

IMMEDIATE IMPLICATIONS
NPHET LETTER OF 17 APRIL 2020

1. Increasing capacity to 15,000 or 100,000 per week

1.1 Achieving this means having capacity at all three stages of the process.

- (a) testing;
- (b) laboratory analysis;
- (c) contact tracing.

1.2 Testing

1.2.1 Scaling to 15,000 community referrals per day, seven days per week will require engagement with GPs and GP bodies regarding the demand volumes and weekend service model.

1.2.2 Maximum current community swabbing is approximately 7,000 swabs. It will take a number of days to scale up to this with the full time operating of 48 community testing centres.

1.2.3 Staffing in current community testing centres will need to increase by an additional 500-600 staff in order to manage 15,000 swabs a day and additional sites may need to be opened also.

1.2.4 In addition to staff, an additional 100,000+ test kits per week together with extensive levels of PPE.

1.2.5 How long it will take to scale to this level as this is a work in progress has yet to be defined.

1.3 Laboratory

1.3.1 It was confirmed to the Cabinet Committee on 16 April 2020 that the HSE is close to 10,000 in capacity at the current time.

1.3.2 Scaling to 15,000 would require 30 laboratories working at full capacity. Some of the new laboratory capacity is brand new and will require time to scale up testing output.

1.3.3 The significant risks with regard to reagent supply for hospital laboratories still has to be managed and will have to be managed in the coming months for the HSE's partner laboratories also.

1.3.4 A comprehensive strategy on laboratory testing would take this into consideration, prioritise actions to mitigate the risks and ensure we have robust prioritisation guidance and protocols in place that allow us to ensure that all available capacity is at all times directed to areas of greatest need.

1.4 Contact Tracing

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1.4.1 The contact tracing service is also under review as we work how we will manage the extensive increase based on the new app, and the changes in criteria for who we contact trace.

1.4.2 Active surveillance will also need to be considered.

2. **Following WHO guidelines for all stages of the process**

2.1 The guidance document issued by the WHO which was referred to in the NPHET letter provides that all suspected cases should have test results within 24 hours of identification and sampling and there should be sufficient capacity to verify the virus-free status of patients who have recovered.

2.2 We are working to re-engineer the process such that we understand the turnaround timeframe from beginning to end.

3. **Testing staff and residents of all long-term residential facilities in the next 7-10 days**

3.1 The HSE do not yet have sufficient mobile community testing or NAS capacity to test all residents and staff in long term residential facilities over the next week to 10 days. This is an enormous and complex undertaking.

3.2 Work began on the development of a plan to increase this capacity on the evening of the 17th April.

3.3 The announcement of this decision, in the absence of detailed operational considerations and clear requirements for guidance on prioritisation introduces, introduces considerable risk to the continuity of service in these settings.

3.4 The introduction of this measure in absence of a plan also creates a sense of anxiety and anticipation in the system about how to conduct the tests, and secondly how to manage the response when asymptomatic and who self-isolate, which is inevitable.

4. **Conclusion**

4.1 All of the foregoing forms part of the HSE's workplan for the coming week.

4.2 The HSE's clear focus is to protect public health and protect our staff and to work with NPHET, Government and a whole range of statutory and non-statutory partners and stakeholders to do everything that we possibly can to reduce the threat of COVID-19 to the people resident in Ireland.

4.3 This has involved the HSE interrupting services, creating new services, putting in place new IT systems, and scaling up services in ways unheard of in recent history.

4.4 The HSE has been pushing its staff and its infrastructure to the limit in order to do everything possible to control this pandemic. At the same time it has also been clear and transparent on what measures it can take and by when, while at the same time managing and communicating all associated risks.

4.5 There is a need for improved discussion and collaboration concerning decisions of the NPHET, so that they health system's collective capacity can be best deployed to protect the health of the population, our staff and especially those most vulnerable.

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