



Question Office Ref	Deputy	Question	Answers
5.223	Frank Feighan	To ask the Minister for Health if frontline workers in the HSE who have to stay at home to mind elderly parents will get a similar special leave agreement to be paid at this time just as frontline workers who have children and have to stay at home have as announced this week?	<p>All employees that are employed directly by the HSE (rehires, students etc) are being employed on the approved salary scale for their grades, are in receipt of standard terms and conditions of employment and have access to the relevant superannuation scheme. Detailed guidance and FAQs have been prepared and circulated by the Department of Public Expenditure and Reform in relation to payment for public servants while on special leave in relation to a COVID 19 related absences.</p> <p>As per the DPER FAQ document, where employees are eligible to receive special leave with pay while absent from work due to COVID-19, payment is based on basic salary and fixed allowances only and excludes unsocial hours premium payments. This applies to all public sector employees.</p> <p>A copy of DPERs document is available to view publicly here: https://www.gov.ie/en/news/092fff-update-on-working-arrangements-and-leave-associated-with-covid-19-fo/</p>
5.224	Frank Feighan	To ask the Minister for Health how long the State will be paying for the use of private hospitals until? The total cost involved? When private operations for private patients by private consultants will be permitted to take place again? And what is the planned roll back to the old system.	<p>A major part of the Government's Action Plan in response to Covid-19 was to substantially increase the capacity of public healthcare facilities to cope with the anticipated additional demand. In order to urgently ramp up capacity for acute care facilities, an arrangement was agreed with the private hospitals to use their facilities as part of the public system on a temporary basis, to provide essential services. A Heads of Terms of an Agreement between the HSE and the Private Hospitals was agreed at the end of March 2020 and all 18 of the acute private hospitals signed up to it. Under the agreement, the HSE has access to 100% of the capacity of those hospitals and they are linked with the Hospital Group for their region. 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. Under the agreement all patients who are being treated in the hospitals will be treated as public patients and will be prioritised based on clinical needs. Provision was made under the</p>



			<p>agreement to allow for continuity of care for patients who were in a private hospital or attending for treatment at the time the Heads of Terms of the Agreement were agreement, on the grounds that these patients would be treated as public patients.</p> <p>The arrangement with the private hospitals was reviewed at the end of May and the Government decided that the existing arrangement should not be extended beyond the end of June. It has however mandated the HSE to negotiate a new arrangement with private hospitals which would provide the HSE with full access to private hospital capacity in the event of a surge of Covid-19 and separately with ongoing agreed access, to enable the HSE to meet essential and elective care needs.</p> <p>In terms of costs, the HSE's financial advisers have received information on costs. It includes the management accounts of the hospitals for the 6 months prior to the arrangement and the information as set out in schedule 2 of the Heads of Terms. The information has been verified by a firm of accountants working on behalf of the HSE. On the basis of the information the cost of the arrangement for April was €97.5m As the hospitals are private enterprises, the details of the payments to individual hospitals or groups are regarded as commercially sensitive and therefore in line with the Heads of Terms regarding confidentiality the details will not be published. In the interests of transparency. It is intended to publish summary financial information regarding the arrangement in due course.</p>
5.249	Jack Chambers	To ask the Minister for Health why it is hospital policy to refuse to test symptomatic patients who present to Emergency Departments, in the context of the below information. This Contradicts public message about expanding testing capacity and is refusing an important core	As this is an operational matter I have referred it to the HSE for direct reply.



		test for a possible positive case of Covid during a pandemic.	
5.296	Brendan Smith	To ask the Minister for Health if he will give urgent consideration to issues raised in correspondence in relation to the provision of dental services (details supplied) and if he will make a statement on the matter.	<p>The Health Protection Surveillance Centre (HPSC) has worked with the dental profession and in particular the Dental Council, as regulator, to provide revised guidance for the profession. The Guidance which issued on 15 May sets out for the profession how they can resume the provision of routine care in line with Phase 1 of the Government's Plan for the easing of COVID-19 restrictions, from 18 May. It supports the use of the normal PPE used in routine dentistry. A national approach to the supply of Personal Protective Equipment (PPE) for the Public Dental Service of the HSE has been initiated. Dentists contracted by the HSE under the Dental Treatment Services Scheme can apply to the HSE for PPE. Additional PPE, above the normal PPE used in dentistry, may currently be required in certain instances depending on the occupational risk assessment of the dentist. However, the Dental Council is deliberating further on this and definitive clarification is awaited as to if and when such PPE may be required.</p> <p>The relevant legislative amendments to allow for resumption of routine care from 18 May are in place. The Minister met with the Irish Dental Association (IDA) on 8 May and again on 15 May 2020. Officials met with them on 26 May 2020. The Department is continuing to engage with the IDA on a number of issues relating to return to work. The main issues are the provision of PPE, a request for changes to the Dental Treatment Services Scheme (DTSS) and measures to support businesses impacted by Covid-19.</p> <p>The Government has put in place a suite of measures to support small, medium and larger businesses that are negatively impacted by COVID-19 including a Restart grant for which application can be made online to local authorities. The Department of Business, Enterprise and Innovation has published a Return to Work Safely Protocol, which is designed to support employers and workers to put measures in place that will</p>



			<p>prevent the spread of COVID-19 in the workplace. The Health and Safety Authority also provides information and advice for employers and employees in this regard. A national approach to the supply of Personal Protective Equipment (PPE) for the Public Dental Service of the HSE has been initiated. Dentists contracted by the HSE under the Dental Treatment Services Scheme can apply to the HSE for PPE. Additional PPE, above the normal PPE used in dentistry, may currently be required in certain instances depending on the occupational risk assessment of the dentist. However, the Dental Council is deliberating further on this and definitive clarification is awaited as to if and when such PPE may be required.</p>
5.297	Brendan Smith	<p>To ask the Minister for Finance if he will give urgent consideration to issues raised in correspondence in relation to the provision of dental services (details supplied) and if he will make a statement on the matter.</p>	<p>The Health Protection Surveillance Centre (HPSC) has worked with the dental profession and in particular the Dental Council, as regulator, to provide revised guidance for the profession. The Guidance which issued on 15 May sets out for the profession how they can resume the provision of routine care in line with Phase 1 of the Government's Plan for the easing of COVID-19 restrictions, from 18 May. It supports the use of the normal PPE used in routine dentistry. A national approach to the supply of Personal Protective Equipment (PPE) for the Public Dental Service of the HSE has been initiated. Dentists contracted by the HSE under the Dental Treatment Services Scheme can apply to the HSE for PPE. Additional PPE, above the normal PPE used in dentistry, may currently be required in certain instances depending on the occupational risk assessment of the dentist. However, the Dental Council is deliberating further on this and definitive clarification is awaited as to if and when such PPE may be required.</p> <p>The relevant legislative amendments to allow for resumption of routine care from 18 May are in place. The Minister met with the Irish Dental Association (IDA) on 8 May and again on 15 May 2020. Officials met with them on 26 May 2020. The Department is continuing to engage with the IDA on a number of issues relating to return to work. The main issues are</p>



			<p>the provision of PPE, a request for changes to the Dental Treatment Services Scheme (DTSS) and measures to support businesses impacted by Covid-19.</p> <p>The Government has put in place a suite of measures to support small, medium and larger businesses that are negatively impacted by COVID-19 including a Restart grant for which application can be made online to local authorities. The Department of Business, Enterprise and Innovation has published a Return to Work Safely Protocol, which is designed to support employers and workers to put measures in place that will prevent the spread of COVID-19 in the workplace. The Health and Safety Authority also provides information and advice for employers and employees in this regard.</p>
5.300	Jack Chambers	To ask the Minister for Health to examine the concerns outlined below regarding dental practices in the context of Covid 19 and outlines what supports and help will be provided to the industry in the aftermath of the Covid19 pandemic. (details supplied)	<p>The Health Protection Surveillance Centre (HPSC) has worked with the dental profession and in particular the Dental Council, as regulator, to provide revised guidance for the profession. The Guidance which issued on 15 May sets out for the profession how they can resume the provision of routine care in line with Phase 1 of the Government's Plan for the easing of COVID-19 restrictions, from 18 May. It supports the use of the normal PPE used in routine dentistry. A national approach to the supply of Personal Protective Equipment (PPE) for the Public Dental Service of the HSE has been initiated. Dentists contracted by the HSE under the Dental Treatment Services Scheme can apply to the HSE for PPE. Additional PPE, above the normal PPE used in dentistry, may currently be required in certain instances depending on the occupational risk assessment of the dentist. However, the Dental Council is deliberating further on this and definitive clarification is awaited as to if and when such PPE may be required.</p> <p>The relevant legislative amendments to allow for resumption of routine care from 18 May are in place. I met with the Irish Dental Association (IDA) on 8 May and again on 15 May 2020. My officials met with them on</p>



