

# National Health Response Planning and Coordination Group

## High Level Update for HSE Board 22/04/22

### Introduction and summary overview

This paper provides an updated summary of the HSE planning and service delivery response for people fleeing from Ukraine seeking refuge in Ireland.

It provides an update on the governance structures and arrangements in place in the HSE, in addition to cross-sectoral, interagency governance arrangements in place at national level and at regional level. This update provides a summary of the current situation regarding volumes of people arriving and what we know about where people are being accommodated. The paper summarises briefly key issues arising and then provides a snapshot of the current operational response. The paper then gives a brief description of active areas of work being undertaken by the HSE's Global Health and Procurement Group and by the National Health Response Planning and Coordination Group.

### Governance Update

A Humanitarian Senior Officials Group, chaired by the Department of the Taoiseach, is in place and meeting weekly to coordinate and monitor progress in relation to the Ukrainian response across all government departments and agencies. There is a DoH rep on this group and meetings are also attended by Dr Philip Crowley, National Director Strategy and Research. On 4th April, the Department of Rural and Community Development announced that Local Authorities will lead and coordinate responses on the ground via Community Response Fora which were found to work effectively during the early stages of the pandemic.

Within the HSE robust structures and arrangements have been put in place to support the coordination, planning and delivery elements of the HSE's role in responding to the invasion in Ukraine and the devastating human consequences.

The national **Ukrainian Humanitarian Oversight group** is chaired by the CEO to direct and oversee all of the work of the HSE in relation to the war in Ukraine. This includes, but is not limited to:

- Coordinating the provision of medical supplies and other donations from the HSE to Ukraine/surrounding areas led by the a HSE Global Health and Procurement Group
- Coordination of Ireland's health and social care response to people arriving in Ireland from Ukraine.

The **HSE Global Health and Procurement Group** is chaired by Dr David Weakliam Global Health Programme Director to coordinate donations by the HSE to Ukraine in response to formal requests for assistance received through the European Union Civil Protection Mechanism.

The national Ukrainian Health **Response Planning and Coordination group**, has been established to identify and support the production of service delivery frameworks, guidance materials, referral pathways and other tools to support, monitor and cost services responding to health needs of those arriving from Ukraine. This group is chaired by Dr Stephanie O'Keeffe, National Director, Integrated Operations – Planning.

The national Ukrainian **Response Oversight group** is co-chaired by Anne O'Connor, Chief Operations Officer and Dr Colm Henry, Chief Clinical Officer. This group provides overall operational oversight

and an escalation pathway for the national Ukrainian Health Response Planning and Coordination group.

The Ukrainian Health Response CHO HG **Operations Group** is co-chaired by Yvonne O'Neill, National Director Community operations and Liam Woods, National Director Acute Operations. This group oversees overall delivery and response oversight and an escalation pathway for HSE **Area Crisis Management teams** that are coordinating the delivery of health services to the Ukrainian population across Ireland. These ACMTs also link with interagency colleagues at regional level, playing a key role in the overall local response.

### Current Situation

As a result of the war in Ukraine circa 11 million Ukrainians have been displaced to date, 4m of these abroad (UMHRC). As of 21<sup>st</sup> April 2022 24,896 Ukrainians have arrived in Ireland. The majority of arrivals are female (66%), with 35% being under the age of 18.

Forecasting the total number of arrivals to Ireland is challenging as it is dependent upon many factors including the evolving situation in Ukraine and policy decisions by other closer countries. Work is underway by the Humanitarian SOG to analyse forecasting scenarios and it is predicted that if there is no change to current arrival patterns, we may expect to receive 34k to 42k at end of April and 52k to 69k at end of May.

