



FOR ANSWER APRIL 27TH

<u>Number</u>	<u>Deputy</u>	<u>Question</u>	<u>Answers</u>
368	Mattie McGrath	To ask the Minister for Health, in the context of there being four Coronaviruses responsible for around 50% of common colds, could the Minister for Health Simon Harris and the Department of Health please clarify what exactly the PCR-based test is identifying? Are COVID-19 tests specifically identifying the COVID-19 strain and if so which strain(s) exactly of COVID-19 and please provide the formal scientific classification details of same, genetic sequencing etc. Or are the COVID-19 tests merely amplifying chunks of generic Coronavirus RNA indiscriminately?	Covid-19 tests currently in use in Ireland test specifically for SARS CoV 2 RNA. The test result confirms whether or not SARS CoV 2 RNA is detected. Routine confirmation of cases of COVID-19 is based on detection of unique sequences of virus RNA by NAAT such as real-time reverse-transcription polymerase chain reaction (rRT-PCR) with confirmation by nucleic acid sequencing when necessary. The viral genes targeted so far include the N, E, S and RdRP genes. The World Health Organisation has published a full technical explanation of laboratory testing for coronavirus disease (COVID-19) in suspected human cases.



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379	Malcolm Noonan	<p>To ask the Minister of Health, in relation to the Employee Assistance and Counselling Service within the HSE: How many fulltime equivalent counsellors are currently available to HSE frontline staff? How long is the wait from first contact to initial consultation? How is each session being carried out given social distancing? How many requests for counselling have been received since pandemic started? How many sessions is an employee entitled to? What are the changes in all of the above from the same time last year?</p>	<p>The HSE Employee Assistance Programme (EAP) is a work-based staff support service that serves both the staff and the organisation. It is a confidential independent service designed to support employees seeking assistance to address any psychosocial issues, personal or work related, that may affect job performance or interfere with their ability to live productive lives at work or at home. HSE employees function within a unique work setting and are deployed within a diversity of environments and contexts. Healthcare workers can be routinely exposed to events that workers in the general population would not encounter. Providing services during COVID-19 is one particular example. Other examples of such events include incidents such as patient loss of life, traumatic incidents, physical or verbal assault, which by their very nature potentially expose staff to complex psychosocial risks.</p> <p>The internal EAP service has specialist workplace counselling knowledge and utilises an in-depth understanding of the organisational culture and structures to provide a bespoke service to staff. It also assists the organisation through providing de-identified feedback on trends and themes relating to workplace wellbeing issues. This free support service is available to all HSE employees.</p> <p>How many fulltime equivalent counsellors are currently available to HSE frontline staff?</p> <p>The HSE operates a hybrid model of EAP, which draws on the resources of a specialist internal EAP service (11.1 WTEs counsellor/therapists) and a managed national network of external contracted counsellors (160+ sessional counsellors) to provide 24/7 service. The hybrid model also provides staff with choice of where they attend for counselling support.</p> <p>How long is the wait from first contact to initial consultation?</p> <p>In relation to internal EAP services, initial counselling sessions take place, on average within 9-10 working days from first initial contact with the internal service. This time lapse is due to the smaller cohort of internal EAP staff. Of note however, is that in accordance with EAP policy, all COVID-related referrals and self-referrals have been treated as urgent and are prioritised.</p> <p>In relation to external EAP providers, the average time lapse between allocation to counsellor and appointment is 3 days. This denotes the time</p>
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			<p>lapse between when an individual staff member made contact with the external contractor and when they were allocated to a counsellor. The modal average time lapse between client allocation to counsellor, and first counsellor phone call to client, is less than 24 hours.</p> <p>How is each session being carried out given social distancing?</p> <p>Sessions are being carried out via structured telephone counselling / psychosocial support sessions, as well as via video-counselling/ psychosocial support sessions to take account of social distancing measures.</p> <p>How many requests for counselling have been received since pandemic started?</p> <p>Counselling is only one of the staff supports offered by the HSEs EAP service. Counselling and other COVID-related EAP supports are detailed below.</p> <p>Approximately 250 new referrals for counselling have been received by the internal EAP service since March 1st. Pre-pandemic existing caseload sessions continue also, resulting in a total of 908 counselling sessions (579 by internal EAP services, 329 by external contractors) provided since that date.</p> <p>In addition to counselling, psychosocial supports constitute a large portion of EAP activity since 1st March. HSE staff and managers have been provided with 778 psychosocial support phone/online sessions in this time by the internal EAP service.</p> <p>It is expected that the surge in demand for EAP service and psychosocial support re Covid-19 will come in the months after the peak, when anxiety, high stress reactions and post-traumatic stress will become more evident and require treatment and support.</p> <p>How many sessions is an employee entitled to?</p> <p>When a staff member uses the internal service, the number of sessions is</p>
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			<p>agreed between staff member and the internal HSE EAP counsellor. The internal service often deals with more complex cases and has the flexibility to work with staff for longer periods, as required. It provides additional sessions based on clinical assessment / fulfilment of organisational duty of care. The average number of sessions a person attends for EAP counselling is between 3 & 4. The number of sessions provided through the external contractor is 4-6. Extensions are made available where recommended by the contract provider based on clinical assessment.</p> <p>What are the changes in all of the above from the same time last year?</p> <p>The EAP National Office was first established mid-2019 and data was not captured that would facilitate comparison to the same period last year.</p>
380	Malcolm Noonan	How many people who were referred for covid testing post change in testing criteria (March 25th) had not been tested 7 days after referral?	As this issue is a matter for the HSE it has been referred to them for direct reply to the Deputy.



