

Number	Deputy	Question	Answer
5.399	Louise O'Reilly	To ask the Minister for Health if he will publish the minutes of the February 19th meeting between health officials and Nursing Homes Ireland and if he will make a statement on the matter.	In response to your question please see the attached link https://www.gov.ie/en/publication/656cf-department-correspondence-with-nursing-homes-ireland-january-may-2020/
4582	Louise O'Reilly	To ask the Minister for Health how many clinical assessment hubs are fully operational and if he will provide a breakdown of the whole time equivalent staff working in these hubs by grade and if he will make a statement on the matter.	<p>The HSE is establishing a network of 39 community assessment hubs across the nine Community Healthcare Organisations (CHO) and these are opening on a phased basis. The assessment hubs are designed to support a community-based response to management of the virus by diverting the assessment of those with suspected or confirmed COVID-19 from General Practice and shifting care, where appropriate, from the hospital setting to the community.</p> <p>The hubs are for the assessment of those patients who are confirmed COVID-19 positive or those who have a presumptive diagnosis, based on current case definitions and a high index of clinical suspicion. Referrals to the hubs will only be made following completion of the standard telephone assessment of COVID-19 either by the patient's own GP or HSE telehealth. As of 10 May, there are 29 hubs operational across the country</p>

	Louise O'Reilly	To ask the Minister for Health the arrangements in place for the transfer of care for patients who are experiencing delayed discharges; if the isolation facilities such City West have been considered for step down beds and if he will make a statement on the matter	<p>The following referral criteria apply in relation to the Citywest facility:</p> <ol style="list-style-type: none"> 1. People who need to self-isolate and cannot do so at home and are asymptomatic 2. People who are awaiting testing or test results, have mild symptoms and cannot self-isolate at home. 3. People who are Covid19 positive, have mild symptoms and cannot self-isolate at home. 4. People who are Covid19 positive, are in the recovery phase in hospital and cannot self-isolate at home upon discharge. <p>The HSE has advised that as of 22nd May, 578 referrals have been received from a range of sources, namely acute hospitals, GP practices, occupational health, assessment hub and direct referrals from public health departments. As at 22nd May there are 169 patients at the facility. Referrals to the facility can be made by a discharging hospital, GP, contact tracing team or other appropriate healthcare professional. Work has also commenced on the conversion of the City West convention centre to a Covid19 Step Down facility. The capacity will be 450 beds approx. and will be under the governance of the HSE acute hospitals. This facility will provide 24-hour nursing care to those who have been discharged from acute hospitals and who continue to need a level of clinical support that cannot be provided in their home. These beds fit within the recently agreed intermediate care pathway for Covid19.</p>
4586	Louise O'Reilly	To ask the Minister for Health what is the process whereby home support workers, and those working in community care, should dispose of PPE, and if he will make a statement on the matter.	The HSE and other agencies are providing a range of services, and public health measures, to support people who are cocooning in their home including those that live in a long term residential care (LTRC) setting. A set of enhanced public health measures were recommended by NPHET aimed at residents living in LTRC facilities and home support services. They include measures to strengthen HSE national and regional support structures, measures focused on reducing transmission of the disease such as prioritisation of staff for screening, and access to specific training and PPE for providers.

