

Response to Dáil Members Covid-19 queries – 20 April 2020.

335	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.</p> <p>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> <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> <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>
336	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, and if he will make a statement on the matter? 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>
337	Imelda Munster	<p>To ask the Minister for Health if he will confirm how much PPE, with a breakdown by type (i.e. gloves, masks, aprons etc) has been provided to staff at St John of God’s facility in Drogheda?</p> <p>Response: As the Deputy’s question relates to a local service issue, I have arranged for the question to be referred to the Health Service Executive for direct reply to the Deputy.</p>

Response to Dáil Members Covid-19 queries – 20 April 2020.

338	Neasa Hourigan	<p>To ask the Minister for Health why mental health service staff are being mandated to continue offering face to face appointments with clients for standard (non acute) community support when this support can be provided over the phone/video call, and why in some CHOs, for instance in Cork/Kerry mental health services, staff are being prevented from working from home. Furthermore, what additional protections or exemptions from duties will be offered to staff who have family members with high risk conditions.</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>
339	Neasa Hourigan	<p>To ask the Minister for Health what PPE provision is in place for health care and community workers in community and private home settings and whether updated guidelines in this are available.</p> <p>Response: At its meetings on March 31st and April 3rd, the National Public Health Emergency Team (NPHE) agreed a series of enhanced public health measures should be introduced across the community to support long term residential care and home support services. These measures include ensuring PPE supply to long term residential care settings and home support providers and supporting access to the provision of training for staff in infection prevention and control. The HSE has been asked to implement these measures as a matter of urgency.</p> <p>Appropriate evidence-based guidance to support the work of health and social care providers on a range of issues including infection prevention and control has been developed by both the HSE and the Health Protection Surveillance Centre (HPSC) and is updated regularly as appropriate and made available on their websites.</p>
340	Louise O'Reilly	<p>To ask the Minister for health the number of COVID19 swabs taken.</p> <p>Response: As of midnight Monday 13 April, 90,646 tests have been carried out. Of these tests:</p> <ul style="list-style-type: none"> • 62,952 have been completed in Irish laboratories • 27,694 completed in a laboratory in Germany <p>Details of tests undertaken up to Monday 20 April will be made available on Tuesday 21 April.</p> <p>As the Deputy will be aware, sampling for COVID-19 is undertaken in hospitals, community testing centres and by the National Ambulance Service. The Department does not have composite figures for the number of swabs taken to date across all settings. This request has been referred to the HSE and a response will be forwarded to the Deputy as soon as possible.</p>

Response to Dáil Members Covid-19 queries – 20 April 2020.

341	Louise O'Reilly	<p>To ask the Minister for health the number of people awaiting tests for COVID19 on the 23rd of March, the 30th of March, and the 6th of April.</p> <p>Response: I appreciate that there were delays initially for test appointments and more recently there were delays in the laboratory testing process. These delays were largely due to difficulties in accessing necessary materials such as testing kits, reagents etc. These are challenges that are being experienced in many countries.</p> <p>The HSE has been working intensively to address these challenges. The HSE advise that capacity within community testing centres is now sufficient to meet current referral demand from GPs and a sufficient supply line of swabbing kits is available. The time from GP referral to receiving a swabbing appointment has been reduced from an average peak of 6 days to just over 24 hours currently. There has also been a significant increase in laboratory testing, including the use of a German laboratory, and HSE has advised that the remaining backlog of samples has been eliminated. HSE also advise that there is now sufficient laboratory capacity to meet current demand.</p> <p>In addition, HSE advise that hospitals are undertaking up to 1,500 tests per day and that turnaround times within a hospital setting are normally 24-48 hours.</p> <p>The Department does not have detailed information on the numbers waiting for tests on the dates identified. This request has been referred to the HSE and a response will be forwarded to the Deputy as soon as possible.</p>
342	Louise O'Reilly	<p>To ask the Minister for health the number of people awaiting a COVID19 test on March 23.</p> <p>Response: Please see response at 341 above.</p>
343	Louise O'Reilly	<p>To ask the Minister for health how many COVID19 swabs taken have been discarded and if so were the people involved told and by what means were they advised e.g. text telephone call etc.</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>
344	Louise O'Reilly	<p>To ask the Minister for health the total number of COVID19 tests completed.</p> <p>Response: Please see response at 340 above.</p>

