



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of Wexford General Hospital.

Monitoring programme against the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services* during the COVID-19 pandemic

Date of inspection: 26 November 2020

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

Table of Contents

1.0 Information about this monitoring programme	6
1.1 Hospital Profile	9
1.2 Information about this inspection	9
2.0 Inspection Findings	10
2.1 High risks identified during the unannounced inspection.....	10
2.2 Capacity and Capability.....	11
2.2 Quality and Safety	18
3.0 Conclusion	28
4.0 References	31

1.0 Information about this monitoring programme

Under the Health Act 2007, Section 8(1) (c) confers the Health Information and Quality Authority (HIQA) with statutory responsibility for monitoring the quality and safety of healthcare among other functions. In light of the ongoing COVID-19 pandemic, HIQA has developed a monitoring programme to assess compliance against the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*¹ during the COVID-19 pandemic.

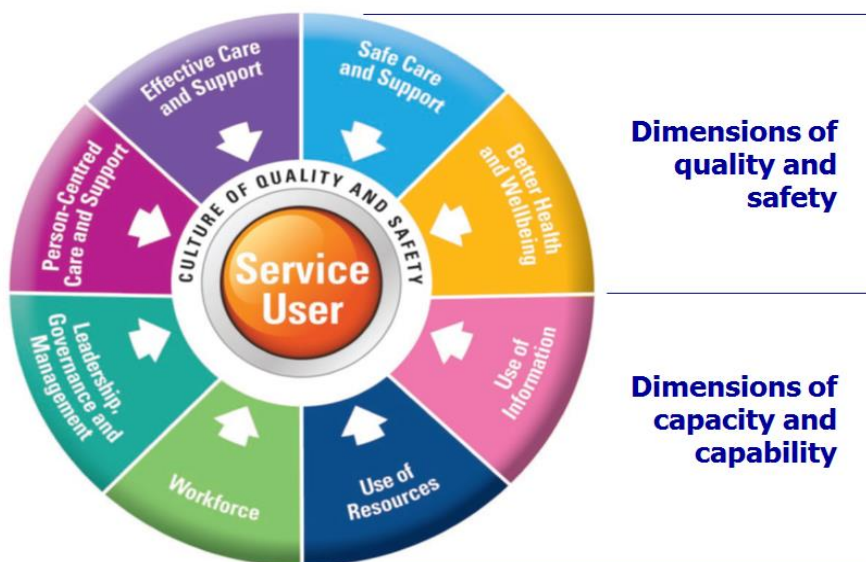
The national standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

Inspection findings are grouped under the national standards dimensions of:

- 1. Quality and safety**
- 2. Capacity and capability**

Under each of these dimensions, the standards* are organised for ease of reporting.

Figure 1: National Standards for the prevention and control of healthcare-associated infections in acute healthcare services (2017).



* National Standards for the prevention and control of healthcare-associated infections in acute healthcare services

Report structure

The lines of enquiry for this monitoring programme of infection prevention and control in acute healthcare services will focus on six specific national standards within four of the eight themes of the standards, spanning both the capacity and capability and quality and safety dimensions.

This monitoring programme assesses acute healthcare services' **capacity and capability** through the following standards:

Capacity and Capability	
Theme	Standard
5: Leadership, Governance and Management	Standard 5.3: Service providers have formalised governance arrangements in place to ensure the delivery of safe and effective infection prevention and control across the service
6: Workforce	Standard 6.1: Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.

HIQA also assesses acute healthcare services' provision under the dimensions of **quality and safety** through the following standards:

Quality and Safety	
Theme	Standard
2: Effective Care & Support	Standard 2.6: Healthcare is provided in a clean and safe physical environment that minimises the risk of transmitting a healthcare-associated infection. Standard 2.7 Equipment is cleaned and maintained to minimise the risk of transmitting a healthcare-associated infection.
3: Safe Care and Support	Standard 3.1. Service providers integrate risk management practices into daily work routine to improve the prevention and control of healthcare-associated infections. Standard 3.8 Services have a system in place to manage and control infection outbreaks in a timely and effective manner.

Judgment Descriptors

The inspection team have used an assessment judgment framework to guide them in assessing and judging a service’s compliance with the National Standards. The assessment judgment framework guides service providers in their preparation for inspection and support inspectors to gather evidence when monitoring or assessing a service and to make judgments on compliance.

Following a review of the evidence gathered during the inspection a judgment has been made on how the service performed. The following judgment descriptors have been used:

Compliant	Substantially compliant	Partially compliant	Non-compliant
A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant National Standards.	A judgment of substantially compliant means that the service met most of the requirements of the National Standards but some action is required to be fully compliant.	A judgment of partially compliant means that the service met some of the requirements of the relevant National Standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for patients over time if not addressed.	A judgment of non-compliant means that this inspection of the service has identified one or more findings which indicate that the relevant standard has not been met, and that this deficiency is such that it represents a significant risk to patients.

1.1 Hospital Profile

Wexford General Hospital is a model 3 acute hospital which is owned and managed by the Health Service Executive and is part of Ireland East Hospital Group (IEHG).[†] The hospital provides a range of services including medical, surgical, paediatric and maternity and a 24 hour emergency service including a range of diagnostic and support services. The hospital has a bed capacity of 227 beds.

1.2 Information about this inspection

This inspection report was completed following an unannounced inspection carried out by Authorised Persons, HIQA; Bairbre Moynihan, Kay Sugrue and Patricia Hughes on 26 November 2020 between 09:37 hrs. and 16:05 hrs.

HIQA's focus during this inspection included a detailed evaluation of how, on the day of the inspection, the hospital organised themselves to minimise the spread of healthcare-associated infections; with a particular focus on systems to prevent, detect and manage COVID-19.

Inspectors spoke with hospital managers, staff, representatives from the Infection Prevention and Control Committee and patients. Inspectors also requested and reviewed documentation, data and observed practice within the clinical environment in a sample of clinical areas which included:

- Joseph's Ward (non COVID-19 pathway)
- Bridget's Ward (COVID-19 pathway).

In addition, inspectors conducted a walkthrough of the Emergency Department.

HIQA would like to acknowledge the cooperation of the hospital management team and staff who facilitated and contributed to this inspection.