			<p>26 May 2020. My Department is continuing to engage with the IDA on a number of issues relating to return to work. The main issues are the provision of PPE, a request for changes to the Dental Treatment Services Scheme (DTSS) and measures to support businesses impacted by Covid-19.</p> <p>The Government has put in place a suite of measures to support small, medium and larger businesses that are negatively impacted by COVID-19 including a Restart grant for which application can be made online to local authorities. The Department of Business, Enterprise and Innovation has published a Return to Work Safely Protocol, which is designed to support employers and workers to put measures in place that will prevent the spread of COVID-19 in the workplace. The Health and Safety Authority also provides information and advice for employers and employees in this regard. A national approach to the supply of Personal Protective Equipment (PPE) for the Public Dental Service of the HSE has been initiated. Dentists contracted by the HSE under the Dental Treatment Services Scheme can apply to the HSE for PPE. Additional PPE, above the normal PPE used in dentistry, may currently be required in certain instances depending on the occupational risk assessment of the dentist. However, the Dental Council is deliberating further on this and definitive clarification is awaited as to if and when such PPE may be required.</p>
5.303	Frank Feighan	To ask the Minister for Finance what measures are going to be put in place to support dentists nationwide during and after the COVID19 outbreak.	The Health Protection Surveillance Centre (HPSC) has worked with the dental profession and in particular the Dental Council, as regulator, to provide revised guidance for the profession. The Guidance which issued on 15 May sets out for the profession how they can resume the provision of routine care in line with Phase 1 of the Government's Plan for the easing of COVID-19 restrictions, from 18 May. It supports the use of the normal PPE used in routine dentistry. A national approach to the supply of Personal Protective Equipment (PPE) for the Public Dental Service of the HSE has been initiated. Dentists contracted by the HSE under the



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5.315	Éamon Ó'Cuív	To ask the Minister for Health why the private consultants in private hospitals that were taken over by the state due to Covid-19 were only offered type A contracts when there are consultants in the public hospitals on type C contracts; the effect this is having on patients who were waiting for appointments with private	Type A contracts were offered on the same terms and conditions of post 2012 entry consultants. The pay scales available under the offered contract are those available to consultants who have taken up employment in public hospitals since 2012 under Type A contracts, so they will not be placed on scales that result in higher rates of pay than serving consultants. All the private hospital consultants will see/treat all patients under their care as public patients but they cannot charge



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		<p>consultants in the private hospitals which are now cancelled; what does he intend doing about this matter; and if he will make a statement on the matter</p>	<p>private fees. All patients being treated in the private hospitals were to be treated as public patients. This included those who, previously, would have been attending the private hospital consultants as private patients in their 'private rooms'. They will now be seen as public patients on the basis of clinical need.</p> <p>The Government has now decided to terminate the current arrangement from the end of June. The HSE will seek to negotiate a new arrangement with the private hospitals to address the HSE's priority needs in the event of a surge of Covid-19 cases and for providing essential care.</p>
5.320	Éamon Ó'Cuív	<p>To ask the Minister for Health when it is envisioned that dentists will be allowed to return to routine work; whether it is intended to provide them with a package of assistance as sought by the dental association; and if he will make a statement on the matter.</p>	<p>The relevant legislative amendments to allow for resumption of routine care from 18 May are in place. The Minister met with the Irish Dental Association (IDA) on 8 May and again on 15 May 2020. Officials met with them on 26 May 2020. The Department is continuing to engage with the IDA on a number of issues relating to return to work. The main issues are the provision of PPE, a request for changes to the Dental Treatment Services Scheme (DTSS) and measures to support businesses impacted by Covid-19. A national approach to the supply of Personal Protective Equipment (PPE) for the Public Dental Service of the HSE has been initiated. Dentists contracted by the HSE under the Dental Treatment Services Scheme can apply to the HSE for PPE. Additional PPE, above the normal PPE used in dentistry, may currently be required in certain instances depending on the occupational risk assessment of the dentist. However, the Dental Council is deliberating further on this and definitive clarification is awaited as to if and when such PPE may be required.</p> <p>The Government has put in place a suite of measures to support small, medium and larger businesses that are negatively impacted by COVID-19 including a Restart grant for which application can be made online to local authorities. The Department of Business, Enterprise and Innovation has published a Return to Work Safely Protocol, which is designed to</p>



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5.337	Michael Healy Rae	<p>Minister I write with regard to urgent assistance for (1) patients who are not able to access routine or emergency dental care and (2) dentists across the country who are dealing with a catastrophic collapse in their practices and who may not be able to reopen their surgeries even after this crisis has passed</p> <p>I cannot overstate the sense of despair and panic in the dental profession or the anger at what is seen as complete neglect of the reasonable concerns of our profession by the Government.</p> <p>As a result of Covid-19, all routine dentistry is currently prohibited. Many dentists up and down the country are continuing to provide limited emergency care to patients in distress. The Dental Council has specified the personal protective equipment (PPE) required (along with many other infection control processes and procedures) to treat patients where those procedures can be provided safely by dentists. Unfortunately, such equipment is in seriously short supply and only available at costs which are so prohibitive that they cannot be used to treat patients on any kind of economically viable basis.</p> <p>Most dentists are reporting an 80% drop in income due to the severe restrictions on their practice. Dentists have no financial cushion to fall back on not least because, unlike Medical GPs,</p>	<p>The Health Protection Surveillance Centre (HPSC) has worked with the dental profession and in particular the Dental Council, as regulator, to provide revised guidance for the profession. The Guidance which issued on 15 May sets out for the profession how they can resume the provision of routine care in line with Phase 1 of the Government's Plan for the easing of COVID-19 restrictions, from 18 May. It supports the use of the normal PPE used in routine dentistry. A national approach to the supply of Personal Protective Equipment (PPE) for the Public Dental Service of the HSE has been initiated. Dentists contracted by the HSE under the Dental Treatment Services Scheme can apply to the HSE for PPE. Additional PPE, above the normal PPE used in dentistry, may currently be required in certain instances depending on the occupational risk assessment of the dentist. However, the Dental Council is deliberating further on this and definitive clarification is awaited as to if and when such PPE may be required.</p> <p>The relevant legislative amendments to allow for resumption of routine care from 18 May are in place. The Minister met with the Irish Dental Association (IDA) on 8 May and again on 15 May 2020. Officials met with them on 26 May 2020. The Department is continuing to engage with the IDA on a number of issues relating to return to work. The main issues are the provision of PPE, a request for changes to the Dental Treatment Services Scheme (DTSS) and measures to support businesses impacted by Covid-19.</p> <p>The Government has put in place a suite of measures to support small, medium and larger businesses that are negatively impacted by COVID-19 including a Restart grant for which application can be made online to</p>



	<p>they do not receive any capitation payments or grants from the Exchequer. There is a very real prospect that many practices will simply be unable to re-open with obvious calamitous damage to the country's capacity to provide dental and oral health into the future.</p> <p>We are therefore seeking the support of the Government to allow some temporary respite at this time of huge financial insecurity for the profession.</p> <p>Specifically, we are asking that an action plan be urgently agreed to safeguard the future of the dental profession in Ireland.</p> <p>We propose that this action plan should include the following proposals:</p> <ul style="list-style-type: none"> • Provision of financial support to enable dentists source PPE now required and mandated by the Dental Council and also to make whatever other structural changes may be needed to their clinics; • Provision of an advance in payments provided under the state schemes (medical card and PRSI) akin to those supports provided in Northern Ireland, Britain, Germany and many other jurisdictions; • Temporarily suspend the collection of professional withholding tax from payments made to dentists contracted by the HSE and the Department of Social Protection to treat medical care and PRSI-eligible patients respectively; • Direct the Revenue Commissioners to introduce a moratorium on VAT payments; • Direct the Department of Social Protection to halve the rate of Employer PRSI contributions; 	<p>local authorities. The Department of Business, Enterprise and Innovation has published a Return to Work Safely Protocol, which is designed to support employers and workers to put measures in place that will prevent the spread of COVID-19 in the workplace. The Health and Safety Authority also provides information and advice for employers and employees in this regard.</p>
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	<ul style="list-style-type: none">• Use its influence with the banks to introduce an interest-free holiday freeze on all loan repayments for those whose earnings have stalled;• Allow tax relief on private health insurance for dental treatments to help stimulate the sector when the emergency has passed.• Direct that the Revenue Commissioners amend the terms of the MED 2 scheme to allow relief at the marginal rate for the remainder of 2020. <p>Emergency Care for Adults</p> <p>Separately we wish to request that all adults are afforded access, where necessary to the public emergency dental centres being operated by the HSE.</p> <p>HSE clinics are providing services for children and people with special needs in 38 centres being operated by the HSE. A contingency plan has been developed for medical card holders to be seen at HSE Emergency Dental Clinics. PPE is available for the designated centres.</p> <p>However, the Department of Health appears to have no contingency plan to allow all other adults to be provided with emergency care and treatment in these centres. No explanation has been offered by the Department as to the lack of provision of emergency dental care for other adults.</p> <p>Nor is any position stated as to whether adults who do not hold medical cards can present to the HSE emergency dental clinics or whether there is any legal impediment to their receiving treatment at these clinics.</p>	
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5.352	Brendan Smith	<p>To ask the Minister for Health if the proposed contact tracing app in respect of the incidence of Covid-19 will be developed on an all Ireland basis and if he will make a statement on the matter.</p>	<p>Interoperability is the ability of software, and in this case, apps, to exchange and make use of information. The EU are now convening specific meetings to support interoperability between contact tracing apps across borders. Ireland are extremely keen to find a solution to this because of the amount of traffic north and south of the border and across the Irish Sea.</p> <p>The Irish app has been designed for use in Ireland by UK residents as it supports UK mobile numbers etc. meaning that it is available to UK residents to use in Ireland. Technical teams north and south of the border have been engaging on how best to address solutions for interoperability. A number of options are being considered but the solution will depend on which app the health service in Northern Ireland choose to adopt.</p>
5.422	Michael Healy Rae	<p>People who have been paying private health insurance all of their life are now being told by Drs operating the private hospitals that they cannot carry out procedures because of the changes that have been made by the Government with regard to private hospitals.</p> <p>This surely is very unfair on people who have been diligently paying their private health insurance over the years. What measures are going to be put in place to allow these surgeons carry out necessary procedures and operations.</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 will be 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 will be public patients and neither the private hospitals nor medical consultants, carrying out work in them, will be entitled to private fees.</p> <p>Each of the private health insurers have since announced measures which are focused towards assisting health insurance customers impacted by the Covid-19 national response, which include partial refunds or reductions to the amount of premium payable during the period of the agreement. The Health Insurance Authority, as the independent statutory regulator of the private health insurance market,</p>