345	Louise O'Reilly	<p>To ask the Minister for health the number of pending COVID19 tests.</p> <p>Response: Please see response at 341 above.</p>
346	Louise O'Reilly	<p>To ask the Minister for health the percentage of PPE delivered, deemed suitable but only delivered in sizes small and extra small.</p> <p>Response: From the commencement of Ireland's National Response to COVID-19, my Department has been working alongside the HSE, Health Products Regulatory Authority, Health and Safety Authority and all relevant stakeholders so as to identify the current and projected national demand for PPE and engage in all efforts to meet those requirements. These efforts have included identifying and enhancing existing supply chains as well as opening new channels of supply with cross – Departmental support and assistance as required.</p> <p>It must be acknowledged that the task Ireland faces in sourcing PPE, in the most competitive and highly volatile global market, continues to be unprecedented and all parties involved are striving to address the health service's priority needs in the context of escalating global demand, constrained supply and lengthy supply chains, amongst other challenges. The sourcing challenge is increasingly difficult as the number of cases worldwide continues to escalate and the major supply line that the HSE has secured from China is an essential mechanism for sustained supply.</p> <p>The first batch of PPE ordered from China has been delivered to the HSE. A small proportion of this order was re-classified as a different type of PPE to that which was ordered, with respect to the intended purpose and was put into service in that regard.</p> <p>You will appreciate that a procurement project of this scale and complexity will naturally present some issues. Any issues which presented with batch order number one have been rectified for batch order number two with the HSE's primary PPE supplier and the HSE has confirmed that this primary PPE supplier has been exceptionally co-operative in taking these issues on board.</p> <p>The HSE has introduced a process whereby PPE received into the country is held and not distributed until a suitability assessment is conducted by National Infection Prevention and Control Team. Once approved, the product it is then released through the distribution system.</p> <p>The HSE has stated that they are very grateful to their Chinese partners for facilitating their needs and look forward to receiving further quantities of materials from this source over the coming weeks. The HSE has confirmed that this primary PPE supplier will replace any product deemed to be unsuitable.</p>

		<p>It is important to note also, that there has been significant work conducted in relation to enhancing existing and facilitating new and additional, domestic production of PPE, as much as possible and this has been a cross-Departmental effort. It is recognised however, that there will continue to be reliance on international supply chains in order to secure sufficient PPE to meet national demand on a sustained basis.</p>																				
349	Louise O'Reilly	<p>To ask the Minister for Health how many Community Assessment Hubs will be opened to deal with COVID19 and where will they be located.</p> <p>Response: It is intended to establish a network of up to 39 hubs across the country as required, with a focus on achieving appropriate geographical spread to meet local demands. Hubs have been and will be established in Primary Care centres and other suitable buildings in each CHO.</p> <p>The purpose of the Covid-19 Community Assessment Hub is to provide patients with Covid-19 or suspected Covid-19 with the clinical support to enable them to manage their symptoms safely at home. However, if required, the clinical team may also facilitate timely transfer of patients to either acute hospitals or community isolation units.</p> <p>As of 18th April, Community Assessment Hubs are operational in 16 locations as listed in the table below:</p> <table border="1" data-bbox="519 762 1167 1137"> <thead> <tr> <th>CHO</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>CHO1</td> <td>Letterkenny, Monaghan</td> </tr> <tr> <td>CHO2</td> <td>Galway</td> </tr> <tr> <td>CHO3</td> <td>Shannon, Limerick</td> </tr> <tr> <td>CHO4</td> <td>Cork</td> </tr> <tr> <td>CHO5</td> <td>Kilkenny, Waterford</td> </tr> <tr> <td>CHO6</td> <td>Cabinteely, Clonskeagh, Wicklow</td> </tr> <tr> <td>CHO7</td> <td>Clondalkin</td> </tr> <tr> <td>CHO8</td> <td>Athlone, Drogheda, Slane</td> </tr> <tr> <td>CHO9</td> <td>DCU</td> </tr> </tbody> </table> <p>It should be noted that although formal planning is on the basis of opening 39 hubs, this is an evolving situation and it is not certain that this number will actually be required. Hubs will become operational in response to demand, thereby avoiding a situation where staff and/or equipment are not being fully utilised in any given location. With this caveat, the full list of 39 potential hub sites is provided below:</p> <ul style="list-style-type: none"> • District Hospital, Athy Road, Carlow • Ballinagh Health Centre, Ballinagh, Co Cavan • Shannon Health Centre Town Centre, Shannon, Co Clare 	CHO	Location	CHO1	Letterkenny, Monaghan	CHO2	Galway	CHO3	Shannon, Limerick	CHO4	Cork	CHO5	Kilkenny, Waterford	CHO6	Cabinteely, Clonskeagh, Wicklow	CHO7	Clondalkin	CHO8	Athlone, Drogheda, Slane	CHO9	DCU
CHO	Location																					
CHO1	Letterkenny, Monaghan																					
CHO2	Galway																					
CHO3	Shannon, Limerick																					
CHO4	Cork																					
CHO5	Kilkenny, Waterford																					
CHO6	Cabinteely, Clonskeagh, Wicklow																					
CHO7	Clondalkin																					
CHO8	Athlone, Drogheda, Slane																					
CHO9	DCU																					

