



National Public Health Emergency Team – COVID-19
Minutes – Standing Meeting

Date and Time	Tuesday 5 th May 2020 (Meeting 28) at 10am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via Videoconference	<p>Dr Colm Henry, Chief Clinical Officer (CCO), HSE Mr David Walsh, National Director, Community Operations, HSE Mr Liam Woods, National Director, Acute Operations, HSE Dr Lorraine Doherty, National Clinical Director, Health Protection, HSE Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair Dr Darina O’Flanagan, Special Advisor to the NPHET Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Siobhan O’Sullivan, Chief Bioethics Officer, DOH Dr Mary Favier, President ICGP Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Prof Colm Bergin, Consultant Physician in Infectious Diseases, St James's Hospital Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy 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 Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety, DOH Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Dr John Cuddihy, Interim Director, HSE HPSC Ms Marita Kinsella, Director, NPSO, DOH Mr Tom McGuinness, Assistant National Director, Office of Emergency Planning, HSE Mr David Leach, Communications, HSE Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH Dr Siobhan Ni Bhriain, Lead for Integrated Care, HSE Dr Jeanette McCallion, Medical Assessor, HPRA</p>
‘In attendance’	<p>Mr David Keating, Communicable Diseases Control Policy Unit, DOH Ms Laura Casey, Principal Officer, Health Systems and Structures Unit, DOH Ms Sheona Gilson, Statistics and Analytics Unit, DOH Ms Aoife Gillivan, Communications, Corporate Division, DOH Ms Deirdre McNamara, Office of the Chief Clinical Officer, HSE Mr Ronan O’Kelly, Statistics and Analytics Unit, DOH</p>
Apologies	<p>Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group Dr Alan Smith, Deputy Chief Medical Officer, DOH</p>
Secretariat	Ms Rosarie Lynch, Mr John Harding, Ms Sarah Murphy, Ms Susan Reilly, Ms Linda O’Rourke, Ms Liz Kielty, DOH



1. Welcome and Introductions

a) Conflicts of Interests

Verbal pause and none declared.

b) Minutes of Previous Meetings

NPHET members were advised that the draft minutes of the meetings held on the 17th and 21st April would be circulated later today for review and feedback by NPHET members. Subsequently, the finalised meeting notes will be published on the website.

c) Matters Arising

All other matters were noted as having been completed or covered by today's meeting agenda.

2. Epidemiological Assessment

a) Update on National Data

(i) Health Protection Surveillance Centre (HPSC)

An update on the national epidemiological data was presented by the HPSC with a specific focus on outbreaks in the nursing home and long-term residential care settings today.

The HPSC's report included data on the total number of confirmed cases of COVID-19, the total number of deaths, the number of patients requiring critical care, the extent of community transmission, the number of clusters, including in long term residential healthcare settings.

HPSC noted that there has been a gradual reduction in ICU admissions over time with a slight reduction over the last seven days. The data also show a reduction in the overall numbers of confirmed cases among healthcare workers and this will be explored in further detail at the next meeting.

Outbreak and mortality figures were also presented; as was an epi-curve by date of onset of symptoms. The numbers of outbreaks / clusters by location, including emerging outbreaks in direct provision centres, in the Traveller and Roma communities and increases in workplace settings outbreaks over the last two weeks were particularly noted by the NPHET. Regarding workplace outbreaks, the HPSC advised that a national outbreak control team has been put in place to support outbreaks within meat processing plants.

The data show a reduction in outbreaks in long term residential healthcare settings since the week commencing 24th April but note an increase in the last week, aligning with the enhanced testing programme in long term residential healthcare settings.

The HSE noted that the enhanced testing programme is complete in 91% of nursing homes and they are aiming to complete the remainder of tests over the coming days, with the testing programme ongoing in mental health and disability centres. It is expected that the programme would be completed in the coming days.



The Chair noted the importance of the data from the enhanced testing programme in providing an understanding of the epidemiology of the disease in residential care settings. The Chair requested that the HPSC prepare an epidemiological report on the findings from the enhanced testing programme in long-term residential care settings for the NPHET meeting on 12th May, to include an overview of the outbreaks at the early and later phases of the pandemic, transmission patterns and recommendations for future testing strategies and prevalence studies.

