



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the announced inspection of Rehabilitation and Community Inpatient Healthcare Services at Carlow District Hospital

Monitoring programme against the *National Standards for Infection Prevention and Control in Community Services* during the COVID-19 pandemic

Date of inspection: 2 September 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 | Capacity and Capability..... | 10 |
| 2.2 | Quality and Safety | 16 |
| 3.0 | Conclusion..... | 20 |
| 4.0 | References | 22 |

1.0 Information about this monitoring programme

Under the Health Act Section 8 (1) (c) the Health Information and Quality Authority (HIQA) has statutory responsibility for monitoring the quality and safety of healthcare among other functions. In light of the ongoing global pandemic of COVID-19 and its impact on the quality and safety of care for patients admitted to rehabilitation and community inpatient healthcare services, HIQA has developed a monitoring programme to assess compliance with the *National Standards for Infection Prevention and Control in Community Services*.

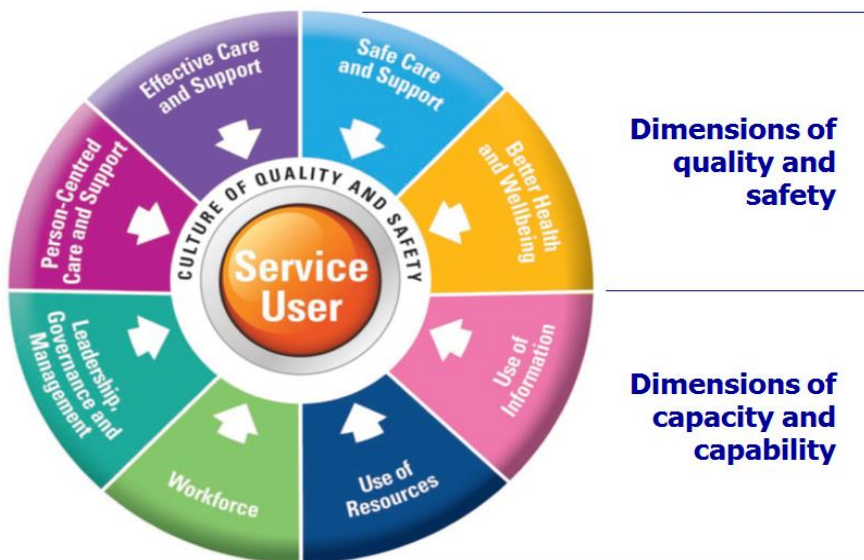
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

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 infection prevention and control in community services



National Standards for infection prevention and control in community services

Report structure

The lines of enquiry for this monitoring programme of infection prevention and control in community 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 Rehabilitation and Community Inpatient Healthcare Services' **capacity and capability** through aspects of the themes:

| Capacity and Capability | |
|---|--|
| Theme | Standard |
| 5: Leadership, Governance and Management | <p>Standard 5.1: The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.</p> <p>Standard 5.2: There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.</p> |
| 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 Rehabilitation and Community Inpatient Healthcare Services' provision under the dimensions of **quality and safety** through aspects of the themes:

| Quality and Safety | |
|--|--|
| Theme | Standard |
| 2: Effective Care & Support | <p>Standard 2.2: Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.</p> <p>Standard 2.3: Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.</p> |
| 3: Safe Care and Support | Standard 3.4: Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner |

Judgment Descriptors

The inspection team have used an assessment judgement 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

Carlow District Hospital, is a statutory hospital owned and managed by the Health Service Executive (HSE) and under the governance of Community Health Organisation (CHO) 5.[†] Carlow District Hospital comprised 17 beds.

The hospital accommodated patients requiring respite, transitional and palliative care; however, it was designated a step down unit for patients with clinical issues associated with COVID-19 from 1 April 2020 to 13 July 2020. During this period the clinical criteria and pathway for admission of patients to the hospital was designated for older patients from the community which was outlined in Carlow/Kilkenny Residential Services Step-down Operational Model COVID-19 viewed by inspectors.

Inspectors were informed that respite care services have resumed recently. Patients were admitted to Carlow District Hospital from St Luke's Hospital Kilkenny and University Hospital Waterford.

