



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

Date and Time	Thursday 4 th June 2020, (Meeting 34) at 10:00am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via videoconference	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 Dr Lorraine Doherty, National Clinical Director Health Protection, HSE 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 HTA, HIQA 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 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 Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital Dr Jeanette McCallion, Medical Assessor, HPRA (for part of meeting) Dr Elaine Breslin, Clinical Assessment Manager, HPRA (for part of meeting) Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH (for part of meeting)
‘In Attendance’	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 Aoife Gillivan, Communications, DOH Mr Keith Lyons, Communicable Diseases Policy Unit, DOH Ms Claire Gordon, Tobacco & Alcohol Control Unit, DOH (for part of meeting) Ms Siobhain Brophy, Tobacco & Alcohol Control Unit, DOH (for part of meeting) Ms Noelle Waldron, Immunisation Policy Unit, DOH (for part of meeting)
Secretariat	Ms Marita Kinsella, NPSO, DOH, Ms Sarah Murphy, Ms Susan Reilly, Ms Linda O’Rourke, Mr John Harding, Ms Liz Kieley, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, DOH
Apologies	Dr Cillian de Gascun, Laboratory Director, NVRL and Chair, Expert Advisory Group (EAG) Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE



1. Welcome and Introductions

a) *Conflict of Interest*

Verbal pause and none declared.

b) *Minutes of previous meeting(s)*

The meeting notes for the 28th May 2020 had been circulated to NPHE for review and feedback. These minutes were agreed and formally adopted by NPHE at the meeting.

c) *Matters Arising*

HIQA raised the issue of the work of the NPHE vis-a-vis the Department, the HSE, HIQA, in relation to long term residential care settings going forward. Notwithstanding the establishment of the COVID-19 Nursing Home Expert Panel, clarity was sought in respect of NPHE's role and the respective roles of the Department, the HSE and HIQA in respect of COVID-19.

It was clarified that NPHE's role, in line with its Terms of Reference, is to provide oversight and direction in relation to public health measures and provide public health advice to effectively interrupt the transmission of the disease and outbreaks in long term residential care settings.

The HSE, HIQA, Department of Health and other organisations continue to exercise and deliver their statutory operational, regulatory and policy oversight roles in respect of long term residential care settings in accordance with the usual governance and performance management processes.

It was also noted that the recently formed COVID-19 Nursing Home Expert 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.

2. Epidemiological Assessment

a) *Evaluation of Epidemiological data: (incorporating National Data Update and Modelling Report)*

(i) *Report from the Department of Health under decision framework of Roadmap for Reopening Society and Business*

The Department of Health brought to the attention of the NPHE the latest national epidemiological data which had been compiled into a report prepared in accordance with the decision-making framework set out in the *Roadmap for Reopening Society & Business*. The report updated on the–

- latest data regarding the progression of the disease,
- capacity and resilience of the health service in terms of hospital and ICU occupancy, and
- capacity of the programme of sampling, testing and contact tracing.

An overview was provided of the current status of the disease in Ireland. Noting the ongoing epidemiological assessment, in summary, Ireland's current position was as follows:

- (i) the number of confirmed cases stands at 25,111 (with an average of 46 cases notified per day over the past 5 days);
- (ii) 166 confirmed cases in hospital on 3rd June;



- (iii) the number of confirmed COVID-19 patients requiring critical care on 3rd June was 37, with a further 16 patients suspected of having COVID-19 also in critical care;
- (iv) 8,055 cases (32% of all cases) were associated with healthcare workers;
- (v) 1,659 deaths due to COVID-19 recorded to date, with 3 new deaths notified on 3rd June.

During the last 14 days, the overall incidence rate per 100,000 population continued to decrease across all age groups with an incidence rate of 6.4% (excluding outbreaks). The NPHEt noted that the incidence of infection in healthcare workers continued to decline but the rate of infection remained somewhat elevated when compared with the general population. The fact that healthcare workers continue to be at a greater risk of infection remains an issue.