Action: The NPHET agreed that the HPSC is to complete a detailed epidemiology report on the outbreaks of COVID-19 across long-term residential healthcare settings. The report will be informed by the findings of the ongoing dedicated enhanced testing programme in this sector and will inform the development of future testing strategy. The report is to be submitted to the NPHET for discussion at its meeting on 12th May 2020.

(ii) Department of Health (DOH)

An overview was presented by DOH, compiled from the daily HSE reports and the HPSC data received. The number of referrals for testing for healthcare workers remains high, due to the dedicated testing programme in long-term residential care centres (LTRCs) and the fact that staff not at the LTRC on the day of testing were being advised to present to a community testing hub.

DOH outlined that they are continuing to liaise with HSE to capture more data, particularly data in relation the number of appointments offered for testing versus the number of people waiting for an appointment.

Data on the number of patients requiring ICU care (with / without ventilation) is also showing a downward trend.

An update was provided in relation to contact tracing. It was noted that while the number of staff actively contact tracing has increased, there is an overall reduction in the number of calls, which is most likely due to the effect of the public holiday weekend. The data also show that the average time to complete step 2 contact tracing calls has decreased.

b) International Assessments

There was nothing of note identified for update at today's meeting.

c) Modelling Report

Apologies were received from the Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG). The NPHET Chair noted that the update on modelling and forecasting provided at the NPHET meeting of 1st May remains the most up-to-date position.

d) Prevalence Studies (SCOPI)

A draft briefing note was presented by the HPSC entitled '*Study to investigate COVID-19 infection in the Irish population (SCOPI)*'. The study proposes to undertake a population sero-prevalence study with the HPSC and NVRL in collaboration with the Central Statistics Office and DOH to investigate COVID-19 infection in the Irish population (SCOPI) to estimate population age-specific immunity or past exposure to SARS-CoV-2. The HPSC provided an overview of the cross-sectional prospective



study (involving Dublin and Sligo) including the design, sample size, proposed timeline for commencement and the ongoing North-South collaboration in this work.

There was a discussion on how representative the sample would be from an age and geographic perspective and the HPSC noted that this was the most appropriate sampling strategy and it had been agreed with the Central Statistics Office (CSO). The HSPC advised that this was a first approach and any emerging evidence on positivity in the population will inform the need for further studies. The study is being funded by the HSE and indicative costs will be approved within the HSE.

The NPHEt was also advised that the Irish Longitudinal Study on Ageing (TILDA) has received funding to do a separate sero-prevalence study on COVID-19 infection in the older Irish population.

The NPHEt will give further consideration to the proposed study (SCOPI) at its meeting on Friday 8th May, following the conclusion of planned HSE engagement on funding.

The Chair of the Research subgroup of the Expert Advisory Group (EAG) gave an update to the group on other planned studies, including the treatment of COVID-19 infection in healthcare workers and the WHO Solidarity Trial on the effectiveness of the medicinal product, remdesivir, against COVID-19.

The use of salivary testing to diagnose COVID-19 was also raised and the Chair of the EAG noted that while sample collection may be more straightforward, there is a lack of sensitivity with such tests, with no clear conclusion as to the meaning of a negative RNA sample in this context.

3. Expert Advisory Group

The Chair of the Expert Advisory Group (EAG) noted that there had been no EAG meeting since the NPHEt meeting of the 1st May so there was no update.

Interim guidance from the EAG on non-COVID care pathways will be further considered under agenda item 7a)(i) as part of the proposal in relation to recommencing non-urgent non-COVID19 care in acute hospitals.

4. Review of Existing Policy

a) Personal Behaviours & b) Social Distancing

There were no updates under these items at the meeting.

c) Sampling, Testing, Contact Tracing and CRM Reporting

The HSE provided an update in relation to the end-to-end referral, sampling, laboratory testing and contact tracing and on the work ongoing to increase current capacity across each step of the pathway. The HSE advised that it was currently operating at a capacity of 12,000 tests per week and would be up to a capacity of 15,000 tests per day by the week commencing the 18th May.

