An Roinn Sláinte
Department of Health

**National Public Health Emergency Team COVID-19**
**Meeting 18: Tuesday, 31st March 2020 from 10.00am (via video conference)**

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| **Date and Time** | Tuesday 31st March 2020 (Meeting 18) at 10am |
| **Location** | Department of Health, Miesian Plaza, Dublin 2 via videoconference |
| **Chair** | Dr Tony Holohan, Chief Medical Officer, DOH |
| **Members via videoconference** | Dr Colm Henry, Chief Clinical Officer (CCO), HSE<br>Dr John Cuddihy, Interim Director, HSE HPSC<br>Prof Philip Nolan, President, National University of Ireland, Maynooth<br>Dr Kevin Kelleher, Asst. National Director, Public Health, HSE<br>Mr Liam Woods, National Director, Acute Operations, HSE<br>Mr David Walsh, National Director, Community Operations, HSE<br>Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair<br>Dr Darina O'Flanagan, Special Advisor to the NPHET<br>Mr Tom McGuinness, Asst. National Director, Office of Emergency Planning, HSE<br>Mr David Leach, Communications, HSE<br>Mr Phelim Quinn, Chief Executive Officer, HIQA<br>Dr Ronan Glynn, Deputy Chief Medical Officer, DOH<br>Dr Alan Smith, Deputy Chief Medical Officer, DOH<br>Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH<br>Dr Siobhan O'Sullivan, Chief Bioethics Officer, DOH<br>Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Division, DOH<br>Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH<br>Mr Paul Bolger, Director, Resources Division, DOH<br>Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH<br>Ms Deirdre Watters, Communications Unit, DOH<br>Ms Marita Kinsella, Director, NPSO, DOH<br>Dr Breda Smyth, Public Health Specialist, HSE<br>Dr Siobhán Ní Bhriain, Integrated Care Lead, HSE<br>Dr Jeanette McCallion, Medical Assessor, HPRA<br>Mr Colm Desmond, Assistant Secretary, Corporate Legislation Mental Health Drugs Policy and Food Safety, DOH<br>Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH<br>Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA<br>Prof Colm Bergin, Consultant Physician in Infectious Diseases, St James's Hospital<br>Dr Mary Favier, President, Irish College of General Practitioners<br>Dr Michael Power, Consultant Physician in Anaesthetics / Intensive Care Medicine, Beaumont Hospital |
| **'In Attendance'** | Dr Lorraine Doherty, incoming National Clinical Director Health Protection, HSE HPSC<br>Mr Muiris O' Connor, Assistant Secretary, R&D and Health Analytics Division, DOH<br>Mr Colm O'Conaill, Policy and Strategy Division, DOH<br>Mr David Keating, Communicable Diseases Policy Unit, DOH<br>Ms Aoife Gillivan, Communications Unit, DOH<br>Ms Sarah Treleaven, NPSO, DOH<br>Mr Niall Redmond, Social Care Division, DOH |
| **Secretariat** | Ms Rosarie Lynch, Ms Sarah Murphy, Ms Liz Kielty, Ms Ruth McDonnell NPSO, DOH |

## 1. Welcome and Introductions

### *a. New Members*

The Chair welcomed the group. In particular, welcome and thanks were extended to three new members of the NPHET who were invited to introduce themselves:

- Prof Colm Bergin, Consultant Physician in Infectious Diseases in St James's Hospital,
- Dr Mary Favier, President, Irish College of General Practitioners, and
- Dr Michael Power, Consultant Physician in Anaesthetics / Intensive Care Medicine, Beaumont Hospital.

### *b. Conflicts of Interests Declarations*

Verbal pause and none declared.

### *c. Adoption of Minutes from Previous Meetings*

The minutes from meetings 16 and 17 are in preparation and will be circulated for agreement.

### *d. Matters Arising*

The following two additional agenda items were noted, to be taken as time allows:

- The EAG Research Subgroup submitted a paper on the WHO Solidarity Research on medicines to treat COVID-19. It was agreed to discuss this under item 12b AOB.
- The paper on the Requirement for Childcare Places for Essential Workers. It was agreed to discuss this under item 5e on future policy.

*i. Data governance update*

The HSE advised that the draft data governance agreement was prepared and work underway to finalise.

*ii. HSE single point of contact for testing and contract tracing*

The HSE advised that consideration of this was ongoing. Three component parts to the process have been identified and the approach was to combine these into a single daily update process.

