

---

**COVID-19 NPHET Subgroup - Vulnerable People**

**Report - NPHET Meeting 10/03/2020**

---

## COVID-19 NPHET Subgroup - Vulnerable People

### 1. NPHET COVID-19 Subgroup – Vulnerable People

The NPHET Subgroup - Vulnerable People was established to provide oversight and assurance with regard to the specific preparedness, measures and actions that need to be taken to protect vulnerable groups and individuals in society. An integrated cross government approach is being taken by the Subgroup.

The term vulnerable people is being used to include older people, people with a disability, mental health service users, those with an underlying illness or condition, children in care and those accessing social inclusion services (not an exhaustive list).

Services to vulnerable people are provided through a range of settings and are under the remit of a number of Government Departments. These settings include long and short-term care, primary care, respite, day services, prisons and youth detention centres, direct provision and care in individual homes (not an exhaustive list).

The Subgroup will meet weekly or more often if necessary. Terms of reference and membership are set out in Appendix 1. Each meeting will have an agenda, a short minute and a set of actions.

### 2. Meeting (1) 6<sup>th</sup> March 2020

See Agenda (Appendix 2).

#### 2.1 Terms of reference 1 and 2 focused on identification of vulnerable people and State Agencies responsible for service provision

There was a discussion on the categories of vulnerable people that would need to be protected in the event of a Covid-19 outbreak and the range of State Agencies responsible for service delivery to these cohorts. A draft table of Vulnerable People/Responsible Department/Agency was circulated at the meeting for consideration in this regard. Final table below:

**Table 1 Vulnerable people and State Agencies responsible for service provision**

Category	Responsible Department	Responsible Agency/other
<b>Elderly:</b> residential, respite, day services, people living at home, homecare	Health	HSE, private providers
<b>Disability:</b> residential, respite, day services, people living at home, homecare	Health	HSE, private providers
<b>Mental health:</b> residential, day services, people living at home	Health	HSE, private providers
<b>Underlying illness:</b> chronic diseases, immunosuppressed, rare diseases, cancer	Health	HSE, private providers
<b>Palliative care:</b> hospices, homecare	Health	HSE, private providers
<b>Prisoners</b>	Justice	Irish Prisons Service
<b>Homeless population</b>	Housing	LGMA, Homeless Executive
<b>Asylum Seekers</b>	Justice	NGOs
<b>People in direct provision</b>	Justice	
<b>People with addiction problems</b>	Health/Justice	HSE
<b>Irish Travellers &amp; Roma</b>	Health/Justice	HSE
<b>Children in Foster Care</b>	DCYA	TUSLA

## **2.2 Term of reference 3 focused assurance of measures in place across Government Departments and State Agencies**

Attendees were asked to complete a standard checklist designed to gather information which would support the provision of assurance that measures are in place, updated in line with NPHE directions, approved at appropriate senior level<sup>1</sup> and implemented. See Appendix 2 for copy of checklist.

## **2.3 Communications with Vulnerable People**

Communications to provide information and assurance to vulnerable people was a consistent theme during the meeting. This was further reinforced at the information session for advocacy and stakeholder groups hosted by the Department of Health immediately after the Subgroup meeting. A clear need to design and disseminate information in a way that is accessible to vulnerable groups e.g. easy-read, different languages, videos, etc. was articulated. Deirdre Watters who is leading the Department of Health's communication strategy will attend the next subgroup meeting. A dedicated stream of communications focused on vulnerable people will be developed and a comprehensive plan designed by the end of this week.

## **2.4 Community Support Co-ordination**

### **2.4.1 Working Group Community Support Co-ordination**

- As an immediate action from the sub-group the Department of Rural and Community Development is chairing a working group (to include the HSE) tasked with facilitating effective community engagement to assist in the care of vulnerable groups who are living in the community.
- The mobilisation of local community and voluntary groups and the engagement of volunteers at local level can play a part in ensuring that vulnerable people living in the community can continue to have their needs met in the event that their usual sources of support become unavailable. Basic needs such as doing the weekly shopping, ensuring the house is warm and clean and keeping in regular contact by phone are among the tasks that local volunteers could carry out to enable vulnerable people to continue to live their daily lives safely in the community.
- Public Participation Networks are a collective of community and voluntary, social inclusion and environmental organisations in a city/county. PPNs have been established in all local authority areas. There are 14,846 member organisations registered with their local PPN, of which 11,699 are community and voluntary organisations. The Department of Rural and Community Development will be working with this network, with Volunteer Ireland and with a range of other stakeholders from the community and voluntary sector, including ALONE, to develop a plan to engage communities and facilitate them to respond to the needs of vulnerable groups in their local areas, if the need arises.

