



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

Date and Time	Friday, 22 nd May 2020 (Meeting 32) 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 Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Mr Liam Woods, National Director, Acute Operations, HSE Mr David Walsh, National Director, Community Operations, HSE Dr Darina O’Flanagan, Special Advisor to the NPHE Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) Dr Lorraine Doherty, National Clinical Director Health Protection, HSE Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair Mr David Leach, Communications, HSE Dr Mary Favier, President, Irish College of General Practitioners (ICGP) Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA</p> <p>Prof Colm Bergin, Consultant 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 Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH Mr Paul Bolger, Director, Resources Division, DOH Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH Dr John Cuddihy, Interim Director, HSE HPSC Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE Dr Jeanette McCallion, Medical Assessor, HPRA Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE</p>
‘In Attendance’	<p>Ms Laura Casey, Health Systems and Structures Unit, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Mr Colm Ó Conaill, Policy and Strategy Division, DOH Ms Sarah Treleavan, NPSO, DOH Ms Sheona Gilsean, Statistics and Analytics Service, DOH Mr Ronan O’Kelly, Statistics and Analytics Service, DOH Ms Deirdre McNamara, Office of the Chief Clinical Officer, HSE Ms Aoife Gillivan, Communications, DOH</p>
Secretariat	Ms Marita Kinsella, NPSO, DOH, Ms Sarah Murphy, Ms Susan Reilly, Ms Linda O’Rourke, Mr John Harding, Ms Liz Kieilty, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, DOH



1. Welcome and Introductions

a) *Conflict of Interest*

Verbal pause and none declared.

b) *Minutes of previous meeting(s)*

The minutes up to and including the 8th May 2020 had been circulated to the NPHE for review and feedback. Further minutes are being finalised and will be circulated to the NPHE for review, feedback and adoption.

c) *Matters Arising*

The HSE raised the matter of the definition of a close contact in the current Health Protection Surveillance Centre (HPSC) National Interim Guidelines and it was agreed that this matter would be discussed under agenda item 4 c) in relation to *Sampling, Testing, Contact Tracing and CRM reporting*.

The Health Information & Quality Authority (HIQA) asked about progress in relation to the establishment of the COVID-19 Nursing Homes Expert Panel which had been agreed at the meeting of the NPHE which took place on 14th May 2020. It was agreed that this update would be provided under agenda item 8 b) *AOB*.

2. Epidemiological Assessment

Evaluation of Epidemiological Data

a) *Update on National Data and b) Modelling Report*

An update was provided on the national epidemiological data. The update included information on the number of confirmed cases, mortality, hospitalisation, critical care, outbreaks and testing.

- The figures to date show a total of 24,391 confirmed cases of COVID-19. The overall incidence rate is considered to be relatively stable, though an increase in the incidence rate per 100,000 population in the last 14 days evident in the Midlands area is likely to be attributable to outbreaks in meat processing plants in the region.
- The data show that the number of daily new confirmed cases is continuing to decrease. Approximately half of all cases confirmed are being reported in the community.
- There appears to continue to be a downward trend in the following areas, being key measures of the severity of the disease:
 - Patients being admitted to hospital;
 - Hospital inpatients;
 - ICU confirmed cases;
 - Deaths confirmed per day.

The number of patients being admitted to critical care units has plateaued.

- The pattern of the epidemic in healthcare workers also appears to be declining with the majority of active cases amongst healthcare workers now being reported in non-acute settings.
- The NPHE noted that the effective Reproduction number is estimated to be well below 1 (for the period 6 - 12th May).



- The data show a significant decrease in the overall number of clusters and outbreaks notified across a range of settings, including in nursing homes. However, the number of clusters and outbreaks reported in specific workplaces, in particular meat processing facilities, continues to be an issue. (See update on meat processing facilities below).
- The influenza-like illness rate (ILI rate) has also declined and is within the acceptable threshold. However, an increase in the ILI rate among those aged >65 was observed, which will need to be monitored.
- Testing capacity is currently exceeding demand. The number of tests carried out has increased over the past few weeks and the daily positivity rate has fallen and is running between 2-2.5%. In addition, it was noted that Ireland compares very favourably against other countries internationally in terms of tests per million population carried out.
- The median time from referral to the completion of contact tracing calls is now 2.7 days and 3.1 if looking at community cases only.