			<p>advises individuals to check with their own insurance company to find out more information regarding the specific measures that are available to them. Consumers who have concerns about their individual policies can also contact consumer advisors at the Authority for further information (at email address info@hia.ie).</p> <p>As of May 28, 8,472 patients had been discharged from private hospitals having undergone an inpatient procedure since the arrangement between the HSE and private hospitals came into force. In the same period 30,041 daycase procedures took place in private hospitals, as well as 42,305 diagnostic appointments and 25,095 outpatient appointments.</p>
5.448	Michael McGrath	To ask the Minister for Business, Enterprise and Innovation, as part of which phase will a psychotherapy practice will able to reopen in accordance with the Roadmap for Reopening Society & Businesses published by the government in response to the Covid-19 emergency; and if she will make a statement on the matter.	<p>The Health Act 1947 (Section 31A - Temporary Restrictions) (COVID-19) Regulations 2020 (SI No. 121 of 2020) were signed by the Minister for Health on 7 April 2020.</p> <p>Schedule 2 of the Regulations sets out essential services that are exempted from the restrictions and therefore can continue to be provided. This includes (at 15(b)) psychotherapy services as these services are provided by a member of a designated profession within the meaning of section 3 of the Health and Social Care Professionals Act 2005 (No. 27 of 2005).</p>
5.451	Aindrias Moynihan	To ask the Minister for Health as it is not listed in the Roadmap of Reopening Society and Business when the over 70's and people at risk groups ie, cocooning groups will be able to shop for essential items and if he will make a statement on the matter	<p>Under Phase 2 of easing the COVID-19 restrictions which will begin on 8 June, shops will provide dedicated hours for those who are cocooning (people over the age of 70 and those who are medically vulnerable) with strict social distancing and gloves made available. Shoppers should ideally wear face coverings.</p> <p>These measures are part of the second phase of lifting the public health restrictions that were put in place to protect us all from COVID-19. They come into effect on top of the measures in phase 1 and are a part of the roadmap to easing restrictions.</p>



			They are just an indication of what might happen if everything goes well with restricting the spread of COVID-19 in Ireland. These measures will only come into place when the National Public Health Emergency Team says that the conditions are right for more relaxation of the restrictions in place to protect us all.
5.452	Aindrias Moynihan	To ask the Minister for Health if businesses not listed in phase two and three of the Roadmap for Reopening Society and Business could be considered for reopening if a satisfactory plan for these businesses to adhere to social distancing guideline can be provided and if he will make a statement on the matter.	<p>Further easing of the COVID-19 restrictions under Phase 2 are due to commence on 8 June. These measures are part of the second phase of lifting the public health restrictions that were put in place to protect us all from COVID-19.</p> <p>These measures will only come into place when the National Public Health Emergency Team says that the conditions are right for more relaxation of the restrictions in place to protect us all. All businesses must comply with the Public Health advice and with the Health & Safety Authority's Return to Work Protocol. Businesses must also re-open in line with the Government's Roadmap for Re-Opening Society and Business</p> <p>The Return to Work Safely Protocol was published by the Minister for Business, Enterprise and Innovation on Saturday 9 May. This detailed guidance document was developed to assist employers and employees in the coming period. Other Government agencies have also now been advised to give consideration to developing sector specific advice and guidance, where required. Link to the protocol is here: https://dbei.gov.ie/en/Publications/Return-to-Work-Safely-Protocol.html</p>
5.467	Michael McGrath	To ask the Minister for Health if he will respond to a matter raised in correspondence (details supplied) in the context of the Roadmap for Reopening Society & Businesses published by the government in response to the Covid-19	On 1 May 2020, the Government published a Roadmap for Reopening Society and Business to ease the COVID 19 restrictions and reopen Ireland's economy and society in a phased manner. The Roadmap sets out how we can keep the level of transmission as low as possible while balancing continuing restrictions proportionately with the positive social



		<p>emergency; and if she will make a statement on the matter.</p>	<p>and economic benefits which will be brought about by lifting restrictions. As restrictions are eased, the rate of the virus in the community will be constantly monitored by the National Public Health Emergency Team and the Government.</p> <p>The risk of a second wave of the virus is ever present. The WHO and ECDC are warning that the measures have to be lifted in a very slow, gradual and stepwise manner in phases separated by sufficient intervening time (every 3 weeks) in order to avoid a rapid upsurge in infections. The Government has been clear that moving from one phase to another here in Ireland is dependent on the virus being under control between each phase. There will be close and continuous monitoring across Government as measures are eased, to understand their impact on the disease and as far as possible to avoid a surge. If that happens, certain measures may have to be re-imposed.</p> <p>Each phase consists of a menu of options that will be considered by Government as it gradually opens up economic and social activities. The Roadmap sets out a framework for future decision making, which will at all times be underpinned by public health advice. It will be a risk-based approach, considering risk both from the perspective of protecting those most vulnerable to infection as well as protecting against causes, situations, circumstances, and behaviours that may lead to risk of spread of disease.</p> <p>Measures will be assessed on a regular basis, individually and in combination to consider their impact. The approach to reducing measures will evolve as more information becomes available and in line with international learning and experience, in particular from countries ahead of Ireland in terms of their outbreak, to assess closely the effectiveness of their approaches to easing restrictions.</p> <p>The government will regularly assess the following criteria as we seek to</p>
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			<p>keep the level of transmission low while gradually restarting the economy:</p> <ul style="list-style-type: none"> - the latest data regarding the progression of the disease - the capacity of the health service - the capacity of the testing and tracing system - the measures in place to protect vulnerable groups - an assessment of the impact of excess morbidity and mortality as a consequence of the restrictions. <p>In any scenario, at least until there is a vaccine or effective treatment, there will be a long-term need for physical distancing, good hand hygiene, respiratory hygiene, regular cleaning and for people to stay at home and isolate if they are sick.</p>
5.515	Mary Lou McDonald	To ask the Minister for Health to provide in tabular form the number of applicants signed up for the 'Be on Call for Ireland' and the number of applicants who have been deployed in each CHO area to date.	<p>The HSE reported the number of applicants for the Be on call for Ireland initiative as approximately 73,000 which includes some nursing, medical, dental, support, health and social care professionals and ambulance staff, however of this number, 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. It is vitally important that only healthcare workers who are not already providing a healthcare service to public or private healthcare facilities are used. The HSE does not want to deplete any health services in the private or public sector so can only recruit staff who are not already working in healthcare.</p> <p>As of 2nd June, 1,958 Workers have been successful at interview. There are 1,198 candidates who are in clearance, and 140 candidates have started in roles.</p> <p>The purpose of the 'Be on Call for Ireland' initiative is to create reserve pools of "job ready" new health care professionals for the services to use 'as and when' they are needed in response to the COVID 19.</p>