The proportion of arrivals to Ireland seeking accommodation is increasing steadily from a starting point of c. 50% up to 90% in the last week (as of 20/04/22). A total of 16,535 people fleeing Ukraine are currently availing of state accommodation. This is being managed by the International Protection Accommodation Services (IPAS) on behalf of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). Accommodation types include serviced accommodation (hotels and B&Bs) and temporary emergency accommodation (community centres, campus buildings etc). In total there are currently circa 224 IPAS facilities in use across the country. It is likely that there will be an increasing reliance on dormitory style temporary emergency accommodation going forward given the numbers arriving and the dearth of available suitable accommodation. The DoH and HSE have now been asked by Department of Housing and Local Government to advise them of land and sites that may be potentially suitable for the immediate development of temporary or permanent housing. We also understand that IPAS have requested Local Authorities to identify accommodation options as a priority.

### Current Issues arising

While there has been significant work to improve the collation and cascading of information from national agencies and Government Departments to the HSE, it remains the case (as of 19/04/22) that CHOs still receive information relating to new accommodation facilities opening with little or no advance warning which is a significant constraint for service response planning.

More recently, we are finding that residents may be moved to new accommodation without information flowing to local health providers leading to a potential for interrupted care and inefficient use of health resources. In addition, due to the scarcity of available accommodation, people continue to be located in areas where there are existing challenges in terms of health care provision and capacity. Government Departments continue to work on processes to improve and eventually automate the flow of information and also to map the future accommodation model to available health resources but this will not occur in the short term, and will therefore continue to present service delivery risks for the HSE. The HSE is working with the Department of Social Protection to receive a data feed of all Ukrainians issued with a PPSN. It is hoped this will assist us to: a) geocode and map facilities b) locate the dispersed population living in the community c) complete demand/capacity assessments.

Concerns have been raised by CHOs regarding the security of residents in some IPAS settings. The need for a formal management model in shared accommodation facilities has been communicated. These risks have been escalated to the DoH and the DoH and HSE have raised at SOG. We have captured these issues in our risk register which is shared with both the DoH and SOG. We hope that a *Person In Charge* model is adopted across all facilities.

## Summary HSE Global Health and Procurement Group Response to Date

### **Donation of essential medical supplies and equipment**

On 16<sup>th</sup> February 2022, the initial request for emergency humanitarian assistance was received from the Ukrainian government via the EU Civil Protection Mechanism and the Department of Foreign Affairs. A cross-directorate steering group, co-chaired by Directors of the Global Health Programme and HSE Procurement, was established to oversee the donation process with representation from operational divisions of the HSE and from Ukrainian Doctors working in Ireland ([www.medicalhelpukraine.com](http://www.medicalhelpukraine.com)).

The HSE organised a series of donations following a documented set of principles and criteria including international humanitarian principles, Government aid policy, and HSE plans and priorities. The Global Health Programme monitored ongoing requests and compiled a list of items that were available for donation. Items were then assessed based on requests from Ukraine, with the input of Ukrainian doctors to validate priority needs and suitability.

The main criteria for donating items was that they were surplus to HSE requirements and releasing them would not impact on future services in Ireland. The EMT approved the donation of HSE surplus products to Ukraine and neighbouring countries on 8th March 2022. New equipment and supplies were mainly drawn from COVID stocks. Used equipment was available from hospitals through the Equipment Replacement Programme (2021). Items were approved for donation by the relevant operational divisions, with sufficient quantities remaining in stock. The supplies and equipment were gathered at a central warehouse in Dublin for checking and preparation. Medical equipment was packed with accessories and consumables so they would be ready for immediate use in Ukraine.

One donation was organised through the EU Civil Protection Mechanism. The other donations were arranged in partnership with MedicalHelpUkraine and Lifeline Ambulance Services. These were delivered to the Polish-Ukrainian border and handed over to the Ukrainian regional health authorities who distributed the supplies to hospitals across the countries. Transportation costs were covered by the EU and MedicalHelpUkraine/Lifeline Ambulance respectively.