Overall, virtually all the disease parameters appear to be stable or improving. Whilst the NPHET noted continued progress in suppressing the transmission of COVID-19, it considered that a focussed strategy and cautious approach was still warranted in light of the following:

- the slight increase in the daily number of confirmed cases in hospital;
- the increase in the ILI rate among those aged > 65 or over; and
- the plateau in the number of patients in ICU.

The Chair of the EAG raised the question of gaining a greater understanding of the virus from a genetic sequencing perspective and the NPHET agreed that this should be explored.

The importance of enhanced surveillance information, specifically in relation to community transmission was emphasised. The need for the HPSC to update the current surveillance form for COVID-19 and for these additional fields to be captured in the CRM urgently was reiterated.

COVID-19 Outbreaks in Meat Processing Factories in Ireland

The Health Protection Surveillance Centre (HPSC) presented a briefing paper on “*COVID-19 Outbreaks in Meat Processing Factories in Ireland*” which had been prepared by the National Outbreak Control Team.

The paper outlined that there had been 865 cases in meat processing factories associated with 16 facilities across the country. It was noted that the facilities concerned, and the outbreaks varied in terms of size. The paper identified a range of factors that contributed to the spread of infection including work-related factors as well as non-work related factors.

The report also outlined the mitigating actions being taken and explained that the national outbreak control team was convened to support frontline Outbreak Control Teams (OCTs) to investigate and manage outbreaks of COVID-19 in meat factories in Ireland, to summarise current epidemiology of COVID-19 outbreaks, to review available evidence, advice, and guidance in relation to prevention and control of COVID-19 outbreaks in meat factories and to ensure consistency of approach across the country. Regional multi agency outbreak control teams have been assigned to manage outbreaks



in each individual facility with local OCTs being responsible for the management, investigation and control of the outbreak. It was noted that the Department of Agriculture inspectorate are involved.

The paper provided an overview of the testing approach taken in respect of the different outbreaks and the control, occupational health, communications, guidance and other measures implemented by OCTs. In most meat processing plants, the testing method chosen was to test symptomatic workers as these cases arise. In seven out of sixteen plants, mass testing of workers in meat processing plants was organised when the risk assessment (which is a continuous process for the duration of an outbreak) indicated that this would be a prudent course of action. It is understood that the Health and Safety Authority will be commencing inspections of meat processing facilities.

The NPHEt welcomed the update and the work undertaken by the HSE. It noted that it is difficult to predict the types of workplaces that are likely to be at risk of outbreaks, but risk factors include where staff members are in close proximity without appropriate physical distancing and where effective hygiene practices are not followed. The approach to the management and reporting on outbreaks in a sector, as set out in this paper, could be adapted for other workplace settings where outbreaks are identified.

It was agreed that the document would be updated with specific recommendations for review by the NPHEt at its meeting on 26th May 2020.

c) International Assessments

The DOH updated the NPHEt regarding publication by the European Centre for Disease Control of a technical report dated 19th May 2020 entitled “*Surveillance of COVID-19 at long-term care facilities in the EU/EEA*” (the ECDC Report). The ECDC report highlights the importance of robust surveillance systems in the early detection of outbreaks in long term residential care facilities (LTRCs), thus decreasing the spread within and between facilities.

3. Expert Advisory Group (EAG)

The Chair of the EAG confirmed that there was no update from the EAG for the NPHEt’s consideration at the meeting.

4. Review of Existing Policy

a) Personal Behaviours & Social Distancing

The DOH updated the NPHEt in relation to the ongoing COVID-19 pandemic public opinion and attitudes research. The data show continued high levels of compliance with the public health recommendations.

The NPHEt was informed that the survey has been running twice weekly since mid-March and in recent weeks it has become clear that public opinion has stabilised. The WHO has also recently published its tool for behavioural insights on COVID-19, which is broadly similar to the survey questionnaire employed in the Department’s COVID Tracker Survey but includes some additional elements.



