1. Welcome and agenda

The Chair welcomed the group in attendance and thanked all for joining the teleconference. As this was an ad hoc meeting of the NPHET called by teleconference, the group agreed to consider the one following agenda item:

“Review of recommendations arising out of the EAG meeting on Friday 6th March”.

2. Presentation of EAG advise

The NPHET was advised that the EAG had convened a meeting today 6th March 2020 to review the guidance (“Interim Guidance for Coronavirus-Healthcare Worker Management By Occupational Health”, Version 5, 5th March, and “National Interim Guidelines for Public Health management of contacts of cases of COVID-19, including health care workers”, Version 6, 5th March, 2020) for the clinical management of healthcare workers who are close contacts of a confirmed case. This was considered important in light of the recent diagnosis of COVID-19 in a person without epidemiological risk factors for COVID-19 who has been hospitalised.

The NPHET noted the concern that there is a risk to patients of acquiring COVID-19 from an exposed health care worker. The EAG advised that at an operational level, a detailed local risk assessment is needed of the risk to patient safety due to absences of essential staff. The EAG identified two categories of contact:

- Close contact with symptoms compatible with COVID-19;
• Close contact with no symptoms.

3. Discussion of EAG Advice
While the EAG is not in a position to provide operational advice, hospitals should be able to conduct a risk assessment which would be cognisant of their local circumstances and environment. This may include an option to redeploy and / or monitor essential staff.

It was acknowledged there are differing approaches internationally as the evidence on this topic is evolving rapidly.

There was discussion regarding hospitals conducting ongoing monitoring and contact tracing. The HSE advised that Occupational Health are doing this under the direction of local Public Health Departments. It was also noted that local Quality and Patient Safety personnel could be suitable central portals for the risk assessments at a hospital level. This would help ensure a consistent approach nationally.

The NPHET agreed that more work was required to prepare national guidance on this topic. However, the NPHET agreed that the current advice would be made available as interim guidance to the relevant sites. It was highlighted that the measures discussed are interim in nature and apply only to specific circumstances in a limited number of facilities.

It was agreed that this issue would be included for further discussion at the next NPHET meeting on Tuesday 10th March.

Action: The HSE to make the guidance from the Expert Advisory Group and presented today available and implemented as interim site-specific guidance immediately so as to ensure the advice can inform current patient care requirements.

Action: To inform this national guidance, the NPHET will seek the expert advice and guidance of the EAG in relation to the following:

1. Should the guidance be refined to include different levels of risk, according to activities that a healthcare worker may have been (e.g. aerosol generating procedures) involved in?

2. Are there specific groups of patients, and if so, which, that it would be appropriate to require to wear face masks through an acute hospital admission, with the aim of the protection of others, including healthcare workers?

Action: The HPSC to develop national guidance on the matter of healthcare workers who are contacts of a confirmed case, in line with the advice of the Expert Advisory Group to date and further advice the EAG will issue in the coming days.

4. Date of next meeting
Tuesday, 10th March 2020 at 2:00pm