**FOR ANSWER MAY 5TH**

| Number | Deputy | Question | Answers |
|---|---|---|---|
| 4268 | Matt Carthy | To ask the Minister for Health if he will ensure that Home Help Carers are allocated PPE. | The HSE has expanded the span of its PPE coverage to cover the all health services including nursing homes, both public and private.<br>PPE is distributed by the HSE via a centralised request management system that services all of the State's healthcare settings, including hospitals, nursing homes (public and private), National Ambulance Service, GPs, and all Section 38 and 39 service providers. . In line with NPHET recommendations all nursing homes have equality of access to PPE with all other services in line with clinical guidance. This centralised approach is in line with WHO guidance on coordinating PPE supply; WHO guidance also emphasises the need to ensure rational and appropriate use of PPE in view of the global shortage of such equipment<br>For the week 07/05-13/05 11.267m items of PPE were delivered across the health service with 34% delivered to home care. |
| 4815 | Matt Carthy | To ask the Minister for Health if he will ensure that professional home carers are allocated priority PPE during the Covid-19 period; | The HSE has expanded the span of its PPE coverage to cover the all health services including nursing homes, both public and private.<br>PPE is distributed by the HSE via a centralised request management system that services all of the State's healthcare settings, including hospitals, nursing homes (public and private), National Ambulance Service, GPs, and all Section 38 and 39 service providers. . In line with NPHET recommendations all nursing homes have equality of access to PPE with all other services in line with clinical guidance. This centralised approach is in line with WHO guidance on coordinating PPE supply; WHO guidance also emphasises the need to ensure rational and appropriate use of PPE in view of the global shortage of such equipment<br>For the week 07/05-13/05 11.267m items of PPE were delivered across the health service with 34% delivered to home care. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4094 | Michael McNamara | To ask the Minister for Health by whom a contact tracing App is being developed? | As part of the national response to COVID-19, work is underway to develop a national app for contact tracing and real-time symptom tracking.<br>The primary purpose of the app is to enable the health services to improve the speed and effectiveness of contact tracing and to map and predict the spread of COVID-19. This is in support of the overall goal to flatten the curve and prevent the spread of COVID-19 to others in our community. There is a dedicated team in place, led by the Government Chief Information Officer, the Chief Information Officer at the HSE and the Assistant Secretary for R&D and Health Analytics at the Department of Health. They are supported by technical expertise from across the public services and their industry partners and have engaged a number of companies in the App development and testing. A Covid App Oversight Group has been established from senior officials from the HSE, DOH and DPER (OGCIO) for the purposes of:<br>• Advising the HSE implementation team in the development of the App<br>• Oversight of project operations<br>• Review and consideration of version updates<br>• Consideration and integration of the national approach with the emerging international context for digital contact tracing<br>• Strategic and ongoing engagement with NPHET.<br>A core team of staff from across the public service are driving the project. This team are augmented by technical specialists with very specific skillsets. Nearform, a Waterford based company were engaged based on specific skillsets not only in app development but more importantly because of their expertise in Bluetooth technologies. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4098 | Michael McNamara | To ask the Minister for Health by whom a contact tracing App is being developed? | As part of the national response to COVID-19, work is underway to develop a national app for contact tracing and real-time symptom tracking.<br>The primary purpose of the app is to enable the health services to improve the speed and effectiveness of contact tracing and to map and predict the spread of COVID-19. This is in support of the overall goal to flatten the curve and prevent the spread of COVID-19 to others in our community. There is a dedicated team in place, led by the Government Chief Information Officer, the Chief Information Officer at the HSE and the Assistant Secretary for R&D and Health Analytics at the Department of Health. They are supported by technical expertise from across the public services and their industry partners and have engaged a number of companies in the App development and testing. A Covid App Oversight Group has been established from senior officials from the HSE, DOH and DPER (OGCIO) for the purposes of:<br>• Advising the HSE implementation team in the development of the App<br>• Oversight of project operations<br>• Review and consideration of version updates<br>• Consideration and integration of the national approach with the emerging international context for digital contact tracing<br>• Strategic and ongoing engagement with NPHET.<br>A core team of staff from across the public service are driving the project. This team are augmented by technical specialists with very specific skillsets. Nearform, a Waterford based company were engaged based on specific skillsets not only in app development but more importantly because of their expertise in Bluetooth technologies. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4093 | Michael McNamara | To ask the Minister for Health the current contact tracing-tracing capacity in the state and the average time before such persons are contacted? | Traditionally, contact tracing has been undertaken by specialists in public health, occupational health and infection prevention and control. To meet the scale of contact tracing capacity required, the HSE has established 9 new Contact Tracing Centres (CTCs), and has trained 1,700 public servants in contact tracing to support these 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. They include personnel from both a clinical and non-clinical background from Higher Education Institutions, civil service and agencies, army cadets and HSE staff.<br>The number of people contact tracing varies with the number of confirmed cases that have been reported through the laboratories. This figure has reduced from an average of 200 tracers per day in early April to under 100 tracers per day by the end of the month in line with reduced number of positive cases since mid-April, and reduced number of close contacts arising from the period of restricted public movements. On the busiest day: Over 1,400 people had their test result confirmed, and more than 5,000 calls were made in total. On that day all nine CTCs operated with approx 300 people contact tracing. The service runs seven days a week, with generally two shifts. At present, HSE advises that calls to both confirmed cases and their contacts are being made within 24 – 48 hours of laboratory results being notified to the HSE. There are a number of system changes being implemented to improve turnaround time, including automating some manual data entry processes.<br>It isiImportant to note there can be difficulties in contacting people – both in terms of having accurate contact information for cases and contacts, and people answering calls. The HSE are continuing to refine and develop information systems and processes to improve the overall process. But there remain a number of people that they have not been able to contact |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4511 | Louise O'Reilly | To ask the Minister for Health why women are being told by some GPs they will not have their Cervical smear test done until the lockdown restrictions are lifted. | Screening services have paused to protect patients and staff by complying with social distancing guidelines. CervicalCheck has contacted their key stakeholders to advise them of the temporary pause in screening. Colposcopy and gynaecological clinics are still operating but with a reduced volume. A plan is now being drawn up to restart cervical screening. A controlled release of invite letters is being planned. CervicalCheck will work with all the providers prior to restarting the programme to ensure they are informed of the start date and confirm that they have full teams in place. New cervical screening packs will be issued to all sample takers. In the interim, my Department and the NCCP have been working in partnership to oversee the continued safe provision of cancer services. Cancer services are continuing following the consideration of the risk:benefit ratio of treatment for each individual patient, the prioritisation of time-sensitive treatment, and the ongoing review of the location of the delivery of cancer services. My Department will continue to liaise closely with the HSE and other agencies in regard to resumption of services paused due to the COVID19 response over the coming weeks. It is important to stress that population screening programmes are only for people who do not have symptoms. Anyone who does have symptoms should visit their GP as soon as possible. |
| 4493 | Louise O'Reilly | To ask the Minister for Health if the guidance document on the 'Ethical Considerations Relating to Critical Care in the context of COVID-19' can be updated to explicitly state that perceived frailty or underlyinghealth 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 maybe perceived by others as frail, have a right to equality of access to health care. | The National Public Health Emergency Team (NPHET) approved the guidance document "Ethical Considerations Relating to Critical Care in the context of COVID-19". 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.<br>The aim of this document 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.<br>The document state that each patient is unique and that all clinical judgements regarding the provision of critical care will and should |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| | | | ultimately be made on a case-by-case basis. They state that no single factor should be taken, in isolation, as a determining factor.<br>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. |
| 4500 | Louise O'Reilly | To ask the Minister for Health why is it taking so long to get clarification that people with disabilities will get equal access to intensive care? | The National Public Health Emergency Team (NPHET) approved the guidance document "Ethical Considerations Relating to Critical Care in the context of COVID-19". 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.<br>The aim of this document 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.<br>The document 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.<br>Each patient is different; their clinical status and care needs should be |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| | | | evaluated holistically, and interventions should be provided on a rational, evidence-based and ethical basis. |