Furthermore, the HSE advised the NPHEt that the contact tracing process will be fully automated for text notifications from the week commencing 18th May. The turnaround time from referral to testing



is also showing improvements, down from 5/6 days to 24 hours. The HSE advised that work is ongoing to reduce the timeframe between referral and receipt of test results to 48 hours.

The Chair acknowledged the work underway on this matter and thanked all those involved for their efforts.

d) Case definition - update

The HSE updated on the progress in relation to the NPHEP recommendation to remove the case definition restriction to fall within a priority group in respect of testing. The HSE advised that it has engaged directly with the Irish College of General Practitioners (ICGP) and the Irish Medical Organisation (IMO) to support the communication of the change in case definition to GPs, in advance of the implementation date of 6th May 2020.

The HPSC is in the process of updating the relevant guidance and algorithm, which will be communicated to GPs today. It was also agreed that the HPSC would publish the testing protocols for vulnerable groups on their website, once finalised.

The HSE also advised that the required testing capacity is available and sufficient for the new definition to be operational by the 6th May.

5. HSE's Update to the NPHEP further to:

a) Residential Healthcare Settings

(i) Mortality census update

The DOH provided an update on the response rates for the mortality census data. The current response rate for the survey is (a) 77.3% in approved mental health centres and (b) 89.7% response rate in nursing homes and disability centres.

The HSE provided an update on progress in relation to actions for long-term residential healthcare settings and noted that 494 services are currently in receipt of support from the HSE COVID-19 response teams. Home support staff are being redeployed to support the private nursing homes but staffing within nursing homes still remains a challenge due to healthcare workers testing positive for COVID-19. The HSE advised that the number of delayed discharges was increasing.

(ii) Update on the HIQA monitoring programme

HIQA provided an update on the Regulatory Assessment Framework of the preparedness of nursing homes for a COVID-19 outbreak. A pre-inspection telephone assessment was carried out across 363 designated centres between 21st and 29th April 2020. Key points of update were that those designated centres confirmed at this point in time that they had:

- adequate deputising arrangements for the 'Person in Charge',
- adequate contingency plans to increase staffing levels in response to changing residents' needs,
- sufficient staff and skilled staff,
- adequate medical support,



- adequate PPE.

HIQA advised that on-site assessments had commenced on 29th April and thus far all centres assessed against the Regulations show good compliance levels, indicating that non-COVID nursing homes visited have made adequate preparatory arrangements and know how to contact the HSE to access public health supports should they have a COVID-19 positive resident and/or staff member.

HIQA advised that where significant non-compliances have been identified, regulatory notices have been issued, where appropriate and the provider will need to put in place an action plan to address these identified risks to the Chief Inspector.

The NPHE noted that the restrictions on visiting nursing homes and other residential healthcare settings would be considered at a forthcoming meeting bearing in mind the balance that needs to be achieved in terms of public health risk and the welfare and wellbeing of residents.

The NPHE discussed the importance of outlining comprehensive steps that have been taken as part of the health system response to outbreaks of COVID-19 in long-term residential healthcare settings. It was considered that a paper should be prepared which sets out the patterns of transmission, early interventions implemented and the public health responses to similar outbreaks in residential care settings in other countries for an international perspective.

Action: NPHE agreed that DOH, with input from the HSE and HIQA will prepare a paper for NPHE setting out the public health response to the long-term residential healthcare settings for consideration at the meeting on 12th May 2020.

b) Acute Hospitals Settings

The DOH noted the continuing engagement between DOH and the HSE to progress the implementation of public health measures for COVID-19 disease management in the acute hospital sector.

It was noted that a specific recommendation on non-COVID care pathways would be discussed under agenda item 7(a)(i).

6. Future Policy

a) Micro-communities

A draft paper “***Micro-communities as part of social distancing measures in the context of COVID-19***” was considered by the NPHE.

As social distancing measures are reduced as part of the public health framework approach, the concept of ‘micro-communities’ conveys to the public that people may now interact with those outside their immediate household but there is a strong need to maintain their close contacts to a very limited number. The *ECDC Rapid Risk Assessment: Coronavirus disease 2019 (COVID-19) in the*



EU/EEA and the UK– 9th update notes the promotion of ‘micro-communities’ will allow for work to be conducted and for social interaction to promote wellbeing, while still limiting the spread of infection.