4489	Louise O'Reilly	To ask the Minister for Health if any additional childcare plans are to be put in place beyond the recent announcement.	<p>The Minister for Children and Youth Affairs, Dr Katherine Zappone announced on 13th May that regrettably the Temporary Childcare Scheme for Essential Health Workers will not proceed on the 18th May as planned.</p> <p>Minister Zappone and her Department remain strongly focused on developing solutions to the significant challenges of a phased reopening of early learning and childcare facilities ahead of a planned 29th June in line with the Government's Roadmap on Reopening Society and Business.</p>
	Louise O'Reilly	To ask the Minister for Health if the Department of Health and the HSE will roll out an awareness campaign to ensure that patients with non-Covid19 related health issues access proper care and do not suffer in silence, as data from the Irish Patients Association shows that attendances and admissions to hospitals are down by over 60,000.	<p>The HSE has launched a national paid campaign across radio, television and online encouraging people to stay safe and protect each other. The radio element of this campaign is specifically aimed at encouraging people to continue to use health services and emphasising that GPs and our Emergency Departments are open and available.</p> <p>On 7 May, the National Cancer Control Programme launched a social media campaign encouraging people to be aware of the signs and symptoms of cancer and reassuring them that GPs are available to discuss any concerns and that cancer services are still working.</p>
4492	Louise O'Reilly	To ask the Minister for Health to guarantee that the government will keep any new commitments they make to the public regarding ramping up Covid-19 testing.	<p>A robust process of testing, isolation and contact tracing is central to our public health strategy for containing and slowing the spread of COVID-19, as advocated by WHO, EC and ECDC.</p> <p>A process with sufficient capacity and quick turnaround is one of a number of core criteria in determining when safe for countries to reduce restrictive public health measures.</p> <p>Our overriding aim remains real-time testing, isolation and rapid contact tracing, testing of close contacts and robust information systems. The HSE is working intensively to further develop processes, capacity and turnaround times across the testing and tracing pathway.</p> <p>Currently capacity stands at 15,000 tests per day. Time from referral to receiving an appointment is generally same day or next day, average time is 0.6 days or 14.4 hours for community referrals. The time from swab to result is 2-3 days on average.</p>

			<p>NPHET is giving consideration to how testing will be expanded further, areas under consideration include testing of close contacts, a continuing focus on testing HCWs (including homecare), hospital patients, residential care settings and vulnerable groups.</p>
4495	Louise O'Reilly	To ask the Minister for Health if he has sourced a domestic supply line of PPE.	<p>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]. 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.</p> <p>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.</p> <p>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).</p>

4496	Louise O'Reilly	To ask the Minister for Health if he has sourced a domestic supply line of testing kits and materials.	<p>The HSE has placed orders for 100,000 test collection kits per week until the end of June 2020. Also entered into an agreement with GMI to supply Enfer with reagent for up to 150,000 tests initially.</p> <p>Supply of reagents remains global problem, will remain a key dependency to achieving and maintaining required testing capacity. There are different reagents for each part of the testing pathway and also for specific manufacturer's equipment. HSE continues to pursue reagent supply for all its laboratory providers.</p>
4505	Louise O'Reilly	To ask the Minister for Health what planning has been put in place to move from testing just for disease surveillance to actively testing in the community so we can identify the total spread and transmission of the disease.	<p>A process with sufficient capacity and quick turnaround is one of a number of core criteria in determining when safe for countries to reduce restrictive public health measures.</p> <p>Our overriding aim remains real-time testing, isolation and rapid contact tracing, testing of close contacts and robust information systems. The HSE is working intensively to further develop processes, capacity and turnaround times across the testing and tracing pathway. Currently capacity stands at 15,000 tests per day. Turnaround times are improving and across community and hospital settings, overall end to end mean turnaround times for positive results is 2.3 days</p> <p>NPHET is giving consideration to how testing will be expanded further, areas under consideration include testing of close contacts, a continuing focus on testing HCWs (including homecare), hospital patients, residential care settings and vulnerable groups.</p>