| 4585 | Louise O'Reilly | To ask the Minister for Health if PPE has been provided to the home help sector; how many pieces of equipment by type and a list of areas that have been supplied for public and private providers, andif he will make a statement on the matter. | The HSE confirms that PPE is being provided to a range of settings outside of acute hospitals. PPE is distributed by the HSE via a centralised request management system that services all of the State's healthcare settings, including hospitals, nursing homes (public and private), National Ambulance Service, GPs, and all Section 38 and 39 service providers. This centralised approach is in line with WHO guidance on coordinating PPE supply; WHO guidance also emphasises the need to ensure rational and appropriate use of PPE in view of the global shortage of such equipment For the week 07/05-13/05 11.267m items of PPE were delivered across the health service with 34% delivered to home care. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4488 | Louise O'Reilly | To ask the Minister for Health if mental health and counselling services have been made available to healthcare workers, especially those in the nursing home and residential care facilities, to helpthem with any mental health problems that may arise from fighting COVID19 at the frontline. | The HSE Workplace Health and Wellbeing Unit (WHWU), a division of National HR, are providing a wide range of expertise, advice and supports to healthcare staff and managers during this Covid-19 period, including the following:<br><br>• Occupational Health services are providing specialised medical advice and guidance in relation to COVID-19 and management of healthcare workers. Among the many aspects of these services, is the Healthcare Worker Covid-19 Helpline which provides advice and support to healthcare workers from across the wider health family. The helpline has provided occupational support to over 9,000 healthcare workers between March and April.<br><br>• Health and Safety advice and information is being provided to healthcare workers on matters such as social distancing in the health sector and guidance to those manning the helpline.<br><br>• The Employee Assistant Programmes & Counselling Services are providing supports to HSE employees in the form of counselling sessions, consultation for managers on staff wellbeing issues, critical incident response, and brief psychosocial support.<br><br>• Organisational Health supports for managers are being provided including issuance of guidance on building good manager/employee relationships, and good practice guidance for healthcare staff in managing fatigue.<br><br>• Communication is key at present, and up to date information, guidance, and advice is being provided and promoted through a mix of channels. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4514 | Louise O'Reilly | To as Minister for Health if he will publish the Data Protection Impact Assessment (DPIA) of the COVID19 contact tracing app. | As part of the national response to COVID-19, work is underway to develop a national app for contact tracing and real-time symptom tracking.<br>The primary purpose of the app is to enable the health services to improve the speed and effectiveness of contact tracing and to map and predict the spread of COVID-19. This is in support of the overall goal to flatten the curve and prevent the spread of COVID-19 to others in our community.<br>As well as supporting the government's overall efforts in the immediate fight against COVID-19, the app will have particular benefits in helping people return to normal life as restrictions ease. There is a dedicated team in place, led by the Government CIO, the CIO at the HSE and the Assistant Secretary for R&D and Health Analytics at the Department of Health. They are supported by technical expertise from across the public services and their industry partners and have engaged a number of companies in the App development and testing. A Covid App Oversight Group has been established from senior officials from the HSE, DOH and DPER (OGCIO). In order to be as transparent as possible and to engender trust across the population, it is our intention to publish the source code, the DPIA (Data Protection Impact Assessment ) and relevant design documentation prior to launching the app. |
| 4515 | Louise O'Reilly | To as Minister for Health why the contact tracing app is intended to be a centralised app model with the data collected by GPS and a user having to share their phone number with the government/HSEand not a decentralised app model using Bluetooth where the data is stored on a person's phone and where the app alerts close contacts and advises them to contact the HSE for assistance? | As part of the national response to COVID-19, work is underway to develop a national app for contact tracing and real-time symptom tracking.<br>The primary purpose of the app is to enable the health services to improve the speed and effectiveness of contact tracing and to map and predict the spread of COVID-19. This is in support of the overall goal to flatten the curve and prevent the spread of COVID-19 to others in our community. The app is based on a 'de-centralised' or 'distributed model' and this means that data is not held centrally by the HSE. The 'decentralised' is best placed to support contact tracing because it maximises the effectiveness of contact tracing across all mobile phone platforms and maximises the protection of privacy. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4499 | Louise O'Reilly | To ask the Minister for Health are residential care homes for people with disabilities receiving the same HSE supports as nursing homes in terms of staffing and PPE? | A series of enhanced measures have been agreed by NPHET for long-term residential care settings, including homes for people with disabilities 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 significant programme of testing across Long Term Residential Care Facilities commenced on 18 April following a NPHET recommendation, including in disability residential locations. This is part of a range of measures and supports that have been put in place for this sector. 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. The HSE is currently supplying PPE to long term residential care facilities across the country, including disability centres. Significant distribution management arrangements are in place and coordinated with each of the Area Crisis Management Teams to ensure the provision of PPE is targeted at the highest risk long term residential care locations. These arrangements also allow us to respond rapidly to locations where new outbreaks occur. |
