

Health **MATTERS**



HOLD FIRM

HSE staff at their best



WELCOME TO THIS SPECIAL EDITION OF HEALTH MATTERS

WE pay tribute to our health service and frontline workers who have made phenomenal efforts and sacrifices since the COVID-19 pandemic first hit our shores in late February.

It is a pandemic like nothing we've seen in our lifetime. It is changing the way we live now and how we will live in the future. For those working in our health service and other essential services, every day brings a new challenge that has never been faced before.

But our staff are meeting those challenges head-on, using kindness and compassion as well as innovation to continue to treat the patients that are relying on them.

The dedication to the cause, which has seen many HSE staff members having to live away from their families for weeks on end, is evident across the board. We speak to Aisling McGarrell, a clinical nurse manager in Our Lady of Lourdes Hospital, who was forced to cancel her wedding plans. But rather than taking off what was supposed to be her wedding day, she opted to join her colleagues on a 12-hour shift.

We take a look at the way technology has transformed the way healthcare is being delivered in many settings, allowing families to speak to loved ones in hospital, giving healthcare staff the opportunity to engage with patients remotely, and even monitor their recovery remotely.

The healthcare system has responded rapidly to the increased demands on it. This is shown in the testing centres and the step-down facilities, added by the work of the Estates division to create additional capacity in facilities all across the country.

Thanks to everyone for their help and contributions to the magazine in these unprecedented times.

Remember to stay safe, protect each other and hold firm.

Joanne Weston

Joanne Weston,
Editor



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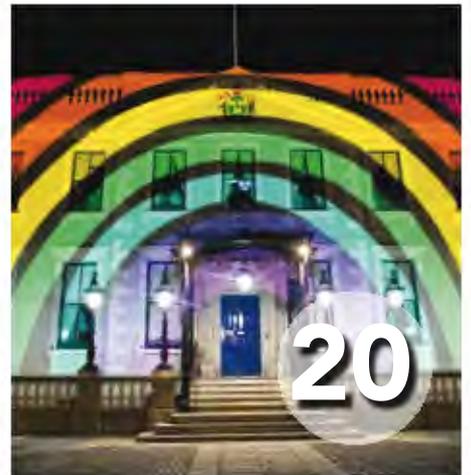
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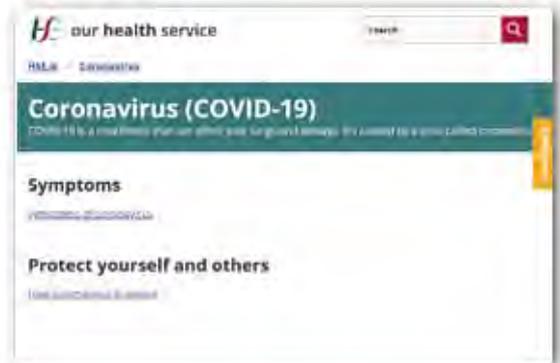
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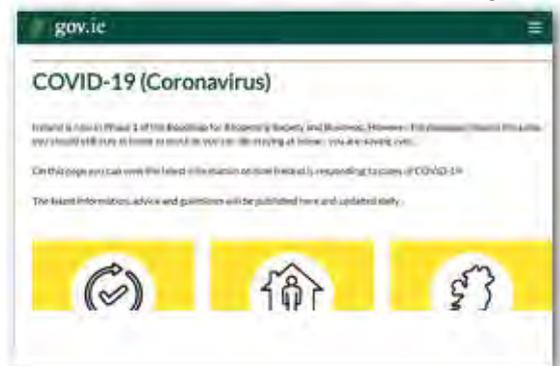


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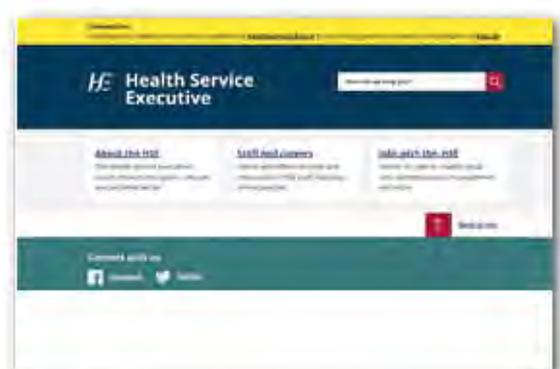
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'FOR YOUR HARD WORK, SACRIFICE AND SOLIDARITY, THANK YOU'

A message from CEO Paul Reid

DEAR Colleagues
In recent weeks we have witnessed a significant step in the Government's roadmap to re-open Irish society in a carefully managed, phased manner. The roadmap sets out five stages for unlocking restrictions. At the time of publication, we have entered stage one with some restrictions eased.

As this first phase mainly relates to outdoor workers, the majority of Health Service employees continue to maintain existing procedures. We are applying the appropriate protocols to ensure the health, safety and welfare of all staff, patients and people who use our services.

While it is important to remember that we are all still dealing with a very deadly virus, we should also note the significant progress we have all made over the last few weeks and months.

Significantly too, these newly reduced restrictions have given us all hope. Having achieved so much within our health service to accelerate and expand our frontline services and protect the vulnerable, we are now challenged with maintaining our resolve and focus.

As you will be aware, we had to cease non urgent services since for a period of time, based on a recommendation from the National Public Health Emergency Team (NPHE). Since the lifting of this restriction we have begun introducing scheduled acute and community care in a planned, appropriate and considered way. We are doing this while minimising risks to the public, to healthcare staff and to the wider healthcare system.

I do understand that this is not easy and I want to acknowledge the dedication, energy and innovation of every person working in our health service at this time. I know you are focused on your commitment to the patients in our care and I know too you are equally sensitive to the need to protect our services and the people with whom we engage and work every day.

Out of all the negatives of this pandemic



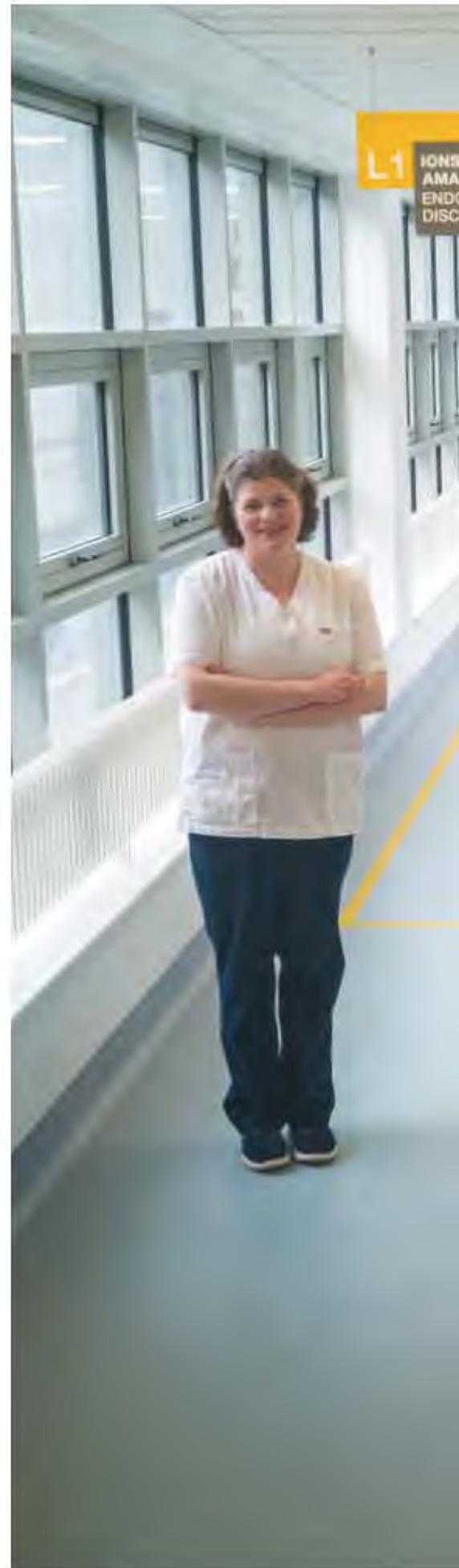
there is the opportunity to accelerate change in the way we deliver services. We can re-imagine how we do this to create new ways of working and embrace many of the innovations recently witnessed across the country.

We recognise that the availability of widespread, responsive testing with a short turnaround time is critical to the public health response to the pandemic. Earlier in May, I set out a new change management plan that gave us the capacity to deliver 100,000 COVID-19 tests per week and improve our turnaround times significantly. As you are aware, we are implementing new initiatives to automate the majority of the tests. We have also improved the turnaround times for the more complex cases which require further follow through and contact tracing. It is our intention that the vast majority (90pc) of COVID-19 testing and contact tracing will therefore be completed within the target time of three days.

I am, as ever, immensely proud of the dedication and resilience shown by all our staff during this very challenging time. Since the outbreak of the COVID-19 pandemic in Ireland, it has become apparent to everyone the vital role our health service staff plays in responding to this threat.

For all that you have done, for your hard work, sacrifice and solidarity I would like to again say thank you and urge you to stay safe and hold firm.

Paul Reid
Chief Executive Officer





Messages of support and thanks have been coming in for frontline staff like these staff nurses at Roscommon University Hospital. From left, Caitriona Mannion, Lorraine Young, Lorna Kennedy and Maria Walsh.

THANK YOU TO OUR HEALTHCARE HEROES

THE PEOPLE OF IRELAND POST MESSAGES OF GRATITUDE TO FRONTLINE STAFF

"Thanks to all the nurses for helping our country." - Heidi

"While we stay safely at home, you leave yours to take care of our very sick loved ones, friends and neighbours. Behind the PPE and face mask your care, gentle voice and medical expertise wraps comforting arms around those in peril. In their moments of vulnerability, decline and fear, you are there. You raise them up and show them the way. You become their eyes in the darkness, their light in the shadows and their hope and salvation. You are our heroes! No words can thank you enough." - Siobhan

"Well done to all the men and women on the frontline beating COVID-19!! From doctors to cleaners and everyone in between you are all doing amazing!! Well done and we will win this battle." - Grace

"For your bravery, kindness and selflessness, a huge Go raibh míle maith agaibh!" - Linda

"For your incredible work care and dedication to the care and well being of people, a sincere heartfelt thank you." - John

"Thank you most sincerely each and every one of you, in whatever role you have, for putting your own health at risk to care for all of us and for doing it with true compassion and kindness." - Pauline

"Thank You all so much for your professional and mannered way you all have conducted your enormous task. Very proud." - William

"For care above and beyond the call of duty. No words can express how grateful the Irish Nation are to all of the medical teams looking after our people." - Marian

"Thank you for putting your life on the line for all of us!!" - Joan

If you have a message of thanks for colleagues that you would like to share, go to the staff website at www.healthservice.ie or get in touch with HSE Communications at internalcomms@hse.ie



VIRTUAL VISITS BRING SOLACE TO LONELY PATIENTS

A hug or even the sight of a loved one at your bedside can help patients to get through tough times in hospitals. It's the lack of this close contact that has been hardest on patients and families during the COVID-19 crisis.

But UL Hospitals Group has been facilitating virtual hospital visits to help keep families in touch during the public health emergency.

Additional supports were introduced for patients who could no longer look forward to a morale-boosting visit from their loved ones. The Patient Advocacy and Liaison Service (PALS) has been expanded through the recruitment of new staff and the redeployment of existing staff.

PALS are present in University Hospital Limerick (UHL), St John's, Ennis and Nenagh hospitals and just commenced a service in Croom Orthopaedic Hospital.

"It is a time of heightened anxiety for everybody. Hospital can be a lonely experience at the best of times and the visiting ban has only aggravated that. We identified that the PALS service could respond to the new patient needs. At UHL, we facilitated a drop-in and collection service for patients' belongings but to support our patients emotionally, we needed to maintain face-to-face contact with their loved ones. Thankfully 21st century mobile technology allows us to do exactly that," said Niamh Hogan, PALS Manager, UHL.

Donal McKenna, from Doon, Co Limerick, celebrated his 56th birthday while recovering in the Intensive Care Unit at UHL. Niamh was able to organise a virtual visit from Donal's daughter Sinead and granddaughter Freya to help him celebrate the event even though they couldn't be with him in person.

"We are delighted to have received so many donations and offers of support from individuals, from charities and from



“Thankfully 21st century mobile technology allows us to do exactly that

businesses that have allowed us to facilitate video calls for a virtual visit. The feedback from patients of all ages has been amazing to witness and we are genuinely humbled to be able to keep families connected,” said Liz O’Leary, PALS Manager, UHL.

Video calls are being facilitated by PALS and by nursing and medical staff at UHL, Croom, Ennis and Nenagh hospitals while there are also plans to introduce virtual visits at the Neonatal Intensive Care Unit at University Maternity Hospital Limerick to facilitate fathers who cannot visit at present.

Margaret Gleeson, Chief Director of Nursing and Midwifery, UL Hospitals Group, said, “We knew at the outset that the decision to ban visits, while necessary, was going to be very difficult on patients and staff. COVID-19 has required great sacrifices of everyone, including some of our most vulnerable citizens who are inpatients in our hospitals.

“The public health measures needed to appropriate but we also needed to show solidarity and support for our patients.



“We are currently considering how we can safely reintroduce hospital visiting as we move into the next phase.

“But we must all remain vigilant and COVID-19 and physical distancing are likely to remain with us in some shape or form for some time to come. Virtual visiting has been a real lifeline and will continue to play an important role in supporting patients,” she said.



Technology connecting families in ICU in University Hospital Galway

UNIVERSITY Hospital Galway (UHG) has introduced a new video call system known as ICU FamilyLink which will enable contact between families, patients and the clinical teams providing care. This is particularly important as currently visitors are not permitted in the hospital, due to the COVID-19 pandemic.

Maura McNamara, the wife of a patient from Galway City who was treated in the Intensive Care Unit (ICU), said, "We got an opportunity to use the video conferencing system to keep in touch with my husband while he was in the ICU. It was fantastic to get to see him and how he was doing and get updates from the nurses. It is difficult not being able to visit the hospital and this was the next best thing to being there."

When the visiting restrictions were introduced in early March, the ICU team in Galway appreciated that it was going to be very difficult to keep families and patients in the ICU updated and connected, particularly where family members may be in physical isolation in different locations. In an effort to address these challenges, the ICU team at UHG reached out to its academic partners in NUI Galway, who in turned reached out to industry contacts in Galway and beyond.

NUI Galway, Cisco and IBM assembled a team to answer the call and working closely with the ICU and Clinical Engineering teams in UHG, rapidly developed a state-of-the-art video call system specifically for the ICU setting. The secure system is designed for easy setup where close family members are

invited by the nurse looking after the patient, to see and speak to their loved one. ICU FamilyLink also enables staff to advise the family and discuss medical and treatment issues that arise.

The project is supported by a team of IBM volunteers who are available by phone to family members to offer any technical support. The system is complemented by Apple iPads to facilitate staff-to-staff Webex video calls. All the equipment and expertise required to get this system operational has been kindly donated by the collaborators and a wider set of supportive organisations.

Chris Kane, Hospital Manager, said, "We are very grateful to everyone who has given their time and expertise to support the delivery of such an important project in such a short timeframe. The last number of weeks have been very difficult for patients in ICU and their families; the staff recognised this and wanted to do something to support them."

Ann Conroy, Clinical Nurse Manager 3 who works in the ICU in UHG, said, "The system was designed and implemented to make it as easy as possible for the nurse caring for the patient to use safely and securely. This was based on listening to the nurses and addressing the needs that we identified.

"The simplicity of the unit is what makes this such a success for the nurses who are busy caring for the patient and for the families who are at home.

"Also the quality of the video image is excellent which means it is as close as a family member will get to being in the ICU."



 ABOVE: Pictured at the Critical Care Block in UHL were Maria Keogh, Niamh Hogan, Catherine Hand and John Stephenson, Patient Advocacy and Liaison Service, UHL. TOP OF PAGE: Donal McKenna, from Doon, Co Limerick, celebrating his 56th birthday while recovering in the Intensive Care Unit at UHL. Niamh Hogan, PALS Manager, is facilitating a virtual visit from Donal's daughter Sinead and granddaughter Freya.

Staff from the ICU at UHG. From left: Maura Lyons, staff nurse; Leonie Cullen, Clinical Nurse Manager 2 and Teresa Finnerty, Clinical Nurse Manager 2, with the ICU FamilyLink video call unit which is being used to connect family members with patients and staff in the ICU.



'IT HAS BEEN FANTASTIC TO SEE WHAT CAN BE ACHIEVED WHEN STAFF WORK ACROSS DISCIPLINES'

A Community Assessment Hub at St. Mary's Health Campus in Gurrana Braher, Cork city is part of the significant response to COVID-19 which continues across the entire health system.

The main aim in setting up the Community Assessment Hub in St. Mary's is to help people who need a face-to-face clinical assessment but who do not need immediate hospital care. These are people who have or may have a confirmed diagnosis of COVID-19. People will be seen by appointment only and this can be done by their GP or by SouthDoc.

The St. Mary's Assessment Hub country will ensure that GPs will not be exposed to as great a risk of infection in their practices, meaning that they can continue to meet the primary healthcare needs of the public.

The hub at St. Mary's is staffed mostly by GPs with the support of healthcare professionals including nurses and physiotherapists, with administrative support.

Doctor John Sheehan is the Lord Mayor of Cork, and is also a local GP working in the hub in St. Mary's. He stressed that while a referral to the hub may be a stressful time for people, the staff there will take excellent care of them.

"I want to reassure people they will receive

the same level of care and professionalism as they are used to and we will work to be best of our ability to ensure their health and safety," he said.

Staff have come from across the entire health service to operate the hub, and represent the fantastic way in which all parts of the health service are working together to support the community.

GP Dr Diarmuid Quinlan also works at the hub, and advised anyone who is referred there not to be alarmed when they see that staff are wearing personal protective equipment, which includes a gown, a face mask, glasses, a visor, and gloves.

"That can be quite intimidating for patients but this is standard to protect the patient and staff members," he said.

Dr Quinlan also explained that staff will work to make sure that people spend as little time as possible at the hub.

Once people arrive at the hub, they will be met by a nurse who will talk to the person about their past medical history, symptoms and then take blood pressure, temperature etc. They may then be assessed by a GP, before a decision is made to either:

- Refer the person to the Emergency Department,

- Refer the person back to their own home with medical advice on how to recognise if they deteriorate,
- Refer the person self-isolation facilities.

"We understand that this is a very worrying time for people and the visit to the hub can be quite an intimidating and daunting process for many people. All our staff have worked very hard to ensure the experience is as smooth and comfortable as possible for everyone who attends," Dr Quinlan said.

Since opening on April 17th, the St. Mary Community Assessment Hub has seen a steady flow of referrals.

Siobhan Cahill, one of the nurse co-ordinators there, explained, "The whole process is working very well. People's experience here at a hub has been very positive. The waiting time is quick and people are very grateful of the service available to them. The staff working in the hub feel supported by the community and feel well protected to ensure they can do their job safely."

Teresa O'Donovan, Head of Primary Care, Cork Kerry Community Healthcare, said she was 'truly blown away by what has been achieved in such a short time'.

"Members of the primary care team - nurses, physiotherapists and admin staff supported by

Community Hubs help reduce numbers attending

THE COVID-19 pandemic has already had a serious impact on how we deliver services. It is well documented that it has the potential to put our health and social care services under unprecedented pressure. Every effort is being made to prevent this from happening; by increasing overall capacity and putting in place new systems to deliver services. Having a robust community response to COVID-19 is vital to protecting acute services. The HSE's top priority is to treat and care for the people who use our services and protect the staff who deliver them.

Since March, COVID-19 Community Assessment Hubs have been developed to manage the increase of coronavirus cases in the community. GPs can refer patients, who have or are likely have COVID-19, to a hub for a face-to-face assessment with a GP and

other healthcare workers. The hubs provide a safer environment for healthcare workers to clinically assess unwell patients, who may also be concerned about their COVID-19 symptoms and/or another health condition. Patients can be referred home to recover, sent to hospital for treatment or provided with extra supports in the community while they recuperate, such as some time in an isolation facility.

Speaking about the hubs, Paul Reid, CEO of the HSE said, "Our priority in the HSE is providing the right care in the right place for those of us who do contract the virus. Almost 30 new COVID-19 Community Assessment Hubs are now up and running across the country. The Government has committed to us €27m to support the role out of these hubs all across the country.

Hubs support us in assessing people who have or may have COVID-19 and need further clinical assessment. They help to reduce the numbers of people attending our hospitals and our emergency departments. It's also providing support to GPs so that they can treat and care for patients with non-COVID conditions. This is really important for patients and the health service."

Hubs also allow patients who are showing symptoms of COVID-19 to be separated from those with non-COVID-19-related conditions.

Integrated Care Lead, Dr Siobhán Ní Bhriain, explained, "From the start we have worked to develop COVID and non-COVID pathways in every setting. Community assessment hubs allow us to provide a separate service for people who have, or may have COVID-19 and who feel their symptoms are getting worse.



staff from national service teams have worked alongside colleagues from the acute hospital and GPs to get this service in place as efficiently as possible. Substantial support and input from the local Estates, ICT, training and infection prevention and control teams was received," said Teresa.

"Many people stepped forward, working long hours to make sure this service is available to people when they need it most. No ask was too great with many people working long hours the shared aim of providing the best possible service.

"It has been fantastic to see what can be achieved when staff work across disciplines, and closely with GPs supported by corporate services."



hospitals and EDs

People with COVID-19 who have symptoms of other illnesses can also be seen in the hubs. This also means that the potential exposure of people visiting GP practices to COVID-19 will be minimised and practitioners can get on with their usual day-to-day role."

David Walsh, National Director Community Operations, added, "Given the rapidly evolving and unpredictable nature of the COVID-19 pandemic, we now have a pathway that can be effectively scaled up to manage growing demand on services."

Speaking about the quick turnaround in rolling out the hubs, Dr Philip Crowley, A/ National Co-Lead Public Health Response to COVID-19, said, "We have developed an entirely new model of care for these hubs, which puts skilled GPs, nurses and healthcare professionals working directly in



HSE CEO Paul Reid, Minister for Health Simon Harris, and Taoiseach Leo Varadkar meet with the Community Assessment Team at the Community Assessment Hub in DCU.

our communities. The rapid roll out of these hubs bears testament to the hard work and flexibility of healthcare workers. I want to thank everyone who has really pulled together to get these hubs open and ready to

assess patients in a very short space of time."

Find out more about community assessment hubs on [hse.ie](https://www.hse.ie) or go to [hse.ie/hubtraining](https://www.hse.ie/hubtraining) if you are working in community assessment hubs.



singer pledges €100,000 to HSE

GRANNY'S CALL INSPIRES STAR NIALL TO HELP OLDER PEOPLE

WHEN singer Niall Horan's cousins sent him a photo of them talking on the phone to their granny outside her window, he decided to teach her how to use FaceTime. Seeing the positive impact it has had on his granny inspired him to do the same for other older people.

Niall has pledged €100,000 to the HSE specifically to provide mobile devices for older people in public long-term residential care so they can stay in touch with their families. The HSE is working with its technology partners – Vodafone, Samsung and Avaya – to ensure these mobile devices have video and messaging apps like Skype, Zoom and WhatsApp available to the staff and residents of these units. The impact of social distancing on this group of older people has been considerable. The HSE has 130 long-stay units across the country providing long term residential care to over 7,000 people.

A sense of social connection is one of our fundamental human needs and it impacts our social, emotional and physical well-being. Given the visitor restrictions as part of the COVID-19 crisis, the lack of social connections with family and loved ones, can contribute to declines in physical and psychological health. Given these residents are generally our frailest older people, new ways to keep communication and connections between residents and their families are needed.

Niall Horan said, "So many elderly people are feeling vulnerable and isolated more now



Keith Robinson, resident at St Ita's Community Hospital Nursing Home, Newcastle West, Limerick using one of the devices to stay in touch with his family

than ever. Thousands of families have needed to be pulled apart, including my own. Not only does this initiative bring them back together, face to face in the short term, it's a positive development for the future too. Thank you to the HSE for getting this off the ground. I'm very proud to work with them on it."

Paul Reid, HSE CEO, said, "I've been using video apps to keep in touch with my granddaughter so I know first-hand the impact Niall's generous offer will have. Niall's contribution is also special as it will be used long after we emerge from COVID-19."

Michael Fitzgerald, HSE Assistant National Director, Older People and Palliative Care – Strategy, added, "We know having family visitors is an essential part of an older residents well-being, the impact of social isolation and separation from families can be particularly hard for older people. We will provide funding for wifi connection, and HSE ICT will provide technical support."

The HSE has received numerous offers of support for front line workers. Providing technology for long-stay units shows how every aspect of Irish life has been affected by COVID-19.

LETTERS AND DRAWINGS FROM SCHOOLCHILDREN BOOST HOSPITAL PATIENTS

DRAWINGS, paintings, cards and letters sent in from local primary and secondary school children helped reduce patient isolation and loneliness among patients at St Columcille's Hospital in Loughlinstown during COVID-19.

The Speech and Language Therapy Department came up with the initiative with the hope that a thoughtful card or letter could lift spirits and offer a connection with children and students in the community.

More than 70 cards arrived from Wesley College Dublin, Ranelagh Educate Together, St Pious's School Terenure, offering support, hope and friendship to patients, during these isolating times.

"The idea being that each patient would

receive a card providing an opportunity for positive engagement, to reduce isolation and increase wellbeing," explained Suzanna Dooley, clinical specialist speech and language therapist at St Columcille's Hospital.

"This is a lonely and stressful time for patients away from their families and friends. Having a connection to the community may alleviate feelings of isolation. These 'Happy Thoughts' cards were reproduced and distributed to meet with infection control standards. Ideally patients were offered a card that may interest them or be personally relevant."

The cards and letters are available electronically for distribution.

"We have had feedback from other hospitals

and residential homes including St Mary's Hospital in the Phoenix Park, Our Lady of Lourdes Hospital in Drogheda and local care homes in Co Wicklow who enjoyed sharing the cards.

The guest letters were welcomed by patients, with feedback including 'a very lovely thought', 'fantastic idea' and 'very kind'," said Suzanne.

"We plan to continue sharing the happy thoughts cards throughout the summer months as visiting restrictions remain in place. The original cards and letters are being taken into the National Library of Ireland collection for their archive.

"We would like to thank all the students who shared their talents and sent in good wishes, jokes, hope and hugs."

speech and language therapists give support

COMIC BOOKS EASES FEARS OF TESTING FOR CHILDREN

GOING for a COVID-19 test can be daunting, especially for children, as speech and language therapists in Dublin North City and County noticed when working frontline at the community testing centre at Croke Park.

Sinéad Finn, a speech and language therapist in Dublin North City and County, explained, "We wanted to help children who were worried when coming for testing and thought a visual story would be useful. We discussed this at our daily debrief and were delighted to be supported and encouraged by Maria Flaherty, our Clinical Lead at the Testing Centre.

"Amy Lennon and I put the story together using a programme we use to make therapy resources, and took advice and support from our Speech and Language Therapy colleagues Maria Price, Gráinne Curtin and Sarah Mullins, and our manager, Karen Butler."

Orla, mother of three, used the story when her daughter Jessica, aged nine was tested recently. "Jess and I didn't know what to expect, Jess was apprehensive about it and having the material to sit down and go through it with her took the unknown and the fear out of it for both of us."

In designing the story, it was decided a comic strip approach would work well and talented local illustrator, Una Woods, agreed to participate. Una's other work can be seen at www.unawoods.com

Public Health, with the kind support of Audrey Lambourn, ensured that all the messaging was fully accurate and in line with public health guidance.

Mellany McLoone, Chief Officer and Michelle Forde and Ellen O'Dea, Head Community Testing Centre Leads, championed the project internally. "We're delighted our speech and language



Getting ready to drive to the Test Centre

therapists have shown this initiative which supports young people going for testing."

Reflecting on the project, which is now available nationally, Sinéad added, "We're so grateful for this support from everyone, it's great to hear the positive feedback and I'm thrilled with the illustrations on the stories, they really bring it to life for children."

HSE communications both locally and nationally have assisted in its development and sharing it as a national resource, and as Valerie Kavanagh, Communications Manager, Children's Health Ireland, said, "This is a really supportive resource, which sets out simply for children what to expect in their own language, and using visuals that are warm and friendly."

The resources have also been shared on the digital platforms across Children's Health Ireland. They are available on HSE.ie.



I can bring my favourite book, teddy or toy with me.

HSE AND IWA JOIN FORCES FOR COVID-19 TESTING

THE HSE and Irish Wheelchair Association have joined forces to bring a new community-based testing service for COVID-19 to vulnerable adults using Irish Wheelchair Association's fleet of buses. The new service will transport COVID-19 testing personnel to vulnerable people who are unable to attend test centres, including people with disabilities and older people, to carry out testing for COVID-19. Irish Wheelchair Association has a network of 117 buses nationwide. This service

will be of particular support to people living in rural and isolated areas of the country.

Under the new service, Irish Wheelchair Association will provide a driver and bus to ensure that vulnerable people within local communities requiring a COVID-19 test can be visited by HSE testing personnel. The Irish Wheelchair Association bus will collect the testers, transport them to the location of the person to be tested, and return them to an agreed location after testing, where samples

can be sent to identified laboratories. HSE requirements around infection control and use of PPE will be applied throughout.

Paul Reid, Chief Executive Officer of the HSE said, "I want to thank Irish Wheelchair Association and their staff for providing this vital service to the HSE. While we have made great progress and scaled up in a way the health service has never done before, this transport initiative ensures that we are meeting the needs of vulnerable people."



Virtual concert at St Joseph's Hospital

DANIEL 'ZOOMS IN' TO BRING DELIGHT TO CLARE RESIDENTS

If you can't bring the mountain to Mohammed, then bring Mohammed to the mountain! That was the approach taken in the fantastic and uplifting COVID-19 concert for St Joseph's Hospital in Ennis, the first in what it is hoped will be a series of virtual concerts to lift the spirits of the residents at the Co Clare facility during this difficult time brought about by the COVID-19 pandemic.

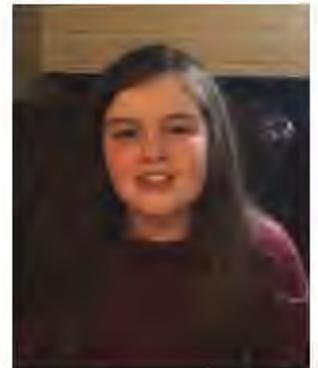
The concert, the brainchild of the hospital's Director of Nursing, Claire Collier, with input from Dave O'Hora of Southern Media, came about after concern from Claire that things had gone a 'bit quiet' at St Joseph's, especially with friends and family members of the residents not allowed to visit.

The call was put out to the local community in Clare and they answered in their droves. From bedrooms to backrooms, from farmyards to milking parlours, singers, dancers and storytellers of all ages sent in powerful performances that couldn't help but put a smile on the faces and lift the hearts of those at St Joseph's, some of them friends and relations.

And the call even stretched beyond Ireland's shores, with performances also coming in from abroad. An 'astronomical' amount of videos were sent in overall, which contained a 'huge amount of talent'.

The virtual concert's variety of personalities and performances took the breath away. There was a first ever rendition of the jig 'The Green Fields of Bell Harbour' by 96 year-old Chris Droney. Concertina player Chris, a native of Bell Harbour in Co Clare, has been playing traditional Irish music for an incredible 88 years! At the other end of the age spectrum, brother and sister duo Siofra (11) and Paddy Hogan (13) showed a maturity beyond their years with a stunning acapella version of 'Ballyconnell Fair'. Another family pairing – Monica Morgan and her daughter, Ruth, tackled James Taylor's 'The Water Is Wide' with aplomb.