## 2. Epidemiological Assessment

### *a. Update on National Data*

The HPSC provided an update on the national epidemiological data, including information on clusters of infections in hospitals and long-term residential care settings, and information on infections in healthcare workers. The HPSC advised that further analysis of the surveillance data was being conducted, including analysis on overall community transmission, mortality rates, infections in healthcare workers and clusters seen across care settings.

**Action: The HSPC is to provide additional surveillance data in relation to confirmed cases of COVID-19; including further data on overall community transmission, general mortality rates, infections in health care workers and clustering seen across care settings. Update are to be provided at the NPHET meeting on 3rd April.**

There was a discussion on the data and sources of information available. It was highlighted that denominator data for the outbreak sites could inform discussions and understanding. It was advised that the HPSC have shared the data as agreed with GeoHive and collaboration with GeoHive and HSE continues. Also that there is ongoing liaison with the Departments of Public Health to maximise data quality.

An overview spreadsheet was presented by DOH, based on the daily HSE report and the HPSC data received. DOH advised they continue to liaise with HSE to capture more data. It was agreed additional data would be helpful on median times, positivity rates for testing, residential care settings, ICU demand and a geographical basis.

With regards to contact tracing, the HSE there were approx. 1400 persons trained and as such the training process nearing completion. As the numbers of confirmed cases increases over time, more contact tracing will be needed. The importance of complete data input into the Contact Management (CRM) system was reiterated, both to have real time information and to inform the modelling underway.

**Action: The HSE is to provide the Irish Epidemiological Modelling Advisory Group (IEMAG) with information needed to generate real-time data surveillance reports to support the decision-making role of the NPHET.**

**Action: The HSE is to report to the NPHET on current and surge bed capacity, under the auspices of the Acute Hospital Preparedness Sub-Group with support from the NTPF on an ongoing basis.**

***b. International Assessments***

An update was provided on global epidemiological data and the COVID-19 response measures being employed across Europe. The top five countries for numbers of confirmed cases in Europe are Italy, Spain, Germany, France and UK.

The Health Security Committee met yesterday (30th March 2020) and points of interest are:

- The ECDC is updating guidance related to infection prevention and control (IPC) and contact training;
- Consideration of methods of reducing the public health measures;
- Expression of Interest are invited from MSs for a Joint Procurement Agreement (JPA) on candidate therapies for COVID-19

***c. Modelling Report***

Update was provided by the Chair of the IEMAG on modelling and forecasting work being undertaken. There was discussion on the R0 rates and the need to minimise them to slow transmission of COVID-19, recognising that it is still quite early in the modelling process and that further data will help develop the model further.

The group acknowledged the work done by the IEMAG subgroup and its supporting groups; in particular the huge effort to get this important process in place and the number of people and high level of academic expertise that it harnesses.

**3. Expert Advisory Group (EAG)**

The Chair of the EAG provided update.

***a. Review of ECDC Guidance in relation to the use of face masks by symptomatic patients in the community***

The EAG reviewed the ECDC guidance of 25th March 2020 in relation to the use of face masks by symptomatic patients in the community, across a variety of settings as appropriate, as requested by the NPHET.

The EAG agreed with the ECDC advice that, to contribute to reducing the spread of SARS-CoV-2, surgical masks should be recommended for use by symptomatic individuals in the community and the home. This advice is contingent on the availability of appropriate masks.

There was a discussion in relation to the need for clear and consistent advice to the public, the availability of surgical masks to support this advice and the logistics of arranging for the provision of these to relevant persons. It was noted that the use of masks for symptomatic patients does not mean that they no longer need to adhere to current self-isolation or public health requirements.

It was agreed that this matter should be discussed further at the next NPHET meeting on Friday 3rd April 2020.

***b. Other***

The reliance of the current testing method on the availability of consumables, such as testing swabs and reagents, was noted. There was a discussion about the other types of testing available for the identification of COVID-19 cases, including near patient and serological testing.

Availability of other reliable testing methods could help with a wider testing strategy and provide helpful information. It was acknowledged that these tests are still very new and noted that HIQA are currently undertaking a rapid health technology assessment (HTA) on the alternative tests for COVID-19. Once complete, this report will be communicated to the NPHET.

**4. Review of Existing Policy**

By introduction to this discussion, the group noted that the response to date has focused on identification, testing, contract tracing and the flow of information. It was also acknowledged that the COVID-19 has required a very different response than the response require for influenza and consequently different public health measures have been employed with the aim of suppressing and delaying the peak in the number of cases. It is as yet too early to see the full effects of the measures as introduced to date but it is clear there is a significant level of community transmission and clusters and outbreaks in residential healthcare settings and hospitals.