As of 12<sup>th</sup> April 2022, the HSE has donated items with an indicative commercial value of €3.33million. The value was acknowledged by the European Response Coordination centre and will be included in the overall EU donations for Ukraine. The HSE's contribution was achieved thanks to the enormous commitment and efforts by many staff across the health service. Please see appendix one for lists of donations made to date.

### **Ongoing donation plans**

The HSE will continuously review requests for donations from Ukraine and the surrounding countries. Further donations are anticipated in the coming weeks, including approximately 10 ambulances and a consignment of aids and appliances (wheelchairs, crutches, etc.).

### **Release of specialised staff to provide humanitarian assistance**

In 2015, the HSE adopted a Policy on Special Leave with Pay to Volunteer in Exceptional Humanitarian Crises. On March 2022, the EMT approved that the scheme would apply for the Ukrainian crisis. The purpose of this scheme is to facilitate release of staff with specialised skills and expertise to address priority humanitarian healthcare needs in Ukraine and neighbouring countries.

Procedures have been developed to implement the scheme for Special Leave with Pay. The Global Health Programme maintains a list of suitable sending organisations and assignments, which includes governmental and non-governmental organisations. Applications for leave are approved by the relevant senior and HR managers. As of 13<sup>th</sup> April, one HSE doctor has been granted approval for special leave under the scheme.

### **Planning and Coordination Group Summary Operational Response To Date**

**Ports:** People fleeing war in their homeland are being granted temporary protection in Ireland which entitles them to access the full range of Irish health services. The vast majority of people fleeing Ukraine are still entering the State via Dublin Airport (c. 80 - 90%) and a CHO 9 Point of Entry health response is in place there to ensure that Ukrainian arrivals get information on how our health service works, immediate care, referrals or prescriptions, and can get started on applying for a medical card. The HSE response in the Airport is part of an interagency *One Stop Shop* model incorporating IPAS, Department of Social Protection and Department of Justice. In the last three weeks, IPAS moved their service to CityWest and plans were being made for the whole One Stop Shop model to move from the Airport to CityWest, where more space is available. Colleagues from CHO 7 have been providing a health response in CityWest and have been engaging with IPAS and other parties to understand what the intended model is and how HSE can ensure health care needs are met and staffing resources deployed effectively.

The Red Cross are in place at other ports of entry and link with the HSE where specific health concerns arise.

**Medical Cards & GP Access:** A simplified and streamlined medical card application process for the Ukrainian population is in place with and to date (22/04/22) 9,180 medical cards have been issued. A lag in applications is apparent and was expected as the initial priority for people is shelter, safety, communication with people back home, schooling etc. The HSE has arrangements in place to ensure that people arriving from Ukraine have access to the services they require pending their applications for Medical Cards:

- PCRS has generated a series of temporary Generic Medical Card numbers which enable people from Ukraine to receive prescribed medications (reimbursement of pharmacies for medicines dispensed)
- The HSE in consultation with the IMO has set out a range of bespoke GP arrangements which are being put in place across CHOs to meet immediate health needs of those in IPAS settings
- Interim arrangements are in place with Out of Hours GP services which means that Ukrainians do not require a medical card to be able to access services.

**Health Services being provided:** Area Crisis Management teams (ACMTs) are operational in all HSE areas and are coordinating local service responses supported by National Public Health guidance and health needs assessment tools. Since Monday 4<sup>th</sup> April, it has been clarified that Local Authorities will lead on the coordination of local interagency service responses. Health service responses mobilised to date includes but are not limited to:

- Multidisciplinary teams providing in-reach services to assess urgent health needs and are signposting/referring to appropriate services e.g. maternity, paediatrics, disability etc.

- GP services and GP cover arrangements (OOH) communicated and put in place at local level
- Nursing assessments for children have commenced
- Targeted Covid vaccination clinics are being provided
- Engagements with Tusla have commenced as required regarding safeguarding concerns.