With regard to clusters and outbreaks specifically, NPHEt noted–

- (i) the total number of clusters in residential care facilities to date has been 472;
- (ii) the number of confirmed cases in residential care facilities stands at 6,703 of which 5,170 are in nursing homes;
- (iii) that as of Saturday 30th May, there have been–
 - Five COVID-19 outbreaks in prisons involving 24 cases (all laboratory confirmed and none in prison inmates),
 - Four COVID-19 outbreaks in the Roma community involving 30 cases,
 - Seven COVID-19 outbreaks in the Irish Travelling community, involving 64 cases,
 - Nine COVID-19 outbreaks notified in residential facilities for the homeless involving 34 cases,
 - 15 outbreaks in Direct Provision Centres, involving 176 cases,
 - 43 clusters in workplaces including 20 clusters in meat processing plants.

The data showed a decrease in the number of new clusters and outbreaks notified over the previous week, with no new clusters or outbreaks reported in workplaces. An increase in the number of cases associated with outbreaks in meat processing facilities was evident, with 78 cases notified over the past week.

The NPHEt also took note of the following:

- (i) the effective reproduction number is now estimated to be between 0.43 and 0.69;
- (ii) the daily positivity rate for all tests processed nationally has been 2% or less for the past week;
- (iii) the latest reported influenza like illness (ILI) rate is 6.9 per 100,000 (i.e. below threshold).

In relation to health service capacity, the number of inpatients with confirmed COVID-19, and the number of new admissions of COVID-19 positive patients have been declining in recent weeks, with the number of ICU patients with COVID-19 remaining relatively stable. Current public hospital occupancy is reported to be at 95%, which is a matter that will need to be kept under review.

Sufficient testing capacity was reiterated as being critical to enable the reduction of current public health restrictive measures as this will allow effective monitoring of the impact of any public health decisions and respond to any potential re-emergence of infection. It was noted that there is now capacity across the full testing and tracing pathway for 15,000 tests per day. Turnaround times have



improved significantly. The HSE has set a target end-to-end turnaround time from referral to completion of contact tracing of 3 days or less for 90% of cases. Over the last week this target was met in ca. 80% of cases. The positivity rate has been steady since mid-May.

Overall, virtually all of the disease parameters have been stable or improving. The NPHEt noted continued progress in suppressing the transmission of COVID-19. The epidemiological trends and health system impact of COVID-19 will continue to be closely reviewed on an ongoing basis such that any changes in the overall situation will be detected rapidly. The NPHEt noted that particular attention will need to be paid to the high level of occupancy in the public hospital system, and expected increases in the number of close contacts per case as more people move about in society due to the easing of the public health restrictive measures.

b) International Update

The NPHEt recalled that the ECDC Rapid Risk Assessment – ninth update of the 23 April 2020 continued to be the most recent, in which it is stated that the risk of resurgence of COVID-19 remains moderate, even if public health measures are phased out gradually and accompanied by appropriate monitoring systems and capacities.

c) Ad hoc

(i) 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 and served as an update on the previous briefing note provided to NPHEt for its meeting on 22 May 2020.

The paper outlined that there had been 1,054 notifications of COVID-19 infections associated with outbreaks among workers in meat processing factories in Ireland involving 20 facilities. The vast majority of symptomatic workers, confirmed with COVID-19, have been managed in the community during the course of their infection however, 27 required hospitalisation and seven required admission to ICU. No deaths have been notified. It is estimated that approximately 62% of cases are recovered and now back at work.

As previously highlighted to NPHEt, a range of factors are contributing to the spread of infection, in this outbreak situation including non-work-related factors, and a number of measures have been implemented to manage the ongoing situation. The HPSC advised that Local Outbreak Control Teams are working directly onsite to manage outbreaks in individual facilities and mass testing has taken place in a number of facilities. The Health and Safety Authority and the Department of Agriculture, Food and the Marine have also been engaging with meat processing facilities and conducting inspections. These inspections are ongoing and early indications are that compliance is generally good with some variance across facilities.

As similar issues have been experienced in meat processing facilities internationally, the NPHEt was updated that engagement is continuing with international counterparts on this and the Centers for Disease Control and Prevention (CDC) will also participate in a teleconference on the issue which is being organised by the ECDC.



The important role of occupational health services in advising and supporting organisations in these settings was noted by the NPHE.

The NPHE was advised that the recommendations developed so far and set out in the draft report are interim, and that further work is being undertaken by the National Outbreak Control Team, including clarification regarding the responsible owner/agency for each of the recommendations. It was agreed that an updated paper would be provided to NPHE for consideration at its next meeting on Thursday 11th June 2020.