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383	Seán Haughey	<p>To ask the Minister for Health if it would be possible to consider relaxing the cocoon restriction for the over 70s in the case of Catholic priests who wish to wish to continue to carry out their pastoral duties; and if he will make a statement on the matter.</p>	<p>NPHET is currently engaged in a detailed planning process for the phased reduction of the current COVID-19 public health social distancing measures, taking into consideration the recommendations of the WHO, ECDC and the EU Commission and learning from experiences of other countries that are at a more advanced stage in terms of the pandemic. The NPHET's approach to the reduction of public health measures is: public health-led; grounded in evidence, guidance and advice from key international organisations, as well as experience and learning from other countries; risk-based approach, considering risk both from the perspectives of protecting those 'at greatest risk' as well as from the perspective of protecting against the causes of infection spread (i.e. the causes, situations, circumstances, behaviours that may lead to risk of spread of disease). In reducing measures, the NPHET is cognisant that extreme vigilance will be needed so as to limit increase in new cases and deaths, potential for a post-peak wave or the size of any second wave. Consequently, the reduction of measures needs to be underpinned by robust sampling, testing and contact tracing strategy, real-time epidemiological and clinical data, and mechanisms to protect 'at risk' groups.</p> <p>People aged over 70 years of age or who have a condition which makes them extremely medically vulnerable are strongly advised to cocoon, to reduce the chance of getting COVID-19 and follow the advice of the HSE to in respect of face-to-face distancing measures. Cocooning is a measure to protect those over 70 years or those extremely medically vulnerable by minimising interaction between them and others. This means that these people should leave their homes as little as possible. Even within their homes they should minimise all non-essential contact with other members of their household.</p> <p>This is to protect those who are at very high risk of severe illness from COVID-19 from coming into contact with the virus. On 7 April 2020, I signed the Health Act 1947 (Section 31A -Temporary Restrictions) (Covid-19) Regulations 2020 (S.I. No. 121/2020). The regulations provide that an applicable person shall not leave his or her place of residence without reasonable excuse. Furthermore, the regulations also provide that without prejudice to the generality of what</p>
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			constitutes a reasonable excuse for these purposes such reasonable excuse includes leaving his/her place of residence in the case of a minister of religion or priest (or any equivalent thereof in any religion) to (i) lead worship or services remotely through the use of information and communications technology, (ii) minister to the sick, or (iii) conduct funeral services.
385	Pádraig Mac Lochlainn	To ask the for Health the numbers of days per week that the covid-19 testing centre in Ballyshannon, Co. Donegal is open and the numbers of tests carried out there since it opened?	As this matter relates to an individual case I have referred it to the HSE for direct reply.
386	Pádraig Mac Lochlainn	To ask the Minister for Health the numbers of days per week that the covid-19 testing centre in Letterkenny, Co. Donegal is open and the numbers of tests carried out there since it opened?	As this matter relates to an individual case I have referred it to the HSE for direct reply.
389	Mary Lou McDonald	To ask the Minister for Health to confirm if Doctor On Call Services have the required daily supply of PPE for all staff operating within their services and to provide the guidelines issued in respect of PPE for these services.	The HSE confirms that it has expanded the span of its PPE coverage to cover all health services including nursing homes, both public and private. No distinction is made between HSE and non-HSE. PPE supplies are allocated on the basis of patient need only and the HSE has outlined that a nationally coordinated forecasting and supply model is nearing finalisation in order to address universal healthcare needs including residential care settings.



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397	Mary Lou McDonald/ Réada Cronin	To ask the Minister for Health if the National Public Health Emergency Team (NPHE) will amend the 'Ethical considerations relating to critical care in the context of COVID-19' guidance for clinicians to explicitly state that disability in itself is not a determination of frailty, particularly when assessing younger persons.	The National Public Health Emergency Team (NPHE) approved the guidance document " <i>Ethical Considerations Relating to Critical Care in the context of COVID-19</i> ". This guidance is clear that no single factor (e.g. a person's age) should be taken, in isolation, as a determining factor and decisions should not be made arbitrarily or in such a way as to result in unfair discrimination. This document, which was approved by the NPHE, aims to support healthcare professionals in their challenging roles and to ensure that clinical decisions regarding the allocation of finite critical care resources are made in a consistent and fair way, and in a manner that avoids unfair or systematic discrimination of any individual or group. Clinical decisions regarding who should be prioritised for access to ICU are and will continue to be driven by an assessment of whether the person is likely to benefit from a given intervention. The guidance makes clear that such decisions must be informed by a number of considerations, including the will and preferences of the patients and their families. The guidance explicitly states that no single factor should be taken, in isolation, when determining whether a person should be provided with critical care. It highlights age as a specific example; however, the guidance equally extends to other factors including disability. People with a disability have the same rights as others to the highest attainable standard of health. The guidance seeks to ensure that there will be no systematic de-prioritisation of any group including those with a disability.
398	Donnchadh Ó Laoghaire	To ask the Minister for health if he is taking steps to ensure that people involved in Home Help work are given PPE and hand sanitiser.	The HSE confirms that it has expanded the span of its PPE coverage to cover all health services. PPE supplies are allocated on the basis of patient need only and the HSE has outlined that a nationally coordinated forecasting and supply model is nearing finalisation in order to address universal healthcare needs.



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399	Donnchadh Ó Laoghaire	To ask the Minister for health what steps he is taking to scale up testing for COVID 19, and to make a statement on what progress has been made regarding Irish manufacture of PPE and testing kits, along with other departments.	The HSE's budget for PPE has increased from €15 million in 2019 to approximately €255 million in 2020. This marks a significant investment in protective equipment which will be available in Ireland in various consignments over the coming weeks and months. Global demand for PPE and medical devices is unprecedented, and all parties involved are striving to address the health service's priority needs in the context of very constrained supply, long supply chains, challenging delivery timescales and challenges in relation to the regulatory status of goods, amongst other challenges. The HSE has been supported by the IDA, Enterprise Ireland, the HPRA and relevant Government Departments in pursuing options and examining offers. There have been multiple offers of assistance in sourcing devices abroad, as well as options for increasing domestic production; however, substantial follow-up is required for each potential solution. PPE is distributed by the HSE via a central allocation system that incorporates the State's entire healthcare setting requirements, including nursing homes (public and private), NAS, and Section 38 and 39 service providers. This centralised approach is in line with WHO guidance on coordinating PPE supply during the Covid-19 pandemic.
401	Donnchadh Ó Laoghaire	To ask the Minister for Health if he has or will consider localised actions to tackle specific localised concentrations of COVID 19 and how this will take effect.	The HSE has put in place a range of services to respond to COVID-19 in locations around the country. These services include the provision of community test facilities in 48 locations, a network of 39 community assessment hubs across the nine Community Healthcare Organisations (CHO), a 750-room facility in Citywest for those who cannot self-isolate at home with approximately 1,100 beds and which can accommodate families or household groups to provide a safe environment for residents to self-isolate and to minimise the risk of community transmission of Covid19. The HSE is also taking a range of actions in respect of long-term residential care facilities to respond to the challenges that have arisen there.