<p>5.516</p>	<p>Mary Lou McDonald</p>	<p>To ask the Minister for Health the additional mental health supports in place to support exam year students during the Covid 19 health emergency in each of the CHO areas?</p>	<p>The outbreak of COVID 19 throughout the world is a source of significant stress, anxiety, worry and fear for many people. This arises from the disease itself, as well as from impacts such as increased social isolation, disruption to daily life and uncertainty about employment and financial security.</p> <p>A webpage hosted on www.yourmentalhealth.ie, Spunout and Gov.ie will provide youth centred information and links to services to parents and children concerned about their Junior or Leaving certificate exams. Further targeted media initiatives will be developed to allay anxiety and provide signposting to mental health services where appropriate. Further work is underway with cross-Government partners and local government to develop a broader wellbeing initiative to run over the coming weeks and months.</p> <p>At present, there is a range of existing services which offer online text and telephone supports to people seeking mental health information and advice. These include : Samaritans; Pieta House; MyMind; Turn2Me; Aware; Crisis Text Ireland; Shine; BeLongTo; LGBT Ireland; Jigsaw; Bodywhys and Childline. The YourMentalHealth.ie website provides a ‘one-stop-shop’ portal for people seeking information, supports and services, including information on accessing urgent help and a mental health text messaging support service is available 24 hours a day, 7 days each week to connect people with trained volunteers.</p> <p>In addition to these existing services, the HSE, in collaboration with various NGO's and the Mental Health Unit in the Department are providing the following additional supports:</p> <ol style="list-style-type: none"> 1. Health and wellbeing awareness campaigns on how to stay active and healthy when managing anxiety and stress. 2. Signposting supports for individuals using www.yourmentalhealth.ie and gov.ie/together etc. 3. Expand the capacity of the Crisis Textline to reach out to young people
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			<p>and priority groups in need of immediate support during this time.</p> <p>4. Maintain and update the mental health information line to signpost individuals to mental health services near them.</p> <p>5. Create a new web-page for gov.ie that contains information and media videos on youth centred support services to assist parents and children who are planning to take state examinations this year. This page will also contain links to supports and advice on health and wellbeing during junior and leaving certificate exams.</p>
5.580	Claire Kerrane	To ask the Minister for Health if he will put funding in place to clear home care waiting lists in order to keep people at home during Covid-19, to provide a County breakdown as to the number of people currently waiting for home care packages	As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.
5.581	Claire Kerrane	To ask the Minister for Health why the Civil Defence who were transporting swabs from designated areas to Enfer Labs and to UCD labs on a voluntary nature have been replaced with a new company who will transport the swabs at a cost; and if he will make a statement on the matter	As the HSE has responsibility, the Executive has been asked to reply directly to the Deputy.
367	Roisin Shortall	To ask the Minister for Health if he will address concerns raised by (details supplied) in relation to the recruitment of overseas nurses during the Covid-19 emergency; and will he make a statement on the matter?	There are numerous recruitment initiatives taking place to maximise the current work force across the HSE. HBS National Recruitment accounts for approximately 40% of HSE recruitment. Local service recruitment by Hospital Groups/CHOs accounts for approximately 60% of recruitment. 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.
378	Éamon Ó Cuív	To ask the Minister for Health the number of personnel recently recruited to the HSE because	I have asked the HSE to respond to the Deputy directly on this matter.



		<p>of the Covid 19 pandemic who were immediately prior to that working in Nursing Homes and Care Homes; the steps taken to ensure that Nursing Homes have adequate resources to fill any such vacancies; and if he will make a statement on the matter.</p>	
<p>387</p>	<p>Éamon Ó Cuív</p>	<p>To ask the Minister for Health whether the HSE are covering the interim costs of Nursing Home costs for those who had to leave the General Hospitals to make space available for possible COVID19 patients and who are yet to receive a decision on their Nursing Home Support Scheme applications; and if he will make a statement on the matter</p>	<p>The Temporary Assistance Payment Scheme opened for applications on 17th April 2020, with applications now being taken for the standard assistance payment. As of 2nd June, 455 applications have been processed so far with 408 considered valid and some €9.1m in support paid out to nursing homes so far. 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.</p> <p>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 29th there are 220 staff redeployed directly into LTRCF from community settings. Between 25th April and 2nd June, an average of 70 staff across</p>



			<p>the Medical, Nursing, HCAs, Cleaning and/or catering staff have been redeployed to private nursing homes per day.</p> <p>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.</p> <p>The HSE must also maintain its own services at safe staffing levels so the unprecedented requirements to support other services is very carefully monitored.</p>
390	Mary Lou McDonald	To ask the Minister for Health if he will deploy additional staff and resources to support nursing care, medical assessment and treatment to nursing homes with Covid-19 and/or where residents become acutely unwell awaiting a Covid-19 test or results for the same, the total number of additional staff to be deployed and the mechanism by which additional resources will be determined.	<p>Staff are redeployed in response to specific requests for additional assistance. These include to assist with contact tracing, to support the HSE helpline, to support clinical services in need. 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. Significant redeployment and restructuring is taking place to support all aspects of the services including residential settings. On 11th 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 / Sect 38 staff to Private Nursing Homes. As of 3 June, between 25th April and 2nd June, an average of 70 HSE staff (or agency staff who are working on-going shifts at other locations) across the Medical, Nursing, HCAs, Cleaning and/or Catering staff grades have been redeployed to private nursing homes per day.</p> <p>A separate cohort of Home Support Staff were redeployed from the HSE and HSE funded private providers to Residential Units/Nursing Homes (both public and private) since April 2020. In this cohort, staff were assigned for a period of time to support an area and remained until the area stabilised. A total of 166 Home Support Workers have been</p>



			<p>redeployed into Long Term Residential Care facilities in the period, with 54 of these being redeployed to the private nursing homes sector. In addition to the above redeployment Private Nursing Homes were supported in accessing Agency Staff. The first Nurses recruited through Be on Call for Ireland were prioritised for Private Nursing Homes and other LTRCs.</p>
395	Mary Lou McDonald	To ask the Minister for Health when a system of childcare provision will be established for the duration of the Covid-19 restrictions for all healthcare related staff.	<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 would 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>
396	Mary Lou McDonald	To ask the Minister for Health if the number of daily tests administered and the number outstanding Covid-19 test results can be included in the Government's public Covid-19 updates on a bi-weekly or weekly basis.	<p>As of midnight Monday 1 June, over 348,000 tests have been carried out with an 8% positivity rate overall. There is now capacity in place to test 15,000 people a day. The HSE publishes updates on testing and contact tracing including activity levels and turnaround times on a daily basis. These can be accessed here - https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates</p>
430	Bríd Smith	To detail the numbers of general hospital beds, ICU beds and any other bed capacity provided to the HSE by private medical facilities as a response to the Covid 19 crisis.	<p>The private hospital sector is made up of 18 hospitals and has an estimated bed capacity of 1,696 inpatient beds, 569 day beds as well as 111 critical care beds. The private hospitals have nearly 1,000 single bed inpatient rooms. The sector also has 194 ventilators as well as 9 laboratory services on sites. Originally the Department was informed that the sector had 1,900 in-patient beds and 600 day beds.</p>
459	Éamon Ó Cuív	To ask the Minister for Health whether he intends, in view of the high death rate in our	<p>On foot of a National Public Health Emergency Team (NPHE) recommendation, on 23 May a COVID-19 Expert Panel on Nursing Homes</p>



		<p>nursing homes from Covid-19, appointing a person to carry out an independent enquiry as to how the issue of protecting patients in nursing homes from Covid-19 was handled since the pandemic originally broke out and information became available of the nature of Covid-19 and the effect of it on the elderly; and if he will make a statement on the matter.</p>	<p>was established, to examine the complex issues surrounding the management of COVID-19 among this particularly vulnerable cohort.</p> <p>The purpose of the Panel is to examine the national and international responses to the COVID-19 crisis, and to examine the emerging best practice. The main objective of the Panel is to provide immediate real-time learnings and recommendations in light of the expected ongoing impact of COVID-19 over the next 12-18 months. COVID-19 is a new disease, which can present atypically in the frail elderly, and new evidence and best practice in its management are constantly emerging.</p> <p>The Terms of Reference of the Expert Panel are:</p> <ul style="list-style-type: none"> - Provide assurance that the national protective public health and other measures adopted to safeguard residents in nursing homes, in light of COVID-19, are appropriate, comprehensive and in line with international guidelines and any lessons learned from Ireland's response to COVID-19 in nursing homes to date; - Provide an overview of the international response to COVID-19 in nursing homes utilising a systematic research process; - Report to the Minister for Health by end June 2020 in order to provide immediate real-time learnings and recommendations in light of the expected ongoing impact of COVID-19 over the next 12-18 months. <p>This independent Panel is chaired by Professor Cecily Kelleher, Principal of the College of Health and Agricultural Sciences, UCD. Professor Kelleher will be joined by Professor Cillian Twomey (Retired Geriatrician), Petrina Donnelly, Group Director of Nursing, RCSI Hospital Group, and Bridget Doherty, representing the public interest.</p>
<p>470</p>	<p>Roisin Shortall</p>	<p>To ask the Minister for Health the definition of frailty, as referred to in the Ethical Framework for Decision-Making in a Pandemic on page 17; if a</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</p>



		<p>stable long-term physical or intellectual disability is perceived as a frailty and/or co-morbidity for the purposes of the guidelines; and if he will make a statement on the matter?</p>	<p>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>
487	Éamon Ó Cuív	To ask the Minister for Health what steps have been taken to facilitate safe face to face	As this is a service issue, I have asked the Health Service Executive to reply to you directly.



		attendance, where appropriate ,by women who are pregnant for regular check-ups and if necessary treatment with their GP and also with any relevant consultants; and if he will make a statement on the matter.	
488	Brendan Smith	To ask the Minister for Health what provision is being made by his Department to assist in the provision of childcare for front-line health care workers who are providing essential services to the public at present and if he will make a statement on the matter.	<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>
489	Roisin Shortall	To ask the Minister for Health what is being done to improve mental health services during the Covid-19 crisis, so that people suffering from stress, isolation and depression can access telephone supports for counselling, and then more long-term counselling and other mental health services, should they need it?	<p>€1.1m has been provided for a mental health promotion and well-being campaign, through enhanced online supports. An additional €1.1m is anticipated from Sláintecare to continue these supports for the rest of the year.</p> <p>Mental Health facilities have stayed open through the pandemic and patients have continued to receive services, albeit at reduced numbers in some settings to ensure patient and staff safety.</p> <p>The Department is working with HSE Community Operations to develop a business continuity plan for a phased approach to the recommencement of mental health services.</p> <p>Telehealth technologies will be enhanced and expanded with the reintroduction of a more comprehensive service, requiring further engagement with NGO partners to maximise delivery through service level agreements.</p>