It wasn't just music that the residents of St Joseph's had to look forward to, though; there was poetry from renowned local storyteller Paddy Hynes, while a very special guest also made an appearance, in the shape of Daniel O'Donnell! The legendary singer, who sang 'My Donegal Shore' for the residents (the first song that he ever recorded), had words of encouragement, telling them, "These are very



strange times and I know it is difficult for you, because you haven't been able to see any of your family in so long, but please God it will all be over soon."

Two people who have been at the forefront of Mid West Community Healthcare's considerable efforts in fighting COVID-19 - Chief Officer, Maria Bridgeman and Mary O'Brien, Head of Service for Older People – also appeared during the virtual concert, with words of support for the residents. Mary told them, "I hope that we will all be able to come together soon".

The residents of St Joseph's were blown away by what they saw, with the joy evident

on their faces. The opportunity to see friends and family members, to just be entertained and transported from their current situation, even for an hour...it clearly meant the world to them. Phrases such as "it was lovely", "I enjoyed that" and "a great gathering" dominated the reaction afterwards.

"The support from staff and the local community for the initiative was absolutely overwhelming," said Claire Collier.

"This special concert was also thanks to added help from others, including the local arts community. Such was the success of the concert that it could very well be the first in a series – here's hoping!"

AISLING PUTS PATIENTS FIRST ON WEDDING DAY

APRIL 17th should have been the most special day of her life but one nurse spent the day wearing scrubs instead of her wedding dress as she battled Covid-19 on the frontline.

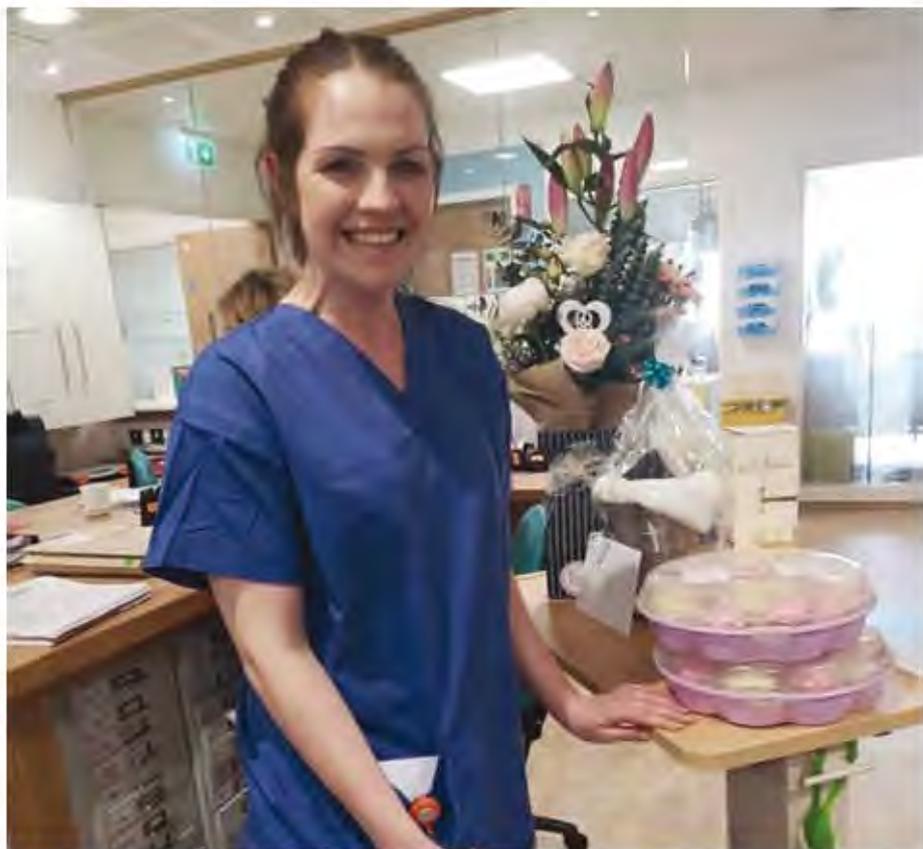
A clinical nurse manager in Our Lady of Lourdes Hospital, Aisling McGarrell was forced to cancel her wedding plans after the crisis hit last month. But rather than taking off what was supposed to be her wedding day, she opted to join her colleagues on a 12-hour shift.

"My manager had asked me if I wanted to take the day off but I just felt better working than sitting around dwelling on it," explained Aisling.

"Obviously I was disappointed that I wasn't getting married on the day after all the planning. The day was busy so it flew by although I did get a bit emotional when my colleagues surprised me with beautiful gifts and made a fuss of me."

Aisling and fiancé Mark McBride were due to get married in their native Monaghan before heading off to Dubai and the Maldives for a dream honeymoon. They took the decision to postpone after the initial round of restrictions were introduced.

"We were planning on getting married in my



local church, Sacred Heart Church, Lough Egish and the reception was to be in a private stately house at Bessmount in Monaghan," she said.

"When the Taoiseach announced the schools would be closing down and that gatherings would be restricted to no more than 100 people, we decided that we could not have the wedding we wanted and would postpone it. We wanted to make sure everybody was safe. We didn't want to risk anyone catching it or feeling uncomfortable."

After one of her nursing colleagues posted about Aisling's postponed wedding on a Drogheda Facebook page, she was inundated with good wishes. This prompted Listoke Flower Boutique owner Dolores Flynn to send on a beautiful bouquet of flowers and a bottle

of champagne to the hospital for Aisling on the day. She also received a delivery of cupcakes, a hamper and lots of other treats from members of the public and her colleagues.

"Thanks to everyone for their amazing gifts – I was overwhelmed by their generosity. Thank you for making my day and for all the well wishes," she added.

She said they would be waiting until the worst of the pandemic is over to make a decision on a future date.

"We have no new arrangements for the wedding as yet – we are waiting for the pandemic to be over before rearranging our date and we can then have an amazing day with family and friends. It will be extra special after all this," said Aisling.

LET'S KEEP IT TOGETHER BY STAYING APART

ONE of HSE/South East Community Healthcare's (SECH) Healthy Ireland community champions has composed a song to help local cocooners.

Brian Toomey, Co Wexford's Public Participation Network (PPN) social inclusion representative on its Local Community Development Committee, and a resident of Bunclody, took pen to paper and guitar to hand recently and came up with 'Let's Keep it Together by Staying Apart'.

SECH's COVID-19 lead Derval Howley, with support from Healthy Ireland, was delighted to add the song to the many actions under way to impress upon people to stick with what they are

being asked to do in order for as many people as possible to come through unscathed:

"Brian Toomey is well known as an entertainer in various nursing homes in counties Wexford and Carlow. We've worked with Brian before, including through bringing the five South East based Age-Friendly Alliances and Older Persons Councils together on positive ageing as a policy and practice issue for all ages and sectors of society and on piloting the dementia friendly project in Bunclody. As regards cocooning, Brian has literally hit the right note," she said.

Brian Toomey is a native of Dublin but has been

living in Bunclody for the last 16 years. Former Secretary to the Bunclody Active Retired, Brian is well known in recent years as an entertainer visiting nursing homes.

"When I entertain in nursing homes, I can see how music connects. There's one lady I know who hasn't spoken to people for years but she sings along when I'm there. It means so much to people. I am delighted that my project of expressing the simple idea and benefits of cocooning through song, has been taken up by SECH and the graphics added by Hazel Hurley to communicate a lovely message to viewers of and listeners to it."



support and collaboration across the board

CONTACT TRACING SYSTEM KEY TO COVID-19 RESPONSE

As part of Ireland's response to the COVID-19 pandemic, a central contact tracing system to manage COVID-19 positive cases and their contacts has been established.

The aim of the Contact Management Programme (CMP) is to notify results to people tested, or a nominated person, and to identify and manage contacts of known COVID-19 positive people. This allows the Departments of Public Health to be freed up to focus on and respond to complex public health issues, supporting best use of scarce and critical public health expertise.

In mid-February members of the National Quality Improvement (QI) team identified the opportunity for a coordinated approach to contact tracing while supporting public health colleagues in the east in responding to COVID-19 queries. Members of the National QI team developed ideas, working with public health colleagues, observing and managing one case of COVID-19 to design and test a process that led to the development of the contact management that now operates in four steps:

- Step 1 / Case: Rapid notification to a person of a not-detected or positive result and provision of advice
- Step 2 / Contacts: Rapid identification of contacts of confirmed cases of COVID-19
- Step 3 / Control: Rapid public health management of contacts of confirmed cases
- Step 4 / Follow-up: Active follow-up of contacts for 14 days.

Dr Jennifer Martin was supporting the Department of Public Health in the East when the first case occurred in Ireland, and has played a key role in the development of the CMP from the very beginning.

"The first case in Ireland generated a large number of contacts. Trying to manage that volume of contacts on paper was administratively heavy and I knew it would not be feasible in the long term as the number of cases in Ireland increased. I realised that we needed a contact tracing system that could manage thousands of contacts," said Jennifer.

"I brought this challenge back to my colleagues in the QI team. We needed to develop a system that could notify the person of their result, quickly identify people they had been in contact with, and inform those contacts. We needed a bespoke IT system

that could support us in contact tracing from anywhere in the country. And we needed teams of people to make the calls. And we had to do it in a very short period of time."

Dr Colm Henry, Chief Clinical Officer (CCO), identified Kilian McGrane as the CMP Lead and Dr Sarah Doyle as the CMP Clinical Lead. Dr Philip Crowley immediately committed a significant part of the National QI Team to develop the processes that underpin the CMP, to ensure clear governance of the staff involved, to create digital solutions to information transfer across the system and to develop and run (in partnership with the ONMSD) training for the volunteers now prepared for the contact tracing role. The National QI Team led by Maria Lordan Dunphy, Interim National Director, developed and operated five key enabling functions for the CMP.

Talking about the establishment of the CMP, Kilian said, "The CMP was designed and operationalised within days. There has been an incredible contribution from everyone in getting the CMP up and running. From starting with an idea, we have now built a system that has dealt with more than 5,000 calls in a single day in less than six weeks. This is a remarkable achievement."

The CovidCare Tracker is the online platform which supports key aspects of care given to COVID-19 patients. The solution supports clinical teams across different COVID care pathways. The CMP contact tracing component which is a major element of the platform has been developed in partnership with public health and the Chief Information Officer's team lead by Tom Laffan.

The CMP has been designed and built to have the capacity to communicate with thousands of people per day. Since the middle of March, over 1,864 people have been trained to work in Contact Tracing Centres (CTCs), which are located throughout the country.

"Our team developed an induction programme, caller scripts and a manual of scenarios to help support new contact tracers. A project like this normally takes months to set up, but we received great support and collaboration from across and outside the HSE and we got it up and running within a matter of days," said Dr Browne.

The contact tracing centres are staffed by people working in the HSE, wider public service, educational sectors, and statutory organisations.

“A project like this normally takes months to set up, but we received great support and collaboration from across and outside the HSE and we got it up and running within a matter of days

Following initial design and testing of the CMP, it was essential that the process was scaled up, which resulted in the standing up of operations in Contact Tracing Centres (CTCs). National CTC Operations is led by Gavin O'Neill and Dr Paul Kavanagh. Low complexity contact tracing is led by a National CTC Operations Team, coordinating a series of decentralised physical and virtual call centres. People working in the HSE, wider public service, educational sectors, and others, have been identified to work in Contact Tracing Centres (CTC) in a variety of roles.

There are nine CTCs located throughout the country and each CTC is led by a mobiliser - Brian Murphy, Gavin Maguire, Reena Sequeira, Gordon Graham, Dearbhla DeLassa, John Ahern, Elizabeth Conlon and Greg Price - linking with the National CTC Operations team and local onsite leads.

The importance of contact tracing has been highlighted repeatedly during Ireland's response to the pandemic. Dr Sarah Doyle, Consultant in Public Health Medicine, explained, "Contact tracing is one of a number of tools being used around the world to help stop the spread of coronavirus. It works by identifying those who have COVID-19 and giving them advice on stopping spread to those in contact with that person. It establishes whether that person who has been in contact may be at risk of catching the virus themselves. We give the person advice on what they should do if they develop symptoms themselves, and measures that they should take for the next 14 days."

There are four contacts made in the contact tracing process:



Maeve Freeman who works in Invent in Dublin City University at work in the DCU Contact Tracing Centre.

- The first call is to notify the person of their test result. This call is made by someone with a clinical background. They confirm the person's name, ask for their address, ask about symptoms, and provide advice. If the person's test does not detect COVID-19, they receive a phone call or text message informing them of their result.
- The second call is made later on the same day to collect the names and telephone numbers of the person's close contacts from 48 hours prior to the development of their symptoms, or 24 hours prior to the test being taken for those who are asymptomatic. The contacts details are entered in the IT system.
- The third call is to contact the close contacts of the person who has COVID-19. The person is not named and the contact is asked if they have any symptoms. If they do, they are referred for testing and advised to contact their GP if they are clinically unwell. All close contacts are asked to restrict their movements for 14 days whether they have symptoms or not.
- The fourth contact is by text message. All close contacts receive a text message each day until the fourteenth day after last contact to check (1) if they have any symptoms related to coronavirus, and (2) to remind them of the importance of restricted movements, hand hygiene and respiratory etiquette.

Complex cases, in other words those involving people working in healthcare or people resident in nursing homes,

are escalated to Departments of Public Health, Occupational Health Departments or Infection Prevention and Control Teams for follow up.

Dr Philip Crowley, National Director, Quality Improvement, HSE, said that establishing the Contact management programme has been 'a complex management exercise and has been achieved in a remarkably short period of time'.

"While there have been some challenges along the way we now have a system that significantly multiplies our contact tracing capacity and is prepared to deliver on the requirements to control viral spread into the future," he said.

The CMP is an evolving programme, adapting as changes in the management of COVID-19 occur.

Kilian McGrane added, "Our approach to contact tracing will evolve over time, depending on advice from National Public Health Emergency Team and from the Government. We needed to develop a programme that can adjust to these changes in approach in a timely manner, and we have done that. All of the systems that we now have in place have evolved as the programme has evolved."

Dr Sarah Doyle highlighted the work that was ahead.

"We are prepared for the numbers to increase. We hope that they don't. But we do know that the work that is being undertaken in these centres is saving lives and helping to flatten the curve of this virus," she said.

HSE CALLER 'WAS SENSITIVE, KIND AND PERSONABLE'

ONE FAMILY'S EXPERIENCE OF CONTACT TRACING

OUR lovely mum Nuala (82) was tested for COVID-19 on April 24th having developed symptoms including a high fever, chills and severe diarrhoea over the



course of the previous few days. Mum had a stroke nine years ago that left her hemiplegic and her speech is also limited to a handful of words. Seeing her completely listless, unable to eat and suffering severe bouts of diarrhoea was heart breaking and extremely worrying for us.

On Monday, April 27th we got a phone call from a lady called Maeve ringing from DCU on behalf of the HSE to let us know that mum had tested positive for COVID-19. I can't emphasise enough how sensitive, kind and personable Maeve was and how this made us all feel better, despite the positive diagnosis.

She immediately grasped the complexity of my mother's communication difficulties, understanding that although she couldn't speak in sentences that she understood everything and was able to engage with her using her few words. While she got information from me about my mum's symptoms and the timeline of her illness, the focus of communication was always my mum, which was so respectful and right. The best part about the whole conversation was the time Maeve took with the call and the bit of chat at the end. I hadn't seen my mum smile for a week but she started laughing when Maeve asked her was she watching *Escape to the Chateau* like her in the afternoons. We are avid fans and that connection she made was just lovely and genuinely made a huge difference to us at a bad time.

Shortly after our call with Maeve, we all received calls from contact tracers. My dad, who is 86 and very deaf, had been shocked to hear of my mum's diagnosis and was struggling with being banished to another part of the house by me. The individual 'official' call by the contact tracer to him was invaluable in helping him understand the importance of isolating himself from mum. The contact tracer must have had to shout his head off to be heard but it was hugely effective and very helpful for me. Dad got off the phone and started moving his duvet and pillows to the spare room immediately.

I was hugely impressed with the whole experience – efficient, warm, personable.

Thank you!



A DAY IN THE LIFE OF A VIRTUAL CONTACT TRACER

‘Overall it has been a very positive experience’

O work with the National Quality Improvement Team. Although I have limited involvement with frontline services, I recognise the critical importance of CT in protecting the health of the people of Ireland. I am passionate about working with people in order to help and support them and that was my primary motivation for requesting to be involved in this work.

Virtual contact tracers (CTs) are people who work outside the standard call centres. In the case of COVID-19, we are most likely working from home.

After completing the online training and taking time to test the online CT system I felt ready to start making calls. I've been making phone calls to people who have tested positive for the coronavirus in order to trace and document their contacts. I have also made phone calls to people's contacts to advise them that they have been a close contact of someone who has been confirmed positive as having the coronavirus.

The day begins and ends with a huddle (teleconference) for the people rostered to work on contact tracing that particular day. Both calls are facilitated by a team member known as a 'mobiliser'. During the morning huddle people are provided with an update

on what is happening in the broader CT team, new documents on the HSE COVID-19 Contact Management Programme (CMP) Training Materials and Resources Moodle site. We also receive contact information for the Public Health Specialists available to us that day. This is in case CTs have clinical concerns in relation to the people we are speaking to on the phone - people who have tested positive for the coronavirus or their contacts.

There is also a daily reminder to CTs of the role of the 'super user', which is a colleague with a greater level of experience in CT systems. The people involved in CT are expected to actively trace contacts for four hours each day and the individual CTs have the flexibility to complete their work between 12pm to 8pm each day.

Each day the CTs complete a call log which includes the number of successful calls, and the number of calls where contact was not possible, such as 'number incorrect'; 'no answer or voice mail facility on the person's phone'; and 'CT not required' at the end of the day. All issues for that day are escalated to the 'mobiliser' who then escalates all relevant concerns to the person leading the virtual CT Team.

The first week that I was doing this work felt a little nerve-wracking because every call

tends to be different, but it was both helpful and reassuring to have easy access to a public health specialist and a 'super user' when the need arose. What struck me most was the diversity in people's situations. In my experience, the people that I've called on the phone have been remarkably receptive to my call, and have also been forthcoming with all of the required information. Many people have also expressed their thanks and gratitude for the work being done by the health service. Overall, it's been a really positive experience.

When there's true engagement with people, it isn't unusual to hear about the difficulties that some people are experiencing in their life as a result of the coronavirus, and although that's a wonderful privilege, it can also be emotionally tiring. However, it is a great feeling to come to the end of a day's work with a clear sense that we've made a difference to at least some of the people that we were in contact with that day.



Caroline Lennon-Nally

DEVELOPING TRAINING AND RESOURCES TO SUPPORT CONTACT TRACERS

AS HSE and other public service staff were deployed to become contact tracers, it was clear that they would need training and supporting materials to undertake these calls and support the process of contact tracing.

On March 12th, the CMP established an Education, Resources and Training Team to design and develop training programmes and resources to train and support people involved in contact tracing. Dr Mary Browne, a public health doctor in the HSE National Quality Improvement Team, is the lead for this team.

“Our team developed an induction programme, caller scripts and a manual of scenarios to help support new contact tracers. A project like this normally takes months to set up, but we received great support and collaboration from across and outside the HSE and we got it up and running within a matter of days,” said Dr Browne.

“We used guidance and recommendations for contact tracing from the Health Protection Surveillance Centre, World Health Organisation



Elaine McCaughley, CMP Education and Resources Team, with David Kavanagh, 96th Cadet Class, Irish Defence forces, in Dr Steevens' Hospital.

and the European Centre for Disease Control as well as local expertise within Departments of Public Health.”

On March 12th, the Defence Forces provided Ireland's first non-clinical contact tracers. 40 Army cadets were stationed in Dr Steevens' Hospital, Dublin. They captured information from people who were diagnosed with COVID-19 to identify and then call their close contacts.

The Education, Resources and Training team

developed an induction programme and resources for contact tracing and tested these with the Army Cadets. It had to work quickly to enable large-scale training of contact tracers who would become part of contact tracing centres.

On St Patrick's Day, the Royal College of Surgeons Ireland (RCSI) opened their doors to the HSE and provided their facilities to host the first CMP training programme. It was attended by over 150 people. This was the start of an ongoing national training programme for contact tracers. To date, there are almost 1,900 people trained on contact tracing.

The Education, Resources and Training Team continued to develop a range of resources including role play videos, manuals with screenshots, and audio recordings. The Team worked with the support of the RCSI to upload the educational resources onto a 'Moodle' page, an online educational platform so that all those trained would have access to the most up to date materials and resources.



Dementia activity packs distributed **TURNING LONELY MOMENTS INTO GOLDEN MOMENTS**

‘We all know how important social distancing is at present. However, for someone with mental health needs and individuals with dementia, our aim is to make this distancing merely a physical one,” said Regina Lafferty, a clinical nurse specialist in dementia. “The truth is that for those who are cocooning, the days can be long and lonely.”

In ‘normal’ circumstances mental health service users needs are supported by various community and hospital based services such as daycare centres, social groups, men’s sheds, community mental health teams and many others.

However, during the COVID-19 pandemic many service users and their families are unable to access the community based services. Staff in Mental Health Services for Older Persons in HSE North Dublin were extremely mindful of this and in response developed a programme called ‘Golden Moments’ to provide a structured alternative in supporting individuals with dementia in their homes. And it worked well. ‘Golden Moments’ has been an overwhelming success and service users and family members have let us know by text, emails, voicemail and cards.

One man living alone reported, “I am overwhelmed that you thought of me.”

An older woman who uses their service said, “Thank you so much for the pack, it’s brilliant, although there will be no house work done, I’ll be that busy but I don’t care. Thanks again.” Another man added, “Thanks for my pack, it will keep me busy till Christmas. I can’t wait to get started.”

An unexpected piece of feedback was

that carers themselves benefitted from undertaking this programme with their loved one. As a result, the programme evolved into an initiative for all service users with mental health needs, such as depression and anxiety.

Nursing staff took the lead in developing this programme, and all members of the multi-disciplinary team have worked collaboratively. They thoughtfully developed the programme to include a range of meaningful, enjoyable and stimulating activities such as gardening, baking, arts and crafts, fun brain exercises, reminiscence photos and mindfulness colouring booklets to name a few.

“We thought about each service user’s cognition and manual dexterity ability, and tried to find activities that would be helpful and bring them enjoyment,” said Siobhan Hanlon, Assistant Director of Nursing.

“When delivering these packs it has also been clinically beneficial and a useful way to check in with the service users and their families.”

In keeping with social distancing this has been referred to as a ‘Garden review’.

These activity packs were distributed to service users within Mental Health Services for Older Persons community service accompanied by a timetable for the individual and family members so that there could be an enhanced level of daily structure to promote a sense of mental health well-being for all.

The team are delighted with the positive reaction, from both service users and their families. An email from a daughter thanked the team for the Golden Moments pack on behalf of her mother, said, “You’re doing an amazing job considering the difficult circumstances.”

Mellany McLoone, Chief Officer, CHO Dublin



North City and County, said the initiative is another ‘great example of the creativity and innovation by staff which demonstrates their commitment to continue to deliver person-centred care during COVID-19’.

“The response from both service users and their families has been extremely positive, and we are proud of our teams who are adapting and changing their work practices across Dublin North City and County to reach out and support people using our services. We are delighted to hear how positively Golden Moments is being received, the team told me of the messages they’ve received including one from a man who lives alone and told them that receiving the bag meant so much to him,” she said.



STAY SAFE, PROTECT EACH

W e are experiencing a pandemic like nothing we've seen in our lifetime. People in our communities are becoming ill with COVID-19 and some are dying. It is changing the way we live now and how we will live in the future. For those working in our health service and other essential services, every day brings a new challenge that has never been faced before.

For the last number of weeks and months we've all taken steps to mind ourselves and each other, to flatten the curve, to protect our health service and frontline workers and save lives. Our actions have reduced the impact of COVID-19 on the country and our health service.

The HSE and Government of Ireland information campaigns have been well-received – clear, authoritative and the trusted sources of health information.

But COVID-19 is going to be with us for a while so we need new messages that can motivate and inspire people. We need to keep up the actions that help us to stay safe and protect each other.

Together, we will hold firm for the people we love, things we miss, and the future we hope for.

The Hold Firm campaign takes inspiration from the words of President Michael D Higgins, written in his 1993 poem, Take Care.

Staying away from the people we love and the things we enjoy is not easy. It's not us. But, this is us – taking care of each other, supporting our colleagues on the frontline and in the back office, and the people most at risk in communities all across the country.

“ Staying away from the people we love and the things we enjoy is not easy. But it's us at our best – taking care of each other, supporting the people on the frontline and the people most at risk in communities all across the country. Holding firm for each other

Our President's words, from a poem written in 1993, sparked an idea. Using the poem as inspiration, we have created a campaign to acknowledge and encourage the enormous effort being made by everyone in Ireland to stay safe and protect each other.

The enormous efforts of the people of Ireland are helping to protect our healthcare workers on the frontline, as well as those most at risk of serious illness in our communities – we've flattened the curve but we have a way to go. To stay safe, and protect each other, we must hold firm.

Staying away from the people we love and the things we enjoy is not easy. But it's us at our best – taking care of each other, supporting the people on the frontline and the people most at risk in communities all across



the country. Holding firm for each other.

Protecting ourselves, the people we love and the people on the frontline is something we can only do together as a community.

The rainbow has become a symbol of hope around the world – a symbol of support for frontline workers and a symbol of hope for the future. We want to paint Ireland with rainbows over the next few weeks to lift our spirits



OTHER, HOLD FIRM



'Take Care'

Michael D Higgins, 1993

In the journey to the light, the dark moments should not threaten.

Belief requires that you hold steady.

Bend, if you will, with the wind. The tree is your teacher, roots at once more firm from experience in the soil made fragile.

Your gentle dew will come and a stirring of power to go on towards the space of sharing.

In the misery of the I, in rage, it is easy to cry out against all others but to weaken is to die in the misery of knowing the journey abandoned towards the sharing of all human hope and cries is the loss of all we know of the divine reclaimed for our shared humanity.

Hold firm

Take care

Come home together

and show our support for everyone who is protecting the health service and the people in our care.

Paul Reid, HSE CEO, said, "Once again, I want to thank everyone working in the health service for their efforts. You've been at your best at this time. We have to keep going, keep making that effort, and encourage everyone we know to do the same, to back you up."

We're facing challenges but the health service is open. If you're unwell or have a medical emergency, please use the health service; call your GP or urgent care services.

Get involved on social media by commenting and sharing on our posts and share your personal message of hope and solidarity. Include #HoldFirm and signpost to hse.ie for current advice and information.



#HOLDFIRM





WHAT IS IT LIKE TO RECOVER FROM COVID-19 AT HOME?

Energy Manager Neil McManus recounts his experience

WHILE we hear a lot in the media about the hospitalisation of people with COVID-19, it's comforting to know that four out of five people will recover with rest and careful care in their own homes. We also now know that over 85pc people have recovered from the disease in Ireland.

HBS Energy Manager Neil McManus woke up one Saturday morning in late March with aches and pains in his joints and muscles. A keen tennis player, Neil put it down to 'overdoing it on the court earlier that week'. He went about his day, helping a friend to move house and while he 'felt cold and shivery' he continued on nonetheless.

Later that evening, he swung from cold to hot and felt as if his 'face was coming out in a rash from the intense heat'. After a sleepless night with the continuous movement between hot and cold, the aches and pains, a pressure in his head and a slightly raised temperature, his gut told him to self-isolate.

"I had been reading the HSE emails to staff on COVID-19 and this led me to take action," said Neil.

He rang his friends whom he'd been in contact with on Saturday and advised them to self-isolate and warn their families particularly anyone who could be vulnerable to the disease.

After the weekend, he made contact with his GP who organised for him to be tested for coronavirus. He was very anxious to be tested as he was conscious that other people were also self-isolating based on their contact with him. He had his test later that week at the drive in test centre in Lucan.

"A kind lady from the test centre came over and gave me a test kit with some instructions and advice on the procedure some paperwork

needing completion. When my time came, another kindly staff member in PPE introduced herself and explained the test to me. She inserted a cotton bud up my nose and grinded it for a bit and then placed a new cotton bud at the back of my throat. The nose test was very painful and the staff member was most apologetic about it," he said.

"I drove home with my nose burning and one of my friends whom I have been working with on Saturday told me he was showing symptoms (high fever) and had contacted his GP and was also being sent for testing."

Neil says he was sick for about 20 days. "The first five days I had all the symptoms mentioned previously along with an occasional cough. I had no energy - after running up the stairs I'd be out of breath. After the first week, the symptoms ease but extreme fatigue remains. After two weeks the symptoms went but the awful fatigue remained and I was doubtful about whether or not I could start to leave the house. I remained in self-isolation until I got my results. My friend and I got our results on the same day in mid-April - both positive. That just showed how highly contagious it is.

"I took a positive attitude towards self-isolation. No one else in the house was sick. Once I started to recover I spent more time with my family which was long overdue, with recent work and college commitments. We are using our house as a home - we wore out my grass out the back from playing football and tennis and lying in the sun. The walls now need painting from the all the small hand prints etched on them!"

Since coming out of self-isolation there have also been some sad occasions.

"I've had to attend a few funerals during the last few weeks and having to watch friends bury



Neil McManus, who has recovered from COVID-19.

their loved ones in empty churches then heading home to restricted houses, said Neil.

"I've had a mixed reaction from friends, with some saying I'm the safest man in space to other people running across the street saying 'you're a spreader', in good jest."

"Working from home is different, I miss the banter in the office and the people. I went back into the office to collect some equipment and it felt strange without my colleagues. It won't be the same for a while but we'll get through it and adapt as always."

Neil is back exercising and has no long-term effects and is building up his physical strength gradually.

In terms of his mental wellbeing, Neil said, "I did find the combination of house isolation and the illness difficult. I'd advise everyone to use our homes and parks to have fun, to touch base with people well and to say hello and keep well to everyone. All I can say is I had it and I'm feeling good now."

SELF-ISOLATION IS A DIFFICULT EXPERIENCE BUT IT CAN SAVE MANY LIVES

PHD student Katie O'Neill lives with three housemates in Dublin city centre. She first began showing symptoms of COVID-19 on March 29th, and has since tested positive. Katie self-isolated in her bedroom for two weeks and restricted her movements.

"I was prepared in a way, because I was the second person in our house to start showing symptoms," she explained.

"My housemate had been self-isolating since March 18th. Her symptoms started with a high

temperature, so when I started to feel feverish 11 days later, I had some idea of what might be going on.

"I had the heating on and an electric blanket going full blast in bed and I was still shivering. I took my temperature, which was 38C at that point, so I messaged my housemates and we agreed I should stay in the bedroom from then on. I called the GP the next morning."

Aside from a visit to the walk-in test centre at Croke Park five days later, Katie remained

in her bedroom for two weeks, with plenty of support from her housemates:

"When my housemate was sick initially, I started making all her meals and dropping them to her door. Once she was able to leave her room, she did the same for me. We would talk a lot with the door open too, I'd sit by my open window and she'd sit in the hallway."

For Lisa McGrath, whose husband Paul tested positive for coronavirus on March 23rd, the main challenge was in explaining the

'They weren't just frontline staff, they were lifeline staff'

THE family of an 82-year-old Dubliner who returned home having survived COVID-19 paid tribute to the staff of Beaumont Hospital who treated him, saying they 'weren't just frontline staff, they were lifeline staff'.

John Lonergan from Portmarnock, tested positive for COVID-19 after becoming very unwell on March 26th and taken to Beaumont Hospital by ambulance. Discharged after five days, his condition declined rapidly and he was readmitted on April 6th.