1.2 Information about this inspection

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Kay Sugrue and Nora O Mahony on 2 September 2020 between 09:45hrs and 15:15 hrs. The hospital manager was notified by HIQA 48 hours before the inspection.

Inspectors spoke with hospital managers, staff and patients. Inspectors also requested and reviewed documentation, data and observed practice within the clinical area assessed.

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

[†] Community Health Organisation 5 area consists of South Tipperary, Carlow/Kilkenny, Waterford and Wexford

2.0 Inspection Findings

2.1 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 5.1: The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Judgment Standard 5.1: Compliant

Corporate and Clinical Governance

The director of nursing was responsible for the operational management of the hospital and reported directly to the Older People's Services Manager for CHO5. The manager for services for older persons informed inspectors during the inspection that reporting lines upwards to the Chief Officer of CHO5 was via the Head of Service for Carlow/Kilkenny/South Tipperary Community and Elderly Services.

The organisational chart viewed clearly outlined the reporting structures from the hospital to the senior management for older persons within CHO5. During discussions with inspectors, staff consistently demonstrated awareness relating to these lines of communication and responsibility. Hospital management reported that they had both telephone support and regular onsite visits from the Older People's Services Manager for CHO 5.

Clinical care to patients was provided by local general practitioners contracted by the HSE who attended the hospital each day Monday to Friday. Additional on-call

medical cover was provided by Care Doc.[‡] Microbiology advice was available from St Luke's Hospital 24 hours a day, seven days a week which was described by staff as a good source of advice and support.

Committee structures

Inspectors reviewed minutes from committees within the organisational management structure both locally and at CHO5 level established to oversee services which included but were not limited to the following:

- Head of Service Quality and Patient Safety Committee
- Clinical Nurse Manager, nursing staff and support staff meetings
- Carlow and Kilkenny Governance Meeting
- Older People Services South East Community Healthcare HSE Public Units COVID-19 Meetings
- Carlow District Hospital Infection Prevention and Control Link Nurses Meeting
- CHO5 Infection Prevention and Control Committee Meeting.

Inspectors were informed that governance meetings held monthly had decreased due to the COVID-19 pandemic but had been replaced with teleconferences held twice weekly until June, then weekly or more frequently as needed.

The hospital had a local infection prevention and control link nurse committee which reported into the CHO5 infection prevention and control committee. Minutes and communications from these meetings were reviewed by inspectors which demonstrated that staff at Carlow District Hospital benefitted from regular updates and support from an infection prevention and control perspective. Inspectors noted from minutes reviewed that attendances at the local infection prevention and control link nurse meetings could improve.

Overall, discussions with staff and documentation reviewed by inspectors demonstrated that there were effective infection prevention and control governance and management arrangements in place at the time of the inspection.

Monitoring, Audit and Quality assurance arrangements

The hospital had a number of quality assurance arrangements in place. Results from infection prevention and control audits were communicated to the infection prevention and control nurse and discussed at the local infection prevention and control link nurse committee.

Environmental and equipment hygiene

[‡] Care Doc is an out of hours urgent GP service part-funded by the Health Service Executive

The hospital had an established hygiene service team. Membership included staff from co-located healthcare facilities located on the same campus. The infection prevention and control nurse for Carlow/Kilkenny, assistant directors of nursing and CNM2s were members of this team. Inspectors were informed that infection prevention and control audits were undertaken twice a year.

A comprehensive environmental and patient equipment audit was conducted annually which included a number of infection prevention and control elements. Inspectors reviewed results from this audit completed in January 2020 which indicated a high level of compliance was achieved with each of the elements assessed. Documentation viewed indicated that actionable items were addressed and communicated to the responsible person.

A number of other aspects relating to infection prevention and control were audited in 2020 including the dirty utility facilities, sharps, linen and waste management, bedpan washer and hygiene audits. The results of each of these audits indicated a high level of compliance was achieved which was consistent with audits undertaken in previous years from 2016. Compliance levels achieved in audits were consistent with observations made by inspectors during the inspection.

Inspectors noted that there was scope to improve the bed pan audit tool to ensure that the due date for service was included.