### **2.4.2 ALONE National Support Line – Older People**

- ALONE, the organisation that supports older people, has announced the launch of a national support line and additional supports for older people who have concerns or are facing difficulties relating to the outbreak of COVID-19 (Coronavirus) in Ireland.
- As a member organisation of the National Public Health Emergency COVID-19 Subgroup for Vulnerable People, ALONE is working in collaboration with the Department of Health and the HSE on a coordinated national response to support older people who have concerns, may be at risk or who have contracted COVID-19.
- The supports offered include a new national support line launching tomorrow, Monday 9 March, and additional outreach and coordinated support. This support line is to complement the clinical advice and information being provided by the HSE through its website and helpline.

*(See Appendix 4 for Press Release)*

---

<sup>1</sup> Responsibility to ensure that all content and actions are in line with NPHE directions lies with the relevant Departments/Agencies.

## 2.5 Actions

**Table 2 Actions - Meeting 1 (6<sup>th</sup> March 2020)**

<b>Action 1</b>	Departments and Agencies to return Checklist by Monday 09/03/2020
<b>Action 2</b>	Revert with any additional amendments to draft table of Vulnerable People and responsible Departments/Agencies
<b>Action 3</b>	HIQA will give consideration to HIQA potential actions and will engage with the Department of Health on the matter.
<b>Action 4</b>	Department of Rural and Community Development will lead a working group on Community Support Co-ordination. Membership will include HSE, Department of Health and ALONE.
<b>Action 5</b>	Department of Health-Social Inclusion Unit, Dublin Region Homeless Executive and HSE Public Health Subgroup members will work together to identify social inclusion challenges and actions.
<b>Action 6</b>	Department of Health and Department of Children and Youth Affairs will engage further in terms of exploring the potential for DCYA Family Resource Centres Network to assist in the public communications process about Covid-19.
<b>Action 7</b>	Progress considerations for specific communications issues for vulnerable people.
<b>Action 8</b>	HSE and Department of Health to engage on health and social care capacity considerations.

## 2.6 Guidance sought

Guidance on a range of matters related to service delivery is being sought across all NPHE Subgroups. The NPHE COVID-19 Subgroup – Vulnerable People has agreed to collate all guidance being sought and establish a channel to communicate this list to NPHE. Examples include:

### *Homecare*

- where a homecare patient becomes a contact for or contracts COVID-19 including isolation, continuation of services, homecare worker precautions
- where a homecare worker becomes a COVID-19 contact including isolation, continuation of services

### *Longterm/nursing home care/disability congregated setting/disability house in the community (up to 4 residents)/migrant centres*

- where a patient/resident becomes a contact for or contracts COVID-19 including isolation, continuation of services, worker precautions
- where a worker becomes a Covid-19 contact including isolation, continuation of services

## 2.7 Community capacity - health and social care

Capacity and business continuity plans will need to take account of the ability of community services to expand capacity to meet an enhanced set of requirements in the community either due to the limits of hospital capacity being exhausted or increased community requirements. This will need to take account of the actions for each COVID-19 stage – containment, delay and mitigation. A paper is in development.

## 2.8 Engagement with HIQA

- HIQA has advised that, as of 1 January, there were 32,000 registered beds in nursing homes of which 7,000 were vacant. Of the vacant beds, 555 were HSE beds. The remaining private nursing homes will be predominantly single rooms or a maximum of triple rooms. HIQA advises the number of vacant beds will not have changed very substantially since 1 January. This provides potential for accommodation for appropriate discharges from the acute hospital setting where required or may support isolation of patients who would otherwise be in shared rooms.
- HIQA has an established portal for direct communication with designated centres (nursing homes and residential disability facilities) which provides an ideal opportunity for the dissemination of regular information, updates or guidance to these facilities.
- HIQA advised that they will have staff who would normally be carrying out inspections and these staff might be available for activities such as helpline operation or contact tracing. These might be former clinical staff but are no longer practising/registered.

