



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Office for Public
Health/ChildHealth
Strategic Planning &
Transformation,
Health Service Executive,
Public Health Department,
Second Floor,
Mount Kennett House,
Henry Street,
Limerick

Post Code V94KN3N

Tel: (061) 483347

Fax: (061) 464205

Website: <http://www.hse.ie>

4th. June 2020

Deputy Brid Smith
TD
Dail Eireann
Leinster House
Kildare Street
Dublin 2

PQ Question5968/20: To ask the Minister for Health the interventions made by the HSE and the HPSC in direct provision centres, specifically on-site visits or inspections of these sites by public health teams and staff.

Dear Deputy Smith,

The above PQ has been sent to my office for direct response to you on same.

The HSE National Social Inclusion Office (with National Public Health for vulnerable groups) and Community Health Organisations Social inclusion teams are engaged with the Department of Justice and Equality for the past number of years. Since COVID-19 the National Office has been involved in supporting IPAS and this is on-going since late January (detailed below). The HPSC itself does not have an operational role. It is a Surveillance centre and issues advice and guidance on COVID-19. www.hpsc.ie

As part of COVID-19 response, all the Specialists in Public Health Medicine (SPHMs) and Directors of Public Health (DPHs) were designated national MOH roles. This allows for work on a national basis and means that each SPHM has legislative responsibility for protecting the health of the whole population of Ireland, not just the population in their region. This supports a national, cohesive response to COVID-19 control. The management and control of infectious diseases, including COVID-19, is carried out by Health Protection multidisciplinary teams. These teams perform several functions in response to COVID-19. The work of the Departments of Public Health is currently focused on the following key areas:

- Management of outbreaks of COVID-19 involving possible, probable and confirmed cases in Residential Care Facilities and other congregate settings including direct provision.

- Public health advice to the general public, residents and staff in direct provision –in partnership with social inclusion - and other health care professionals (GPs) or any other query generally in each of their CHOs.

Under the Infectious Disease Regulations 1981, all medical practitioners, including clinical directors of diagnostic laboratories, are required to notify the Medical Officer of Health (MOH) of cases and outbreaks of Notifiable Infectious Diseases. It is the legislative responsibility of the MOH to “make such enquiries and take such steps as are necessary or desirable for investigating the nature and source of such infection, for preventing the spread of such infection and for removing conditions favourable to such infection.” The role of the MOH includes convening an OCT, which should comprise the necessary expertise to manage/control the outbreak. In investigating an outbreak of a notifiable infectious disease, the OCT must always be aware of the possibility of legal proceedings arising from the incident and should therefore take whatever steps are necessary to maintain chain of evidence that may be required for subsequent legal action.

The primary aims of outbreak investigation are to control the outbreak, mitigate the effects of the outbreak, and stop the outbreak by preventing further cases of COVID-19. From the information gathered from the initial investigation, it may be possible to form a working hypothesis about the route of exposure, level of exposure, nature and size of the population exposed or likely to be exposed, and the degree of risk to public health. The MOH will then decide how to progress a more comprehensive investigation. The investigation should typically consist of three elements: an epidemiological investigation, an investigation into the nature and characteristics of the outbreak, a specific investigation into how cases were exposed (e.g. hygiene in healthcare settings, no PPE) to inform control measures.

Based on the findings from the investigation and an assessment of the effectiveness of control measures taken, the MOH / OCT assess the on-going risk to the public and to patients if the outbreak is in community facility. Risk assessment essentially entails appraising the evidence collected in the incident investigation and determining whether it indicates that there is an on-going significant threat to public health.

The total number of visits by Public Health Doctors and or teams related to COVID is in excess of 50 to date. A Public Health Doctor Specialist in Public Health Medicine has attended the Baleskin National Assessment and Accommodation / Reception centre twice weekly since mid-March. Public health support and GP clinical and screening support has been provided in Baleskin. Further measures to address access to GP services in key areas were put in place.

Public health Directors / Specialists do not have a remit to inspect direct provision centres. However, where possible Public Health teams have done this especially when managing outbreaks of COVID-19. The HSE and IPAS have undertaken and coordinated a series of measures to prevent and control the spread of COVID-19 and respond to issues in IPAS accommodation. HSE and IPAS are in daily communication on these measures and formal teleconferences between National Social Inclusion Public Health and IPAS take place once a week.

Interventions to support IPAS accommodation centres have included:

- Health services support to IPAS accommodation centres provided by local and national Public Health, including the 8 Directors of Public Health and Specialists in Public Health Medicine (Public Health Physicians) in the HSE Departments of Public Health around the country. Support services are also provided through HSE Social Inclusion/Primary Care staff in the 9 CHOs.
- Two additional Specialists in Public Health Medicine (one as a temporary volunteer) joined the National Social Inclusion Public Health team mid-March, followed by HSE COVID-19 Health

Liaison with IPAS in April, to support prevention, case management and advice to DOJE, centre managers and colleagues in HSE on infection control measures at national and local level across all regions. The national team is now composed of 1.7 WTE.