His daughter Ingrid explained that not being able to communicate with him was very distressing until the staff there stepped in to facilitate video calls between John and his children. She insisted that the contact was a 'game-changer' that set her dad on the road to recovery.

"One evening I was dropping a bag in to him just to give him chocolates, drinks; etc and the lady at reception sent me over to a nurse to explain that we hadn't heard news from Dad in a while. I ended up getting very emotional and upset and the lovely lady – Hilary - did everything she could to basically reunite us with him. He was so delirious with the illness that he couldn't use his phone," said Ingrid.

"She arranged for nurses to be in his ward (Fina and Moneth) with a smartphone so that we could see each other. It was a total game-changer and I truly believe it helped his recovery. Those calls happened almost every

situation to her three children, aged 9, 13 and 15. Paul first began showing symptoms on March 14th.

"I was worried about worrying the kids. We're lucky enough that we have a spare room, so when Paul woke up with a fever, which would be very unusual for him, we kicked into action pretty quickly. I moved into the empty bedroom. From then on, we were just trying to keep things normal," says Lisa, who cared for Paul while he self-isolated at home.

For Lisa and Paul, "normal" meant explaining the situation to their three kids,



CLOCKWISE FROM TOP: John Lonergan is brought home after spending weeks in hospital with COVID-19; John on a video call with his children; John waves to well-wishing neighbours who welcomed him back to his Portmarnock home.

day for the last four weeks."

The grandad-of-six was under the care of Prof Ciaran Donegan along with Dr Sarah, Dr Ailbhe, Dr Shalaina, Dr Chris Doherty and psychiatrist Reg Basil Matti.

"They were so thorough with his care and went to great lengths to stabilise the delirium. The night staff had the rough deal as for a while as his confusion increased at night and they had to work so hard relax and settle him and maintain that trust," said Ingrid.

reminding them to avoid physical contact with their dad and to wash their hands as much as possible, and beyond that, ensuring everyone stuck to their schoolwork and stayed calm.

As per HSE guidelines, the family put measures in place to avoid cross-contamination within their household.

"I wouldn't want anyone to think we got through this by becoming hyper-vigilant about cleaning, but we did all we could. We had a stool outside Paul's bedroom door so that the kids could sit for a chat with Daddy if they liked, but we agreed that I would be the only

John's family were thrilled to welcome him back to his home in north county Dublin last week, something that seemed nearly impossible just weeks before.

"He's great now," said Ingrid. "He's lost a little weight but doing well. He'll be spoiled rotten. The Homecare Team are really on the ball, they'll be visiting every day for an hour. But he reckons he won't need them once he's settled in and back on top form. For a man of small stature, he's like a giant."

one to drop food to the door and to collect the plate after. We were also very clear with the kids that one bathroom was for Paul and one was for everyone else," said Lisa.

Self-isolation is an essential measure in helping to slow the spread of coronavirus through a household, and through the wider community, but it can be a lonely experience.

"It was a very strange time," recalled Katie of her own period of self-isolation. "I spoke to my mam on the phone every day, and my friends were great about dropping off care packages, but you do miss seeing people."



PROTECTING YOURSELF AND THE PEOPLE YOU CARE FOR WITH GOOD INFECTION PREVENTION CONTROL PRACTICE

THERE are many parts to good infection prevention control (IPC) practice that together help to keep you and the people you care for safe from infection. The foundation of your safety and the safety of people you care for is standard precautions including hand hygiene (all the people you care for all of the time).

Personal protective equipment (PPE) is an important part of good IPC practice when caring for people with COVID-19 infection. The best-designed and engineered items of PPE will only protect healthcare workers and the people they care for if they are used as part of a good overall IPC plan. This includes hand hygiene and making sure that PPE are donned and doffed and disposed of the right way.

The first critical aspect of wearing PPE is to only use PPE when you need it. If you can avoid the risk of infection by keeping your distance, that is always safer than depending on PPE.

When you need to use PPE make sure that every step is followed correctly when putting on the PPE as that make it easier to take off the PPE later on without contaminating yourself. Some people tend to make PPE more complicated than it needs to be with extra layers such as double gloves. Making PPE more complicated does not make you safer and it may increase the risk that you contaminate yourself when taking it off.

The HSE Antimicrobial Resistance and Infection Control team has developed five videos to demonstrate the putting on and taking off PPE.

1. Donning and doffing regular supply PPE in an acute setting
2. Donning and doffing regular supply PPE in a community setting

3. Donning and doffing new PPE (coveralls and goggles)
4. Donning and doffing surgical mask with loops
5. Donning and doffing FFP2 respiratory masks

THE VIDEOS SET OUT:

- **The type of PPE required; alcohol hand rub, long-sleeved disposable gown, eye goggles, surgical mask and gloves**
- **The correct order of putting on PPE**
 1. Hand hygiene with alcohol hand rub
 2. Gown first (tied behind or to the side to minimise risk of contamination)
 3. Mask – tied to the top of the head for easy removal
 4. Goggles – place over the straps of the mask
 5. Gloves
- **The correct removal of PPE**
 1. Remove gloves
 2. Hand hygiene with alcohol rub
 3. Remove gown from behind using the straps
 4. Lift off goggles from the sides
 5. Remove mask using the straps at the back of the head
 6. Hand hygiene with alcohol rub

All of the videos are accessible on www.hpsc.ie and hse.ie. Videos 1 and 2 are also available on www.hseland.ie as two education modules. Both modules have a knowledge test and require an 80pc pass rate to achieve a certificate of completion. From March 19th to May 25th, there were over 59,000 successful completions of the modules.

Familiarisation with practice of donning and doffing the various PPE is just one of

COVID-19 Safe PPE

Care of patients with respiratory symptoms/suspected/confirmed COVID-19

With thanks to Samantha Weston and James Fox, Creative & Midlands Partnership, NHS Foundation Trust.



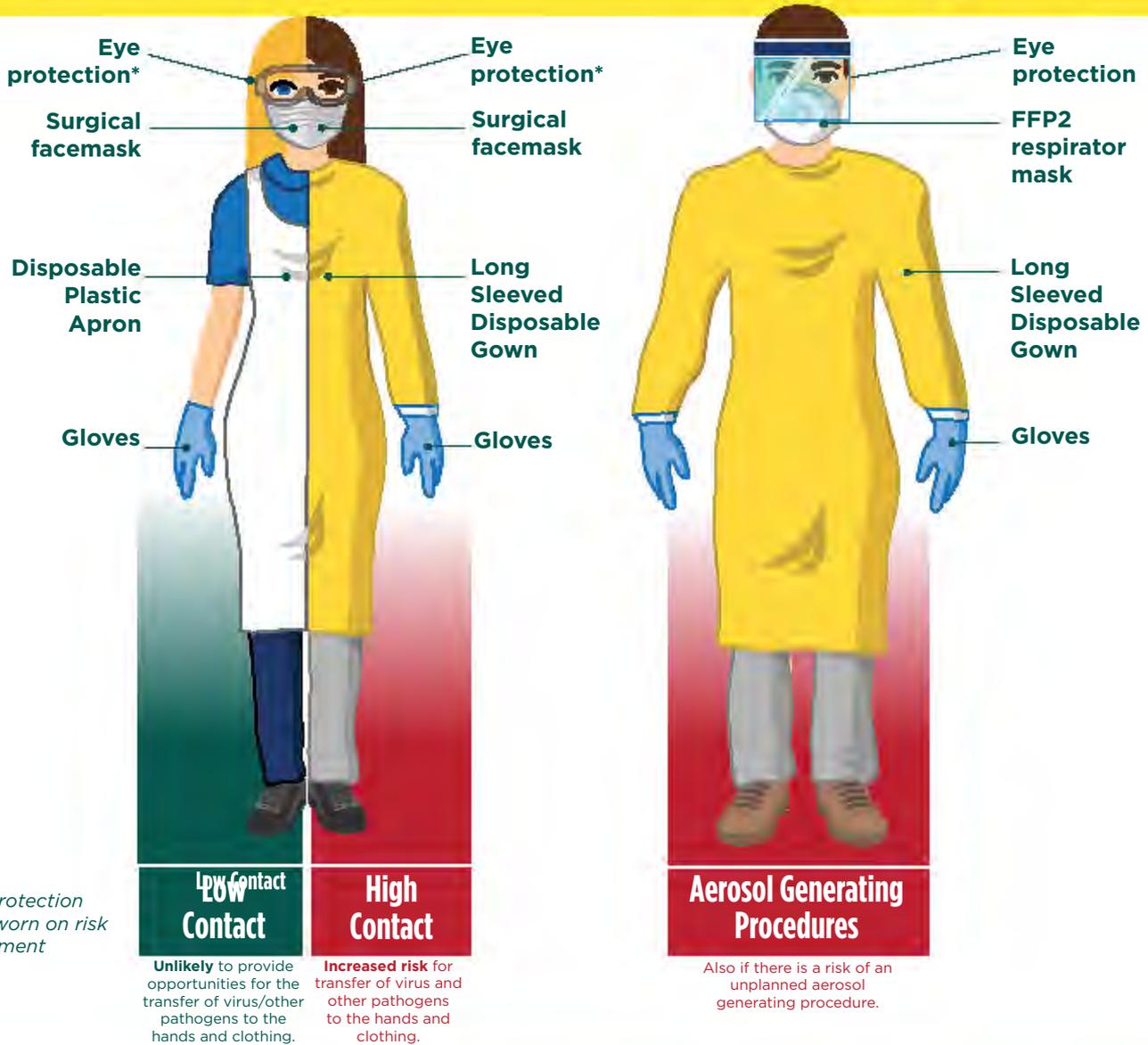
several important parts of good practice for all health care staff who may be working with patients who have an infectious disease including COVID-19. It is important that you are familiar with the PPE that is available to you. You do not want to have to use a new type of PPE in an emergency.

Safe removal of PPE is complicated especially if you are tired or in a hurry. Studies show many people make mistakes when taking off even basic items of PPE and the more complicated the PPE is the easier it is to make mistakes. Contamination is more likely to occur when the technique used for doffing is not correct and when people leave out hand hygiene.

HAND HYGIENE FIRST IN ALL CASES



Coronavirus
COVID-19
Public Health
Advice



It is useful to have another colleague present to check that you are doing this correctly. Please view the videos and familiarise yourself with the PPE equipment in your service.

It is important to explain to and assist the person you are caring for when they need to perform hand hygiene or wear a mask.

If the person cared for is having an essential visitor, the visitor will also need support for hand hygiene and using PPE.

Finally, if you do make a mistake taking off PPE, remember that as long as you keep your hands away from your face and perform hand hygiene immediately after you take off the PPE you can avoid most of the risk involved in any mistake you have made.





COVID-19

HAND HYGIENE BEFORE AND AFTER USING A MASK



Coronavirus COVID-19 Public Health Advice

Safe use of Masks

THE MASK YOU NEED

DO: REMEMBER TO WEAR THE CORRECT MASK FOR THE TASK:

Wear Surgical mask: for droplet precautions, or when providing care within 2 meters of any patient, or when working within 2 meters of another healthcare worker for more than 15 minutes.



Only wear FFP2 (Fit Checked) or FFP3 mask (Fit Tested) for aerosol generating procedures.



WEARING THE MASK

DO: Wear your mask so it comes all the way up, close to the bridge of your nose, and all the way down under your chin.

DO: Press the metal band so that it conforms to the bridge of your nose.

DO: Tighten the loops or ties so it's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit.



DO NOT: Wear the mask below your nose.



DO NOT: Leave your chin exposed.



DO NOT: Wear your mask loosely with gaps on the sides.



DO NOT: Wear your mask so it covers just the tip of your nose.



DO NOT: Push your mask under your chin to rest on your neck.



ONCE YOU HAVE ADJUSTED YOUR MASK TO THE CORRECT POSITION, FOLLOW THESE TIPS TO STAY SAFE:

- ALWAYS change your mask when you answer the telephone or you take a drink/break.
- ALWAYS change mask when leaving a cohort area or exiting a single patient isolation room
- NEVER fidget with your mask when it's on.
- NEVER store your mask in your pocket.
- ALWAYS wash your hands before and after handling a mask.
- ALWAYS change mask if it is dirty, wet or damaged

REMOVING THE MASK



Use the ties or ear loops to take the mask off.

Do not touch the front of the mask when you take it off.

DISPOSING OF THE MASK



Dispose of mask in a healthcare risk waste bin.

IF HEALTHCARE RISK WASTE SERVICE IS NOT AVAILABLE:

The mask, along with any other PPE used, needs to be double-bagged and stored for 72hrs in a secure location, then put in the domestic waste.



PHOTOS SHOW THE FACE BEHIND THE PPE

MEDICS in Beaumont Hospital have been pinning printouts of their faces to the PPE to lift patient spirits during the COVID-19 crisis.

The doctors and nurses said the move allows the people they are treating see the person behind the daunting amount of PPE and hopefully take away some of the fear.

"We want to provide the best possible environment for our patients. We had been wearing PPE for a number of days in the early stages of the crisis, but it obviously meant that our patients couldn't see our faces behind our masks. So one day I took a photo on my phone, printed it out and we stuck it on," said consultant respiratory physician Dr Ross Morgan.



The respiratory team at Beaumont Hospital display their photographs on their PPE. PICTURE: LAURA DURCAN/TWITTER

“The initial feedback from patients, seeing a face, was really positive. You could see the light in their eyes and it lifted their spirits, without a doubt

“The initial feedback from patients, seeing a face, was really positive. You could see the light in their eyes and it lifted their spirits, without a doubt.”

His colleague Dr Dermot Wildes explained, “We decided to wear these photographs as a source of comfort for our patients. Recovering from this condition is a very scary reality for them.”

Dr Ciara Ottewill added, “Seeing our patients pre- and post-intensive care allows recovering patients to feel that have continuity of care, recognising our faces.”

CRISIS HAS BROUGHT OUT THE BEST IN OUR TEAMS, EXPLAINS ONE NURSE

ONE nurse has spoken of his pride at how his colleagues and fellow healthcare workers have responded to the COVID-19 crisis.

“Throughout my nursing career, which now spans over a quarter of a century, I have worked in many different teams, through many different challenges, the best of these teams were underpinned by strong values of patient centeredness, compassion, empathy, kindness, autonomy and professionalism,” said Jason Farrell, who works in the Aspen Unit at Cherry Orchard Hospital in Dublin.

“Over the past few weeks I have seen our team truly live these values. These nurses and healthcare assistants who are smiling through their PPE, looking after the physical, emotional and spiritual needs of our patients, reassuring, supporting and caring, always present and always professional.

This crisis has brought out the best of our new found team, many of us have come from different services to do our best and ensure the very best care is given,” he said.

“Like so many others around the country, some staff are staying in hotels, whilst others are self-isolating at home away from family and children.

“There is a camaraderie and in the face of



Jason Farrell and some of his colleagues from the Aspen Unit at Cherry Orchard Hospital.

adversity, we keep each other safe, watch out for each other and recognise when somebody needs time to rest.”

He said the loyalty to patients and to each other is ‘palpable’.

“We all know we can be called in at short

notice. Nobody can be indispensable at the moment, and because of this, the team has become all the more important. We are all on a steep learning curve regardless of our experience. I, for one, am proud to be part of this team.”



Teams rise to the challenge

UNPRECEDENTED ADDITIONAL CAPACITY DELIVERED RAPIDLY

W HE Estates unit was tasked with the delivery of additional capacity (infrastructure and equipment) nationwide in the effort for the containment and prevention of the spread of COVID-19.

In response to the COVID-19 crisis, an Integrated National Operations Hub (INOH) was established to ensure central oversight of COVID-19. The Estates workstream was led out by Jim Curran, National Director Estates. As part of this workstream, Estates was tasked with delivering additional community bed capacity, acute bed capacity, including critical care capacity and mortuary capacity in acute settings.

Extensive work was also completed on medical gas supply and the equipping of all facilities.

In community settings, Estates provided testing centres, clinical assessment centres and engaged with third party providers to provide self-isolation facilities.

"The ask was immense: to deliver unprecedented additional capacity (infrastructure and equipment) in a very short period of time. Estates teams across the country worked tirelessly to rise to the challenge and through extreme hard work and dedication delivered a wide variety of additional infrastructure," said Jim.

"Our Estates teams did not work on their own and the task required a huge level of engagement with colleagues across the health system, third party suppliers, contractors and accommodation providers in order to deliver on the variety of facilities needed. I would like to acknowledge everyone's achievements in delivering in these difficult circumstances. The majority of the projects were carried out within the footprint of existing buildings but also works on extensions and new builds some permanent and temporary were undertaken."

As part of the infrastructure works, Estates led out on preparing our hospitals for surges in the need for oxygen and how this increase would impact on the oxygen delivery systems throughout our hospitals. This is very complex work involving technical teams and maintenance crews at facilities working closely with suppliers and being led by their own experts in the area of delivery of medical gasses across numerous sites.



ABOVE: Cavan drive-through testing centre at Breffni Park. BELOW: A former chapel converted in 13 days with 19 beds to increase bed capacity to deal with COVID19.



Medical gas work was also delivered as part of the new facilities created. Estates also lead out on developing equipping lists for the wide variety of facilities and worked very closely with colleagues in Procurement in a difficult market place to secure all the equipment that was required for the facilities. This included a wide variety of additional beds and ICU equipment coming in from across the globe and delivered nationwide. ICU equipment including ventilators had to go through assembly, commissioning and rigorous testing checks prior to delivery to sites.

Here we give a snapshot of some of the achievements over the last few months.

- 47 testing centres have been commissioned to provide testing facilities in the community. A large number of these centres are currently operational with others

to come into operation as required.

- 39 Clinical Assessment Hubs are providing face to face clinical assessments for COVID-19 confirmed patients and a recommended treatment pathway.

- Step Down Facilities (Field Hospitals) – Citywest conference centre is currently operating as a step-down facility (temporary field hospital) for people recovering from COVID-19 and being discharged from Acute hospitals but still require some care. The step-down facility provides additional bed capacity for the health system and includes a range of other staff welfare facilities and services including storerooms, laundry, water supply, pharmacy requirement, waste management, oxygen storage, clean and dirty utility areas, mortuary, consumables, medical device equipment, instruments; etc. Estates would like to acknowledge the assistance of the Defence Forces with this facility. Other



step-down facilities in Limerick and Galway are also being worked on as temporary 100-to-500 bed hospitals.

- Third party hotel accommodation – Self-isolation facilities are being provided for people who need to self-isolate but cannot do this in their own homes. This includes patients who are awaiting test results, those who have tested positive with mild symptoms and people who are in the recovery phase in hospital but can't self-isolate at home when discharged. Citywest hotel is the first location and other facilities will come on stream around the country as needs arise. As part of this, Estates have been providing accommodation for vulnerable groups. Staff accommodation is being provided as part of this work stream for some of our frontline colleagues. This work has involved property teams negotiating with a wide variety of third party providers.



CLOCKWISE FROM TOP RIGHT: Nenagh additional acute beds. St Finbarr's Former Chapel AFTER. Steeple House, Clondalkin, Dublin Clinical Assessment Hub. St Finbarr's Former Chapel BEFORE. Mater Hospital additional bed capacity ICU

- Additional acute bed capacity is being delivered within existing hospitals to maximise use of space for additional acute beds. Over 600 additional beds had been delivered in acute hospitals by the end of April. They have supported hospitals in expanding their critical care bed capacity and mortuary facilities.

- Additional community bed capacity is being delivered as intermediate care beds

(approximately 1,200), additional Community Nursing Units (CNU) beds (approximately 1,000) and beds in community dwellings (approx.. 450).

Estates would like to acknowledge the many companies, too many to mention that donated a wide variety of goods, time, expertise and facilities during this time.

Note: numbers are correct at the time of



Mary Walshe answers the call and leads team to open Citywest Self Isolation Facility

‘I WAS ALWAYS GOING TO HELP’

MARY Walshe was in Thailand in January when she first heard of Coronavirus. She never anticipated that within three months she would be back in Ireland, setting up country’s first self isolation facility in Citywest – the well known Dublin hotel and conference facility

Having retired early, from position of Chief Officer Dublin North, on April 1st last year, Mary did so ‘in order to spend some quality time with family and to travel because that’s one of my loves’.

“I hadn’t been in a position to do it for a while so when I set off, I ended up spending most of last year travelling,” she said.

“I went on a big trip after Christmas - going to Vietnam, Cambodia, Thailand, Australia to see family and New Zealand and then returning to Ireland March 2nd. I was ahead of the virus the whole way – the day that I left Christchurch the first case was after being announced in Auckland. To be honest, I was glad to be home.

“I had another trip planned to go away at the end of March but obviously that was never going to happen. So I continued in my normal retirement activities – reading, walking and meeting up with family but even at that stage my movements were restricted as with everyone else’s. Then on March 18th I got a call from Yvonne O’Neill AND on behalf of David Walsh who asked me would I come back to lead on the self isolation at Citywest.

“Obviously at that stage I had no knowledge of what was planned but very quickly it became obvious that negotiations were well underway with the hotel owners – led by Jim Curran from HSE Estates. The aim was to take over control of the hotel by licence. Those negotiations continued right up to late on Wednesday, March 25th when agreement was reached and the appropriate legal documentation signed.”

Essentially Mary was project managing a service that had never before existed: a self isolation facility in a non acute setting. “Our aim was to create a safe environment for residents to self-isolate to allow for us to minimise the risk of community transmission of COVID-19. It’s an isolation facility for those who are unable to self-isolate in their own community. We provide health care assessment and monitoring for residents during the period of self-isolation in the facility in line with HPSC Guidelines and further provide access to a 24/7 GP service.”

In the intervening period however, Mary was already working with her main team, the core



group who were brought together to deliver on the self isolation facility (with HSE Acute Hospitals Division lead on the acute facility to be housed at the venue). That core group consisted of Dr Deirdre Mulholland, Director of Public Health; Aileen O’Brien, Infection Control Lead; Helen Stokes, GM, Dublin Midlands Hospital Group; Paul Braham, Mental Health Services; and Marie Carroll Brown Business Manager CH07.

“While this was the core group, we obviously had many key people from various specialist areas to provide significant support and expertise. Everyone had the right attitude and everyone worked really hard – you can do so much when you have a positive attitude. We are very much at the heart of Community Operations and our key support there was from Siobhan McArdle, Asst National Director Primary Care.”

With around 150 hotel staff to be trained, Mary and her team were focused on the key areas of cleaning, security and catering. “The hotel were amazing – they did everything they could to help us. Obviously we were repurposing the facility and in some instances that meant changing to a clinical setting where for example, on a practical basis, some areas we would need carpet removed and lino put down. We have to have areas for example where staff have to put on PPE.

“One of the most critical people involved with us was Ms Jane Care, Asst Director - Public Health, who led out on the healthcare recruitment process for us. It was really important to get the appropriate skill mix. We now have a mix of nurses inclusive of PHNs, nurses who came over from Tusla and agency staff as well. That now means we have a 24-hour nursing presence here.

“We have a Clinical Nurse Manager here, an Assistant Director of Public Health and during the day we have up to three nurses. Clearly our staffing levels will be reviewed as the service accepts more referrals. We take referrals on a seven day a week basis.”

Medical support came from “two very dynamic GPs – Dr Brian Blake and Dr Aisling Ni Shuilleabhan who worked very closely with us.” This support is vital to the service and Mary explained how the GPs and nurses collectively make all the key decisions: “Everything is based on operational criteria agreed from the start. Clearly while our clients are COVID-19 positive, they may also have other issues and the GPs are in a position to lead out on that.”

The involvement of HSE IT personnel in the development of a clinical management system was praised by Mary. “We needed access to an integrated digital system to manage the service in accordance with an agreed process. The system was to include the ability to manage bed capacity, allow for remote and site based monitoring and further linkages to appropriate systems. We also needed a dedicated e mail address for referral.

“That referral and subsequent triage process is an integral and important function for us and for our clients. ICT needed to be the enabler to allow GPs to do their job. This is a large facility; they want to be able to access the relevant clinical information when needed – whether at 3pm or seven in the evening if necessary. It took a lot of work but it was turned around in a matter of days. I cannot thank and praise HSE IT personnel Fergus Murray and Alan Price enough for their incredible work and commitment, along with Procurement’s Vincent McCarthy, to get this system operational in such a short timeframe.”

Further support came from the staff of the Central Remedial Clinic: “I already knew CEO Stephanie Manahan and the swiftness of her response to the overall situation meant that we were able to access administrative and healthcare staff immediately. As a result, most of the administration support to this service is now being provided by CRC staff along with a number of their healthcare assistants who work in partnership with our staff nurses.

“Many have come from Disability Services



“Everyone had the right attitude and everyone worked really hard – you can do so much when you have a positive attitude

to this service which of course is totally different. But they have absolutely embraced it; they have a great attitude. I would sincerely thank Stephanie and their supervisors who came with them too of course.

Significant emphasis was placed on education of all staff. “Dr Deirdre Mulholland and Aileen O’Brien led on this area. We did a lot of training with the Citywest staff – dispelling the myths and clearly presenting all the facts and leading with accurate information. We had training and education sessions with groups – management, nursing, administration, healthcare assistants, medical, catering and security. We were honest with people as well in terms of risk – all within the context of everyone across the community being at risk but obviously in this instance they are in an environment where people are positive.”

The first clients were transferred from hospitals around the city on Wednesday April 1st. “We were delighted to be able to facilitate that and to be able to ease the pressure on our acute hospital colleagues”

“We are running a seven days a week service here where the decisions regarding the referral, admissions, care and discharge of clients are made jointly by our GP and nursing staff. Obviously some of our clients will have other medical issues and it is vital that we have access to GP care.”

The triage process in accepting referrals is extremely important. “It’s vitally important that we only accept individuals for who we know we can care for here. It’s also important for us to ensure that those people coming here understand what’s involved. Although they

will be staying in their own room, they do have a little bit more here facilities wise – there are dedicated walks for certain types of clients, but they do have to understand that when they are transferred here, there still are restrictions – the self isolation principles remain.”

Having started with around 12 patients being referred daily, that figure is expected to increase. “There are plans for more self isolation facilities across the country but until those are up and running we will accept referrals from any part of the country. We accept both GP and Hospital referrals but obviously there is a triage process and it is done on an agreed criteria based approach.

One of the successes of the core team has been the development of their Guidance Document. “We were designing and establishing something that hadn’t been done before. We were cognisant that there was an expectation that we weren’t just designing this for ourselves but that in the principle, purpose and scope of the project we were developing a guidance and template for how this could be done elsewhere across the country.

“Particularly in the area of infection control – for us here in Citywest, we were in a hotel environment and the nature of the cleaning regime required is different to a healthcare setting. So in our document it was outlined clearly to hotel management what was required. We were in a 750-bed hotel, but it could be done in a 50-bed hotel/facility with the sample best practice and principles applied.

As anticipated, Mary pointed to the learning ultimately being enhanced once the facility opened its doors to its first clients. “We can plan a patient’s pathway from when they arrive through to when they get to their room but it is really only when we initiate the service that we can gauge it properly and even after 48 hours we made some minor adjustments - that’s the learning – what processes work and what need to be amended.”

The co-operation and tireless work ethic that Mary has experienced over the past

three weeks in those who have to support the establishment of this new service has meant that they could achieve their aim within an breathlessly short timeframe: “I cannot thank everyone involved enough for what they did and how they did it. From the outset too we were cognisant of ensuring clear communication and involvement within our own organisation – working with the National Ambulance Service, providing dietary and social work support, counselling services and EHO support – but also that we met and worked closely with outside agencies including the local gardai, and local pharmacists for example. That is critical.

For patients who are admitted, the environment as Mary explains is welcoming.

“We know it is an uncertain time for everyone and for any person who is admitted to any of our facilities, we want to do everything we can to support them. We developed an information pack for each person and while we outline the clear guidelines to be followed, we also are aware of their health and wellbeing. This is a vast facility and we have designated paths and walkways in a specific and secure way to allow for walks and our dietary and catering functions are evolving to ensure we look after all their needs. We have access to counselling and social work support so we are clearly patient focused.”

While Mary is continuing to oversee the running of the facility, she is also working with the Acute Hospitals Division in the development of the acute hospital stepdown facility at Citywest. It’s not what she ever thought she would be doing but like many others she is enthusiastic about doing what she can in tackling the challenge of COVID-19.

At Citywest Self Isolation and Step Down Facility: Paul Reid, CEO HSE, Dr Siobhan NiBhriain National Integrated Lead, HSE, Helen Stokes, GM, Dublin Midlands Hospital Group, Taoiseach Leo Varadkar, Site Manager Mary Walshe and Siobhan McArdle, AND Primary Care, HSE.



As part of our response to COVID-19 we are seeing a change in how our health services are delivered. The pace and reasons for these changes are not happening in the way we or anyone would want or could ever have imagined. However it is important that we support these changes and that we learn lessons from where we are at the moment. A number of the Sláintecare Integration Fund Projects are contributing to the COVID-19 response by assisting with ED avoidance and providing telemedicine solutions.

Pathfinder Service

A NEW WAY TO CARE FOR ELDERLY PEOPLE MAKING 999 CALLS



At present, all patients attended to by the National Ambulance Service (NAS) are transported to the Emergency Department (ED), unless the patient refuses transport to ED. An ED stay of more than 12 hours increases an inpatient's length of stay by 2.35 days. In 2018, 9,861 patients aged 75 years and over presented to Beaumont Hospital's ED, and approximately 50pc of those patients were admitted, with an average length of stay of 17 days.

Presentation to ED for elderly people increases the risk for elderly patients of experiencing an adverse event, such as pressure ulcer, infection, adverse drug event, functional decline, delirium or a fall. It can result in patient dissatisfaction, increased hospital length of stay, increased confusion and increased mortality.

Pathfinder is a new service run by Beaumont Hospital and the NAS, serving the Beaumont Hospital catchment area in North Dublin, serving, with a population of some 290,000 people, and is funded through the Sláintecare Integration Fund. One of the aims of the Sláintecare Integration Fund is to test and scale innovative new ways of providing care

that will allow people to avoid attending hospital, and to receive the care they need as close to home as possible.

The aim of the Pathfinder Service is to change the current model of conveyance to the Emergency Department (ED) following a 999 call for over 65 year olds. This service will see an 'Ambulance Team', comprising an Advanced Paramedic (AP) and a Clinical Specialist Occupational Therapist (OT) or Physiotherapist (PT) responding to 999 calls from low acuity elderly patients. It is hoped that implementation of a service like this will minimise the number of unnecessary attendances to the ED which can be detrimental to older people.

The Ambulance Team will treat patients at the scene as an alternative to ED conveyance, if appropriate. The Follow-Up team, comprised of OT and PT staff, will support patients who remained at home by providing further assessment and interventions such as provision of equipment for the home, and linking the patient in with appropriate community health and social care services provided through the HSE or voluntary agencies operating in the area.

A recent review highlighted a 22pc increase

in presentations of over 65 years to Beaumont Hospital's ED between 2015 and 2018.

This trend is replicated amongst many EDs nationally and is predicted to increase. By 2026, there will be a 44pc increase in the over-65 years population of North Dublin.

This project will respond to 999/112 calls by elderly patients in an innovative way. It will change the current model of care from one of transport to ED to a model which treats people at the scene and provides therapeutic intervention at home and onward referral to appropriate agencies, thus avoiding an emergency presentation to hospital. There are potentially significant cost savings to the health service due to:

- Reduction in inpatient bed days
- Reduction in ED presentation and subsequent treatment of adverse events experienced.

Facilitating early discharge and treatment outcomes for CF patients

The Adult Cystic Fibrosis Team at University Hospital Galway is using online video conferencing to replace face-to-face outpatient appointments during the COVID-19 outbreak.