## 2.9 Learning from the UK (Deputy Chief Nursing Officer – contact with UK CNO PHE)

- Based on the UK evidence most people will be well with no or few symptoms, but some may have acute mild illness
- The community response in the UK was maximised to keep access to hospitals for unwell people
- Most people managed at home are in the 45-60 age group who are generally well and largely self-caring
- Current model in place, taking account of the above, is a nurse-led patient need response model with community nursing and social care aligned and working together (access to protocols being sought)
- Communication of guidance once model moves to a predominantly community base – need to consider TV, radio etc not everyone uses IT, smartphone etc visually and hearing-impaired people
- Phone and virtual contact models are in place in the UK to assist with management of large numbers of people
- Triage call system – clinical lead in place
- Nurses are key for managing social isolation for broad range of vulnerable people including homeless and those with addiction issues
- The PPE guidance has undergone a number of reviews for managing different scenarios. UK Guidance update published Sat 7/3/2020
- Vulnerable groups people on dialysis etc will need PPE in the house - scenario testing of PPE will be needed along with risk assessment of patients - example patient with paralysis need a large supply
- Self-isolation guidance needs to be clear and plentiful, particularly on how to clean house/ segregate waste/ how to dispose waste tissues etc inhalers sputum pots until it is safe to put into domestic waste (UK operating on 72-hour basis)
- Guidance for people with dogs who are asked to isolate or indeed are positive, and management of this - this caught the UK by surprise, it is a source of anxiety and posed a significant challenge for isolation of people
- Guidance for pregnancy/breastfeeding as this is also a source of anxiety and a large demand on phone lines etc. New guidance being developed for maternity/ neonates and breast feeding in UK
- Cleaning of GP, primary care centres, alternative social care venues very challenging as rooms can't be left for 72 hours which is the ideal
- Staff burnout and resilience has been challenging worldwide

## **Appendix 1 Terms of Reference and Membership**

### **Terms of Reference**

1. Identify categories of vulnerable people
2. Identify State Agencies responsible for service provision
3. Design a standardised checklist to provide assurance that measures are in place, updated in line with NPHET directions, approved at appropriate senior level<sup>2</sup> and implemented. Such measures are likely to include:
  - Guidance for service users, families and staff
  - Communications plan
  - Compliance with data protection regulations
  - Preparedness plan to include containment measures; mitigation measures; hand hygiene, personal protective equipment (PPE) and waste management; environmental cleaning; patient/people placement where relevant - moving of patients/people in the facility, visitor access
  - Capacity Contingency Plan
  - Business Continuity Plan.
4. Establish communication processes for completed standardised checklist to the Subgroup
5. Design the Subgroup Assurance Framework
6. Agree Subgroup Modus Operandi
7. Report to NPHET:
  - Progress Updates
  - Escalation of high risks as appropriate.

### **Membership Sub-Group**

- Department of Health (Chair)
- Department Justice and Equality
- Department of Children and Youth Affairs
- Department of Housing, Planning and Local Government/ Local Government Management Agency
- Department of Education and Skills
- Department of Defence
- Department of Rural and Community Development
- HSE – Community Operations; Public Health; Chief Clinical Officer’s Office
- Public Health Specialist(s) (HSE)
- Voluntary Sector representative
- Patient Representative
- Chronic Disease (COPD) Representative
- Regulator(s)
- Department of Health

---

<sup>2</sup> Responsibility to ensure that all content and actions are in line with NPHET directions lies with the relevant Departments/Agencies.

## Appendix 2

### National Public Health Emergency Team – Coronavirus

#### Covid – 19 Subgroup Vulnerable People

#### Department of Health, Miesian Plaza

Friday 6<sup>th</sup> March 2020 from 11.00am (Room 4.28)

## AGENDA

### No. Item

#### 1 Welcome

#### 2. Conflicts of Interest Declarations

#### 3. Terms of Reference

- a) Identification of vulnerable people
- b) Identify State Agencies responsible for service provision

#### 4. Public Health Update – Dr. Alan Smith, Deputy Chief Medical Officer, D/Health

#### 5. Checklist

- Guidance for service users, families and staff
- Communications Plan
- Preparedness Plan
- Capacity Contingency Plan
- Business Continuity Plan

#### 7. AOB

Dates of next meeting

Time	Date
11am–1pm	Wednesday 11th March
11am–1pm	Wednesday 18th March
11am–1pm	Wednesday 25th March
11am–1pm	Wednesday 1st April

## National Public Health Emergency Team (NPHE) Covid-19 Subgroup - Vulnerable People

### Checklist for those providing services to vulnerable people

[Please add N/A where item not applicable]

---

Return to: [NPHEVulnerablePeopleSubgroup@health.gov.ie](mailto:NPHEVulnerablePeopleSubgroup@health.gov.ie)

This checklist provides an overview of the key actions that need to be taken by those providing services to vulnerable groups and individuals.