[†] Hospital groups: The hospitals in Ireland are organised into seven hospital groups. 1. Ireland East Hospital Group. 2. Dublin Midlands Hospital Group. 3. South/South West Hospital Group. 4. Saolta University Health Care Group. 5. University of Limerick Hospitals Group. 6. RCSI Hospitals Group. 7. Children's Health Ireland Hospital Group

2.0 Inspection Findings

The following sections present the general findings of this unannounced inspection. To present the general findings of this unannounced inspection the report is structured as follows:

- Section 2.1 High risks identified during the unannounced inspection
- Section 2.2 Capacity and Capability
- Section 2.3 Quality and Safety.

2.1 High risks identified during the unannounced inspection

During the onsite inspection the following high risks were identified and escalated to the hospital manager of Wexford General Hospital on 30 November 2020 for immediate measures to be put in place to mitigate these risks:

- Patients were not pre-triage assessed by a clinical decision maker on presentation to the Emergency Department to enable streaming of patients in to COVID-19 and non COVID-19 pathways in line with national guidance.²
- Inspectors found there were no defined parallel streams in place in line with national guidance.² Furthermore, there was no contingency plan to implement parallel streaming should a surge in numbers of patients presenting with symptoms of COVID-19 occur.
- Inspectors were informed that there was crossover of staff caring for patients with COVID-19 and patients without COVID-19 and that this was reported to have occurred on a regular basis.

Response to high risks identified by HIQA

The hospital manager of Wexford General Hospital responded to HIQA on 1 December 2020 outlining:

- An Emergency Department pre-triage assessment will be established at the Emergency Department entrance staffed by a nurse or registrar.
- The hospital had infrastructural challenges so were unable to manage two pathways in separate areas in line with national guidance.² However, all patients presenting with symptoms of COVID-19 were isolated in a single room on one side of the Emergency Department. Correspondence received also indicated that the pathways designed had been risk assessed by the infection prevention and control team in conjunction with the COVID-19 Executive Committee. Furthermore, the hospital had surge plans in place should an increase in patients presenting to the Emergency Department with symptoms of COVID-19 occur.

- Wherever possible, for the duration of each shift and depending on sufficient levels of staff, designated staff were assigned to care for patients with COVID-19. The hospital manager also stated that the minimisation of crossover of staff would be reiterated to all managers. In addition, an audit of compliance with personal protective equipment was to commence in December 2020.

2.2 Capacity and Capability

This section describes arrangements for the leadership, governance and management of the service at this hospital, and HIQA's evaluation of how effective these were in ensuring that a high quality safe service was being provided. It includes how the service provider is assured that there are effective governance structures and oversight arrangements in place for clear accountability, decision-making, risk management and performance assurance. This includes how responsibility and accountability for infection prevention and control is integrated at all levels of the service. This is underpinned by effective communication among staff. Inspectors also reviewed how service providers plan, manage and organise their workforce to ensure enough staff are available at the right time with the right skills and expertise and have the necessary resources to meet the service's infection prevention and control needs.

Theme 5: Leadership, Governance and Management

Standard 5.3: Service providers have formalised governance arrangements in place to ensure the delivery of safe and effective infection prevention and control across the service

Judgment Standard 5.3: Partially Compliant

- The hospital had not implemented adequate separation of patient areas in the Emergency Department in line with national guidance.²
- Insufficient oversight of the Infection Prevention and Control Committee and the Hygiene Services Committee with only one meeting of both committees taking place in 2020.
- Antimicrobial stewardship activities were curtailed for 14 months from September 2019 to November 2020.
- The hospital transfer form included the patient's infection prevention and control status but contained no prompts in relation to COVID-19 or multi-drug resistant organisms.

Corporate and Clinical Governance

The hospital infection prevention and control team had day-to-day responsibility for delivering the infection prevention and control programme. The infection prevention and control team reported to the Infection Prevention and Control Committee. The

Infection Prevention and Control Committee reported to the Quality and Safety Executive Committee on a quarterly basis and upwards to the Board of Management.

Minutes from committees within hospital infection prevention and control governance arrangements were reviewed by inspectors. These minutes indicated a number of these committees had temporarily ceased for several months. For example:

- The Infection Prevention and Control Committee had not met from 24 October 2019 to 1 October 2020 when these meetings had resumed. Committee meetings were due to take place quarterly in line with its terms of reference.
- The Hygiene Services Committee had not met from 29 May 2018 until 2 November 2020. Management stated that these meetings had recommenced following the appointment of a Quality Co-Ordinator.
- The Quality and Safety Executive Committee had not met between the 25 February 2020 and the 21 July 2020.

On review of documentation inspectors found that infection prevention and control team surveillance reports were provided to the director of nursing twice since the onset of the pandemic. These will be discussed under Monitoring, Audit and Quality Assurance arrangements.

Inspectors were informed that the infection prevention and control team was also represented on a number of committees within the hospital committee structure including the Decontamination Committee which was a sub-group of the Infection Prevention and Control Committee and the Hygiene Services Committee.

In response to the COVID-19 pandemic, the hospital convened a COVID-19 preparedness meeting which met weekly commencing in March 2020. In addition, multi-professional COVID-19 Operational Committee meetings were convened daily, reduced to three times weekly and then to twice weekly as the number of patients with COVID-19 declined. Terms of reference of the group identified that the purpose of the meeting included providing regular and consistent oversight of the demands on front line services and emerging issues of concern within the hospital. This group reported to the COVID-19 Executive Committee. The COVID-19 Executive Committee commenced meetings in early October 2020 and replaced the COVID-19 Preparedness Committee. The COVID-19 Executive Committee chaired by the hospital manager met weekly and reported to the Board of Management and or the hospital group if required. Minutes reviewed found there was consistent attendance from senior management including representatives from infection prevention and control and senior clinicians at the meetings.

The hospital manager and infection prevention and control nurse reported regularly to the hospital group Healthcare Associated Infections and Antibiotic Microbial Resistance Group and also attended and presented key performance indicators on infection prevention and control at monthly hospital group performance meetings.

The hospital had a standing outbreak committee, membership of which was multidisciplinary. COVID-19 preparedness and outbreak management will be further discussed in section 2.3 of this report.

Antimicrobial Stewardship Programme

The antimicrobial pharmacist reported to the Infection Prevention and Control Committee and the Drugs and Therapeutics Committee. Antimicrobial stewardship was a standing agenda item at these meetings.