Response to Dáil Members Covid-19 queries – 20 April 2020.

- | | | |
|--|--|---|
| | | <ul style="list-style-type: none"> • St Mary's Health Campus, Baker's Road, Gurrabraher, Cork • Ballincollig Primary Care Centre, Old Fort Road, Ballincollig, Cork • Mallow Gilbert Centre HSE Assessment Hub, New Road Mallow, Co Cork • Bantry Primary Care Centre, Droumleigh South, Bantry, Co Cork • Community Inclusion Hub, Kilmacrennan Road, Letterkenny, Co Donegal • Cabinteely Health Centre, Meadow Vale, Blackrock, Co Dublin • Gate Lodge, Clonskeagh Hospital, Clonskeagh Road, Dublin 6 • Steeple House Primary Care Centre, Thornfield Square, Clondalkin, Dublin 22 • Rialto Primary Care Centre, 379-383 South Circular Road, Dublin 8 • Millbrook Lawns Health Centre, St Dominick's Rd, Tallaght, Dublin • Edenmore, Tonleage Road, Raheny, Dublin 5 • Cuan Aoibheann, St Marys Hospital Phoenix Park, Dublin • Old Health Centre, 14 Hampton Street, Balbriggan, Co Dublin • Central Remedial Clinic, Penny Ansley Building Clontarf, Vernon Avenue, Dublin • Navan Road Primary Care Centre, Navan Road Dublin 7 • Dublin City University Medical Centre, DCU, Dublin • Unit 3, Merlin Park University Hospital, Dublin Road, Galway • Castleisland Primary Care Centre, Kealgorm House, Limerick Rd, Castleisland, Co Kerry • Enable Ireland, Jigginstown, Naas Co Kildare • 7 Old Newbridge Health Centre, Henry Street, Newbridge, Co Kildare • Kilcreene Hospital Kilcreene, Kilkenny • St Fintan's (former Midoc), Stradbally Road, Portlaoise, Co Laois • Southhill Health Centre, 291A Donough O'Malley Park, Limerick • Longford Primary Care Centre, Flancare Business Park, Athlone Road, Longford • Social Inclusion Building, Drogheda Industrial Park, Denore Road, Drogheda, Co Louth • Community Assessment Hub, County Clinic Westport Road, Castlebar, Co Mayo • Slane Health Centre, Chapel Street, Slane, Co Meath • Crannog Day Care Centre Bree, Castleblayney, Co, Monaghan • Clara Health Centre, The Green, Clara, Co Offaly • Sligo Community Assessment Hub, Ballytivnan Training Centre, Clarion Road, Co Sligo • Cahir Primary Care Centre, Rosemount Close, Cashel Road, Cahir, Co Tipperary • Roscrea Primary Care Centre Grange, Templemore Road, Roscrea, Co Tipperary |
|--|--|---|

Response to Dáil Members Covid-19 queries – 20 April 2020.