Considering these facts and as the easing of restrictions commences, DOH proposes reviewing the methods being employed, the data being captured, and the opportunities that exist for national and international comparison. It was proposed to incorporate elements of the WHO tracker into the DOH survey and to run it once a week instead of twice weekly.

The NPHEP noted the feedback from the Behavioural Change Subgroup that, because the survey relies on self-reporting, there may be some underestimation of people's personal adherence to the recommended measures. There was also acknowledgement that certain groups in society are struggling more than others to comply and it was suggested that more qualitative information about how people are engaging would be useful. The DOH will examine how best to share with the NPHEP on a more routine basis the qualitative information collected.

The NPHEP also observed that it was necessary to consider how to communicate more effectively with the public as the measures are eased, because conveying the importance of the public health messages will become increasingly more challenging as people perceive that the risk is lessening.

The NPHEP agreed that the survey would incorporate the WHO elements in order to better enable international comparison and now be completed on a once-a-week cycle. The NPHEP also stressed the importance of retaining the longitudinal nature of the survey data.

b) Report from NPHEP Subgroup - Diagnostic Testing Approaches

The DOH provided an update in relation to the NPHEP subgroup on Diagnostic Testing Approaches which had been established last month following completion of the HIQA rapid health technology assessment of alternative diagnostic testing approaches for the detection of COVID-19. The subgroup had prepared a strategic framework paper which was presented at the NPHEP meeting.

It was noted that developments in approaches to diagnostic testing are likely to continue internationally including work by the WHO and ECDC on this issue. Significant work has been achieved to date in developing testing capacity and targeted testing approaches for COVID-19. The subgroup recommended that existing structures and processes within the overall testing programme should be integrated into a single governance structure which will establish a single integrated national testing strategy. This was the primary recommendation of the paper. A number of other recommendations were also included in the paper and presented to the NPHEP.

The approach outlined in the paper was accepted by NPHEP. It was also suggested that a key consideration for the HSE in implementing the strategy was the need to ensure a coordinated approach to testing in winter when influenza is likely also to be prevalent.

Action: The NPHEP recommends that the HSE integrate existing governance structures to ensure that there is an integrated and coordinated clinical and public health-informed approach to the establishment and implementation of a national testing strategy.

c) Sampling, Testing, Contact tracing and CRM reporting

The HSE was asked to provide clarity regarding regular publication of information regarding turnaround times from the referral through testing to the end of the contact tracing process.



The HSE agreed that it is important to share this information in the public domain and are currently working towards providing this information on a weekly basis. The NPHET noted that the feedback from GPs and others is that sampling, testing and contact tracing process has improved in terms of its timeliness and efficiency.

(i) Targeted Use of Testing Capacity Strategy

A paper entitled “COVID-19 RNA/PCR Testing in Ireland – Draft Public Health Recommendations on Strategic Approach Post 21 May 2020” was presented by the HPSC.

The HPSC updated that the paper had been compiled by a group of Public Health and Clinical Leads following meetings on 11th and 18th May respectively. In developing the paper, the group had regard to the ECDC Ninth Rapid Risk Assessment (23rd April) and the most recent Technical Report on Surveillance in Long-Term Residential Care Settings (19th May). The group also had regard to the learnings from the enhanced mass testing programme recently delivered in LTRCs, as well as considering issues specifically in relation to healthcare workers.

This group reviewed key considerations for testing approach decisions and made a number of draft recommendations. The core recommendation of the paper is that Ireland’s overall testing approach will focus on testing those who meet the case definition and close contacts of confirmed cases, acknowledging that the case definition is regularly reviewed and updated as appropriate in line with emerging evidence of new symptoms associated with COVID-19, and that Ireland will be guided by ECDC in broadening the case definition. The paper set out a detailed list of other recommendations.