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402	Donnchadh Ó Laoghaire	To ask the Minister for Health what steps are being taken to ensure that all consultants and medical staff, whether public or private, are indemnified while undertaking medical procedures or care.	<p>The State Claims Agency has a statutory remit to manage personal injury claims, including claims in respect of clinical negligence, on behalf of Delegated State Authorities (DSA's) including the Health Service Executive.</p> <p>The Clinical Indemnity Scheme (CIS) is the main scheme under which the State Claims Agency (SCA) manages all clinical negligence claims taken against healthcare enterprises, hospitals and clinical, nursing and allied healthcare practitioners covered by the scheme.</p> <p>Serving clinical personnel, whether Consultant in private or public practice, GP, nurse or allied healthcare professional, who agree to provide their professional medical services to the public health system/HSE during the COVID-19 emergency, will be covered by the CIS. These indemnity arrangements extend also to cover clinical personnel who may be seconded to the HSE and where they become subject to the HSE's clinical governance.</p> <p>Consultants practicing in the private hospitals, which are now operating under the management of the HSE for the duration of the emergency, have been offered temporary HSE contracts that provide the benefit of CIS cover.</p>
404	Matt Carthy	To ask the Minister for Health if, in light of the Covid-19 pandemic, whether steps will be taken to expedite the reimbursement of payments made by patients under the cross-border healthcare directive.	As this issue is a matter for the HSE it has been referred to them for direct reply to the Deputy.
406	Matt Carthy	To ask the Minister for Health the dates in which the Covid-19 testing centre in Monaghan has been operational and the number of tests carried out on each day at that centre.	As this is an operational matter I have referred it to the HSE for direct reply.
407	Rose Conway Walshe	To ask the Minister for Health if he can give assurance that all Public Health Nurses have sufficient PPE to carry out their duties in a safe manner.	The HSE confirms that it has expanded the span of its PPE coverage to cover all health services including nursing homes, both public and private. No distinction is made between HSE and non-HSE. PPE supplies are allocated on the basis of patient need only and the HSE has outlined that a nationally coordinated forecasting and supply model is nearing finalisation in order to address universal healthcare needs including residential care settings.



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409	Chris Andrews	To ask the Minister for Health to outline how many COVID 19 tests have taken place at the testing centre on Sir John Rogerson's Quay and why does it appear to be unused?	As this is an operational matter I have referred it to the HSE for direct reply.
411	Sorca Clarke	To ask the Minister for Health to liaise with the tourism sector to source alternative accommodation support for medical frontline workers who are fearful to go home because of COVID19.	The HSE have advised that temporary accommodation and self-isolation arrangements are being made available for eligible healthcare workers during COVID-19. This will assist eligible healthcare workers to reduce interactions with others and prevent the spread of coronavirus in their residential settings and in the community. All healthcare workers can apply for temporary accommodation and the HSE have set up a dedicated email address in support of staff who wish to avail of such facilities covid.isolationrequest@hse.ie. Information regarding the process for applying for temporary accommodation, eligibility criteria and relevant contact details are available on the HSE website.
413	Sean Crowe	To ask the Minister for Health if he can outline the number of individuals currently waiting for COVID-19 test samples to be taken.	Community testing (i.e swabbing) capacity is currently meeting the level of referral from GPs, with swabbing currently running at approximately 1,500 per day. The time from GP referral to receiving a swabbing appointment is now just over 24 hours. In addition, hospitals are averaging up to 1,500 tests undertaken (swabbing and tests analysed) per day. There is a quick turnaround within a hospital setting - normally 24-48 hours. As of midnight Monday 27th April, 153,054 tests have been carried out. Over the past week 41,470 tests were carried out.
416	Sean Crowe	To ask the Minister for Health the longest time an individual has had to wait for the results of their COVID 19 test.	There have been significant reductions in the delays in patients receiving test results, and the HSE is continuing to revise and refine current processes and to grow capacity to reduce turnaround times even further. It is important to note that at all times, community testing is primarily a public health measure and a way of identifying and isolating cases. While it will always be important for individuals themselves to know the results of tests, it is important to stress that the testing process does not actually determine or have an impact on the clinical care of individuals in the community and advice remains to self-isolate and monitor symptoms, even in the absence of a test result. The patient's clinical needs are independent of their result status and should a patient develop worsening symptoms he/she should seek medical advice and attention. The specific questions have been referred to the HSE for direct reply to the Deputy.



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418	Johnny Mythen	To ask the Minister of Health to publish a list of all the hospitals that have received P.P.E. and a breakdown of the quantity of masks, gloves and gowns etc. that each facility received and to outline the National plan for the distribution and delivery of P.P.E. for the next few weeks.	The HSE's budget for PPE has increased from €15 million in 2019 to approximately €255 million in 2020. This marks a significant investment in protective equipment which will be available in Ireland in various consignments over the coming weeks and months. PPE is now also being provided to a range of settings outside of acute hospitals, in particular long term residential settings [nursing homes, mental health and disability services] where there are confirmed and suspected cases of COVID-19. Many of these settings serve populations who are most vulnerable to the disease. The HSE is finalising a PPE forecasting and supply model which will guide the rational distribution of PPE across the system. This is model is based on infection prevention and control advice. PPE is distributed by the HSE via a central allocation system that incorporates the State's entire healthcare setting requirements including nursing homes (public and private), NAS, and Section 38 and 39 service providers. This centralised approach is in line with WHO guidance on coordinating PPE supply during the Covid-19 pandemic. As an indication of the scale of the operation involved in distributing PPE, the HSE delivered more than 1.5 million individual items of PPE to Irish healthcare settings on 28 April. Given this scale, it is not feasible to provide a detailed breakdown of deliveries to each facility.
419	Johnny Mythen	To ask the Minister of Health to if he is satisfied that there are enough testing centres for Covid-19 currently in place	Significant progress has already been made in a very short space of time to develop the required testing capacity including the establishment of 48 community testing hubs. The HSE advise that there is capacity to ramp up sampling up to 10,000 people in these centres and that the time from referral to receiving an appointment is now just over 24 hours. Additional sampling is being undertaken by the National Ambulance Service (on average 3,000 a day as part of LTRC testing process) and in hospitals (around 1,000 – 1,500 per day). Significant laboratory capacity is being sourced nationally and internationally – HSE advise that there is now capacity to process 10,000 tests a day. This includes labs in hospitals, the community (NVRL, Enfer and smaller labs) and some international provision.