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511	Roisin Shorthall	To ask the Minister for Health to outline the arrangements, if any, for the oversight of self-isolation guidelines for the entry into this country of large groups of seasonal workers, and will he make a statement on the matter.	<p>Ireland is making progress in our efforts to interrupt the spread of COVID-19 and to mitigate its effects. Therefore, from 24 April 2020, all passengers arriving in Ireland from overseas are expected to self-isolate for 14 days on entry into the State. Self-isolation means staying indoors and completely avoiding contact with other people and is a more stringent measure than the stay at home requirements that apply to the wider public.</p> <p>Incoming passengers are asked to complete a Public Health Passenger Locator Form. The Form will allow for the operation of a system of spot checks on incoming passengers. My Department, in consultation with other relevant Departments, is also developing proposals to strengthen the 14 days self-isolation arrangements for travellers from overseas. These proposals will include possible enforcement measures. The issue of imposing mandatory quarantine for a 14 day period, to be considered as the situation evolves, was mentioned in the Roadmap for Reopening Society & Business.</p>
512	Roisin Shortall	To ask the Minister for Health the consideration which has been given to introducing supervised quarantining for travellers coming into this country in order to stop the spread of Covid 19, and will he make a statement on the matter.	<p>While we are making progress in our efforts to interrupt the spread of COVID-19 and to mitigate its effects, we are taking necessary additional steps to protect our communities from imported or community cases of COVID-19.</p> <p>From 24 April 2020, passengers arriving in Ireland from overseas are expected to self-isolate for 14 days on entry into the State. Self-isolation means staying indoors and completely avoiding contact with other people and is a more stringent measure than the stay at home requirements that apply to the wider public.</p> <p>My Department, in consultation with other relevant Departments, is also developing proposals to strengthen the 14 days self-isolation arrangements for travellers from overseas. These proposals will include possible enforcement measures. The issue of imposing mandatory</p>



			quarantine for a 14 day period, to be considered as the situation evolves, was mentioned in the Roadmap for Reopening Society & Business.
515	Ossian Smyth	Optometrists would like to provide additional services, such as prescribing antibiotic eye drops, without having to distract GPs. Can this and other services be facilitated?	<p>My Department has received correspondence from the Association of Optometrists (AOI) on prescribing by optometrists and my officials are considering the proposal.</p> <p>I met with the AOI on 18 May. We discussed a number of issues relating to optometrists returning to the provision of routine care in line with the easing of Covid-19 restrictions and the future model for the delivery of eye care.</p>
517	Ossian Smyth	There is a lot of exposure for healthcare workers, including those working in mental health services. There is a lack of exemption for workers who are pregnant or who have high risk family members. Will it be possible for mental health services to be delivered either by video or phone? Will there be a more comprehensive strategy to protect health staff – including mental health staff?	<p>An additional €1.1million investment in online mental health supports to help people, especially health services staff, manage their mental health during and following the COVID-19 pandemic was announced on 26 April.</p> <p>This funding will allow the HSE to deliver a range of additional online and telephone supports to frontline staff and to the general population. The funding will be used to develop additional online supports.</p>
4025	Roisin Shorthall	To ask the Minister for Health when postponed fertility treatments will take place, given their time sensitivity, and when patients will be informed?	<p>While some fertility services interventions are provided within the public health system, advanced assisted human reproduction (AHR) treatments, such as IVF, are provided through private AHR clinics.</p> <p>As the Deputy might be aware, in late March, the National Public Health Emergency Team (NPHE) recommended that all non-essential health services should be paused to protect and maximise the delivery of essential time-critical care during the COVID-19 pandemic. However, on 5 May last the NPHE replaced its previous recommendation with a new recommendation that, going forward, the delivery of acute care should be determined by appropriate clinical and operational decision making. Therefore, fertility services provided within the public health system, as</p>



			<p>with other health services, will recommence, and patients will be contacted by their healthcare provider.</p> <p>In relation to AHR treatments in the private sector, I understand that such treatments had paused on the advice of the European Society for Human Reproduction and Embryology. However, I am informed that the Society has issued further guidance and the majority of private AHR clinics have either now resumed activities or have indicated that they intend to do so in the near future. It would be a matter for the individual AHR clinics to provide the Deputy with clarification on the extent of the treatments and services now available.</p>
4069	Jack Chambers	<p>I wish to make an urgent representation on behalf of (details supplied).</p> <p>I also wish to make a general representation on the need for critical services, like cervical screening, to continue during the covid19 pandemic.</p>	<p>As the question refers to an individual case it was referred to the HSE for directly reply to you which I note was issued on 7 May.</p>
4090	Michael McNamara	<p>Will the Minister for Health develop a recovery plan to get us out of the Covid-19 lockdown?</p>	<p>On 1 May 2020, the Government published a Roadmap for Reopening Society and Business to ease the COVID 19 restrictions and reopen Ireland's economy and society in a phased manner. The Roadmap sets out how we can keep the level of transmission as low as possible while balancing continuing restrictions proportionately with the positive social and economic benefits which will be brought about by lifting restrictions. As restrictions are eased, the rate of the virus in the community will be constantly monitored by the National Public Health Emergency Team and the Government.</p> <p>The risk of a second wave of the virus is ever present. The WHO and ECDC are warning that the measures have to be lifted in a very slow, gradual and stepwise manner in phases separated by sufficient</p>



intervening time (every 3 weeks) in order to avoid a rapid upsurge in infections. The Government has been clear that moving from one phase to another here in Ireland is dependent on the virus being under control between each phase. There will be close and continuous monitoring across Government as measures are eased, to understand their impact on the disease and as far as possible to avoid a surge. If that happens, certain measures may have to be re-imposed.

Each phase consists of a menu of options that will be considered by Government as it gradually opens up economic and social activities. The Roadmap sets out a framework for future decision making, which will at all times be underpinned by public health advice. It will be a risk-based approach, considering risk both from the perspective of protecting those most vulnerable to infection as well as protecting against causes, situations, circumstances, and behaviours that may lead to risk of spread of disease.

Measures will be assessed on a regular basis, individually and in combination to consider their impact. The approach to reducing measures will evolve as more information becomes available and in line with international learning and experience, in particular from countries ahead of Ireland in terms of their outbreak, to assess closely the effectiveness of their approaches to easing restrictions.

The government will regularly assess the following criteria as we seek to keep the level of transmission low while gradually restarting the economy:

- the latest data regarding the progression of the disease
- the capacity of the health service
- the capacity of the testing and tracing system
- the measures in place to protect vulnerable groups
- an assessment of the impact of excess morbidity and mortality as a consequence of the restrictions.

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			In any scenario, at least until there is a vaccine or effective treatment, there will be a long-term need for physical distancing, good hand hygiene, respiratory hygiene, regular cleaning and for people to stay at home and isolate if they are sick.
4091	Michael McNamara	To ask the Minister for Health the reasons for not publishing the source code of any contact tracing App being developed?	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 when they are complete, prior to launching the app.
4092	Michael McNamara	To ask the Minister for Health of the source code of any contact tracing App will be published?	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 when they are complete, prior to launching the app.
4095	Michael McNamara	To ask the Minister for Health the current daily testing capacity in the state and the average waiting time for results?	There is now capacity in place to test 15,000 people a day. The target turnaround time from referral to completion of contact tracing is 3 days or less in 90% of cases, while the target turnaround time for negative results is less than 2 days.
4096	Michael McNamara	Will the Minister for Health publish the supports required to ease the Covid-19 lockdown, such as testing and contact tracing?	On 1 May 2020, the Government published a Roadmap for Reopening Society and Business to ease the COVID 19 restrictions and reopen Ireland's economy and society in a phased manner. As part the roadmap 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 and determining when safe for countries to reduce restrictive public health measures. The HSE publishes updates on testing and contact tracing including activity levels and turnaround times on a daily basis. These can be accessed here - https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates



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4097	Michael McNamara	When will the Minister for Health publish the criteria to be reached before restrictions will be eased?	<p>On 1 May 2020, the Government published a Roadmap for Reopening Society and Business to ease the COVID 19 restrictions and reopen Ireland's economy and society in a phased manner. The Roadmap announced by the Government will start from May 18th, from which point the country will re-open in a slow, phased way.</p> <p>The framework sets out how we can keep the level of transmission as low as possible while balancing continuing restrictions proportionately with the positive social and economic benefits which will be brought about by lifting restrictions. As restrictions are eased, the rate of the virus in the community will be constantly monitored by the National Public Health Emergency Team and the Government.</p>
4152	Mattie McGrath	Further to my ongoing representations in relation to (details supplied).	<p>Non-EU qualified applicants are required to pass or be exempt from the Medical Council's pre-registration exam, known as the PRES, in order to be registered with the Council and to practise as a medical doctor in Ireland. Under Registration Rule 2(c), applicants may seek an exemption from the PRES if they hold a higher qualification which is recognised by the Council for the purpose of an exemption and fulfil all the criteria set out in rules. Upon receipt of the relevant documentation, the Medical Council determine whether an applicant qualifies for an exemption. In the event an applicant does not qualify for an exemption, it is open to the applicant to pursue registration via the PRES.</p>
4349	Frank Feighan	<p>To ask the Minister for Health, with regards to the delivery of the Chinese PPE, and the initial problems with 1/5 of the original delivery, if he can outline to the house if this was resolved for the remaining deliveries and if the costs of this wrong PPR will be refunded to the State? (Commend Aer Lingus staff, the IDA and Embassy staff in China for work on this PPE).</p>	<p>The HSE secured a contract with an established Chinese supplier for ongoing provision of PPE. The first batch of products purchased under this contract was delivered via a series of 60 flights between China and Ireland in late March/early April. Deliveries of a second batch of products commenced on 18 April.</p> <p>A small proportion of this order was re-classified as a different type of PPE to that which was ordered. However, this issue has been rectified for all remaining batches.</p>



			<p>Given the complexity and scale of the order, combined with current global demand, securing this supply line represents a major achievement for the HSE. All PPE received into the country is held and not distributed until a suitability assessment is conducted by National Infection Prevention and Control Team. Once approved, the product it is then released through the distribution system.</p>
4438	Mattie McGrath	<p>I am writing to seek urgent clarification on the plans and current actions in St. Brigids Hospital Carrick on Suir.</p> <p>It is my understanding that St. Brigids Hospital Carrick on Suir was cleared of its patients to become a designated Covid hospital. I have been contacted by staff wo have huge concerns about their jobs and the future of the hospital as it is now closed due to having no patients.</p> <p>St. Brigids hospital is a hugely important district hospital and is home to 3 of the 5 hospice beds in South Tipperary.</p> <p>I would be grateful if you could confirm;</p> <ul style="list-style-type: none"> •How many patients are currently in St. Brigids Hospital Carrick on Suir; •What activities are currently happening in St. Brigids; •If there is no covid 19 patients, will this hospital continue on in its previous capacity as a district hospital; •What is the position with the hospice beds; •What is the position with the staff of St. Brigids; •When is it expected that St. Brigids will return to 	<p>St. Brigid's Hospital provides convalescent, respite and palliative care and is registered with the independent regulatory body Health Information & Quality Authority (HIQA) to accommodate up to 16 residents. In the current Covid-19 pandemic public health emergency, St. Brigid's has been designated as a "step down" Covid-19 care facility to serve the South Tipperary area.</p> <p>The demand for such Covid-19 care step down beds at St. Brigid's has reduced in recent weeks. There is a critical requirement for staff elsewhere in community healthcare services at this time and admission to St. Brigid's has been temporarily suspended. Admissions for step down Covid-19 related care at St. Brigid's will resume when required.</p> <p>Indications, per the specialist public health advice, are that Covid-19 pandemic measures will remain in place for an undefined time to come. The HSE are committed to ensuring that that the South Tipperary area is adequately served with a series of measures for the duration of this action, including the availability of a Covid-19 step down care facility such as that at Carrick on Suir should it be required.</p> <p>Consequently, the HSE is not in the position to advise when St. Brigid's might resume operation as a community hospital. The HSE has confirmed that continued provision is in place for the delivery of convalescent, respite and palliative care services to patients that require it in the South Tipperary area.</p>



		<p>full capacity and if a statement will be issued on the matter.</p>	
<p>4567</p>	<p>Stephen Donnelly</p>	<p>For those patients moved from hospitals to nursing homes and community care residential settings in as part of freeing up bed capacity in the hospitals to deal with Covid-19: Was there mandatory testing of all patients before they were moved to nursing homes / care facilities; were the test results obtained before moving patients; were any patients moved who tested positive.</p>	<p>The decision to discharge patients from hospital to nursing home settings is subject to clinical assessment. Discharges to nursing homes and other settings are a regular, daily feature of a functioning health system. The period from early March to mid-April saw an increase in the number of such discharged patients as the health system prepared itself for the expected ‘surge’ in COVID-19 cases. From an older person’s perspective, being admitted for longer than necessary increases the risk of a patient contracting a healthcare associated infection and/or deconditioning. The vast majority of these discharges took place from the 10th March onwards, when clear public health guidance was in place. On the 10th March 2020, the HSE issued Interim Guidance on Transfer between Care Facilities, which included preliminary guidance on the transfer of hospitalised patients from an acute hospital to a residential care facility in the context of the global COVID-19 pandemic. The guidance based on the best available information at the time set out the various procedures to be followed, including:</p> <ul style="list-style-type: none"> - Patients with COVID-19 should not be transferred to a LTRC until they had two consecutive tests indicating virus not detected. - Patients who were symptomatic and were contacts of a confirmed COVID-19 case should only transfer if the persons had a test indicating virus not detected and it was possible for that person to be isolated for the relevant incubation period; - Patients who were asymptomatic and were contacts of a confirmed COVID-19 case should only transfer if it was possible for that person to be isolated for the relevant incubation period; - Transfers from hospitals with no evidence of spread of COVID-19 should proceed as normal, except patients with respiratory tract infection meeting the then criteria for COVID-19 testing – in those cases testing should be carried out and the result should be virus not-detected before transfer.



4568	Stephen Donnelly	<p>For those patients moved from hospitals to nursing homes and community care residential settings in as part of freeing up bed capacity in the hospitals to deal with Covid-19, how many of those patients were tested for Covid-19, with a test returned, before they were moved?</p>	<p>The decision to discharge patients from hospital to nursing home settings is subject to clinical assessment. Discharges to nursing homes and other settings are a regular, daily feature of a functioning health system. The period from early March to mid-April saw an increase in the number of such discharged patients as the health system prepared itself for the expected 'surge' in COVID-19 cases. From an older person's perspective, being admitted for longer than necessary increases the risk of a patient contracting a healthcare associated infection and/or deconditioning. The vast majority of these discharges took place from the 10th March onwards, when clear public health guidance was in place. On the 10th March 2020, the HSE issued Interim Guidance on Transfer between Care Facilities, which included preliminary guidance on the transfer of hospitalised patients from an acute hospital to a residential care facility in the context of the global COVID-19 pandemic. The guidance based on the best available information at the time set out the various procedures to be followed, including:</p> <ul style="list-style-type: none"> - Patients with COVID-19 should not be transferred to a LTRC until they had two consecutive tests indicating virus not detected. - Patients who were symptomatic and were contacts of a confirmed COVID-19 case should only transfer if the persons had a test indicating virus not detected and it was possible for that person to be isolated for the relevant incubation period; - Patients who were asymptomatic and were contacts of a confirmed COVID-19 case should only transfer if it was possible for that person to be isolated for the relevant incubation period; - Transfers from hospitals with no evidence of spread of COVID-19 should proceed as normal, except patients with respiratory tract infection meeting the then criteria for COVID-19 testing – in those cases testing should be carried out and the result should be virus not-detected before transfer.
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FOR ANSWER MAY 2020

4570	Stephen Donnelly	The full membership of NPHEM and all sub-committees. Release of all minutes of all NPHEM minutes held to date.	Both details of the NPHEM membership and minutes of the NPHEM meetings and its subgroups are being published online at the following link -> https://www.gov.ie/en/collection/691330-national-public-health-emergency-team-covid-19-coronavirus/#nphet-governance
4574	Stephen Donnelly	Besides nursing homes, what other groups are being represented by their regulator on NPHEM?	The NPHEM Subgroup, Vulnerable People provides oversight and assurance with regard to the specific preparedness, measures and actions that need to be taken to protect vulnerable groups and individuals in society. An integrated cross government approach is taken by the Subgroup. The term vulnerable people is being used to include older people, people with a disability, mental health service users, those with an underlying illness or condition, children in care and those accessing social inclusion services. The Vulnerable People Subgroup is a multidisciplinary group and the membership details, terms of Reference and minutes of the subgroup can be found here: https://www.gov.ie/en/collection/301f5e-the-national-public-health-emergency-team-nphet-subgroup-vulnerable-/#nphet-covid-19-subgroup-vulnerable-people-membership
4575	Stephen Donnelly	What are the parameters for relaxing different restrictions, and what levels do those parameters need to meet for relaxation of restrictions?	<p>On 1 May 2020, the Government published a Roadmap for Reopening Society and Business to ease the COVID 19 restrictions and reopen Ireland's economy and society in a phased manner. The Roadmap sets out how we can keep the level of transmission as low as possible while balancing continuing restrictions proportionately with the positive social and economic benefits which will be brought about by lifting restrictions. As restrictions are eased, the rate of the virus in the community will be constantly monitored by the National Public Health Emergency Team and the Government.</p> <p>The risk of a second wave of the virus is ever present. The WHO and ECDC are warning that the measures have to be lifted in a very slow, gradual and stepwise manner in phases separated by sufficient intervening time (every 3 weeks) in order to avoid a rapid upsurge in</p>



infections. The Government has been clear that moving from one phase to another here in Ireland is dependent on the virus being under control between each phase. There will be close and continuous monitoring across Government as measures are eased, to understand their impact on the disease and as far as possible to avoid a surge. If that happens, certain measures may have to be re-imposed.