The NPHET discussed the following points:

- with regard to the testing strategy in long-term residential care settings going forward, it was clarified that this paper now recommends that the testing will be focussed and targeted through a robust public health risk assessment, strong infection prevention and control measures and effective public health responses;
- it was noted that the UK applies a policy of testing key workers, whereas unlike in Ireland the UK do not test everyone who meets the clinical case definition;
- it is important to strongly counter a perceived belief that testing and contact tracing are in some way protective measures that are alternatives to complying with public health advice. Testing is not a screening test and this needs to be continually communicated and reinforced;
- the recommendations in this report regarding in relation to healthcare workers, including Non-consultant hospital doctors (NCHDs), will need to be communicated early and clearly to avoid a vacuum, resulting in organisations acting on an individual basis;
- for healthcare workers, targeted initiatives may be appropriate, such as opt-in testing days to encourage healthcare workers to be tested;
- the issue of consent in relation to testing will be considered further.

Based on the discussion regarding the paper, the NPHET agreed that the HPSC would distil the key principles of the testing strategy approach for the purposes of effective communication, emphasising that it is public health-led, grounded in evidence and guidance, founded on ethical principles including consent, confidentiality etc., and clearly articulates that the testing strategy is



founded on the case definition. Based on the comments at the meeting the paper will be brought back to the NPHEt next week for formal adoption of the recommendations. The testing strategy will be reviewed at three weekly intervals.

Ireland's overall testing approach will focus on testing those who meet the case definition and as such the clinical case definition will be kept under review and guided by WHO and ECDC guidance and experience in other countries.

The HSE raised the matter of the definition of a close contact as provided for in the HPSC National Interim Guidelines for Public Health management of contacts of cases of COVID-19. In recent days some confusion had emerged in the media and amongst workplaces in relation to guidance on contacts, particularly in the context of workplaces, schools and other similar settings, who have shared a closed space with a case for longer than two hours and the implications of this. The HPSC current guidance states that for contacts who have shared a closed space with a case for longer than two hours, a public health risk assessment should be undertaken taking into consideration the size of the room, ventilation and the distance from the case.

It was noted that workplaces, schools and other settings should consider the public health guidance holistically in preparing for the safe return of workers and others e.g. intensity of contact, distance, cleaning, ventilation, hygiene, etc. and duration of contact is one component of this. It was also noted that an overly rigid application of individual requirements should be avoided (e.g. the duration of contact or the distance requirement individually).

As a priority, it was identified that the messaging and interpretation of the guidance needs to be clear in order to avoid rigid interpretation and to be able to support workplaces to balance any risk of disease transmission with how they conduct their activities. The HPSC, HSE and DOH will work collectively to implement clear and consistent communication around all public health guidance for COVID-19 to mitigate any confusion and/or rigid interpretation.

It was noted that the HPSC keeps its existing public health guidance under review in light of international guidance from WHO and ECDC; experience in other countries and evolving scientific evidence in relation to contact tracing, in line with its usual practices of updating guidance on all public health and clinical aspects of COVID-19.

Action: The NPHEt agreed that as an immediate priority, communications will be focussed on providing clarity for employers in relation to all public health guidance relevant to collective work situations (such as meetings).

d) Setting and Cohort Specific Updates

(i) Overview of the health system response to date - Long-term residential healthcare settings

The DOH provided an update on inputs and observations received in relation to the draft paper entitled "Overview of the health system response to date - Long-term residential healthcare settings". Inputs had also been received from HIQA and from the HSE. The NPHEt was advised that some further final textual edits were due to be made.



The NPHE considered that the document provides a comprehensive overview of the significant range of initiatives that have been taken to respond to COVID-19 in long-term residential healthcare settings.

Action: the NPHE agreed that the paper entitled “Overview of the health system response to date in long-term residential healthcare settings” will be submitted to the Minister for Health for consideration, formal approval with a view to its subsequent publication.

e) Review of Mortality

The DOH gave an update on the draft paper “COVID-19: Comparison of Mortality Rates between Ireland and other countries in EU and Internationally.” The NPHE was updated that the paper is close to being completed and has been updated with additional content and data.