BEATING BREATHLESSNESS APP HELPS ASTHMA PATIENTS MANAGE THEIR SYMPTOMS

THE Asthma Society of Ireland has launched their new Sláintecare-funded, Beating Breathlessness WhatsApp messaging support service, which is available to patients with asthma and COPD, and their family and carers.

Over 380,000 people in Ireland currently have asthma and 890,000 people will have it at some stage in their lifetime. The current COVID-19 pandemic is a time of particular worry for people with asthma and their families. While people with asthma are not more likely to contract coronavirus, they may experience more severe symptoms if they do so - managing your asthma well has never been more important.

The Asthma Society's new Beating Breathlessness WhatsApp messaging service allows patients to message a respiratory specialist nurse about all aspects of their asthma management. Users can simply save the WhatsApp nurse support service number 086 0590132 to their phones, send their message or support query and one of the Asthma Society's respiratory specialist nurses will respond as soon as possible.

This service complements the existing Asthma Society's existing Asthma and COPD AdviceLine 1800 44 54 64, which has been a valuable source of information for asthma and COPD patients since the pandemic began - second only to www.hse.ie

in terms of trust according to a recent survey.

"We believe that the new Sláintecare-funded, Beating Breathlessness WhatsApp messaging service can help users ease some of their concerns right now during the coronavirus pandemic and we believe it will continue to support and assist patients," said Sarah O'Connor, CEO of the Asthma Society of Ireland.

Minister for Health Simon Harris, said,

"Beating Breathlessness empowers people affected by Asthma or COPD to manage their condition, with the guidance of a nurse over WhatsApp's messaging service. One of the aims of the Sláintecare Integration Fund



The Adult Cystic Fibrosis Team at University Hospital Galway who are using technology to replace face-to-face appointments and minimise staff and patient interactions as part of social distancing measures.

Dr Michael O'Mahony is the adult cystic fibrosis physician and he said, "We were successful in obtaining Sláintecare Integration Funding at the start of the year for a telemedicine project which will involve delivering a physiotherapy service via online video link to our patients to increase our level of physiotherapy input into their care between their scheduled outpatient appointments.

"We were lucky to have the set-up in place so that when social distancing became a necessity at the hospital and most outpatient appointments were cancelled, we turned to this technology.

"Our patients now have a video consultation with the team here in the hospital. We talk to the patients individually about their care in terms of our different specialties. Patients get to speak to myself, the clinical nurse specialist, the dietitian, the physiotherapist and our psychologist as required, via the video link. Each of the team can access the video link in different consultation rooms which means that we are able to observe social distancing as well.

"The video consultation covers everything that the patient would normally get from a consultation in the hospital apart from spirometry testing and measuring vital

signs but we are planning to roll out further technology-based solutions to record this physiological data from the patient's home going forward, as part of a pilot study."

"As we deal with the COVID-19 outbreak, I urge everyone to comply with all the public health advice to keep yourself and others protected. Hand hygiene, cough etiquette and staying at home are all very important if we want to slow down the spread of this disease and save lives."

Sláintecare.

“ We believe that the new Sláintecare-funded, Beating Breathlessness WhatsApp messaging service can help users ease some of their concerns right now

is for people to become more engaged and empowered in their own healthcare, and this service allows people to do that, with medical support. Beating Breathlessness is innovative in how it provides information and support to people who need it, making it easier for people to access these supports anytime and anywhere. It shows how care can be provided even while social distancing, and that there are numerous ways people can access the supports they need during the COVID-19 pandemic, including those offered by the Asthma Society whose services have been even more acutely needed by patients in recent months.”



Swab testing teams

'EVERYONE STEPPED UP AND PUT THEIR SHOULDER TO WHEEL'

THE frontline staff of the National Ambulance Service (NAS) have been among the most prominent in the national response to COVID-19. From the earliest stages of the pandemic, ambulance crews have been crucial to efforts, co-ordinating home testing, helping set up pop-up test sites and drive through testing facilities, right through to the ramping up of testing at residential care facilities with their swab teams.

Richard Quinlan, chief ambulance officer for the North Leinster region, paid tribute to the outstanding work being undertaken by frontline health service staff in the battle to contain the coronavirus outbreak.

"People have completely committed to the task at hand. They are doing overtime, they are coming in on their days off. Everyone involved has stepped up and put their shoulder to the wheel. They realise these are extraordinary times," said Richard, who noted that normal levels of service still had to be maintained during the crisis.

"When we got the call to ramp up testing across the country in the care facilities, there were a number of days where we had 100 people on 10 teams, beginning at 8am and working on until 11pm. They were in full PPE for the entire day and everyone was completely exhausted. But they all just got on with it and showed up the next day to do it all again."

He explained the mammoth logistical task involved with the sudden ramping up of testing.

"We were moving on from a one person, one vehicle, one test system to one where we had teams of people travelling out to various centres. We have a robust organisational structure that we were able to expand on. We organised extra fleets, known now as the COVID cars, to deal with the additional load."

The swab teams often had to co-ordinate testing on hundreds of staff and residents.

"It was a massive effort. One residential facility had more than a thousand staff and residents that needed to be tested. And there is the logistical issues with making sure that 4,000 staff on the road are all fed. That was done thanks mainly to the Feed the Heroes initiative. There was always a hot meal at hand," he said.

"We also had to ensure that we had adequate PPE and plenty of swabs. And once the tests were done, we have transport the tests to the National Virus Reference Laboratory (NVRL) in UCD or to labs across



the country. We make sure the tests have the required delivery notes – name, address, telephone number, whether the person is symptomatic or not, whether they are a healthcare worker or not."

Richard is stationed at the incidence room at the Phoenix Park, responsible for the North Leinster area. There are similar rooms across the country and he highlighted the need for continuity across the board.

"We want to make sure that all testers are using the same process and the same algorithms. I am mindful of the fact that I gave all the testing staff their briefing in the first week so I aim to be at the briefings to ensure everyone has the same training. As well as our NAS staff, we also have staff who have come on board from other areas – such as ENTs, dental hygienists, orafacial nurses – so it is important to support them in their new roles."

Richard explained that they were asked by NAS Director Martin Dunne to assist the Community Healthcare Organisations (CHOs) to co-ordinate and increase capacity for testing.

"We worked with the CHOs, first with the pop-up sites. Then we developed the static and drive-through sites like Croke Park, Naas and Dundalk. The next milestone we had was the army ship on the quays. We had to look at its feasibility and engage with the CHOs, army, navy, civil defence, Dublin City Council as well as the gardaí. The ship only left on May 15th so it had 10 weeks in action," he said.

While the need for the large-scale testing has decreased, it has not gone away. Richard

and his teams are still regularly needed.

"We are continuing to send swab teams to care facilities upon request. It could be that it is 20 days since they were tested, so repeat tests were required. Or there could be that a new case has been identified and everyone needs to be tested again," he said.

And he highlighted the considerable amount of additional work involved for ambulance crew.

"We are getting used to the new normal here. Frontline ambulance staff are used to putting on PPE when dealing with the regular flu, the winter vomiting bug and avian flu. Now every patient we see is assumed as having COVID and we have to be extra cautious," he said.

"We have to use social distancing but because the ambulance crew are sitting next to each other in the vehicle, they have to wear a surgical mask at all times. Then we have to wear differing types of PPE depending on the case. If we are dealing with respiratory issues, it is full PPE, otherwise it is goggles, gloves and gown.

"Then, of course, the ambulance and equipment must get a deep clean in between calls. It takes 30 to 40 minutes to clean down everything so it is a lot of extra work. But we cannot take the risk that we have somebody in our ambulance that is later confirmed as having COVID and then our next call is somebody who is immuno-suppressed and we could be the source of infection for them.

"It is all for patient safety and for the protection of our staff too. At the end of the day, everyone has to get home safely."



 OPPOSITE PAGE: Some of the nurses working on the frontline with NAS on swab teams
 THIS PAGE FROM TOP: A swab team out on the road; Swab teams and testing being monitored and co-ordinated in the North Leinster incident room in the Phoenix Park; Richard Quinlan briefs the interagency team ahead of a day of swab testing in nursing homes; A selection of the north west teams who were out and about testing; Swab kits being prepped by NAS Community First Responders in Navan; NAS swab teams at community, residential and care settings.



PAT OUT OF RETIREMENT TO ANSWER IRELAND'S CALL

PAT McCreanor answered Ireland's call back in March and now heads up the COVID room in the National Emergency Operations Centre (NEOC).

Pat retired from his position as Deputy Director of the National Ambulance Service (NAS) last July after 44 years in the service but said he couldn't sit back and just watch as the health service tackled the COVID-19 pandemic.

"The call went out for people to return to active service and I wasn't that long gone so it wasn't too difficult for me to come back and get going again. It was wonderful to be able to provide the services and skills that I had learned over the years as required and it is great to be back," he said.

NEOC have been co-ordinating the home testing, nursing home testing and the testing sites that NAS have been involved with. The COVID team is a multi-disciplinary team made up of ambulance staff, nurses, doctors,

administrative staff and the defence forces.

"The team was set up from the start to deal with calls coming in from people with suspected COVID-19. We would then send out an ambulance to take a swab and bring it to the lab. Full details are taken to go with the sample. If it is positive, it comes through the public health team to do contact tracing. If it is negative, our doctors and nurses are on hand here to make the call," explained Pat.

Many of the nurses on the team have also answered the call to return to duty, while the doctors were provided by the defence forces.

"Everybody is doing their bit and making sure all the work is being done efficiently," he said.

While the volume of calls has been slowing down over the last few weeks, the team remain busy.

"There is still plenty for us to do and lots of challenges ahead. But I am still happy to keep going until I get the nod to say that I can resume my retirement," he added.



Pat McCreanor

DEFENCE FORCES JOIN NATIONAL EFFORT

THE defence forces have been throwing their full weight behind the health service's battle to deal with the COVID-19 crisis.

The army, navy and air corps have supported the HSE in numerous ways, from the physical construction of test centres and transportation of PPE, medical supplies and tests, to carrying out COVID-19 tests and manning contact tracing roles.

From the beginning, the defence forces have been working with the National Ambulance Service in their planning efforts to combat COVID-19. These personnel provide support to the National Emergency Operations Centre (NEOC).

Medical personnel comprising EMTs, paramedics and advanced paramedics joined the National Ambulance Service (NAS) help carry out testing of healthcare workers and residents in nursing homes across the country. Their momentous effort ensured 18,000 people were tested in just five days.

Six naval vessels – the LE Samuel Beckett, LE George Bernard Shaw, LE WB Yeats, LE Eithne, LE Niamh and LE James Joyce – have rotated between Dublin, Galway and Cork ports, first arriving on St Patrick's Day. Dublin and Galway acted as test centres, while the Cork vessel is being used for additional storage. The Galway centre was operational



for six weeks, while the Dublin one was open for nine weeks. It recently handed over the testing to the army at the newly opened test centre at the Aviva Stadium.

Some 6,000 tests were processed by the naval vessels over nine weeks. The Aviva Stadium centre is being manned by 30/40 army personnel daily and can process up to 400 people in any one day.

The army also worked closely with the HSE to construct the step-down facility at City West Hotel.



sligo postal initiative

HOSPITAL LETS PATIENTS KNOW FAMILIES ARE 'THINKING OF YOU'

WHILE visiting restrictions remain in place at Sligo University Hospital due to the COVID-19 pandemic, the hospital is very aware of the impact that this has on patients and their families, friends and neighbours.

The hospital's Consumer Services Department introduced the 'Thinking of You' Initiative in April. It is a service which offers families, friends and neighbours an opportunity to send a letter or message to their loved one while in our care by simply emailing us at SUHpatientletters@hse.ie.

"We will print out the letter, place it in an envelope and deliver it to the patient sealed within 24 hours, Monday to Friday. Relatives just need to include on the email the patient's full name, address and what ward they are on," explained Linda Foley, Consumer Services Officer.

Marian Ryder, Director of Nursing, added, "We understand how difficult it must be to have a loved one or friend in hospital and not be able to visit them. Although many of our patients are able to keep connected via smartphones, this is another way that people can reach out to their loved one and can be a source of comfort when they are unwell."



Sligo University Hospital delivering its first letter from a relative to a patient through the new 'Thinking of You' initiative which was introduced in April to offer families and friends the opportunity to stay connected to their loved ones while they are in hospital during COVID-19. From left, Marian Ryder, Director of Nursing; Grainne McCann, General Manager; and Linda Foley, Consumer Services Officer.

Grainne McCann, General Manager welcomed this initiative, stating, "Days are very long for patients when in hospital and when we cannot allow families or relatives to visit, this is intensified even

more. A letter from a family member would no doubt be read and re-read countless times by a patient and would give the patient a feeling of connection to those they are missing."

DISABILITY SERVICES RECONFIGURED FOR COVID-19

CATHAL Morgan, Head of Disability Operations, and his team have responded to the pandemic with specific COVID-19 guidance for Disability Services. The guidance covers, for example, how to prepare people with disabilities for testing, alternative models of care in non-residential settings and guidance to support children in a community residence or at home.

The guidance documents were developed in collaboration with service providers in the voluntary sector and were approved by the HSE's Vulnerable Person's Group. The target audience for the guidance documents includes disability managers, home support managers, health care support assistants, personal assistants, social care workers, nursing staff, adults with a disability and families.

The resources are available on www.hse.ie and have been issued to a wide range of stakeholders.

"There is no doubt that this pandemic is having a major impact on our communities and in particular people with a disability and

their families or carers. Every day, our front line staff and disability support services are trying to ensure that support is provided while following public health advice. We are working with national disability representative organisations, such as Inclusion Ireland, Carers Ireland, Disability Federation of Ireland and the Federation of Voluntary Bodies. Our primary focus is to deliver support and services in a different way," said Cathal.

Support is being provided through tele-health and through long term residential support, home support and personal assistance services, where it's safe to do so.

For children and young people with disabilities and their families, this is a particularly difficult time. The HSE and its funded service provider partners are progressing with plans to increase therapy and social care supports in line with public health guidance and especially aimed at those most vulnerable. This includes the temporary reassignment of Special Needs



Assistants (SNAs) from the education sector to work with healthcare workers to ensure a more coordinated approach to supporting children with disabilities.

Disability Services appreciates the efforts that are being made to deliver services during COVID-19. "We know this is a hard time for people receiving disability services and their families. I want to thank people for their understanding as we adapt to this dynamic environment," he said.



Praise for care at Clonmel hospital

'IT WAS TOUCHING TO FEEL THE HUMANITY SHINING THROUGH'

THE staff of South Tipperary General Hospital (STGH) have been praised for their 'remarkable kindness, friendliness, respectfulness and hospitality' after the loss of a loved one during the COVID-19 pandemic.

Caroline Lennon-Nally, who is on the National Quality Improvement Team and a member of the COVID-19 National Contact Management Programme (CMP) explained that her family had limited experience of the Clonmel hospital until recently when a beloved elderly family member, Joan, was brought to the hospital by ambulance after having a fall in her home on Easter Saturday. Later that day she was admitted to the gynae ward in STGH.

"As a family member who is also a healthcare professional, it was heartening and touching to see and feel humanity shining through professionalism," said Caroline.

"This was a significant concern for us as a family because during those initial weeks, as a result of COVID-19, visiting was not permitted. We would contact the hospital ward in the morning and evening to enquire about Joan's wellbeing. On a few occasions it was difficult to get through to the ward, but when this was communicated to management, we were provided with another number, which made it easier to contact the staff on the ward," she explained.

In telephone conversations with the ward manager and the nurses that were taking

care of Joan, Caroline explained that it was reassuring for the family to hear that all necessary tests and x-rays were being undertaken, and that her care needs were being prioritised.

"There were many times in those first few weeks when we phoned the ward, and the nurse looking after Joan would offer to bring the phone to her so that we could have a conversation, which was comforting for all concerned. Unfortunately, on Thursday, May 7th, we received that dreaded call from the ward manager to advise us that there had been a deterioration in Joan's condition, but because she had tested negative for COVID-19, the hospital would allow two people to visit her."

When Joan's healthcare needs changed from acute care to palliative care, she was moved into a private room ensuite on the gynae ward.

"It was a great consolation to us to be able to visit her, to hold her hand, and to sit with her in privacy for lengthy periods of time. It was also comforting for the family that staff didn't hesitate to contact us when they were concerned about further deterioration in her condition," she said.

"During those last few weeks we experienced the essence of good care. We brought a large angel candle to place on her bedside locker, but as there was oxygen in the room, it wasn't possible to light the candle. However, the next time we arrived, we found a small battery operated candle

had been placed on top of the angel candle - so it looked like the angel candle was lit. There were also some dried flowers placed on a window ledge along with other items to make the room more homely.

"Joan's intimate care was impeccable every time we visited, and this was regardless of staff being aware of our arrival or not. We also found the kindness, friendliness, respectfulness and hospitality of all staff that we encountered to be remarkable.

"On the morning that Joan passed away, the nurse looking after her that night phoned at 6.45am to let us know that she was concerned because Joan seemed weaker. At 7am, that same nurse called again to let us know that our beloved Joan had passed away peacefully, and to reassure us that staff were around her and she had not died alone.

"It's never easy to lose someone you love but the loss is more bearable when you have a strong sense that the people caring for your loved one are doing their best for them. If we were to name what it was that was most striking about the staff in the gynae ward in STGH, it would be their obvious humanity, which was always evident despite their high level of professionalism. As a family member who is also a healthcare professional, it was heartening and touching to see and feel humanity shining through professionalism. It made such a positive difference to both Joan, and us, her family," added Caroline.



The ward manager and nurses at South Tipperary General Hospital who cared for Joan in her last days.



Thank you to workers at Children's Hospitals

YOUNG PATIENTS AND FAMILIES HONOUR STAFF WITH MURAL

THE play specialists at Crumlin hospital worked together with young patients and their families to show the staff there just how much they were appreciated during the COVID-19 pandemic.

A sign reading 'Healthcare Workers are our Heroes, Thank You' was created. Each letter was individually coloured by a patient, or their family member, who had been cared for by staff at Children's Health Ireland (CHI) at Crumlin.

Emma Fratangelo, Play Specialist, CHI at Crumlin, explained how the project came about.

"In March, as the daily work within CHI adjusted to respond to the challenges of COVID-19, we witnessed CHI at Crumlin continue to provide exceptional care. It was clear how vital every person working within the hospital was to the day to day support of the patients and families of Crumlin," she said.

"Observing this, the play specialists of the CHI Play Department had an idea to show the staff at Crumlin some appreciation. The play specialists worked together to involve paediatric patients and their families in creating a sign to say 'thank you' to all of

“ Observing this, the play specialists of the CHI Play Department had an idea to show the staff at Crumlin some appreciation. The play specialists worked together to involve paediatric patients and their families in creating a sign to say 'thank you' to all of hospital staff for their consistent dedication to their work

hospital staff for their consistent dedication to their work.”

As the play specialists, Emma Fratangelo and Ann Coyle, approached each patient and family to explain the project and ask if they would like to be involved in contributing to the sign it became evident that these children and families were eager to show their gratitude to their healthcare providers.

"The delight that each patient took in colouring their letter cannot be missed when observing the creativity put into the sign. The bright and colourful sign now hangs in the corridor near the main entrance of the hospital and hopefully provides a positive reminder to each staff member of how important they are to CHI at Crumlin," said Emma.

"While this sign is a very small token of appreciation, the patients, families, and play specialists hope that it can be a simply reminder that the work being done by every single staff member here and in all hospital services across Ireland is important and valued. We are grateful for our colleagues who continue to come into work every day and care for our community."



Environmental Health Service

EHS STAFF STEP UP IN MASSIVE COVID-19 OPERATION AT AIRPORTS AND PORTS

A huge team effort by the Environmental Health Service (EHS) ensured that there was a HSE presence at every Irish seaport and airport providing vital health protection information as soon as coronavirus fears began to escalate here in late February.

Despite not having an out of hours service, the officers were there to greet every flight that landed in Dublin, Cork, Shannon, Knock, Donegal and Kerry airports. In the busy international Dublin Airport, that meant a team being in place from 4am to 12am at both terminals.

Ann Marie Part, Assistant National Director for Environmental Health, paid tribute to the dedication shown by the team during the crisis.

"As soon as the issues began to arise on February 27th, the National Public Health Emergency Team (NPHET) asked us to get involved as part of the COVID-19 containment efforts. Within 24 hours, there was a presence at all the airports. At Dublin Airport, we had up to 35 people at one stage across the two terminals greeting passengers off the flights," she said.

"Our staff work 8am to 6pm Monday to Friday but they put this massive operation in place seamlessly and all on goodwill. Everyone supported their colleagues, there were no issues, no gripes, just a tremendous reaction to what was being asked of them."

Working closely with colleagues in Public Health, Ann Marie explained how the EHS advice changed as the situation evolved over the few weeks from late February to early March.

"We set up an information stand in the arrivals hall handing out general COVID-19 information. We were targeting in particular those returning from Italy after the midterm break. We explained the situation to them and told them what to do if they began to experience the symptoms of the virus. We also received a lot of queries from airline crew about how they could minimise their risk," she said.

Coming into mid-March, she explained, the situation had escalated significantly, as did their presence at the airports and the advice they were giving to passengers.

"Around St Patrick's weekend, there were still a number of flights arriving, and also the flights back from Cheltenham, so we upped our presence both landside and airside and were supported by colleagues from Finance and PCRS. At that stage, Spain and Italy had



Ava Stephens EHO and Anthony McLoughlin EHO Dublin Airport.

“Once it was clear what was required, our staff responded and were set up at the airport in a matter of hours

major outbreaks so we were meeting each flight from the affected areas and giving them specific leaflets. We asked them to restrict their movements for the next 14 days, which was a new phenomenon at that stage. A lot of people were very surprised – they had gone on holiday and come back to a changed world. But they said they were happy to have the health personnel there to advise them," said Ann Marie.

"Anthony McLoughlin, one of our officers in Dublin, suggested that we wear green on St Patrick's weekend to show a bit of solidarity with people coming home."

As the lockdown tightened and flights began to dwindle, the Environmental Health Officers were able to scale down their operation.

"Knock airport closed and Donegal, Kerry and Shannon Airports had no international passengers disembarking. We continued to maintain a presence at Dublin and Cork but we were then able to hand over to Border Control personnel in Dublin and Cork Airports who at the request of NPHET began engaging directly with individuals on their arrival. By this point arriving numbers were very low and passengers were being asked sign a form committing to self-

isolation for 14 days rather than just restricted movements," she said.

The EHS presence at Dublin and Rosslare seaports was slightly different, working hand in hand with the port authorities and ferry companies.

"Because people are in their cars and trucks, there was no way of us interacting with individual passengers directly. But we worked with the port authorities and ferry companies to give out the information.

DUBLIN AIRPORT

Derek Bauer,
Principal Environmental Health Officer

"WE reacted very quickly to the call and I was really proud of the way our staff responded. They took on the tasks and responded pragmatically in real time. We had to put good, solid processes in place very fast and get a roster of staff in place quickly. Carmel Moran, Sharon Collins and Sarah Middleton PEHO worked hard to develop roster. Teams of EHO staff were covering all of the hours in the airport. We were covering weekends as well so we were asking for a lot from our staff and I have to say our people responded so well. No one said no to any request.

"Once it was clear what was required, our staff responded and were set up at the airport in a matter of hours. We had really good protocols in place so if people presented with symptoms they were isolated quickly and taken to the isolation room.

"Airport police and the security staff worked with us to get security clearance for EHOs.



Stephen Ryan Senior EHO Cork Airport.



Tracey Coffey EHO Cian McSweeney EHO Cork Airport.



Gerry Leen Principal EHO Shannon Airport.



Emma O'Donnell EHO Shannon Airport.



Siobhan McKeever EHO Dublin Airport.

They were brilliant to work with. Our staff were all working 'airside' so getting the security clearance was crucial really. We worked with the duty officers to get the flight times every day. The cleaning staff and passport control people were fantastic to work with. We built up really good relationships with the staff in Dublin Airport Authority.

"Passengers were frightened and a bit stressed, especially in the early days. They wanted reassurance and I really feel that our passengers provided a calm, reassuring voice on the ground for people. EHOs gave advice about Covid-19 in a calm way. I was proud of the work our staff did."

Siobhan McKeever,
Environmental Health Officer

"WE had two information desks, one each in the arrivals hall of Terminal One and Terminal Two. Initially it was quite a rush to get set up quickly. We had isolation rooms in T1 and T2. Our job was to share information, to talk to passengers and make sure they had the information around what they needed to do in terms of looking for symptoms, self-isolation, respiratory etiquette.

"Initially when we first started people were quite frightened. A lot of people were scared and were asking a lot of questions about the symptoms and what to do. This was particularly the case if they had vulnerable people at home, maybe older people or people with underlying conditions. It was quite frenzied at the beginning and the advice was changing frequently. As time went on people were more aware."

IRELAND WEST AIRPORT

Maria Horkan,
Principal Environmental Health Officer

"WE proactively worked with Ireland West Airport Authority in advising incoming passengers about the precautionary measures they had to implement to protect themselves, their families and communities from the threat of Covid-19.

"We carried out site risk assessments to assess infection control measures within the airport and to advise on additional controls that were now required. This risk assessment allowed us to identify infection control gaps. Updated protocols were then put in place by the airport working in conjunction with ourselves.

"I have to say our staff in Mayo were exemplary in their dedication, flexibility and response to this ever-changing crisis."

CORK AIRPORT

Stephen Ryan,
Senior Environmental Health Officer

"WE had an information desk in the baggage area for arrivals in Cork airport so anyone arriving into Cork airport had to pass by our desk. As well as talking to people and telling them what they needed to do we gave out information leaflets. Information was updated as events changed. It was really busy, particularly after Tanaiste, Simon Coveney TD, advised Irish people to return home.

"For me personally, it felt like we were one of the first points of contact for people with the Irish State. I think before they landed back in

Ireland many people had been getting advice from social media or from TV. We may have been the first people they could interact with and ask questions. To be honest with you it felt humbling for me. I wasn't just representing the HSE – it felt like I was representing the State's position.

"People had a lot of questions, many of them health-focused but people were also asking about other areas including how to claim social welfare. We even got some questions about lost bags as we were in that area. We helped as best we could. We kept the two metres distance from people and showed them what social distancing meant and to spread out and stay back from each other. We told them this is what you have to do going forward to stay away from each other.

SHANNON AIRPORT

Gerry Leen,
Principal Environmental Health Officer

"WE had a rota and were based next to immigration police so we spoke to people very soon after they landed. What stands out for me are the very good working relationships we built up with the other agencies at the airport, particularly Revenue, Immigration police and Airport management. It was extremely busy for us but my colleagues reacted really well to what they were asked to do. We put new processes and protocols in place very quickly.

"In the early stages people may have thought some of the advice and guidance we were giving out was excessive. However, very quickly, people understood how serious the situation was."



COVID-19 crisis takes its toll

TALLAGHT PROVIDING STAFF WITH 'PSYCHOLOGICAL FIRST AID'



ALLAGHT Hospital has been providing psychological 'first aid' for its staff as the COVID-19 crisis takes its toll.

When the outbreak began to escalate in China, psychologists in TUH started to research the learnings from the Ebola outbreak and the Sars outbreak as they understood the psychological footprint would be large.

Their psychology team gathered resources to help us all cope with what was about to happen. What is happening will no doubt have an impact on everyone but on healthcare staff in particular. They need to be supported to maintain their psychological wellbeing.

Kirsten Neff says in her mindful self-compassion training 'Put your own oxygen mask on first' so you can provide care for others which is why it is vital to give that support to help our staff get through this the best way they can - focusing their efforts on what is within their power.

"We are here to listen. We want them to call us even just to talk about the day they have had," said Dr Veronica O'Doherty, Head of the Department of Psychology.

"Many healthcare staff have children of all ages at home, and older parents and relatives they are concerned about. Some will

“ It's like a band-aid for mental health in the field. From all the disaster research, we know that supporting people's own coping skills and resilience during a crisis such as this pandemic is what matters most

experience loss too of family members from Covid-19 whilst still doing their job every day. We need to support our staff to mind their psychological wellbeing.

"It's like a band-aid for mental health in the field. From all the disaster research, we know that supporting people's own coping skills and resilience during a crisis such as this pandemic is what matters most."

The psychology department's 11 members are manning the phones, which Dr O'Doherty said is part of 'psychological first aid', or PFA.

The team linked in with the occupational health department to see if staff needed any medical support. Any support calls are

completely confidential and there are 40-minute time slots from 7am-8pm Monday to Friday and over a few hours at the weekend initially but can expand if necessary. Resilience training is also available upon request.

Clinical psychologist Orla Spencer has been hosting these resilience sessions with staff from EDs and ICUs, which look at how to keep well and how to bounce back.

She said the training will help them to recognise what resilience is, recognise acute stress, and watch out for it becoming a chronic problem.

Groups including porters, nurses, doctors and administration staff take part in the virtual meetings over Zoom.

Orla said mixing the groups helps to reinforce the message that we are all in this together.

"Nurses are now working longer shifts, working with new people, wearing gear that's making them tired and hot and dealing with new situations and different types of decisions," said Orla.

During this time, they will be encouraged to recognise something they did well that day, say something encouraging to a colleague, or listen to nice music on the way home.

"These things are accessible, not time consuming and put a close to a shift so they can start afresh tomorrow," she said.

SNAPSHOTS FROM THE FRONTLINE AT UNIVERSITY HOSPITAL GALWAY



ABOVE: In the Shannon Ward at UHG were, from left, Aoife O'Connor, CNM2; Dr Marion Murphy, Infectious Diseases SpR; and Cathriona Leen, staff nurse. RIGHT: Medical scientist Sara Connor in one of the labs at UHG.





HOW TO KEEP THE BODY MOVING WHILE COCOONING

COCOONING has hit our over 70s and other vulnerable people hard but a new initiative has made it easier for them to keep fit while in isolation.

The physical activity initiative, primarily aimed at older adults who are cocooning, was launched by HSE Community Physiotherapy, in partnership with the Age Friendly Alliance, Sport's Partnerships and Public Participation Networks across Donegal, Sligo, Leitrim, Cavan and Monaghan, Community Healthcare Organisation Area 1.

Cocooning is a way of protecting the people in our communities that are most at risk of serious illness. Everyone over 70 years of age is advised to stay at home, even if they are well, apart from some short bouts of exercise outside. Keeping the body moving is important for both our physical health and our mental wellbeing. However, during this period of cocooning being active is more challenging; we may not be as active as we normally are and there are restrictions on the types of physical activity available to us.

As part of this initiative, older adults in the communities will receive a leaflet to their home, with a series of eight simple exercises to be completed twice daily. The leaflet will include an image of each exercise, as well as an explanation of the movement involved. To encourage daily use, a four-week checklist is also included, to be ticked off as each set of exercises are completed.

It is hoped that these daily activities will continue after the four weeks. If a leaflet doesn't arrive to an older person's home, a copy can be requested through: the Community Call Helpline 1800 292 765 Monday - Sunday 8am to 8pm; or by text SLIGO to 50100 followed by your request for

Simple Exercises from your HSE Physiotherapist for you to do during Covid -19 Cocooning Phase.

Follow the 8 daily exercises overleaf, then tick the boxes below when each session is completed. Please complete all 8 exercises twice daily (AM and PM).

	WEEK 1		WEEK 2		WEEK 3		WEEK 4	
	AM	PM	AM	PM	AM	PM	AM	PM
MON	<input type="checkbox"/>							
TUES	<input type="checkbox"/>							
WED	<input type="checkbox"/>							
THURS	<input type="checkbox"/>							
FRI	<input type="checkbox"/>							
SAT	<input type="checkbox"/>							
SUN	<input type="checkbox"/>							

a copy of the Ageing Well leaflet; or by email: covidsupport@sligococo.ie

These exercises of course are not just for the older adult! Other people with limited mobility may find them useful also.