Each phase consists of a menu of options that will be considered by Government as it gradually opens up economic and social activities. The Roadmap sets out a framework for future decision making, which will at all times be underpinned by public health advice. It will be a risk-based approach, considering risk both from the perspective of protecting those most vulnerable to infection as well as protecting against causes, situations, circumstances, and behaviours that may lead to risk of spread of disease.

Measures will be assessed on a regular basis, individually and in combination to consider their impact. The approach to reducing measures will evolve as more information becomes available and in line with international learning and experience, in particular from countries ahead of Ireland in terms of their outbreak, to assess closely the effectiveness of their approaches to easing restrictions. The government will regularly assess the following criteria as we seek to keep the level of transmission low while gradually restarting the economy:

- the latest data regarding the progression of the disease
- the capacity of the health service
- the capacity of the testing and tracing system
- the measures in place to protect vulnerable groups
- an assessment of the impact of excess morbidity and mortality as a consequence of the restrictions

In any scenario, at least until there is a vaccine or effective treatment, there will be a long-term need for physical distancing, good hand



			hygiene, respiratory hygiene, regular cleaning and for people to stay at home and isolate if they are sick.
4603	Éamon Ó'Cuív	To ask the Minister for Health whether it is intended to allow Horse Riding Centres to re-open on the 5th of May in a controlled fashion as long as they adhere to social distancing rules; and if he will make a statement on the matter.	<p>Further easing of the COVID-19 restrictions under Phase 2 are due to commence on 8 June. These measures are part of the second phase of lifting the public health restrictions that were put in place to protect us all from COVID-19.</p> <p>These measures will only come into place when the National Public Health Emergency Team says that the conditions are right for more relaxation of the restrictions in place to protect us all. All businesses must comply with the Public Health advice and with the Health & Safety Authority's Return to Work Protocol. Businesses must also re-open in line with the Government's Roadmap for Re-Opening Society and Business</p> <p>The Return to Work Safely Protocol was published by the Minister for Business, Enterprise and Innovation on Saturday 9 May. This detailed guidance document was developed to assist employers and employees in the coming period. Other Government agencies have also now been advised to give consideration to developing sector specific advice and guidance, where required. Link to the protocol is here: https://dbei.gov.ie/en/Publications/Return-to-Work-Safely-Protocol.html</p>
4607	Norma Foley	Will the Minister consider including podiatrists/foot health practitioners on the list of essential services available to the public at this time ?	<p>The Health Act 1947 (Section 31A - Temporary Restrictions) (COVID-19) Regulations 2020 (SI No. 121 of 2020) were signed by the Minister for Health on 7 April 2020.</p> <p>Schedule 2 of the Regulations sets out essential services that are exempted from the restrictions and therefore can continue to be provided. This includes (at 15(b)) podiatry services as these services are provided by a member of a designated profession within the meaning of section 3 of the Health and Social Care Professionals Act 2005 (No. 27 of 2005).</p>



4686	Roisin Shorthall	To ask the Minister for Health whether there has been an allocation of beds for non-Covid-19 medical care in public hospitals, and how many in each case?	<p>In response to the Covid-19 pandemic the HSE had to take measures to defer all non-urgent elective scheduled care activity, including outpatient clinics. This was to ensure patient safety and that all appropriate resources were made available for Covid-19 related activity and time-critical essential work. This decision was in line with the advice issued by the World Health Organisation, and the National Action Plan in response to Covid-19. Guidance on patient pathways to mitigate the risks associated with the delivery of non-covid care, for patients and healthcare workers, and support safe delivery of care has been developed under the auspices of the Expert Advisory Subgroup of NPHET (EAG) and approved in principle by NPHET. It is recommended that in-patient occupancy levels are maintained at $\leq 80\%$ to facilitate the requirement to address surge safely. Utilisation rates show a growing increase in the rate of use of inpatient beds in private hospitals. Preliminary figures from the HSE indicate that as of 28 May 2020, 54% of private inpatient beds were in use, up from 43% at the start of May. Further consideration of sustainable capacity levels will be undertaken in the context of the ongoing delivery of Covid and non-Covid work.</p>
4688	Roisin Shorthall	To ask the Minister for Health how many patients have been funded for discharge from hospital into home care support, nursing homes, or other step-down services since the outbreak of Covid-19?	<p>Transitional Care Funding</p> <p>The HSE provides funding to facilitate the transfer of patients who are deemed to be medically fit for discharge from Acute sites to Nursing Homes who are awaiting Nursing Homes Support Scheme (NHSS) funding or require a period of convalescence care outside of an acute setting. The following table provides detail on the number of transitional care funding places approved during March to May 2020. Please note that not all funding approvals actually transfer to a Nursing Home and the data necessary to provide details of actual funding uptake is not yet available for this period.</p> <p>TCB Funding approved March to May</p>



			<table> <thead> <tr> <th></th> <th>NHSS</th> <th>Convl.</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>March</td> <td>819</td> <td>544</td> <td>1363</td> </tr> <tr> <td>April</td> <td>201</td> <td>123</td> <td>324</td> </tr> <tr> <td>May</td> <td>205</td> <td>83</td> <td>288</td> </tr> <tr> <td>Total</td> <td>1225</td> <td>750</td> <td>1975</td> </tr> </tbody> </table> <p>Home Support Services During the period March & April 2020, a total of 2,467 new clients (preliminary data) commenced a home support service, of which 986, or 40% of new clients, were referred from Acute services. Figures for May 2020 are not yet available nationally.</p> <p>Step-down Services The HSE is collating details for step-down discharges to other residential services. This information will be forwarded to the Deputy when it is collated.</p>		NHSS	Convl.	Total	March	819	544	1363	April	201	123	324	May	205	83	288	Total	1225	750	1975
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4689	Roisin Shorthall	To ask the Minister for Health how many patients in hospital are currently awaiting discharge into home care support, nursing homes, or other step-down services?	As of 2 June 2020, the HSE has reported that there was a total of 401 Delayed Transfers of Care (DTOCs), of which 78 were categorised as waiting to go home, 263 for long term residential care and 60 were categorised as destination other. The average number of DTOC's for May was 382 and for April was 251.																				
4695	Roisin Shorthall	To ask the Minister for Health and whether driving schools are currently permitted to continue providing instruction under the regulations for Covid-19, and if not are the Ministers monitoring the operation of driving schools to ensure compliance with the regulations?	The Roadmap for Reopening Society and Business started on 18 May, and set out five stages for unlocking restrictions, at three-week intervals. It is a flexible framework based on an assessment of risk. As we ease restrictions, we will need to keep monitoring the situation. Each of the five phases consists of a menu of options that will be considered by Government as it gradually opens up economic and social activities. The Health and Safety Authority, the Department of Health and the HSE have been working together to develop Covid19 specific national health and safety guidance for employers and employees in preparation for the re-opening of workplaces.																				



			They will only come into effect if the medical advice from the National Public Health Emergency Team says that it is right to do so.
4698	Roisin Shorthall	To ask the Minister for Health to outline the Government's plans in relation to testing for the home care sector and to ensure that all home care staff have access to appropriate face masks so that they can continue to look after the most vulnerable in our society?	<p>A robust and real-time 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 the WHO and ECDC.</p> <p>All healthcare workers meeting the current case definition for COVID-19 are referred for testing in line with current testing criteria. In addition, current guidance requires the testing of all staff and residents when a new case emerges in a long term residential care facility (including mental health facilities) that have not yet had a case. Advice for healthcare staff is provided by the HPSC, is kept under review and is updated and published as required. Healthcare workers need face masks and other personal protective equipment to protect them from infection during their work. Testing should only be undertaken based on a public health risk assessment. A comprehensive response to the COVID-19 pandemic must include a strong focus on infection prevention and control and additional measures such as prompt identification and exclusion from work of symptomatic healthcare workers for example.</p> <p>New guidance issued from the HPSC on 23rd April stating that surgical masks should be worn by healthcare workers when providing care to patients within 2m of a patient, regardless of the COVID-19 status of the patient. Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2m cannot be maintained. I understand that this guidance has now been communicated to all Community Healthcare Organisations for their immediate attention and implementation.</p> <p>The HSE have informed me that the provision of standard PPE (i.e. gloves,</p>