Antimicrobial stewardship

Hospital management described controls in place relating to antimicrobial usage and compliance with antimicrobial guidelines. The hospital had adopted St Luke's Hospital Antimicrobial Policy for local use. Prescriptions were supplied by St Luke's Hospital pharmacy and a pharmacist was on site every week. Inspectors were informed that this provided assurance that antimicrobial prescriptions were appropriately reviewed. In addition, prescriptions for restricted access to certain antimicrobials were reviewed in consultation with a consultant microbiology services located at St Luke's Hospital.

Inspectors were informed that the hospital was represented on a Drugs and Therapeutic Committee shared between two sites located on the campus. This committee met three times a year. The general practitioner contracted to the hospital was also a member of this committee. Hospital management stated that there was scope to further improve antimicrobial usage.

Hand Hygiene

A hand hygiene audit conducted in July 2020 demonstrated 100% compliance across two disciplines. However, inspectors noted that the sample size for this audit was very small and well below recommended sample size for local hand hygiene audits.¹

Coordination of care within and between services

Inspectors were informed that the majority of patients were referred to the hospital from either St Luke's Hospital or the University Hospital Waterford. Patients were also admitted for respite from the local community. The hospital had access to a consultant geriatrician from St Luke's Hospital if required.

Pre-admission assessment was completed for all admissions to the hospital which included assessment of infection prevention and control risks. Admissions were managed in line with HSE/ HPSC COVID-19 guidelines.² However, inspectors noted that admission and discharge forms used by the hospital should be reviewed to ensure the infection prevention and control status for each patient is more clearly defined and documented.

Standard 5.2: There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.

Judgment Standard 5.2: Compliant

The hospital had systems in place to identify and manage risk in relation to the prevention and control of healthcare-associated infections. The hospital risk register was reviewed by inspectors. The risk register had documented risks in relation to COVID-19 with evidence of regular review, risk rating and appropriate controls. Inspectors were informed that risks were escalated to CHO5 in line with organisational structures.

Hospital management informed inspectors that it was hospital policy to report incidents of healthcare-associated infection on the National Incident Management System (NIMs).[§] Reported incidents were monitored and by the nursing management team and tracked and trended every three months. Inspectors were informed that there were no infection prevention and control incidents reported in 2019 or in 2020 up to the time of the inspection.

Inspectors were informed that a safety pause was held each day for all staff in which infection prevention and control risks were communicated.

Inspectors viewed a suite of infection prevention and control policy procedures and guidelines which covered aspects of standard precautions, transmission-based precautions and outbreak management. Some of the policies viewed were developed by the regional infection prevention and control team for community services in

[§] 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.

Carlow, Kilkenny and Wexford. Inspectors noted that the approval process for policies and guidelines applied locally varied depending on where they were developed. Some of the policies viewed were approved by the Director of Nursing. It was not clear to inspectors if there was a standardised formal approval process at CHO5 level for ratifying locally used policy procedures and guidelines in line with national guidelines.³

Inspectors reviewed minutes from the South East Community Healthcare Regional Flu Planning Group. This group had multidisciplinary representation from a range of healthcare facilities within the south east region including Carlow District Hospital. The objective of this forum was to promote influenza vaccine uptake amongst healthcare workers. This is recognised as a vital infection control measure to reduce the risk of dual outbreaks of influenza and COVID-19. It was clear to inspectors, from discussions with staff and documentation reviewed, that there was a plan in place to increase the uptake of influenza vaccine locally. Inspectors were informed that the hospital had a number of trained peer vaccinators and had utilised incentives in 2019 to promote greater uptake. As a result, influenza vaccine uptakes increased from 38.5% in 2017 to 76% in 2019, resulting in a significant increases seen in 2019. The hospital had set a target of 100% uptake of the influenza vaccine for 2020-2021 season.

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: Compliant

Access to specialist staff with expertise in infection prevention and control

The hospital had access to a community infection prevention and control nurse from CHO5. From discussion with staff and documentation viewed, it was evident that the hospital received good support in matters relating to infection prevention and control.

The hospital had an established infection prevention and control link nurse programme and had two trained link nurses. Link nurses at the hospital provided additional infection prevention and control support to staff at the hospital.

