



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

**IMO Submission to the
Special Oireachtas Committee on Covid-19 on
Infection rates among Healthcare Workers**

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As of the 11th July, HPSC data shows that of 26,076 COVID-19 cases 8,347 (32%) were healthcare workers (HCWs) including 319 hospitalised, 49 admitted to ICU and 7 deaths.

The number of cases by role shows the highest number of cases among nurses (2,711) and healthcare assistants (2189) followed by doctors (507) .

Number and proportion of HCW Covid 19 Cases by Role – (HPSC 11/07/2020)

| HCW Role | Number of HCWs cases | Proportion of all cases | Number of new cases since last week |
|----------------------|----------------------|-------------------------|-------------------------------------|
| Nurse | 2711 | 32.40% | 11 |
| Healthcare assistant | 2189 | 26.30% | 14 |
| Doctor | 507 | 6.00% | - |
| Porter | 91 | 1.10% | <5 |
| Other HCW | 1992 | 15.10% | 9 |
| Unknown | 857 | 10.30% | 8 |
| Total | 8347 | 100.00% | 43 |

The number and proportion of cases linked to an outbreak shows that 2657 cases (30%) were related to an outbreak in a nursing home, residential institution, or community hospital/long-stay unit while 725 cases (8.6%) were linked to an outbreak in a hospital. This is likely due to more robust supply chains for PPE in hospitals.

All cases are linked to an outbreak, however the data shows indicated that in over half of cases the source of outbreak was not identified.

Number and proportion of HCW COVID-19 cases linked by outbreak location (HPSC 11/07/2020)

| Outbreak location | Number of HCWs cases | Proportion of all cases | Number of new cases since last week |
|---------------------------|----------------------|-------------------------|-------------------------------------|
| Nursing home | 2021 | 24.3% | 7 |
| Hospital | 725 | 8.6% | - |
| Private house | 520 | 6.2% | - |
| Residential institution | 414 | 5.0% | - |
| Comm. Hosp/Long-stay unit | 222 | 2.7% | 1 |
| Workplace | 35 | 0.4% | - |
| Travel related | 29 | 0.3% | - |
| Extended family | 16 | 0.2% | - |
| Community outbreak | 16 | 0.2% | 1 |
| Public house | 1 | 0.0% | - |
| Restaurant / Cafe | 1 | 0.0% | 1 |
| Unknown | 1 | 0.0% | - |
| Not Specified | 1 | 0.0% | - |
| Other | 17 | 0.2% | - |
| Not linked to an outbreak | 4328 | 51.8% | 33 |
| Total | 8347 | 100.0% | 43 |

Over 70% of HCWs contracted Covid 19 in the workplace. Many of the cases under-investigation may also be linked to the workplace.

Most likely source of transmission of COVID-19 in HCWs (HPSC 11/07/2020)

| Likely source of transmission | Number | Percentage |
|---|--------|------------|
| Healthcare setting acquired: staff* | 5925 | 71.1% |
| Close contact with a known confirmed case | 937 | 11.2% |
| Travel related | 141 | 1.7% |
| Community transmission | 259 | 3.1% |
| Healthcare setting acquired: patient | 10 | 0.1% |
| Under investigation | 1075 | 12.8% |
| Total | 8347 | 100.0% |

While Ireland appears to have one of the highest rates of infection among healthcare workers in Europe, comparative data should be treated with caution well as the definition of a healthcare worker as well as the regime for testing and reporting can vary across jurisdictions. Nonetheless some analysis of the data is required to ascertain if infection rates among HCWs are higher in Ireland and why. There were very strong testing regimes for nursing homes and many hospitals so many asymptomatic HCW cases were identified.

In addition analysis from the UK suggests that HCWs from Black, Asian and Minority Ethnic (BAME) communities are also at higher risk of the disease than their white colleagues, but despite our high reliance on non-EU/EEA doctors and nurses, such an analysis in Ireland is only now about to get underway.

Nonetheless the high rate of Covid 19 infection among HCWs highlights the substantial risks that HCWs, including doctors and their teams, are exposed to as they undertake their normal healthcare duties. All healthcare workers have stepped up, working long hours and long weeks in the fight against Covid 19. .

It is likely that only a small percentage of the population has been infected and as yet we do not know if immunity is long-term. At present the only protection we have against an growing outbreak again is our infection prevention and control actions, which may be very vulnerable to poor appreciation of risk and/or legacy capacity constraints. However, until we have significant treatment options or an effective vaccine, Covid 19 will be with us for the foreseeable future. Assuring the ongoing safety of our healthcare workforce and maximum protection against the disease is required.

IMO Recommendations:

- **Ensure adequate supplies of PPE for both future surges of Covid 19 and possible future pandemics by stock-piling reserves, diversifying suppliers and creating incentives to encourage local manufacturing of PPE.** We cannot again risk having to compete in a global scramble for PPE ;
- **Ensure adequate staffing levels - Resilience Rosters are required to cover close contact exclusion and sick absent healthcare workers.** - Public Health found that Resilience Rosters appeared to protect workplaces from outbreaks, given the HCW culture of working when ill – staff going to work while symptomatic with Covid-19 because of perceived obligations to their colleagues and weak exclusion policies in some workplaces – contributed to larger outbreaks;
- **All healthcare facilities must ensure that policies and protocols are in place in relation to infection prevention and control, that staff have received appropriate guidance and training** - A wide range of guidance documents have been developed by the HPSC, the HSE and HIQA

in relation to infection control. Implementation of such policies is essential and needs to be ensured;

- **There is an urgent need to strengthen the Public Health Medicine services through the immediate awarding of a consultant contract to Specialists in Public Health Medicine as per the recommendations of Crowe Horwath Report and the Scally report in 2018.** - The expertise required to prevent, investigate and control infectious disease outbreaks is in Public Health Medicine – which is poorly understood and under-resourced currently. This gap remains a vulnerability affecting all health sectors;
- **Ensure adequate risk assessments have been carried out across all healthcare settings;**
- **All healthcare workers should have access to appropriately resourced, occupational health services;**
- **All healthcare workers should be aware of their occupational rights and entitlements in relation to Covid 19,** for example the right to special ‘COVID leave’ if required to self-isolate, and the right to access follow up care for cases of occupationally acquired Covid-19 infection for HSE employees;
- **Public Education campaigns should continue to encourage adherence to NPHET Guidance in relation to social distancing, coughing etiquette, hand washing, travel advice, donning of masks in enclosed areas where social distancing is impractical including healthcare settings;**
- **In preparation for the winter flu season, invest in the roll-out of a total population flu-vaccination programme accompanied by a public education campaign to encourage older people and all healthcare workers to avail of the vaccine.**