- ✓ Have you designated a person at an appropriately senior level in your organisation who is responsible for leading your organisation's response to Covid-19?
- ✓ Have you ensured that all staff are familiar with, and have contact details for, your organisation/service area's lead?
- ✓ Have you developed appropriate guidance for service users, families and staff which is in line with the most recent National Public Health Emergency Team (NPHE) and Health Protection Surveillance Centre (HPSC) guidance in regard to:
  - Good hand hygiene practice
  - Good respiratory practice
  - What to do in the event of a suspected case of Covid 19
  - What to do in the event of a confirmed case of Covid 19
- ✓ Have you a process in place for ensuring that this guidance is updated regularly in line with NPHE and HPSC guidance?
- ✓ Have you prepared a Communications Plan for disseminating this guidance in an appropriate format to service users, families and staff?
  - Have you developed and tested a method of communicating with all staff members in a swift and effective fashion.
  - Do you have a system in place to communicate messages, as the LHO may require, to all patients/clients in residential care settings during a pandemic.
- ✓ Have you ensured that your organisation's communication plan is in compliance with data protection regulations?
- ✓ Have you displayed site-specific signage and posters prominently to raise awareness of basic critical infection control measures and to phone before attending a healthcare facility if the person is worried they may have symptoms of COVID-19

- ✓ Are your workforce adequately trained in relation to:
  - Good hand and respiratory hygiene
  - the use of personal protective equipment
  - How to spot symptoms of a potential COVID-19 infection
  - What to do in the event of a potential COVID-19 infection
  - What to do in the event of a confirmed case of COVID-19 infection
  
- ✓ Do you have a preparedness plan in place that includes:
  - containment measures;
  - mitigation measures;
  - infection control;
  - personal protective equipment (PPE)
  - environmental cleaning;
  - restrictions on visitor access
  
- ✓ Have you developed protocols to:
  - prevent the spread of COVID-19
  - manage placement of suspected cases
  - manage the environment in the event of a suspected case
  
- ✓ Do you have a plan in place for isolating patients if required?
  
- ✓ Have you identified an appropriate facility where individuals can self-isolate when voluntary home isolation is not available to them?
  
- ✓ Have you taken appropriate measures to secure supply chains of all routine supplies (including PPE)?
  
- ✓ Do you have a Capacity Contingency Plan in place in the event that you need to curtail your services?
  
- ✓ Do you have a Business Continuity Plan in place in the event that a case of Covid-19 is confirmed among members of staff in your facility?

**Additional Information you consider important**

## Appendix 4

### **ALONE launch a COVID-19 support line for older people Working in collaboration with the Department of Health and the HSE**

*ALONE announce national support line and additional supports and outreach for older people*

**Dublin, 8 March 2020:** ALONE, the organisation that supports older people, has announced the launch of a national support line and additional supports for older people who have concerns or are facing difficulties relating to the outbreak of COVID-19 (Coronavirus) in Ireland.

On Tuesday 3 March, the National Public Health Emergency, chaired by Dr Tony Holohan, Chief Medical Officer in the Department of Health, announced the establishment of a Vulnerable People Subgroup.

As a member organisation of the National Public Health Emergency COVID-19 Subgroup for Vulnerable People, ALONE is working in collaboration with the Department of Health and the HSE on a coordinated national response to support older people who have concerns, may be at risk or who have contracted COVID-19.

The supports offered include a new national support line launching tomorrow, Monday 9 March, and additional outreach and coordinated support. This support line is to complement the clinical advice and information being provided by the HSE through its website and helpline.

Professional staff will be available to answer queries regarding COVID-19 (Coronavirus) and give advice and reassurance where necessary. The support line will be open Monday to Friday, 8am-8pm, by calling 0818 222 024, and hours may be extended to meet the demand.

