



PNS/CC

5th July 2022

Dr Colm Henry
Chief Clinical Officer
Dr Steevens Hospital
Dublin 8

By email to: cco@hse.ie;

RE: INMO concerns re: COVID-19

Dear Dr Henry,

Please see attached correspondence issued today to the interim Chief Medical Officer Professor Breda Smyth. There are a number of concerns contained in that correspondence that we would like to also raise with you in your capacity as Chief Clinical Officer.

COVID remains a matter of concern for Irish nurses and midwives, and that level of concern is significantly heightened at this time. The rate at which we are seeing infections rise in our hospitals is extremely worrying. From the 29th of May 2022 to 4th of July 2022, we have seen COVID hospitalisations increase from 198 to 885, a 347% increase.

We have just emerged from the worst June for hospital overcrowding on record coupled with sharp increases in COVID cases in our hospitals. It is a wholly unsafe environment for our members to operate in at the moment which is having implications for patient safety.

We believe at this time there are a number of measures that can be taken to stem the impact of COVID in our already overcrowded hospitals.

i. Reintroduction of COVID screening for hospital arrivals

As of April 2022, the screening of each presentation to any given emergency department has stopped in favour of surveillance testing of those who are symptomatic (as per *Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in Pandemic Setting*, v13) The INMO feels at this time that screening upon arrival must be reintroduced. Without screening upon arrival, we do not know the true scale of cases within our hospital system. All 29 emergency department nurses are currently working in completely unsafe and overcrowded environments, not knowing the scale of COVID in our EDs is only making the situation worse. Furthermore, it increases the workload of the already overworked nursing/midwife teams who have to move both positive patients and those who have

been exposed to a positive case. This additional movement of patients should and could be kept to a minimum by testing on presentation.

At this juncture we feel it is appropriate that screening is reintroduced for both arrivals to EDs and same day admissions for electives.

ii. Strengthening advice around mask-wearing

On March 24th, I wrote to Dr Holohan in relation to the absence of public health advice on the wearing of face masks in indoor and congregated settings. Since the removal of the requirement to wear masks, we have seen over 39,401 people on trolleys in our hospitals while COVID cases continue to increase. While we understand that legislation is currently being prepared to legally underpin advice on mask-wearing, we cannot wait for the Oireachtas to pass legislation in the Autumn. Unfortunately, COVID does not pay heed to the legislative agenda.

You are all too aware of the link between mask-wearing and reduced transmission. We urge the HSE to make recommendations to Government in respect of the return of mask-wearing in crowded indoor settings. Furthermore, the public health advice and messaging that was well promoted at the outset should be reaffirmed. Simply advising individuals to wear a mask if they feel it is necessary and advising to wear it in crowded indoor environments – is, in our view leading to a reduction of mask-wearing. The scientific definition of transmission and proximity would indicate a crowd is not required for transmission to occur. A crowd also can be defined differently depending on the individual's view. Therefore, unfortunately, this type of ambiguous advice is not helpful.

The increase in COVID outbreaks in our hospitals is not a surprise given the chronically overcrowded environments and the poorly ventilated spaces being used for clinical activity. While mask-wearing alone will not turn this tide it will contribute to containment, therefore, we must do everything we can to mitigate the situation getting worse in our hospitals.

iii. A second booster for healthcare workers

As of November 2020, healthcare workers were eligible for their first booster vaccine. We believe that it is time for the National Immunisation Advisory Committee to recommend that patient-facing healthcare workers be provided with a second booster.

COVID currently poses a high risk of breakthrough infection to those already vaccinated, and the health services are obliged, in accordance with the Safety Health and Welfare protocol dealing with the biological hazard COVID 19, to provide all necessary protections, including vaccines, where they are available, to afford maximum protection available to those exposed to this hazard. This, in our view, is a legal requirement of the employer to provide boosters to frontline healthcare workers.

We would ask that you liaise with NIAC with a view to introducing an appropriate booster for healthcare workers.

iv. Ventilation in hospitals and other healthcare settings

In week 25 of 2022, a total of 96 COVID outbreaks were recorded, of those 94 were in health care facilities with 24 in acute hospitals. Air hygiene in hospitals is poor,

COVID is an airborne pathogen and despite all the evidence the HSE has attached very little urgency, to the very real need for the introduction of hospital-wide air filtration and measurement systems. Many Irish nurses and midwives are currently working in unsafe environments with hundreds of patients on trolleys every single day while contending with an airborne virus.

The INMO has long called for the ventilation/ airflow in hospitals to be examined. Health settings are not just places of care; they are workplaces for thousands of workers. The provision of a safe and healthy workplace is a legal responsibility held by employers, and the safety of nurses and midwives should not be a secondary matter.

v. Publication of COVID cases among Healthcare Workers

It has been impossible for our union to identify the real scale of the impact COVID is having on our profession, as the number of COVID infections among healthcare workers broken down by profession is no longer published. We cannot adequately plan for what COVID might look like in our hospitals at what is traditionally the busiest period of the year (November, December January) if we don't know the scale of the problem now during an abnormally busy time. we have sought this information now four times from the HSE and would welcome your attention to this request. Workforce planning and service provision for the next number of months must allow us to factor this absence into the equation.

vi. PCR screening for healthcare staff

As you are aware, symptomatic healthcare workers are told they should arrange a PCR test regardless of antigen test results. The reduced availability of PCR tests across the country is causing difficulty for healthcare workers returning to work. We would ask that the availability of PCR testing for healthcare staff is scaled up over the coming months.

Thank you for your attention to this correspondence and, we are available to discuss the above with you at a time of your convenience.

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PHIL NÍ SHEAGHDHA
General Secretary
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CC: Minister Stephen Donnelly, Mr. Paul Reid CEO HSE, Professor Smyth Interim CMO HSE