4506	Louise O'Reilly	<p>To ask the Minister for Health if the capacity is there to actively testing in the community so we can identify the total spread and transmission of the disease and to identify and contact trace every person who has interacted with a positive case.</p>	<p>A robust process of testing, isolation and contact tracing is central to our public health strategy for containing and slowing the spread of COVID-19, as advocated by WHO, EC and ECDC.</p> <p>A process with sufficient capacity and quick turnaround is one of a number of core criteria in determining when safe for countries to reduce restrictive public health measures.</p> <p>Our overriding aim remains real-time testing, isolation and rapid contact tracing, testing of close contacts and robust information systems. The HSE is working intensively to further develop processes, capacity and turnaround times across the testing and tracing pathway.</p> <p>Currently capacity stands at 15,000 tests per day. Time from referral to receiving an appointment is generally same day or next day, average time is 0.6 days or 14.4 hours for community referrals. The time from swab to result is 2-3 days on average.</p> <p>NPHET is giving consideration to how testing will be expanded further, areas under consideration include testing of close contacts, a continuing focus on testing HCWs (including homecare), hospital patients, residential care settings and vulnerable groups.</p>
4507	Louise O'Reilly	<p>To ask the Minister for Health if the government will be purchasing reusable and washable cloth masks for the public to use in event of easing of lockdown measures, or if it will be working with private businesses to produce or import said masks.</p>	<p>Guidance has issued on the wearing of face coverings in various settings</p> <p>Wearing a cloth face covering is recommended in situations where it is difficult to practice social distancing, for example, in shops or on busy public transport. Wearing of cloth face coverings may help prevent people who do not know they have the virus from spreading it to others.</p> <p>If you do wear a face covering, you should still do the important things necessary to prevent the spread of the virus. These include:</p> <ul style="list-style-type: none"> - washing your hands properly and often - covering your mouth and nose with a tissue or your sleeve when you cough and sneeze - not touching your eyes, nose or mouth if your hands are not clean - social distancing (keeping at least 2 metres away from other people) <p>The guidance on face covering is available on the HSE website. This includes instructions for how to make them at home, how to wear them, what to be careful about and how to look after them.</p>

4508	Louise O'Reilly	<p>To ask the Minister for Health what additional planning has been done to prepare for easing of restrictions outside of the health service and testing capacity, specifically:</p> <ul style="list-style-type: none"> • Structures of care for older people and vulnerable groups who will continue to have to “cocoon” or avoid general interaction with people – such as always on call healthcare, food delivery, and medication delivery? • Has a list of business been drawn up that will be allowed to start operating again – has the Minister created a tiered list of business, such as has been done in New Zealand, that will be allowed to be re-operational? • Has the Minister spoken to business representatives about staggered working hours, so public transport isn't overcrowded when restrictions eased? • Have facilities for 14-day isolation been put in place for anyone entering the State? • Will people have to wear masks in public, and if so, has the government sourced cloth masks (washable and reusable)? • Have plans been put in place if restrictions are eased around schools and manufacturing to help them with hand hygiene, physical distancing etc? 	<p>To ask the Minister the additional planning that has been done to prepare for easing of restrictions</p> <p>The Government's Roadmap for Reopening Society & Business, published on 1 May 2020, sets out an indicative path to the easing of COVID 19 restrictions and other actions in order to facilitate the reopening Ireland's society and economy in a phased manner.</p> <p>The Government will consider what restrictions can be lifted, having regard to the advice of the Department of Health as well as other social and economic considerations, e.g. the potential for increased employment, relative benefits for citizens and businesses, improving national morale and wellbeing etc. The slow, gradual, stepwise and incremental easing of restrictions, in the manner we are advising, is an effort to minimise the risk of a resurgence of the virus and the consequent risk that we may have to advise re-introducing restrictions, as has been seen in some other countries.</p> <p>As is clear from the framework, it is the Government rather than I or my Department that will decide on any modifications to the current public health measures in place and those decisions will be informed by the status of the on/off trigger criteria and the public health advice received at the time that a decision is being made.</p> <p>In general, with the exception of public health matters, the responsibility for providing guidance and advice in relation to a particular sector or on a specific activity remains with the Government Department with responsibility for that sector or activity.</p> <p>To ask the Minister for Health will people have to wear masks in public, and if so, has the government sourced cloth masks (washable and reusable)</p> <p>Guidance has been issued on the wearing of face coverings in various settings. Wearing a cloth face covering is recommended in situations where it is difficult to practice social distancing, for example, in shops or on busy public transport. Wearing of cloth face coverings may help prevent people who do not know they have the virus from spreading it to others.</p> <p>If you do wear a face covering, you should still do the important things necessary to prevent the spread of the virus. These include:</p> <ul style="list-style-type: none"> - washing your hands properly and often
------	-----------------	---	---

• Has there been discussions with the government in the north about having the same structures in place north and south?

- covering your mouth and nose with a tissue or your sleeve when you cough and sneeze
- not touching your eyes, nose or mouth if your hands are not clean
- social distancing (keeping at least 2 metres away from other people)

The guidance on face covering is available on the HSE website. This includes instructions for how to make them at home, how to wear them, what to be careful about and how to look after them.