		<ul style="list-style-type: none"> • University Hospital Waterford, Dunmore Road, Waterford • Clonbrusk Resource Centre, Clonbrusk, Athlone Co Westmeath • Wexford General Hospital, Newtown Road, Carricklawn, Wexford • Glenside (Old Ambulance Base) Wicklow District Hospital, Colley Street, Co Wicklow
350	Louise O'Reilly	<p>To ask the Minister for Health the total number of nurses and midwives operating in the health service currently.</p> <p>Response: The most up to date figures for the total numbers of nurses, midwives and consultants currently employed in the health service can be found in the February Health Service Employment Report on this page: https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/health-service-employment-report-feb-2020.pdf</p> <p>This report is published monthly. There is no central database providing live reports, so the monthly report shows static figures in arrears. This information is collated from multiple systems nationwide, and requires a period of three weeks to compile and publish. The March figures will be published shortly on: https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/national-reports.html</p>
351	Louise O'Reilly	<p>To ask the Minister for Health the total number of consultants operating in the health service currently.</p> <p>Response: Please see response at 350 above.</p>
353	Michael Lowry	<p>Are the Irish Coronavirus death figures calculated based on people who are dying with Coronavirus or of Coronavirus?</p> <p>Response: Under the Infectious Diseases Regulations 1981, and subsequent amendments, the Health Protection Surveillance Centre is authorised by law to collect information from doctors and laboratories, via Medical Officers of Health, about diagnoses of certain infectious diseases in Ireland. These diseases are referred to as notifiable diseases.</p> <p>The most recent amendment to the Regulations is the Infectious Diseases (Amendment) Regulations 2020 (S.I. No. 53 of 2020) added COVID-19 to the list of notifiable diseases.</p> <p>Reported mortality figures relate to persons who have died and who had a laboratory confirmation of novel coronavirus which was notified to the HSE Health Protection Surveillance Centre.</p>

354	Michael Lowry	<p>Are the Irish predictions which have brought about this lockdown situation based on figures in other countries of people dying with or of Coronavirus?</p> <p>Response: The National Public Health Emergency Team (NPHE) in the Department of Health is monitoring all aspects of the outbreak of COVID 19 in Ireland and internationally. A broad range of indicators, including mortality, influence its assessment of the epidemic as it develops in Ireland– other important parameters include the rate of transmission, degrees of severity, rates of hospitalisation, and rates of recovery.</p> <p>One element of the NPHE programme of work includes examining the projected epidemiology of the disease using modelling. The has been established as a sub-group of NPHE for the duration of the public health emergency. The objective of the group will be to expand the mathematic modelling capacity, using data from outbreaks already seen in other affected countries and informed by Irish surveillance data and demographics, to predict the likely impact and enable evidence-based decisions on how best to respond to COVID-19. The group has established active networks to facilitate collaboration internationally and on an all-island basis.</p> <p>At this time, the group has developed multiple epidemiology models which use a range of parameters and adjust for multiple scenarios. Given the early stage of the COVID 19 outbreak in Ireland, there is currently no singular output from the group and the outputs change on a daily basis as new data on confirmed cases, hospitalisations, ICU admissions, and deaths continue to inform the analysis.</p> <p>The analysis also changes significantly with each change in either public health measures and/or public compliance with those measures. This is because the projected course of the disease is entirely dependent on maintaining reductions in the rate of transmission. This rate of transmission in Ireland is not static and analysis is also underway to observe how it has changed over time and is currently changing.</p> <p>The initial modelling analysis developed under NPHE has demonstrated that an unmitigated or partially mitigated epidemic would have overwhelmed the health system. The public health measures recommended by NPHE and implemented by the Government to date have therefore had a strongly positive impact on the course of this outbreak in Ireland.</p> <p>It would not be useful or informative at this time to share the changing technical details or assumptions of the modelling work underway as requested for the reasons outlined above. As this work develops and its outputs are approved by NPHE, these outputs will continue to be communicated in the context of how they, together with other important indicators including rates and patterns of transmission, degrees of severity, rates of hospitalisation, mortality, guidance from the WHO and ECDC and the experiences with this disease as reported internationally, inform future NPHE recommendations.</p>
-----	---------------	---

Response to Dáil Members Covid-19 queries – 20 April 2020.