Infection Prevention and Control Education

Inspectors reviewed infection prevention and control training records. Staff training records demonstrated high compliance in the completion of hand hygiene, infection prevention and control training and the donning and doffing of personal protective

equipment. Hand hygiene 'train the trainer' programme was provided. New staff were required to read infection prevention and control policies as part of induction.

Inspectors were informed that new household cleaning staff were buddied up with current cleaning staff as part of training. Inspectors noted that there was scope to improve and formalise the training provided to household staff on induction.

2.2 Quality and Safety

This section looks at how rehabilitation and community inpatient 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 2.2: Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.

Findings

- The cleaning equipment room was not dedicated and had a dual function as a laundry facility
- The management and storage of laundered textiles and linens was not in line with recommended practices
- A comprehensive cleaning specification was not available

Judgment Standard 2.2: Substantially compliant

Environment and infrastructure

Inspectors found the general environment in Carlow District Hospital was clean and well maintained with few exceptions. The hospital had been refurbished two years previously and had been finished to a high standard. Patient accommodation dedicated for palliative care was spacious and met modern specifications. Spatial separation in multi-bedded rooms enabled physical distancing in line with national guidelines.⁴

The hospital had a colour coding system for cleaning materials in place. Cleaning resources were available each day of the week. Cleaning processes described to inspectors were in line with recommended practices. Daily cleaning checklists for environmental cleaning were in use and overseen by the ward manager.

The clinical areas assessed did not have a dedicated room for the storage of cleaning equipment. Instead the room allocated for the storage of cleaning equipment had a dual function and was used inappropriately as a laundry facility for the reprocessing of reusable cleaning textiles. Inspectors noted that there were two

laundry bags of unclean textiles stored on the floor and worktop in this room. Laundered cleaning textiles were also stored on open shelving. These findings did not provide sufficient assurance to inspectors that there was appropriate functional separation of clean and dirty processes and should be reviewed.

Inspectors also observed scope for improvement in the following areas:

- not all hand hygiene facilities were in line with Health Building Note 00-10 Part C: Sanitary assemblies⁵
- inappropriate storage of some supplies on the floor
- a comprehensive cleaning specification to support staff in attaining and maintaining high standards of environmental cleanliness was not available.

Patient Placement

On the day of inspection there were no patients in the hospital with COVID-19 or suspected COVID-19. There were sufficient isolation facilities available. Inspectors noted that patients admitted to the hospital were managed in line with national guidelines. Protective personal equipment was readily available outside each room and appropriate signage was visible on the doors of isolation rooms.

Waste management

Overall, domestic and clinical waste bins were appropriately placed and waste streams were applied in line with best practice.

Linen Management

Segregation of infected linen was managed in line with national guidelines. In addition to observations made in the cleaning equipment storage, inspectors found the linen room was not designated solely for the storage of linen. Other items were also inappropriately stored in this room. This needs to be reviewed to ensure that clean linen in storage is protected from inadvertent contamination.

Discussion with patients

Discussions with patients indicated that they were satisfied with the standard of environmental hygiene and the care provided within the hospital.

Standard 2.3: Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.

Judgment Standard 2.3: Compliant

Equipment hygiene

Patient equipment in Carlow District Hospital was generally clean with a few exceptions. Daily and weekly patient equipment cleaning checklists were consistently maintained and overseen by the ward manager.

Theme 3: Safe Care and Support

Standard 3.4: Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner

Judgment Standard 3.4: Compliant

The Director of Nursing was the designated lead for COVID-19 preparedness and response within the hospital. A hospital outbreak policy was in place. The hospital had implemented a suite of infection prevention and control measures to mitigate the risk of transmission of COVID-19 in line with national guidelines.

The hospital had not experienced any COVID-19 outbreak but as a designated COVID-19 step-down unit had admitted and managed a number of patients with COVID-19 related issues and COVID-19 positive patients. There was no evidence of cross infection to patients within the hospital. Hospital management stated that the unit was well supported by the Public Health Department during this period. Senior management at the hospital and within the CHO5 were contactable out of hours if required.