| 4415 | Roisin Shorthall | To ask the Minister for Health if adequate measures have been taken to ensure that home carers are provided proper personal protective equipment by their employers, so thatwhen they go into people's home to care for them, that they neither fall ill from Covid-19 themselves, nor that they will infect the people they are supposed to be caring for? | The HSE has expanded the span of its PPE coverage to cover the all health services including nursing homes, both public and private.<br>PPE is distributed by the HSE via a centralised request management system that services all of the State's healthcare settings, including hospitals, nursing homes (public and private), National Ambulance Service, GPs, and all Section 38 and 39 service providers. . In line with NPHET recommendations all nursing homes have equality of access to PPE with all other services in line with clinical guidance. This centralised approach is in line with WHO guidance on coordinating PPE supply; WHO guidance also emphasises the need to ensure rational and appropriate use of PPE in view of the global shortage of such equipment<br>For the week 07/05-13/05 11.267m items of PPE were delivered across the health service with 34% delivered to home care. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4690 | Roisin Shorthall | To ask the Minister for Health, if he is aware of a shortage of PPE at Galway Hospice, Dublin Road, Galway; and if he will ensure that they will get a sustainable amount of the necessary PPE; and will he make a statement on the matter? | The HSE confirms that PPE is being provided to a range of settings outside of acute hospitals. PPE is distributed by the HSE via a centralised request management system that services all of the State's healthcare settings, including hospitals, nursing homes (public and private), National Ambulance Service, GPs, and all Section 38 and 39 service providers. In line with NPHET recommendations all nursing homes have equality of access to PPE with all other services in line with clinical guidance. This centralised approach is in line with WHO guidance on coordinating PPE supply; WHO guidance also emphasises the need to ensure rational and appropriate use of PPE in view of the global shortage of such equipment. For the week 07/05-13/05 11.267m items of PPE were delivered across the health service. As your question refers to an individual facility I have referred it to the HSE for direct reply. |
| 4708 | Roisin Shorthall | To ask the Minister for Health the consideration which he has given to permanently retaining private hospitals in public use, in order to accelerate progress towards a single-tier health service, inline with Slaintecare, and will he make a statement on the matter. | A major part of the Government's Action Plan in Response to Covid-19 was to urgently ramp up capacity for acute care facilities. A critical element of the strategy was to put in place an arrangement with the private hospitals to use their facilities as part of the public system, to provide essential acute hospital services for the duration of the emergency. An overarching agreement with the 18 private acute hospitals was agreed at the end of last month and individual contracts are due to be signed with the individual hospitals or groups of hospitals shortly Under the terms of the agreement the HSE has secured access to 100% of the capacity of the private hospitals. The private hospital sector is made up of 18 hospitals and has an estimated bed capacity of 1,900 inpatient beds, 600 day beds as well as 47 ICU and 54 HDU beds. This is equal to 17% of the existing capacity in the public system which has approximately 11,000 inpatient beds and 2,300 day beds or places. The private hospitals have nearly 1,000 single bed inpatient rooms. The staff of the private hospitals continue to be employed by the hospitals. The terms of the arrangemente are in effect for a 3 month period with an option for the HSE to extend it for a further month and by mutual agreement thereafter. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4709 | Roisin Shorthall | To ask the Minister for Health to provide an update on negotiations with Hospital consultants in respect of public use of private hospitals, and will he make a statement on the matter. | Following negotiations between the HSE, supported by my Department, and the private hospitals, an overarching agreement with the 18 private acute hospitals was agreed at the end of March. The details of the arrangement are contained in the Heads of Terms, which I laid before the Oireachtas on 16th April. In summary, under the agreement, the HSE has secured 100% of the capacity of the private hospitals. They are linked to the Hospital Groups within their region and effectively operate as public hospitals for the duration of the arrangement. All patients treated in private hospitals are public patients and neither the private hospitals nor medical consultants, carrying out work in them, are entitled to private fees. The terms of the arrangement reflected the expected Covid-19 pandemic at time of signing, and therefore is for a 3-month period, with an option for the HSE to extend it for a further month, and by mutual agreement thereafter.