Here are some useful 'Top Tips on Movement for Cocooners' to encourage movement in the home:

- Stay as active as much as possible
- Motion is Lotion! If your joints feel stiff and sore they will benefit from regular gentle movement.
- Sit less, move more - Sitting for long periods is not helpful for our mental or physical health. If you are sitting, try to stand up every hour.
- No matter what your level of ability or your age, movement will benefit you.

- Moving regularly boosts our circulation and stops our bodies from feeling sluggish. Even a light march with our legs and/or a gentle arm swing for a few minutes can be helpful.

- Build strength work into your daily routine. You can do this by lowering yourself into your chair as slowly as you can to build leg strength. Use your legs as much as possible, rather than your hands to get up from a chair. Strong legs make you steadier on your feet, so activities like climbing stairs and getting up from the floor become easier.

- Build balance activities into your daily routine. This can be very beneficial, so you can step easily in different directions and react quickly if you trip.

- Move regularly to stay strong, steady and straight.

- Safety is important, work at your own pace, if something doesn't feel right - don't do it.

If you can do these exercises 2-3 times per day, on a daily basis, you will keep yourself healthy and strong, and prevent yourself from becoming de-conditioned. This means that when this period of self-isolation is over, you will be able to get back to your normal activities more quickly.

For more information on Cocooning see <https://www2.hse.ie/conditions/coronavirus/cocooning.html>

Standing from left to right: Aisling Smyth, Age Friendly Programme Manager, Community & Economic Development Section, Sligo County Council; Emer Concannon, Chair, Sligo Sports and Recreation Partnership; Deirdre Lavin, Coordinator, Sligo Sports and Recreation Partnership. Seated from left to right: Ciaran Hayes, Chief Executive, Sligo County Council; Cllr Tom MacSharry, Cathaoirleach, Sligo County Council; Edel Brennan, Senior Community Physiotherapist, HSE.



Dr Niamh Clarke, Community Healthcare Network Manager, Westmeath, and Clinical Psychologist, based at Mullingar Primary Care Centre, explains what it is like to be part of the Longford Westmeath Swab Team delivering vital healthcare during the COVID-19 pandemic

UNITY IS OUR STRENGTH IN TIMES OF CRISIS

IT feels like a timely moment to take stock as we come to the 'ending of this beginning' of life with COVID-19. To acknowledge how far we have come together and all that we have achieved in such a short yet momentous time in health service history. I wanted to record and to capture the incredible nature of the work these past few months. My words cannot do justice to the richness and privilege it is to be part of this team and yet I also feel it is important to try all the same.

Looking back from where we are, we started the year, with a distant awareness of news reports from Wuhan and saw the devastation caused by the deadly COVID-19 virus. With its advancement into Europe and unwelcome arrival into Ireland in early March, 'coronavirus' instantly became our reality. We only knew that this virus was like no other - no vaccine, no cure, highly contagious - and it would challenge each of us, personally and professionally.

It was going to take an exceptional response to halt the severity of impact of this unprecedented virus on our health service and communities. While the Government prepared to lockdown a nation, Longford- Westmeath HSE began gearing up our emergency response.

One of these emergency work streams was swab testing for COVID-19. The team was mobilising fast: Siobhan Murphy, General Manager, was tasked with leading out and coordinating all aspects of swab testing and lead she did, in a most collaborative and efficient manner, with Jayne and Emma in Siobhan's office always ready to help and provide clarification. How quickly a new language emerged: the language of 'swabbing'. The Community Services Manager, Valerie Hand, and the Deputy Community Service Managers, Anne Naughton, David and Carmel Lally, each under Valerie's direction worked to identify and set up swabbing sites, ensure delivery of vital PPE and so many more tasks. Orla, Anne and Catherine and all the other swift queue administrators diligently inputted client information onto the swift queue system making. Anne Delaney, Grainne Ni Gabhann and Carol McCann strategically advised and directed us.



Next, it was time to identify Swab trainers and to organise Swab training, thank you Fiona. The numbers of people needed matched the unprecedented nature of this new virus. What subsequently unfolded was truly remarkable. We witnessed our Heads of Disciplines with their teams of clinicians and administrators from across the disciplines all stepping forward to join these new swab teams: dieticians, speech and language therapists, occupational therapists, physiotherapists, psychologists, public health nursing, multi-task attendants, social workers, orthodontics, dental, administration, registration and primary care staff. Any divides that may have once existed amongst us suddenly fell away and did not seem to matter in our new reality. Affiliations to primary care, mental health, disabilities or health and wellbeing were no longer relevant. All disciplines and care groups were unquestionably and instantly united in their commitment to deliver on testing, a cornerstone of the national response needed to tackle this public health need. Health and Social Care professionals demonstrated their willingness to step away from what was familiar and safe within their own specific discipline to join our new multi-disciplinary swab team. While we may have known it, now

it was being realised, the HSE's most valuable resource was its dedicated and committed staff.

Our new world was now filled with swabbing, swabbing rosters, personal protective equipment, swift queue lists and social distancing, hand hygiene, coughing and sneezing etiquette emerged. Now you are retaining your swabbing shoes in your car in a sealed bag until the next swabbing outing. With hair tied back, no jewellery, restricting your fluid intake before a shift to avoid toilet breaks to save PPE, eating your lunch sitting outside on the ground at the drive through, no hugs from family until you are showered and separating swabbing clothes to be washed at 60 degrees.

The first swab team was in operation on March 16th, over two months ago. To date, in Longford Westmeath, more than 7,000 swab appointments have been offered, which also means that 7,000 phone calls were made by the swab team telephone callers. Our swab telephone callers are a team of occupational therapists, psychologists and physiotherapists who have telephoned each and every single person the night before their swab appointment. Each of these calls is made with unending kindness, compassion and empathy.

At the same time as delivering on the swabbing process, every HSE staff member



involved have also continued to try to meet their specific disciplines' service requirements in our new reality. Each Swab team member was placed on swabbing rosters for Athlone, Longford and Mullingar. An x beside your name indicated that you were required to swab in a particular location on a certain date. And there was an added emotional toll in stepping in to this new role: fearful that you could contract the virus, or worse, unknowingly bring the virus home to their love ones, to your parents, partners, children, brothers and sisters. On the morning of a shift it was hard to leave those you love to don the PPE knowing that today could be the day that you contracted COVID-19. Yet once on site, each swabber became a part of the collective swab team, focused on a shared and single purpose to swab and to keep themselves and their colleagues as safe as possible while they fulfilled their role with care and diligence every time.

Each of the 7,000 people who came for a swab test was met by a swab team member who cared deeply. Your selfless and utterly professional actions demonstrated kindness, while compassion emanated from your eyes as they peered out from above your face masks. You are a team who noticed and

responded sensitively to each and every person who presented for swabbing: to the anxious person, to the person who was trying to be brave for their loved one, being swabbed, to the mother whose eyes were tearful as she held her infant for swabbing. You are the team who noticed it was this person's birthday from their date of birth on their swift queue sheet and who joyfully sang them a happy birthday. You are the team who knew to use sign language when necessary, who learned hello in multiple languages so you could warmly greet everyone who arrived. You are the team that asked 'Are you okay?', the team that said, 'Take your time, there is no rush', and who provided comfort and care to others while you were yet again the recipient of another unintentional cough or a sneeze. You are the team that took the call or answered a Whatsapp message at any hour of the day or evening when emergency swab teams were required for the following day. You are those team members who took an extra shift to ensure that we always had sufficient number of staff on site. You are team members who bravely volunteered in non-HSE sites which were identified by public health as COVID-19 positive environments.

This virus continues to require us to social

distance and yet the irony is that this newly formed multi-disciplinary swab team speak of this virus bringing disciplines closer together.

So thank you fellow swab team members, the sincerest and heartfelt of thank you to each and every one of you: for stepping up, for sharing the not-knowing, the worries, the fears and all the laughs and the smiles too. In the swabbing process, from beginning to end, see how we have brought the HSE values to life. The many different teams of this process are the living embodiment of Care, Compassion, Trust and Learning. As HSE staff, know that you have provided the exceptional response that was required to make the impact needed to curtail this extraordinary virus. You stepped up, stood on the frontline and highlighted that brilliant things are never done by one person; they are done by a team of people.

My words cannot adequately serve to capture the full extent of the collaborative work undertaken by you all. The fantastic response of the Longford Westmeath swab team simply would not have been possible without each one of you willing to step into the unknown together. What seemed too difficult for us as individuals, we made possible together.

I will leave you with the words of Phil Jackson to capture our essence: "The strength of the team is each individual member. The strength of each member is the team."

 FAR LEFT: Pat Bennett, Chief Officer, CHO 8 Midlands/Louth/Meath, with Dr Niamh Clarke, Clinical Lead, and the Longford Westmeath Swab Team.

TOP PF PAGE: Pat Bennett, Chief Officer, CHO 8 Midlands/Louth/Meath, with Valerie Hand, Community Services Manager/Lead for Community Testing in Longford/Westmeath with the Administrative Support Staff at the Longford Drive Thru Testing Centre.

ABOVE: Pat Bennett, Chief Officer, CHO 8 Midlands/Louth/Meath with Valerie Hand, Community Services Manager and Karl Mooney, Transport Manager, Longford Community Services.

FAR LEFT: Pat Bennett, Chief Officer, CHO 8 Midlands/Louth/Meath, with Dr Niamh Clarke, Clinical Lead, and the Longford Westmeath Swab Team.



NORTH WEST WALKERS COMPLETE 1707KM VIRTUAL COASTAL TOUR

CONQUERING the Irish coastline virtually via the scenic surrounds of the Sligo countryside is something occupational therapist Lisa McGill never anticipated for May 2020. The Sligo community-based OT, along with physiotherapist Shane Bohan and speech and language therapist Tara Cawley, saw an opportunity to gather a community of colleagues and set a collective challenge to complete a 1707km round trip of Irish coastal towns and raise funds for local charities.

The reaction when they reached out to their colleagues was overwhelming – within two weeks they had completed their first virtual tour and raised over €3,000. Realising the interest and the benefit everyone was gaining, they decided to embark on another virtual coastline tour and continue fundraising. With most having been re deployed from their main jobs into COVID-19 related services including testing centres and community assessment hubs, there was a further opportunity for a virtual coming together while apart in the evening to share experiences and gain support through this new network.

"We were aware that physios in Mayo had set their own challenge and had done their own fundraising so we (Shane, Lisa and Tara) thought we should do something up here ourselves. Within half an hour of our initial chat we decided to set the challenge of completing a virtual tour of the coastal towns of Ireland and chose three local charities to benefit. We really did underestimate how far we would travel in such a short period of time – even though we didn't want to put too much pressure on ourselves, when more and more people joined we managed to complete the our first lap of Ireland in 14 days - well ahead of schedule."

Everyone was encouraged to find their own pace and gain as much from the experience on a personal basis to make it accessible to everyone participating.

"Some of those who joined were happy to take a stroll in the evening and others took on the challenge in virtual groups. We figured that everyone should set their own target and while some did 2km a day, others did 5km and the ambitious amongst us managed many more. But that was the joy of it, there was absolutely no pressure," said Lisa.

"One of our colleagues with a physical disability told us she was delighted to be able to participate at her own pace. She could walk or use an exercise bike at home, but could be part of the overall project which she really



Shane Bohan, Lisa McGill and Tara Cawley at the testing centre where they have been redeployed during COVID-19.



Some of the walkers capture their walks around the beauty of the north west.

enjoyed. And in the end she was the one who clocked up the most kms."

Along with many colleagues across the country Lisa was redeployed into COVID-19 frontline roles in recent weeks.

"At the start it was particularly challenging – I was continuing with my own role as an OT on a limited basis. But for the first time ever in my time as a health professional I was wearing full PPE. Of course there was an element of trepidation and worry but all of that abated when we got down to the testing centre. It was so well set up.

"The atmosphere there is so calm. The staff are lovely and we have all met lots of new colleagues there. I actually found I was happy to get to work each day to see everyone because we all worked so well together. Even though for example when we were having lunch, and we were stretched across from one another at a two metre distance, there was a great sense of collective purpose."

Having the virtual tour was a big help too.

"There are lots of resources from the HSE website around staff health and wellbeing which are great but of course the real

challenge is getting out and doing it but that's where our group approach has been the big motivator. We all found ourselves coming home from work – in my case from a day of testing – and to have the motivation of heading out with the virtual group was brilliant."

The group completed their second lap on May 31st. They completed 3880kms in 31 days and raised over €4,100 for the three charities.

"We really weren't looking to put any pressure on anyone around the fund raising element so it was really left up to individuals but it is great that we have done so well. Our charities are so delighted with the monies as it's obviously been a difficult time for them and so it really was worthwhile," said Lisa.

Having built such a momentum and created such a sense of community, Lisa is confident they will continue.

"We are not sure yet exactly what form it will take but we will definitely arrange something, when the time is obviously right, to allow us all to come together physically as a group – it could be a 5km walk; a hike; it still has to be worked out. But we hope to continue to support and motivate one another."



Prof Burke and Cathal have a Zoom call chat about the fundraiser.

UL MEDICAL STUDENT'S 'GARDEN HURLING MARATHON' RAISES €62,616

Of the many fundraisers organised in aid of the healthcare frontline during the COVID-19 pandemic, perhaps the most remarkable is the 'Garden Hurling Marathon' run by Mayo hurler and University of Limerick medical student Cathal Freeman, who raised a whopping €62,616 for University Hospital Limerick and the Mid-West Cancer Society.

Cathal, a second year student at the university's Graduate Entry Medical School (GEMS), helped by his housemates and girlfriend—GEMS students Sean Flannery, Aisling Dungan and Julie Nicholson—staked out a 30m circuit on a patch of grass close to their home on the UL campus, and completed an extraordinary 1,400 laps of the course... soloing a sliotar all the way.

Mayo GAA streamed the marathon effort on Facebook, and a number of commentators, including friends and associates as well as professional pundits Liam Horan and Mike Finnerty, kept the virtual audience entertained throughout the six and a half hours of Cathal's marathon feat.

"People have been so generous, but I can't believe the response," Cathal said of the final total raised. "At the very beginning, €1,000 was the goal, and it has just grown legs. It's difficult to believe that it has reached more than €62,500."

Professor Paul Burke, Vice Dean of Health

“ At a time like this, a time of social distancing, when the limits of our physical world have had to shrink to keep us all safe, what Cathal has achieved is truly exceptional

Sciences at University of Limerick and also the Chief Academic Officer of UL Hospitals Group, hooked up with Cathal via Zoom to express his appreciation for the extraordinary fundraising effort.

"At a time like this, a time of social distancing, when the limits of our physical world have had to shrink to keep us all safe, what Cathal has achieved is truly exceptional. He is a credit to himself, his family, to his hurling club, Tooreen in Mayo, and to his medical school," Prof Burke said.

For Cathal, the main focus is on the organisations that will benefit from his fundraiser. "Both the Irish Cancer Society and University Hospital Limerick do amazing work, and it's been my privilege to help them out, and the level of donations shows the depth of appreciation that the people of this

country have for those organisations. I'm absolutely delighted with how it turned out, and even though I may have dropped the sliotar on one or two occasions, if nothing else is achieved, perhaps now people will be less inclined to say that there is no hurling in Mayo."

Cathal's 'Garden Hurling Marathon' is but one of a huge number of donations given and fundraisers organised on behalf of the frontline healthcare staff working in the six sites of UL Hospitals Group during the on-going public health emergency. Donations and offers have included funds, PPE gear, beverages, full meals, snacks, treats and sweets, technical equipment, education and training support, and much more.

CEO of UL Hospitals Group Colette Cowan said she had been humbled by the support of communities and businesses throughout the Mid-West for the front-line healthcare workers in the region.

"Day after day during this on-going public health emergency, I've been frequently moved by the support of the public for our work. It has manifest itself in so many ways, from huge volumes of postcards sent in by people of all ages, up to an incredible range of donations and offers of support. It would be impossible to thank everyone, but I would like each and every person or organisation who has approached us at this time to know that you have my sincere gratitude," Colette said.



Patients can still access art and music
STAFF ENSURE THAT TALLAGHT'S ART KEEPS ON BEATING

TALLAGHT University Hospital (TUH) has responded in creative and adaptable ways to the unique challenges presented by COVID-19 to ensure patients and staff still have access to art and music - but in a different and more virtual way.

As with all services across the Hospital, COVID-19 has severely impacted the process of delivering the Arts Service in the hospital.

Music therapy and art at the bedside services to patients are not possible and 'Heartbeats-TUH Choir' rehearsals have been cancelled due to necessary social distancing and infection-control measures.

But the work of The National Centre for Arts & Health at TUH has ensured that patients and staff continue to have the health and wellbeing benefits that art and music bring.

The Hospital Arts Team designed and produced a series of art packs for patients called ARTS4ALL with the hope to encourage creativity, self-expression and somewhat ease boredom at this difficult time. The packs contain everything needed to complete the task and patients are encouraged to share images of their artwork by sending a photo when finished too. Art Packs include colouring, weaving, crafting and sewing.

Clara Monahan, the music therapist, has created a series of videos which will be accessible to patients and staff via the TUH YouTube channel and on the staff and patient app. The aim is to release a song and video weekly while visiting restrictions are in place.

Firstly, Sing with Me is a series of short acoustic music videos performed by Clara. It is a quick and simple way to listen in, sing or tap along and enjoy these feel-good songs.



“While the usual culmination for a choir is in the form of a concert, although important, it's the process between the choir members that is actually the most important factor

Relax with Me is a series of music-inspired relaxation and visualisation videos guided by Clara in her capacity as a music therapist. They offer a wonderful opportunity to relax,

recharge and revive.

Michael Fay, Director of Heartbeats-TUH Choir, took on the challenge to recreate what was the usual choir rehearsal and transform it into an online format.

Virtual choir rehearsals are now up and running on Tuesday evenings, with choir members logging on, to sing, learn a new musical skill and have a good auld chat afterwards! The experience has brought about change, resourcefulness and adaptability to learn new skills.

"It has highlighted the importance of connection. While the usual culmination for a choir is in the form of a concert, although important, it's the process between the choir members that is actually the most important factor. Proving how important it is to connect with others in a group," highlighted Michael.

WARD SIMULATIONS HELD DAILY

CLINICAL facilitators have been coordinating daily ward simulation sessions in TUH in response to the Hospital COVID-19 preparations. The ward simulation sessions are open to all nursing staff who require upskilling and caring for patients on the wards.

The simulation sessions include refresher education sessions on Nursing Documentation, Clinical Handover and the use of the ISBAR3 template, Early Warning Score and the escalation protocol. Simulations on medication preparation and administration are also included. The feedback from staff who have attended the sessions is very positive.

In total to date the simulations have educated 54 nurses in the ward simulation sessions and further sessions are scheduled.



For further information, please contact Aoife Walker, clinical facilitator, Nurse Practice Development Department, Aoife.walker@tuh.ie



HSE Homeless Hub reaches out to vulnerable **COVID-19 'LIKE PETROL ON THE FIRE OF OUR HOMELESS CRISIS'**

1 If you're homeless, you're vulnerable anyway and adding COVID-19 on top is like adding petrol to a fire, which is why it was so important that we acted fast, and together to address the needs of the homeless population," explained Dr Austin O'Carroll, Clinical Lead for HSE Homeless Hub.

A strong response by the Dublin Regional Homeless Executive (DRHE), HSE- Social Inclusion, Section 39 funded agencies, along with Community Drug and Alcohol Task Forces is successfully minimising the risk of COVID-19 to vulnerable homeless, and homeless people living with addiction in the community.

"We are all working to minimise the risks of COVID-19 amongst the wider population, and especially among those most vulnerable. People living in Ireland have long wanted to address homelessness, and homelessness and health are inextricably linked. The last month has shown a huge collaborative effort between public and voluntary health and housing bodies to achieve both these aims," said Dr O'Carroll.

"But what's great about this approach is not only have we addressed COVID-19, we've addressed other health issues, in the case of a woman I work with who was until recently sleeping on the streets, using drugs and despite her best efforts struggled to manage her diabetes, has seen her life change. She has access to accommodation and drug

treatment, and within weeks she's managed to have her diabetes well controlled and now has her own place. For me, to see these improvements, and also her reduced risk to COVID-19, shows the wide ranging application of the work we're doing."

In partnership with the HSE, Safetynet have put in place a rapid response system with accommodation providers to test for COVID-19 amongst the most at risk homeless population. This includes assessment for COVID-19, transport to and placement in self-isolation beds including integrated health and accommodation supports for persons tested positive that do not require hospitalisation. This partnership has provided additional accommodation across a number of needs (in line with agreed protocols with Public Health) to cater for COVID-19, and this has resulted in excess of 1,000 additional beds being sourced during the COVID-19 period to date.

Taoiseach Leo Varadkar and Minister for Housing, Planning and Local Government Eoghan Murphy, met with Paul Reid, HSE CEO, and Mellany McLoone, Chief Officer, Community Healthcare Dublin North City and County, alongside Dr O'Carroll and the team from HSE, De Paul Ireland, Safetynet, Dublin Regional Homeless Executive and Dublin City Council.

Mellany McLoone and Donál Cassidy, General Manager Social Inclusion, Community Healthcare Dublin North

City and County, greeted the visitors to the Dublin Homeless COVID-19 response hub, which is based out of Grangegorman Primary Care centre.

Speaking about the hub, Mellany McLoone said, "This is the nerve centre out of which this cross-agency collaborative approach is coordinated, and we are most supportive of the measures which are being taken and have proven successful to date in reducing COVID-19 transmission.

"The success of this approach can be attributed to all staff and services working in social inclusion who have worked together and shared their collective experience and knowledge to achieve these outcomes. Their dedication and commitment to the clients they are working with has delivered improved living conditions and health outcomes of homeless people. This is due to the existence of a strong health service provision in the homeless sector and the intensive collaboration between health and housing public and voluntary agencies, with a shared vision to reduce the risk of COVID-19 for the homeless population. There is a commitment within the HSE and DRHE to ensure that collectively we continue to deliver this new model of service going forward."

The Taoiseach, Minister for Housing and CEO also viewed the Safetynet, a medical services NGO, mobile clinic which assists the response to COVID-19 and met with the team who run the service on a day to day basis.



ADVICE FOR PEOPLE TRYING TO QUIT SMOKING DURING COVID-19

As we all respond to this national emergency and learn to live with COVID-19, it is now more important than ever that we look after our health and the health of our families. It's quite a stressful time for all of us in the health service right now.

If you smoke, now might not seem like the right time to quit, but quitting smoking now is one of the most important things you could do to reduce your risk of contracting COVID-19 and to help you recover if you do. Managing work and home commitments can be challenging during this crisis and you might feel like smoking helps you to manage stress but the reality is that smoking speeds up your heart rate and increases your blood pressure and does not relieve stress.

COVID-19 is a new disease, caused by a coronavirus, which we are all still learning about. However, we do know that people who smoke are at higher risk of contracting the disease and of poorer outcomes should they do so:

- Smoking affects your heart and lungs making

“ We do know that people who smoke are at higher risk of contracting the disease and of poorer outcomes should they do so

it harder to respond to infections like COVID-19.

- Coronavirus is spread in sneeze or cough droplets; these droplets have to get from an infected person into your eyes, nose or mouth, to infect you. Smoking can increase your chances of becoming infected as you frequently touch your face and mouth when smoking, you are more likely to be in close contact with others when smoking with them, or if you share cigarettes with them.

- Exposure to second-hand smoke also affects your response to infections such as COVID-19; with children especially vulnerable as their lungs, airways and immune system

are still developing.

One of the best ways to help protect you and your family is to stop smoking.

We know quitting smoking helps your natural response to infections, including COVID-19:

- When you stop smoking, the natural hairs in your airways (cilia) begin to work again, helping to prevent viruses and bacteria from reaching your lung tissue.
- Within one to two days the oxygen levels in your body will improve. Your blood pressure and pulse reduces, decreasing the overall stress on your body.

Quitting smoking can be difficult, however, there are lots of free supports available to you. Many CHOs are now offering free nicotine replacement therapies for staff. Contact your local health and wellbeing department to find out more. Remember you can double your chances of quitting if you use medication like nicotine replacement therapies (using a patch plus gum together) or a drug called Champix which needs to be prescribed by your doctor.

'TRUST ME TO TRY TO GIVE UP SMOKING JUST AS THE WORLD GOES INTO A PANDEMIC'

IF you stop smoking for 28 days, you are five times more likely to quit for good. Our three volunteer staff Quit leaders have now passed that milestone feeling positive and even more determined to stay off the cigarettes.

For Shauna Strutt, her goal of running a 5k by the end of the year seems closer than ever.

"I made a promise to myself that this year I would run a 5k by then end of the year and feel that since giving up my training has definitely come a long way. On the mental side of things, quitting has done a great deal for me and given me so much more belief in myself. It's one of the hardest things I've ever done and to be able now to look back and see how far I've come has 100pc given me more confidence in being able to do stuff," she explained.

You would have excused Shauna if she put her quit attempts on hold – not only did her smoke-free days start as the country faced into the COVID-19 pandemic, but she then started a busy new role as Personal Assistant to the Area Director of Mental Health Nursing, DNCC.

"The obvious state of the world didn't help. Trust me to try to give up smoking just as the world goes into a pandemic. The temptation was there definitely, and I'll be honest I did have a slip or two when everything got on top of me but I didn't enjoy it at all and was

more annoyed at myself and disappointed in myself for that so it kept me off them then," she explained.

"On top of that, I also went for a promotion in work two weeks ago and was successful so started last week. Then there was the added pressure of starting a new job on top of everything else. I really didn't make it easy for myself!"

Distraction was the key for Shauna as she was determined to stay away from cigarettes.

"If I was sitting on the couch and got a craving I'd get up and move to a different room and do something. If I was in the car, I'd higher up the radio and belt along to whatever song was playing - I apologise if anyone had to witness that. If I was in work I'd get up and fill my water or make a coffee. I just tried to keep it out of my head. I made myself accountable also and I told everyone who would listen that I was giving up so that they could support me," she said.

She vowed that there was no going back to cigarettes now.

"I just keep reminding myself of how far I've come and how much of a waste it would be after everything that I've gone through for this process," she said.

"People who are thinking about giving up, just believe in yourself. You can definitely do

it but you need to have the will power and be strict with yourself. It's so so easy to just give in but if you just stick with it and discipline yourself it gets easier as the time goes by."

Jennifer Curtis credited nicotine replacement therapies (NRT) and the support of the Quit team in helping her get to 28 days smoke-free.

"If I was to give advice to somebody that was thinking of quitting it would be, make sure your ready mentally and that you're doing this because you want to give up. Also have a set quit date as this will build you up to quitting. I gave myself two weeks and in those two weeks I was able to mentally prepare myself. I would highly recommend NRT. I don't think I would have succeeded without some form of NRT to help with the cravings. I found the gum and the inhalator really helpful so I would highly recommend them to anybody thinking of quitting," she said.

"I would also recommend anybody thinking of quitting to link in with the Quit team. They have been extremely supportive and I am truly grateful to them for the on-going support they have provided," said Jennifer, a PA for the Ireland East Hospital Group based in Millennium Park, Naas.

She said she was feeling really good physically and mentally after the four weeks.



THE FOLLOWING FREE SUPPORTS ARE AVAILABLE TO YOU NOW:

Call the National Quitline on 1800 201 203 where you will receive non-judgemental professional help and advice on managing stress, avoiding smoking triggers and coping with withdrawal symptoms. You can avail of a weekly phone call for the first six weeks of your quit journey and support for up to one year from your quit date.

Sign-up for a QuitPlan where you can avail of a personalised online stop smoking support programme. Support is offered via a series of emails and/or texts over a 12-month period. www.quit.ie

Free text QUIT to 50100 or Find us on Facebook <https://www.facebook.com/hsequit/>

To help you manage your mental health check out supports available to HSE staff at the following links:

HSE Employee Assistant Programmes
Counselling and Psychological Supports
Or HSE Healthcare Worker Covid-19
Helpline 1850 420 420
Or Your Local Occupational Health Service

Help protect yourself and others from COVID-19 by planning to quit smoking today!

"I feel I have a lot more energy than I had before. To keep busy and distract myself from craving I have been out walking as much as possible. Another one of my distraction tactics has been doing some home workouts which I never done before and I am really feeling the benefit of them, I keep mentally reminding myself during them how much more difficult the breath work would be if I was still smoking so that's motivating me to keep on going," said Jennifer.

"I have noticed since all that has been going on with the pandemic and the change in my daily routine, working remotely and at home with the children all day, I have felt cravings slightly creeping up again but I've been just reminding myself how far I have come, distracting myself by using the nicotine gum when it is needed and drinking lots of water."

Reflecting on the last 28 days of her quit journey, she said her biggest challenge was the first two weeks when the cravings were intense.

"I didn't think they were intense at the time as I was expecting them to be a lot worse. However, after 28 days, I look at those two weeks as the most challenging as the cravings were a couple of times a day. Also in those first two weeks I was trying to break all the habits that I would associate with smoking like that cigarette in the morning or straight after food or before bed so defiantly the first two weeks

are the toughest, but once you get through them it's a very rewarding feeling."

Our third staff leader Martha Clarke, a peer support worker in the Recovery College South East in Kilkenny, said the biggest surprise for her at the end of her first 28 days smoke-free was the change in her mindset.

"I feel mentally strong, and it has made me feel better about myself and what I can achieve if I just put my mind to it," she said.

For Martha, the four Ds - Delay, distract, drink water and deep breaths - helped her beat the cravings and kick the habit.

"The two I used the most were delay and distract, though deep breathing made me aware how well my lungs were recovering. Delaying the reaction to cravings and distracting myself really helped. I was also shocked how much easier it was with the patches. They were a godsend and gave me confidence that I wouldn't be hit with a sudden craving in work," she said.

That other dreaded C word - COVID-19 - didn't make things easy for Martha but she was determined to keep going.

"I had a few wobbles where I wanted to give in and use the current situation as an excuse. Every so often I'd think, 'This is the wrong time to give up - I'll give up later', but I had to remind myself that actually logically this is the best time to give up. I knew the virus

was associated with breathing problems and cigarettes would not help the situation if I did fall ill. I learned to delay how I responded to these thoughts - not to react, but respond. I talked myself out of a lot of cigarettes just be delaying my reaction," said Martha.

She also found her habit of smoking indoors made quitting tougher.

"Being stuck inside and being used to smoking inside was my biggest challenge. I wish I'd never began smoking indoors. Going out for a cigarette is a much healthier habit and will support you to quit when you're ready to. You won't have the associations of smoking indoors," she said.

Martha said she has plenty to keep her motivated to stay off the cigarettes.

"I hope keeping track of the money I've saved and all the health benefits I've experienced will continue to motivate me. I'll also keep avoiding smoking areas as much as I can because with passive smoking you might as well be smoking. It's still bad for you."

There are lots of practical tools, tips and support to quit available at Quit.ie or free call the Quitline on 1800 201 203 to speak to a Stop Smoking Advisor or to find out about local Stop Smoking Services in your area. If you stop smoking for 28 days, you are five times more likely to quit for good. Make 2020 the year you quit for good.



NEW STAFF WEBSITE SUPPORTING STAFF IN TIME OF CRISIS



WE know that communicating with our staff is crucial at any time but even more so in times of crisis. The last number of months has been unprecedented for all staff across our frontline and support services. People are busy, stressed, tired, and ensuring they have up to date and accurate information is more important than ever.