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420	Johnny Mythen	<p>To ask the Minister of Health to address the anomalies that are arising on the guidelines for Covid 19 within nursing homes and residential care; at present and in some cases when a resident in a centre contracts Covid 19, all other residents are been confined to their rooms without any exercise or access to fresh air; can clear guidelines to deal with such circumstances be outlined in response</p>	<p>The 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 (HPSC) 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: <i>“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”</i></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>The National Public Health Emergency Team (NPHE) approved the guidance document <i>“Ethical Considerations Relating to Critical Care in the context of COVID-19”</i>. This guidance is clear that no single factor (e.g. a person’s age) should be taken, in isolation, as a determining factor and decisions should not be made arbitrarily or in such a way as to result in unfair discrimination. In the interest of fairness and to protect against unjustified discrimination, it is important that clinicians apply a consistent approach to considering the predictors of outcome for all ICU admissions, including patients with COVID-19 and patients without COVID-19. Where it is decided that the provision of intensive care treatment is not beneficial or possible in light of the circumstances, patients will be provided with other available and potentially beneficial forms of treatment. For example, in the context of COVID-19, other respiratory supports may still be effective (e.g. non-invasive ventilation, oxygen). In cases where a patient is unlikely to recover, appropriate palliative and/or</p>
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			<p>end-of-life care must be provided. Withholding of critical care does not mean a patient will no longer be cared for.</p>
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422	Dessie Ellis	To ask the Minister for Health the number of volunteer workers called in to help the HSE during this crisis; if any of these volunteer workers have been offered employment and the number of them and a breakdown of the type of staff taken by role	<p>The Be on Call for Ireland is one element of a large recruitment campaign taking place across the health service which has resulted over a thousand clinical and other staff being recruited. The Be on Call for Ireland initiative has reported approximately 73,000 applicants which includes some nursing, medical, dental, support, health and social care professionals and ambulance staff.</p> <p>Of the 73,000, approximately 27,000 self- identified as being in relevant healthcare work areas, however on further online screening to ascertain who is qualified and not already working in healthcare and available to work this number reduces to 14,000. The HSE is focusing on doctors, nurses, healthcare assistants, domestics/ cleaners, porters, dentists, dental nurses, dental hygienists, dieticians, radiographers, physiotherapists, occupational therapists, pharmacists, pharmaceutical technicians, mortuary attendants, medical scientists, lab aides and are adding new categories as directed.</p> <p>As of 3rd May, 1,614 candidates have been successful at interview. There are 527 candidates who are job ready, 62 have started and the remaining 500 are available to the services as and when they need them including acute, community and residential settings (public and private nursing homes). Nurses, Doctors, support staff, allied health professionals and pathology technicians have started or have been assigned to community and acute sites.</p>
429	Bríd Smith	To detail the numbers of ventilators purchased by the HSE as a response to the Covid 19 crisis since February 1 st 2020.	The HSE has ongoing engagement with suppliers to secure delivery of additional ventilators already ordered to meet any potential surge in demand caused by the Covid-19 outbreak. Since 1 February 2020, up to and including 4 May, the HSE has purchased and received delivery of a total of 223 new ventilators for use in hospital ICUs.
526	Richard Boyd Barrett	Will the minister ensure all health care workers who have been tested for Covid19, have received the results of their tests before they are expected to return to work.	No health care worker who is awaiting a Covid 19 test result would be expected to go to work. Guidance from the Health Protection Surveillance Centre outlines clearly the process for the assessment, testing and return to work of symptomatic healthcare workers. This guidance and its associated algorithm is based on the advice of the Expert Advisory Group. For reference, the total number of health care workers who have tested positive for COVID-19 as of 28th April is 5,684.



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519	Richard Boyd Barrett	To ask the Minister for Special responsibility for persons with disabilities; Will people with a disability be given every medical support if hospitalised, regardless of their disability, whether intellectual or physical or both?	<p>My Department recently published ethical guidance entitled “Ethical Considerations Relating to Critical Care in the Context of COVID-19” (3rd April 2020). Supplementary Information to “Ethical Considerations Relating to Critical Care in the Context of COVID-19” that specifically relates to people with disabilities was published on the Department of Health website on 29th April and is available at https://www.gov.ie/en/publication/13ead5-ethical-considerations-relating-to-critical-care-in-the-context-of-c/.</p> <p>The aim of these documents is to support clinicians in their challenging roles and to ensure that, in the event of a surge in demand for ICU care, decisions regarding the allocation of finite ICU resources are made in a consistent and fair way. One of the key messages is that safeguards against unfair discrimination are required to ensure that there will be no systematic de-prioritisation of any group including those with a disability. The documents state that each patient is unique and that all clinical judgements regarding the provision of critical care will and should ultimately be made on a case-by-case basis. They state that no single factor should be taken, in isolation, as a determining factor. Age is given as one example; however, the statement equally extends to other factors including disability.</p> <p>Frailty is one of a number of measures used to help assess the severity of a person’s current illness in conjunction with several other interconnected clinical factors, such as the burden of chronic health problems, and the likelihood that a person will benefit from intensive care.</p> <p>While the terms disability, frailty and comorbidity are inter-related, they are, in fact, distinct and should not be conflated. Each patient is different; their clinical status and care needs should be evaluated holistically, and interventions should be provided on a rational, evidence-based and ethical basis.</p>
523	Richard Boyd Barrett	To ask the Minister for Health to outline a plan of action for Nursing Homes to ensure that all workers in them have proper and adequate PPE and to make a statement on the matter.	<p>The HSE confirms that it has expanded the span of its PPE coverage to cover all health services including nursing homes, both public and private. No distinction is made between HSE and non-HSE. PPE supplies are allocated on the basis of patient need only and the HSE has outlined that a nationally coordinated forecasting and supply model is nearing finalisation in order to address universal healthcare needs including residential care settings.</p>