*Acute referral pathways* for the Ukrainian population and operational processes for urgent referrals / medical evacuees are in place and working well. A number of immediate areas of enhanced response have been put in place by Acute Operations and HGs to respond to priority Ukrainian groups. A sample of these responses are set out below:

- An urgent referral service at the Rotunda Hospital for pregnant women near term (> 32 weeks) or those who require urgent assessment has been put in place. The senior midwife can refer to any maternity unit nationally where the case is not Dublin based
- The Inclusion Health Service at CHI Temple Street is assisting with the Ukrainian situation in the area. Two Nurse Liaison posts are supporting this work
- The Irish Cancer Society is appointing a Ukrainian Cancer Coordinator and in collaboration with National Cancer Control programme (NCCP) a Ukrainian cancer information webpage has been put in place (<https://www.cancer.ie/ukraine>)
- Acute Operations is monitoring on a 7 day basis requests from EU member countries for medical evacuations. Six medical evacuations have been facilitated to date.

### Planning preparedness and response coordination: Work in progress

Through established priority workstreams, the **national Ukrainian Health Response Planning and Coordination group** is focusing on identifying service needs and enablers e.g. service delivery frameworks, Public Health and other guidance materials, referral pathways, tools and IT enablers to support ACMTs, CHOs and HGs to respond to the Ukrainian health needs. Workstreams are sponsored by National Directors and led by nominated senior staff. All workstreams have clinical lead support. A summary of current priority actions by workstream is set out below. Workstream leads collaborate to agree and deliver on all workstream outputs.

#### Data and Informatics

A critical dependency for the delivery of targeted and responsive services is the flow of timely and accurate information on the demographics and location of people who have arrived from Ukraine. Similarly, the HSE must be able to track and monitor the service demand and activity to understand the impact in overall terms on existing services, waiting lists and staffing. Work is underway to achieve this in two phases:

##### Phase 1

- Tracking and monitoring activity of UKR population within Irish Health Services
- Geomapping of health services to inform demand/capacity assessments and the long-term accommodation strategy
- Data capture –
  - Standardising Screening Questions at point of entry with DOJ
  - Digitisation of the Medical Card and Health Assessment form process

##### Phase 2

- Medical Records
- Telehealth Enablers

#### Community Delivery Model

Work continues to formalise the agreement with the IMO regarding the delivery of GP services to the incoming Ukrainian population and the provision of immunisation services for children 0 – 2 and

catchup for older children. An assessment of service demand and impacts in areas where service capacity is challenged e.g. disability needs assessments, MH assessments, orthodontic care is being developed. The Point of Entry Health response model is developing for all other ports depending on need. This will be supported by early notification of arrivals into sea ports by the National Garda Immigration Bureau (24 – 36 hour advance notice). This is not possible for flights as data from carriers shows that booking patterns have booking dates much closer to departure dates. An interim bottom-up reporting arrangement is being developed to support visibility of community service delivery until such time as automated reporting is enabled.

### **Health Assessment and Public Health**

The current focus of the Public Health Workstream is on COVID-19 safety and vaccination, vaccination catch- up services including childhood immunisations, prevention of other vaccine preventable diseases such as influenza, polio, measles and outbreak management. Of note, WHO advice just published is that there is no requirement to screen this population for TB. The Workstream has produced guidance documents for CHOs on the priority health responses for people in congregated settings and a health needs assessment tool to support identification of care requirements. For IPAS staff and management it has produced Covid Safety and Outbreak Management reference documents. Its immunisation subgroup is issuing resources for the public and healthcare professionals on immunisation for this population and will issue regular updates via bulletins.

### **Clinical Workstream**

The Clinical workstream provides clinical guidance and input to the operational frameworks and pathways in development by other operational workstreams. It is also currently developing a proposal to support Ukrainian doctors to register with the IMC in Ireland and is looking at how to support those whose training has been interrupted by war. This can then serve as a blue print for other healthcare professionals.

