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Self-assessment tool for acute hospital groups relating to infection prevention and control arrangements to manage Covid-19

Issued at the request of the Covid-19 National Public Health
Emergency Team

Group Name: National Children's Hospital Group

About the self-assessment tool

This self-assessment tool comprises a series of specific questions in relation to infection prevention and control preparedness measures required in acute hospital services to manage Covid-19. It has been informed by similar documentation produced by the World Health Organisation, and the European Centre for Disease Prevention and Control.

This tool is designed to assist hospitals in their ongoing efforts to prepare for Covid-19 from the perspective of infection prevention and control. The returned self-assessment will also be used to inform the Covid-19 National Public Health Emergency Team in its deliberations relating to the ongoing national management of this issue.

This self-assessment tool is formatted as an interactive portable document which should be save onto a desktop or laptop computer only. The self-assessment tool must only be completed electronically and not manually.

1. The lead respondent completing the self-assessment tool should first check that they can save and store this document using Adobe Reader only on the device they propose to use to complete this self-assessment tool. This will allow the self-assessment tool to be filled out in separate stages and at different times should this prove necessary. All entries in the self-assessment tool should be saved before closing the document to ensure that work is not inadvertently lost.
2. Please complete all sections by answering yes or no to each question. If necessary, please provide further information in the comment box at the end of each section. For example, if you do not accommodate mechanically ventilated inpatients in your hospital, please state so in the relevant comment box.
3. The Hospital Group Chief Executive Officer must sign the declaration included at the end of this self-assessment tool before submitting it to HIQA. This should be done to verify that the information provided accurately reflects the arrangements in the hospitals within the Hospital Group.
4. Please ensure that the documents requested by HIQA are submitted at the same time as the completed self-assessment tool.

The completed self-assessment tool should be emailed to qualityandsafety@hiqa.ie. It is the responsibility of the Hospital Group Chief Executive Officer to ensure that the self-assessment is returned to this address by Monday 13 April.

Lead respondent details

Please complete this section before proceeding to self-assessment questions:

| | |
|---|--|
| Lead respondents name | |
| Lead respondents role title | |
| Lead respondents email address | |
| Lead respondents contact telephone number | |

| 1. Governance and Management | | | |
|------------------------------|---|-----|----|
| 1.1 | Does each hospital in your hospital group have an identified person who has overall responsibility for directing the hospital's emergency plan in relation to management of COVID-19? | Yes | No |
| 1.2 | Are you assured that each hospital has clearly defined operational plans and arrangements in place for the management of a Covid-19 outbreak in each hospital – inclusive of defined involvement from senior managers and infection prevention and control experts? | Yes | No |

| 2. Resources, access to expertise and staff training | | | |
|--|---|-----|----|
| 2.1 | Does each hospital have access to advice from Medical Microbiology or Infectious Diseases consultants for the management of Covid-19 cases on a 24-hour 7 days a week basis? | Yes | No |
| 2.2 | Are you assured that each hospital has access to necessary levels of infection prevention and control advice and expertise on a 24-hour 7 days a week basis? | Yes | No |
| 2.3 | Are you assured that each hospital has the required amount of testing kits to maintain the required level of diagnostic testing for Covid-19 over the next four weeks? | Yes | No |
| 2.4 | If hospital(s) in your group have an in-house Covid-19 testing service – are you assured that they have the necessary resources, inclusive of reagents and consumables, to continue to meet the required demands placed upon it over the next four weeks? | Yes | No |
| 2.5 | Are you assured that each hospital has sufficient access to testing and in-house contact tracing to quickly identify both close contacts and occupational cases of Covid-19? | Yes | No |
| 2.6 | Are you assured that each hospital has a comprehensive staff training programme in place and appropriate to the staff role, in for example: <ul style="list-style-type: none"> • Healthcare staff: training on how to recognise signs and symptoms of Covid-19 minimise the specific risks related to the management of suspected or confirmed Covid-19 patient/s • Non-healthcare staff: training on how to minimise specific risks related to their jobs in particular the cleaning of area occupied by suspected or confirmed Covid-19 patient/s • Standard precautions in infection prevention and control • Hand Hygiene • Protective personal equipment - who should use PPE, why, when and how doff/don PPE • Data protection in relation to patients • Sick leave policy • Communication pathways (internal and external) | Yes | No |