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525	Richard Boyd Barrett	To ask the Minister for Health if the HSE or his department has conducted an audit of all pharma sector companies in the state to ascertain the capacity available to manufacture the reagent needed to conduct tests and if not if he has plans to do this and will he make a statement on the matter.	Given the global nature of the Covid-19 pandemic, there is unprecedented demand for sample collection kits, sample analysis kits, reagents and other testing equipment. All parties involved are striving to address the health service's priority needs in the context of very constrained supply, long supply chains, challenging delivery timescales and challenges in relation to the regulatory status of goods, amongst other challenges. The HSE placed orders for 100,000 test collection kits per week until the end of June 2020. The supply of reagents for test kits remains a global problem, and will remain a key dependency to achieving required testing capacity over the coming weeks and months. It is important to understand that there are different reagents for each part of the testing pathway and also for specific manufacturer's equipment. The HSE continues to pursue reagent supply for all its laboratory providers.
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522	Richard Boyd Barrett	<p>To ask the Minister for Health to give details of any and all preparation work for pandemics that was carried out over the last years, were fire drills carried out, in line with WHO advice, when was the plan for vulnerable groups put together, did this include specific plans for nursing homes, for home care workers for all those living in communal settings, on what dates were these plans published and for them to be made publicly available and to make a statement on the matter.</p>	<p>Ireland's National Influenza Pandemic Plan was published in 2007 by the HSE and the then Department of Health and Children. A review of the Plan and related governance structures was initiated in 2010 and completed in 2013, following the 2009-2010 'Swine-Flu' Pandemic (H1N1).</p> <p>In 2019, the HSE commenced work on a detailed update of the Pandemic Plan which, in line with 2018 recommendations made by the World Health Organization, adopts a cross-Departmental / organisational approach to health security and includes provision for regular review and testing of its provisions. This cross-Departmental / organisational approach is also in line with the requirements of Ireland's Strategic Emergency Management Framework.</p> <p>A draft of the Plan was submitted to the Department and, alongside its predecessor, the 2013 review and international guidance, has been taken into consideration in the context of the State's response to Covid-19. The plan will be further developed to take account of measures taken during the course of the current outbreak.</p> <p>In tandem with the above, relevant expert HSE staff have engaged in various scenario-based exercises conducted both nationally and internationally relating to pandemics. For example, in November 2019, the WHO Health Emergencies (WHE) Programme for the WHO Regional Office for Europe conducted a functional simulation exercise called Exercise JADE (Joint Assessment and Detection of Events) which simulated the emergence and spread of a novel arenavirus. The HSE's Health Protection Surveillance Centre, as Ireland's focal point in relation to the International Health Regulations 2005, engaged proactively in this exercise.</p> <p>Ireland is also represented on, and proactively engages with, the Advisory Forum and Management Board of the European Centre for Disease Prevention and Control and the EU's Health Security Committee on matters relating to communicable diseases, pandemic planning and Covid-19.</p> <p>A draft of the Plan was submitted to the Department and, alongside its predecessor, the 2013 review and international guidance, has been taken into consideration in the context of the State's response to Covid-19. The plan will be further developed to take account of measures taken during the course of the current outbreak.</p>
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			<p>In tandem with the above, relevant expert HSE staff have engaged in various scenario-based exercises conducted both nationally and internationally relating to pandemics. For example, in November 2019, the WHO Health Emergencies (WHE) Programme for the WHO Regional Office for Europe conducted a functional simulation exercise called Exercise JADE (Joint Assessment and Detection of Events) which simulated the emergence and spread of a novel arenavirus. The HSE's Health Protection Surveillance Centre, as Ireland's focal point in relation to the International Health Regulations 2005, engaged proactively in this exercise.</p> <p>Ireland is also represented on, and proactively engages with, the Advisory Forum and Management Board of the European Centre for Disease Prevention and Control and the EU's Health Security Committee on matters relating to communicable diseases, pandemic planning and Covid-19.</p>
437	Ossian Smyth	To ask the Minister for Health Please can you advise if the matter around payment for radiography students, who are working because of the crisis, has yet been resolved?	<p>In response to a HSE identified need, SIPTU have welcomed an offer from the HSE to employ assistant radiographers on a 3 month contract following their placement, subject to the needs of the Health Service. Their skills have been identified as being required on an ongoing basis for this purpose, and subject to the needs of each acute hospital, they will be offered a 3 month assistant radiographer role following successful completion of their 7 week placement.</p>



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440	Paul Tonge	Will there be increased testing for covid 19 for students who will be expected to sit there leaving certificate exams in the summer of 2020,	While this proposal is not under active consideration at present the criteria for testing is kept under constant review by the National Public Health Emergency Team.
447	Thomas Pringle	Can the Government not organise Irish industry to produce the gowns, gloves, masks and face visors needed for the PPE for the hospitals, nursing homes and importantly home care workers?	The HSE's budget for PPE has increased from €15 million in 2019 to approximately €255 million in 2020. This marks a significant investment in protective equipment which will be available in Ireland in various consignments over the coming weeks and months. Global demand for PPE and medical devices is unprecedented, and all parties involved are striving to address the health service's priority needs in the context of very constrained supply, long supply chains, challenging delivery timescales and challenges in relation to the regulatory status of goods, amongst other challenges. The HSE has been supported by the IDA, Enterprise Ireland, the HPRA and relevant Government Departments in pursuing options and examining offers. There have been multiple offers of assistance in sourcing devices abroad, as well as options for increasing domestic production; however, substantial follow-up is required for each potential solution. PPE is distributed by the HSE via a central allocation system that incorporates the State's entire healthcare setting requirements, including nursing homes (public and private), NAS, and Section 38 and 39 service providers. This centralised approach is in line with WHO guidance on coordinating PPE supply during the Covid-19 pandemic.



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448	Thomas Pringle	To ask the Minister for Health how citizens and companies who wish to manufacture PPE for the Health Services may do so and why some health services have refused donations of PPE?	The HSE's budget for PPE has increased from €15 million in 2019 to approximately €255 million in 2020. This marks a significant investment in protective equipment which will be available in Ireland in various consignments over the coming weeks and months. Global demand for PPE and medical devices is unprecedented, and all parties involved are striving to address the health service's priority needs in the context of very constrained supply, long supply chains, challenging delivery timescales and challenges in relation to the regulatory status of goods, amongst other challenges. The HSE has been supported by the IDA, Enterprise Ireland, the HPRA and relevant Government Departments in pursuing options and examining offers. There have been multiple offers of assistance in sourcing devices abroad, as well as options for increasing domestic production; however, substantial follow-up is required for each potential solution. PPE is distributed by the HSE via a central allocation system that incorporates the State's entire healthcare setting requirements, including nursing homes (public and private), NAS, and Section 38 and 39 service providers. This centralised approach is in line with WHO guidance on coordinating PPE supply during the Covid-19 pandemic.
454	Éamon Ó Cuív	To ask the Minister for Health whether all suppliers of medical equipment and particularly ppe have to be registered on the government procurement etenders systems to be considered for the provision of such equipment; the processes being used during this emergency for making purchase decisions for such equipment; and if he will make a statement on the matter.	The HSE's budget for PPE has increased from €15 million in 2019 to approximately €255 million in 2020. This marks a significant investment in protective equipment which will be available in Ireland in various consignments over the coming weeks and months. Global demand for PPE and medical devices is unprecedented, and all parties involved are striving to address the health service's priority needs in the context of very constrained supply, long supply chains, challenging delivery timescales and challenges in relation to the regulatory status of goods, amongst other challenges. The HSE has been supported by the IDA, Enterprise Ireland, the HPRA and relevant Government Departments in pursuing options and examining offers. There have been multiple offers of assistance in sourcing devices abroad, as well as options for increasing domestic production; however, substantial follow-up is required for each potential solution. PPE is distributed by the HSE via a central allocation system that incorporates the State's entire healthcare setting requirements, including nursing homes (public and private), NAS, and Section 38 and 39 service providers. This centralised approach is in line