Documentation reviewed identified that no antimicrobial pharmacist was in position from September 2019 to November 2020 with a resultant curtailment of the antimicrobial stewardship programme. Documentation reviewed noted an increase in overall consumption of antimicrobials by 3% in quarters one and two of 2020 compared to 2019. However, carbapenem[†] usage decreased by 9% during the same period. No further data was available for 2020.

In the context of a hospital that had two cases of healthcare associated *Carbapenemase-Producing Enterobacteriales* (CPE)[§] of unknown origin in 2020 to date and multiple cases of unlinked *Clostridioides difficile*, the hospital must ensure that the antimicrobial stewardship programme is re-established, supported, strengthened and developed so that it complements the infection prevention and control programme.

Emergency Department and Hospital Capacity

As outlined in section 2.1 Wexford General Hospital had not implemented adequate separation of patient areas in the Emergency Department in line with national guidance.² In addition concerns relating to the lack of two pathways for patients presenting with possible COVID-19 and non-COVID-19 were articulated to inspectors during the inspection and minutes from the COVID-19 Executive Committee from 21 October 2020 identified that this issue had also been previously raised by senior clinical decision makers within the hospital. Minutes indicated that due to a number of medical and nursing vacancies the hospital was unable to reinstate two pathways.

[†] Carbapenems are a group of highly effective antibiotics for example meropenem.

[§] Carbapenemase-Producing *Enterobacteriales* (CPE), are Gram-negative bacteria that have acquired resistance to nearly all of the antibiotics that would have historically worked against them. They are therefore much more difficult to treat.

Following this inspection, management stated that this was escalated to IEHG in October 2020. However, it remained an issue on the day of inspection.

Inspectors were informed that building had commenced on an extra seven bays in the Emergency Department and additional waiting area which was due to be completed in March 2021. In the interim senior management and staff must be assured of the effectiveness of the patient pathways implemented by the hospital in the Emergency Department and that they provide a safe environment for patients presenting with both possible COVID-19 and non-COVID-19 conditions.

On the day of the inspection the hospital had no confirmed cases of COVID-19 but had a number of patients with symptoms of COVID-19 who were awaiting results. The hospital had allocated Bridget's Ward as the designated COVID-19 ward for patients with possible or confirmed COVID-19. The hospital had reconfigured the ward to create additional temporary isolation rooms. It was operational as the COVID-19 ward from 2 November 2020. Furthermore, the hospital had created a second Intensive Care Unit where patients with suspected or confirmed COVID-19 could be placed.

In addition, the hospital had devised Emergency Department and Intensive Care Unit surge plans for the curtailment of scheduled care should a surge in patients presenting to the Emergency Department or requiring Intensive Care occur.

Monitoring, Audit and Quality assurance arrangements

The infection prevention and control surveillance programme included surveillance of 'alert' organisms^{**}, 'alert' conditions,^{††} and Notifiable Diseases including COVID-19, hospital-acquired *Staphylococcus aureus* bloodstream infections and hospital-acquired *Clostridioides difficile* infection.³

Assurance as to the effectiveness of the infection prevention and control systems and processes in place was provided through audit and monitoring of multiple elements of the infection prevention and control programme. These included but were not limited to:

- Compliance with hand hygiene practices in each clinical area (monthly).
- Number of patients with newly detected CPE from screening.
- Number of CPE screens taken per month.
- Audit of compliance with completion of the inpatient COVID-19 screening tool.

^{**} Alert organisms are identified in the microbiology laboratory and include organisms such as CPE and other antibiotic resistant organisms

^{††} Alert conditions include physical symptoms such as skin rashes, vomiting, diarrhoea, respiratory illness that could be due to an infectious illness

- Recently commenced auditing compliance with staff common areas.
- Audit of compliance with the completion of the infection prevention and control admission assessment form (label).
- Care bundles⁺⁺ compliance levels including peripheral vascular cannula and urinary catheter care bundles in each clinical area.

In addition inspectors were informed following the inspection that a personal protective equipment audit tool had been developed with a view to commencing audits of compliance with personal protective equipment. Management must ensure that this is implemented with subsequent time bound action plans enacted.

Policies, Procedures and Guidelines

The hospital had a suite of infection prevention and control guidelines which covered aspects of standard precautions, transmission-based precautions and outbreak management. The outbreak management policy required updating at the time of inspection. Policies, Procedures and Guidelines were developed in conjunction with the South East Regional Infection Prevention and Control Team. This team included representation from hospitals from within two hospital groups and a Community Health Organisation: South/South West Hospital Group, Ireland East Hospital Group and Community Health Organisation 5.^{§§}

A protocol for the management of patients in Wexford General Hospital in a COVID-19 pandemic was provided to inspectors. The draft protocol was developed in November 2020. This should be formally ratified by senior management following this inspection.

Influenza Vaccination

Uptake rates for influenza vaccine amongst hospital staff in the 2019/2020 influenza season was 64%. This was above the national uptake target of 60%.⁴

Vaccinations were administered by a team of peer vaccinators. Senior management had reported good uptake of the vaccine for the 2020/2021 influenza season at the time of inspection with approximately 70% of staff vaccinated with a desired hospital target of 80% which if achieved will exceed the national target of 75%.⁴ However, a low uptake was reported among midwives and healthcare assistants.

Quality Improvement Plan (QIP)

The hospital had implemented a quality improvement plan to address the findings of a HIQA inspection undertaken on the 16 January 2019.⁵ The majority of

⁺⁺ A care bundle consists of a number of evidence based practices which when consistently implemented together reduce the risk of device related infection.

^{§§} Community Health Organisation 5 consists of South Tipperary, Carlow, Kilkenny, Waterford and Wexford

recommendations from the report had been implemented with three ongoing in relation to decontamination of reusable medical devices with a due date of quarter two 2021. However, HIQA highlighted in the 2019 inspection⁵ the hospital's practice of decontamination of integrated sharps trays in the washer disinfectors in the dirty utility.*** This had not been addressed in the quality improvement plan.

Furthermore, inspectors were informed that the practice was continuing. This will be further discussed under Theme 2: Effective Care and Support.

Coordination of care within and between services

An inspector reviewed the hospital transfer form. The patient's infection prevention and control status was included on the form but contained no prompts in relation to COVID-19 or multi-drug resistant organisms.

Management informed inspectors that patients for transfer to long-term care facilities were tested for COVID-19 within 72 hours prior to transfer in line with national guidelines.⁶

Theme 6: Workforce

Standard 6.1: Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.