### **Access to Acute Services**

Immediate acute services responses have already been described. In addition, this workstream has developed a model of acute service provision to meet the particular needs of this population going forward and is developing a guidance document for IPAS which maps acute and specialist services (Maternity, Pediatrics, Dialysis, Oncology, etc.) to assist with accommodation assignments for individuals with specific health requirements. Work is being completed also that will allow HIPE coding of acute hospital activity in relation to the incoming Ukrainian population to go live in the coming week.

### **Mental Health Services**

In line with general principles of early intervention and prevention of mental health difficulties, there will be a focus on mental health promotion and self-help resources in accessible languages, as well as access to relevant programmes in communities where the arriving Ukrainians will live. To support staff to engage with people arriving in a trauma informed way, online training on psychosocial communication was delivered on 8th April and the interagency Becoming Trauma Aware training will be delivered on HSE Land from May onwards.

### **Access to Disability Services**

National Disability Operations are coordinating the disability health response in conjunction with Disability Umbrella Groups and DCEDIY. In taking decisions to welcome groups with specific needs consideration is being given to current capacity and service pressures, regulatory requirements, policy directions and accommodation availability.

### **Enabling Requirements**

- Finance: Costs centres have been set up across the system to facilitate financial reporting of the Ukrainian health response from March onwards
- Communications: Enhanced translation services have been put in place for all services. A dedicated webpage, [www.hse.ie/ukraine](http://www.hse.ie/ukraine), guides people to healthcare services with information and video content in Ukrainian and Russian. There have been in excess of 55,000 views of this page to date (14/04/22). The content provides information on:
  - services available including what to do in an emergency
  - how to apply for a medical card, together with a shortened, bi-lingual version of the medical card form specifically for Ukrainian nationals
  - translation resources
  - Covid safety and COVID-19 Vaccine information
  - 10 general health care videos covering a range of topics such as contraception, early pregnancy, accessing healthcare and Medical card entitlements are being translated into Ukrainian and Russian and will be available on the HSE Website in coming weeks.

The National Planning and Coordination Group and workstream leads are working with doctors and healthcare staff from Ukraine to support this work and ensure communications materials, service frameworks, interpretative services etc are fit-for-purpose.

### **Risks**

Risks and mitigating actions are set out in appendix two and are as at 22/04/22. Please note this risk register is a work in progress and is being kept under ongoing review.

**Dr. Stephanie O’Keeffe, Chair, HSE National Response Planning and Coordination Group**

**ENDS.**

## Appendix One: Summary of Donations to Date

Donated Items	Source	Date of dispatch	Indicative commercial value	Notional Realisable Value (NRV)
10,000 Protective Suits 50,000 Surgical Masks 2,583 Litres Hand sanitiser	Surplus HSE stock	11 March	€87,340	€87,340
12 pallets of medical consumables including bandages, needles and syringes	Surplus from City West site	4 March	€0	€0
Medical equipment and consumables consisting of a range of critical care devices including life support, diagnostic, therapeutic and infant care together with a range of consumable devices, totalling 5,920 items	1. Surplus COVID stock (new) 2. Replaced equipment (used) 3. Donated by suppliers (new)	26 to 30 March	€2,672,897	Approx €2m (tbc)
9 ambulances, with equipment and consumables	Decommissioned by NAS	16 March	€450,000	€0
18 pallets of pharmaceuticals	Surplus COVID stock	28 March	€126,025	€126,025
<b>TOTAL</b>			<b>€3,336,262</b>	