3. Expert Advisory Group (EAG)

The Chair noted that the Chair of the EAG had given his apologies in advance of the meeting. There were no matters of note under this agenda item at the meeting.

4. Review of Existing Policy

a) Personal Behaviours & Social Distancing

(i) Report on impact of public health measures (quantitative and qualitative)

The DOH updated the NPHE in relation to the ongoing COVID-19 research on pandemic public opinion and attitudes, included in a report circulated ahead of the meeting. The following were noted:

- 55% of adults feel that the worst of the pandemic is behind them with 59% of people thinking it likely that Ireland will experience a second wave of the disease.
- 90% of people continue to practise hand and respiratory hygiene with some people worried about the spread of the virus and 46% of people thinking that ‘everyone/most people’ are following the social distancing guidelines.
- The continuing need for the public to internalise public health guidance and apply it in different settings is to form part of the communications in the week ahead.
- Risk perceptions among the population and ways to empower people to make the judgments on risk, recognising that some people have more limited ability in this area.

The DOH updated the NPHE on continuing work with the GP representative on a proposal to ensure that the broader social qualitative impacts of the public health restrictions continue to be part of NPHE’s considerations, with a paper to be submitted at the next NPHE meeting, Thursday 11th June 2020.

b) Sampling, Testing, Contact Tracing, and CRM Reporting

The HSE provided an update in relation to the end-to-end referral, swabbing, laboratory testing and contact tracing. The HSE reported the following activity over the past seven days:

- (a) over 19,000 swabs were taken in the community by Community Operations and the National Ambulance Service and in hospitals;
- (b) nearly 23,000 laboratory tests were completed;
- (c) nearly 2,000 calls were made in the Contact Tracing Centres.
- (d) the end-to-end turnaround time of 3 days or less from referral to completion of contact tracing was met in 80% of cases. Work continues to improve turnaround times.



The testing of close contacts is in place since 18th May 2020 and work is ongoing on the HSE dashboard to enhance daily reporting in relation to:

- the testing of close contacts;
- the number of close contacts of a confirmed case per week;
- the number of tests of close contacts per week;
- and positivity rates of both symptomatic and a-symptomatic close contacts.

Now that more people will be moving about in society and as businesses reopen, it is anticipated that the demand for testing will increase and that the proportion of complex cases to routine cases for contact tracing will also increase. Hence, it is important that testing and contact tracing capacity is in place and operational.

The HSE updated on a number of further developments and process enhancements underway across the testing pathway including work to enable GP referrals out-of-hours, work to improve the consistency and quality of data to support further reduction of turnaround times for results, as well as work to review the testing and tracing process to understand challenges and identify solutions to reduce turnaround times of communication of results and tracing.

The HSE further advised that a standardised mass testing protocol is being finalised to ensure a consistent approach for mass testing. These changes will help to ensure a consistent approach when settings are identified as requiring mass testing.

The NPHE welcomed the update and the significant work undertaken by the HSE.

(i) *COVID-19 RNA/PCR Testing – Public Health Recommendations on a Strategic Approach*

Following discussion and feedback from the NPHE at its meeting of 28th May 2020, including the recommendation that the protection, testing and surveillance of healthcare workers should be addressed in a separate document, the HPSC presented an updated paper entitled “*COVID-19 RNA/PCR Testing in Ireland – Public Health Recommendations on Strategic Approach (excluding testing in healthcare workers) post 8th June 2020*”.

The objective of the paper was to provide recommendations for future RNA/PCR testing strategies for the general population, congregated settings such as Long-Term Residential Care Facilities (LRCF) and in acute care settings. As most of the substance of the report had been presented and discussed at the previous meeting, the HPSC presented the draft recommendations and highlighted those which had been newly added. NPHE acknowledged the work carried out by the working group of Public Health and Clinical Leads and broadly welcomed the draft recommendations.

The NPHE discussed the importance of, and need for, testing from a surveillance perspective to provide reliable information on infection rates in the community, in addition to utilising the General Practice ILI Sentinel Scheme in primary care to test for COVID-19 infection.

The NPHE members were asked to provide written comments to the HPSC with a view to the HPSC making textual edits to the draft recommendations and finalising the document.