The following are measures supported by the National Public Health Lead

- Guidance prepared with HPSC prepared for Vulnerable groups including Direct provision, liaising with Department of Justice and Equality in February, updated in March, April
- Advice on clinical pathways, access to triage, testing self-isolation and contact tracing for suspect and confirmed cases.
- Continued dissemination of the government measures, such as social distancing, restricted movements etc. hand hygiene, cough hygiene/ respiratory etiquette, explanation of Government measures.
- Further support has been provided to IPAS accommodation centres with regard to cocooning of residents over 65, reducing density in existing IPAS centres, securing GPs when moving and cocooning of residents over 65. A further process to identify medically at risk residents (see [HSE At-risk groups](#)) has been carried out. HSE provides support and advice on self-isolation both on-site within existing centres and at off-site self-isolation centres. National Public Health support is provided to outbreak response depending on the location. The Social Inclusion Public Health team has worked to coordinate and support enhanced testing as appropriate. Debrief meetings in complex incidents are held with relevant partners; local Public Health Doctors, DoJ, IPAS (centre management) National Social Inclusion/Public Health and Local Social inclusion office.

HSE and IPAS support and encourage residents working as care workers and in the healthcare industry to access Health care workers accommodation scheme.

Additional supports have been put in place to support information provision for example;

- An IPAS/Safetynet Public Health-phone line for Centre Managers was established to support with any COVID-19 related public health query.
- Specific resources have been developed, (including translations of public health messaging) at [Migrant Health COVID- 19 sharing resources](#).
- An AMRIC HSE Education Programme webinar COVID-19 Prevention and Management in Vulnerable Group Settings

The HSE National Social Inclusion Office (with National Public Health for vulnerable groups) took a lead role in investigation and management of COVID-19 incidents and outbreaks in the Dublin, Wicklow and Kildare area from March to May. This was to support the HSE East Public Health Department who faced the challenge of outbreaks in Nursing Homes and the majority of COVID-19 cases/ outbreaks. Thirty one site visits were carried out by the National Social Inclusion public health team who supported a range of measures including; enhanced testing, outbreak control team meetings, incident management, advice on movements of people, restricted movements, transport and advice on residents working in healthcare settings and other settings.

HSE South Public Health Department has supported Covid-19 cases and outbreaks in 5 centres with onsite visits to 4 centres. Enhanced Covid-19 testing was offered in 5 centres with outbreak control meetings held for all cases and outbreaks. Infection control advice and support was also provided and twice weekly meetings held with Social Inclusion HSE South.

HSE Midlands Public Health Department has supported one centre with site visits, HPSC and HSE guidance, information and advice, to residents and the centre manager, infection prevention and control advice, self-isolation referrals, transportation, advice on close contacts, monitoring, social distancing measures on site, use of appropriate PPE, enhanced testing, advice on residents working in healthcare or other settings.

HSE Northwest Public Health Department has not conducted on site visits. Support has been provided to ensure access to the relevant information for effective prevention and management of COVID 19 and receive a daily report from the centre.

HSE North East Public Health Department has supported two centres with outbreak control intervention, advice on infection prevention and control and self-isolation referrals and enhanced testing.

HSE West Public Health Department has supported testing, self-isolation advice and referrals, control measures, management of close contacts, restricted movements and outbreak control team meetings in two centres. Infection prevention and control advice has been provided and supported in two centres with a visit to one centre from Community Infection Control and the HSE National Lead for Infection Control and Antimicrobial Resistance. All other centres have received either visits or telephone advice from Community Infection control as appropriate. Social Inclusion HSE West also provides information and support to all centres.

HSE Mid-West Public Health Department has provided telephone advice to all centres in the area in relation to Covid-19 prevention, supported outbreak control in one centre, enhanced testing, self-isolation referral and advice, management of cases and contacts. Advice on the planning of an isolation facility was also provided, including the layout in terms of patient type by location within the facility. HSE Mid-West Public Health Department has visited this facility to provide support and advice to management regarding social distancing, hand hygiene and respiratory etiquette.

I trust this information will be of assistance to you.

Yours sincerely,



DR. KEVIN KELLEHER, FFPHM, FFPHMI
ASSISTANT NATIONAL DIRECTOR –PUBLIC HEALTH/CHILD HEALTH – STRATEGIC
PLANNING & TRANSFORMATION
Medical registration number 19719