<br><br>There is a substantial number of consultants who carry out work solely for the private hospitals. These consultants are not generally employees of the private hospitals and therefore do not have contractual arrangements with these hospitals. The HSE has offered them a locum public only contract for the duration of the arrangement. As of 5th May, 281 consultants have accepted the contract and the HSE has advised that it anticipates a substantial proportion of the remaining consultants to do so. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4710 | Roisin Shorthall | To ask the Minister for Health to outline the cost basis for the agreement with the private hospital sector, with a breakdown of how the figure of €115M per month was arrived at. | Under the terms of the agreement between the HSE and the private hospitals, a copy of which the Heads of Terms to the agreement was laid before the House on 16th April, 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 principles 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.. Under the agreement payment to the private hospitals will be on a cost only Open Book model whereby the hospitals will be reimbursed only for the operating costs properly incurred during the period. The costs that will be covered will be limited to normal costs of operating the hospital. While the private hospitals are paid a monthly sum equal to 80% of estimated monthly costs, the hospitals will only receive their actual operating costs when these have been verified. The final cost will be verified by independent firms of accountants appointed by the HSE and the private hospitals and there will be an arbitration mechanism in place in the event of any disagreement. Since the purpose of the arrangement is to provide additional capacity to deal with the impact of the COVID-19 pandemic for which there is no definitive time horizon it is not possible to indicate a precise cost estimate attaching to the arrangement. The cost only open book model is therefore the most effective way of ensuring the arrangement is value for money for the State. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4862 | Brid Smith | To detail the sources from which the HSE are procuring PPE , the plans if any to ensure productionis sourced on the Island of Ireland, and the estimated volume and costs of an adequate supply for the year ahead and if he will make a statement on the matter? | While the HSE continues to receive PPE from China, our primary source for stock, every effort is being taken to build critical stocks, to meet our current health service demands. In addition, the HSE has also been successful in working with manufacturers in Ireland to increase domestic production of certain PPE [e.g. Respirator Masks, Face Shields and Alcohol Hand Sanitiser]. The HSE is engaging with other State bodies (e.g. Enterprise Ireland and the IDA) to enhance existing production of PPE and support a number of new or agile existing Irish manufacturers to start producing PPE, with the aim of rapidly increasing domestic production of PPE, where possible [e.g. Respirator Masks, Face Shields and Alcohol Hand Sanitiser].<br>While this engagement has proved successful for such products as alcohol hand gel and respirator masks, but it has proved difficult to ramp up production sufficiently quickly to meet increased demand.<br>Notwithstanding efforts to develop/increase supply, 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. In this regard, Ireland will continue to source most of its PPE from China for the foreseeable future, but will continue all efforts towards enhancing and scaling up production of PPE by existing domestic suppliers and facilitating the establishment of new domestic suppliers of PPE.<br>Ireland is engaged with the European Commission and 25 other member states as part of a centralised joint procurement of essential medical supplies. The voluntary Joint Procurement Agreement enables the joint purchase of such equipment and supplies. The Commission launched four calls for tender for medical equipment and supplies on 28 February (gloves and surgical gowns), 17 March (personal protective equipment for eye and respiratory protection, as well as medical ventilators and respiratory equipment), and 19 March (laboratory equipment, including testing kits). The HSE has developed a PPE forecasting model. The model is based on calculations derived from various inputs and in particular, clinical IPC guidance estimating quantities of each category of PPE required for staff interactions with patients in different care settings. This model estimates demand against a range of scenarios. The actual usage of PPE will be continuously monitored against the estimates provided in the forecasting model |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4864 | Brid Smith | To detail what plans are in place in relation to private hospital facilities currently leased to the HSE in the coming months and specifically the estimated costs of continuing with the presentarrangement, if any reworking of the contracts at the end of the current period is envisioned and if the associated costs can be reduced for longer term arrangement and if he will make a statement on the matter? | Under the terms of the agreement between the HSE and the private hospitals, a copy of which the Heads of Terms to the agreement was laid before the House on 16th April, 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 principles 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.. Under the agreement payment to the private hospitals will be on a cost only Open Book model whereby the hospitals will be reimbursed only for the operating costs properly incurred during the period. The costs that will be covered will be limited to normal costs of operating the hospital. While the private hospitals are paid a monthly sum equal to 80% of estimated monthly costs, the hospitals will only receive their actual operating costs when these have been verified. The final cost will be verified by independent firms of accountants appointed by the HSE and the private hospitals and there will be an arbitration mechanism in place in the event of any disagreement. Since the purpose of the arrangement is to provide additional capacity to deal with the impact of the COVID-19 pandemic for which there is no definitive time horizon it is not possible to indicate a precise cost estimate attaching to the arrangement. The cost only open book model is therefore the most effective way of ensuring the arrangement is value for money for the State. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4861 | Brid Smith | To detail the costs to date of additional supports for private nursing homes as a result of Covid 19 crisis, the numbers of HSE staff deployed to aid private nursing homes and the costs ofsupplying PPE to these nursing homes, and to further itemise these costs per nursing home or per chain of homes. | The Temporary Assistance Payment Scheme opened for applications on 17th April 2020, with applications now being taken for the standard assistance payment. As of 11th May 251 applications have been validated with 145 payments of 4m made, and a further 2.2m in payments ready.<br>The Temporary Scheme provides funding support directly to nursing homes to assist their preparedness and management of COVID-19, i.e. it is additional systematic support for nursing homes, having regard to their participation in the NHSS. The payments made under the Scheme are not support payments for individual named clients. Rather the supports are paid to each nursing home with the validated number of NHSS residents used to calculate the maximum monthly payment that can be claimed by a nursing home. 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.<br>It must be remembered that in the normal course the HSE has a limited relationship with private nursing homes and the NTPF's role is to negotiate prices under the NHSS. The financial Scheme is also only one aspect of a significant and unprecedented level of support provided to nursing homes – who in their own right, have the legal responsibility and duty for the safe care of their residents. The HSE is providing staffing, PPE, Oxygen, training and other supports to nursing homes. As of 12th May there are 394 staff redeployed directly into LTRCF from community settings. Nearly 100 of these are redeployed directly into private nursing homes.<br>The HSE will continue to work with all providers to support them in their obligations of providing residential care services to their residents and to work with them through the critical stages of outbreaks in their centres as is required.<br>The HSE must also maintain its own services at safe staffing levels so the unprecedented requirements to support other services is very carefully monitored. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4863 | Brid Smith | To detail if the HSE has issued any guidance to nursing homes on the agreed care plans with residents in relation to Covid 19 and will he make a statement on the matter? | A range of enhanced measures for nursing homes recommended by NPHET on 31st March and 3rd April are being implemented. The enhanced measures build on actions already adopted for nursing homes, including general and specific infection prevention measures, specific public health and clinical nursing home guidance published March 12th and subsequently updated, social distancing measures, visitor restrictions and cocooning.<br><br>HIQA, as regulator for the nursing home sector has completed a risk assessment of all nursing homes. On 3rd April, it commenced a focused COVID-19 Infection Prevention and Control Hub to provide nursing home providers with guidance and supports; including an escalation pathway where required to the HSE. In addition, a HIQA COVID-19 regulatory assessment framework, in line with the Health Act 2007, was published and is now operational. On the 3rd April, HIQA commenced a focused COVID-19 Infection Prevention and Control Hub to provide Long stay facilities including Disability Centres with guidance and supports; including an escalation pathway where required to the HSE.<br>The HSE is providing staffing, PPE, Oxygen, training and other supports to nursing homes. It has also established 23 HSE COVID Response Teams across the CHOs, to provide support and expert guidance to all long-term care residential settings. These teams comprise of a Director of Nursing as well as clinical and public health expertise and links to acute hospitals.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.<br>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” . |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4831 | Ossian Smyth | What is the Department's plan to alleviate some of the ongoing challenges being faced by nursing homes:<br>◦Nursing homes are hiring agency staff at a very high cost.<br>◦Agency staff are working at various locations, which is putting both the workers and residents at high risk.<br>◦There are ongoing challenges in getting adequate and appropriate PPE for nursing home staff. | On 11 April, the HSE and the ICTU and Non-ICTU affiliated representative bodies reached agreement on the conditions that shall apply to the redeployment of HSE / Section 38 staff to Private Nursing Homes.