***a. Personal Behaviours***

The Chair of the Communications Subgroup provided an update on recent surveys conducted which indicated widespread understanding, engagement and adherence with the existing public health measures. Respondents indicated they felt empowered to practice the public health messages and understood how they can contribute to the response. Respondents also indicated that they were worried about the health of friends and family.

In addition, work was underway with this subgroup to understand the psychosocial effects on the public of COVID-19 and the measures to respond to it. There is a campaign planned in conjunction with government partners which will focus on mental wellbeing and resilience. This aims to help people feel connected and involved in the response to COVID-19.

The high level of adherence with public health measures was welcomed and noted by the group, as well as the need for continued compliance. It was also highlighted that this is line with the key role of the individual as recognised in the National Action Plan.

***b. Social Distancing***

The introduction of the additional public health measures recommended by the NPHET on Friday last (27th March 2020) was noted. A brief update was provided on additional COVID-19 response measures being employed across Europe. It was noted that certain of these measures may be suitable for consideration by the NPHET in the future.

***c. Testing***

This was taken with agenda item 4d on contact training (below).

***d. Contact Tracing***

The HSE provided an update on COVID-19 testing and contact tracing, which are components of a stepwise process on a pathway. Issues were noted regarding the recent shortage of laboratory reagents, which had resulted in delays in providing test results.

While the test result is important, a positive test is not necessarily needed for contact tracing to commence where the suspect case falls within a priority group. It was proposed that this will increase the contact tracing in real time so that advice can be provided to contacts earlier, which in turn helps minimise spread. Contact tracing capacity already exists for this.

It was agreed that contact tracing could be commenced in the absence of a positive COVID-19 test in suspect cases within priority groups. It was considered this would be well received by clinicians, who would be able to assist via the referral pathway to the HSE with identifying prioritised groups for contact tracing of suspect cases.

The group reiterated the continued importance of rapid self-isolation by persons displaying symptoms remains central to interrupting infection transmission.

**Action: The NPHET agreed to focus contact tracing on suspect cases within prioritised groups. The HPSC is to update guidance to GPs and contact tracing teams.**

There was also discussion on whether the time period for contact tracing should be extended to include a period where the case was likely to be asymptomatic.

It was noted that in the ECDC's guidance on Contract Tracing, the definition of a 'contact' of a COVID-19 case has been updated to include a timeframe ranging from 48 hours before the onset of symptoms of the case to 14 days after the onset of symptoms. The EAG advised that this question had also come to them from the HSE NPHORT (National Public Health Outbreak Response Team). While it had not yet been formally discussed by them, the EAG would have no objection to the proposal. The group were very supportive of this proposal and it was agreed to change the period for contact tracing to encompass 48 hours prior to onset of symptoms.

**Action: The NPHET approved contact tracing to encompass the period from 48 hours prior to the onset of symptoms given the risk of asymptomatic transmission.**

***e. Public Health Advice***

No further items under this.

**5. Future Policy**

Given the current epidemiological data and in particular the evidence emerging and known clusters across healthcare settings, the NPHET highlighted the importance of preventing and limiting the potential spread and outbreaks in further facilities and ensuring a robust response when an outbreak is identified. The NPHET recognised the particular risk and care requirements for those patient and client cohorts in residential healthcare facilities.

In this regard, the NPHET considered the following the two proposals which were developed jointly by the Department of Health and relevant HSE colleagues.

***a. Response to Infections in Nursing Homes and Residential Healthcare Settings***

The Chair of the Vulnerable People Subgroup provided a paper for discussion entitled *"Enhanced Public Health Measures for COVID-19 Disease Management - Long-term Residential Care (LTRC)".* This paper outlined enhanced public health measures for long-term residential care (LTRC), including disability, mental health and nursing home (older persons) settings. It also highlighted that the response to COVID-19 in LTRC should be based on preparedness, early recognition, isolation, care and prevention of onward spread. It was also noted that services across these sectors are provided by many different organisations, that vary in size and structure, and smaller centres in particular may require a wider range of supports.

It was agreed that the growing number of clusters of COVID-19 infections in nursing homes and residential healthcare settings, as identified in HPSC data presented, requires an immediate and targeted focus on implementation of specific and enhanced public health measures for LTRC.