The DOH will bring the updated paper to the NPHE for its next meeting with a view to it being finalised. This paper represents work that is ongoing as mortality data, both nationally and internationally, becomes available. The NPHE agreed to this approach and will revisit the paper at the next meeting.

f) Health & Safety Authority - Return to Work Safety Protocol COVID-19 Specific National Protocol for Employers and Workers

The DOH gave an update regarding the continuing engagements with the Health and Safety Authority and relevant Departments on the “Return to Work Safety Protocol COVID-19 Specific National Protocol for Employers and Workers” in relation to incorporating relevant and up to date public health considerations and advice.

5. Future Policy

a) Review of Public Health Measures

(i) Draft Guidance on Visiting Long Term Care Facilities

The HSE presented a draft paper, “Draft guidance on visitations to Residential Care Facilities” dated 21st May 2020, which set out draft proposed guidance in relation to recommencing the facilitation of visits to Residential Care Facilities (RCFs).

The draft guidance was developed by public health, infection prevention and control and clinical experts in the HSE. The draft guidance provides advice on how to safely implement visits to long term care facilities, should the visiting restrictions in long term care facilities, as recommended by NPHE to Government on the 12th March 2020 to attenuate the spread of COVID-19 be eased. NPHE was advised that the draft guidance, when approved, will form part of the HPSC *Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Unit.*



The impact of the visiting restrictions on residents and their families was very much recognised by the NPHE and the draft guidance was welcomed by the NPHE.

A discussion took place in relation to the possible easing of the current restriction on visitors to residential care facilities. Considerations during these discussions included–

- the negative impact on residents and families of residents, from a health and wellbeing perspective, as a result of the extended restriction on visiting, particularly with the removal of other social activities and interactions within these facilities,
- the differentiation of potential approaches in facilities with differing disease transmissions experiences and a recognition of the diversity between residential centres;
- the important contribution of family visiting as part of the overall regulatory context in ensuring the protection of residents in residential care facilities,
- the need for residential care facilities to apply guidance in making visitor decisions as well as preparing for any changes to current public health measures,
- the need to ensure a consistent approach with older people in community settings as part of the current approach in relation to the phased reduction of public health social distancing measures,
- the current risk of transmission in the community and how this will affect any future recommendations in relation to visiting at residential care facilities.
- the need for the guidance, upon completion, to be published and disseminated in the usual manner by the HPS.

The HSE agreed to undertake a further revision of the draft document, taking into account the timeframe for implementation and existing proposals for people aged 70 years and over who are cocooning and revert for approval to the next NPHE Meeting, where the NPHE will give further consideration to the easing of visiting restrictions in long term care facilities.

(ii) Review of Public Health Measures for Phase 2 (including discussion on possible approach relevant to children)

The DOH introduced a draft deliberative paper '*NPHE Discussion Paper on Phase 2 reduction of measures in preparation for advising Government in advance of 8 June 2020*'. The purpose of the draft paper was to aid the NPHE's the initial thinking on the Phase 2 measures that could be introduced in two weeks in line with the *Government Roadmap for Reopening Society and Business*.

The paper set out, as a reminder, the Phase 2 measures set out in the NPHE's Public health framework approach to advising Government in relation to the reduction of social distancing measures and these are captured under the following headings:

- Community Health Measures (general advice, 'stay at home' restrictions, Social visits including visits to those cocooning, family-type social gatherings)
- Cultural and Social Measures including sports
- Education and Childcare Measures
- Health and Social Care Measures
- Economic Activity (work) Measures
- Retail, Personal Services and Commercial Activities Measures



The NPHE noted that the change, as outlined in the Government *Roadmap for Reopening Society & Business*, and the NPHE's Public Health Framework Approach between Phase 1 and Phase 2 from a 5km to within 20km of one's home will mean an important change of public health message and approach from 'stay at home' to 'stay in your locality'.

In addition, reflecting the discussion of the NPHE meeting of 14th May, the paper set out some options for consideration and discussion in terms of possible future measures for children that might be progressed.