<br>The HSE recruitment activity for COVID 19 is conducted through HBS National Recruitment which accounts for approximately 40% of HSE recruitment, local service recruitment by Hospital Groups/CHOs which accounts for approximately 60% of recruitment, and via the Be on Call for Ireland initiative. As of 12th May there are 394 staff redeployed directly into LTRCF from community settings. Nearly 100 of these are redeployed directly into private nursing homes. A further 57 apprx. staff from acute hospitals are also deployed including from RCSI, Ireland East and University of Limerick Hospitals Groups. The HSE reports that as of 3 May, 1,614 candidates have been successful at interview. There are 527 candidates who are job ready and are available to the services as and when they need them including acute, community and residential settings (public and private nursing homes) and 62 candidates have started in roles. HSE Staff redeployment is undertaken in accordance with the HSE HR Policy and Procedure for Redeployment of staff during COVID 19 Infection (March 2020) and other 2020 HSE Circulars available to view on the HSEs website.<br><br>The HSE 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. I can assure the Deputy that there is an intense focus on PPE for residential settings. For the week 07/05-13/05 11.267m items of PPE were delivered across the health service, 35% of which went to long term residential care facilities. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4832 | Ossian Smyth | When will radiography students be remunerated for their work, during the Covid crisis?<br>◦How will they be remunerated?<br>◦Will this be backdated? ▪To when? | Assistant radiographers are to be employed on a 3 month contract following completion of their final year clinical placement, subject to the needs of the Health Service. Their skills have been identified as being required for this purpose during the COVID-19 response and subject to the needs of each acute hospital, they will be offered a temporary 3 month assistant radiographer role following successful completion of their 7 week final year clinical placement. The assistant radiographer role will be paid at the first point of the appropriate scale which is €28,493. |
| 4834 | Ossian Smyth | Noting the challenges that contact tracing apps have had in other states (https://www.irishtimes.com/news/world/europe/germany-rejects-centralised-data-storage-for-coronavirus-tracing-app-1.4239170)what model of contact tracing app will be rolled out in Ireland – one where the data is centralised or de-centralised? | As part of the national response to COVID-19, work is underway to develop a national app for contact tracing and real-time symptom tracking.<br>The primary purpose of the app is to enable the health services to improve the speed and effectiveness of contact tracing and to map and predict the spread of COVID-19. The app is based on a 'de-centralised' or 'distributed model' and the identification of close contacts happens on an individual's phone.<br>This means that the anonymous data processing for contact tracing data takes place on the user's mobile phone rather than on a central data server e.g. health service. The 'decentralised' approach is best placed to support contact tracing because it maximises the effectiveness of contact tracing across all mobile phone platforms and maximises the protection of privacy. |
| 4835 | Ossian Smyth | What is the planned release date for the Irish contact tracing app? | Development of the app is on track for the end of May and this will be followed by a large-scale field test.The app will be available when it is fully operational and when all approvals are in place from the relevant authorities and will be informed by the Covid-19 Roadmap for Recovery. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4836 | Ossian Smyth | Who is developing the planned contact tracing app?<br>◦ Is it being developed in-house by the HSE? Or is it being outsourced? ▪ If so, to whom?<br><br>◦ Do the developer(s) have specific proven expertise delivering such sensitive GDPR and health-data related applications at large scale?<br>◦ Will the Minister publish the technical, data privacy, cryptographic and API specifications for this app, just as Google and Apple have published for theirs? ▪ If not, how does he expect this app to be appropriately scrutinised? | As part of the national response to COVID-19, work is underway to develop a national app for contact tracing and real-time symptom tracking.<br>The primary purpose of the app is to enable the health services to improve the speed and effectiveness of contact tracing and to map and predict the spread of COVID-19. This is in support of the overall goal to flatten the curve and prevent the spread of COVID-19 to others in our community. There is a dedicated team in place, led by the Government Chief Information Officer, the Chief Information Officer at the HSE and the Assistant Secretary for R&D and Health Analytics at the Department of Health. They are supported by technical expertise from across the public services and their industry partners and have engaged a number of companies in the App development and testing. A Covid App Oversight Group has been established from senior officials from the HSE, DOH and DPER (OGCIO) for the purposes of:<br>• Advising the HSE implementation team in the development of the App<br>• Oversight of project operations<br>• Review and consideration of version updates<br>• Consideration and integration of the national approach with the emerging international context for digital contact tracing<br>• Strategic and ongoing engagement with NPHET.<br>A core team of staff from across the public service are driving the project. This team are augmented by technical specialists with very specific skillsets. Nearform, a Waterford based company were engaged based on specific skillsets not only in app development but more importantly because of their expertise in Bluetooth technologies. |
