsequent resident.

Where a nursing home has incurred significant further costs or undertaken necessary enhanced actions arising directly from a Covid-19 outbreak, a nursing home may submit a separate business case for enhanced assistance.

There is an overall monthly funding cap, which is the maximum amount that may be paid in respect of each month to a Nursing Home under the Scheme. This amount applies to the aggregate of payments under the Standard Assistance Payment and the Outbreak Assistance Payment. It is equal to the lower of:

- twice the Standard Assistance Payment Cap for the month;
- the amount of €75,000;

The Scheme opened for applications on 17th April 2020.

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To ask the Minister for Health why it took so long to meet representatives of private nursing homes, particularly given the rise of clusters of COVID-19 in nursing homes and the vulnerable nature of residents, and if he will make a statement on the matter.

Response:

I can assure the House that prior to, and since my meeting with Nursing Homes Ireland on 30 March 2020, officials across my Department have been in on-going extensive communication with the representative body for the private and voluntary nursing home sector during these challenging times. The HSE has also been regularly engaging with the representative body since January. The CEO of the HSE met with the CEO and Chairman of Nursing Homes Ireland in mid-February where the HSE committed to providing all possible assistance and, at the same time, the NHI committed to ensuring that their members were prepared to the highest degree possible for what lay ahead.

The challenges in the nursing home sector remain an absolute priority in the overall response to COVID-19. Actions and measures to support nursing homes and their residents have been taken early in line with international WHO and ECDC guidance and have evolved quickly and decisively at various milestones on foot of epidemiological data and evidence. Measures for nursing home residents have evolved from enhanced general infection prevention measures such as handwashing and respiratory etiquette to social distancing to visitor restrictions and to cocooning. A range of enhanced measures were recommended by NPHET on 31st March and 3rd April. These include actions to strengthen HSE national and regional support structures, actions focused on reducing transmission of the disease such as prioritisation of staff for screening, and access to specific training and PPE for providers. Additionally, a significant package of guidance tools developed in accordance with international guidance are available to support and guide planning for and responses to COVID-19 in nursing homes. In addition, on 17 April, the National Public Health Emergency Team met to continue its ongoing review of Ireland's response to COVID-19 and its decisions included:

- To expand testing capacity to 100,000 tests per week operating on a seven-day week basis for a minimum of six months;
- Over the course of the following 7-10 days, testing of staff and residents in all Long-Term Residential Care (LTRC) facilities to be prioritised;
- A census of mortality across all LTRC facilities to be carried out during the weekend ending Sunday 19 April 2020 to cover all deaths, COVID-19 and non-COVID-19 since 1st January 2020, regardless of where the death occurred.

A Temporary Financial Assistance Scheme is also established and open to applications from nursing homes, which represents significant financial support, in addition to the other supports.

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Stephen Donnelly

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		We all share a common goal to protect our older people, wherever they are living and I welcome the continued engagement between my Department, its agencies and Nursing Homes Ireland in pursuance of this goal. I have had further direct contact with NHI over the last couple of days and I am committed to continuing this level of engagement.										
284	Stephen Donnelly	<p>To ask the Minister for Health the number of urgent and non-urgent referrals to cancer rapid access clinics in March 2020 and March 2019, and if he will make a statement on the matter.</p> <p>Response: Data is not yet available on the number of referrals to Rapid Access Clinics for March 2020. In 2019 the average number of referrals, per month to each of the rapid access clinics was as follows:</p> <table><tr><th>Rapid Access Clinic</th><th>Average referrals per month 2019</th></tr><tr><td>Symptomatic Breast Disease Clinics (Urgent)</td><td>1,742</td></tr><tr><td>Symptomatic Breast Disease Clinics (Non-Urgent)</td><td>1,826</td></tr><tr><td>Rapid Access Lung Clinics</td><td>300</td></tr><tr><td>Rapid Access Prostate Clinics</td><td>318</td></tr></table> <p>While the March 2020 data is not yet available, it is expected that referral numbers will be lower than the same period last year due to the Covid-19 outbreak.</p> <p>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 diagnostics services and treatment is continuing, with consideration of the risk:benefit ratio of treatment for individual patients. Guidance on Symptomatic Breast Disease Clinics and Rapid Access Clinics, medical, radiation and surgical oncology in the Covid-19 period has been issued to clinicians by the HSE's National Cancer Control Programme.</p> <p>All available data for Rapid Access Clinics are published on the HSE website once finalised. They can be accessed at: https://www.hse.ie/eng/services/publications/performance-reports/2019-performance-reports.html</p>	Rapid Access Clinic	Average referrals per month 2019	Symptomatic Breast Disease Clinics (Urgent)	1,742	Symptomatic Breast Disease Clinics (Non-Urgent)	1,826	Rapid Access Lung Clinics	300	Rapid Access Prostate Clinics	318
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290	Stephen Donnelly	<p>To ask the Minister for Health what arrangements have been put in place with private ambulance providers for transport needs during the COVID-19 crisis, and if he will make a statement on the matter.</p> <p>Response: As Deputy Donnelly will be aware, the National Ambulance Service (NAS) is fulfilling a key role as part of the HSE COVID-19 response, which includes testing, patient assessment and training, in addition to the NAS core function as the statutory provider of pre-hospital emergency care.</p> <p>I can advise that HSE Procurement and the NAS have engaged with private ambulance suppliers as part of contingency and surge planning, to ensure that business continuity and COVID-19 requirements are met. Following this engagement, the NAS has confirmed that a high-level plan has now been developed which includes consideration of the support available by the private</p>										

