



**National Public Health Emergency Team – COVID-19
Meeting Note**

Date and Time	Tuesday, 10th March 2020 (Meeting 12) at 2pm
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members in Attendance	Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair Dr John Cuddihy, Acting Director, HSE HPSC Dr Colm Henry, Chief Clinical Officer (CCO), HSE Dr Darina O’Flanagan, Special Advisor to the NPHE Mr David Leach, Communications, HSE Mr Sean Egan, Head of Healthcare Regulation, HIQA Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Alan Smith, Deputy Chief Medical Officer, DOH Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH Dr Siobhan O’Sullivan, Chief Bioethics, DOH Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Division, DOH Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Mr Paul Bolger, Director, Resources Division, DOH Dr Kathleen Mac Lellan, Assistant Secretary, Social Care Division, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Kevin Kelleher, Asst. National Director, Public Health, HSE Dr Breda Smyth, Public Health Specialist, HSE Mr David Walsh, National Director, Community Operations, HSE Mr Liam Morris, Acute Hospitals, DOH Dr Elaine Breslin, Clinical Assessment Manager, HPRA (on behalf of Dr Jeanette McCallion)
Apologies	Mr Colm Desmond, Assistant Secretary for Corporate Legislation, Mental Health, Drugs Policy and Food Safety, DOH Mr Tom McGuinness, Asst. National Director, Office of Emergency Planning, HSE Dr Jeanette McCallion, Medical Assessor, HPRA
In Attendance	Ms Aoife Gillivan, Communications Unit, DOH Ms Judith Martin, IVD Lead, Medical Devices, HPRA
Secretariat	Ms Rosarie Lynch, Ms Claudine Hughes and Ms Clodagh Murphy, NPSO, DOH

1. Welcome

The Chair welcomed the group and introductions were made.

2. Conflicts of Interests Declarations

None declared.

3. Minutes from Meetings 9 (scheduled) (for adoption)

The meeting 9 (3rd March 2020) note was taken as an accurate record.

Meeting 10 (7th March 2020 ad hoc teleconference) and meeting 11 (8th March 2020 ad hoc teleconference) notes and subsequent teleconference notes will be circulated and agreed via email.

4. Matters Arising

Update was provided that the recommendation on the St Patrick’s festival events from NPHE was accepted by Government and announced yesterday.



The Chief Medical Officer provided an update on the establishment of a special Cabinet Committee, chaired by the Taoiseach, which will oversee the development of an action plan for Ireland's response to COVID-19. The Cabinet Committee is supported by the Senior Officials Group (SOG) for COVID-19. In considering the current public health assessment and other factors the Government has announced a package of measures to deal with COVID-19. These include additional funding to the HSE and social welfare provisions for those on sick leave from work or in self-isolation to enable compliance with public health advice.

In addition, a National Action Plan on Ireland's response to COVID-19 is currently being prepared and work is ongoing with the HSE in relation to this. This will be the agenda for the next NPHET meeting. It will then be forwarded to SOG for consideration and onwards to the next meeting of the Cabinet Committee. It was agreed that the NPHET will be reconvened this Thursday evening (12th March 2020) to sign off on this plan in advance of its submission to the SOG.

5. Situational Report (for discussion) and Updated Governance Paper (for information)

The HSE's COVID-19 Situational Report (No. 5; week 11) and updated HSE Governance Paper were acknowledged.

6. Updates on current situation

a. Current Assessment / Epidemiology

It was noted that the UK has changed the geographic component of their case definition. It was agreed that updated ECDC advice and assessment would be helpful given the rapidly evolving nature of the situation. This has been highlighted to ECDC previously.

The HPSC provided an update on the epidemiological data nationally and internationally. European countries are seeing the doubling times for numbers of confirmed cases shorten.

b. National Assessments (HSE, HPSC)

There was a discussion in relation to the capacity in HSE Public Health given the contact tracing and surveillance requirements generated by the increase in the number of cases. HSE advised that they are seeking to increase capacity in these services. Increased administrative staff have been put in place to assist Public Health departments, and it is expected that the impact of this will be seen shortly. Other possible approaches were identified, including staff redeployment. It was noted with thanks that HIQA have offered assistance and are working with the HSE to see how best this could be done.

It was agreed that public health capacity for contact tracing and surveillance is an immediate priority and should be addressed as such. This should also be included in the action plan under preparation.

Action: HSE and DOH to work together on public health capacity for contact tracing and surveillance.

c. International Assessments:

An update on NI figures was provided. Engagement continues regarding formal considerations to an all-Ireland assessment of risk.

7. Items for Decision

a) Healthcare workers – national guidance

A paper in relation to guidance for healthcare workers was tabled at meeting 10 and further advice was received today from the Expert Advisory Group (EAG) outlining an approach to PPE for healthcare workers who are contacts of confirmed cases. This EAG advice was accepted by the NPHET with thanks for the prompt response.



Action: HPSC to update existing relevant guidance for healthcare workers, based on the advice received from the Expert Advisory Group (EAG).

There was a discussion in relation to the definition of an essential worker. It was agreed that this should be a local decision, as the definition will likely be different depending on circumstances at a point in time and on maximising local redeployment and additional recruitment etc.

DOH advised that the definition of an essential worker is also being examined in the context of the ethical framework, which is in preparation. It was agreed that national guidance on the definition of an essential healthcare worker was needed to ensure a consistent approach, albeit with provision for local discretion.

Action: HPSC and DOH to work together to draft guidance on developing a definition of an essential healthcare worker in a patient-facing environment.

Guidance in relation to the wearing of masks for healthcare workers was also discussed. The HSE advised there is existing guidance in this regard.

Action: DOH to write to HSE CCO requesting a direction to hospitals to fully comply with existing guidance on wearing of masks.

b) Isolation of confirmed cases in the community

A deliberative paper on this topic was presented by DOH. The purpose of isolation is to reduce contacts and reduce the rate of infection. Guidance on self-isolation at home is available on the HPSC website.

It is proposed that patients who test positive for COVID-19 but who are clinically suitable should be permitted to self-isolate at home, rather than spend the isolation period in hospital, with the provision that any required social supports are in place. (Note: proposal is narrower than the considerations in the paper which also cover suspected cases).

The NPHEP approved the proposal, subject to advice from the EAG on the criteria for the discharge of such cases from self-isolation.

Action: DOH and HPSC to discuss the guidance document on *Isolation of confirmed cases or suspected COVID-19 persons in the community* and report back to NPHEP, 12th March 2020.

Action: NPHEP approves the proposal that people who test positive for COVID-19, and are otherwise well enough to remain at home, will not be brought to hospital. HSE to implement.

There was a discussion on the timeline for discharge of patients with a confirmed COVID-19 diagnosis from self-isolation. It was agreed that advice should be sought on this from the EAG.

Action: NPHEP to ask the EAG to establish criteria on timelines for discharge of patients with a confirmed diagnosis of COVID-19 from a period of self-isolation. Response to be tabled at the NPHEP meeting on 12th March 2020.

c) Rollout of laboratory testing

The NVRL tabled a deliberative paper outlining the approach to expanding laboratory testing capacity across the country. This paper outlines the criteria which must be in place for before laboratories can provide testing:

- Accreditation



- Daily testing, including provision for weekends
- Electronic reporting to CIDR and GP systems
- Working with the National Ambulance Service as part of the home testing guidelines.

The NVRL advised that they will provide technical and other support to these laboratories, as well as a validation panel and the provision of a reference laboratory service. It was noted that a commercial testing kit is now available.

HPRA advised they are in a position to provide a national derogation for the use of this testing kit while it awaits a CE mark. In addition, they are preparing an advisory notice on kits for near patient testing to issue this in the coming days.

A number of hospitals have expressed an interest in providing the test and are making preparations to do so. The NPHET approved the proposal to expand testing to other sites.

Action: HSE to discuss with DOH and identify resource implications for hospitals for rollout of laboratory testing. This is to be included in the action plan under preparation.

Action: NPHET agreed with the NVRL proposal that rollout of laboratory testing in hospitals should continue. This is to be included in the action plan under preparation.

The response of the National Ambulance Service and their leadership in the rollout of the home testing process was acknowledged. It was also noted that the HSE are planning for community hubs should they be required.

8. National Plan

a) Public health, including modelling

A discussion took place about public health capacity and contact tracing and surveillance capability (refer also to agenda item 6b).

Action: HSE and DOH to work together on the actions required to support Public Health Departments regarding ongoing surveillance and real time data collection over the coming days to inform wider planning. This is to be included in the action plan under preparation.

b) Vulnerable people and community capacity

The Chair of the Vulnerable People Subgroup provided a deliberative paper for discussion and gave an overview of the work to date. The importance of sufficient capacity within the acute hospital system and in the community was noted. The HSE has provided a paper in this regard for the action plan and are working closely with the DOH.

c) Acute hospital preparedness

The Chair of the Acute Hospital Preparedness Subgroup presented a deliberative paper for discussion and provided an overview of the work to date. The Subgroup is currently working on their input for the action plan in relation to the activities which will be funded through some of the additional funding allocation to the HSE.

d) Medicines and medical devices criticality

The Chair of the Medicine and Medical Devices Criticality Subgroups provided update that work has commenced and builds on work previously done for Brexit preparation.