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			with WHO guidance on coordinating PPE supply during the Covid-19 pandemic.
457	Éamon Ó Cuív	To ask the Minister for Health the arrangements in place at present with the private hospitals which are part of the agreement with Government as a result of the Covid-19 pandemic, to ensure continuing treatment for non-Covid-19 patients with illnesses that require urgent treatment if we are to minimise deaths from non-Covid-19 related illnesses; and if he will make a statement on the matter.	Under the terms of the agreement between the HSE and the private hospitals, provision has been made to ensure continuity of care for patients who were in a private hospital or receiving a course of treatment when the Heads of Terms for the arrangement was agreed. There are a number of principals underpinning the arrangement, including that the private hospitals will be used to treat public patients only, that they will not make a profit from the arrangement, and consultants will not be able to charge fees for working in these hospitals. Consultants who work wholly for the private hospitals have been offered temporary locum public patient only (Type A) contracts for the duration of the arrangement. The patients who are being treated in the hospitals will be treated as public patients and will prioritised based on clinical needs as with any other public patient. The patients will remain under the care of their existing consultant, if the consultant is already employed by the HSE or if the consultant is a whole-time private practice practitioner who accepts the HSE's offer of a temporary contract. If a patient's consultant does not accept the HSE's offer the patient will be transferred to the care of another consultant as a public patient. The policy intention is that non-COVID urgent care will be provided in the private hospitals insofar as practicable depending on the progression of the disease. Therefore, the policy intention is that urgent patients will receive care from the same clinical team and in the same facility that they are familiar with. The HSE is currently finalising a Frequently Asked Questions document to be made available to patients so as give assurance to them regarding their ongoing treatment.



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458	Éamon Ó Cuív	<p>To ask the Minister for Health why the enhanced funding for Nursing Homes due to Covid-19 does not cover non-nursing home subvention patients and residents under Transitional Care Funding or convalescence under private health insurance cover for convalescence; whether he would agree that extra costs are incurred by Nursing Homes for the care of these patients as a result of Covid-19 and that these cannot be charged to the patients in question; and if he will make a statement on the matter.</p>	<p>The aim of the scheme is to provide, on a temporary basis, financial assistance payments to nursing homes where they are experiencing additional costs due to the current Covid-19 pandemic. Payments will be capped at a monthly maximum limit based on validated Nursing Homes Support Scheme occupancy levels of the applicant nursing home and an overall monthly limit of €75,000. The scheme will operate for a 3-month period and 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 monthly support payment based on the additional costs experienced by nursing homes; and• Enhanced assistance in the event of a nursing home actively managing an outbreak. <p>It is important to note that the Temporary Scheme provides funding support directly to nursing homes to assist their preparedness and management of COVID-19. The Nursing Home Supports Scheme is the long-established public policy with regard to financial support for long-term residential care for older persons, and the temporary Scheme is consistent with this policy. This Scheme is only one aspect of a substantial support package being provided by Government to nursing homes. This Scheme along with the package of operational assistance being provided represents an unprecedented level of State supports to nursing homes.</p> <p>The Scheme opened for applications on 17th April 2020, with applications now being taken for the standard assistance payment. A first batch of applications to the Scheme have been processed, approved and funding paid out to nursing homes. Work continues between the organisations to develop the processes required to administer the outbreak assistance component of the Scheme. This will open in the coming weeks.</p> <p>Following further consultation with the nursing home sector the HSE and the NTPF have issued updated Scheme documentation including a range</p>
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			<p>of clarifications on the operation of the Scheme and the terms and conditions. These updates address some of the feedback provided by the sector; the revised scheme documents are now live on both the NTPF and HSE websites and I encourage private and voluntary nursing homes to apply to the Scheme.</p> <p>I will continue with regular engagement with the sector on the Scheme and other matters.</p>
463	Stephen Donnelly	To ask the Minister for Health the total number of Covid-19 tests carried out as of April 19 th 2020; and the number of same where a result had been notified.	As of midnight Monday 20th April, 111,584 tests have been carried out. Over the past week (up to 20 April), 20,822 tests were carried out and of these 4,025 were positive, giving a positivity rate of 19%.



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467	James Browne	<p>My Constituent is seeking assurances that all home help personnel and personal care personnel would received the appropriate and necessary PPE gear to allow them to carry out their work safely due to the complex cases they deal with on a daily and hourly basis. Some people receiving the care are worried in case of contamination and these people are elderly and immune compromised.</p>	<p>The HSE confirms that it has expanded the span of its PPE coverage to cover all health services. PPE supplies are allocated on the basis of patient need only and the HSE has outlined that a nationally coordinated forecasting and supply model is nearing finalisation in order to address universal healthcare needs.</p>
468	James Browne	<p>To ask the minister for health whether it is necessary to continue with the contracts entered into with private hospitals in light of the current ability of the public hospitals to deal adequately with the ongoing clinical requirements of the Covid-19 emergency.</p>	<p>As part of the Government's Action Plan in response to the Covid-19 pandemic, an agreement was made with the private hospitals at the end of March to enable the HSE to use all of the private hospital capacity. This was needed to support the public hospital system to deal with the pressures we anticipated the system would come under with the spread of the disease. The agreement has provided an additional 1,900 in-patient beds, 600 day beds, 47 ICU and 54 HDU beds which was equal to about 17% of the capacity the HSE had available at the end of March.</p> <p>It is acknowledged that at this point in time neither the public or private hospitals are operating to their full capacity. This is partly due to efforts of the public which have slowed the spread of the disease and therefore the pressure on the hospital system. Another factor is that in accordance with the recommendations of the WHO non-urgent elective procedures were ceased at the beginning of last month. This was done to free up capacity in anticipation of the surge and also because of concerns for the safety of patients and staff in carrying out such procedures. Following work carried out by the Expert Advisor Group guidelines have been developed which will mitigate the risks to carrying out these procedures. Consideration is therefore being given to resuming that work in the near future, though at a lower level of activity. There has also been a fall off in attendances at hospitals due to anxiety on the part of the public. Research undertaken for the Department into public attitudes suggests that 28% of adults report having delayed seeking medical care in the past month, with fear of potential infection being the main reason for delays. With the new arrangements put in place in hospitals, in relation to infection control, it is hoped to overcome those fears and with the increase in Non-Covid-19 work it is expected that hospitals will see much higher levels of activity. The additional capacity in the private hospitals</p>



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			will be crucial to enabling the acute hospital system to meet that challenge.
469	Christopher O'Sullivan	Can the minister for health outline what extra measures are being taken to bolster staff and resident safety at Clonakilty Community Hospital following news two patients have died and numerous staff have been infected with Covid-19?	<p>All nursing homes, public and private continue to be regulated by the Health Information and Quality Authority and have a duty to ensure continued adherence to the existing regulatory and standards framework in the discharge of their duties.</p> <p>Under the Health Act 2007, as amended, the registered provider is responsible and accountable for the quality of care and safety of residents in designated centres.</p> <p>The Chief Inspector for Social Services confirmed that HIQA inspectors can carry out preparedness assessments and risk- based inspections. Inspectors of course will comply with and take all the necessary precautions in line with Public Health advice.</p> <p>A series of enhanced measures have been agreed by NPHET for long-term residential care settings and these 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 PPE to and screening of staff.</p> <p>Each HSE Area Crisis Management Team is in a position to offer significant support to the facilities in their areas which includes management support, PPE, other supplies, public health inputs, other clinical inputs, support with sourcing staffing and, in some cases, the</p>