A number of priority actions where identified for consideration, based on an international evidence summary conducted by the Health Research Board (HRB). Actions across the following areas were presented: governance, public health input, outbreak control teams, data collection and monitoring, risk assessment, linking with acute services, supporting staff to interrupt transmission patterns, minimising movement of staff between facilities, access to PPE, staff training on relevant patient care skills, infection preventions and control (IPC) expertise, guidance for admission and transfer, use of oxygen, links to clinical services and the need for services to have their own surge capacity and preparedness plans in place. The need for a national overarching governance to support the services with a co-ordinated approach was also accepted.

The group noted that DOH are currently working with the Department of Public Expenditure and Reform (DPER) to develop a financial package to support the nursing home sector in its response to COVID-19.

It was noted that the measures discussed should also encompass providers of homecare supports.

**Action: The NPHET approved measures under the following categories in response to infections in long term residential care (nursing homes, disability and mental health) and homecare settings:**

1. **Strengthened HSE national and regional governance structures in respect of infection prevention and control (IPC);**
2. **Transmission risk mitigation in residents and staff of long term residential care settings and homecare settings, where the setting has suspected or known COVID-19 positive cases;**
3. **Staff screening and prioritisation for COVID-19 testing;**
4. **HSE provision of personal protective equipment (PPE) and oxygen, as appropriate;**
5. **Training for all staff across IPC and other priority skills, including end of life care;**
6. **Preparedness planning by Long Term Residential Care Facilities and Homecare Providers.**

***b. Response to Infections in Hospital Settings***

The Chair of the Acute Hospitals Preparedness Subgroup provided a paper for discussion entitled *"Measures for Disease Management – Acute Hospitals".* This paper outlined enhanced measures for the management of the risk of nosocomial infection in the acute hospital setting; noting that the parallel framework approved by NPHET on 26th March 2020 already provides for separate cohorting of COVID-19 patients.

It was agreed that the number of clusters of COVID-19 infections in the acute hospital settings, as identified in HPSC data presented, requires an enhanced focus on the implementation and a complete package of measures in place for acute hospital settings; particularly in the Eastern area of the country.

The numbers of confirmed cases of COVID-19 associated with nosocomial transmission and the numbers of confirmed cases in healthcare workers (a priority group for testing) was also noted. Recent research conducted in in two hospitals in the Netherlands and published last week was outlined. This related to mass screening of staff who recently suffered typical winter coughs/colds, identified that 6.4% of the study cohort tested positive for COVID-19. The group noted that healthcare workers should not attend if symptomatic and there was a need to have a system in place where all staff confirm that they were symptom free when they presented for work.

A number of priority actions where identified for consideration, based on an international evidence, across the areas of public health input, infection preventions and control (IPC), acute respiratory infection surveillance, use of data, outbreak control teams, risk assessment, supporting staff to minimise transmission, personal protective equipment (PPE) and staff training. The need for a national overarching governance to support the services with a co-ordinated approach was also accepted.

**Action: The NPHET approved the measures outlined in response to infections in hospital settings as follows:**

1. **Strengthen infection control governance structures at the national, Hospital Group and hospital level;**
2. **Establish a surveillance process for COVID-19 virus among health care workers;**
3. **Provide daily data on rate of infection amongst staff and patients who have acquired COVID-19 following admission;**
4. **Ensure that a steady and sustainable precautionary approach is adopted, training and education should be provided for all hospital staff;**
5. **Develop speciality-specific procedures and processes for COVID-19;**
6. **Sustained focus on staff behaviours to mitigate the risk of nosocomial infection.**

The group were advised that the Pandemic Ethics Advisory Group were developing a paper on "Personal Protective Equipment and Duty of Care" and this would be presented to the NPHET in due course.

The updated ECDC guidance "*Infection prevention and control and preparedness for COVID-19 in healthcare settings - second update"*, published today was noted. The HPSC confirmed that outbreak guidance is available and the process to update the HPSC COVID-19 specific guidance, including guidance for residential care facilities and hospitals, is in process.

**Action: The HPSC is to update national outbreak guidance in relation to COVID-19 specific infection prevention and control measures across settings, to include long term residential care and hospitals.**

***c. Travel Considerations***

An update was provided on national and international travel, including that some EU Members States have imposed temporary border controls and restrictions on travel. The NPHET were advised that the number of passengers arriving at Irish ports was significantly reduced and mostly limited to people returning home. It was noted that current advice is that all those arriving in Ireland should to self-isolate for 14 days. It was agreed that the NPHET will keep the matter of travel under continuing review.