Judgment Standard 6.1: Substantially Compliant

- Infection prevention and control team did not have oversight of all infection prevention and control training provided to staff.
- Training records such as standard and transmission based precautions and personal protective equipment were not centrally collated.
- Low uptake of hand hygiene and fit testing⁺⁺⁺ of FFP2⁺⁺⁺ masks amongst a number of staff disciplines needs to be reviewed.

Infection Prevention and Control Education

The infection prevention and control programme was delivered by the infection prevention and control team. Infection prevention and control nurse staffing levels were 1.8 WTE^{§§§} during the first wave of the COVID-19 pandemic: 0.8 WTE assistant

*** A room equipped for the disposal of body fluids and the decontamination of reusable equipment such as bedpans, urinals, commodes and body fluid measuring jugs.

+++ Tight-fitting facemasks rely on having a good seal with the wearer's face. In order to be effective the mask must fit tightly to the wearers face, fit testing should be undertaken by a trained professional.

+++ An FFP2 facemask is recommended for patients with respiratory symptoms or suspected or confirmed COVID-19 who require an aerosol generating procedure.

§§§ Whole-time equivalent (WTE): allows part-time workers' working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to a full-time worker. 0.5 refers to an employee that works half full-time hours.

director of nursing and 1.0 WTE clinical nurse specialist until May 2020. Furthermore, the assistant director of nursing was required to provide an additional 0.2 WTE support to CHO5.

During the initial stage of the pandemic, infection prevention and control team resources were relatively low. However, the hospital had worked to improve staffing resources including:

- An infection prevention and control nursing post which was vacated in May 2020 was filled in June 2020.
- Approval was provided by the hospital group to recruit a further 1.0 WTE infection prevention and control nurse.
- An infection prevention and control nurse post was upgraded to assistant director of nursing level.
- Consultant microbiologist hours were increased from 0.6 WTE to 1.0 WTE.
- 1.0 WTE administrative support.

The hospital had an infection prevention and control link nurse**** programme in place. However, inspectors were informed that due to infection prevention and control nurse staff shortages no meetings had taken place for the previous six months.

Occupational health supports were provided onsite. The hospital had 2.0 WTE occupational health nurses with approval for additional staffing. Contact tracing was carried out by the Occupational Health Department. However on the day of the inspection, inspectors were informed that due to staffing constraints, swabbing for staff presenting with symptoms of COVID-19 was not provided by the Occupational Health Department. Instead this was carried out in the Medical Assessment Unit Monday to Friday and the Emergency Department at weekends.

Infection Prevention and Control Education

Infection prevention and control training was provided to all hospital staff through monthly training sessions on hand hygiene and standard precautions delivered by members of the infection prevention and control team.

Standard precautions training was not mandatory in Wexford General Hospital. However, hand hygiene training was mandatory every two years. Staff could also complete eLearning via HSELand⁷ "breaking the chain of infection" and hand hygiene. Hand hygiene training records for the previous two years indicated that only 22% of medical staff had completed the training, 47% of midwives and 78% of nursing staff. Inspectors identified a notable decrease in hand hygiene training

**** An infection prevention and control link nurse's role was to increase awareness of infection control issues in the hospital and motivate staff to improve practice.

compliance amongst medical staff since the HIQA inspection in 2019⁵ and one which should be addressed by management following this inspection.

The hospital had initiated a personal protective equipment “champions” programme. This was co-ordinated through the clinical risk department. Wexford General Hospital developed a video on the donning and doffing of personal protective equipment.

Management stated that fit testing for FFP2 facemasks to avoid COVID-19 transmission was co-ordinated by a nurse external to the infection prevention and control team. The training was provided by an external company to all clinical staff likely to undertake procedures that involve or may involve the generation of aerosols (aerosol generating procedures (AGPs)). Records reviewed showed that there was a good uptake of fit testing for staff in the Intensive Care Unit. However, inspectors identified scope to improve the training provided to staff in the Emergency Department where only 26% of medical staff and 61% of nursing staff were fit tested. The Emergency Department is an area where aerosol generating procedures are frequently undertaken and therefore training should be targeted first on staff members most likely to undertake these procedures.

While management had good oversight of hand hygiene training, inspectors were informed that training records for infection prevention and control training were not managed centrally by the infection prevention and control team but were managed by frontline managers in their respective areas. Inspectors found that there was scope to improve infection prevention and control training records to ensure there was better oversight at management level. Records such as standard and transmission based precautions and personal protective equipment were not centrally collated. This in effect meant that the infection prevention and control team did not have oversight of all infection prevention and control training provided to staff.

2.2 Quality and Safety

This section looks at how acute healthcare services ensure that infection prevention and control outbreak/s including COVID-19, are managed to protect people using the healthcare service. This includes how the services identify any work practice, equipment and environmental risks and put in place protective measures to address the risk, particularly during a pandemic.

It also focuses on how these services ensure that staff adhere to infection prevention control best practice and antimicrobial stewardship to achieve best possible outcomes for people during the ongoing COVID-19 pandemic.

Theme 2: Effective Care and Support

Standard 2.6: Healthcare is provided in a clean and safe physical environment that minimises the risk of transmitting a healthcare-associated infection.

Judgment Standard 2.6: Non-Compliant

- Patients were not pre-triage assessed by a clinical decision maker on presentation to the Emergency Department to enable streaming of patients in to COVID-19 and non COVID-19 pathways in line with national guidance.²
- There was no separation of patient waiting areas in the Emergency Department.
- Staff were regularly assigned to care for patients with COVID-19 and without COVID-19 on the one shift.
- Insufficient number of showering and toilet facilities on both Bridget's and Joseph's ward.
- Infrastructure of Joseph's ward was outdated and was not in line with desirable modern standards.
- Shared ancillary rooms on Bridget's ward resulting in increased footfall.
- The majority of hand hygiene sinks on both wards were not compliant with HBN 00-10 Part C: Sanitary assemblies.
- Healthcare clinical waste bags were placed in non-healthcare waste bins.
- Patients were isolated with different multi-drug resistant organisms within a seven-bedded room.
- It was identified that staff were not physical distancing during meal breaks.