In December 2019 we launched a new public staff website. We know from staff feedback that they cannot always access hsenet.ie; the HSE staff intranet. The experience when using this site can be poor and we wanted to help our staff access information anytime and anywhere. This staff website can be found at www.healthservice.ie/staff. Phase 1 for this website was purely to share staff news and campaigns. Fast forward eight weeks and we all found ourselves in the midst of COVID-19.

Very quickly the digital and internal communications team began to develop vital content for staff about the changing working environment for example working remotely. COVID-19 staff content can be found at www.healthservice.ie/coronavirus. Here staff can access information about PPE with demonstration videos demonstrating how to put on and take off personal protective equipment. There is information about minding your mental health and wellbeing during this difficult time for all people working in healthcare. There are useful guides on working from home including what tools are available to staff to work as a virtual team. There are also policies and procedures about how we manage our teams throughout this pandemic.

Since the beginning of March, there have been 384,000 visitors and 712,000 page views on healthservice.ie staff pages. The most popular COVID-19 content for staff is PPE, temporary accommodation for healthcare working and, then finally the redeployment of staff during COVID-19. Over 40pc of our visitors are using a mobile phone or tablet to access the website demonstrating they can access the information at a time and location that works for them.

We are regularly testing our content and structure on the website and making changes based on user feedback. If you have any feedback and want to share your thoughts please send them to internalcomms@hse.ie

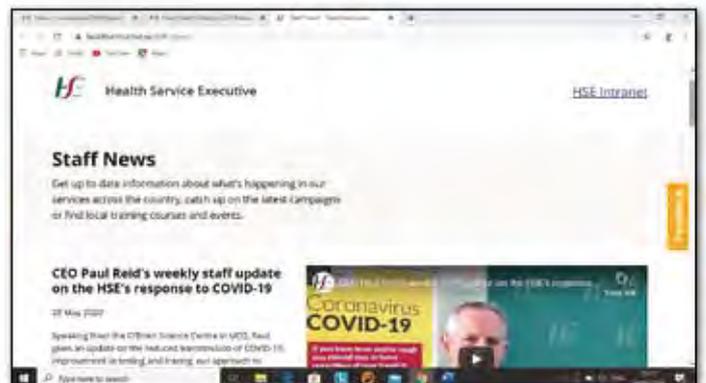
SINCE MARCH:

384,000 visitors
712,000 page views

Most popular COVID-19 content:

- PPE
- Temporary accommodation for healthcare working
- Redeployment of staff

Over 40pc using a mobile phone or tablet to access the website.



Galway consultant helps develop SPACER

SOCIAL DISTANCING APP HELPS KEEP US TWO METRES BACK

R ESEARCHERS at NUI Galway's Health Innovation via Engineering (HIVE) Lab, led by Professor Derek O'Keeffe, Professor of Medical Device Technology at NUI Galway and Consultant Physician, University Hospital Galway, have developed a new smartphone app to help with social distancing.

'SPACER – The Social Distancing App' aims to reduce the problem of person to person spacing by harnessing ubiquitous smartphone technology and a novel algorithm which uses the Bluetooth Low Energy (BLE) protocol, to alert hospital staff if they are less than 2m from each other via a vibration alarm. The system is currently being evaluated at Galway University Hospitals and will thereafter be available for the general public.

The SPACER app can be downloaded (iOS or Android) to a smartphone and vibrates when someone else with the Spacer App on their phone (or with Bluetooth enabled) is less than 2m for over one minute. If the SPACER app vibrates, then the person can either move further away from someone nearby or suspend the alarm for 10 minutes if it was not possible to move straight away, for example health care workers performing a clinical procedure.

"Implementing the two metre social distancing can be difficult to manage in busy work environments such as hospitals, and it is vital that frontline staff stay adequately distanced to ensure that they do not spread the virus between themselves. Unfortunately globally to date healthcare workers are the occupation that have made up the largest percentage of people affected by the COVID19



In the Acute Medical Unit at Galway University Hospitals, from left: Dr Lyle McVicker, Dr Jessica Heneghan, Dr Donal Rafferty, and Professor Derek O'Keeffe.

pandemic due to their clinical work and their working environment. Therefore we urgently need an active and dynamic solution to help this vulnerable cohort and the general public to maintain social distance," said Professor Derek O'Keeffe said.

"The approach to managing COVID19 with digital health solutions can be thought of like fire safety, our SPACER App is like fire prevention – trying to prevent people from staying in contact too close and for too long."

Dr Ramona McLoughlin, Clinical Director – Medicine Saolta Group and Gastroenterologist at Galway University Hospitals, added, "Maintaining social distancing is particularly challenging in health care settings, particularly a busy acute hospital like University Hospital Galway. The SPACER App will help staff be more aware of their

proximity to their colleagues and help them, where possible, maintain the 2m distance and help protect themselves, their colleagues and our patients."

The SPACER App is currently being used by doctors and nurses working in the Acute Medical Unit (AMU) of Galway University Hospitals.

Dr Colin Davenport, Acute Medical Unit Consultant at University Hospital Galway said: "Following distancing guidelines as much as possible is a vital part of controlling this pandemic. By making health care professionals aware of when they are getting too close to others around them the SPACER app has the potential to significantly reduce any spread of coronavirus amongst staff and patients, and ultimately to prevent more cases of COVID-19 emerging."

NISRP PROGRESSING DURING COVID-19

THE environment under COVID-19 is constantly evolving and it is not known when 'business as usual' operations will return. Despite this challenge, the NiSRP programme is committed to the deployment of SAP HR, Payroll and Time & Attendance capture, alongside NiSRP Self Service in HSE South East in 2020, according to NiSRP Programme Director Miriam Keegan.

"As a result of the COVID-19 outbreak the timeline of the programme has been extended and will 'go-live' later than planned. The revised 'go-live' date will take account of any COVID-19 restrictions prioritising what is best for the business. The programme has also implemented a new way of working with the adoption of 'Agile' business delivery principles and practices. This enables NiSRP to progress towards the defined goal of full delivery in HSE South East," she explained.

The NiSRP Self Service Helpdesk continues to provide support for all aspects of the system for staff where self-service is available.

NiSRP Self Service has launched some new features in the last few weeks including

- 'Carry Forward of Annual Leave' – enabling employees to submit annual leave request online to their manager
- 'Notification Emails for Managers' - reminds managers about any outstanding requests in 'My Inbox' that impact pay
- Travel Expenses, Annual Leave and Absence Reporting - this feature enables the employee and manager to view historic and future data on all claims that have been submitted.

Please log on to the NiSRP Support Hub to view tutorials, FAQs and other information on www.hse.ie/nisrpselfservice



Help is still at hand

UNPLANNED PREGNANCY SUPPORT DURING COVID-19

AN unplanned pregnancy can be a stressful and worrying experience. But experiencing an unplanned pregnancy during the current COVID-19 pandemic may create additional stress and uncertainty.

It is important to know that there is support available from experienced counsellors and they can help you talk through all your concerns.

Counsellors can offer non-directive and non-judgmental support and a listening ear. HSE-funded counselling services may not currently be seeing people face-to-face but it is possible to access counselling and support over the phone or online. A list of HSE-funded counselling services can be found on www.myoptions.ie

You can also access counselling supports by calling the HSE My Options Helpline on Freephone 1800 828 010.

MY OPTIONS

The My Options service is the first point of contact for information and support in relation to an unplanned pregnancy. Professional and experienced counsellors provide free, non-directive information and support on all options, including continued pregnancy supports and how to access abortion services in Ireland. Counsellors can arrange access to telephone counselling. Post-abortion counselling can also be provided.

Counsellors are available Monday to Friday, 9am to 8pm, and on Saturday from 10am to 2pm.

My Options also provides a 24-hour nursing team for someone who is in the process of, or has recently had an abortion and needs medical advice.

The My Options service is also available to people outside of Ireland; they can contact the phone line on +353 1 687 7044.

For someone who is deaf, the Irish Remote Interpreting Service (IRIS) can support them with their call to My Options by providing a live video-link to an Irish Sign Language interpreter.

Webchat can be accessed through the My Options website.

During the current COVID-19 public health emergency, My Options is operating as normal.

ABORTION CONSULTATIONS DURING COVID-19 OUTBREAK

DURING the current COVID-19 public health emergency, it may not be possible or suitable for someone to attend a doctor in person to access early abortion services.

A temporary Model of Care for termination of pregnancy in early pregnancy has been introduced. This revised Model of Care will apply for the duration of the public health emergency to facilitate remote consultation.

This means that doctors can carry out abortion consultations over the phone or through a video link.

To have an abortion, you can contact:

- My Options helpline on freephone 1800 828 010. Callers are made aware of the revised model of care for abortion services
- a GP surgery that provides abortion services
- a family planning clinic that provides abortion services
- a women's health clinic that provides abortion services

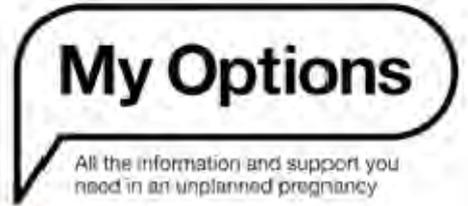
You need to have a pre-abortion consultation before having an abortion. This is to make sure that having an abortion is the right choice for you.

You can have this consultation over the phone or by video link. If the doctor needs to see you in person, they will tell you.

The GP or doctor will give you a date for the next consultation, which can also take place over the phone or through a video link. The next consultation will be at least three days after the pre-abortion consultation. You can change your mind at any point up to the start of the abortion.

If you are up to nine weeks' pregnant, you can have an abortion by visiting a GP surgery or family planning or women's health clinic. If you are 9-12 weeks pregnant, you can only have an abortion in a hospital. Your doctor will refer you. After 12 weeks, you can only have an abortion in exceptional circumstances.

The doctor will explain the abortion procedure and ask you to give consent. If the consultation is by phone or video-link, you can do this verbally.



Professional and experienced counsellors provide free, non-directive information and support on all options, including continued pregnancy supports and how to access abortion services in Ireland

If you are not having an abortion in the hospital, the doctor will advise you to collect the medication from the surgery or clinic. You can send someone else to collect the medication for you but you'll need to give their name to the doctor in advance. The doctor will provide you with instructions on how to take the medications.

If you have any questions or concerns after taking the medication, you should contact your doctor or call the My Options helpline on 1800 828 010 to speak to a nurse. Nurses are available 24/7 to take calls and give medical advice.

A follow-up consultation can take place with your doctor to make sure the abortion is complete. Your doctor can discuss the timing of this call with you.

The new Model of Care allows for the continuation of the early medical abortion service. Counselling and medical supports continue to be available through the My Options service on 1800 828 010.

Unplanned Pregnancy? www.myoptions.ie

A new Freephone line can help
Call 1800 828 010

Monday to Friday
9am to 9pm
Saturday 10am to 2pm




UNIVERSITY WORKS WITH UHL TO CREATE 100,000 FACE VISORS FOR COVID-19 FIGHT

A collaboration between University of Limerick and UL Hospitals Group has seen the design and capacity created to manufacture 100,000 face visors for HSE frontline staff.

The Rapid Innovation Unit at UL, an SFI Confirm Centre funded 3D printing activity that works in collaboration with University Hospital Limerick, mobilised a team to innovate immediate solutions in response to the COVID 19 crisis.

The unit has previous experience in rapid design and 3D printing of medical devices in response to clinical requests.

Following a request from Professor Paul Burke, Chief Academic Officer at UL Hospitals Group and Vice Dean of Health Sciences at UL, academics and clinicians at the Rapid Innovation Unit at UL worked to design and manufacture novel solutions where doctors had identified potential shortages of equipment should COVID-19 cases surge.

In less than two weeks, the team designed solutions to three critical clinical challenges facing clinicians due to the pandemic.

These include capacity to manufacture 100,000 face visors for HSE frontline staff, refinement of a shield concept to protect anaesthesiologists during patient intubation for ventilation, and design of adapters for respiratory technologies to undergo a clinical trial.

The design solutions will help to protect the health of front line staff and increase treatment capacities in the hospital system.

The face visors are in Limerick green and say 'The Limerick Visor: Front Line Heroes'.

"There has been a phenomenal collaborative effort to deliver these solutions in a very short timeframe," explained Professor Leonard O'Sullivan, of UL's School of Design and the Health Research Institute based at UL.

Professor O'Sullivan noted that brothers Aidan and Kevin O'Sullivan, research fellows at UL, had 'pulled out all the stops to lead the team to deliver these rapid response solutions for the hospital'.

The collaboration between the Rapid Innovation Unit and the consultants was facilitated by the Health Sciences Academy, a partnership between UL, the UL Hospitals Group and the Mid-West Community Healthcare Organisation.

The HSA, based at the Clinical Education Research Centre at UHL, was established to strengthen links between practicing clinicians



Dr Samer Amous, coronary and structural interventional cardiologist, at University Hospital Limerick; Tony Moloney, vascular surgeon at University Hospital Limerick; and Nick Barrett, consultant anaesthetist at University Hospital Limerick testing both the visors and the shield box at UHL. PHOTOS: SEAN CURTIN TRUE MEDIA

and researchers from the University.

The Rapid Innovation Unit worked with local companies on the manufacture of the visors, which will go straight into use on the front line of the COVID-19 fight and were warmly received by the team at the hospital.

Professor Paul Burke explained: "We have heard the World Health Organisation repeatedly stress the importance for governments, healthcare professionals, scientists and industry to act with speed in response to COVID-19.

"It is heartening to see our Health Science Academy being able to facilitate the Rapid Innovation Unit to work closely with our clinicians and local industry to do precisely that," he added.

Regarding the face visors, Professor O'Sullivan explained the local companies had enabled capacity to manufacture up to 5,000 visors a day.

"The visors can be for multiple use but it is likely also be for single use given the current circumstances," he explained.

The normal production time on a project like this would take months, but it was done in just nine days. This was accomplished through the local companies working very intensively together, Professor O'Sullivan said.

"We had a team of three consultants and three designers involved in daily brainstorming and design review meetings, which is something you don't have except in a critical situations," he explained.

"We went to the coalface to establish what the critical needs were and we delivered solutions. This had to be done as quickly as



Kevin O'Sullivan, research fellow at UL checks a 3D printed visor they have designed in response to the COVID 19 crisis.

possible. The local industry partners worked tirelessly to meet the volume production requests," said Professor O'Sullivan.

Tony Moloney, consultant vascular surgeon, UL Hospitals Group, said, "It seems like a long time ago but it was only on March 26th that the scientists and clinicians who form the Rapid Innovation Unit met for the first time on this. Everything we have ever done as a group has been done remotely in keeping with the COVID-19 guidelines.

"The Limerick companies involved have also been on those conference calls, out-of-hours and seven days a week, and I'm told what would normally take months from concept to production has been completed in a matter of days. Three of the four projects initiated are already complete. These are products that will protect healthcare workers and ensure they are there for their patients at this time," he added.



Cancer care
**'I KNEW
 THERE
 WAS A
 RISK IT
 COULD BE
 CANCER'**

As the public is urged to not ignore cancer symptoms because of COVID-19 fears, one doctor has shared her cancer experience during the pandemic.

Anna McCleminson, a palliative care consultant at the North West Hospice Sligo (NWH) which is funded by the HSE and generous local charitable donation, discovered a lump on her breast less than two months ago.

"I was on a Zoom call when I leaned over to pick something up and happened to feel a small lump in my breast. Although I am a doctor, I still asked a friend to confirm it was there. I hoped I was mistaken but there was indeed a lump. I reassured myself that many lumps are harmless," explained Anna.

"I also knew however there was a risk that it could be cancer, especially as my Mum and Granny have had breast cancer - but not at 45. I knew I needed to see my GP and attend a rapid access clinic for cancer assessment but wondered if such clinics were still working during the COVID-19 pandemic or if there would be a delay in getting an appointment? Thankfully, all the services were working very effectively."

She said she felt a sense of trepidation about attending the GP but knew it had to be done.

"The earlier you seek medical help, the better your chance of a successful outcome if it does turn out to be cancerous. The GP services were really careful to protect me from the coronavirus. I waited in my car until I was called into the appointment. This meant no waiting in a room with other people. The GP was wearing protective clothing, but was still able to express empathy and kindness. He decided that the lump needed further investigation so referred me to the Rapid Access Clinic in Galway. I got an appointment for a week later."

Anna also explained that just like her GP surgery, she was able to wait in her car until it was her turn to be seen at the Rapid Access Clinic.



"The clinic staff wore personal protective equipment for my safety and gave me a mask. A nurse checked my temperature before starting investigations to ensure I was well. I had a mammogram, an ultrasound and a consultation with the consultant and specialist breast care nurse. During the procedures, the staff had to break 2m social distancing. I wasn't afraid as I could see they were doing all they could to protect me, following all the guidelines on handwashing and wearing protective clothing. In fact I felt grateful to them for being willing to be so close," she said.

"The consultant recommended surgery, involving a lumpectomy (removal of a section of the breast) and a biopsy of the lymph nodes to ensure that the cancer wasn't anywhere else in my body. He also told me he was hopeful that I would just require radiotherapy after surgery and no chemotherapy. I am relieved because this indicates how early my cancer has been caught and will allow me to return to my normal routine quickly. I am hopeful that following treatment I will be cancer-free. The surgery was scheduled to be two weeks later."

The surgery was a day procedure and went very well.

"It took longer than normal between arrival and discharge in order to protect against the spread of the coronavirus. Staff thoroughly clean or even change theatres after every patient. They follow all public health measures just like the GP surgery and Rapid Access Clinic. I came home last night to lovely gifts delivered by great DPD drivers and Posties who kept their distance. Friends and family have been hugely supportive and I draw on that. We shouldn't be afraid of asking for help or of chatting things through when faced with situations like this," said Anna, who is originally from the Shetland Islands in Scotland.

"I came to Ireland 15 years ago to be a bridesmaid for a friend and stayed! I love Ireland and I love my job. I have lived in Sligo for the last four years enjoying the beauty and being close to the sea."

She had some words of advice for anyone who suspects they may have cancer symptoms.

"Telephone your GP the minute you suspect there is something not right. Don't delay on it and hope it will go away because it may not. The earlier you seek medical help, the better chance you have of successful recovery. The GPs and hospital staff are trained in preventing the spread of COVID-19 and take

“ The earlier you seek medical help, the better your chance of a successful outcome if it does turn out to be cancerous



Dr Anna Cleminson with Jasper and Marcus

every precautionary measure possible, while still being very empathetic and re-assuring so don't be afraid," she said.

We will hopefully catch up with Anna again in our next issue to see how she is getting on.

Worried about signs or symptoms of cancer – call your GP

Call your GP if you notice any of the following



A new lump/bump



A changing lump/bump



Abnormal bleeding



Changes on your skin



Losing weight



Constantly tired

For most people these symptoms are not cancer related. Your GP wants to hear from you if you have any concerns.



An Roinn Sláinte
Department of Health



HSE ENCOURAGES PEOPLE WHO MAY HAVE CANCER SYMPTOMS TO CONTACT THEIR GP

THE number of patients being referred to cancer diagnostic services has decreased since the onset of the COVID-19 pandemic which is a cause of concern for the HSE National Cancer Control Programme (NCCP) as it indicates that people with symptoms of cancer are delaying seeking medical advice.

However, GP and hospital diagnostic cancer services are continuing to operate. Services have been re-organised and precautionary measures taken to ensure surgeries and hospital environments are safe for patients. All healthcare staff have been trained and equipped to help prevent the spread of COVID-19.

The average number of patients with suspected breast, lung, prostate and skin cancer being referred weekly to hospital clinics has dropped to less than half of that prior to the announcement of COVID-19

public health measures. These are patients who are referred electronically by their GPs.

While there has been a slight increase in the number of people being referred in this past week, the NCCP is concerned that people with signs and symptoms of cancer are not contacting their GPs as they may be fearful of attending healthcare services.

Early diagnosis can improve cancer outcomes. The NCCP is advising the public to telephone their GP if they notice any of the following:

- a new lump or bump
- a changing lump or bump
- abnormal bleeding
- changes on your skin
- unexpected weight loss
- they are constantly tired.

Dr Una Kennedy, GP Advisor, HSE National

Cancer Control Programme, said, "In the last four weeks, I have referred just one patient with symptoms that were concerning for cancer, with a lump in her breast. She was seen quickly at the hospital and discharged with the good news that all was well.

"Normally, I could expect to see at least one person per week with symptoms concerning for cancer. Since the COVID-19 outbreak, the number of patients contacting my practice has declined markedly. I've spoken with colleagues and many of them have noticed this too.

"It's very worrying. The last thing we, as GPs, want is to see our patients' diagnosis being delayed. People shouldn't be afraid to contact their GP because of COVID-19. If you have cancer, the sooner it's detected the better chance you have of a successful outcome."



SEXUAL HEALTH AND WELLBEING DURING THE COVID-19 OUTBREAK

THE COVID-19 crisis has changed all aspects of our lives within a very short time.

While sex and sexuality may not be a primary healthcare focus in the current environment, how we experience and act on our sexual drive can play a significant part of our overall wellbeing. To aid people's consideration of sexual activity during the COVID-19 crisis, the HSE Sexual Health and Crisis Pregnancy Programme, with support from the Health Protection Surveillance Centre (HPSC), the Gay Health Network and HIV Ireland, has developed the following guidance on www.sexualwellbeing.ie

SEX AND CORONAVIRUS (COVID-19)

WHILE there is no evidence that coronavirus can be sexually transmitted, it can be passed on through close contact with someone who has the virus.

You may not know if someone has coronavirus. Being sexually active with another person involves some risk of getting the virus. You can reduce this risk by following the advice below.

- Only be sexually active with a partner you live with who does not have the virus or symptoms of the virus.
- Avoid being sexually active with anyone outside your household.
- Avoid kissing anyone outside of your household and anyone with symptoms. Kissing can easily pass on coronavirus.
- Taking a break from physical and face-to-face interactions is worth considering, especially if you usually meet your sex partners online or make a living by having sex. Consider using video dates, sexting or chat rooms. Make sure to disinfect keyboards and touch screens

that you share with others.

- Masturbation will not spread coronavirus, especially if you wash your hands (and any sex toys) with soap and water for at least 20 seconds before and after.
- While the current advice is not to have sex with or kiss anyone outside of your household, if you do, it is important to limit it to as few partners as possible. Remember close sexual contact with anyone you are not living with can put you and others at risk of coronavirus. Use condoms and dental dams to reduce contact with saliva or faeces, especially during oral or anal sex and avoid rimming (mouth on anus) as it might spread coronavirus.
- Wash before and after sex. This is more important than ever. Wash hands thoroughly and often with soap and water.

Remember close sexual contact with anyone you are not living with can put you and others at risk of coronavirus.

When you should consider avoiding sex:

- Avoid sex and especially kissing if you or your partner has symptoms of coronavirus, for example fever, cough or shortness of breath. If you develop symptoms of coronavirus, you should self-isolate and phone your doctor.
- Avoid sex if you or your partner has a medical condition that can lead to a serious illness because of coronavirus. Medical conditions include lung disease, heart disease, diabetes, cancer or a weakened immune system (for example, having unsuppressed HIV and a low CD4 count).

PRACTISING SAFER SEX

SEXUAL activity can carry the risk of getting an STI and unplanned pregnancy. It is important to take the usual safer sex precautions. Many public STI services are not currently providing a

normal level of service due to coronavirus.

Use condoms correctly and every time you have sex reduces your risk of an STI.

- Condoms, contraception and emergency contraception help prevent unplanned pregnancies.
- Condoms, pre-exposure prophylaxis (PrEP) and being on effective treatment for HIV and having an undetectable viral load, all help prevent HIV transmission.

There is no evidence to suggest that people on PrEP or HIV treatment have additional protection against coronavirus.

Information for gay and bisexual men, transmen and other men who have sex with men (MSM)

The Gay Health Network has developed a statement on coronavirus. For more information please see <http://gayhealthnetwork.ie/news/>

HIV Ireland's MPOWER programme has developed information on sexual health during the outbreak. For more information please visit www.hivireland.ie/what-we-do/mpower/

INFORMATION FOR PEOPLE LIVING WITH HIV

HIV Ireland has developed guidance on COVID-19 for people living with HIV. For more information please see here www.hivireland.ie/hiv/covid-19-and-hiv/

INFORMATION FOR SEX WORKERS

THE Sexual Health Centre in Cork, has developed #SafeRsexwork guidance for sex workers, which highlights supports available during the COVID-19 outbreak. For more information visit www.sexualhealthcentre.com

For up to date information on coronavirus and sex, please visit www.sexualwellbeing.ie/sexual-health/sex-and-coronavirus/

NEW CONDOM CAMPAIGN LAUNCHED

THE HSE Sexual Health and Crisis Pregnancy Programme launched a new campaign recently, promoting condom use and good sexual health. The campaign was launched in November 2019 aimed at young adults (aged 18 – 30) who are at an increased risk of acquiring sexually transmitted infections (STIs).

The campaign objectives were to:

- build awareness about the risk of acquiring an STI
- emphasise the role of condoms in minimising this risk
- signpost people to sexualwellbeing.ie for further information about sexual health and wellbeing.

The campaign appeared across multiple channels. Posters appeared in colleges and social venues across the country, as well as digital posters in high

footfall areas. Videos were placed across YouTube, Facebook and Instagram, and Digital Display ads ran across platforms.

The target audience for the campaign was 18-30 year olds living in Ireland because:

- STIs are on the rise.
- Over 14,000 STIs were diagnosed in Ireland in 2018.
- 15-24 year olds are most at risk, with 25-29 year olds a secondary risk group.

In developing information about the campaign, the HSE wanted to make sure that insights, opinions and the voices of young people were at the heart of developing the communications approach. In listening to young adults as part of this project, it was evident that they wanted the campaign to have clear information and messaging, with some humour and an educational element to it. This was reflected in the posters and messages used in the campaign.

How to use Face Coverings



Coronavirus
COVID-19
Public Health
Advice

ALWAYS CLEAN YOUR HANDS BEFORE **AND** AFTER WEARING A FACE COVERING

Correct Covering

Medical masks should be reserved for health workers or patients in treatment.

If you have been advised to wear a medical mask, always have the coloured side showing and the metal band at the top of your nose.



Check Your Fit

Check that the face covering is made from a fabric that you are comfortable wearing.



Check that it is easy to fit and completely covers your nose and mouth, all the way down under your chin.

Tighten the loops or ties so it's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit. Do not touch or fidget with the face covering when it is on.



DO NOT:

Wear the face covering below your nose.

DO NOT:

Leave your chin exposed.

DO NOT:

Wear it loosely with gaps on the sides.

DO NOT:

Wear it so it covers just the tip of your nose.

DO NOT:

Push it under your chin to rest on your neck.



FOLLOW THESE TIPS TO STAY SAFE:

ALWAYS wash your hands before and after handling your face covering.

ALWAYS change your face covering if it is dirty, wet or damaged.

Carry unused face coverings in a sealable clean waterproof bag, for example, a ziplock.

Carry a second similar type bag, to put used face coverings in.

CHILDREN UNDER 13 should not wear face coverings.

ALWAYS wash cloth face coverings on the highest temperature for cloth.

Safe Removal

Use the ties or ear loops to take the face covering off.

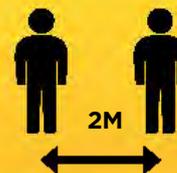
Do not touch the front when you take it off.



Disposing Of Single-Use Mask

Always dispose of single-use masks properly in a bin.

Don't forget to clean your hands and keep social distance.



Stay safe. Protect each other.



2020 summer



Riagh na hÉireann
Government of Ireland



Technology at work

APPS KEEP STAFF FEELING CONNECTED

CHI met the communication challenges of five locations

CHILDREN'S Health Ireland (CHI) is responsible for the delivery of acute paediatric services for children, provided in the three Dublin children's hospital locations at Crumlin, Temple Street and Tallaght and a paediatric outpatient and urgent care centre based on the campus at Connolly Hospital, Blanchardstown.

With over 4,000 people working in CHI across five locations, most are not desk-based; communication and sharing information has been a challenge. The development of the new organisation, bringing three hospitals together into one on January 1st 2019 and the opening of CHI at Connolly in July 2019 also increased the need to communicate better and to engage teams through these organisational and cultural changes.

“ The initial feedback from staff has been overwhelmingly positive and we are excited to roll it out to our staff across all our sites, in particularly those who are working remotely due to the current guidelines on physical and social distancing

To meet the challenges, Trevor Murphy, Director of Human Resources, started to look at ways in which staff and management in individual hospitals and the change programme could more effectively communicate and share information with each other.

The need for effective communication and information sharing reached a critical point with the spread of COVID-19 bringing new challenges to CHI to communicate in a timely and pervasive means with their staff. We evaluated several options before deciding to proceed with Thrive. Within three weeks, CHI were up and running, using Thrive's communication platform and app 'MyCHI' with ongoing assistance from the Thrive team.

"A massive and sincere thanks to all the Thrive team for 'the can do' attitude in assisting us in launching our employee app MyCHI. It is



hugely welcomed by all as a great support for communicating key and important updates, information and supports for our staff at this very difficult time," said Trevor.

The initial feedback from staff has been overwhelmingly positive and we are excited to roll it out to our staff across all our sites, in particularly those who are working remotely due to the current guidelines on physical and social distancing.

With our programme for change in preparation for our move to the new children's hospital and the current health crisis we are facing, there has never been a more important time for us to ensure our colleagues are connected, sharing and receiving important information and feel fully supported and recognised.

UL Hospitals Group launches new staff app during COVID-19

IN March 2020, UL Hospitals Group Communications Department launched a new app for communications with staff.

UL Hospitals Group has over 4,500 staff across six hospital sites in the Midwest. The sites include University Hospital Limerick, Ennis Hospital, Nenagh Hospital, Croom Orthopaedic Hospital, University Maternity Hospital Limerick and St John's Hospital.

Following research carried out by the Communications Department into its internal communications channels, there were plans to introduce an app later in 2020. The need for immediate access to information by all staff during the Covid-19 crisis led to the introduction of the app being brought forward earlier than planned.

The key sections in the app currently include:

- Communications (with copies of daily COVID-19 updates and weekly CEO's message)
- COVID-19 algorithms
- Training schedule and webinars
- A dedicated area for clinicians
- Human Resources
- Health and Wellbeing

In the first two weeks of launch over 50pc of staff signed up to use the app across different user groups. The largest user group is nursing, followed by medical staff.

The most popular section of the app is the Communications Section with the COVID-19

update page receiving 13,000 unique page views since launch, followed by the COVID-19 Algorithms and Health & Wellbeing receiving 3,903 and 2,498 unique page views respectively since launch.

Mindfulness and self-care was the most visited section in Health & Wellbeing, showing the importance of this type of information to staff.

Speaking about the introduction of the app for communications during COVID-19, Dr Sarah O'Connell, Infectious Diseases Consultant and Clinical Lead for COVID-19 at UL Hospitals Group, said, "The introduction of the ULHG staff app has been extremely helpful to us at this time. It has meant that my colleagues and all staff at ULHG can access critical information quickly on their mobile phones and information can be added or taken down as we need to do so."

Elaine Connolly, Director of Communications at UL Hospitals Group said, "Whilst the information on the ULHG staff app is predominantly COVID-19 related right now, moving forward the overall objective is to provide a location for general staff specific information reaching all staff with news from across the organisation as well as providing information on areas such as Health & Wellbeing, key events, and access to sports and social club information."

The app, which is available on both Android and Apple phones, is easy to download using a simple web link or by scanning a QR code.



Users need to register to use the app and then access the app going forward using a username and password which they have provided.

