

On March 11<sup>th</sup> 2020, the World Health Organisation (WHO) declared the COVID-19 outbreak a Pandemic. The Director General remarks are sobering but measured. The Intensive Care Society of Ireland (ICSI), Joint Faculty of Intensive Care Medicine of Ireland (JFICMI) and the Irish Association of Critical Care Nurses (IACCN) represents healthcare professionals who provide critical care in Ireland.

The WHO's advice is four pronged:

- Prepare and be ready
- Detect, prevent and treat
- Reduce transmission
- Innovate and relearn

Our public health colleagues with government and the Health Service Executive (HSE) are working tirelessly on detection, contact tracing and isolation of cases.

The advice on the HSE and the Health Protection Surveillance Centre (HSPC) websites are excellent.  
<https://www.hse.ie/eng/> <https://www.hpsc.ie/>

Hospitals are currently involved in planning for a surge in demand. We know that most people who get this virus remain well, but a significant number require hospitalisation and critical care.

We treat seriously ill people every year with viral illnesses and the care for people with COVID-19 will be based on that experience and knowledge. We are learning from our colleagues abroad about this disease and their experience and knowledge will assist us.

The longstanding significant deficit in Critical Care capacity in Ireland is well documented. The ICSI, JFICMI and the IACCN are engaging in surge planning with the assistance of the Critical Care Programme and the HSE.

If we slow the spread of the virus the surge of seriously ill people can be reduced and will potentially allow our hospitals to cope better. We need the people of Ireland to work together. Please follow the advice on hand washing, cough etiquette and social distancing. We support the government decision made today on school closures, limits on mass gatherings and working from home. In the interim, we will continue to prepare our emergency plans.

Intensive care doctors, nurses and allied health partners have years of experience of managing difficult ethical decisions with patients and their families. We expect that there will be significant challenges in the coming weeks in terms of demand for our services. We aim to provide care of an appropriate nature to our patients as always, but we do expect that we will have to make triage decisions, which will be challenging. At all times, we will communicate with the patient and their families.

Intensive care will need to be directed to those patients who are most likely to benefit, and in this instance, to save the most lives. Although we frequently change the direction of care from intensive care to palliative care, we never stop caring for patients especially at the end of life.

Health care workers in the front line need to be protected from this disease while caring for patients. We are currently facing a significant challenge to ensure our doctors and nurses have access to adequate supplies of Personal Protective Equipment (PPE). Masks and other protective equipment are not recommended in the community unless recommended by a health care professional. If equipment is directed away from hospital staff this will inevitably limit our ability to assist our patients.

The people of Italy and China have taught us many lessons. We need to learn from their experience. Following the advice of the HSE and the WHO will save lives.



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President ICSI



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