Sean Moynihan, CEO of ALONE said, "The WHO advises us to be SMART and inform ourselves about COVID-19 (Coronavirus) and to be kind and support one another. This support line provides additional information supports for older people who may have concerns or support needs; it is led by our voluntary sector who provide invaluable work with communities; and is working as part of our co-ordinated national response to COVID-19."

"We are ramping up our response to COVID-19 to provide support to all older people nationwide working in collaboration with the Department of Health and the HSE," he continued.

"As the situation develops, as well as advice, information and emotional supports, we will ensure every older person will have access to food, medication, fuel, daily contact, and any other support that may be needed. We want to emphasise that these supports are free, and available to all older people, including those who have not previously used our services.

"Should any older person need any advice or practical support, we encourage them to call us on 0818 222 024. We are also collaborating on our response with more than 100 other organisations in the community and voluntary sector working with older people, providing them with support where necessary, to create a surge in capacity and ensure a comprehensive and robust response. As the situation develops we may need to call on civic organisations to support our work."

**"Our message is clear, ALONE and its partner organisations are providing additional information and supports, however where older people consider that they have COVID-19 (Coronavirus)**

**symptoms and meet the criteria set out by the HSE their first point of contact should be to phone a doctor in line with HSE advice.”**

Moynihan continued: “At the moment the risk of contracting Coronavirus is low to moderate. In line with HSE advice older people should continue to carry out their daily activities as normal while taking the appropriate preventative measures, including regular washing of hands and practicing cough etiquette.”

ALONE has 2,000 volunteers who provide visitation and telephone Support and Befriending, and professional staff who offer coordinated supports to older people experiencing loneliness, financial and housing difficulties, and any other challenges they may face. 45% of the older people ALONE supports are over the age of 80.

ALONE advises that older people practice the following protective measures as outlined by the HSE:

- Wash your hands regularly with soap and water.
- Maintain at least 1 metre (3 feet) distance between yourself and anyone who is coughing/sneezing.
- Avoid touching your eyes, nose and mouth.
- Practice cough and sneeze hygiene - covering your mouth and nose with your bent elbow or tissue when you cough/sneeze. Then dispose of the tissue immediately.
- Stay informed: keep up to date on latest Covid-19 information on [www.hse.ie](http://www.hse.ie).

“The outbreak of COVID-19 will pose additional challenges for older people who may already be vulnerable and particularly those who struggle with health difficulties, loneliness, and other issues,” concluded Moynihan. “To the friends and family of older people who may have concerns, we are encouraging them to continue to support older people in the community as they have always done, while ensuring they are taking the same protective measures.”

Contact ALONE on 0818 222 024 if you have concerns about your own wellbeing, or the wellbeing of an older person you know. Further information can be found on [www.alone.ie](http://www.alone.ie).

## **ENDS**

**Note to the Editor:** ALONE’s support line is available to all older people, and those who have concerns about an older person close to them, Monday-Friday, 8am-8pm, on 0818 222 024

## **About ALONE**

ALONE is a national organisation that supports and empowers older people to age happily and securely at home. We support individuals and their families, work with other organisations, and campaign nationwide to improve the lives of older people. We work with all older people, including those who are lonely, isolated, homeless, living in poverty, or are facing other difficulties. We support them through these challenges to help them find long term solutions.

ALONE provide Support and Befriending, Coordinated Support, Age-friendly Housing, and BConnect technology and community services. We use individualised support plans and provide one point of contact for older people to access health, social care, housing and other services to improve physical,

## Appendix 4 Minutes

### National Public Health Emergency Team - Coronavirus

#### Covid -19 Subgroup -Vulnerable People

#### Meeting 1

#### Note of Meeting and Actions Arising

**Meeting Date:** Friday 6<sup>th</sup> March 2020

**Time:** 11.00

**Location:** Department of Health, Miesian Plaza, Room 4.28

#### In attendance:

##### Department of Health:

Dr. Kathleen Mac Lellan (Chair)

Ms. Sarah Cooney, Older Persons Projects Unit

Mr. David Maguire, Mental Health Unit

Mr. Andrew Conlon, Primary Care Policy Unit

Ms. Celeste O'Callaghan, Paediatric and Adult Acute Model of Care Policy Unit

Ms. Berneen Laycock, Nursing Policy Unit (for Ms. Rachel Kenna, Deputy Chief Nursing Officer)

