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Deputy Alan Kelly TD
Dáil Éireann
Leinster House
Dublin 2

PQ No. 25322/20

To ask the Minister for Health if the recommendations of the 2015 Preparedness of Hospitals in the Republic of Ireland for an Influenza Pandemic: an Infection Control Perspective Report that noted failings in PPE and ventilators were acted upon; the changes or preparations that were made following the report; and if he will make a statement on the matter. -Alan Kelly

Dear Deputy Kelly,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Response:

All hospitals have emergency plans based on an all hazardous basis. Hospital Major Emergency Plans are continuously kept up to date and reviewed. Hospitals are categorised into receiving and non-receiving hospitals for Category A and B viral threats and this system of designation determines the level of preparation and planning a hospital must undertake.

All hospitals undertake a standard set of preparation activities to respond to unscheduled / emergency presentations of an infectious disease. These include:

- PPE Stock Levels – All hospitals carry a stock of PPE (in line with the hospital needs and receiving hospitals status) to respond to a controlled transfer and unscheduled presentation at an Emergency Departments of a viral threat. This PPE is used in a variety of situations including normal infection control procedures (aside from pandemics and other virus outbreaks) and so all hospitals continue to have a standing stock level of PPE.
- PPE Training – Hospitals regularly undertake dooing and doffing exercises with relevant receiving staff as part of their normal Infection Prevention and Control (IPC) procedures and training.

- Critical Care – All hospitals with a critical care services have critical care surge plans which allow for a phased response to surge requirements. Hospitals may activate these plans during particular periods (e.g. rise in flu admissions to ICU during winter periods or a major accident / terrorist event). These plans include the element of additional staffing and equipment (e.g. ventilators) where required for patient care.
- Business continuity – In addition to major emergency plans, hospitals also have in place business continuity plans to allow for parallel operation of services and the recovery phase of a major incident.

All of the above elements are planned for across both adult and pediatric hospitals.

The Health Service Executive has in place a High Consequences Infectious Diseases (HCID) Committee to progress health service preparation to emerging viral threats. HCID comprises service representatives from all key stakeholders across the HSE including hospitals, community, ambulance, environmental health and the Health Protection Surveillance Centre (HPSC).

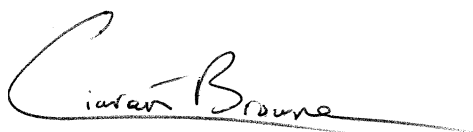
Please be aware that the HSE for HCID planning preparations uses operational preparedness checklists from relevant international health authorities as the standard approach to planning. For example, in preparation for COVID-19, the HSE utilized the ECDC checklist (see <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-checklist-hospitals-preparing-reception-care-coronavirus-patients.pdf>) with all hospitals to facilitate operational readiness for receiving COVID cases.

In addition to the above individual hospital preparation actions, the HSE has a national distribution centre (NDC) with associated logistics for the rapid transport of relevant equipment to hospitals who require additional support in a major emergency. This national distribution service has a variety of relevant supplies available for major surge requirements in the event a hospital needs additional equipment rapidly. The HSE's Health Business Service is a member of the HCID to ensure appropriate planning and co-ordination in the event of a major emergency. HSE Procurement was pivotal in ensuring available stock at the NDC during the recent pandemic to facilitate re-stocking of PPE and other equipment to hospitals and health services. HSE Procurement also put in place a plan to source and procure additional ventilation equipment for surge requirements across hospitals.

The HSE also has in place the National Isolation Unit (NIU) at the Mater Hospital. This unit is specifically prepared for receiving Category A and other diseases of high consequences where specialized negative pressure rooms are available. Clinicians from the NIU are part of the HCID group to ensure planning and inter-hospital transfer protocols are operationally ready.

On the specific issue of "lessons learnt" identified in the report, the HSE has a systematic approach to identify lessons for improvement from all emergency situations that arise. The HSE, through its emergency management function, prepares an "after action" document for each major event that has taken place over the last number of years. This includes events such as severe weather and other major emergencies.

Yours sincerely,



Cian Brown

Dr. Ciaran Browne

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