An overview of how some other countries have approached the lifting of restrictions, the use of the “micro-community” concept and suggested key principles and key messaging that could be implemented in Ireland, should such an approach be adopted, was provided to the group.

The paper was welcomed by the NPHE and it was agreed that further work would be done on it as an approach, as it would not work if it is perceived as a complex ruleset. In particular, the concept of micro-communities would need to be tested with the public as part of the public opinion research and with the Behavioural Change Subgroup. If it is to be adopted, key messaging and guidance would need to be developed to support the implementation of the approach as restrictions are lifted, especially for people over 70 years and those extremely medically vulnerable to COVID-19.

b) Travel Considerations

The NPHE agreed that the issue of travel to and from overseas and self-isolation would be discussed in more detail at the meeting of 8th May.

c) Ad hoc

(i) Childcare considerations

The DOH updated on the implementation of the proposal from Department of Children and Youth Affairs (DCYA) and the Senior Officials Groups to introduce targeted and time limited childcare measures for essential healthcare workers as follows:

- In circumstances where a parent/guardian/partner is an “essential healthcare worker”, the other parent/guardian/partner is supported by their employer to remain at home to care for the child(ren). This is operational since 21st April 2020;
- DCYA supported in-reach service where registered childcare workers provide support in an essential healthcare workers home. This is due for implementation from the 18th May 2020.

The DOH advised that the DCYA have been in the process of preparing for implementation of a service and addressing issues in the areas of funding and insurance. It was noted that the representative bodies for healthcare workers continue to raise this as a substantive issue.

The HSE estimated that up to 9,000 staff have, or will have, challenges accessing childcare and the absence of a supported in-reach service for essential healthcare workers is impacting on the availability of front-line staff.

The NPHE agreed to have a specific discussion on this matter at a follow-on meeting as part of the discussion on the next phase of reducing social distancing measures and in the interim that DOH would seek assurance from the DCYA that a supported in-reach service for essential healthcare workers can be operational for the 18th May, in line with the Government’s *Roadmap for Reopening Society & Business*.



(ii) Testing capacity (additional agenda item not on agenda)

The HSE advised that additional testing capacity will become available following the conclusion of the enhanced testing programme in long-term residential healthcare settings and taking account of the expanded case definition.

The HPSC highlighted the need for a testing strategy, informed by the experience in long-term residential healthcare settings, to determine how this additional capacity can be best utilised. The new testing strategy could include a focus on testing in outbreak situations, pro-active testing of healthcare workers in areas of high-risk, etc.

It was agreed that the HPSC would prepare a paper for NPHE, to include a strategic approach to ribonucleic acid (RNA)/polymerase chain reaction (PCR) testing and how capacity should be best utilised and targeted, for discussion at the meeting of 12th May.

Action: The HPSC is to prepare a paper regarding the potential for RNA / PCR testing for COVID-19 to form part of a strategic approach to testing and how testing capacity should be best utilised and targeted. This will be informed by the experience from the programme of enhanced testing in long term residential healthcare settings.

7. National Action Plan/Updates

a) Hospital Preparedness

a) Proposal to reintroduce non-COVID-19 care in acute hospitals

The Chair of the Acute Hospital Preparedness Subgroup presented a joint DOH / HSE paper regarding the reintroduction of non-COVID-19 care in acute hospitals.

The NPHE recalled that as part of the public health restrictive measures recommended to Government on 27 March 2020, a recommendation was included regarding the pausing of all non-essential health services including non-essential acute health services.

The paper provided an overview of the work undertaken to date on infection prevention and control (IPC) measures in acute settings, surge capacity planning and the availability of increased capacity through the arrangement with private hospitals. It was noted that the resumption of more routine non-COVID care will require further consideration and assurance in a number of areas such as:

- acute and critical care bed capacity, given hospital capacity will need to remain at a level of 80-85% to support any surge capacity requirements in the public hospitals;
- infection outbreak control in acute hospitals, in particular the need for significant investment to augment IPC resources to sustain current services as hospitals return to normal activity, and for the roll-out of an ICT system across all acute hospitals to maintain and increase efficiency in infection surveillance;
- the HSE's requirement for permanent appropriate critical care capacity to ensure an ongoing service response to COVID-19.



