



PNiS/CC

21st May 2020

Dr Colm Henry
Chief Clinical Officer
Dr Steevens Hospital
Dublin 8

By email to: cco@hse.ie

Re: Health and safety and occupational injury

Dear Colm,

I refer to the reported numbers of employees and workers in the health service who have been infected with Covid-19. As we know, this is a virus which poses a significant and dangerous occupational health risk for Health Care Workers (HCW).

The latest figures published on 19th May recorded 7,661 HCWs infected. The breakdown we have received is as follows:

- The infection of HCW represents 31.7% of all infections in this country and the highest recorded infection rate among HCWs in Europe.
- The number of admissions to ICU is recorded as 390.
- Of those 34 were HCWs, 14 of which were nurses.

This infection rate of HCWs is disproportionately high in the context of the infection rate in the general population and indicates that the exposure of HCWs is clearly a very high occupational risk. More worryingly it appears that infected HCW's are impacted to a great extent from the virus than in the general population given their ICU admission rates.

Week on week the number of infections among HCW is growing: 12% in past week alone, (see attached table). This is in the context of the current practice where testing is not being carried out routinely in acute hospitals: it is only undertaken *if* the HCW becomes symptomatic. Therefore, if international studies, which confirm asymptomatic positives, are to be considered we can conclude that the infection rate among HCWs is in fact much higher than is recorded.

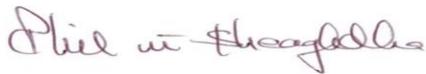
It is our view that If a worker acquires an illness in the workplace, each incident must be examined to identify how the injury/ illness was acquired and how future injury/infections can be prevented.

The questions that arise from these figures are:

1. Is the PPE provided by the HSE, sufficient to protect against infection?
2. Have quality control procedures been implemented to test PPE?
3. Are HCW's using PPE donated from private donors, and is this this PPE subject to quality control?
4. Is there a process in place that visibly confirms, prior to sanction for use, on each batch of PPE that it has been quality approved by the relevant employer authority?
5. Considering the high numbers of ICU admissions of HCWs: what evaluation, if any, has been carried out to establish a link between the length of time the HCW worked with Covid-19 positive patients and the severity of manifestation of the disease in those HCWs?
6. Considering the evidence of asymptomatic positive HCW's in the recent Dutch study can you confirm that routine testing of HCWs in the acute hospital setting will now commence?

Looking forward to your reply,

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PHIL NÍ SHEAGHDHA
General Secretary

cc:
Deirdre McNamara, General Manager, Chief Clinical Office
Paul Reid, CEO HSE