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		<p>ambulance services to each Hospital Group, based on the information provided. This plan has been circulated to the Hospital Groups, and the National Director of Acute Operations has requested that sites use the plan on a local basis, to the greatest extent possible, in support of service provision.</p> <p>The NAS has noted that in the interim private suppliers are being utilised by the acute sector on a continuous basis.</p>
312	Jennifer Whitmore	<p>To ask the Minister for Health, what specific supports there are for carers of young children with life-limiting conditions in terms of palliative care; if an essential point of contact can be established during COVID-19 to source essential supplies, PPE and staff to maintain continuity of care for these children; if a centralised system can be established for cases to be escalated where necessary during COVID-19; and if he will make a statement on the matter</p> <p>Response: As these are service matters, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
320	Mattie McGrath	<p>Accommodation for Health care staff who don't want to go home to vulnerable or at risk family members. Is there accommodation available for them and how do they access.</p> <p>Response: The HSE are making available, temporary accommodation, close to an employee's place of work for healthcare workers affected by COVID19. This initiative will assist eligible healthcare workers to reduce interactions with others and prevent the spread of coronavirus in hospitals, in the community and in residential settings.</p> <p>Temporary accommodation provided will be located as close as possible to the place of work, and where transport is required, local arrangements will be made.</p> <p>Further details about this initiative is publicly available on the HSE's website (link below). https://healthservice.hse.ie/staff/news/coronavirus/temporary-accommodation-for-healthcare-workers-during-covid-19.html</p>
324	Mattie McGrath	<p>Can you confirm the situation in relation to student nurses and their pay. Are they being paid, who is being paid, how much, has payment commenced etc.</p>

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Response: I recently approved the temporary hiring of student nurses and midwives as Health Care Assistants as part of the front-line response during the COVID-19 public health emergency. This initiative follows intensive collaboration between the Department of Health, HSE, Nursing and Midwifery Board of Ireland and the Higher Education Institutes to protect and provide options for continued student nurse and midwifery education and training during this emergency period. This initiative also enables the provision of significant numbers of additional Health Care Assistants to help meet the expected increased demands on our health service during this public health emergency.

The HSE began a rapid implementation of this initiative last week, including the activation of the applications process. Student nurses / midwives that avail of these temporary roles shall commence working on Tuesday, 14th April. Payment for this work shall follow in due course. Those first, second and third year nursing and midwifery students that take up these roles shall work as Health Care Assistants in our public health service and paid at point one on the Health Care Assistant pay scale (approx. €2,374 per month / annual salary of a HCA at point one is €28,493). Fourth year nursing and midwifery students are also part of this initiative and shall continue with their paid intern placement, now temporarily paid at point one on the Health Care Assistant pay scale.

These temporary contracts and changes are for three months duration only.

In relation to the postponement of non-essential surgeries, what is deemed essential? Are surgeries relating to cancer etc continuing, surgeries related to the breast check etc? If someone is concerned about their surgery being cancelled, what avenue is available to them, particularly where delayed surgery may delay follow up treatment.

Response: The continued delivery of essential non-covid care, including urgent surgery, is a key priority. Urgent surgeries would be time-critical and would include many cancer surgeries. Decisions on surgeries will be made following consideration of the risk:benefit ratio of treatment for individual patients.

Urgent cancer surgeries are continuing following the underpinning principles:

- a. Emergency surgery will be prioritised;
- b. All decisions on surgery will be based on clinical judgement and an individual risk assessment;
- c. Up-to-date infection prevention and control guidance will be followed; and
- d. consideration will be given to the available infrastructure in regard to theatres, ICU/HDU and surgical bed capacity in the hospital involved.

Although BreastCheck screening has paused, treatment, including urgent surgery, is continuing for patients who are already in the system.

The treating clinicians are best placed to advise individual patients in regard to their overall care.

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Mattie McGrath

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332	Brid Smith	<p>To ask the Minister for health to detail what HSE staff have been allocated to nursing homes and are these medical and nursing staff?</p> <p>Response: As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.</p>
334	Jennifer Whitmore	<p>To ask the Minister for health why there are currently only two air ambulances in operation in Ireland; if state funding will be provided to salvage one of these air ambulances run by the Irish Community Rapid Response, a charitable donation- funded volunteer group, currently facing collapse due to lack of funding during COVID-19; and if he will make a statement on the matter.</p> <p>Response: The Munster Helicopter Emergency Medical Service (HEMS) is provided by Irish Community Rapid Response under a Service Level Agreement with the HSE. Under the terms of this SLA, the ICRR committed to fund all maintenance, repairs, fuel and other expenses incurred in the provision of the transportation element of the service, while the National Ambulance Service (NAS) committed to provide the clinical staff and consumables. It was never envisaged that Exchequer funding would be required, or would be available, to subvent the ICRR service. The decision to proceed with the service arrangement was contingent on the contribution of the charity to the cost of the operation of the service.</p> <p>ICRR has advised the NAS that they intend to continue to provide the service on a five-day basis for an interim period. This is welcomed, as is the NAS's commitment to continue to engage with ICRR on an ongoing basis.</p> <p>I would like to assure Deputy Whitmore that the Emergency Aeromedical Service (EAS), which is operated by the NAS in conjunction with the Air Corps, also provides HEMS coverage from its base at Custume Barracks, Athlone. I would also like to acknowledge the reserve HEMS cover provided by the Irish Coast Guard (IRCG) from its bases in Waterford, Shannon, Sligo and Dublin, which it provides in addition to its primary search and rescue function.</p>