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9th April 2020

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy Division
Department of Health

Re: Measures for Disease Management – Acute Hospitals

Dear Tracey,

Thank you for your letter dated 30th Mar 2020 regarding the need to focus on and adopt measures to reduce the risk of Covid-19 outbreaks in acute hospitals in order to reduce the risk of nosocomial infection and protect both staff and patients.

All acute hospitals have COVID-19 plans in place and include many of the specific actions included in your letter to control further spread of the virus within the hospital setting. We welcome any support which HIQA can provide as they undertake a risk assessment of existing structures and identify any gaps in acute hospital IPC systems/programmes and will take appropriate action in response to information provided by the audit process.

In consultation with National Clinical Lead for Acute Operations and the AMRIC (Antimicrobial Resistance and Infection Control) team, we have reviewed the measures outlined by NPHET to prevent transmission in acute hospitals. Accordingly I provide a comment/update and detailed planned actions on each of the measures in the table below and can provide additional updates on actions over the coming weeks.

Public Health/Infection Prevention:	ACUTE HOSPITAL MEASURES	
	HSE Comments / Updates April 9th 2020	***Planned HSE Actions***
Establish/update guidance and assure actions in the context of disease management		
· National COVID-19 Infection Prevention Team;	The HSE AMRIC (Antimicrobial Resistance and Infection Control) Oversight Group and Implementation Team are in place since Dec 2018. These	Convene AMRIC Oversight mtg/ telecom within days to discuss outbreak control measures Convene AMRIC Implementation Team mtg/ telecon within 10 days to discuss

	Committees oversee all aspects of AMRIC related issues including those relating to Covid 19.	outbreak control measures Expand relevant TOR w.r.t. COVID 19 IPC support to acute hospitals and guidance on outbreak prevention and management. This will include agreeing AMRIC Oversight Group and Implementation Team links to INOH.
Hospital Group Infection Prevention Team;	Hospital Group IPC/HCAI teams in place in 5 HGs with Micro biology, Management, IPC, laboratory and often Public Health representation.	Request telecom with available members of each established HG HCAI/IPC Committee over next week/ 10days. Request 2 remaining HGs establish HCAI/IPC Committee and arrange meeting within 14 days.
· IPC Team contact/Focal Point in each acute hospital;	Link IPC/HCAI already in place for all Hospital Groups, HGs link with IPC/HCAI Committees chairs and members in each Hospital Link in every hospital for COVID-19 Preparedness	Continue to work with existing link in each Hospital Group regarding all ICP matters including outbreak management. Request named link also for each hospital and align with already identified hospital preparedness links in each hospital.
· Establish a surveillance process for acute respiratory infections potentially caused by COVID-19 virus among health care workers; (WHO: Infection prevention and control during health care when COVID-19 is suspected: March 2020);	Local surveillance processes in place at hospital and Group level. Outbreaks reported to Public health monitored on CiDR Reports. Occupational Health and HR systems currently monitor staff absence associated with COVID-19 and reports available twice weekly This includes information on staff with Covid positive result, those absent due to travel (and level of monitoring) and staff numbers who are close contacts.	Verify staff surveillance process in place for resp. infections via Hospital Group HCAI/IPC links.
· Hospitals to provide data, on a daily basis, on rate of infection amongst staff and patients who acquired COVID-19 following admission;	The COVID Care Tracking system (CCT in development) will be include a flag for healthcare workers tested for COVID 19 and/or admitted with confirmed or suspected COVID 19, which will provide data on rate of infection in staff who are admitted on a daily basis. Data on staff on leave due to confirmed /suspected/ contact with COVID-19 virus is available twice weekly from HSE HR and	National HR info available by hospital twice weekly will be reviewed by AMRIC Implementation Team/ acute operations. Information from CCT regarding patients or staff admitted with COVID 19 (or suspected) will be reviewed by AMRIC Implementation Team /acute operations once available. Acute Hospitals exploring options regarding the integration of info regarding staff or patients on CCT modules including Contact Tracing

	Occupational health systems. Integration of these data sources will be explored but detailed individual tracking may be limited to capability of systems.	
· Provide central, interactive HPSC resource to deal with speciality specific queries from clinicians;	The National Clinical Lead for Acute Services in association with the Clinical Programmes and with support of the HPSC will establish a central resource to support specific clinical queries.	Acute Operations will provide update as this resource is developed.
· Additional public health resources should be allocated to the East to support the management of current clusters;	This issue is a matter for Director National Public Health Services	Acute Operations will refer to Director of National Public Health Services and revert on this action
· Outbreak control teams, to include representation from Public Health, should be mandated.	This issue is a matter for Director National Public Health Service. Establishment of Outbreaks control teams including notification of Public Health Team, where appropriate, is currently advised. There may be resource issues regarding including representation from Public Health on each team due to significant demand on public health services at present.	Acute Operations will refer to Director of National Public Health Services and revert on this action Verification will be sought via Hospital Group HCAI/IPC structure that public health notified of all hospital outbreaks and Outbreak control teams are in place
Risk assessment – scale of risk based on disease progression, environment and staff		
· Set out a risk assessment scale based on disease progression, environment and staff;	Local Risk assessment processes continue. Issues escalated to AMRIC team or Acute Operations will be managed in association with ACMT, Hospital Groups, HPSC as appropriate in line with HSE Risk Management Policy.	AMRIC teams will continue to support local risk management processes.
· Risk rate all hospitals;		Outbreaks occur in wards, units within hospital and risk rating hospitals could be misleading. Each unit constantly assessing risk based on unique circumstances and challenges. Development and roll-out of a complex risk matrix system could add unnecessary burden to front line services at present. High level risk assessment will be carried out based on feedback of HIQA audit and staff absenteeism rates.