Emergency Department Environment and Infrastructure

The Emergency Department was built in 2014 containing 12 single rooms of which two had en-suite facilities. The Emergency Department also had a resuscitation room with two bays. One of the single rooms and the resuscitation room contained negative pressure ventilation.^{††††}

Due to the ceasing of scheduled care during the first wave of the pandemic the hospital had the ability to introduce a Respiratory Assessment Unit for patients presenting with symptoms of COVID-19. However, as the hospital resumed normal services and numbers of patients presenting with symptoms of COVID-19 decreased

†††† Negative pressure ventilation facilitates the flow of air from areas with higher pressure to areas with lower pressure. This controls the airflow into an isolation room while preventing air escaping from the room. Negative pressure rooms are used in hospitals for patients with airborne infections to prevent person-to-person cross infection.

the Respiratory Assessment Unit was decommissioned. As discussed in section 2.1 senior management at Wexford General Hospital informed HIQA that due to infrastructural challenges in the Emergency Department the hospital was unable to implement defined parallel streaming of patients to possible COVID-19 and non-COVID-19 streams. The hospital had designated one side of the Emergency Department for the placement of patients with COVID-19. However, rooms designated for COVID-19 patients were not kept free and occupancy was dependent on the numbers of patients presenting to the Emergency Department on any given day. Therefore inspectors were not assured that processes described would be sufficiently rigorous should a surge in patients presenting with possible COVID-19 occur. In addition, there was no separation of patient waiting areas.

HSE guidance² states that it is recommended that patients self-presenting to the Emergency Department undergo a formal COVID-19 risk assessment conducted by a senior decision maker in a single task streaming area or navigation hub and be subsequently allocated to either the COVID-19 or non-COVID 19 pathways. Furthermore streaming should occur pre-registration.² Inspectors found that this was not the case at Wexford General Hospital. For example, on presentation to the hospital, patients completed a "COVID-19 Self Declaration Form" after registration and inspectors were informed that if a patient identified any symptoms of COVID-19 the patient was isolated in a single room. As discussed in section 2.1, following the inspection, the hospital were to implement a pre-triage assessment in line with national guidance.²

In order to ensure patient flow^{****} through the Emergency Department, the hospital instigated five huddles per day with the attendance of the clinical nurse manager from patient flow. Delays in patient flow were identified and solutions discussed. Patients with non-COVID-19 related conditions were streamed through the Medical Assessment Unit or Surgical Assessment Unit. The Surgical Assessment Unit was set up in response to COVID-19 and was open from Monday to Friday. Senior management stated that this had aided patient flow within the Emergency Department.

Bridget's Ward

Bridget's ward was originally a 38-bedded ward but since 2 November 2020 the ward was reconfigured and reduced to a 19-bedded ward dedicated for patients admitted with possible or confirmed COVID-19. The ward had seven single rooms, all en-suite, two of which were negative pressure isolation rooms containing an ante-room. During the reconfiguration an additional eight temporary single rooms were created. The reconfigured single rooms were small in size, did not facilitate

**** Patient flow is defined as the movement of patients, information or equipment between departments, staff groups or organisations as part of a patients care pathway.

movement of equipment or trolleys into or out of the room, as a result patients were risk assessed as to their suitability to be placed in these rooms. Showering and toilet facilities were shared between four patients. Management informed an inspector that where possible a commode was provided to patients in these rooms. In addition, hourly cleaning of showering and toilet facilities was in place. The ward also contained a multi-occupancy bay containing four beds. Patients without COVID-19 were admitted to the multi-occupancy bay.

Since the reconfiguration of the ward, ancillary rooms such as the dirty utility, clean utility and ward kitchen were shared with an adjacent ward. This was far from ideal resulting in increased footfall to the designated COVID-19 ward.

On the day of the inspection no patients with confirmed COVID-19 were admitted to the ward. A number of patients with possible COVID-19 were awaiting swab results. Appropriate signage to indicate patients requiring infection prevention and control precautions was placed on all doors with the doors to the isolation rooms closed.

As discussed in section 2.1 an inspector was informed that nursing staff were assigned to patients with possible or confirmed COVID-19 and patients without COVID-19 in the one shift. Furthermore, medical teams and ward cleaning staff were not assigned to COVID or non-COVID teams at the time of the inspection. In order to mitigate this risk the hospital had introduced universal personal protective equipment for both high and low patient care activities. However, in line with national guidance⁶ wherever possible, designated staff should be assigned to care for patients with confirmed COVID-19 infection. Following this inspection management stated that staffing is risk assessed daily based on staffing resources and skills.

Overall the ward area was clean with few exceptions. General wear and tear was noted throughout the ward including chipped wood and paint on doors and walls. The majority of hand hygiene sinks on the ward were not compliant with HBN 00-10 Part C: Sanitary assemblies.⁸ Enhanced cleaning of bathrooms and frequently touch points was in place in line with national guidance.⁹ An environmental hygiene audit was completed following the ward opening as a designated COVID-19 ward with an overall score of 94%. In addition, a spot audit was carried out by the "spot check team" the following day. No overall score was provided, however issues were identified and a time bound action plan was devised by the clinical nurse manager.

Inspectors noted that healthcare clinical waste bags were placed in non-healthcare waste bins. Inspectors were informed that there was a shortage of healthcare clinical waste bins. Minutes reviewed from the Infection Prevention and Control Committee from October 2020 identified this issue with possible solutions discussed. In addition, minutes reviewed of the Hygiene Services Committee from November 2020 identified that 40 bins had been ordered. The hospital waste management

policy was reviewed by an inspector. The policy remained in draft format and needs to be formally ratified. Final policy documents must be signed off by senior management and or relevant governance processes confirming the policy meets the standard required for a robust policy.¹⁰ In addition management must strive to ensure compliance with its' draft waste management policy and national policy in relation to the segregation of waste.

Joseph's Ward

Joseph's ward was a 24-bedded ward comprising one three-bedded bay and three seven-bedded bays. The ward had no single rooms. The overall infrastructure of the ward was outdated and not in line with desirable modern standards.¹¹ For example there was inadequate showering and toilet facilities with one shower available for 14 patients.

The hospital did not have adequate single room facilities to effectively isolate or segregate all patients being cared for with transmission-based precautions. On the day of inspection patients were isolated with different multi-drug resistant organisms within a seven-bedded room with patients with no known multi-drug resistant organisms. Such an approach is not ideal in an acute hospital setting as it does not facilitate effective containment of transmissible infections.