| 3. Specific Infection Prevention and Control Measures | | | |
|--|--|-----|----|
| 3.1 | Are you assured that each hospital has clearly defined and effective measures in place to identify and isolate possible cases of Covid-19 at points of entry or transfer into the facility? | Yes | No |
| 3.2 | Are you assured that each hospital has put the required measures in place to protect patients against intravascular catheter related bloodstream infections (policies, procedures, staff training, case surveillance)? (noting a likely increase in critical care cases) | Yes | No |
| 3.3 | Are you assured that each hospital in your group has the required measures in place to protect patients against ventilator associated pneumonia (policies, procedures, staff training, case surveillance)? (noting the likely increase in critical care cases) | Yes | No |
| 3.4 | Are you assured that all required measures to mitigate the risk of covid-19 transmission among healthcare workers (inclusive but not limited to adherence to social distancing during breaks, reduced staff footfall for non-essential services, staff uniform policy and adherence to sickness policies) are being adhered to in each hospital? | Yes | No |

| 4. Environmental and patient equipment hygiene | | | |
|---|---|-----|----|
| 4.1 | Is there a designated person with delegated responsibility for the management of environmental and patient equipment hygiene in each hospital? | Yes | No |
| 4.2 | Does each hospital have adequate supplies of personal protective equipment (PPE) available in different sizes (gowns, masks, eye protection, gloves) to ensure continuity of availability over the next four weeks? | Yes | No |
| 4.3 | Does each hospital have adequate supplies of alcohol-based hand gel available for staff and patients in locations throughout the hospital to ensure continuity of availability over the next four weeks? | Yes | No |
| 4.4 | Does each hospital have sufficient supplies of hand soap and paper towels next to <u>all</u> sinks in the hospital to ensure continuity of availability over the next four weeks? | Yes | No |

| | | | |
|------|--|-----|----|
| 4.5 | Does each hospital have sufficient supply of foot-operated bins for infectious waste? | Yes | No |
| 4.6 | Does each hospital have protocols in place to ensure that healthcare personnel can readily identify equipment that has been cleaned and disinfected and is ready for patient use (e.g. tagging system, placement in dedicated clean area)? | Yes | No |
| 4.7 | Are you assured that each hospital has a cleaning specification or matrix that identifies elements to be cleaned, method of cleaning, frequency of cleaning and discipline responsible, in line with national cleaning guidelines? | Yes | No |
| 4.8 | Are you assured that each hospital has identified and put in place the necessary resources and facilities for environmental and patient equipment cleaning in line with expected demands over the coming weeks? | Yes | No |
| 4.9 | Are you assured that each hospital has sufficient stocks of cleaning and disinfectant products shown to be effective against Covid-19 to ensure continuity of supply over the next four weeks? | Yes | No |
| 4.10 | Are you assured that all hospitals have necessary measures in place to prevent against reusable invasive device transmission of Covid-19 (through storage, transport, reprocessing and audit arrangements)? | Yes | No |

5. Essential support services, and the management of visitors

| | | | |
|-----|--|-----|----|
| 5.1 | Are you assured that each hospital has adequate contingency arrangements in place to support and manage estimated and increased demand for essential services: <ul style="list-style-type: none"> • Waste management • Laundry services • Catering services • Mortuary Facilities • Facility backup arrangements and contingencies • Hospital Security | Yes | No |
| 5.2 | Are you assured that each hospital has appropriate measures in place to manage visitor restrictions, inclusive of special cases? | Yes | No |

Part 6: Infection Prevention and Control Workforce: National Children’s Hospital Group

Please note: the data request has been developed with the understanding that the data requested should already be in existence and in use by the Hospital/Hospital Group/HSE. Please submit data as whole time equivalents (WTEs) **currently in position**.

| HOSPITAL | Consultant Microbiologists | Microbiology NCHDs | Consultant Infectious Diseases Physicians | Infectious Diseases NCHDs | Infection Control Nurses | Surveillance Scientists | List other infection prevention and control team members | Have these resources been supplemented due to Covid-19 | |
|----------------------|----------------------------|--------------------|---|---------------------------|--------------------------|-------------------------|--|--|----|
| CHI at Crumlin | | | | | | | | Yes | No |
| CHI at Temple Street | | | | | | | | Yes | No |
| CHI at Tallaght | | | | | | | | Yes | No |
| CHI at Connolly | | | | | | | | Yes | No |

Please insert any additional comments or clarification below

Declaration to be completed by the hospital group Chief Executive Officer

I declare, that to the best of my knowledge and belief, all of the information that I have given in connection with this self-assessment, is full and correct.

For Hospital Group Chief Executive Officer

Name:

Signed:



Date: