



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

Date and Time	Friday, 3 rd April 2020 (Meeting 19) at 10am
Location	Department of Health, Miesian Plaza, Dublin 2 via videoconference
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via Videoconference	<p>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 MacLellan, Assistant Secretary, Social Care Division, DOH Dr Colm Henry, Chief Clinical Officer (CCO), HSE (For part of the meeting) Prof Philip Nolan, President, National University of Ireland, Maynooth Dr Lorraine Doherty, new National Clinical Director Health Protection, HSE HPSC Dr Kevin Kelleher, Asst. National Director, Public Health, HSE Mr Liam Woods, National Director, Acute Operations, HSE Mr David Walsh, National Director, Community Operations, HSE Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair Dr Darina O’Flanagan, Special Advisor to the NPHE Mr David Leach, Communications, HSE Dr Mary Favier, President, Irish College of General Practitioners Mr Phelim Quinn, Chief Executive Officer, HIQA Mr Colm Desmond, Assistant Secretary, Corporate Legislation Mental Health Drugs Policy and Food Safety, DOH Dr Michael Power, Consultant Physician in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Prof Colm Bergin, Consultant Physician in Infectious Diseases, St James's Hospital 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 Officer, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Dr Jeanette McCallion, Medical Assessor, HPRA Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH Ms Marita Kinsella, Director, NPSO, DOH Dr John Cuddihy, Interim Director, HSE HPSC</p>
Apologies	Mr Tom McGuinness, Asst. National Director, Office of Emergency Planning, HSE
‘In Attendance’	<p>Mr Muiris O’Connor, Assistant Secretary, R&D and Health Analytics Division Mr David Keating, Communicable Diseases Policy Unit, DOH Ms Aoife Gillivan, Communications Unit, DOH Ms Sarah Treleavan, NPSO, DOH Mr Niall Redmond, Social Care Division, DOH Mr Colm O’Conaill, Policy and Strategy Division, DOH Ms Mary Hyland, Medicines Controlled Drugs, and Pharmacy Legislation Unit, DOH</p>
Secretariat	Ms Rosarie Lynch, Ms Ruth McDonnell, Mr John Harding, Ms Sarah Murphy and Ms Liz Kielty, NPSO, DOH



1. Welcome and Introductions

The Chair welcomed the group. Apologies were noted from the Assistant National Director, Office of Emergency Planning, HSE. The Chief Clinical Officer and the new National Clinical Director Health Protection, HSE were due to join the meeting later.

(a) New Members

The Chair welcomed and extended thanks to Dr Lorraine Doherty, the new National Clinical Director Health Protection, HSE HPSC, who has joined as a NPHEM member. Dr Doherty was invited to provide an introduction.

(b) Conflicts of Interests Declarations

Verbal pause and none declared.

(c) Minutes from Previous Meetings

Minutes are prepared and will be circulated for feedback and agreed via email. It was noted that all immediate actions are agreed during the NPHEM meetings and are communicated by letter to the relevant parties after the meeting.

(d) Matters Arising

All matters arising were included on today's agenda. The HSE single point of contact for testing and contact tracing was taken under agenda item 4d.

2. Epidemiological Assessment

(a) Updates on National Data

The HPSC provided an update on the epidemiological data nationally. The data included further information on outbreaks and clusters, infections in healthcare workers and mortality rates. The HPSC advised that categorisation of this information is done by the Public Health Departments and more recently by the new CRM system in some cases. The need to further utilise the CRM system in this regard across all Public Health Departments was reiterated so that there is a single information process. The data show an increase in the number of confirmed cases of COVID-19, with the majority of cases in the Eastern area of the country.

The group noted the mortality data and the increased number of confirmed cases in long term residential settings and hospitals, including clusters. HIQA advised that they are compiling monitoring reports with information submitted by nursing homes. It was agreed to discuss this matter further in more detail under agenda Item 5, including options to enhance management and help prevent the spread of the disease in these settings as a matter of priority.

An overview spreadsheet was presented by DOH, based on the daily HSE situational reports and the HPSC data received. DOH advised that they continue to liaise with the HSE to capture more data and that provision in a machine-readable format would be helpful in this regard. The data show a fall in numbers of tests scheduled due to lower testing capacity available. With regards to contact tracing, data are awaited on the numbers / categories of calls conducted. The HSE confirmed that data on the numbers of tests done by the National Ambulance Service are available. Information on positivity rates for testing results and median times across the testing pathway is awaited. Hospitalisation and ICU information is now also available and HPSC are conducting some further analysis on the cases to date. Results of this are awaited. The need to capture data regarding numbers of cases requiring oxygen support, ICU ventilation and other ventilatory support as the number of cases rises was noted, since this is slightly different to (but overlaps with) the ICU cohort.



(b) International Assessments

Nothing of note identified so no update was provided at today's meeting.

(c) Modelling

An update on the latest modelling was provided by the Irish Epidemiological Modelling Advisory Group (IEMAG). The IEMAG acknowledged that there had been much progress in accessing timely data but some data gaps still exist and they are working with the data from the CRM system to minimise data gaps in real time.

There was a discussion on the information presented in terms of the disease progression in Ireland and potential impact of the enhanced public health measures on the transmission of COVID-19. The role of the R value in determining likely outcome and the potential for rapid escalation in the numbers of cases should measures be removed was noted. From a disease progression perspective, the Group noted that any growth in ICU cases would come several days after the growth in total cases as it takes time for these patients to present for ICU care.

Also, time lags in testing make it difficult to assess the effects of public health measures in real time. It was highlighted that it is too early to properly assess the impact of the latest public health social distancing measures at this stage, but it was expected that the impact will become more apparent in another week or so. Recognising all the current measures in place, it is likely that Ireland is heading towards control.

There was a discussion on the need to monitor excess mortality to assess whether there is a wider impact of the epidemic and to consider the international experience. It was agreed there would be further discussion on this at the next NPHET meeting when a paper would be available for consideration on the *Mortality Rate during the COVID 19 pandemic*.

3. Expert Advisory Group (EAG)

An update was provided by the Chair of the EAG on the following matters:

- Specific guidance on infection prevention and control (IPC) for dentists was approved by the EAG.
- Subgroup to be established to consider guidance requirement for acute hospitals, including care pathways, and this would align with the Acute Hospitals subgroup.
- The EAG continue to keep the issue of universal use of face masks under review. They are liaising with the Guidance and Evidence Synthesis subgroup who are reviewing the evidence on this matter. The NPHET noted that masks worn by healthcare workers in clinical settings, would require a different specification to those worn by the public in general settings
- The membership of the EAG is to be expanded to include an obstetrician and additional expert advisory sub-groups are to be established to consider specific guidance for acute hospitals and the care pathways in these hospitals. These developments were welcomed by the NPHET.

The Guidance and Evidence Synthesis subgroup advised that a daily evidence update process is now in place and this information is sent to the HPSC to inform guidance development and to the EAG to guide and inform their work.

The Chair thanked the EAG for their advice and very useful update. The Chair also clarified and reminded colleagues that advice is provided by the EAG to NPHET for its consideration and acceptance or otherwise. Consequently, EAG advice is considered to be formal advice generated via the agreed process and attributable to the EAG collectively.



4. Review of Existing Policy

(a) Personal Behaviours

Update was given on the latest survey data.

(b) Social Distancing

A need for guidance by the Health and Safety Authority (HSA) was identified to support essential workplaces to continue operations while implementing social distancing measures as effectively as possible and minimising risk in circumstances where social distancing measures cannot always be strictly complied with. This covers essential workplaces and essential workers, outside of the healthcare sector, and aims to reduce the risk of transmission of COVID-19. This guidance was prepared by the HSE and includes input from the DOH and the HSA. It covers aspects including monitoring staff, hand hygiene, avoidance of face to face contact, hygiene practices and respiratory hygiene.

The NPHET agreed that the guidance developed should be provided to assist the HSA when advising essential workplaces in complying with social distancing measures and mitigating actions if such measures cannot be strictly followed, to prevent the spread of COVID-19 and to protect its staff.

(c) Testing

This item was taken with agenda item 4(d).

(d) Contact Tracing

Agenda items 4(c) and 4(d) were taken together.

There was discussion in relation to sampling, testing and contact tracing and the HSE advised that work on real time surveillance was continuing. The Chair outlined the importance of enhanced real-time, end to end surveillance data in formulating an effective response to the COVID-19 emergency. The appointment of a designated single lead to direct a strategic and coherent approach to the entirety of the sampling, testing and contact tracing processes was proposed and agreed.

Action: The HSE is to significantly scale up its sampling, testing and contact tracing strategy as part of a coherent approach to the entirety of these processes.

(e) Enhanced procurement approach for essential products, to include PPE and supply issues

An update was provided by Chair of the Medicines and Medical Devices Criticality Assessment Sub-Group. HSE Procurement has been actively engaged in sourcing essential products, essential consumables, medical devices and medicines. There is a large volume of PPE required with variable requirements across the services and ventilators continue to be sourced. Some work has been conducted to identify projected demand.

Given the complexity and the range of products required, there was a proposal for an integrated, strategic approach involving all key Government Departments and agencies in order to maximise the potential availability of supplies, from both domestic and international sources in light of the current supply challenges. The HSE advised that there are some product shortages and they are working to address these.



There was discussion on this proposal and a number of key points were identified:

- need to include a wide range of stakeholders;
- requirements of medical equipment and other items should take account of the current and emerging COVID-19 pathways (across prevention, testing, diagnosis and treatment) as well as an estimation of volume requirements based upon national disease modelling, international best practice (e.g. WHO) and other expert advisory processes;
- this should also be informed by the outputs from the Irish Epidemiological Modelling Advisory Group (IEMAG), which can now provide information which can aid in forecasting demand requirements;
- the Model of Care for COVID-19 is now in place and will can inform the requirements for the delivery of care across all care settings (including the community, residential and home care);
- the need for projected and actual demand and supply to be monitored and used to inform future requirements as the disease progresses, as well as real-time monitoring of potential supply chain risks;
- procurement needs should be informed by clinical pathways and modelling information and a procurement plan, with gaps identified, over the coming weeks.

The group accepted the proposal.

Action: The immediate enhancement of an integrated, strategic approach to inform the provision of the essential products, essential consumables, medical devices and medicines necessary to enable the Irish health service to plan and respond, in the most effective way possible, to COVID-19.

(f) Public Health Advice Implications

No discussion was had under this agenda item today.

5. HSE's Planned Responses to the NPHE further to:

The NPHE had a detailed discussion on the management of COVID-19 outbreaks across both acute hospitals and long-term residential care settings (LTRCs).

a) Acute Hospital Settings

Recognising the paper "*Measures for Disease Management – Acute Hospitals*", which was discussed at NPHE last week (31st March 2020) and the ongoing work between the DOH and HSE, update was provided.

The HSE advised that the structures for Infection Prevention and Control (IPC) were in place, the focus continued on PPE, guidance was due to issue shortly to Hospital Groups, and the National Antimicrobial Resistance and Infection Control (AMRIC) team were working with Acute Hospitals operations. The AMRIC structures provided for established processes to be used in the COVID-19 response and consideration would be given to an integrated approach so that community and hospital services can be supported by this. The work of HIQA in engaging with the community hospitals was acknowledged.



b) Residential Healthcare Settings

Recognising the paper “*Enhanced Public Health Measures for COVID-19 Disease Management - Long-term Residential Care (LTRC)*”, which was discussed at NPHET last week (31st March 2020), and the ongoing development of this work between the DOH and HSE, update was provided.

The HSE advised that initiatives are ongoing to enhance the measures already in place; structures have been developed and put in place to support this. Recognising the progress to date, the group highlighted the need for continued and particular emphasis on the timely implementation and rollout of measures, given the nature of COVID-19.

Furthermore, HSE advised that work is underway to enhance occupational health supports for staff in residential healthcare settings and to expand IPC support for services, including building on the work already in place by the IPC committees across the CHOs.

As part of the integrated outbreak crisis management response, the NPHET also discussed and agreed that the HSE is to report on a daily basis, on the implementation of the measures across both home support and long-term residential care. The HSE is to use the contact management ICT system (CRM) to capture homecare and LTRC public health, patient flow and outbreak-related data.

Action: The HSE is to immediately deploy an integrated outbreak crisis management response across long-term residential care settings (LTRCs), home support and acute hospital settings, to drive the infection prevention and control (IPC), and public health measures agreed by NPHET at the meeting on Tuesday, 31st March 2020. The NPHET agreed that additional home support measures are to be implemented by the HSE. The HSE is to report daily on the implementation of the measures across both home support and LTRC. The HSE is to use the CRM system to capture homecare and LTRC public health, patient flow and outbreak-related data.

6. Future Policy

(a) Homecare Considerations

A deliberative paper entitled “*Enhanced Public Health Measures for COVID-19 Disease Management Home Support Services (HSS)*” was presented.

This set out enhanced public health measures for COVID-19 disease management for home support services (HSS). The enhanced measures include measures around strengthened HSE governance structures, transmission risk mitigation, staff screening and prioritisation, HSE provision of PPE and oxygen and training. These measures were designed to have an integrated approach across community services. The importance of data across all settings was acknowledged.

The NPHET approved the enhanced public health measures for COVID-19 disease management for HSS. (See action under agenda item 5 above).

(b) Travel Considerations

A deliberative paper on “*Travel considerations*” prepared by DOH in conjunction with colleagues in the Department of the Taoiseach, the Department of Justice and Equality, and the Department of Transport, Tourism and Sport was presented. The paper proposed a number of enhanced measures to strengthen the regime of 14 days of restricted movement for all incoming passengers by introducing a



Public Health Passenger Locator Form, submitted to Department of Justice and Equality Border Management Unit staff, who are to conduct spot checks (by telephone), with follow-up action as required.

The NPHE was supportive of this approach.

(c) Ad Hoc

(i) Emergency Childcare Provision

A deliberative paper entitled “*Emergency Childcare Provision for Essential Health Care Workers*” was presented, outlining an outreach model. The NPHE discussed the paper and noted that information on the demand and alternative options would be helpful. In addition, NPHE noted that the existing social distancing measures were in place until 12th April 2020 and the effect of these have yet to be determined. The NPHE agreed that this matter would be kept under review.

(ii) Evidence Summary: Spread of COVID-19 by Children

A paper entitled “*Evidence Summary: Spread of COVID-19 by children*” was presented for consideration. The NPHE noted that there is currently limited information on the contribution of children to the transmission of COVID-19.

(d) Public Health Measures - Phasing

This was a preparatory discussion to start considerations on next steps. Some initial draft considerations for the reduction of physical/social distancing measures introduced in response to COVID-19 were presented. It was noted that the ECDC is working on guidance in this regard, which is not yet published. There was an article published on 25th March 2020 on the experiences in Wuhan, China.

There was discussion and agreement that the approach should be underpinned by public health disease control capacity, to include sufficient sampling, testing, contact tracing and reporting. This would enable timely monitoring and action if needed when a change is made.

There was further discussion on the process of management and scaling down or up of the measures in place nationally or locally, including that there may be a need to focus tailored approaches in particular settings or groups. The NPHE noted that any decrease in restrictions would need to be a gradual removal of restrictions with the understanding that they may have to be reintroduced if required.

The NPHE approved the general approach to the criteria and considerations set out in the document subject to feedback from the group after the meeting, with a view to further consideration at the next meeting (7th April 2020).

7. National Action Plan/Updates on:

a) Vulnerable People and Community Capacity

Updates were covered under agenda items 5(b) and 6(a) above. In addition, it was noted that the Community Support Framework was launched yesterday (Thursday, 2nd April 2020).



b) Hospital Preparedness

(i) Current and surge bed capacity – report from HSE

The HSE provided update on the current and surge bed capacity, for acute beds and ICU beds. It was noted that staffing, training and equipment were also required to operationalise this capacity. In particular, the main enabler for ICU beds is the available trained staff complement. For the acute hospital beds, the additional beds contracted from the private sector have now increased capacity. These were draft reports so the figures were not yet finalised but were to be updated and presented to the NPHET at the next meeting on Tuesday, 7th April 2020. The work involved in collation of these reports was acknowledged.

