

Príomhoifigeach Cliniciúil Oifig an Phríomhoifigigh Cliniciúil

Ospidéal Dr Steevens, Lána Steevens Baile Átha Cliath 8, D08 W2A8

Chief Clinical Officer Office of the Chief Clinical Officer

Dr Steevens Hospital, Steevens Lane t 01 635 2000 Dublin 8, D08 W2A8

www.hse.ie @hselive

e cco@hse.ie

BY EMAIL ONLY

Deputy Réada Cronin Dáil Éireann Leinster House **Kildare Street** Dublin 2

24th October 2023

PQ41892/23- Deputy Réada Cronin- To ask the Minister for Health if his Department is satisfied that all hospitals and public-health facilities are operating to the required statutory standard of ventilation; to publish the audits his Department has undertaken to establish same; and if he will make a statement on the matter.

Dear Deputy Cronin,

Thank you for your representation.

The HSE is committed to doing all that is practical to protect patients, staff and visitors from acquiring infection in HSE facilities.

The HSE approach to managing this challenge is based on the NCEC Guideline 30 on Infection Prevention and Control published earlier this year by the Department of Health. As reflected in that Guideline, the control of spread of infection in the healthcare setting is a major challenge for all healthcare systems and the response required is a multi-faceted and multidisciplinary activity. The HSE is committed to continue to do all this practical to manage this risk and has invested considerable resources in building the capacity of multi-disciplinary teams to manage this risk. The management of this risk includes the application of standard precautions with all patients at all times and the application of transmission-based precautions in addition to standard precautions as required based to the evaluation of each person cared for.

It is recognised that ventilation is a specific element of transmission-based precautions, and it is generally important also in all settings. However, other key elements of managing the risk include vaccination and care for patients and staff when they have a communicable disease or if the perceive that they are at specific risk from infection for any reason. The HSE is committed to implement all of these elements of NCEC guideline 30 to the greatest extent practical. One of the key challenges for the HSE in implementing the NCEC Guideline 30 as it would wish is the limitations of many of the facilities in which healthcare is delivered. This includes limitations of space, single patient rooms and ventilation. The HSE in its capital development plan is working to improve all aspects of the physical infrastructure in which care is delivered. This is reflected in the significant capital developments delivered in the past two



years and major developments underway. These facilities represent a major investment in improving the conditions in which care is delivered and the working environment for HSE staff.

While this work is ongoing, I acknowledge the commitment of many staff to provide a high standard of care in facilities that do not meet modern standards. While the HSE is continuing with planning and development of the major capital works needed to respond to the acknowledged deficits individual health care facilities must assess risks to staff and patients associated with existing facilities. They must mitigate risks in so far as practical based on the assessment of the totality of risk. The assessments and treatment of site-specific risks is of necessity performed at the site/institution level. Site-specific risks are identified to management at the individual sites as they are best placed to assess and manage the risks.

I hope this provides you with some assistance.

Yours sincerely

Sharon Hayden General Manager Office of the Chief Clinical Officer