Have discussions with the government in the North about having the same structures in place north and south

There has been significant engagement between the Ministers for Health, the Chief Medical Officers, and the Departments of Health in Ireland and Northern Ireland throughout this pandemic. There have also been regular 'Quad' calls co-chaired by the Tánaiste and Minister for Foreign Affairs, the Secretary of State for Northern Ireland with the First Minister and deputy First Minister to discuss the response to COVID-19, which the Ministers of Health for Ireland and Northern Ireland have also attended.

The administrations are seeking to adopt similar approaches, where it is appropriate to do so on the advice of respective Chief Medical Officers. Respective plans for the gradual and controlled easing of restrictions have been discussed given the importance of implementing consistent approaches wherever possible

A Memorandum of Understanding was formally agreed by the Chief Medical Officers of the Department of Health and the Department of Health in Northern Ireland on Tuesday 7 April to strengthen North South co-operation on the public health response to the COVID-19 pandemic.

The MOU focuses on facilitating greater co-operation on areas such as: public health messaging, research, programmes of behavioural change, ethics, evidence base/ modelling, and public health and non-pharmaceutical measures. This MOU ensures timely and responsive communications and decisions in a fast-moving environment; and that both administrations will seek to adopt

			<p>similar approaches, where it is appropriate to do so on the advice of respective Chief Medical Officers.</p> <p>All parties recognise that in terms of public health measures in both jurisdictions, that it will be important to maintain strong North/South collaborative arrangements and, wherever possible, consistency of approach.</p>
4510	Louise O'Reilly	To ask the Minister for Health if written records are being kept of all meetings he is involved in, if written records are being kept of all NPHET meetings, and if written records are being kept of all HSE Crisis Management Team meetings, and if he will make a statement on the matter.	We wish to advise that the minutes of NPHET meetings are published online at https://www.gov.ie/en/collection/691330-national-public-health-emergency-team-covid-19-coronavirus/

4513	Louise O'Reilly	To ask the Minister for Health – who is the designated body responsible for workplace safety checks to ensure compliance with regulations during the COVI19 crisis	<p>Statutory responsibility for health and safety in the workplace rests with the Health and Safety Authority, under the auspices of the Department of Business, Enterprise and Innovation. The HSA led on the development with the National Return to Work Safely Protocol, with input from the HSE and the Department of Health.</p> <p>In accordance with ensuring compliance with the Return to Work Safely Protocol, Inspectors from the Health and Safety Authority are currently undertaking inspections across a wide range of workplaces and industry sectors, including the meat processing sector.</p> <p>The HSA will need additional resources to oversee compliance with the Covid-19 Return to Work Safely Protocol. The HSA resources will be significantly supplemented by relevant officers of other Government Departments and Agencies who will assist the Authority in its work in disseminating the protocol to business and supporting them in compliance.</p> <p>This will include personnel from across Government who have health and safety, environmental health or other workplace/business inspection responsibilities.</p>
------	-----------------	--	---

<p>5.208 , 5.487, 5.494, 5.160</p>	<p>Catherine Connolly</p>	<p>To ask the Minister for Health the number of private hospitals that have signed up to the agreement; to provide a copy of the agreement; the number of consultants whom have signed up to the proposed new contract nationally and in Galway specifically; the reason the two private hospitals in Galway which have signed up to this agreement are functioning at 25% capacity; and if he will make a statement on the matter.</p>	<p>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, will be 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. 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. Hospitals have been operating at reduced capacity in anticipation of the anticipated increase in demand for care of confirmed Covid-19 patients. Thankfully, as a result of the implementation of the public health measures, and the public support for these measures, the projected surge did not occur. It is envisaged that the private hospitals will now play a critical role in providing scheduled care as this work is resumed. As of 26th May, 289 consultants have accepted the contract.</p>
--	-------------------------------	---	---