Action: The HSE is to finalise its report on current, critical care and surge bed capacity for presentation to the NPHET at its next meeting on Tuesday, 7th April 2020.

(ii) Update

Update was provided on the provision of non-COVID 19 care and transfer to some of the private sites had commenced. It was noted that the appropriate governance and IPC arrangements would support non-COVID 19 sites. Work had commenced on patient outcome indicators.

The ongoing work and contribution of the National Ambulance Service to testing was acknowledged.

c) Medicines and Medical Devices Criticality

A short update was provided on issues around potential problems in sourcing critical medicines and the HSE's Acute Hospitals Drug Management Programme is looking at this issue.

It was noted that Ireland has returned an Expression of Interest for a Joint Procurement Agreement (JPA) on candidate therapies for COVID-19. It was also noted that the UK have implemented parallel export restrictions for medicines which could have implications for sourcing exempt medicines.

d) Health Sector Workforce

Update was provided on the work completed to date to maximise the available healthcare workforce e.g. pension abatement, garda vetting, professional registration. It was noted that the intake of medical interns was to be brought forward and that arrangements for student nurses to complete their clinical hours. 'Ireland on call' had received 65,000 applications to date, interviews had commenced and there are considerations on staff redeployment underway. Work continues with the HSE and trade unions to ensure quick resolution of issues and continuity of care for patients.

Action: The NPHET welcomed the agreement to increase the medical intern intake in 2020 and recommended that the intake should commence in April 2020.

e) Guidance and Evidence Synthesis

The Chair of the Guidance and Evidence Synthesis Subgroup advised that the rapid health technology assessment (HTA) of alternative diagnostic tests was due to be completed in the coming days. Evidence summaries on a number of clinical questions had been prepared for the EAG and support provided to the HPSC. It was noted that a repository of all the evidence synthesis and guidance is available from the HSE as a clinical design open access platform. The work of the subgroup was acknowledged, in particular, in providing timely synthesis of the evidence as it emerged to inform decisions and approaches.



f) Legislation

No update at this meeting.

g) Research and Ethical Considerations

(i) Critical Care paper

The Chair of the Research and Ethics Subgroup presented a paper entitled “*Ethical Considerations Relating to Critical Care in the context of COVID-19*”. There was discussion on the format and it was agreed the paper would benefit from a ‘key messages’ box. Subject to this amendment, the paper was approved by NPHET and to be disseminated.

There was also update that:

- work had commenced on considerations on duty of care and PPE;
- Paper was in preparation on research priorities;
- The COVID-19 Research Ethics Committee (REC) is due to be operational from next week.

Action: The NPHET approved the guidance “*Ethical Considerations relating to Critical Care*”. The HSE is to disseminate the guidance to the healthcare system in order to ensure planning decisions are made in a fair and consistent manner.

h) Behavioural Change

The Behavioural Change Subgroup provided an update on the work of the subgroup, including work on public risk perceptions, wellbeing and resilience. It was noted that new wellbeing campaign was being rolled out. The HSE are working on tv advertisements with messages on ‘cocooning’ and ‘stay on home’.

8. Covid-19 Mobile Phone Application (App) Project

An update on the strategic development plan for the Covid-19 Mobile Phone Application (App) was presented to the NPHET. This was designed to be a whole-of-population mHealth project with opt-in and consent based usage. The NPHET was advised that the solution had the potential to augment current contact tracing and to provide real-time symptom tracing and that the App was at a very advanced stage of development.

Action: The NPHET noted the developments to date of a COVID-19 mobile phone application

9. Consideration of other societal issues/consequences and possible measures - Implications of existing policy

No update under this item today.

10. Risk Register

The NPHET agreed to develop a risk register, with input from the Subgroups, which is to be reviewed on an ongoing basis.

11. Communications Planning

No update under this item today.



12. Meeting Close

(a) Agreed Actions

The actions from the meeting were reviewed and agreed.

(b) Slide Deck for Spokespersons

No update under this item today.

(c) AOB

The Chair thanked NPHEH colleagues for their good wishes during the week.

(d) Date of next meeting

The next meeting will take place on Tuesday, 7th April 2020 at 10am via video conferencing.