			<p>aprons, sanitising hand gel) to home support staff employed by Approved Providers remains the responsibility of those Providers in accordance with Service Arrangements. Arrangements are being made in each CHO that access to enhanced PPE (including face masks) is facilitated for all healthcare workers and service providers.</p>
<p>4699</p>	<p>Roisin Shorthall</p>	<p>To ask the Minister for Health, in respect of the home care sector, to clarify the position in respect of the current pay agreement for home care staff for the month of March, if it is the case that the home care sector spent c. €1million to pay carers from their own resources as the HSE pay policy did not provide full support for cancelled hours for clients self-isolating; how he intends to address this matter and maintain capacity in the sector, and will he outline the Government's on-going pay policy for temporarily cancelled homecare hours?</p> <p>The home care sector is facilitating the re-deployment of some home care staff to nursing homes. In addition, many home care clients are in self-isolation and have temporarily cancelled their homecare. Providing continuity of care for children with complex needs, people with disabilities (physical and mental), older people and those recovering from COVID-19 is of paramount importance.</p> <p>Will the Minister clarify that the most vulnerable in society will continue to get their home care if they suspended their care temporarily at the onset of the pandemic; and that any pay agreement with the home care sector supports continuity of</p>	<p>The spread of COVID-19 has posed significant challenges for many areas of our health services, including the home support service. In light of these challenges along with the Government's guidance on social distancing and cocooning, the HSE undertook a review of its home support clients and a number of clients with lower priority needs had their home support service temporarily suspended or reduced with the support of family members and/or alternative forms of volunteer-provided local supports.</p> <p>The HSE in the process of restoring services, where capacity exists. In order to maximise the capacity available, consideration is being given to balancing delivery of service against suspended clients, clients assessed and waiting on commencement of home support services and the continued requirement to meet the needs of higher priority clients currently in receipt of services. As this is an evolving and unprecedented situation, the HSE will keep matters under review and will advise clients and/or family members accordingly.</p> <p>Pay policy relates to active operational and contractual engagements between the HSE and the sector and my Department has no immediate role in this matter. I am aware that there has been ongoing engagement between the HSE and home support providers in this regard.</p> <p>In normal circumstances, the HSE does not pay external providers for hours which are not provided to clients. However, in recent months, the HSE eased this policy in an effort to support the recruitment and retention of staff and, up to the end of May, the HSE continued to pay</p>



		<p>care and care in the home, with redeployments to nursing homes being on an as needs basis?</p>	<p>providers at March 2020 levels of service. Having reviewed home support service delivery and redeployments to residential services since the commencement of the COVID-19 Pandemic, the HSE will, with effect from 1 June, now pay providers for service delivery based on actual hours of service delivered, in line with service arrangements and in respect of any home support staff who remain redeployed to support residential services.</p>
<p>4700</p>	<p>Roisin Shorthall</p>	<p>To ask the Minister for Health to clarify the situation in respect of healthcare staff in nursing homes who refuse to take a Covid 19 test.</p>	<p>Participation in testing is voluntary and the HSE's processes define that all testing is done in line with HSE National Consent Policy. Consent should be sought before the test in line with the HSE Consent Policy (updated 2019).</p> <p>As the Deputy is aware, a one-off programme of mass testing across Long Term Residential Care facilities was undertaken by the HSE in April/May following a NPHET recommendation and this mass testing programme has now concluded. This programme involved the testing of both residents and staff in settings where there was a confirmed or suspected outbreak of Covid-19, and testing of staff only for settings where there was no confirmed or suspected outbreak of Covid-19. All staff and residents are encouraged to participate in testing and the benefits of a comprehensive testing programme are outlined;</p> <ul style="list-style-type: none"> - To identify early and asymptomatic COVID-19 cases, so that effective measures can be taken to limit the spread of the virus and prevent outbreaks. - To support outbreak control in nursing homes with current outbreaks; by identifying any asymptomatic individuals (residents or staff) - To support the services ability to maintain staffing levels and continue to provide quality care and support. <p>Testing has been carried out in over 3,000 residential care facilities through collaborative work between the HSE staff, site staff and residents as part of that one-off programme. Overall, participation in the</p>



			<p>testing programme within Residential Care Facilities has been positive.</p> <p>The Department of Health and the HSE would encourage everyone who is experiencing symptoms of Covid-19, who is a close contact of someone who has tested positive, or who is asked to participate in a targeted testing programme to make themselves available for testing.</p>
4702	Roisin Shorthall	To ask the Minister for Health the consideration, if any, which has been given to reopening the community mental health services in a manner which facilitates social distancing, and can this be progressed as a matter of urgency in view of the high need for these essential services.	<p>€1.1m has been provided for a mental health promotion and well-being campaign, through enhanced online supports. An additional €1.1m is anticipated from Sláintecare to continue these supports for the rest of the year.</p> <p>Mental Health facilities have stayed open through the pandemic and patients have continued to receive services, albeit at reduced numbers in some settings to ensure patient and staff safety.</p> <p>The Department is working with HSE Community Operations to develop a business continuity plan for a phased approach to the recommencement of mental health services.</p> <p>Telehealth technologies will be enhanced and expanded with the reintroduction of a more comprehensive service, requiring further engagement with NGO partners to maximise delivery through service level agreements.</p>
4828	Ossian Smyth	Will the Department call for a full review of the care of residents in nursing and residential care homes?	<p>On foot of a NPHET recommendation, on 23rd May I established a COVID-19 Expert Panel on Nursing Homes, to examine the complex issues surrounding the management of COVID-19 among this particularly vulnerable cohort.</p> <p>The purpose of the Panel is to examine the national and international responses to the COVID-19 crisis, and to examine the emerging best practice. The main objective of the Panel is to provide immediate real-</p>



			time learnings and recommendations in light of the expected ongoing impact of COVID-19 over the next 12-18 months. COVID-19 is a new disease, which can present atypically in the frail elderly, and new evidence and best practice in its management are constantly emerging.
4830	Ossian Smyth	Given that other jurisdictions (such as Germany and New York) have brought in measures for wearing of masks, will the Minister consider bringing in measures for the use of face masks in the community, especially when visiting busy, closed spaces, such as grocery stores, shopping centres, or when using public transport, etc., as the ECDC has advised?	<p>Guidance has 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. 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>
4873	Mary Lou McDonald	To ask the Minister for Health the number of public health staff redeployed to a nursing home or residential care setting.	<p>Staff are redeployed in response to specific requests for additional assistance. As of 3 June, between 25th April and 2nd June, an average of 70 HSE staff (or agency staff who are working on-going shifts at other locations) across the Medical, Nursing, HCAs, Cleaning and/or Catering staff grades have been redeployed to private nursing homes per day.</p> <p>A separate cohort of Home Support Staff were redeployed from the HSE and HSE funded private providers to Residential Units/Nursing Homes (both public and private) since April 2020. In this cohort, staff were assigned for a period of time to support an area and remained until the area stabilised. A total of 166 Home Support Workers have been</p>



			<p>redeployed into Long Term Residential Care facilities in the period, with 54 of these being redeployed to the private nursing homes sector. In addition to the above redeployment Private Nursing Homes were supported in accessing Agency Staff. The first Nurses recruited through Be on Call for Ireland were prioritised for Private Nursing Homes and other LTRCs.</p>
4874	Mary Lou McDonald	To ask the Minister for Health the percentage of nursing home and residential care staff that have been tested for Covid-19.	As at 26 May, testing has taken place in 100% of nursing homes with over 101,000 tests completed which includes residents and staff.
4875	Mary Lou McDonald	To ask the Minister for Health the percentage of nursing home and residential care residents that have been tested for Covid-19.	As at 26 May, testing has taken place in 100% of nursing homes with over 101,000 tests completed.
392	Frank Feighan	To ask the Minister for Health if he plans to make it mandatory for all health care professionals to wear masks in nursing homes. (Details supplied)	<p>Personal protective equipment (PPE) is valuable as an additional protection for patients and staff. It should only be used where it is likely to be beneficial as outlined in the HSE's guidance on PPE. This guidance is continuously monitored and may change as the coronavirus outbreak evolves.</p> <p>The National Public Health Emergency Team (NPHE) has recommended that enhanced public health measures should be introduced to support the home support sector. These include measures to ensure PPE supply to home support providers and supporting access to the provision of training for staff in infection prevention and control. Homecare providers who have contracts with the HSE are able to apply for a supply and replenishment of PPE through their local Community Healthcare Organisation.</p> <p>Appropriate evidence-based guidance to support the work of health and social care providers on a range of issues, including infection prevention and control, has been developed by both the HSE and the Health</p>



<p>Protection Surveillance Centre (HPSC) and is updated regularly as appropriate and made available on their websites. The HPSC published updated guidance on the use of surgical face masks on 22 April and is now advising that surgical masks should be worn by healthcare workers, including home support workers. Updated guidance for health and social care workers who visit homes was published on the HPSC website on 24 April.</p> <p>Homecare workers who are able to provide planned home care for people with suspected or confirmed COVID-19 can play a critical role in helping to manage the COVID-19 emergency. Homecare workers undertaking this role will require some additional training to manage the associated risks. The most critical element of managing this risk is to review key skills (especially hand hygiene) but there will also be a requirement for appropriate use of personal protective equipment (PPE).</p> <p>The HPSC has advised home care providers that their healthcare workers should be told that if they are unwell and have symptoms of Covid-19 such as a cough, high temperature or shortness of breath, or if they are a contact of someone with Covid-19, they must call their manager before going to work. If a staff member develops symptoms while at work, they must report immediately to their line manager and not continue to see other clients. If a healthcare worker is concerned that they may have COVID-19 they should stay at home and self-isolate and contact their doctor or occupational health service by telephone.</p>