Furthermore inspectors identified that in the seven-bedded multi-occupancy rooms, the potential to maintain physical distancing while conducting all aspects of patient care could likely be difficult to sustain.¹² This should be reviewed and risk assessed following this inspection.

Inspectors found similar findings in relation to waste management as observed in Bridget's ward. In addition, no healthcare clinical waste bin was available in the multi-occupancy room where contact precautions were in place.

Overall, the ward was generally clean with few exceptions. General wear and tear was noted throughout including a hole in the wall on the corridor, chipped paint on walls and radiators. The majority of hand hygiene sinks were not compliant with HBN 00-10 Part C: Sanitary assemblies.⁸ Both antimicrobial soap and plain soap were available at hand hygiene sinks throughout the ward. The use of antimicrobial soaps is associated with skin care issues and is not recommended for everyday clinical practices and therefore should be reviewed.⁹ Alcohol-based hand rub was also available at the point of care.

Incidental Findings

Management informed inspectors that they had identified breaches in physical distancing amongst staff as an issue and had developed a "Common areas staff audit tool" and commenced "Social Distancing/Covid Senior Management Walk

Rounds” in November 2020 with an accompanying action plan. In order to facilitate physical distancing demarcations had been placed on the flooring in the common area observed by an inspector. However, inspectors observed that staff were not maintaining physical distancing during meal breaks. Furthermore, inspectors were informed that staff had been close contacts of unknown positive cases during meal breaks. Physical distancing during meal breaks amongst staff must be a focus for improvement. In addition, staff must take personal responsibility to maintain physical distancing during meal breaks in line with national guidance.⁶

Discussion with Patients

Patients were generally very positive in their feedback to inspectors and expressed satisfaction about the standard of environmental hygiene and the care provided within the wards inspected. However, it was identified that alcohol hand rub was not available to all patients to use prior to and after mealtimes. This was brought to management’s attention on the day of inspection.

Standard 2.7 Equipment is cleaned and maintained to minimise the risk of transmitting a healthcare-associated infection.

Judgment Standard 2.7: Substantially Compliant

- Integrated sharps trays were decontaminated in the washer-disinfector. This practice is not recommended. This issue had also been highlighted in a previous HIQA inspection report in January 2019.⁵

Equipment hygiene

While some equipment was clean in both wards inspected, areas for improvement were identified. For example; red staining was noted on patient equipment in Bridget’s ward. This has the potential to increase the risk of transmission of blood borne viruses and was brought to the attention of management at the time of inspection.

A number of integrated sharps trays on Joseph’s ward were noted to be unclean. Furthermore, inspectors were informed that integrated sharps trays were decontaminated in a washer disinfector in the ‘dirty’ utility^{§§§§} room after use. This led to the potential for recontamination of these items as soon as they were

^{§§§§} A room equipped for the disposal of body fluids and the decontamination of reusable equipment such as bedpans, urinals, commodes and body fluid measuring jugs.

removed from the machine. Only human-waste containers***** should be decontaminated in the designated washer-disinfector.

This had been highlighted in a previous HIQA inspection report.⁵ This practice is not recommended and should cease.

Patient equipment hygiene audit results for November 2020 on Joseph's ward identified results of 93% and 98% on Bridget's ward.

Theme 3: Safe Care and Support

Standard 3.1. Service providers integrate risk management practices into daily work routine to improve the prevention and control of healthcare-associated infections.

Judgment Standard 3.1: Substantially Compliant

- The infection prevention and control team did not have an infection prevention and control risk register.
- Incidents were not an agenda item at the Infection Prevention and Control Committee.

Risk Management

Risk management is a line management responsibility. One of the responsibilities of line management is maintaining an integrated risk register.¹³ The infection prevention and control team did not have an infection prevention and control risk register. This should be reviewed following this inspection. However, infection prevention and control risks were placed on the corporate risk register and inspectors were informed that these were reviewed by the Infection Prevention and Control Committee. Management stated that the corporate risk register was updated at a Risk Register Committee meeting. This committee reported to the Quality and Safety Executive Committee. Inspectors were informed that risks were reviewed prior to the monthly hospital group performance meetings at the Quality and Safety Executive committee meeting.

Infection prevention and control risks on the corporate risk register included the hospital infrastructure and lack of isolation facilities. In order to mitigate this risk, hospital management stated and it was identified in the risk register provided to inspectors that the hospital had escalated the necessity for an additional 75-bedded modular build to the hospital group as an urgent requirement. On the day of

***** Human-waste containers include bed pans, supports for single-use bed pans, urine bottles, commode bowls, enema and emesis containers, suction bottles and products similar to the above and used for similar purposes.

inspection, inspectors were informed that this had just been approved but no dates for commencement of the build were in place.

Incident Reporting

Hospital management informed inspectors that incidents of healthcare-associated infection were reported on the National Incident Management System (NIMS) ⁺⁺⁺⁺ in line with national standards.¹

It was evident from documentation reviewed that healthcare-associated infections were reported as incidents with an increased number related to COVID-19 noted for 2020. In addition, documentation received following the inspection indicated that a small number of infection prevention and controls incidents were reported in 2020 for example, in relation to lack of isolation facilities. However, no tracking and trending of these incidents was evident from documentation received.

Management informed inspectors that incidents were not an agenda item at the Infection Prevention and Control Committee. This should be addressed following this inspection.

Standard 3.8 Services have a system in place to manage and control infection outbreaks in a timely and effective manner.

Judgment Standard 3.8: Substantially Compliant

- Staff were not monitored for symptoms of COVID-19 at the beginning of every shift.
- An outbreak report was not completed following closure of the COVID-19 outbreaks in April and May 2020.

COVID-19 Preparedness

As discussed under Theme 5: Leadership, Governance and Management a number of COVID-19 committee meetings were convened in response to the COVID-19 pandemic. Following on from these meetings a number of measures were implemented to decrease the potential incidence of COVID-19 outbreaks and staff infection. Measures implemented included but were not limited to:

- Testing of all patients for SARS-CoV-2^{*****} on admission.
- Surge plans for the Emergency Department and Intensive Care Unit.
- An additional designated COVID-19 Intensive Care Unit was opened.

⁺⁺⁺⁺ The State Claims Agency National Incident Management System is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation.

^{*****} The virus, which causes COVID-19 infection, is called SARS-CoV-2 and belongs to the broad family of viruses known as coronaviruses.