Action: The NPHET agreed the “COVID-19 RNA/PCR Testing in Ireland-Public Health Recommendations on Strategic Approach (excluding testing on healthcare workers)” developed by the HSE HPSC, subject to minor textual amendments and agreed that it is to be kept under regular review.

(ii) *Strategy – Protection and Surveillance of Healthcare Workers / Healthcare Setting Testing Programmes / Protection and Surveillance of Healthcare Settings*

At the NPHET meeting of 28th May 2020, it was agreed that the HPSC paper entitled “COVID-19 RNA/PCR Testing in Ireland – Draft Public Health Recommendations on Strategic Approach Past 21 May 2020” should be split and considered as two distinct papers, with one of those focussed on a strategy in relation to the protection, testing and surveillance of healthcare workers.

The NPHET was advised that a further meeting of the working group of Public Health and Clinical Leads took place to consider this and the HPSC presented a paper to NPHET entitled “COVID-19 RNA/PCR Testing of Health Care Workers in Ireland – Public Health Recommendations on Strategic Approach”.

The HPSC informed the NPHET regarding the data gaps that arise in relation to the epidemiology of COVID-19 infection in healthcare workers, such as the specific setting(s) in which they work, the scope of their practice, and whether the cases are in the context of known outbreaks. It was also noted that sometimes, some categories of staff do not always identify themselves as healthcare workers if they are engaged in other activities in healthcare settings (such as catering, cleaning or administration, etc.) and this can affect the denominator data and the reported positivity levels among healthcare workers.

The NPHET was advised that in developing the paper, the working group gave consideration *inter alia* to the scientific and grey literature, international guidance regarding COVID-19 testing in healthcare workers, ECDC *Surveillance of COVID-19 at long-term care facilities in the EU/EEA* (19 May 2020), as well as the recommendations of the HSE Chief Clinical Officer Advisory Group (CCO CAG).

Overall, the NPHET considered that testing is one important component of a multifaceted protection and surveillance strategic response that is needed in relation to understanding infection in healthcare workers and also identified the critical importance of urgently addressing key data requirements in order that enhanced protective measures can continue to be put in place. Regarding the draft recommendations the NPHET discussion included the following key points:

- Strong support by the NPHET for the national coordination, reporting on and learning from Recommendation 3 (in relation to the conduct by the HSE of enhanced epidemiological studies at the six hospitals currently experiencing COVID-19 outbreaks) and Recommendation 8 (in relation to all acute hospitals undertaking risk assessments to determine the services / areas of risk in their hospitals and the measures to mitigate those risks);
- With regard to Recommendation 9 referring to the development of a plan for serial testing of healthcare workers in the nursing home and home care sector, the NPHET considered that there should be a frontloading of ongoing serial testing in this sector in the first instance, particularly in light of the particular association of infection risk with age. This approach would need to be planned by the HSE and then reviewed after a period of 4 weeks;



- With regard to a testing approach in respect of healthcare workers in acute hospital settings, the NPHET emphasised the need for a clear, coordinated and consistent enhanced testing approach. The HSE is to prepare a policy regarding the testing of healthcare workers and patients in hospital settings, to inform the development of guidance by the HPSC;
- Regarding Recommendation 7 in relation to healthcare organisations having clear governance arrangements for symptom monitoring among healthcare workers in place, and that healthcare workers have access to appropriate training, it was suggested that it is also important that healthcare workers are informed of other supports available to them such as travel and accommodation supports;
- In light of the recent emergence of the COVID-19 disease, it was acknowledged that gaps continue to exist in what is understood about the disease and its transmission. Consequently, the NPHET requested that HIQA carry out a rapid review of the emerging evidence on the role of aerosol transmission in the spread of COVID-19.

The NPHET agreed the “COVID-19 RNA/PCR Testing of HealthCare Workers in Ireland – Public Health Recommendations on Strategic Approach” and approved the recommendations contained therein, subject to textual amendments. The testing approach is to be kept under regular review.