355	Michael Lowry	<p>Are the Irish government’s predictions taking into account the particular situations in other countries (e.g. Germany’s very low death rate of approx. 0.8%; the fact that Italy has one of the oldest populations in Europe and Ireland one of the youngest; the fact that parts of Italy’s ICU sector was already described as being on the point of collapse in January 2018 because of seasonal influenza...)?</p> <p>Response: Please see response at 354 above.</p>
356	Michael Lowry	<p>Has there been an actual increase in overall mortality rates for Ireland this year compared with previous years?</p> <p>Response: Official statistics on overall mortality rates in Ireland are published by the Central Statistics Office (CSO) in their quarterly Vital Statistics releases. Data on deaths is based on death registrations with the General Register Office. Due to the three month period allowed to register a death in Ireland, as well as data quality and validation processes, quarterly statistics on deaths are usually published five to six months after the end of a quarter. The most recently published data is for Quarter 3 2019 (published on 13 March). It is therefore not currently possible to compare 2020 mortality rates with previous years.</p>
357	Michael Lowry	<p>Has there been an increase in the number of “Influenza Like Illnesses” infections in Ireland this year in comparison with other years? Has there been an increase in the number of deaths from such illnesses?</p> <p>Response: As this question relates to operational matters falling within the responsibilities of the HSE’s Health Protection Surveillance Centre (HPSC), I have forwarded it to the HPSC for direct reply.</p>
359	Norma Foley	<p>Can the Minister confirm if there are plans for additional Covid 19 Community Assessment Hubs for Kerry?</p> <p>Response: It is intended to establish a network of up to 39 hubs across the country as required, with a focus on achieving appropriate geographical spread to meet local demands. Hubs have been and will be established in Primary Care centres and other suitable buildings in each CHO.</p> <p>The purpose of the Covid-19 Community Assessment Hub is to provide patients with Covid-19 or suspected Covid-19 with the clinical support to enable them to manage their symptoms safely at home. However, if required, the clinical team may also facilitate timely transfer of patients to either acute hospitals or community isolation units.</p> <p>It should be noted that although formal planning is on the basis of opening 39 hubs, this is an evolving situation and it is not certain that this number will actually be required. Hubs will become operational in response to demand, thereby avoiding a situation where staff and/or equipment are not being fully utilised in any given location. With this caveat, the potential Community Assessment Hub will be located at Castleisland Primary Care Centre, Kealgorm House, Limerick Rd, Castleisland, Co Kerry.</p>

Response to Dáil Members Covid-19 queries – 20 April 2020.