5.483	Catherine Connolly	To ask the Minister for Health the number and location of laboratories being used in Ireland and abroad for Covid 19 testing; the date on which each laboratory began testing for Covid 19; the number of tests completed by each laboratory; the average length of time for results to issue from each laboratory; to whom the results are sent; and if he will make a statement on the matter.	<p>Testing is now taking place in over 40 laboratories. As of 25 May, 325,795 tests have been carried out with a 8.5% positivity rate overall.</p> <p>Sample taking (swabbing) is undertaken in three main settings: Community Testing Hubs; in hospitals and by the National Ambulance Service. As of 21/05, overall (across community and hospital) end-to-end mean turnaround times (referral to contact tracing complete) for positive results is 2.7 days. End-to-end turnaround time for negative test results is 2 days or less. Turnaround times in hospitals (swab to result, not including contact tracing) are typically completed in less than 1 day.</p> <p>In the community, GPs receive their patient's lab results at the same time as the contact tracing operation does. This can mean that a GP contacts their patient in advance of contact tracing. Negative results are now delivered by text message. GPs have been advised to inform patients testing positive that a contact tracer will be in touch in 24- 48 hours (these times will come down with process improvements). On 14 May the HSE launched a helpline for GP's called 'findmytest' for patients experiencing delays in getting their test result.</p>
4050 same as 5.478	Catherine Connolly	To ask the Minister for Health the number of persons, by county, who have died each day from the Corona virus since the outbreak; and if he will make a statement on the matter.	As at 19 May there have been a total of 1561 deaths. As your question refers to specific data I have referred the question to the HSE for direct reply .

4541	Stephen Donnelly	To ask the Minister his position on the reopening of Orthodontist clinics where aerosol generated procedures (AGP) can be mostly avoided.	Dental services are currently confined under legislation to the delivery of 'emergency dental services' and this legislative provision is amongst the issues to be reviewed in the light of the decisions announced by the Government. The HPSC advises that Aerosol Generating Procedures or other high-risk procedures for Covid-19 positive or Covid-19 suspected patients are better carried out in a hospital setting where necessary physical and medical resources are available for such vulnerable patients. Work on a hospital pathway for Covid-19 positive or suspected patients has commenced. The Dental Council has advised all registrants that dentists who are not in a position to provide emergency care should make reasonable efforts to attempt to arrange referral to a setting where the emergency can be safely managed. All other patients that are asymptomatic can be cared for in dental practice. I met with the Irish Dental Association (IDA) on 8 May 2020. My Department met with the IDA again on May 15. A number of issues relating to return to work were discussed including the updated advice which my Department has sought from the Expert Advisory Group to NPHET, the provision of PPE for dentists contracted by the HSE and the measures to support businesses impacted by Covid-19. On 15 May the HSPC published guidelines (COVID-19: Guidance on Managing Infection Related Risks in Dental Services, https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/dental-services/Guidance-ManagingInfectionRisk-DentalServices-COVID19.pdf) for dental services. The guidance document includes information and recommendations for dentists on managing infection related risks in dental services.
4548	Stephen Donnelly	To ask the Minister when detailed guideline are going to be provided to dentists regarding how and when they can see their patients, including for orthodontics.	Dental services are currently confined under legislation to the delivery of 'emergency dental services' and this legislative provision is amongst the issues to be reviewed in the light of the decisions announced by the Government. The HPSC advises that Aerosol Generating Procedures or other high-risk procedures for Covid-19 positive or Covid-19 suspected patients are better carried out in a hospital setting where necessary physical and medical resources are available for such vulnerable patients. Work on a hospital pathway for Covid-19 positive or suspected patients has commenced. The Dental Council has advised all registrants that dentists who are not in a position to provide emergency care should make reasonable efforts to attempt to arrange referral to a setting where the emergency can be safely managed. All other patients that are asymptomatic can be cared for in dental practice. I met with the Irish Dental Association (IDA) on 8 May 2020. My Department met with the IDA again on May 15. A number of issues relating to return to work were discussed including the updated advice which my Department has sought from the Expert Advisory Group to NPHET, the provision of PPE for dentists contracted by the HSE and the measures to support businesses impacted by Covid-19. On 15 May the HSPC published guidelines (COVID-19: Guidance on Managing Infection Related Risks in

Dental Services, <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/dental-services/Guidance-ManagingInfectionRisk-DentalServices-COVID19.pdf>) for dental services. The guidance document includes information and recommendations for dentists on managing infection related risks in dental services.