Action: In relation to the protection and surveillance of healthcare workers, the NPHET agreed:

- (a) the “COVID-19 RNA/PCR Testing of Health Care Workers in Ireland – Public Health Recommendations on Strategic Approach” developed by the HSE HPSC, subject to textual amendments;
- (b) subject to completion of preparatory planning at a national level, that the HSE implements a plan that will deliver weekly PCR/RNA testing for COVID-19 of healthcare workers in nursing homes to be reviewed after a period of 4 weeks;
- (c) that HPSC revert with a policy paper, for consideration by the NPHET at its next meeting on 11th June 2020, in relation to the testing of healthcare workers as well as patients in hospital settings, to inform the development of guidance by the HPSC;
- (d) to request HIQA to carry out a rapid review of the emerging evidence on the role of aerosol transmission of COVID-19.

5. Future Policy

a) Review of Public Health Measures

Noting its earlier discussion on the status of the disease, the health service impact thereof, and current international status of the disease, the NPHET proceeded to consider its advice to Government in relation to Phase 2 of the Government’s *Roadmap for Reopening Society & Business*. In this regard, following on from the discussions at the NPHET meeting on 22nd and 28th May 2020, DoH presented an updated draft paper entitled “NPHET Discussion Paper on Phase 2 reduction of measures in



preparation for advising Government in advance of 8th June 2020". The paper had taken on board the input from NPHET members at the previous meetings.

In addition to the considerations outlined above, research on the experiences of the public and, importantly, the impact on certain cohorts of the population, fed into the drafting of the paper and the recommendations included.

The NPHET gave further consideration to advising Government in relation to the following measures for Phase 2 measures and discussed key points including:

- In light of the fundamental change from the “stay at home” restriction to a “stay local” public health message for Phase 2, a new overarching set of public health principles have been included in the paper which are intended to provide people with a tool to further enhance their understanding of the disease and its transmission, while also enabling them to judge circumstances and levels of risk for themselves and others,
- New guidance was included in the paper in terms of social visits and family-type gatherings, with particular reference to those who are cocooning. For Phase 2, it is recommended that two group sizes are communicated in public health messaging – groups of up to 6 people for indoor and outdoor social visits and groups of up to 15 for outdoor organised activities. Funerals have been considered separately. Notwithstanding the risks that can be associated with funerals, bearing in mind the emotional impact on those who are bereaved, it was agreed that the number attending funerals would be increased to 25 people,
- The particular impact that the pandemic is having on children and young adults, especially those with special needs, those at an educational disadvantage, those with disabilities and complex needs, was again acknowledged and NPHET considered it a priority to find ways to improve the situation for them. Consequently, NPHET agreed that if the disease status remained in its current stable condition, there was no public health impediment to Government Departments, the education and youth sectors progressing initiatives, services, formal education and other education in line with public health guidelines,
- Planning for the recommencement of visiting at long-term residential care facilities was regarded as a welcome initiative, in accordance with guidance issued by the HPSC,
- In terms of economic activity, the NPHET noted that further workplaces will open in Phase 2. The NPHET discussed information made available by the Department of An Taoiseach in relation to the opening of retail outlets. The NPHET noted that over half of all retail outlets are already open and in light of the good progress that had been made in the preceding few weeks in terms of the disease status, there was not currently a public health rationale for keeping the retail sector closed, so long as the public health guidelines are adhered to. Shopping centres, particularly indoor venues and personal contact services, however, were considered to pose additional risk due to the increased likelihood of congregation and the close physical nature of interactions, respectively. Therefore, the NPHET was of the view that on a public health basis it would



recommend to Government that they would be considered as part of a later phase of easing the restrictions.

In providing its risk-based advice to Government regarding the reduction of public health social distancing measures as part of Phase 2 of the Government Roadmap, the NPHET highlighted:

- The epidemiological trends and the impact of COVID-19 on the health system will have to be monitored on an ongoing basis so that any changes can be detected rapidly and responded to quickly. Recommendations on the easing of measures will closely reflect the transmission patterns of the disease, the way and speed at which it changes and its evolving impact on the health system.
- As restrictions are lifted, people will be encouraged to internalise the public health guidance and empowered to make decisions for themselves about how to approach various situations and to manage their individual risk.
- The NPHET is encouraged by the responsible adoption of public health guidance in the vast majority of settings and believes that if behaviour and attitudes continue to assure workers and the public of their safety then this will allow for the continued easing of restrictions while the transmission status of the disease is low.
- As restrictions ease, communications will have to continue to reinforce the message that if people are congregating in small groups, they need to do so in as safe a manner as possible and pay close attention to public health guidance in terms of social distancing, hand hygiene and respiratory etiquette.

