

**Measures for Disease Management – Acute Hospitals**  
**NPHET Subgroup on Acute Hospital Preparedness**  
**21<sup>st</sup> April 2020**

The purpose of this note is to provide an update to NPHET on the implementation of their decision of 31 March last, to focus on, and adopt measures to, reduce the risk of a COVID-19 outbreak in acute hospitals.

**HSE**

The Department and HSE continue to engage bilaterally to progress implementation of the NPHET decision. The HSE has confirmed that all acute hospitals have COVID-19 plans in place which include measures to control further spread of the virus within the hospital setting. In addition, the HSE has affirmed that its AMRIC (Antimicrobial Resistance and Infection Control) Oversight Group will provide the overarching governance structure and provide oversight for all issues relating to COVID-19 infection control. The group will ensure that priorities and actions agreed by NPHET, the Department, HSE Executive Management Team and the COVID-19 Crisis Management Team are implemented, progressed and reported on in a timely manner to relevant stakeholders as appropriate. The AMRIC Oversight Group is chaired by Chief Clinical Officer.

The AMRIC Implementation Team will support acute services on compliance with general guidance issued on pandemic response and support good IPC practices to prevent outbreaks in acute settings. In addition, the Implementation Team will support acute services on the provision and analysis of data on incidents and practice.

While it is clear that responsibility for AMRIC lies with the service line, the Oversight Group and Implementation Team governance structures will provide a mechanism for leadership, support, planning and monitoring. This approach provides assurance that there is strategic and operational alignment in relation to IPC across the HSE.

**HPSC**

On 8<sup>th</sup> April, the HSPC published *Interim Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting* which includes a section on outbreak management in the hospital setting. It is understood that this IPC acute guidance will be updated shortly; it is also understood that work is ongoing in relation to an updated Public Health COVID -19 Outbreak plan. In addition, updated guidance in relation to occupational health issues for healthcare workers, is available on the HPSC website.

In terms of outbreaks in acute hospitals to 20th April (11.15am), the number of outbreaks notified on CIDR, corrected to discount LTRCs incorrectly classified as acute hospitals, is 62, involving 261 symptomatic staff and 173 symptomatic patients. The Department is engaging with HPSC to improve reporting in relation to the location/ facility where outbreaks have occurred.

## HIQA

In response to the NPHEt decision of 31<sup>st</sup> March, mandating a focus on outbreak prevention in the acute hospital sector, HIQA designed and issued a self-assessment tool to Hospital Group CEOs. HIQA has now completed a desktop review and compared findings from the self-assessment questionnaire with intelligence gathered over the programme of IPC inspections undertaken by HIQA since 2012. The full analysis submitted by HIQA is at Appendix 1.

HIQA's programme of monitoring against the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services* has identified some welcome progress to expand infection prevention and control capacity and capability in acute hospitals in recent times, and this will assist hospitals to address the acute threat posed by Covid-19. However, common challenges were identified in relation to the continuity of access to PPE beyond 48 hours supply; access to testing kits and consumables to enable ongoing Covid-19 testing in house; as well as the ongoing availability, in some hospitals, of alcohol hand gel, soap, cleaning materials and foot operated waste bins for infectious materials.

In the context of prior inspection findings and responses to the self-assessment, HIQA highlights the need for additional supports for the University of Limerick Hospitals Group and the South Southwest Hospital Group. While the current risk is considered moderate, with the expected increase in activity in these Groups, the risk will escalate to significant and therefore immediate mitigation is required.

In the UL Group there are concerns regarding a number of aspects of environmental /equipment cleaning and further actions may be required to reduce infection control risks at University Hospital Limerick given the infrastructure in some of the older wards and the potential for overcrowding. It is also noted, that unlike in other Groups, the UL infection control team has not been supplemented to deal with Covid-19. HIQA recommends that the potential for supplementary staffing and other supports within this Group should be examined.

HIQA has escalated significant concerns relating to infection prevention control for hospitals in the South Southwest Hospital Group more often than other hospital groups over the past three years and this points to the potential for underlying weaknesses in infection prevention and control programmes which could be re-exposed in a pandemic situation. In addition, in the self-assessment, the Group highlighted a level of inexperience within the infection control nursing complement at Cork University Hospital which may contribute to possible difficulties as the pandemic progresses. HIQA also notes the relatively large number of critical care beds intended for the Group relative to the overall level of infection control resourcing which will result in challenges in the event of a surge. In the circumstances, HIQA recommends that further targeted supports within the South Southwest Hospital Group should be explored.

More generally in the HIQA review, attention is drawn to the moderate risk arising given that many medium sized hospitals have relatively limited provision for medical microbiology. In the event of a surge in activity, demand for these services will increase and these existing provisions may come under pressure; contingencies to address this risk at hospital group level, in terms of the potential for increased demand as well as absenteeism of critical staff in these minimally resourced services, is required immediately.

HIQA identifies the possible requirement for additional resources to ensure that hospitals are in a position to continue to target other infection prevention and control challenges, including CPE, as Covid-19 continues over the coming months. There is a risk that other infection control risks may not receive the attention required due to resourcing challenges presented by Covid-19. While the risk is currently regarded as moderate given the reduction in normal hospital activity at present, as more normal activity returns, alongside a Covid-19 threat, the risk, potentially, will be raised to significant.

Finally, HIQA underlines the need for continued IPC support for non-acute healthcare services. Often such supports are not formalised and are provided by hospitals on a goodwill basis. While noting the difficulties to sustain such support during a pandemic, HIQA recommends that close consideration be given to the potential impact that extra demand on hospital infection control teams has on the supports they provide to non-acute services.

### **Next Steps**

We will engage with HSE Acute Hospitals Division in relation to the implementation of practical measures to address the risks identified by HIQA. In particular, we will explore and agree the supports which are required to be put in place immediately to mitigate the risks identified in relation to the University of Limerick Hospitals Group and the South Southwest Hospital Group. We will also engage with the HSE in relation to the need to adopt a strategic approach to procurement in order to ensure a secure PPE supply; the need for improved ICT Infrastructure; and with a view to put in place proposals to increase the number of patient-isolation rooms/en-suite toilet facilities which is a particular risk for critical care areas.

Given that the scope of the HIQA analysis extends to public acute hospitals only, we will engage with HIQA and seek their assistance to undertake an analysis of IPC provisions in private hospitals.

Finally, the Department will further engage with the HPSC in order to improve reporting in relation to the location/ facility where outbreaks have occurred.