· Recommend control/mitigation mechanisms.		Risk management continues locally supported by Acute operations and AMRIC teams as appropriate. Control and Mitigation of risks is supported by HPSC guidance particularly the application of Standard Precautions in all circumstances.
Suite of actions in line with risk rating		
· Ensure triage, early recognition, and source control by isolating patients/staff with suspected COVID-19;	All hospitals completed preparedness survey covering triage, early recognition, and source control by isolating patients/staff with suspected COVID-19;	Acute Operations will follow up with hospitals further to feedback received via HIQA audit.
· Hospitals with outbreaks should be prioritised for PPE;	The distribution of PPE is influenced by the guidance on PPE use agreed by the EAG and modelling based on same and real time evaluation.	No further action at this time
· Staff should use surgical masks when dealing with suspect or confirmed covid-19 patients;	Hospitals are guided by HPSC guidance on use of PPE, AGPS and other procedures.	
· Staff undertaking aerosol generating procedures should use respirator masks;		
· Specialty specific standard operating procedures for COVID-19 should be developed;		
· Monitor staff compliance with standard precautions and mechanisms for improvement provided as needed;	Some monitoring of staff compliance is in place in acute Hospitals	Acute Operations will recommend formal monitoring of compliance in acute hospitals
· Explore the rationale to apply a broader case-definition to identify suspected Covid-19 in hospital staff;	This would require specific guidance from NPHET	Acute Operations will take appropriate action if definition is changed by NPHET.
· Explore potential to introduce antigen testing.	This would require specific guidance from NPHET. Clarify if Antibody or Antigen testing is proposed would be important.	Acute Operations will take appropriate action if antibody testing is feasible and proposed by NPHET.
Staff		

· Actively monitor all staff in acute hospitals at start of shift and at one point during the shift;	Active and passive monitoring of staff returning to work is in place. If active monitoring twice during every shift is required, a policy decision from NPHET would be required and burden on services would be assessed	Acute Operations will respond to any updated policy decision by NPHET in this regard.
· As far as possible, ensure separation of staff caring for COVID-19 patients;	Best practice guidelines already in place recommends separation of staff caring for COVID -19 patients.	Acute Operations will survey the hospitals regarding application of these guidelines for all staff.
· IPC training for all staff, not only healthcare staff; (ECDC: Infection prevention and control for COVID-19 in healthcare settings; March 2020)	Ongoing Training and Education is provided at hospital level by IPC teams supported by updated guidance issued by HPSC and regular Webinars on management of COVID-19 provided by AMRIC team. Standard guidance on relevant procedures e.g. Aerosol Generating Procedures are updated and published by HSPC on a regular basis. Local SOPs are based on same.	Acute Operations will be informed by feedback on this issue in HIQA audit
· Ongoing education and training opportunities provided to ensure that a steady and sustainable precautionary approach is adopted;		Education and Training (ref. ECDC guidance) on going, as per COVID-19 preparedness surveys
· Staff assigned to treat COVID-19 patients must be trained in the proper use of PPE and participation in such training should be documented;	Training and Education on use of PPE is ongoing supported by Training videos developed by AMRIC team	Acute Operations will establish a system of monitoring training in use of PPE in association with AMRIC and HGs
· Encourage healthcare workers to have a high level of clinical suspicion;	Vigilance is encouraged at all levels of the HSE in this regard	
· Ensure that all staff understand the importance of promptly seeking medical care;	All staff are actively encouraged to self-isolate in the first instance if symptoms of Covid 19 experienced and to seek Medical assistance as required.	
· Prioritise hospital staff for COVID-19 testing;	Testing of HCWS is already prioritised	
· All staff social interaction should be discouraged, and strict protocols should be in place for non-clinical areas;	Good Social distancing practices are encouraged	Acute Operations in consultation with AMRIC will monitor application of guidance at local level and respond to any information received in HIQA Audit feedback
· Identify and provide dedicated accommodation incl. hotel rooms for hospital staff.	Plan for providing dedicated accommodation for Hospital Staff is in development	Acute Operations representative actively planning and managing this process.

Yours sincerely,

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Liam Woods
National Director, Acute Operations

Cc: Dr. Colm Henry, Chief Clinical Officer, HSE
Prof Martin Cormican, AMRIC Lead
Dr. Vida Hamilton, National Clinical Advisor and Group Lead, Acute Operations
Ms. Shirley Keane, AMRIC
Ms. Margaret Brennan, Acute Operations
Ms. Therese Dalchan, Acute Operations