Inspectors observed COVID-19 related signage promoting physical distancing and infection prevention and control practices. The hospital had purchased scrubs for staff members to ensure compliance with the hospital uniform policy.

Patients admitted from the community were isolated and tested on admission in line with national guidelines. A number of registered nurses within the unit had been trained to perform the sampling for COVID-19 by the infection prevention and control nurse. Inspectors were informed that tests were processed in University Hospital Waterford and had an average same day turnaround time for patient screens. Staff screening was performed by a private company with an average two day turn around.

The hospital had defined zones for accommodating COVID-19 positive patients separate to patients with non-COVID-19 issues. Inspectors were informed that staff at the hospital were separated into two teams. Each team worked on the same shift each day within a weekly rota. As a designated COVID-19 step-down unit, the hospital had acted to ensure that where possible designated staff were assigned during each shift to care for COVID-19 positive patients. Discussions with staff indicated that the systems in place had worked well to date. However, staff resources allocated to night duty did not provide complete assurance that crossover

of staff did not occur during the night duty shift. Hospital management were aware of this issue which had been risk assessed and discussed with the Public Health Department and infection prevention and control.

Overall, inspectors found that Carlow District Hospital had systems in place to manage and control infection outbreaks in a timely and effective manner. In addition, staff were knowledgeable about the requirement to report all outbreaks reported to the regional Medical Officer of Health (MOH) at the Department of Public Health.

3.0 Conclusion

Overall this inspection identified that Carlow District Hospital was compliant with five and substantially compliant with one of the six of the *National Standards for infection prevention and control in community services* assessed.

Leadership, Governance and Management

Carlow District Hospital had effective leadership, governance and management arrangements for the infection prevention and control of healthcare-associated infection in place. Infection prevention and control practices at the hospital were supported by a local infection prevention and control link nurse committee which reported upwards to an overarching CH05 infection prevention and control committee.

Inspectors found from documentation reviewed and discussions with staff that there was strong local ownership relating to infection prevention and control practices. This was evident not only in the practices observed but in the number of staff who were link nurses, had volunteered to be peer vaccinators and were trained in sampling for COVID-19.

Systems were in place to identify and manage risk in relation to the prevention and control of healthcare-associated infections. The hospital had processes in place for monitoring its performance and ensuring the quality of care provided including environmental and patient equipment audits, antimicrobial stewardship and daily cleaning checklists.

Workforce

The hospital had access to onsite specialist infection prevention and control advice and support and was also supported day-to-day by two infection prevention and control link nurses.

Staff were up to date with infection prevention and control training and had been well supported as a designated COVID-19 step-down unit. Staff had access to a suite of infection prevention and control policies, procedures and guidelines. Regular written updates on COVID-19 related issues were provided to staff to support them in their roles and provided clarity on updated national guidance.

Effective Care & Support

Overall, inspectors found the general environment and equipment in the hospital was clean and well maintained with some exceptions. Improvements were identified in the management and storage of cleaning equipment and clean laundry to reduce the potential risk of inadvertent cross contamination. Induction training provided to

new cleaning staff on environmental and equipment cleaning should be formalised and therefore the current process needs to be reviewed.

Safe care and support

As a designated COVID-19 step-down unit, Carlow District Hospital had the systems and processes in place to manage and control infection outbreaks in a timely and effective manner.

4.0 References

- 1 Health Service Executive/ Health Protection Surveillance Centre. HSE Hand Hygiene Observation Audit Standard Operating Procedure 2014. [Online]. Available from <https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/handhygiene/handhygieneaudit/handhygieneaudittools/File,12660,en.pdf>
2. Health Service Executive/ Health Protection Surveillance Centre. Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting. V.1.4. 29th July 2020. [Online]. Available from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Infection%20Prevention%20and%20Control%20Precautions%20for%20Acute%20Settings%20-%20COVID-19.pdf>
- 3 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>
- 4 Health Service Executive/Health Protection Surveillance centre. Interim Guidance on Infection Prevention and Control for the Health Service Executive 2020. [Online]. Available from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/Interim%20HSE%20Guidance%20on%20IPC.pdf>
- 5 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

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