



**Irish Nurses and Midwives Organisation**  
Cumann Altraí agus Ban Cabhrach na hÉireann  
Working Together

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General Secretary  
Phil NiSheaghda

PNS/CC

22<sup>nd</sup> July 2022

Dr Colm Henry  
Chief Clinical Officer  
Dr Steevens Hospital  
Dublin 8

By email to: [cco@hse.ie](mailto:cco@hse.ie);

**RE: INMO concerns re: COVID-19**

Dear Dr Henry,

Thank you for your response dated 12<sup>th</sup> July to concerns raised by INMO on behalf of its membership on 5<sup>th</sup> July. In respect of your response, I submit the following;

**i. Reintroduction of COVID screening for hospital arrivals**

We repeat our request for all centres to reinstate testing on admission due to the rise in case numbers. When you say the HSE is: '*keeping this under constant review*' has this review concluded? If so, what is the outcome?

Several hospitals have asked patients not to attend this week due to pressures on services, outbreaks of Covid as recorded by HSE confirm that over 96% of all outbreaks are in health care services. Therefore, we are not sure what a review would conclude other than; there is a continuous risk of cross infection, asymptomatic presentation remains a feature, and not screening on presentation places patients and staff at unnecessary risk and increases the burden on staff due to movement of patients once symptomatic and testing positive. We remind the HSE of its responsibility to mitigate risk and to do so utilising the precautionary principle.

**ii. Strengthening advice around mask-wearing**

Our concern in respect of mask-wearing continues, we are aware of the advice to staff in healthcare settings, however, we believe the advice to those attending healthcare facilities must be reinforced to protect staff.

In addition, we request that the HSE promote the benefits of mask wearing in the community.

**iii. A second booster for healthcare workers**

We are aware of the process involved in decisions re: vaccines, our specific request was that as Chief Clinical Officer you would liaise with NIAC with a view to promoting the early introduction of an appropriate booster for healthcare workers. Our question therefore is has this happened? and can you please update us on NIAC response.

**iv. Ventilation in hospitals and other healthcare settings**

We specifically requested a review of the ventilation in hospitals which needs to be examined. We understand the HSE has undertaken this examination and we would welcome a copy of the report.

The response to this in your letter is disputed particularly where you state “*there remains little or no clinical evidence that demonstrates that this technology reduces the risk of acquiring an infection in a medical setting*”. There are studies that confirm the benefits of filtration units, one such study was conducted in Addenbrookes Hospital on surge wards, and I attach it for ease of reference. Therefore, we remain concerned about the low focus displayed by the HSE in relation to air filtration, particularly in areas where there is no natural air flow e.g. treatment rooms, corridors where patients are queuing for clinics, overflow areas with occupied trolleys, sluice rooms, etc. we remind the HSE again of the employer’s duty to reduce risk based on the precautionary principle.

The advice and instruction from the HSE at national level to healthcare facilities in respect of airflow is open to too much interpretation and unlikely to result in risk reduction. An example of this is the advice on aspergillus, this must be reviewed considering the implications of imposing a hierarchical system of cross infection in the context of an airborne pathogen such as Covid-19.

Could you advise if in the context of CIP, has the HSE provided funding to health care facilities (buildings) to purchase Co2 monitors and air filtration systems?

**v. Publication of COVID cases among Healthcare Workers**

Can you please advise who is undertaking the review you reference and when will it be concluded? Furthermore, we repeat the request to recommence publication on a weekly basis of the number of cases of Covid among healthcare workers by grade. We remind you that this is a requirement in the context of pandemic reporting and for ease of reference I set out the text below:

**The Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020 provides as follows:**

***15. In the case of any activity in relation to which there is a risk to the health or safety of employees due to work with a biological agent, an employer shall—***

***(a) maintain a list (in this Regulation referred to as “the list”) of the employees who have been or may be exposed to any or all of—***

- (i) a group 2 biological agent specified, for the purposes of this paragraph, in a relevant code of practice,*
  - (ii) a group 3 biological agent, and*
  - (ii) a group 4 biological agent, indicating the type of work done or to be done by each employee, and, whenever possible, the biological agent to which they have been or may be exposed, as well as records of exposures, accidents and incidents, as appropriate,*
- (e) ensure that the employees or their safety representative (or both) have access to collective information from the list which does not identify information relating to any individual employee, and*

**The HSA Code of Practice on Biological Agents 2020 states that:**  
*Employees or their safety representative must have access to the collective information in the occupational exposure list, provided the information is not identifiable to any one employee (Part 4)*

**The HSE's own policy on the Management of Biological Agents in the Healthcare Sector 2022 provides as follows:**  
**8.2.17** *Ensure employees and/or their safety representative(s) have access (when requested) to the anonymised collective information in 8.2.14 (risk assessment)*

As the recognised trade union representing over 42,000 nurses and midwives, we now request this information, backdates to December 2021 when it was last made available.

**vi. PCR screening for healthcare staff**

Could you advise who is reviewing the requirement for PCR testing for healthcare staff referenced in your letter and when will this review conclude? Furthermore, you may be aware that there is a requirement for staff to confirm infection status to be granted leave to recover from Covid, but there are delays in obtaining an appointment for PCR due to the reduction of availability of these services nationwide. This is delaying the return to work of some HCWs.

I look forward to your response.

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**PHIL NÍ SHEAGHDHA**  
**General Secretary**  
**Electronic Transmission – No Signature**

CC: Professor Smyth Interim CMO HSE  
Anne Marie Hoey, National Director Human Resources