## Appendix Two: Planning and Coordination Group Risk Register – in progress

### Risk Register; Work in Progress

<div> <div>High</div> <div>Medium</div> <div>Low</div> </div>			
Risk Description	RAG	Mitigating Action	Owner
High and increasing levels of staff sickness due to COVID are threatening core services of community and acute levels and needs to be considered in context of the local Ukraine service response.	Yellow	<ul style="list-style-type: none"> <li>Redirect as appropriate COVID response teams to the Ukrainian health response effort</li> <li>Explore opportunities to build capacity at local level through existing CPL and other panels.</li> <li>Increased societal adherence to public health advice regarding COVID prevention.</li> </ul>	Operational Services External to HSE
Some people from the Ukraine are being located in areas with very poor service access, e.g. very rural locations. This may result in a reduced or emergency service only depending on location.	Yellow	<ul style="list-style-type: none"> <li> Liaise with IPAS on agreed vulnerabilities and work to locate people in urban areas close to health services where a specific need has been identified</li> <li>In conjunction with the Geo Mapping sub group of the Data SOG, analyse where health services have greater capacity and use this to inform the longer term accommodation plan for Ukrainian people following an initial period in IPAS accommodation</li> <li>Other mitigations to be developed by workstream and locally by ACFTs.</li> </ul>	Social Inclusion Data and Informatics Workstream
Inability to provide the necessary level of GP care due to shortages of GP capacity to provide seasonal services in shared accommodation or where GP lists are full in locations with existing high level of demand.	Yellow	<ul style="list-style-type: none"> <li>Put measures in place to support retired GPs to return to work to provide time limited, targeted GP services to the Ukrainian people as needed in specific CHCs</li> <li>Establish interim GP arrangements as per suitable options outlined in GP Framework developed in conjunction with BHO, including weekend OOH cover</li> <li>Maximize Safelynet services</li> <li>Provision of additional clinics from GP OOH providers for time limited period in agreement with CHCs.</li> </ul>	Operational Services Data and Informatics Workstream
Service response for people coming from congregated settings with very specific needs (disabilities) where there are existing capacity challenges, where regulatory requirements are significant and where prior planning is not possible as the HSE are not engaged in plans being made by external third parties. There are similar access challenges for other specialist services (e.g. children's disability networks, mental health services).	Red	<ul style="list-style-type: none"> <li>National disability services engaging with HGO umbrella groups daily to coordinate the response around people with specific needs from congregated settings in the Ukraine being brought to Ireland</li> <li>Gaining information on the requirements of the incoming people in order to better understand the services required and place accordingly</li> <li>Set out considerations for appropriate referral routes between community and acute secondary care services and specialist care/tertiary care</li> <li>Other mitigations to be developed by relevant workstream.</li> </ul>	Disability Workstream
Risk of COVID transmission and outbreaks in IPAS settings and consequent risk in terms of availability of COVID isolation facility in hotels where there is no spare capacity built in.	Red	<ul style="list-style-type: none"> <li>Provision and advocacy of COVID-19 safety measures and vaccines by the HSE</li> <li>Inform Ukrainian people as to how they can access immediate care should they become very ill with COVID-19</li> <li>Guidance document provided for staff/managers in IPAS settings re. management of cases/outbreaks of COVID-19 (awaiting sign-off by Pandemic Incident Control team (PACT))</li> <li>Provision of antigen tests to IPAS hotels with testing leaflets</li> <li>To run COVID vaccination clinics for people in IPAS settings</li> <li>COVID Outbreak reporting in IPAS Facilities.</li> </ul>	HSE Operational Services
		<ul style="list-style-type: none"> <li>Requirement for IPAS to clarify through its contracts with accommodation facilities, the importance of IPC measures in congregated settings</li> <li>Need to plan for Person-in-charge to manage Covid cases and outbreak in IPAS settings</li> </ul>	Escalated to DoH 24/3/22 & re PIC 11/04/22 Escalated to DoH to be raised at SOG