| 4837 | Ossian Smyth | Has a Data Protection Impact Assessment (DPIA, under GDPR) been carried out on the proposed app?<br>◦ If yes, will the minister publish the DPIA?<br>◦ If not, will such an assessment be carried out before any release? ▪ If not, why does the Minister think it's acceptable to forego such an assessment? | In order to be as transparent as possible and to engender trust across the population, it is our intention to publish the source code, the DPIA (Data Protection Impact Assessment ) and relevant design documentation prior to launching the app. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4838 | Ossian Smyth | Will the app be compliant with the recommendations from the EU eHealth Network (publishedApril 15) as to how these apps should work and how they should handle privacy? | As part of the national response to COVID-19, work is underway to develop a national app for contact tracing and real-time symptom tracking.<br>The primary purpose of the app is to enable the health services to improve the speed and effectiveness of contact tracing and to map and predict the spread of COVID-19. This is in support of the overall goal to flatten the curve and prevent the spread of COVID-19 to others in our community.<br>As well as supporting the government's overall efforts in the immediate fight against COVID-19, the app will have particular benefits in helping people return to normal life as restrictions ease. The overriding focus of the contact tracing services and the HSE is on proximity between two App users within critical windows of time so they can ensure that citizens are notified of close contact with confirmed cases and that citizens are supported as appropriate. It is important to be clear that location data from the App is not of interest to the contact tracing services or the HSE. Furthermore, it is important to note that the identity of the index case is never disclosed via the app and the privacy of all app users is protected at all times. Ireland has been very conscious of the vital importance of data protection and privacy. This is essential given the privacy concerns that have, at times, arisen in relation to the use of mobile technology globally and given the importance of data protection and privacy in the European context.<br>The Irish app is being developed to be compliant with recent EU recommendations and guidance documents published by the European Commission. It has been developed on the basis of privacy-by-design. Use of the app will be voluntary and data that is provided to the health services will be provided on the basis of consent and user preferences. There is significant value in being able to map and monitor symptoms in real-time at national level and this will be done in a way that completely protects the anonymity of all app users. |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| 4839 | Ossian Smyth | What is the Minister's target penetration level of usage for this app in the Irish market? | As part of the national response to COVID-19, work is underway to develop a national app for contact tracing and real-time symptom tracking.<br>The primary purpose of the app is to enable the health services to improve the speed and effectiveness of contact tracing and to map and predict the spread of COVID-19. A review of available research and published international reports has found that the target adoption rates that have been quoted for apps like this vary a lot (from 40-60% of the population), and the use of evidence-informed targets is mixed. A recent and robust modelling study of a comparable App in the US estimated that a minimum target adoption rate of 25% in the population would be needed for there to be a significant impact on the rate of infection in the population.<br>For contact tracing operations, every app contact will count and will enhance our existing contact tracing processes. The more people that use the app, the more effective it will be.<br>As part of the development process, user experience research has been conducted to identify factors that lead to drop-off and the team plan to monitor uptake and drop-off when the App is rolled-out. A public engagement plan is being developed to address these challenges with the support of the Behavioural Change Sub-group of NPHET. |
| 4833 | Ossian Smyth | How many (human) contact tracers are currently active?<br>◦ How many contacts of COVID victims have they identified and notified to date?<br>◦ What is the daily rate of such identifications and how has it trended for the last 10 days?<br>◦ Do we know what percentage of such notified contacts have been recommended to self-isolate themselves? | Traditionally, contact tracing has been undertaken by specialists in public health, occupational health and infection prevention and control. To meet the scale of contact tracing capacity required, the HSE has established 9 new Contact Tracing Centres (CTCs), and has trained 1,700 public servants in contact tracing to support these 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. They include personnel from both a clinical and non-clinical background from Higher Education Institutions, civil service and agencies, army cadets and HSE staff.<br>The number of people contact tracing varies with the number of confirmed cases that have been reported through the laboratories. At present, with in the region of 200 – 300 cases a day, under 100 people deployed each day. The average number of close contacts per case – c. 2.7 over last 4 weeks (to 3 May). The median number of close contacts |

**FOR ANSWER MAY 5TH**

| | | | |
|---|---|---|---|
| | | | per case – c. 2 over last 4 weeks (to 3 May) The service runs seven days a week, with generally two shifts. Contacts recieve a call 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. |