Specific guidance in relation to the medicines which will be required to treat patients with COVID-19, including how much treatment can be provided in the community, is being scoped. A list of essential devices has been prepared by the WHO.



Engagements continue with manufacturers on PPE requirements and further guidance may be required in this regard. In particular, the ethical framework, which will be completed shortly may be helpful.

Action: DOH to prepare a paper on ethical considerations and prioritisation criteria to be brought to the NPHE meeting of the week commencing Monday 16th March 2020 next week.

The HPRA updated the group and noted that work continues at the national level in relation to regulatory issues, supply of medicines, clinical trials. An increase in dispensing and the purchase of over the counter medicines was seen last week and a communication has issued to wholesalers with guidance.

e) Health Sector Workforce

The Chair provided an update on the Health Sector Workforce Subgroup which met for the first-time last week. Terms of Reference are being finalised and will be circulated once complete. The aim is to maximise the available workforce and remove any barriers to recruitment, including returning responsibility for recruitment to a local level and a number of initiatives are being considered. Feedback from the work of the other subgroups on workforce will help to inform the work of the group.

f) Enablers

Legislative powers are being considered by another subgroup and will be included in inputs to the plan under preparation.

9. Expert Advisory Group

Correspondence from the Expert Advisory Group in relation to testing of asymptomatic contacts of confirmed cases was discussed. It was agreed that the advice of the EAG would be communicated to the HPSC for incorporation into current guidance.

Action: DOH to write to HPSC informing them of the EAG guidance on testing of asymptomatic confirmed cases for incorporation into current guidance.

10. NVRL/laboratory capacity

There was a discussion on the potential impact on testing if the algorithm was to change. It was noted that it may be possible that doctors will need to consider a differential diagnosis of COVID-19 even in cases with no geographic component. The updated ECDC risk assessment will be helpful in this regard. It was agreed that this would be kept under review.

11. Ethical Considerations

An Ethical Framework is being drafted by the DOH and will be used to inform the action plan under preparation.

12. Items for Discussion

a) Mass gatherings

The HSE tabled a protocol outline in relation to mass gatherings for discussion and how the HSE guidance interfaces with the NPHE. This principle should be included in the national plan. This will be kept under review.

Action: NPHE agrees that mass gathering restrictions may form part of Ireland's response in attenuating the spread of COVID-19.



Closure of schools and universities was also discussed. It was agreed that restrictions such as the closure of schools and educational institutes may form part of Ireland's response in attenuating the spread of COVID-19, as appropriate.

Action: NPHEAT agrees that restrictions such as school closures, educational institutes, etc. may form part of Ireland's response in attenuating the spread of COVID-19, as appropriate.

The restrictions on visitors to nursing homes was discussed. It was agreed that the current practice of restricting visitors to nursing homes was not required and this would be kept under review. However, there is an opportunity to reiterate infection prevention and control advice to the public and visitors to healthcare facilities. Additionally, the importance of ongoing communication with stakeholders in this regard was emphasised.

Action: NPHEAT recommends that unilateral/widespread restriction of visiting to nursing homes, hospitals and healthcare facilities is not required at this time.

b) Airline travel

There was a discussion in relation to the restriction of flights into Ireland, from areas with high transmission, and on guidance in relation to self-isolation for returning travellers. HPSC presented their Epi-Report on the latest data. It was noted that the EAG could further examine the risk and epidemiological data from other countries to inform any future decisions in relation to guidance on self-isolation for returning travellers.

13. Communications Planning

The DOH advised that the current communications focus is on interrupting the transmission of the virus and what members of the public can do to help with this. Experts in behavioural change will be consulted in this regard. The DOH and HSE communications teams continue to work closely together and communication will be considered in the action plan under preparation.

14. Agreed actions

These were presented to the group and agreed.

15. AOB

The HSE Chief Clinical Officer presented correspondence received from the Irish Society of Infectious Disease Consultants, which asks that full quarantine be declared in Ireland. This proposal was discussed. It was agreed that there is no epidemiological case for a full quarantine at this time, but that the situation will be kept under review.

A number of queries in relation to turnaround times for test results have been received. It was noted that 98% of tests for COVID-19 to date have been negative and that turnaround times should be reported as being an average of 24 hours and no longer than 48 hours.

16. Date of next meeting

The next meeting will take place on Thursday 12th of March at 6pm.

The date of next week's meeting will be agreed on Thursday.