### Risk Register; Work in Progress

<div> <div>High</div> <div>Medium</div> <div>Low</div> </div>			
Risk Description	RAG	Mitigating Action	Owner
National Service Delivery Plan risks as new emergency needs requires urgent response, displacing other priorities.	Red	<ul style="list-style-type: none"> <li>Agree priorities for National Service Delivery Plan and communicate same with relevant stakeholders.</li> </ul>	HSE
Financial and spending risks and system development to provide estimates and track financial spending related to the emergency response.	Yellow	<ul style="list-style-type: none"> <li>Cost Centres issued to system to facilitate tracking of costs associated with UKR activity and enable financial reporting</li> <li>HIPE Coding in Acute Hospitals will facilitate ABF for UKR Activity</li> </ul>	Finance Workstream
People with disabilities arriving into private, non IPAS accommodation may not be flagged to HSE services for assessments of needs.	Yellow	<ul style="list-style-type: none"> <li>Need to articulate a process for people with disabilities on HSE.ie, Gov.ie, other NGOs and stakeholder networks including the IRC helpline</li> <li>Other mitigations to be developed by the workstream.</li> </ul>	Disability Workstream
Risk of people with disabilities being placed in temporary IPAS accommodation without access to specialist supports or in pledged housing/ other without adaptations	Yellow	<ul style="list-style-type: none"> <li>Pathway in place for notification of persons with disabilities via IPAS</li> <li>HoD will arrange for disability needs assessment to be conducted. Specific needs identified will be communicated to the Area Crisis Management team to inform the allocation of appropriate long term accommodation</li> <li>Other mitigations to be developed by relevant workstream.</li> </ul>	Disability Workstream
In developing streamlined referral and health response pathways for the Ukrainian population into specialist services, there is a risk that needs cannot be fully met due to capacity and access challenges (orthodontics, disability / MH assessments etc)	Red	<ul style="list-style-type: none"> <li>A more strategic and resourced based approach to the placement and location of people fleeing Ukraine will help to reduce this risk</li> <li>Clear communication to the system on the management of UKR pathways in the context of existing waiting lists and access issues.</li> <li>National operational services to map services (with locations) already under significant service challenge, those approaching the tipping point, need escalation pathway</li> <li>ACMTs to monitor GP capacity locally for early identification of service pressures and constraints. Outputs from both mitigations to be escalated to SOG via DoH to seek to influence short term accommodation</li> <li>Communication of impact to DoH and other stakeholders</li> <li>Prioritisation of urgent care and supports.</li> </ul>	Operational Services
Risk of other infectious diseases and associated outbreaks due to lower vaccination rates for a number of infectious diseases.	Yellow	<ul style="list-style-type: none"> <li>Vaccination screening currently being planned including status of childhood immunizations and first/catch up vaccinations arising from interruption of vaccination schedule in Ukraine</li> <li>Set up first line screening service for prioritised infectious diseases (screening for blood borne viruses, TB etc.)</li> </ul>	Public Health Workstream
Unstructured and uncoordinated approaches to Ukrainians in IPAS hotels by non-authorized groups/ self-nominated individuals, (vetting status unknown) with offers of support. This gives rise to an infection control and safeguarding risks.	Red	<ul style="list-style-type: none"> <li>Risk escalated and discussed with the DoH (24<sup>th</sup> March; 30<sup>th</sup> March and 6<sup>th</sup> April) ; DoH raised with SOG etc.</li> </ul>	DoH/IPAS/ DCEDIY
Different expectations of incoming Ukrainian population regarding service availability e.g. the scope of termination of pregnancy services.	Yellow	<ul style="list-style-type: none"> <li>Communications as to the breadth and scope of service availability on HSE website and IRC helpline.</li> </ul>	Communications Workstream
Risk of outbreak of other illnesses as well as COVID-19 in congregated settings e.g. measles, chickenpox, TB. This also presents the consequent risk of lack of isolation capacity in congregated settings.	Red	<ul style="list-style-type: none"> <li>Escalate at SOG 20/04/22</li> <li>Address the current issue of those presenting with symptoms of COVID or otherwise being placed in congregated settings.</li> </ul>	HSE External to HSE