The NPHE also took note of additional papers circulated for today's meeting ((i) HIQA CEO Briefing Note: Covid-19 Monitoring of Children's Services; (ii) HIQA DRAFT Evidence summary of potential for children to contribute to transmission of SARS-CoV-2; and (iii) Note on Paediatric inflammatory multisystem syndrome and SARS-CoV-2 infection in children and young people) to provide additional support to inform deliberations in particular for the second part of the public health measures discussion paper.

The points raised in the discussion of the NPHE included:

- overall there was broad support for the measures contained in the draft paper;
- there was strong support for the opening of playgrounds, in particular in urban disadvantaged areas; and through engagement with Local Authorities it could be explored whether playgrounds could be prioritised for cleaning and supervision in line with the public health advice;
- there was also strong support to prioritise measures aimed at supporting children with special and/or complex needs;
- in relation to summer camps and activities for children, it was noted that these provide supervised activities for children and organisations, charities, community groups etc. should be encouraged to do this, however, it was noted that camps can be associated with risk;
- in relation to camps for children, guidance from HPSC may need to be considered, and application of the micro-community concept particularly, because of the social distancing challenges with children;
- there was a recognition of the impact of the measures on those cocooning and consider guidance on social visits to and by cocooners;
- there was some caution around easing of the social gathering restrictions for summer camps and attendance at funerals, with some NPHE members citing the potential of increased risk of transmission in such settings;
- the public health advisory role of NPHE was reiterated during discussions with some highlighting that early engagement with the relevant sector would be beneficial in order to examine the potential impact of any measures introduced and to ensure they are aware of their ownership of any arrangements to be put in place to operationalise measures;
- there was general agreement on the need for consistency across the various measures contained in the paper.

Arising from the discussion, DOH will initiate early engagement with relevant Government Department in relation to progressing potential measures for children and families.



The NPHE will continue its work in relation to examining and preparing for advising on Phase 2 measures at its meeting.

b) Travel Considerations

The DoH advised that it was expected that Regulations would be signed shortly and come into effect around the 27th May on the issue of making the Public Health Passenger Locator Form mandatory to complete by all persons arriving into Ireland from overseas.

Work is also proceeding on the recommendation to implement a regime of self-isolation for persons arriving into Ireland from overseas and issues around accommodation, exemptions and legal factors are being explored.

The NPHE was advised that the UK intends to bring in a mandatory regime of self-isolation from early June, and engagement with Northern Ireland is also being undertaken.

c) Ad Hoc

(i) HSE Update: Clinical Roadmap for the Delivery of Non-COVID Services in a COVID Environment
At the request of the HSE, this agenda item was deferred.

6. National Action Plan/Updates

a) Hospital Preparedness

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

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.

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.



(i) Ethics Guidance on LTRCs

The DOH gave an update on the paper entitled “*Ethical Considerations Relating to Long-Term Residential Care Facilities in the context of COVID-19*”. The guidance is intended to be of use to providers of long-term residential care (LTRC) services and all staff working in congregated LTRC settings. The separate guidance in the paper is warranted based on the nature of the congregated settings in LTRCs and the specific needs of the individuals in LTRCs.

The DOH invited comments from NPHET members on the draft paper. The paper will be brought back for decision by the NPHET at its next meeting. It is intended then that the paper will be published on the DOH website along with other ethical guidance agreed by NPHET.

h) Behavioural Change

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

9. Communications Planning

There were no additional matters for noting under this agenda item.

10. Meeting Close

a) Agreed actions

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

b) AOB

The DOH provided an update in relation to the establishment of the COVID-19 Nursing Homes Expert Panel. The appointment of an expert panel will include a Chairperson, geriatrician, senior nurse and a patient representative. The panel will examine national and international measures in response to COVID-19, as well as emerging best practice to ensure all COVID-19 response measures are prepared for in light of the expected ongoing COVID-19 risk and impact for nursing homes over the next 6 -18 months. Further details of the expert panel and its role will be communicated in the near future.

c) Date of next meeting

The next meeting will take place on Thursday 28th May 2020 at 10am via video conferencing.