NPHET was advised that DOH will engage with the HSE in relation to the capacity and infrastructural requirements identified. In addition, the DOH plans to engage with HIQA and the HSE in relation to undertaking a review of infection prevention and control capacity in private hospitals.

The development of interim guidance to support the continued delivery of non-COVID care by a subgroup of the EAG and led by the National Clinical Lead for Acute Hospitals, was welcomed by the NPHET. The guidance supports the mitigation of risk for patients and for healthcare workers, associated with delivering non-COVID care in an environment where SARS-CoV 2 is prevalent, through addressing the management of day-case procedures, planning for a hospital stay or planned interventions and outpatient clinics. It was noted that the guidance has been informed by evidence reviews undertaken by HIQA and provides a framework for services that will need to be tailored to local conditions and specialty needs.

Subject to the implementation of the above steps, and to the maintenance of necessary surge capacity for COVID care, the DOH and the HSE proposed that NPHET agree to the recommendation that the pause on non-essential non-COVID acute care be removed and that general acute care delivery be determined from now on by appropriate clinical and operational decision-making.

In the context of recommencing non-COVID care, emerging challenges were noted such as: the ability to be able to discharge patients recovering from COVID-19 from acute settings for rehabilitation; the risks of COVID outbreaks in COVID-free hospitals and wards as other care is recommenced; protections against post-operative nosocomial infection. Ongoing efforts would seek to address these and other challenges in the complex process of returning to non-COVID care.

The NPHET recognised the growing importance of the reintroduction of non-COVID acute services and supported the recommendation put forward jointly by the DOH and the HSE.

Action: The NPHET agreed that its recommendation of 27th March 2020 with regard to pausing all non-essential health services (i.e. as part of the public health restrictive measures introduced on that date), in respect of acute care should now be replaced with a recommendation that the delivery of acute care be determined by appropriate clinical and operational decision making.

b) Vulnerable People and Community Capacity

A written update under this item was noted at the meeting.

c) Medicines and Medical Devices Criticality

There was no update under this item at the meeting.

d) Health Sector Workforce

A written update under this item was noted at the meeting. Due to time constraints, agenda item 7(d)(i) on Occupational Health was deferred to a later meeting.

e) Guidance and Evidence Synthesis

A written update under this item was noted at the meeting.



f) Legislation

There was no update under this item at the meeting.

g) Research and Ethical Considerations

A written update under this item was noted at the meeting.

h) Behavioural Change

A written update under this item was noted at the meeting.

8. Risk Register

An updated draft risk register, taking into account the feedback from NPHEP members and subgroups was reviewed. The NPHEP noted that the risks that have been identified are associated for the most part with the DOH or the HSE, as the risk owners, rather than the NPHEP. Accordingly, responsibility for mitigation and management of such risks rests with the DOH and the HSE in line with the existing governance arrangements and the HSE Performance and Accountability Framework. It was agreed that consideration would be given to an appropriate way forward in this regard for further review by NPHEP.

9. Communications Planning

The DOH updated on the communications approach for the next phase of reducing social distancing measures, which will include the behaviours that people will continue to need to practice and to support ongoing solidarity and wellbeing. This next phase of the campaign will launch mid-May and will run throughout the summer, in line with the next phases of the overall response

The HSE noted that it will be more challenging to effectively communicate when reducing social distancing measures, the importance of encouraging and influencing people to continue to adopt the necessary behaviours to reduce disease transmission, in light of the perceived reduced risk.

10. Meeting Close

(a) Agreed actions

The key actions arising from the meeting were examined by the group, clarified and agreed.

(b) AOB

NPHEP processes

The CMO raised the need to consider NPHEP processes given that the response to COVID-19 will be moving into the next phase in the near future. The purpose of this is to provide a more sustainable medium-term process, while making provision for business as usual within members' respective organisations. It was agreed that a proposal for a stock taking exercise would be brought before the NPHEP at the meeting on the 8th May.

(c) Date of next meeting

The next meeting will take place on Friday, 8th May at 11am via video conferencing.