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			<p>reassignment of HSE staff to support nursing homes during an outbreak. Further to NPHET recommendations the HSE has commenced the establishment of COVID-19 Response teams to support long-term residential care facilities. As this question relates to a specific hospital it has been referred it to the HSE for direct reply.</p>
471	Roisin Shortall	<p>To ask the Ministers for Health if the following two issues for student frontline workers can be addressed, namely: Student-workers on the frontlines responding to COVID-19 not receiving pay. This is an issue for student radiographers and student pharmacists. This issue affects a small number of students but it has become ever more of a concern since the decision to pay student nurses came up.</p>	<p>The issue of students receiving payment for their contribution to front line work in our health service is being treated on a case by case basis. This is because students provide different levels of supports and services depending on the role in which they perform and the location to which they are assigned.</p> <p>In response to a HSE identified need, SIPTU have welcomed an offer from the HSE to employ assistant radiographers on a 3 month contract following their placement, subject to the needs of the Health Service. Their skills have been identified as being required on an ongoing basis for this purpose, and subject to the needs of each acute hospital, they will be offered a 3 month assistant radiographer role following successful completion of their 7 week placement. In relation to pharmacy students, I am not aware of any plans in place to provide payment to these students on placement.</p>



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473	Catherine Murphy	<p>To ask the Minister for Health in the context of the Corona Virus and access to Critical Care medicine if he will seek amendment to the ethical guidelines to explicitly state that perceived frailty or underlying health conditions may not predict response to treatment in groups where the condition is a stable long term physical or intellectual disability and also that children and adults with disabilities, who by definition have underlying health conditions and may be perceived by others as frail, have a right to equality of access to health care; If he intends to seek such an amendment when that might occur; what is involved in making this change and if he will make a statement on the matter.</p>	<p>My Department recently published ethical guidance entitled “Ethical Considerations Relating to Critical Care in the Context of COVID-19” (3rd April 2020). Supplementary Information to “Ethical Considerations Relating to Critical Care in the Context of COVID-19” that specifically relates to people with disabilities was published on the Department of Health website on 29th April and is available at https://www.gov.ie/en/publication/13ead5-ethical-considerations-relating-to-critical-care-in-the-context-of-c/.</p> <p>The aim of these documents is to support clinicians in their challenging roles and to ensure that, in the event of a surge in demand for ICU care, decisions regarding the allocation of finite ICU resources are made in a consistent and fair way. One of the key messages is that safeguards against unfair discrimination are required to ensure that there will be no systematic de-prioritisation of any group including those with a disability. The documents state that each patient is unique and that all clinical judgements regarding the provision of critical care will and should ultimately be made on a case-by-case basis. They state that no single factor should be taken, in isolation, as a determining factor. Age is given as one example; however, the statement equally extends to other factors including disability.</p> <p>Frailty is one of a number of measures used to help assess the severity of a person’s current illness in conjunction with several other interconnected clinical factors, such as the burden of chronic health problems, and the likelihood that a person will benefit from intensive care.</p> <p>While the terms disability, frailty and comorbidity are inter-related, they are, in fact, distinct and should not be conflated. Each patient is different; their clinical status and care needs should be evaluated holistically, and interventions should be provided on a rational, evidence-based and ethical basis.</p>
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476	Roisin Shortall	To ask the Minister for Health if he will confirm whether long stay mental health care centres will be included under the new Covid-19 testing protocol outlined by the National Public Health Emergency Team?	The HSE has responded to all issues arising in mental health settings across all CHO areas assisted by the Mental Health Commission which has provided the HSE with ongoing information about Covid-19 risks it has identified on a weekly basis. Both organisations continue to work closely to respond urgently for the safety of residents in approved centres and other mental health settings. A series of enhanced measures have been agreed by NPHE for long-term residential care settings and these 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 PPE to and screening of staff. A major programme of testing is underway in Long Term Residential Care facilities, including mental health facilities since 17 April with over 38,000 swabs taken as of 29th April.
478	Marian Harkin	To ask the Minister for Health if he or his officials will engage with the Irish Hairdressing Council in order to advise on PPE and guidance on the usage of such equipment	It is not envisaged that we would provide specific advice or guidance to the Hairdressing Council or other industry groups on the use of PPE. Any guidance for the general public on wearing PPE, such as non-medical face masks, would most likely be issued by the HSE and the Health Protection Surveillance Centre (HPSC).



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483	Brendan Smith	To ask the Minister for Health if he will ensure that adequate supplies of PPE are made available to all residential care facilities, including public, Section 39 providers and private, and if he will make a statement on the matter.	Global demand for PPE and medical devices is unprecedented, and all parties involved are striving to address the health service's priority needs in the context of very constrained supply, long supply chains, challenging delivery timescales and challenges in relation to the regulatory status of goods, amongst other challenges. The HSE has been supported by the IDA, Enterprise Ireland, the HPRA and relevant Government Departments in pursuing options and examining offers. There have been multiple offers of assistance in sourcing devices abroad, as well as options for increasing domestic production; however, substantial follow-up is required for each potential solution. PPE is distributed by the HSE via a central allocation system that incorporates the State's entire healthcare setting requirements, including nursing homes (public and private), NAS, and Section 38 and 39 service providers. This centralised approach is in line with WHO guidance on coordinating PPE supply during the Covid-19 pandemic.
484	Jennifer Whitmore	If the Minister will instruct the issuing of ethical guidelines to explicitly state that perceived frailty or underlying health conditions may not predict response to treatment in groups where the condition is a stable long term physical or intellectual disability and also that children and adults with disabilities, who by definition have underlying health conditions and may be perceived by others as frail, have a right to equality of access to health care.	My Department recently published ethical guidance entitled "Ethical Considerations Relating to Critical Care in the Context of COVID-19" (3rd April 2020). Supplementary Information to "Ethical Considerations Relating to Critical Care in the Context of COVID-19" that specifically relates to people with disabilities was published on the Department of Health website on 29th April and is available at https://www.gov.ie/en/publication/13ead5-ethical-considerations-relating-to-critical-care-in-the-context-of-c/ . The aim of these documents is to support clinicians in their challenging roles and to ensure that, in the event of a surge in demand for ICU care, decisions regarding the allocation of finite ICU resources are made in a consistent and fair way. One of the key messages is that safeguards against unfair discrimination are required to ensure that there will be no systematic de-prioritisation of any group including those with a disability. The documents state that each patient is unique and that all clinical judgements regarding the provision of critical care will and should ultimately be made on a case-by-case basis. They state that no single factor should be taken, in isolation, as a determining factor. Age is given as one example; however, the statement equally extends to other factors including disability. Frailty is one of a number of measures used to help assess the severity of a person's current illness in conjunction with several other