- Reconfiguration of non-COVID-19 Intensive Care Unit with the addition of two temporary single rooms.
- Surgical Assessment Unit was opened adjacent to the Emergency Department to aid with streaming of patients with non-COVID-19 related surgical conditions.
- Floor and wall signage was placed throughout the hospital to raise awareness of COVID-19.
- Floor signage was in place in the Emergency Department identifying placement of chairs and trolleys to aid with physical distancing.
- Visitor restrictions.
- COVID-19 designated ward was identified and opened.
- Reconfiguration of Bridget's, Gabriel's and the Special Care Baby Unit to create temporary additional single room capacity.
- Introduction of a COVID-19 screening tool which was completed twice daily on all patients and auditing of compliance with the tool.
- COVID-19 Safety Pause notice for staff.
- Staff information booklet on COVID-19.
- Rapid testing for COVID-19 was onsite with approval for increased rapid testing capacity.
- "Social Distancing/Covid Senior Management Walk Rounds" to ensure physical distancing was being adhered to by staff.
- A draft protocol was in place for the management of patients in Wexford General Hospital in a COVID-19 pandemic.

Wexford General Hospital had no microbiology laboratory onsite. Routine and after-hours testing for COVID-19 was carried out in University Hospital Waterford. Turnaround time was reported to be approximately 18 hours. Inspectors were informed that this could impact on patient placement while awaiting COVID-19 results. National guidelines state that at the start of each shift, all staff should be asked to confirm that they do not currently have symptoms of COVID-19.⁶ Inspectors were informed that staff were not asked to confirm this. However, following this inspection senior management stated that staff were requested to self-declare at the beginning of each shift that they do not have symptoms of COVID-19. Management must ensure that all hospital staff are aware of this requirement. In addition, if a staff member is unwell at work Occupational Health was contacted and the staff was referred for sampling for COVID-19.

COVID-19 Outbreak

Management informed inspectors that the hospital experienced three COVID-19 outbreaks simultaneously in April and May 2020. An outbreak was declared on 17 April 2020. An outbreak control committee was established. Management informed inspectors that regular teleconference meetings were convened with attendance

from public health. In total 24 patients with confirmed COVID-19 were treated at the hospital. Person-to-person transmission was identified in 14 of these cases. In addition, a number of staff were identified as acquiring COVID-19 in Wexford General Hospital. Inspectors were informed that no person-to-person transmission of COVID-19 had occurred in Wexford General Hospital since the outbreaks in April and May 2020.

Inspectors were informed that due to staff shortages within the infection prevention and control team at the time, an outbreak report had not been completed in line with national guidance. However, a short report on the outbreak provided to the Board of Management in July 2019 was viewed by an inspector. The report identified actions including:

- Implementation of universal personal protective equipment for all staff with patient contact.
- Routine swabbing of all admissions to Wexford General Hospital.
- Introduction of a COVID-19 screening tool.
- Enhanced housekeeping in all ward areas and or departments.

Documentation reviewed from the outbreak did not identify any learning or recommendations. Final outbreak reports should be completed within 12 weeks of the closure of the outbreak, lessons learned disseminated and recommendations and lessons learned reviewed 12 months after formal closure of the outbreak.¹⁴

Clostridioides difficile infection

Documentation reviewed indicated that the hospital had identified an increased incidence of sporadic cases of *Clostridioides difficile* in 2019. Thirty-nine cases were identified of which 20 were hospital acquired. Following this an action plan was devised. However, intermittently the hospital remained above the national performance indicator of less than 2.0 per 10,000 bed days used in 2020 with a performance indicator of 3.96 in June 2020.¹⁵ Hospital management must ensure that the prevention and control of *Clostridioides difficile* infection remains a priority for all relevant staff in the hospital including hospital management.

3.0 Conclusion

Overall this inspection identified that Wexford General Hospital was substantially compliant with four of the six of the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*¹ assessed. A judgment of partially compliant was made against one standard and non-compliant against one standard. High risks identified during inspection were escalated to the hospital manager following inspection so the identified risks could be mitigated.

Leadership, Governance and Management

Inspectors found a number of risks in relation to infection prevention and control at Wexford General Hospital in the management of patients presenting during the second wave of the COVID-19 pandemic.

The hospital had not implemented adequate separation of patient areas in the Emergency Department in line with national guidance.² HIQA identified this as a high risk on inspection and escalated it to the hospital in writing. Senior management had identified in their response to HIQA that due to infrastructural challenges, the hospital was unable to implement two pathways in separate areas for patients presenting with possible COVID-19 and non-COVID-19 conditions. Building had commenced on an extension to the Emergency Department which when completed will provide an extra seven bays and an additional waiting area. In the interim, senior management and staff must be assured of the effectiveness of the patient pathways implemented by the hospital in the Emergency Department and that they provide a safe environment for patients presenting with both possible COVID-19 and non-COVID-19 conditions.

At the time of the inspection, the COVID-19 Operational Group and COVID-19 Executive Committee were overseeing the management of COVID-19 at the hospital. Representation included senior management and senior clinicians. However, inspectors found that improved oversight of the wider infection prevention and control programme was required. It was identified that one Infection Prevention and Control Committee meeting and one Hygiene Services Committee was convened in 2020.

Antimicrobial stewardship activities were curtailed in 2019 and 2020 due to staffing constraints. Management must ensure that the antimicrobial stewardship programme is re-established, supported, strengthened and developed so that it complements the infection prevention and control programme.

Workforce

Inspectors noted the extra challenges and workload experienced by hospital staff including the infection prevention and control team since March 2020 in managing

COVID-19 in addition to other competing infection prevention and control demands. While infection prevention and control resources were low in the first wave of the pandemic the hospital had worked to improve staffing levels.

Occupational health supports were provided onsite. However due to staffing constraints, swabbing for staff presenting with symptoms of COVID-19 was carried out in the Medical Assessment Unit during working hours and the Emergency Department outside of core hours.

Inspectors noted that improvement was required in the oversight of infection prevention and control training records. In addition, a low uptake of training was noted in a number of disciplines in relation to hand hygiene training and fit testing. This low uptake is a concern and needs to be addressed by management following this inspection.

Effective Care & Support

Inspectors found that patients were not pre-triage assessed by a clinical decision maker on presentation to the Emergency Department to enable streaming of patients in to COVID-19 and non-COVID-19 pathways in line with national guidance.² This was escalated to the hospital manager following the inspection and in response the hospital stated that an Emergency Department pre-triage assessment will be established at the Emergency Department entrance staffed by a nurse or medical registrar.