***d. Ad Hoc***

As noted under Matter Arising an item was taken on: The Requirement for Childcare Places for Essential Workers.

There was discussion around the provision of childcare places for essential workers. This issue has previously been discussed by the NPHET in terms of the public health considerations at the meeting of 16th March 2020. Further work was required to identify other measures that may accomplish the stated aims, including determining the likely demand.

It was noted that the circumstances impacting on this issue has changed since the implementation of additional public health measures on Friday 27th March 2020, as more of the workforce are now at home.

It was noted this may be a particular issue for shift workers in healthcare. The Department of Children and Youth Affairs (DCYA) have identified some possible options and further discussion with them would be helpful. The need to maintain public health considerations at the fore of any recommendation was reiterated.

It was agreed that the NPHET will keep this matter under review and consider a paper with further information when available.

***e. Public Health Measures - Phasing***

It was agreed that the NPHET should commence considerations on planning for future phased reduction of the current public health measures and that a discursive document on the matter would be prepared to inform the work of the NPHET int his regard; recognising that future recommendations would be dependent on the progression and evolution of COVID-19.

**6. Pathways of Care**

The HSE's paper entitled "*HSE Operational Pathways of Care for the Assessment and Management of Patients with Covid-19*" was noted and welcomed. The HSE advised that further disease-specific guidance was being developed to support this document.

**Action: The NPHET noted the paper submitted by the HSE entitled "HSE Operational Pathways of Care for the Assessment and Management of Patients with Covid-19".**

**7. National Action Plan / Updates**
Due to time constraints, only items for decision were taken under this agenda heading.

*a. Hospital Preparedness*

The Chair of the Acute Hospitals Preparedness Subgroup provided a deliberative paper for discussion entitled "*Protection of Critical Essential Acute Care During Covid Pandemic*", which outlines the approach to protecting critical essential care during the COVID-19 pandemic. This paper is a follow on from the overarching framework approved by NPHET on Thursday last (26th March 2020). It was prepared having consideration to the National Action Plan for the COVID-19 response, the HSE model of care, WHO technical guidance and the ethical framework recently published for decision making in a pandemic. The appendix outlines the priority services and the appear supports the optimal use of the additional capacity secured in the private sector.

The group noted the recommendations contained therein, which covered the following areas:
i) Protection of time-critical essential work;
ii) Need for a national approach;
iii) Requirement for immediate action;
iv) Patient concerns.

In particular, the need to maintain continuity of critical services, including referral and care pathways across a given disease, for non-COVID related diagnoses and health issues was reiterated and the paper was welcomed by the NPHET in this regard.
The NPHET approved the recommendations outlined in the paper and noted the need to monitor the broader implications of COVID-19 on the wider healthcare system, and that this should be added to the agenda for a future meeting.

**Action: The NPHET approved the recommendations outlined in the paper submitted by the Acute Hospital Preparedness Sub-Group entitled 'Protection of Critical Essential Acute Care During Covid Pandemic'.**

***b. Other Subgroup Updates***

Due to time constraints, it was agreed that other subgroup updates would be carried over on the agenda.

**5. Covid-19 Mobile Phone Application (App) Project**
Due to time constraints, this item was carried over on the agenda.

**6. Consideration of Other Societal Issues / Consequences and Possible Measures**
Due to time constraints, this item was carried over on the agenda.

**7. Risk Register**
Due to time constraints, this item was carried over on the agenda.

**8. Communications Planning**
Due to time constraints, this item was carried over on the agenda.

**9. Meeting Close**

***a. Agreed Actions***

The actions from the meeting were presented to the group, clarified and agreed.

***b. AOB***

The Chair of the Pandemic Ethics Advisory Group provided update on the opportunity for Ireland to participate in the WHO Solidarity Research on medicines to treat COVID-19. This was supported by a proposal submitted by the Research Subgroup of the EAG. The NPHET accepted the proposal.

**Action: The NPHET approved the proposal for Ireland's participation in the WHO Solidarity Research on medicines to treat COVID-19.**

***c. Updated Schedule of Meetings***

The Chair propose that the regular schedule of NPHET meetings will be updated to move twice weekly, on Tuesdays and Fridays. This was accepted.

***d. Date of Next Meeting***

The next meeting will take place on Friday, 3rd April 2020 at 10am.