##### Health Service Executive:

Mr. Jim Ryan, Community Operations-Mental Health

Dr. Margaret Fitzgerald, Public Health -Social Inclusion & Vulnerable Groups

Dr. Caitriona Mc Carthy, National Cancer Control Programme

Department of Children and Youth Affairs: Mr. Albert O'Donoghue

Department of Rural and Community Development: Ms. Bairbre Nic Aongusa

Department of Defence: Ms. Clare Tiernan

Department of Education and Skills: Mr. Daltan Tattan

Department of Housing, Planning and Local Government: Ms. Mary Hurley & Mr. Barry Quinlan (for Mr. David Kelly & Mr. Graham Hopkins)

Department of Justice and Equality: Dr. John Devlin, Irish Prison Service

Health Information and Quality Authority: Ms. Susan Cliffe (for Ms. Mary Dunnion)

Alone: Mr. Sean Moynihan

Dublin Region Homeless Executive: Ms. Eileen Gleeson

Patient Representative: Ms. Brigid Doherty

#### 1. Welcome

- The Chairperson welcomed the members and outlined the rationale for the establishment of the Covid-19 NPHEM Subgroup on Vulnerable People within the context of the overall National Public Health Emergency Team (NPHEM) response to Covid-19.
- It was confirmed that the Subgroup would report directly to the NPHEM.

- It was clarified that the role of the Subgroup on Vulnerable People would be to provide oversight and assurance with regard to the specific preparedness, measures and actions that need to be taken to protect vulnerable groups and individuals in society in respect of Covid-19; however, operational considerations and decisions were outside its remit and would need to be dealt with separately by the relevant agencies and parent Government Departments.

## 2. Conflicts of Interest Declarations

- Conflicts of Interest Declarations were circulated at the meeting for signing by the Subgroup membership.

## 3. Terms of Reference

### a) Identification of vulnerable people

### b) Identify State Agencies responsible for service provision

- There was a discussion on the categories of vulnerable people that would need to be protected in the event of a Covid-19 outbreak and the range of State Agencies responsible for service delivery to these cohorts. A draft table of Vulnerable People/Responsible Department/Agency was circulated at the meeting for consideration in this regard.

## 4. Public Health Update – Dr. Alan Smith, Deputy Chief Medical Officer, D/Health

Dr. Alan Smith, Deputy Chief Medical Officer at the Department of Health, gave a brief overview of the development to date of the Covid-19 situation.

## 5. Checklist

- The Chairperson clarified that the Department of Health would be looking for an assurance from all relevant Departments and State Agencies with responsibility for providing services to vulnerable people that appropriate processes and procedures to protect these services users were in place and that these that complied with the national guidance issuing from the NPHET and the National Health Protection Surveillance Centre (NHPSC).
- Subgroup members gave an update on the steps being taken across their respective areas to protect their vulnerable service users from the risks posed by Covid-19 and outlined some of the current and anticipated challenges ahead for their respective organisations.

It was agreed that the following actions would be progressed as a priority by the Subgroup:

<b>Action 1</b>	Departments and Agencies to return Checklist by Monday 09/03/2020
<b>Action 2</b>	Revert with any additional amendments to draft table of Vulnerable People and responsible Departments/Agencies
<b>Action 3</b>	HIQA will give consideration to HIQA potential actions and will engage with the Department of Health on the matter.
<b>Action 4</b>	Department of Rural and Community Development will lead a working group on Community Support Co-ordination. Membership will include HSE, Department of Health and ALONE.
<b>Action 5</b>	Department of Health-Social Inclusion Unit, Dublin Region Homeless Executive and HSE Public Health Subgroup members will work together to identify social inclusion challenges and actions.
<b>Action 6</b>	Department of Health and Department of Children and Youth Affairs will engage further in terms of exploring the potential for DCYA Family Resource

	Centres Network to assist in the public communications process about Covid-19.
<b>Action 7</b>	Progress considerations for specific communications issues for vulnerable people.
<b>Action 8</b>	HSE and Department of Health to engage on health and social care capacity considerations.

## 6. A.O.B

Next meeting: Wednesday 11<sup>th</sup> March 2020 at 11.00; Department of Health.