Inspectors were informed that staff were assigned to care for patients with COVID-19 and without COVID-19 on the same shift. In line with national guidance⁶ wherever possible, designated staff should be assigned to care for patients with confirmed COVID-19 infection.

Inspectors assessed two ward areas – Bridget’s ward (COVID-19 pathway) and Joseph’s ward (non-COVID-19 pathway). Overall both wards were clean with few exceptions. However, deficiencies identified included shared ancillary rooms in Bridget’s ward resulting in increased footfall to the COVID-19 ward, and insufficient showering and toilet facilities. In addition, patients with different multi-drug resistant organisms were cohorted with patients with no known multi-drug resistant organisms in a seven-bedded bay in Joseph’s ward. The above findings are a concern and this practice should be reviewed following this inspection.

Inspectors noted that staff were not maintaining physical distancing during meal breaks. Hospital management must continue their efforts to monitor breaches in this. In addition, hospital staff have a personal responsibility to ensure they are compliant with national guidance on physical distancing while on meal breaks.⁶

HIQA's inspection in 2019⁵ identified that integrated sharps trays were decontaminated in the washer disinfectant. This was not actioned by the hospital in the quality improvement plan following the inspection and inspectors noted that the practice was continuing. This practice is not recommended and should be reviewed following this inspection.

Safe care and support

Risk management is a line management responsibility.¹³ The infection prevention and control team did not have a risk register. However, senior management had good oversight of the infection prevention and control risks on the corporate risk register.

While high risks (as discussed in section 2.1) identified on inspection were escalated to the hospital manager, the hospital had introduced a number of measures to mitigate and manage potential threats posed by COVID-19.

HIQA recognises that staffing resources were reduced during the first wave of the pandemic however no learnings or recommendations had been identified following three simultaneous COVID-19 outbreaks in April and May 2020. Final outbreak reports should be completed within 12 weeks of the closure of the outbreak, lessons learned disseminated and recommendations and lessons learned reviewed 12 months after formal closure of the outbreak.¹⁴

Following this inspection, the hospital needs to address the areas for improvement identified in this report and requires the support of the hospital group to effectively address issues highlighted in order to facilitate compliance with the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*¹ and other existing national healthcare standards.

4.0 References

1. Health Information and Quality Authority. National Standards for the prevention and control of healthcare-associated infections in acute healthcare services. Dublin: Health Information and Quality Authority; 2017. [Online]. Available online from: <https://www.hiqa.ie/sites/default/files/2017-05/2017-HIQA-National-Standards-Healthcare-Association-Infections.pdf>
2. Health Service Executive. Guidance for the Adult Unscheduled Care Pathway in the COVID-19 era; The Acute Floor. Dublin: Health Service Executive; 2020. V 1.1 [Online]. Available online from: <https://www.hse.ie/eng/about/who/acute-hospitals-division/covid-19-guidance/unscheduled-care-covid-19-clinical-guidance.pdf>
3. Health Protection Surveillance Centre. Notifiable Diseases and their respective causative pathogens specified to be Infectious Diseases under Infectious Diseases (Amendment) Regulations 2020 (S.I. No. 53 of 2020) February 2020. Available online from: <https://www.hpsc.ie/notifiablediseases/listofnotifiablediseases/List%20of%20Notifiable%20Diseases%20February%202020.pdf>
4. Health Service Executive. National Service Plan. Dublin: Health Service Executive; 2019. Available online from: <https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2019.pdf>
5. Health Information and Quality Authority. Report of the unannounced inspection of Wexford General Hospital. 2019. [Online]. Available online from: <https://www.hiqa.ie/system/files?file=inspectionreports/wexford-general-hospital-16-january-2019.pdf>
6. Health Protection Surveillance Centre/ Health Service Executive. Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting. Version 1.5. Dublin: Health Protection Surveillance Centre/ Health Service Executive; September 2020. Available online from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/InfectionPreventionandControlPrecautionsforAcuteSettings-COVID-19.pdf>
7. Health Service Executive. HSELand. [Online]. Available online from: <http://www.hseland.ie/dash/Account/Login>

8. Department of Health, United Kingdom. Health Building Note 00-10 Part C: Sanitary Assemblies. Available online from: http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf
9. Health Service Executive/Health Protection Surveillance Centre. Interim Guidance on Infection Prevention and Control for the Health Service Executive. 2020. Version 1.2 [Online]. Available from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/Interim%20HSE%20Guidance%20on%20IPC.pdf>
10. Health Service Executive. National Framework for Developing Policies, Procedures, Protocols and Guidelines; 2016. [Online]. Available from: <https://www.hse.ie/eng/about/who/qid/use-of-improvement-methods/nationalframeworkdevelopingpolicies/hse-national-framework-for-developing-policies-procedures-protocols-and-guidelines-pppgs-2016.pdf>
11. Department of Health, United Kingdom. Health Building Note 00-09: Infection Control in the built environment. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf
12. Health Service Executive. Infection Control Guiding Principles for Buildings Acute Hospitals and Community Settings. Dublin: Health Service Executive; August 2020. Available online from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/Infection%20Control%20Guiding%20Principles%20for%20Building.pdf>
13. Health Service Executive Integrated Risk Management Policy. 2017. Part 1. Managing Risk in Everyday Practice. Guidance for Managers. [Online]. Available from: <https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-documentation/hse%20integrated%20risk%20management%20policy%20part%201.pdf>
14. Health Service Executive/Health Protection Surveillance centre. 2020. COVID-19: Interim Public Health guidance for the management of COVID-19 outbreaks; Version 1.1. [Online]. Available from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/outbreakmanagementguidance/COVID%20HP%20Outbreak%20Plan.pdf>
15. Health Service Executive. 2020. Hospital Patient Safety Indicator Report. [Online]. Available from: <https://www.hse.ie/eng/services/list/3/acutehospitals/patientcare/hospital-patient->

[safety-indicators-reports/ireland-east-hospital-group/wexford-gneral-hospital-hpsir-july-2020.pdf](#)

For further information please contact:

**Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7**

Phone: +353 (0) 1 814 7400

Email: qualityandsafety@hqa.ie

URL: www.hqa.ie

© Health Information and Quality Authority 2020