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			<p>interconnected clinical factors, such as the burden of chronic health problems, and the likelihood that a person will benefit from intensive care.</p> <p>While the terms disability, frailty and comorbidity are inter-related, they are, in fact, distinct and should not be conflated. Each patient is different; their clinical status and care needs should be evaluated holistically, and interventions should be provided on a rational, evidence-based and ethical basis.</p>
490	Brendan Smith	To ask the Minister for Health if he will ensure that adequate supplies of PPE are made available to all health-care front-line staff working in the community and if he will make a statement on the matter.	<p>Global demand for PPE and medical devices is unprecedented, and all parties involved are striving to address the health service's priority needs in the context of very constrained supply, long supply chains, challenging delivery timescales and challenges in relation to the regulatory status of goods, amongst other challenges. The HSE has been supported by the IDA, Enterprise Ireland, the HPRA and relevant Government Departments in pursuing options and examining offers. There have been multiple offers of assistance in sourcing devices abroad, as well as options for increasing domestic production; however, substantial follow-up is required for each potential solution. PPE is distributed by the HSE via a central allocation system that incorporates the State's entire healthcare setting requirements, including nursing homes (public and private), NAS, and Section 38 and 39 service providers. This centralised approach is in line with WHO guidance on coordinating PPE supply during the Covid-19 pandemic.</p>
497	Jennifer Whitmore	If there are current HSE guidance on the use of walkie talkies and baby monitors in Covid19 healthcare settings.	<p>As this is an operational matter I have referred it to the HSE for direct reply.</p>



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499	Joan Collins	<p>To ask the Minister to clarify how PPE is been distributed to Residential care settings and Nursing homes and testing? I have been informed that up to today there is no PPE available in Newpark Care Centre, Newpark, The Ward, Co Dublin. They have requested PPE from the HSE since the end of March. I have been informed that staff are handing back used single use face masks for them to be cleaned and re-used. When will this unit receive PPE? When will all the staff and residents be tested?</p>	<p>The HSE confirms that it has expanded the span of its PPE coverage to cover all health services including nursing homes, both public and private. No distinction is made between HSE and non-HSE. PPE supplies are allocated on the basis of patient need only and the HSE has outlined that a nationally coordinated forecasting and supply model is nearing finalisation in order to address universal healthcare needs including residential care settings. 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. The HSE is progressing an extensive range of supports in line with the above NPHET actions including specific training to support nursing homes. The HSE national quality and safety team are providing onsite infection prevention support. As this question relates to a specific facility I have referred it to the HSE for direct reply.</p>
501	Jim O'Callaghan	<p>To ask the minister for health whether it is necessary to continue with the contracts entered into with private hospitals in light of the current ability of the public hospitals to deal adequately with the ongoing clinical requirements of the Covid-19 emergency.</p>	<p>As part of the Government's Action Plan in response to the Covid-19 pandemic, an agreement was made with the private hospitals at the end of March to enable the HSE to use all of the private hospital capacity. This was needed to support the public hospital system to deal with the pressures we anticipated the system would come under with the spread of the disease. The agreement has provided an additional 1,900 in-patient beds, 600 day beds, 47 ICU and 54 HDU beds which was equal to about 17% of the capacity the HSE had available at the end of March.</p> <p>It is acknowledged that at this point in time neither the public or private hospitals are operating to their full capacity. This is partly due to efforts of the public which have slowed the spread of the disease and therefore the pressure on the hospital system. Another factor is that in accordance with the recommendations of the WHO non-urgent elective procedures were ceased at the beginning of last month. This was done to free up capacity in anticipation of the surge and also because of concerns for the safety of patients and staff in carrying out such procedures. Following work carried out by the Expert Advisor Group guidelines have been developed which will mitigate the risks to carrying out these procedures. Consideration is therefore being given to resuming that work in the near future, though at a lower level of activity. There has also been a fall off in attendances at hospitals due to anxiety on the part of the public. Research undertaken for the Department into public attitudes suggests</p>



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			<p>that 28% of adults report having delayed seeking medical care in the past month, with fear of potential infection being the main reason for delays. With the new arrangements put in place in hospitals, in relation to infection control, it is hoped to overcome those fears and with the increase in Non-Covid-19 work it is expected that hospitals will see much higher levels of activity. The additional capacity in the private hospitals will be crucial to enabling the acute hospital system to meet that challenge.</p>
503	Bríd Smith	<p>To detail the numbers involved (at the time of asking this question) in tracking and tracing close contacts of confirmed Covid 19 cases.?</p>	<p>1,700 public servants have been trained in contact tracing to support specialist teams. Of these, 1,400 people have been trained for work in Contact Tracing Centres (CTCs), and 300 additional people were trained to support either Public Health Departments or Occupational Health teams in hospitals. This includes personnel from Higher Education Institutions, the public service and agencies, army cadets and HSE staff. This is in addition to staff working in public health, occupational health and infection and prevention control. The number deployed on any given day is dependent on the number of cases - 300 people contact tracing on busiest day so far.</p>
513	Roisin Shortall	<p>To ask the Minister for Health whether his department intends to make provisions for frontline workers living in shared accommodation with an elderly person or someone with an underlying health condition?</p>	<p>The HSE have advised that temporary accommodation and self-isolation arrangements are being made available for eligible healthcare workers during COVID-19. This will assist eligible healthcare workers to reduce interactions with others and prevent the spread of coronavirus in their residential settings and in the community. All healthcare workers can apply for temporary accommodation and the HSE have set up a dedicated email address in support of staff who wish to avail of such facilities covid.isolationrequest@hse.ie. Information regarding the</p>



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			process for applying for temporary accommodation, eligibility criteria and relevant contact details are available on the HSE website.
516	Ossian Smyth	Will student radiographers be paid for their work on the front line, in the same way that student nurses are being paid?	In response to a HSE identified need, SIPTU have welcomed an offer from the HSE to employ assistant radiographers on a 3 month contract following their placement, subject to the needs of the Health Service. Their skills have been identified as being required on an ongoing basis for this purpose, and subject to the needs of each acute hospital, they will be offered a 3 month assistant radiographer role following successful completion of their 7 week placement.