Resources were produced for all UL Hospitals sites, including an A5 flyer and pull ups with instructions on how to download the app. Articles were produced for the daily COVID-19 updates and a video was produced to promote awareness. The video was circulated via email, social media and electronic screens across hospital sites. Due to social distancing, it wasn't possible to hold onsite launches so a helpline was made available for staff to assist in the uptake of the app and an email address was also made available if they wished to email in their queries.

LAUNCH FLYER

THE UL Hospitals Group Communications Department is looking forward to further developing the app, taking feedback into account. Regular surveys and polls will be conducted and a content guide will be developed to assist staff in providing content for the app moving forward.

DIGITAL TECHNOLOGY MOVING AT FAST PACE

THE COVID-19 pandemic has moved digital medical technology at a fast pace. The HSE has introduced numerous new technologies across the system.

The HSE Digital Transformation Team has been involved with the introduction of a new remote monitoring system for COVID-19 patients. The Patient M Power system allows COVID-19 patients to be sent home to recover while being monitored. This reduces patient's time in hospital and frees up beds on our acute hospitals.

Lorraine Smyth, Communications and Innovations Lead on the team, said, "The way it works is a patient is sent home with a pulse oximeter and app. They check their oxygen saturation levels and pulse rate regularly prompted by the app and enter these into the app."

The app sends an alert and automatically rings their clinician if their oxygen saturation level drops below 94pc.

"The app gives a great sense of security to people enabling them to go home and still feel safe. It is a great example of the Stay Left Shift Left policy, enabling Sláintecare. This solution was rolled out in just four weeks," she said.

Lorraine said there are some great reapplication opportunities for this for the future care of cystic fibrosis and COPD Patients. Possibly in the future, this could be adapted to care for these patients in their homes, she said.



Prof Martin Curley with the Akara team and Violet the COVID-killing robot.

Prof Martin Curley, Director of the Digital Transformation and Open Innovation, said this is just one of the examples of digital innovation.

"We had a portfolio of 50 digital innovation ideas which we are managing. We had a five-year plan to digitise the HSE but we already have made several years of progress in just a few short weeks. Other digital innovations being worked on are robotic ultraviolet cleaning, non-contact infrared thermometers and COVID-19 triage and patient management (Acorrd) systems and Robotic Processes' Automation.



Pay attention to your drinking habits

ALCOHOL CAN MAKE THINGS EVEN WORSE IN TIMES OF STRESS

THE disruption we are all facing in our lives at the moment can be difficult to cope with and can leave us feeling powerless, lonely and stressed. Our emotions and moods may be up and down more than normal.

Healthcare workers especially are facing challenges at work and we're all missing friends, sports and community and we're worried about people we love who might be at greater risk of serious illness from COVID-19.

In times like this, it's easy to find ourselves using alcohol to relax.

However, using alcohol in times of crisis or worry can make stressful times even worse. How much we drink can steadily increase as the stressful period goes on. You may notice that you are becoming a more frequent drinker – drinking every other day or every day; starting to drink alcohol earlier than usual in the evening or finding yourself finishing later.

A regular habit of drinking alcohol can quickly become a need if we're not paying attention to it. It can begin to affect our wellbeing in the short and long term:

- Hangovers make it harder to concentrate

“A regular habit of drinking alcohol can quickly become a need if we're not paying attention to it

and even simple tasks become more difficult.

- The more alcohol we drink, the greater to tolerance. As tolerance increases, and we need more alcohol than we used to in order to feel 'relaxed'
- Alcohol disrupts sleep, leaving us tired and irritable.
- Knowing we're drinking too much can be stressful in itself.
- In the short term and the long term, alcohol can make feelings of anxiety and depression worse.

WHAT CAN YOU DO?

1. Pay attention to your drinking habits. If you drink alcohol, stick to the low risk weekly drinking guidelines below. Men should have

less than 2-3 drinks per day and women should have less than 1-2 drinks per day. Everyone should have at least 2 - 3 alcohol free days per week.

2. Don't stockpile alcohol. We're more likely to reach for a drink more often if it is available to us.

3. If you find yourself drinking alcohol to relax, try to find other ways such as reading, a family board game or exercise or a good TV show.

4. As much as possible, develop a routine that means you get enough sleep, healthy food and exercise. This is especially hard if you're working unpredictable hours but do what you can to make time off structured.

5. Set rules around your drinking that will help such as not drinking before 10pm, not drinking on certain days and not drinking in front of children.

6. Look after your general mental health. Visit www.yourmentalhealth.ie for tips on how to mind your mental health during the coronavirus outbreak.

7. Try to name how you are feeling and avoid using alcohol to cope with stressful feelings.

8. If you find that you cannot stop drinking, contact the HSE Helpline for support on 1800 459 459 or email helpline@hse.ie.

FEED THE HEROES MEANS OUR HARDWORKING STAFF DON'T GO HUNGRY

A Feed the Heroes Gofundme account created to keep our hardworking frontline health service staff fed has raised almost €1 million since it was set up in March.

In its first eight weeks, it has provided 156,971 meals to frontline staff through the COVID-19 emergency. They have delivered meals nationwide from Letterkenny to Bantry and from Castlebar to Dublin. Over that time, they have spent €950,000 and delivered meals at an average of €7 per meal.

Organiser Cian O'Flaherty said, "Our goal has been simple, to ensure that nutritious meals reach teams on the frontline: ambulance paramedics, COVID-19 swab testers, contact tracers, medical scientists, ICU teams, COVID ward teams, and support staff across hospital and nursing home care settings.

"It has, however, been so much more than just a meal, rather a tangible expression of your support and generosity."

The fund supports money that is paid to delivery restaurants and kitchens that provide the food. It has helped to support those local



Master Chfs hospitality company from Limerick bringing nourishing meals to key frontline workers in the ICU in UHL.

businesses, struggling to survive the pandemic.

"All the small businesses nationwide that

have had some small trade to sustain them thanks to you are hugely grateful," added Cian.

COVID-19 SPREAD HIGHLIGHTS THE IMPORTANCE OF VACCINATION

VACCINE preventable diseases have not gone away during COVID-19 so it is important that we all continue to play our part and ensure babies can be vaccinated at 2, 4, 6, 12 and 13 months of age. Pregnant women and people in medically at risk groups should also continue to get vaccinated with recommended vaccines to prevent vaccine preventable diseases like pneumococcal and pertussis (whooping cough). All of the vaccines in the immunisation schedule for babies, pregnant women and people in at risk groups are available through GPs.

In Ireland, the HSE offers vaccines to protect us against 13 infectious diseases. Significant progress has been made in reducing these potentially serious diseases since vaccines were introduced. However, our vaccine uptake for many vaccines is not reaching the 95% target set by the World Health Organization to stop outbreaks of vaccine preventable diseases.

In the first 18 weeks of 2020, the Health Protection Surveillance Centre have reported 2632 cases of Mumps, 65 cases of Rotavirus, 48 cases of Pertussis as well as cases of meningitis. The best way to prevent outbreaks of disease is by getting vaccinated on time and completing the recommended vaccination schedules.

Dr Lucy Jessop, Director of Public Health in the HSE National Immunisation Office, said people should continue to get vaccinated during COVID-19.

HOW DO I PREPARE FOR VACCINATIONS?

CONTACT your GP practice to make an appointment. You can ask them about their protocol for giving vaccinations during COVID-19. GP practices will be following the current HSE advice about how to keep their patients and their staff safe at this time.

IF VACCINES ARE LATE IS THERE ANY POINT IN GETTING VACCINATED NOW?

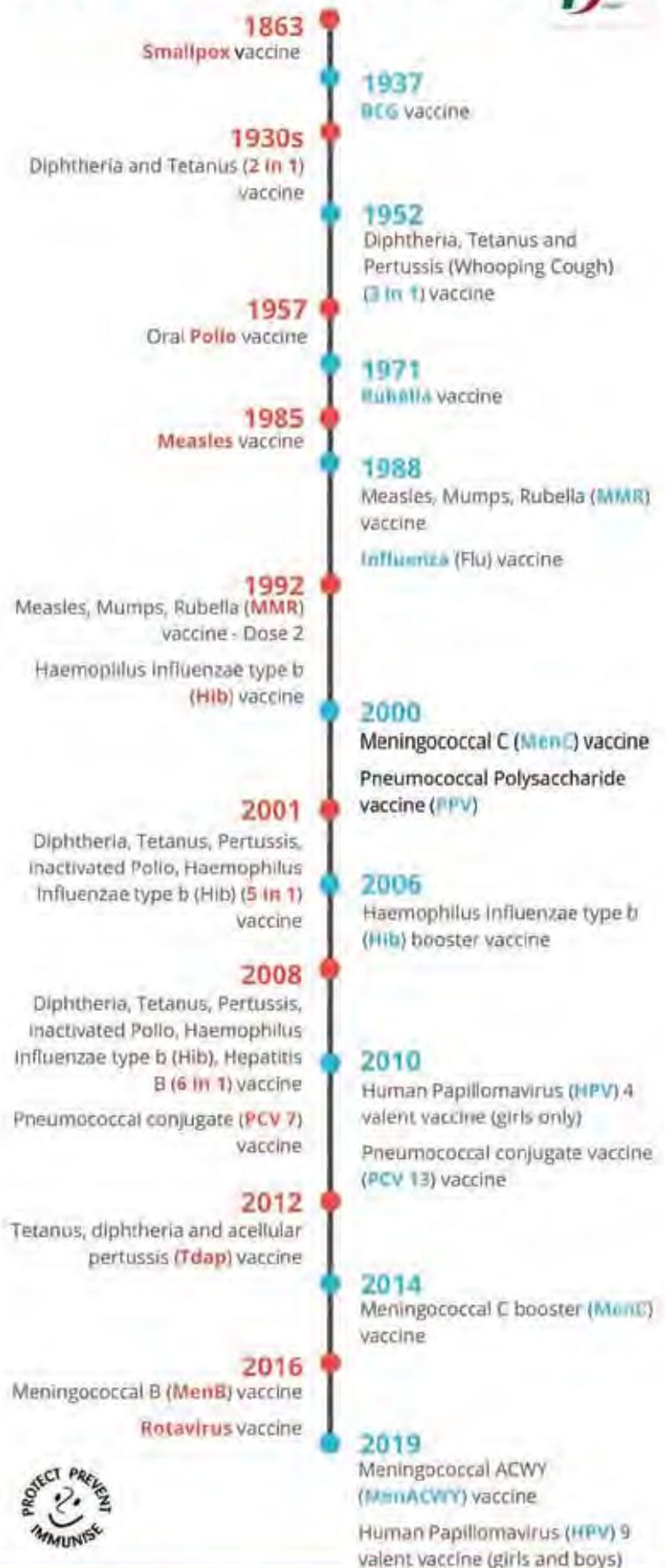
YES, the best way to be protected is to complete the vaccination schedule. You should talk to your GP practice about getting any missed vaccines for you or your family. You never need to restart the interrupted schedule for any vaccine offered through the HSE national immunisation programme.

WHAT ABOUT SCHOOL VACCINATION PROGRAMME?

THE School Health teams are aware of the schools they were due to visit and plans will be made to ensure that children and young people are offered these vaccines. Interrupted courses of vaccines do not need to be restarted, so the children and young people can complete their course when this is offered to them.

We would encourage people to visit our websites www.immunisation.ie www.hpv.ie and www.hse.ie/flu regularly for the most up to date information.

A HISTORY OF VACCINE INTRODUCTION IN IRELAND



www.immunisation.ie

@hseimm

set out your future healthcare treatment choices

ADVANCE CARE PLANNING PROVIDES A CLEARER PATH

THE COVID-19 pandemic has emphasised the importance for all of us to have conversations with our friends and loved ones about our healthcare treatment

choices and preferences for a time in the future when we may not be able to express these. This process is called advance care planning. Thinking about and noting the healthcare treatment choices that you may want in the future now may save families, doctors and friends from having to struggle with more challenging questions later on.

Caoimhe Gleeson, Programme Lead, HSE National Office for Human Rights and Equality Policy, explained, "We all have a right to be involved in decisions about our healthcare and treatment choices. One important way of protecting this right during the COVID-19 pandemic is through advance care planning. This allows a person to set out their wishes and preferences about the type of healthcare treatment they would wish to receive at a time in the future when they may be unable to make or communicate their decisions."

Advance care planning provides important information to healthcare professionals about how you would like care and treatment to be provided. It may be done in writing or by video or audio recording. It is important to consider what way the advance care plan will be communicated to the relevant healthcare professionals. Talking to family and friends is key so they are aware of what your choices are.

Advance care planning helps for a time when you may not be able to make your own decisions due to many factors - your mental health, the type of condition you have such as dementia or how progressive an illness you may now have. Advance care planning can be particularly helpful to enable discussions about end of life planning.

"As healthcare professionals, we are afraid that by opening up these conversations with people, that we will cause distress. But in my experience, we underestimate the extent to which people may have already, on their own, thought about end of life, and also how glad and grateful they are when a Nurse or Doctor opens the discussion with them," said Dr Brendan O' Shea, GP and Assistant Adjuvant Professor in Primary Care and Public Health, Trinity College Dublin, who has been working with The Irish Hospice Foundation for a number of years on research around 'Think Ahead' (www.thinkahead.ie).



“ Advance care planning provides important information to healthcare professionals about how you would like care and treatment to be provided

'Think Ahead' was launched from The Forum on End of Life in 2012, and is among the most widely used end of life planning tool in Ireland. In addition to providing a clear and comprehensive recording format for end of life planning, it also contains a large amount of information relevant to assisting people and their carers in making the key End of Life decisions.

Aine Flynn, Director of the Decision Support Service, said that the current high-pressure climate makes decisions around medical interventions 'even more poignant and pressing'.

"We all have a right to be involved in decisions about our healthcare and treatment choices but if we become incapacitated, healthcare professionals administering acute care may have little knowledge of our wishes

regarding treatment. This situation is further exacerbated due to the necessary distancing measures. Tragically, at their most vulnerable, people may be isolated from their usual support network, and from friends or family who can advocate for them and promote their wishes," she said.

"There is a well-established misapprehension that a person's 'next of kin' has some status as a substitute decision-maker and can legally give or refuse consent on behalf of someone who lacks capacity. This is incorrect.

"Due to COVID-19, there has been some renewed attention on the making of wills. It is always important to plan for the disposal of our property after we are gone but we should be just as concerned about the treatment decisions that arise when we are still in this world.

"Time may be short and emotions high when treatment decisions become critical. Advance planning allows us to express our wishes free of pressure and to ensure that our voice is heard and respected if we become unable to make or communicate decisions."

Supporting someone to think about their will and preferences, and encouraging them to share them, gives the person more control over the care they will receive, in circumstances where they may have little control over other areas.

These are challenging times. Advance care planning may help reduce the challenge.

NEW NATIONAL BEREAVEMENT SUPPORT LINE LAUNCHED



HOW we grieve as individuals, colleagues, communities and as a country has changed dramatically due to COVID-19. Many people have experienced and will experience the death of a loved one during the pandemic.

For the moment, it is not possible to come together. It is not possible to have a large funeral and it's not possible to receive the company of those who wish to offer condolences.

This means many people are facing bereavement in isolation.

The Irish Hospice Foundation, in conjunction with the HSE, have launched a National Bereavement Support Line, the first of its kind in Ireland. It is a freephone service 1800 80 70 77 which is available from 10am to 1pm, Monday to Friday.

It aims to provide a confidential space for people to speak about their experience or ask questions relating to bereavement. Callers will be listened to with compassion, and be provided with emotional support and information on any practical issues that may be helpful.

Any adult who has been impacted by bereavement during the COVID-19 restrictions can call, including healthcare workers. The line is staffed by the Irish Hospice Foundation, HSE personnel and volunteers who are specially trained to provide support and information.

Speaking about the new bereavement service, Sharon Foley, CEO of Irish



Conor Nolan was the illustrator on the project.

Hospice Foundation, said, "These truly are exceptional times and the Irish Hospice Foundation wanted to develop a service to provide connection, comfort and support in these uncertain and distressing times. The COVID-19 restrictions have changed the ways people have died and the ways we grieve and offer condolences. With many people facing bereavement in isolation we wanted to establish a service which responds to real need."

Paul Reid, CEO of the HSE, said, "This has been a very difficult time for families and friends of people who have died in recent times. We want to support people and I

welcome the establishment of this support line that has been developed in association with the HSE. We would encourage people to seek support and information as they grieve and this support line can help families with very practical ways to cope."

In response to the COVID-19 pandemic, the Irish Hospice Foundation has also established a new Care and Inform hub on their website to provide a series of resources on grief and loss and to offer supports during the death and bereavement process. It also includes a dedicated section on resources for healthcare workers.

Visit hospicefoundation.ie

LEARN MORE ABOUT WORKING FROM HOME

ARE you working from home? Do you want to learn more about how you can support yourself and your teams on remote working?

The HSE have been collaborating with Technological University Dublin and Enovation to introduce an accredited online training module so that you can learn how to make remote working easier and more effective for you and your team. This is a fully accredited CPD certificate which is available for staff to access until the end of June 2020.

The purpose of this module is to support all staff transitioning to a remote working environment in the COVID-19 pandemic.

The module will guide you on the practical aspects of remote working. On successfully completing this module students will be able to:

- Describe the key technologies and

influences that inform remote working;

- Develop an awareness of key considerations of effective virtual working;
- Understand the Irish and International context for new types of working;
- Identify challenges and limitations around implementing remote working; and
- Explain best practices from industry.

The module will also connect you with a global remote working community and

provide you with the opportunity to apply to get help/advice from their mentorship clinic

TU Dublin has waived the fees for all healthcare staff and Enovation have provided the platform to host the module.

There are limited spaces available to learn more and register go to: <https://hse.learnonline.ie>

Please contact Maebh.Coleman@TUDublin.ie with any queries in relation to registration or the module itself



Coronavirus
COVID-19
Public Health
Advice





Helping dementia patients during the pandemic

'THE MOST PRECIOUS THING WE GIVE TO A PERSON AND OURSELVES IS TIME AND OUR ATTENTION'

C OVID-19 arrived on our shores and within a short period of time, life as we knew it changed significantly. The outbreak of the virus has challenged our health and well-being, placed those who are more vulnerable in our society at an increased risk of serious illness if they contract the virus, and disrupted work, travel, play and the way we engage with family and friends.

As far as we know, dementia itself does not increase the risk of contracting COVID-19, the respiratory illness caused by the virus. However, dementia-related behaviours, increased age and common health conditions that often accompany dementia may do so. In addition to that, the measures in place to restrict the virus places additional burden on those affected by dementia.

A recent survey conducted by the Alzheimer Society of Ireland identified the current challenges brought about by the COVID-19 health crisis for people with dementia, their families and carers. With traditional services, such as daycare centres and support groups closed, and daily routines disrupted or changed, there is rise in the cases of isolation, loneliness, boredom, anxiety and fear. There is also an increased need for alternative practical and emotional support.

Organisations and community groups are finding new, more flexible ways to address this need and to deliver supports and information. One such example is an At Home Activities booklet, which Emma O'Brien, occupational therapist, from the Memory Technology Resource Rooms in Cork and Tipperary has put together for people with dementia, families and carers.

WHY ACTIVITY MATTERS

STAYING active and engaged in meaningful activity is especially important for a person with dementia.

It has both physical and psychological benefits such as

- helping to maintain/increase muscle strength
- increases alertness and concentration
- reduces irritability and depression.

"Supporting a person with dementia to remain active is not just about filling a day that now might seem very long – it is essential



“ Supporting a person with dementia to remain active is not just about filling a day that now might seem very long – it is essential to their health and wellbeing

to their health and wellbeing. Activities are a big part of our life. Whether we are doing household chores, gardening, following our hobbies or sports, they are integral aspects of our daily routine," said Emma.

"They are also meaningful and fun and give us a sense of purpose, pride and achievement. Whereas we might have enjoyed activities together with families, friends and our social groups, with the outbreak of COVID-19, and restrictions on movements and social interactions, we are now adjusting to a new way of living and engaging with others."

AT HOME ACTIVITIES

"AS an occupational therapist, fundamental to my profession is the necessity of meaningful activity in a person's life to support well-being and promote good quality of life. Participating in activities can become challenging for different reasons, people with dementia may need support to initiate an activity or adapting the activity so engagement can still be enjoyed. The At Home Activity booklet was compiled as a guide for people with dementia, their families and carers to give activity ideas that support routine and well-being during these restricted times. The activities provide opportunity for achievement, stimulation and enjoyment while promoting the person's self-identity," she explained.

"The booklet contains a variety of activities, ranging from household chores, baking and



cooking, puzzles and quizzes, physical activities to support reminiscing, which we can do together with our loved ones or enjoy alone. They are meaningful, as they stimulate our cognition and senses, and they are fun to do, too."

Emma is also collaborating with members of the Irish Dementia Working Group (IDWG) to create resources which can support people living with dementia, whose dementia is less advanced, to plan their day during COVID-19. The members of the IDWG are trying new things and taking up old hobbies. They are looking forward to sharing what brings them joy with Emma and learning new tips from her.

Vice Chair of the IDWG, Kevin Quaid, who lives with Lewy Body Dementia, said, "As a person living with dementia I have more than enough on my plate. I try to let the world and the experts deal with the virus and keep away from most of the bad news and stories. I watch news once a day, just stay updated. I think we should keep busy, writing, walking, talking, singing, baking, creating or whatever you were doing before this COVID-19. If we stay safe and keep at what used to keep us busy we will get through this."

The stage of dementia and the changes a person will experience can impact on their ability to engage in an activity. Activities can be adapted to the level suitable; not too difficult that the person is frustrated and cannot participate, nor too easy that it does not challenge the person to engage.

HAVE TO YES IS OUR



SOME THINGS TO CONSIDER BEFORE STARTING AN ACTIVITY:

- What are a person's likes and dislikes
- When is the best time for an activity
- How are they feeling on a given day

Establishing new routines, introducing new activities, takes time, and there may be days where the person may not want to engage at all. As a carer it is also important to acknowledge how you yourself may be feeling, to be kind to yourself, to give yourself a break when exhaustion or worry take over, and when the activities planned for the day feel like too much to accomplish.

A member of the Dementia Carers Campaign Network shared her own feelings.

"Some days I just don't have anything left to give. I make sure my mum is safe, well, fed and has her medication but that's it. I don't feel like doing anything else, even for myself and sometimes doing nothing is doing something for myself."

The most precious thing we have to give to a person and ourselves is our time and our attention – if we remember this, we can then help to bring activity into all parts of the day. By asking someone to participate in an activity, however small, such as folding a sheet together or having a cup of tea, we are saying something important: that we value the person, their contribution and the time spent together. It is also important to

At Home Activities

A selection of meaningful activities for people with dementia, families and carers



remember that there is help.

The Alzheimer Society has expanded their National Helpline with a new free call-back service which offers people living with dementia and their carers a 1-to-1 session with a Dementia Nurse or a Dementia Adviser during the COVID-19 public health emergency.

You can call 1800 341 341 to make an appointment (Monday to Friday 10am to 5pm and Saturday 10am to 4pm)

As some of the Memory Technology Resource Rooms are not in full operation at this time due to COVID-19, Emma O'Brien is the central contact for any queries on a temporary basis. Her contact details are 087-1090799 and livingwellwithdementia@hse.ie.

Members of the Alzheimer Society of Ireland, National Dementia Office, Dementia Information Services and Development Centre, and Dementia: Understand Together campaign created a weekly activities

planner, and a resource hub with a selection of relevant and reliable COVID – 19 related resources for people with dementia, families and carers.

The At Home Activity booklet and other publications can be found at www.understandtogether.ie

Dementia: Understand Together is a public support, awareness and information campaign. It aims to inspire people from all sections of society to stand together with the 500,000 Irish people whose families have been affected by dementia.

The campaign is led by the HSE, working with the Alzheimer Society of Ireland and is supported by over 40 national partner organisations and local community champions.

Find out more about how you can take action and the supports available at www.understandtogether.ie/get-involved/



Maternal, newborn and gynaecological care

ELECTRONIC RECORDS BRING IMPROVED CARE DELIVERY

THE Maternal & Newborn Clinical Management System (MN-CMS) team is providing an agile response to the current and unfolding healthcare crisis for the management of patients at Cork University Maternity Hospital, University Hospital Kerry, The Rotunda Hospital and The National Maternity Hospital which are providing maternal, newborn and gynaecology care using MN-CMS.

The national project team, in close collaboration with these four hospitals and supported by CernerIRL, have developed enhancements to the system to enable monitoring of actual and potential COVID-19 cases. It is supporting improved care with new reports, lab and medication functionality as well as leveraging the benefits already realised. Experienced team members have also re-deployed to support and enhance the vital frontline effort.

INFECTION PREVENTION AND CONTROL (STAFF AND PATIENT SAFETY)

THE MN-CMS electronic record has already supported better Infection Prevention and Control (IP&C) measures with the reduction of transmission of pathogens on paper records and prescriptions, as clinicians no longer need to be holding a patient's paper record to access or add clinical information, thereby avoiding the handling of potentially contaminated paper record.

Physical distancing is supported as the members of multi-disciplinary teams can access the patients chart from anywhere within the organisation to record and access patient care and progress and can avoid any unnecessary contact with other members of staff or patients.

Clinicians continue to support care in real time as they can logon, with relevant credentials, to MN-CMS remotely to access records, view results and observations in order to assist colleagues in care reviews and decision-making. This benefit has become more significant throughout this crisis.

Midwifery and nursing managers can make informed decisions in relation to identification of patients with COVID-19 for appropriate bed management and the allocation of resources and therefore patients may be assured that the most appropriate care is given to them with up

“ Clinicians continue to support care in real time as they can logon, with relevant credentials, to MN-CMS remotely to access records, view results and observations in order to assist colleagues in care reviews and decision-making.

to date information from real-time reports, with their safety in mind, so that their care is delivered in the most appropriate location.

Electronic Health Records (EHRs) have been noted internationally to have the ability to respond to clinical issues arising from extraordinary healthcare situations. MN-CMS has already realised changes to identify and clearly mark patients at risk of COVID-19 to instigate droplet precautions as per HSE protocols.

MN-CMS TEAM RESPONSE

BRIAN O'Sullivan, MN-CMS Reporting Lead, has developed business intelligence reports and dashboard to support midwifery, nursing and hospital management in their operations management with up to date relevant data, including 'Virtual Appointments' reports to monitor this new but vital service.

Brian is currently developing dashboards which are a clear visualisation of the current status within a hospital in terms of actual numbers of patients with COVID-19 detected, recording figures for confirmed COVID-19, numbers in Isolation, enhanced droplet precautions, and by age range, location; and encounter type.

WORKSTREAM DEVELOPMENT IN MN-CMS

TWO workstreams which are developing the system further in response to the

COVID-19 crisis are the laboratory and the medications workstreams.

Gwen Malone, MN-CMS Order Comms and Laboratory Workstream Lead, has developed and implemented electronic requests for laboratory testing of COVID-19 tests across all four hospitals, and is focused on the incorporation of real time electronic reporting of all COVID-19 test results from the individual hospital laboratories into the EHR. As part of this, Gwen has developed a customised electronic test request form to include fields for mandatory data required by the labs for statistical reporting to the HSE, CIDR, etc. She has also developed a COVID-19 order set of laboratory investigations, comprising a suite of diagnostic lab tests which is focused around disease management.

This real-time electronic requesting of COVID-19 tests directly from the bedside or clinic to the lab, and reporting of all COVID-19 test results from the individual hospital labs automatically and directly into the EHR greatly speeds up and allows for safer processes both at the patient bedside and within the lab; and allows for instant access to test results from anywhere in the hospital, from outpatient clinics, and from remote-access devices.

The on-going and rapidly changing nature of COVID testing in response to scaling of laboratory capacity around the country, challenges with sampling and testing supplies and equipment, and expansion of the scope of referral testing is proving a challenge to reflect and maintain in an EHR setting in a timely manner, but it is a challenge MN-CMS are rising to, at both a local hospital and a national system level.

Brian Kehoe, MN-CMS Chief II Informatics Pharmacist; Eavan Higgins, MN-CMS Clinical Informatics Pharmacist; and Prof Brian Cleary, MN-CMS Medications Lead, have been developing the system to support medication management through the COVID-19 crisis with:

- New orders for safe prescribing and antimicrobial stewardship in COVID-19 cases
- COVID-19 related Medication Treatment Plans
- COVID -19 Prescribing reports and linked them to treatment plans
- Developed Dashboards/reports to present real-time data on COVID related prescribing
- The rapid deployment of new functions e.g. electronic medication requests allows



Orla Sheehan with the tablet used for vCreate Digital Platform to share photos and message of babies in the NICU during visiting restrictions.

MN-CMS STAFF FRONT AND CENTRE TO SUPPORT THE HSE DURING THIS CRISIS

ORLA Sheehan, MN-CMS NICU Workstream Lead, returned to support the specialist area of Neonatal Intensive Care to help provide specialist care to the most vulnerable of our patients. During her time of redeployment, Orla has also become a Champion Nurse for implementing the vCreate Digital Platform to share photos and messages of babies with parents and family during a time a significant visiting restriction to the NICU. This has made a tremendous difference to new parents.

Deirdre O'Regan, Senior Project Manager, re-deployed to work on the design, development, testing and deployment of the Covid Care Tracker system (CCT) functionality, including the COVID-19-ID API and transferring data between the CCT and multiple systems including 'Healthlink', 'Swiftqueue' and lab data.

The CCT system is being used across Ireland in Contact Tracing, Assessment Hubs, Test Centres, Intermediary Care Centres, Acute Settings and Primary Settings. The CCT design principles are:

- To be accessible any time on any device as long as the user has internet connectivity
- To be scalable and secure
- To prioritise delivery of minimum viable solutions in shortest time frames to support the business operating model
- To allow improvements in subsequent release phases

Deirdre has also been involved in system support and visiting Assessment Hubs or sites to provide support and guidance to ensure the optimal use of this vital system in the tracking of the pandemic in Ireland.

Sharon Young, MN-CMS Testing Lead, has also been deployed to assist with the development, testing and use of the CCT system. At present she is concentrating on the integration of CCT and Swiftqueue.

As data quality is crucial to the use of information being gleaned from the system Sharon is also working on Data Quality Management within the CCT system.

With their considerable clinical experience, Fiona Lawlor, ADOM Business Manager, and Joan Malone, Maternity & Gynae Workstreams Lead, have redeployed to the Contact Management Programme (CMP). The aim of the CMP is to notify results to people tested (or proxies) and to identify and manage contacts of known COVID-19 positive people, putting in place measures to ensure these exposed people do not further transmit disease.



ordering from areas that have IP&C restrictions to ensure the provision of safe service to patients in isolation

- The use of MN-CMS Medication functionality also provides Pharmacy services with remote review and collaboration between onsite and offsite staff.

Not confined to MN-CMS but welcomed by the team is the legislative change to enable electronic prescribing. Various workflows are being evaluated for the generation and

electronic transmission of prescriptions to support prescribers in collaboration with local IT departments. This means that the prescription reaches the pharmacy before the patient, saving queuing time, potential for transmission of pathogens on prescriptions and enabling pharmacies to manage workflows efficiently and maintain social distancing. This development also supports novel work practices with remote outpatient clinics and prescribers working off-site.



WE ARE #INTHISTOGETHER

THE HSE, Department of Health, Healthy Ireland team and the HSE, in collaboration with key cross-Government and cross-sectoral partners, developed #InThisTogether campaign aimed at offering support to help people cope at this time.

Nothing has ever felt so abnormal in living memory. This campaign is about uniting all of us and bringing us TOGETHER in the name of wellbeing to support us all. It emphasises the importance of collective support and staying connected to others, and while all of us are experiencing different concerns.

The outbreak of COVID-19 throughout the world is a source of significant stress, anxiety, worry and fear for many people. This arises from the disease itself, as well as from impacts such as increased social isolation, disruption to daily life and uncertainty about employment and financial security.