360	Jennifer Whitmore	<p>If the National Public Health Emergency Team can provide an update regarding the new childcare system being put in place for frontline workers; if any further information can be given on the types of staff the new system applies to (ie: healthcare, or all essential workers?) and what age group of children will be included in the new scheme (ie: is it the case that children 12 years or older won't be eligible?).</p> <p>Response: Provision of access to childcare for essential healthcare workers continues to remain under review by the Government and NPHET. Several options to support essential workers who require support with childcare are under consideration, with provision pathways and public health requirements being reviewed for each.</p>
363	Jennifer Whitmore	<p>What supports are available to those parents of children with special needs whose children are experiencing self-harm, mental breakdowns and speech and language regression.</p> <p>Response: The outbreak of Covid-19 throughout the world is a source of significant stress, anxiety, worry and fear for many people. The Department of Health and the HSE are working to ensure the positive mental wellbeing of everyone and an additional €1 million euro has been provided to the HSE this week to increase mental health service levels.</p> <p>The HSE delivers and funds a wide range of mental health and psychosocial support services and is planning a further range of initiatives and service expansions, including through psychosocial management teams in each HSE region. In addition, NGOs currently funded by the HSE are being supported and encouraged to develop updated responses to the Covid-19 outbreak. Services are listed on the HSE website, www.yourmentalhealth.ie, and information on available services is also provided through the free mental health telephone information line, 1800 111888.</p> <p>The HSE is continuing to provide all community services, in so far as possible, while following Covid-19 guidelines to ensure the protection of patients and staff.</p> <p>In March, the HSE National Office for Suicide Prevention launched, on its Connecting for Life website, an information page on mental health supports during Covid-19. Parents can find information for themselves and their children on this page if experiencing difficulty at this time.</p> <p>In a crisis, when someone might harm themselves, harm someone else, or is vulnerable to suicide, it is important to get help as quickly as possible for themselves or the person they are concerned about. Help can be found through:</p> <ul style="list-style-type: none"> • A GP, who can refer a patient to the HSE mental health services or CAMHS • Hospital emergency services, who can give immediate treatment and refer the patient to the HSE mental health services or CAMHS • HSE mental health services or CAMHS if the individual is already a patient

Response to Dáil Members Covid-19 queries – 20 April 2020.

		<p>In addition, HSE partner organisations provide invaluable support through listening services. For example, the Samaritans are available 24 hours a day, 7 days a week for anyone struggling to cope. Their contact details are:</p> <ul style="list-style-type: none"> • Free call 116 123 in the Republic of Ireland • Email jo@samaritans.ie <p>As previously mentioned, yourmentalhealth.ie provides information on supports in all local areas, and information on what to do when someone is feeling suicidal or at risk of self-harm.</p>
364	Jennifer Whitmore	<p>What considerations have been given to retain the July Provision under COVID-19 restrictions.</p> <p>Note: Response to issue from Department of Education & Skills.</p>
365	Jennifer Whitmore	<p>If the Minister will outline the process and timeframes in relation to contact tracing for those tested positive for COVID-19.</p> <p>Response: Ireland is adopting a robust process of contact tracing as a key public health strategy for containing and slowing the spread of COVID-19, as advocated by the World Health Organisation, the European Centre for Disease Prevention and Control and many countries. The purpose of identifying and managing the contacts of probable or confirmed COVID-19 cases is to rapidly identify secondary cases that may arise from transmission from the primary known cases and to intervene to interrupt further onward transmission. This work will become even more important when current restrictions are relaxed and therefore rapid contact tracing underpinned by robust information systems are crucial.</p> <p>There are 3 stages involved in contact tracing. The first is a call by a clinician to patients to let them know of their positive result and provide them with information and advice. A second call is made by a contact tracer to collect the details of the patient's known contacts. A call is then made to each contact to alert them of their contact with someone with Covid-19 and advising them to restrict their movements and to monitor and report any onset of symptoms.</p> <p>Contact tracing is a complex process in which contacts in the community, hospitals and residential care settings are being traced. This work is taking place in newly established Contact Tracing Centres, in Public Health Departments and in hospitals and community based residential care settings and involves public health staff, occupation health, infection prevention and control and a host of recently trained resources from across the public service. The level of resources supporting contact tracing has increased significantly in recent weeks and an IT system, the Covid Case Tracker, has been built to underpin this work. The contact tracing process is therefore still being refined and optimised.</p>

Response to Dáil Members Covid-19 queries – 20 April 2020.