The Government Action Plan in response to COVID-19 acknowledged the importance of people maintaining their wellbeing and resilience to push through this unprecedented outbreak. This campaign was developed with the aim at offering support and resources to help people cope at this time.

On April 24th Taoiseach Leo Varadkar launched the campaign hosted on [gov.ie/together](https://www.gov.ie/together). It signposts people to the HSE's Your Mental Health supports and resources which include many online and telephone services, as well as some new stress control resources. It provides tips and advice from cross-Government and Healthy Ireland partners on topics such as physical activity, parenting, coping with daily routines, getting creative with kids, supporting leaving certificate students, coping for the 'cocooned' and getting involved in the community solidarity efforts.

It offers regular videos, ideas and activities for people of all ages, over social media, through all Government Department and their agencies.

Speaking at the launch, An Taoiseach said, "I understand that people are anxious and they are worried. Above all, we all need to look after ourselves, whether you're an older person cocooning at home, working at home or laid off during the Emergency. We all need to stay physically active, stay connected with friends and family, and look after our mental health. We're in this together and we will come out of it together too. So let's set ourselves the target to do something each day to make us feel a little healthier and a little happier."

In This Together draws together a huge range of activities that you can pursue in your home or your locality, by yourself or with



family members or with friends online. There are ideas and activities for people of all ages.

Kate O'Flaherty, Head of Health and Wellbeing at the Department of Health, commented, "Wellbeing is greater than just our physical health. We need to be there for each other, now more than ever. That may be using group exercise classes, or through educational supports, video calling with the family. It is vital that we do everything we can to protect our health - mental and physical. #InThisTogether Wellbeing campaign supports are available on the [gov.ie/together](https://www.gov.ie/together) website."

All the campaign information is also made available on local authority websites, on social media, television, radio and newspapers.

To date, the #InThisTogether Wellbeing campaign has had over one quarter of a million visitors to its website showing the need that some people have for the supports.

It has attracted support across many platforms with partners like Sport Ireland, Creative Ireland, Volunteer Ireland, Alone, Bord Bia, safefood and many more getting behind it and creating their own response and resources for people at this time.



HOW TECHNOLOGY IS HELPING TUH DURING THE COVID-19 PANDEMIC

NEW technology combined with existing innovation has been put in place to support Tallaght University Hospital staff communicating with colleagues in order to efficiently treat and diagnose patients as well as helping them provide support for community settings such as hospices and nursing homes.

Technology such as Amazon's Echo Show, FIRE HD tablets, iPad's, video glasses, virtual clinics and lectures, a new app for staff, and LUCY the robot have been a major help to clinicians and patients.

Speaking about the impact COVID-19 is having on patients and staff, David Wall, Director of ICT at TUH, said, "Last December, the hospital launched a five-year strategy with a heavy emphasis on Digital Enabled Care. We did not realise that we would be introducing so many elements of that care within a few weeks.

"With the support of an incredible team of ICT, medical, nursing, and health and social care professional staff, the hospital has been able to introduce a number of new innovations very quickly. The use of this technology is proving to be critical in supporting our response to patients' needs during this challenging time.

"Combined with technology already in use in the hospital, over the last number of weeks we have been enabling safe and efficient communication between colleagues as well as patients and their families.

Advances in ICT at TUH have facilitated a number of 'firsts' for the Hospital including an online interactive lecture series using Zoom, medical teams being able to consult with colleagues using wearable cameras, remote monitoring and virtual visiting."

Donations from companies, volunteer groups such as Covid4comfort.org and gift cards from Amazon have helped TUH enhance the technology being used. In ICU and theatre, Echo Show devices enable two-way video calling so clinicians can consult with team members on video, rather than in person therefore reducing the level of foot traffic into a restricted area. The hospital is also trialling voice-activated, hands-free devices that will also enabling communication between patients and their families over Skype.

Commenting on the assisted technology, Prof Paul Ridgway, consultant surgeon and Perioperative Director at TUH, said, "The smart speaker technology enables our carers to more effectively communicate masked-face to masked-face. I have been very impressed how using Alexa has facilitated very effective staff to staff communications, reducing the need to enter areas where PPE is required saving both time and stock of PPE."

Redzinc, an Irish-based technology company have also donated five pairs of video glasses to TUH for six months. The wearable, point of view, wireless headsets are enabling medical teams to interact with each other in real time in order to diagnose and treat patients.

iPads have been placed on all wards to help patients keep in contact with family and friends at a time when visiting is restricted in the hospital. The iPads are housed in cleanable, healthcare compliant cases and have been set up with Skype, Facetime and Google Hangout.

Áine Lynch, Director of Nursing at TUH, said, "Maintaining a human connection with friends and family is vitally important for our patients and their loved ones. In the absence



ABOVE: Two-way video calling in operation in the ICU in Tallaght University Hospital.
TOP OF PAGE: The ICT team at TUH, led by David Wall, Director of ICT.

of face to face visiting, virtual connection has become so important. The nursing staff are helping patients use the technology so they can see as much of their families and friends as possible during this time."

During this pandemic, the hospital is also supporting the care of over 1,000 residents in 14 local nursing homes. This sector has been particularly impacted by the COVID-19 pandemic and the TUH specialist team to support these services has used technology to facilitate communication and clinical review. Prof Sean Kennelly, Consultant Geriatrician at TUH said "Unfortunately nursing homes have been disproportionately impacted by COVID-19, with many residents becoming unwell. We have developed a telehealth outreach service for general practitioners and directors of nursing to our local residential care facilities, including video-consultations to support care in place. The multidisciplinary team has managed over 400 contacts in the last six-weeks, and this link to a specialist service has been essential in supporting these care facilities during a very challenging time."



Detection points around the hospital

SKIN TEMPERATURE MONITORING SYSTEM INTRODUCED AT UHL

A skin temperature monitoring system at University Hospital Limerick is part of an intensification of efforts to minimise the risk of COVID-19 infection among patients and staff at the region's main acute hospital.

The system has been generously donated to the hospital by Adare Manor and the McManus family.

One detection point is already operational just beyond the hospital's entrance lobby, and this will soon be complemented by further detection units in areas of high footfall.

Dr Sarah O'Connell, Infectious Diseases Consultant and Clinical Lead for COVID-19 at UL Hospitals Group, said, "This is an additional measure we have taken to try to help prevent the spread of Covid-19 at UHL, and we would like to thank all those involved in the introduction of this project."

The skin temperature monitoring system is a safe, non-invasive thermal imaging process that has been calibrated to detect temperatures greater than 37.5 degrees Celsius.

High temperature may be a sign of fever,

“ High temperature may be a sign of fever, which is a common symptom of COVID-19, and the system will help identify anyone with an elevated temperature — and possibly infected with COVID-19 — and prevent transmission of the infection within the hospital

which is a common symptom of COVID-19, and the system will help identify anyone with an elevated temperature — and possibly infected with COVID-19 — and prevent transmission of the infection within the hospital.

The system encompasses a temperature

detection unit, a calibration unit, and a laptop that displays the image of the people passing through the detection point.

Any visitor with a temperature detected in excess of 37.5 degrees Celsius will not be permitted on the hospital site. They will be provided with an information leaflet and advised to seek guidance from their GP.

Members of the public attending a hospital appointment at UHL who are detected with a high temperature will have their temperature rechecked manually. Patients whose temperature remains elevated will be asked to wait until clinicians assess the risk to the patient of not attending the scheduled appointment.

Any member of staff detected with a high temperature will be required to return home and contact their line manager after a manual temperature is taken. r

Thermal imaging is a safe and non-invasive process, which involves no radiation. The system has been installed at UHL to reinforce a number of measures they have introduced to ensure a safe working and clinical environment for all patients and staff.

HIV Ireland aims to empower gay and bisexual men with new sexual health programme

IRELAND has become a generally more open place with regard to sex and sexuality in terms of, discourse, policy and services, writes Adam Shanley, MPOWER Programme Manager at HIV Ireland.

Despite warmly welcomed developments which positively impact our community, such as last year's roll-out of free PrEP and this year's HSE 'U equals U' anti-stigma campaign, particular challenges which require a strategic and coordinated response persist.

Today, HIV disproportionately affects gay and bisexual men, with more than half of all new diagnoses occurring among this population. Over the last decade numbers of HIV notifications among this population has seen a steady rise. Similarly, we are seeing increases in bacterial infections like syphilis and gonorrhoea, the majority of which are acquired by gay and bisexual men. In addition, evidence from the recently published EMIS Ireland report shows sub-optimal testing among gay and bisexual men with 23pc having never taken a HIV test and even poorer rates of first and repeat STI screening. Furthermore, members of our community are struggling with the sexualised use of drugs, such as GHB and crystal meth. This kind of problematic use can stem from issues relating to self-worth, self-esteem and desire to belong and can result in sexual ill-health, addiction and even death. All of these challenges require a coordinated, sensitive and holistic approach.

The MPOWER programme, is a peer-led community-based response to the sexual health and wellbeing needs of gay and bisexual men. Led by HIV Ireland, the programme aims to empower gay and bisexual men with sex-positive, judgement-free, and harm-reduction based services. MPOWER combines community-based sexual health testing opportunities with a holistic approach to sexual wellbeing,

including support and advocacy, including harm-reduction information, resources and research. The programme has been developed in response to community identified needs and is provided with empathy and understanding by a growing team of staff and a peer group of volunteers from within the community.

The MPOWER Programme's outreach services are available in places men are known to seek and have sex, including on dating apps, and in bars, clubs, and 'sex on premises' venues such as gay saunas and sex clubs. These services offer information and advice on safer sex practices and harm-reduction, as well as physical resources such as condoms and lubricant and, when necessary, referrals to clinical services for treatment.

Another key component of the programme is rapid HIV testing, which involves a finger-prick test and offers a result within 60 seconds. The test, carried out discretely and anonymously, is offered at a number of LGBT+ social venues across Dublin, who have partnered with the MPOWER programme. Rapid testing has the potential to detect HIV at an earlier stage by engaging individuals who may not otherwise present for a HIV test in a clinical setting. This in turn can bring those living with HIV into treatment earlier and prevent further transmission.

Funding has also been received to pilot a number of innovative interventions which aim to encourage first time and continued testing in tandem with information and support on sexual wellbeing among gay and bisexual men and those men who have traditionally been considered 'hard to reach'. Research and advocacy will also feature as important elements of the programme to ensure an improved evidence base is available to underpin the development of services and resources as trends develop and changes are

experienced within our sexual lives.

The MPOWER Programme offers its testing, outreach and support services in English, Portuguese and Spanish with the intention to further expand languages spoken as the programme expands.

Another important consideration of the MPOWER programme is to ensure it is inclusive of all gay and bisexual men. Many trans men also identify as gay or bisexual, in addition non-binary folk who want to access gay -identified services will see the programme reflect their needs. Equally, the programme aims to speak to the needs of men who are questioning their sexuality or indeed have sex with men but prefer to identify as straight or are in heterosexual relationships. These men have sexual health and wellbeing needs the programme is designed to respond to.

Under the current circumstances with COVID-19, the MPOWER Programme is unable to offer services that are based in venues such as community-based HIV testing. However, as social venues remain closed, gay and bisexual men continue to socialise online which allows the MPOWER team to maintain digital outreach services to connect and support the community on issues relating to their sexual health and wellbeing.

An initiative of HIV Ireland, MPOWER is funded and supported by the HSE Sexual Health and Crisis Pregnancy Programme (HSE SHCPP). The HSE SHCPP supported the development of a theory of change and logic model and a monitoring and evaluation framework to support the successful implementation of the programme.

For more information on the theory of change and logic model, please click here: <https://www.hivireland.ie>

For more information about the MPOWER Programme see www.hivireland.ie/mpower

MPOWER

An initiative of  HIV Ireland

Empowering gay and bisexual men with sex-positive, judgement-free and harm-reduction based responses to our sexual health and wellbeing needs.

- Peer-led Outreach • Community-based Testing
- HIV & STI Prevention • Drugs & Alcohol Harm Reduction
- Support • Advocacy • Research

www.hivireland.ie/mpower  HIV Ireland 

MPOWER is an initiative of HIV Ireland and funded by the HSE

Accelerating innovation in Irish healthcare

HEALTHCARE is in accelerated disruption driven by consumers, with the Internet of Things (IoT) at its core. Consumerisation of healthcare is empowering patients to monitor their own health and disrupting the usual doctor/patient relationships. The advent of the Smartphone, in particular, means patients are no longer passive recipients of care. Through technology, personalised care at home is possible. The vast improvements in healthcare delivery through a preventative model of self-monitoring are being achieved through connected health technology.

As the national centre for health innovation, Health Innovation Hub Ireland (HIHI) is building a world-class national innovation pathway, meeting healthcare challenges with solutions. A joint Government initiative between the Department of Business, Enterprise and Innovation and the Department of Health, HIHI drives collaboration between the health service and enterprise. The hub offers companies the opportunity for pilot and clinical validation studies and the health service access to innovative tech and devices. An Enterprise Ireland and HSE partnership, HIHI bridges the divide between the health sector and the enterprise of health.

HIHI wants to empower problem-solvers and convert thinking into action that will positively impact the national health landscape. To that end, HIHI delivers a robust academic, NFQ Level 9 Postgraduate Diploma in Healthcare

Innovation, with Trinity College Dublin (TCD). The graduates of this postgrad become catalysts for innovation within the health system. Sustained innovation in Irish healthcare, at an economically and fiscally responsible pace, must be a collaborative effort, requiring input from key players across the spectrum. HIHI and TCD recognise this and deliberately recruit students from both the health sector and the enterprise of health.

In fact, current students come from the frontline, policy, pharma and health industries. Entering its second year, the postgraduate course is now open for applications for the 2020/21 cohort. There are a limited number of scholarships available to HSE staff. Typically, the diploma is delivered through blended learning — face-to-face and online. If the current COVID-19 restrictions persist, the entirety of the course will be delivered online.

The postgraduate diploma in healthcare innovation develops innovative practitioners with the skills to identify and implement evidence-based innovative leadership practices. Focusing on future health solutions, students gain a practical understanding of applying new technologies in healthcare. Examining the role of health economics, quality improvement and the principles of governance in leading effective, innovative health services is a key learning.

Critically appraising innovation theory and practice informs students' personal approaches in applying solutions that are at the forefront

“ The hub offers companies the opportunity for pilot and clinical validation studies and the health service access to innovative tech and devices

of global healthcare. Current student, Laura Campbell Midwife and Nurse, Mullingar Regional Hospital said “the challenge for me was to make my ideas actionable in the health system. The Postgraduate Diploma in Healthcare Innovation supports me to do this. Its ambition is true patient centred care.”

Prof Seamas Donnelly is Course Director and HIHI PI, Professor of Medicine and Director for Global Relations at the School of Medicine, TCD.

“Our students are supported to create a personal innovation framework that can be applied to their organisation. Our graduates are then positioned as lead architects of positive change, accelerating the healthcare system to one with innovation at its core. We need this now more than ever,” he said.

The postgrad culminates with modules 7 and 8 focusing on a practical project comprising two phases. Students are supported to identify and plan an innovative solution applicable to each





Prof Seamus Donnelly

Performance Achievement introduced for all HSE staff

EFFECTIVE Performance Achievement is necessary to improve health service delivery for the benefit of patients and the population.

In February, HSE CEO Paul Reid, introduced a Performance Achievement process for all staff in the HSE and Funded Agencies of the HSE. Progressive staff surveys, reports into patient outcomes (Sccally Report, 2018) and national policy (Sláintecare Action Plan, 2018) have highlighted the benefits in introducing a process that formalises the meeting of staff with their managers. It is designed to ensure that staff are meeting the objectives of the HSE organisation, population needs and their own development. It is also designed to assist staff develop within their role and in so doing, enhance the work of their team.

HSE National HR and the health service staff trade unions have been working together to develop a process of Performance Achievement for the Health Service. Performance Achievement is now being introduced nationally in a cascading process throughout the organisation and funded agencies. It is recognised that Performance Achievement is already in place in many parts of the HSE and funded agencies.

Implementation of Performance Achievement has commenced and initially

was supported by a series of training sessions for staff and managers. The policy and guidance document with the support of a suite of information and learning resources will be available on HSElanD from June 2020. The policy will also be available in hard copy and accessible online in all HSE library services. This will also include a webinar to assist staff in understanding the process. Following a change in the social distancing guidelines from the COVID-19 pandemic, train-the-trainers' video and role-play video will be developed.

A National Implementation Steering Group has been established to oversee the implementation of Performance Achievement within the HSE and funded agencies of the HSE.

So this year begins the practice for all staff to be able to take part in the Performance Achievement process. This involves a formal meeting between you and your manager to discuss your objectives for the year ahead in line with the HSE objectives. The outcomes of the meeting are underpinned by the principles of learning and development. This is an opportunity to discuss your future work and the requirements that will ensure you achieve the objectives and those of the HSE.

For further information, please contact Dr Susan Kent at susan.kent@hse.ie

participant's workplace that will have a positive impact in Irish healthcare.

For Claire Temple, Research and Innovation Manager St James Hospital, the postgrad in healthcare innovation taught her new ways to approach her work. "I am applying what I have learned in this postgrad to designing St James' Research and Innovation strategy," adding that the variety of students from all healthcare backgrounds really fortified her learning.

- HSE Scholarships available – closing date June 16th
- Overall closing date: June 30th
- Delivery: One year, part-time (six weekends over 12 months). Typically the Postgraduate is delivered through blended learning – face to face and online. If the current restrictions persist the entirety of the course will be delivered online.
- For more: hihi.ie

649 ENTRIES RECEIVED FOR THIS YEAR'S HEALTH SERVICE EXCELLENCE AWARDS

THE 2020 Excellence Awards Steering Group are delighted that 649 entries were received for the 2020 Awards. This is surely an insight into the dedication and commitment of health service staff to create better environments and services for both patients and staff.

Following shortlisting by the local co-ordinators of the Health Services Excellence Award, 65 projects were invited to present their projects to the Selection Committee in early March 2020. Over a three-day period the 65 presentations were made and one finalist selected from each of the seven categories:

- Improving Patient Experience
- Improving Child Health
- Supporting a Healthy Community
- Excellence in Quality Care
- Championing Mental Health
- Innovation in Service Delivery
- Innovation in Digital Excellence

Due to COVID-19 restrictions, the Health Services Excellence Awards process has been



paused. The next stage in this process will be to contact all who participated in the Presentations to the Selection Committee in March 2020 and to announce the finalists. This is scheduled for June 2020.

The ethos of the Health Services Excellence Awards is to give staff the opportunity to showcase projects and local initiatives underway that are making things better for both service users and staff in our health service. The Excellence Awards are also a platform for engaging staff and for building

an enabling environment for staff. The volume of entries this year can only be regarded as indicative of the commitment and confidence staff have in team initiatives and in their dedication to improving systems and providing a high quality service.

We do not always take time to pause, reflect and celebrate on what we have achieved together. Everyone is a winner and congratulations are extended to all entrants.

National HR and the Health Services Excellence Awards Steering group would like to thank the Shortlisting Panellists and the Selection Panels who reviewed the projects. The feedback from all involved with the Health Services Excellence Awards was that taking part – as an entrant or a reviewer - was not only energising but was also a privilege and a powerful insight into the role local initiatives can have on improving the working life of staff and the service provided to patients. Any further queries please contact Marie O'Sullivan at Marie.osullivan@hse.ie

Eradicating bullying a priority in our workplaces

ERADICATION of bullying behaviour is an on-going process in any organisation. The relationship between this behaviour and poor outcomes for patients is well-documented and evidenced.

Whilst many approaches to eradicating this behaviour are in operation, there is no comprehensive and dedicated approach to maintaining visibility of progress in this area. Achieving this approach assures our citizens of the civilised environment that HSE staff work within. This approach also reassures staff that this behaviour is not tolerated.

Many areas of liability, recruitment, retention and other facets within healthcare delivery are significantly affected if this issue is not maintained on a high visible reporting platform. National HR is dedicated to leading on this campaign.

Following the inaugural anti-bullying symposium in 2019, roadshows have been delivered nationally to many areas requesting further information. Work with several colleges is under way, exploring in particular bullying within a whole hospital system and development of an effective response to eradicating this issue. Collaborative research is also under way with a consortium of nursing schools from USA, Australia, China and Ireland.

A second symposium was held in the Printworks, Dublin Castle in February. Among the topics discussed were issues of leading change in a health system, international action research, patient safety, Irish research and HSE



Prof Sam McConkey, RCSI, speaking at the HSE second Anti-Bullying Symposium.

“ Achieving this approach assures our citizens of the civilised environment that HSE staff work within. This approach also reassures staff that this behaviour is not tolerated

policy. The details of the presentations covered the role of the bystander, concepts of individual and team resilience, civility in healthcare and thriving organisations.

In addition to addresses from the HSE CEO Paul Reid and National HR Director Ann Marie Hoey, the keynote address was delivered by the Chief of Staff for the Defence Forces, Vice Admiral Mark Mellett. The title of VA Mellett's address was 'Values as a Framework for a Safe Workplace'.

Following the symposium, several pieces of work require a dedicated approach such as:

- The HSE Dignity at Work policy requires amendment to align with the current research particularly on the concepts of: the role of the 'Bystander'. A group is being established from academic experts, HSE Colleges and Unions to refresh this policy.

- Pending available resources; a training program on the role of the 'Bystander' will be developed for implementation within the HSE, within one hospital system; a dedicated resource will be developed to implement elements of the Irish research findings; additional evaluation, complaints and training will be identified and developed.

- Continuation of the international consortium research.

- Establishment of additional processes such as; robust reporting processes; Identification of dedicated personnel to manage this issue locally; Enhancement of social media tools to assist in eradication this issue; and, Tendering for an evaluation process of the work to date

For further information, please contact Dr Susan Kent at susan.kent@hse.ie

FIONA MURPHY TAKES ON THE REINS AT SCREENING SERVICE

FIONA Murphy has accepted the position of Chief Executive of the National Screening Service and will commence in post on July 6th.

Fiona is currently the Director of National Specialist & Screening Division in NHS Scotland. Fiona hails from Cork originally and having studied in Aberdeen, she started her career as a Clinical Pharmacist and prescribing adviser before taking up management positions in community and hospital healthcare in Edinburgh and national services in NHS Scotland.

Commenting on her new role, Fiona said, "I am delighted to be joining the NSS and having the opportunity to work with you all as we progress together towards the next stage of the screening services strategic development."

Welcoming Fiona, Damien McCallion, HSE National Director, said, "I am very pleased that we have been able to attract someone with Fiona's track

record to lead the NSS at an important time for the service. I look forward to working with Fiona and the NSS Management Team to build on the solid foundations of quality assurance, strong governance and clinical leadership achieved to date.

"I would like to take this opportunity to thank Celine Fitzgerald for her contribution to the service over the last nine months. She has been unstinting in her work to help not just sustain the service but to enable developments such as the implementation of HPV Primary Screening in our Cervical Screening Service. I know I speak on behalf of all the staff when I express our sincere thanks to Celine for all her commitment and work with the service."

Damien and Celine are already in touch with Fiona to ensure a smooth handover.

HSE staff celebrate International Women's Day 2020 and share personal journeys

SINCE 2017, the HSE's Diversity, Equality and Inclusion Division (DEI) has organised an event for staff to celebrate International Women's Day, which falls on March 8th annually. This year, the HSE event took place in the Royal College of Physicians in Kildare Street, Dublin 2. The event was attended by 160 staff members, from many geographical areas within the HSE, and from many backgrounds and roles. A very enjoyable day was had by all.

International Women's Day is marked globally to celebrate the social, economic, cultural and political achievements of women. Events included a focus on unity, celebration, reflection, advocacy and action. International Women's Day also marks a 'call to action' for accelerating gender parity globally.

For 2020, the International Women's Day campaign theme was #EachforEqual - drawn from a belief of 'Collective Individualism.' We are all parts of a whole entity and our individual actions, conversations, behaviours and mindsets can have an impact on our larger society. Collectively, we can make change happen. Collectively, we can each help to create a gender equal world. We can all choose to be #EachforEqual.

As was the case in previous years, the HSE's IWD 2020 event was organised to reflect the selected international theme for 2020, and also included a focus on diversity, equality and inclusion throughout the day. This year, as part of our IWD agenda for the event, HSE was delighted to host three inspiring key note speakers:

- Mary McCarron, Professor of Ageing and Intellectual Disability and Director of the Trinity Centre for Ageing and Intellectual Disability
- Niamh Bhreathnach, Former Labour TD and minister for Education
- Dr Fiona O'Reilly, CEO, Safeynet Primary Care



The event also featured a significant segment where employees currently working in the HSE spoke about their own 'personal career journeys'.

HSE attendees on the day were delighted to hear presentations from the following staff members, who shared personal stories regarding their own careers and current roles:

- Leigh Gath, HSE Confidential Recipient
- Denise Cahill, Healthy Cities Co-ordinator (Cork)
- Grace Brennan, Project Search Intern, Naas Hospital,
- Kahlil Coyle, Deputy National Lead, Values In Action
- Nora McCarrick, Clinical Nurse Specialist, Palliative Care Team

Attendees at the 2020 event were invited to support individuals and families affected by homelessness through donations of particular items identified as being required immediately. HSE employees responded generously and we were delighted to be able to forward the donations to where they were needed directly following the event.

HSE National HR were delighted that so many staff were present to celebrate International Women's Day. This event was one of a series of events organised by National HR to support Diversity, Equality, Inclusion and Belonging in the workplace. We look forward to continuing to mark IWD and other significant events in the future.

For further information please contact NationalHR@hse.ie

NEW STRICTER RULES FOR FORMULA MARKETING

THE Food Safety Authority of Ireland (FSAI) and the specialised nutrition member companies of Dairy Industry Ireland (DII) have developed a new guidance document to provide guidance to the infant formula industry on compliance with food law governing commercial communications to health professionals in relation to infant formula products in Ireland.

New EU food law came into effect on February 22nd 2020 further restricts advertising and marketing of infant formula (formula products suitable for infants age 0-12months). All written, electronic and verbal communication to consumers and health professionals on infant formula must comply with the new laws. The rules have been tightened in the interest of promoting and protecting breastfeeding.

The restrictions involve discontinuing the use of most nutrition and health claims on infant formula. The impact will be notable in that product labels will be clearer. Statements claiming benefits related to individual nutrients are also not allowed*. For example, infant formula composition cannot be linked to breast milk, immune or gut health benefits (in either the presentation, labelling or advertising). However, if there is some new scientific development, this science can be communicated to health professionals.

**Some limited exceptions apply to a small number of products until February 2021. In addition, statements on Docosahexanoic Acid (DHA) and lactose are still permitted on all infant formula.*



Significant boost for mental health services as Psychiatry of Later Life facility opens

MENTAL health services in the Waterford area are marking a significant move, with the opening of the new Aidan's ward at the Waterford Residential Care Centre.

The Waterford Residential Care Centre project has recently been completed on a site adjacent to St Patrick's Hospital. The new Aidan's ward will comprise of 20 en-suite single bedrooms in purpose-built modern accommodation, to replace a shared model for Psychiatry of Later Life residents previously provided at a building located on the grounds of the nearby St Otteran's Hospital.

Three further units within the Waterford Residential Care Centre, totalling 80 en-suite single bedrooms, will replace long stay accommodation for the elderly previously housed in wards at the adjacent St Patrick's Hospital.

The transfer of residents from St Aidan's took place on schedule in March. In addition to being a long awaited move to more comfortable surrounds in line with meeting criteria set by the Mental Health Commission, the relocation will also aid clinical management in the context of adhering to current COVID-19 infection control measures.

Construction of the new €25.4m 100-bed Residential Care Centre began in early 2018. An equipping/fit-out (commissioning) stage was undertaken earlier this year and operational usage began in March. An existing protected structure on site was refurbished internally and externally to form a new

“ It is a specialist mental health service for people over the age of 65 who haven't used mental health services before

main entrance and foyer for the Centre. A production kitchen and related community and garden/courtyard spaces feature within the development, external to the wards. A previous convent building on site was demolished as part of the project. A total of 100 car parking spaces, vehicular set down areas, bicycle parking, landscaping and a new main entrance on St Patrick's Way were also part of the project.

Psychiatry of Later Life is a specialist mental health service for people over the age of 65 who haven't used mental health services before and have been referred by a GP or Consultant. The Psychiatry of Later Life team work in partnership with local GPs, hospitals and other health care and social services.

Speaking about the move, David Heffernan, Head of Service/Mental Health for South East Community Healthcare, said, "The new, state-

of-the-art facility is a great achievement in community healthcare in the Waterford area. People will be familiar with the outstanding care given by Assistant Director of Nursing Margaret Reid and her team to residents at the previous St Aidan's ward on the grounds of St Otteran's. It is a massive step forward for Psychiatry of Later Life care and for the residents and families involved to locate to the Waterford Residential Care Centre. In working to meet expectations set by the Mental Health Commission, it has been part of our plans for some time to effect this move.

"The fact that we have been able to complete the move at a difficult time for everyone, bearing in mind that families are currently co-operating with us in a ban on visiting (save in exceptional circumstances), is a tribute to the staff – for whom this relocation also makes possible a better service in a more suitable environment. We look forward to coming through the current pandemic phase safely, to thereafter fully enjoy what is a new home for our residents and one of the finest facilities of its kind in the country for families of those requiring long stay Psychiatry of Later Life residential care."

The nine nursing and healthcare worker staff shown at the new Aidan's ward are (l-r): Godsave, Fiona, Melissa, Liuba, Joanne, Sibéal, Catherine, Ava and Margaret Reid, Assistant Director of Nursing, Waterford Mental Health Services/Aidan's Ward.

Coronavirus COVID-19



Coronavirus
COVID-19
Health &
Safety
Advice

SOCIAL DISTANCING AT WORK



Wherever possible, staff should maintain physical distancing of at least 2 metres from each other.

Staff should wear PPE as appropriate and divide work-spaces with physical barriers where possible and appropriate.



Work-from-home / staff redistribution / roster revisions should all be explored to help reduce staff density on-site.

Increase frequency of cleaning for high-touch surfaces like door handles and toilet facilities.



Drinking receptacles and communal drinking water sources should be cleaned and sanitised on a regular basis.

Staff should not attend work, under any circumstances, if they develop COVID-19-relevant symptoms (cough OR fever OR shortness of breath)



If a staff member is feeling unwell and cannot go home immediately, they should be isolated in a separate room until they can go home.

Clean personal and communal equipment at the start and end of each shift (Desktops, Keyboards, Phones and Photocopier).



Shared spaces (meeting rooms, canteens and lifts) that cannot facilitate physical distancing should have access restricted.

Actively encourage physical distancing, good hand hygiene, good cough etiquette and good respiratory hygiene.



Coronavirus **COVID-19**



Coronavirus
COVID-19
Public Health
Advice

**Stay home. Stay safe.
Protect each other.**

**Know the symptoms. If you have
them, self-isolate and contact a GP.**

Continue to:



Wash

your hands well
and often to avoid
contamination.



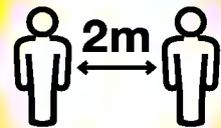
Cover

your mouth and nose
with a tissue or sleeve
when coughing or
sneezing and discard
used tissue safely.



Limit

contact with others
when out and about.



Distance

yourself at least
2 metres (6 feet) away
from other people,
especially those who
might be unwell.

Symptoms of COVID-19

- > a fever (high temperature – 38 degrees Celsius or above)
- > a cough – this can be any kind of cough, not just dry
- > shortness of breath or breathing difficulties

#holdfirm

Visit **HSE.ie** for updated factual
information and advice