		<p>NPHT has recommended a number of changes to contact tracing policy to respond to international advice, and also testing policy and constraints. For example, at its meeting on 31 March 2020, it extended contacting tracing to suspect cases within prioritised groups and to encompass the period from 48 hours prior to the onset of symptoms given the risk of asymptomatic transmission.</p> <p>Significant resources from across the public service have been identified for deployment to newly established Contact Tracing Centres with 9 Centres now in operation and further centres have been identified to come on stream as and when required. 1,700 people have been trained to date. This includes personnel from Higher Education Institutions, civil service and agencies, army cadets and HSE staff. There has been, on average, just over 200 people deployed per day to these centres over the last week to meet the current level of cases. This is in addition to staff working in public health, occupational health and infection and prevention control.</p> <p>At present, HSE advises that calls to both confirmed cases and their contacts are being made on a close to a real-time basis once laboratory results have been notified to the HSE. It is important to note, however, that there can be difficulties in contacting people. HSE is continuing to refine and develop information systems and processes to improve the overall process.</p>
366	Jennifer Whitmore	<p>If he can outline the processes and timelines currently in place for COVID-19 testing and if he believes it sufficient enough to enable a safe exit from COVID-19 or whether he envisages the need for improvements facilitate an exit from COVID-19 restrictions.</p> <p>Response: Ireland is adopting a robust process of testing, isolation and contact tracing as a key public health strategy for containing and slowing the spread of COVID-19, as advocated by WHO, ECDC and many countries. These measures will become even more important when restrictions are lifted. Having in place a robust process with sufficient capacity is viewed as one of a number of core criteria in determining when it is safe for countries to reduce restrictive public health measures.</p> <p>The overriding aim is to have real-time testing, isolation of cases, rapid contact tracing, testing of close contacts and robust information systems, with real-time meaning happening ideally within the day or the following day.</p> <p>While testing is limited at present to a number of priority groups meeting the current case definition (aligned to the WHO case definition), any future decision in relation to the relaxation of current physical distancing measures will have to be accompanied by an extension in the target groups for testing. This will inevitably lead to a much greater demand for testing.</p> <p>Significant progress has already been made in a very short space of time to develop the required capacity across the full testing and contact tracing process. This includes the establishment of 48 community testing hubs; a robust testing referral pathway for GPs has been put in place; significant laboratory capacity is being sourced nationally and internationally; new IT systems have been developed or modified (including Healthlink, and the new Covid Case Tracker) and large scale training of public servants in contact tracing has taken place.</p>

Response to Dáil Members Covid-19 queries – 20 April 2020.

		<p>The HSE advise that capacity within community testing centres is now sufficient to meet current referral demand from GPs and a sufficient supply line of swabbing kits is available. There has also been a significant increase in laboratory testing, including the use of a German laboratory, and HSE has advised that the remaining backlog of samples has been eliminated. HSE also advise that there is now sufficient laboratory capacity to meet current demand.</p> <p>The current efforts to develop capacity across sampling, laboratory testing and contact tracing will continue during April to build the capacity that will be needed to aggressively identify and isolate cases on a real-time basis. The HSE has appointed a senior manager, reporting directly to the CEO, to lead this work across the full process of testing and contact tracing and on-going engagement between the Department and the HSE will continue in the days and weeks ahead to ensure a robust process and sufficient capacity is in place by the end of the month.</p>
Richard Boyd Barrett		<p>Will there be increased testing for covid-19 for students who will be expected to sit their leaving certificate exams in the summer of 2020? (Transferred from Department of Education & Skills).</p> <p>Response: There are currently no plans in that regard.</p> <p>On 24 March, Ireland adopted the World Health Organisation case definition for COVID-19; which is a patient with fever and at least one sign of respiratory disease e.g. cough or shortness of breath.</p> <p>Priority groups for testing include people with specific symptoms of COVID-19 who are also:</p> <ul style="list-style-type: none"> • close contacts of a confirmed case • healthcare workers who are in the frontline and have regular patient contact • in groups most at risk of severe infection, • people who live with those in the above groups • staff and residents of nursing homes and other residential care settings and those in direct provision, homeless, Roma and travelling community settings where symptom management is difficult • pregnant women to ensure they are managed safely in hospital <p>Most recently, on 17 April, the National Public Health Emergency Team (NPHE) decided that over the course of the next 7 to 10 days, testing of staff and residents in all Long-Term Residential Care (LTRC) facilities is to be prioritised.</p> <p>The National Public Health Emergency Team NPHE continues to keep the case definition and prioritisation for testing under review.</p>