The NPHET agreed to the proposed change in public health advice and the bringing forward of certain measures to Phase 2, as outlined in the paper, and decided that it would inform the advice to be given to Government in relation to Phase 2 measures.

Having regard to the NPHET's epidemiological assessment under Agenda item 2 and the above discussion in relation to the review of public health measures the following action was agreed:

Action: Having regard to current epidemiological situation, and latest national data set out in the report to Government as provided for in the *Roadmap for Reopening Society & Business*, and the ECDC risk assessment, the NPHET recommended that Government give consideration to the reduction and adjustment of the public health measures, in accordance with Phase 2 of the *Roadmap* and other specified measures.

Review of Remaining Phases – 3 to 5 of the NPHET Public Health Framework Approach in providing advice to Government in relation to reducing social distancing measures introduced in response to COVID-19

The NPHET discussed a proposal that it would give consideration to realigning Phases 3, 4 and 5 of the “Public Health Framework Approach in providing advice to Government in relation to reducing social distancing measures introduced in response to COVID-19” potentially aligning these into two rather than three further phases.



The proposal was strongly supported by the NPHE members and there was general agreement that there is a strong rationale for now considering a new alignment of the originally envisaged phases bearing in mind:

- the time that has elapsed since the NPHE's *Public Health Framework* was devised in April more than six weeks ago, and the speed at which this pandemic continues to evolve,
- the current epidemiological status of COVID-19 in Ireland and the overall public health risk,
- the emerging research, the increase in information, knowledge and understanding regarding the virus, its public health impact and the wider health and societal impacts of the restrictive measures,
- learning from the experience of other countries that are ahead of Ireland in terms of the profile and timing of their pandemic, and their approach to lifting and adapting public health restrictive measures on the basis of examining how the disease is currently responding,
- the ethical framework for NPHE includes procedural values for good decision-making such that it operates in a way that is reasonable, flexible and responsive to the disease. The phased easing of restrictions is an iterative process and in line with the processual value of responsiveness, it is appropriate to review the Public Health Framework on an ongoing basis and continually adapt our national and public health responses to the current course of the pandemic.

The proposal received broad support from the NPHE, and it was agreed to bring a paper on this matter to the next NPHE meeting on Thursday 11th June 2020 for consideration.

Action: The NPHE agreed to review the remaining Phases 3 to 5 contained in the NPHE's *Public Health Framework Approach* in providing advice to Government in relation to reducing social distancing measures introduced in response to COVID-19 to align these into two phases, having regard to the overall public health risk in light of the current status of the disease and the evolving nature of the COVID-19 disease.

HPSC Guidance – specific, defined and controlled settings and circumstances in the hospitality industry

It was proposed that HPSC would be asked to develop a specific piece of guidance on the application of the existing social distancing requirements in specific, defined and controlled environments in the hospitality industry during periods of low incidence of the disease. Such guidance would apply in settings where compliance with other public health guidance is satisfied and where assurance can be provided that the risk of transmission of the virus is low.

HPSC guidance developed in this regard would apply only in the hospitality industry, be relevant during periods of low transmission of the disease and would detail other relevant factors including the duration of contact, ventilation, and the general levels of awareness and training of staff and others.



The guidance would provide an assurance to the public that any service applying the guidance is following appropriate public health advice.

It was agreed that the HPSC would develop appropriate guidance along the lines discussed and bring a paper for decision to the next NPHET meeting on Thursday 11th June 2020.

Action: The NPHET agreed that the HPSC is to develop guidance on the application of the existing social distancing requirements in specific, defined and controlled environments in the hospitality industry during periods of low incidence of the disease.

b) Travel Considerations

There were no matters of note under this heading at the meeting.

c) Ad Hoc

There were no matters of note under this heading at the meeting.

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

There was no update under this item 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

There was no update under this item at the meeting.

h) Behavioural Change

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

7. Communications Planning

There was nothing further added under this heading at the meeting.

8. Meeting Close



a) Agreed actions

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

b) AOB

No other business was raised at the meeting.

c) Date of next meeting

The next meeting will take place on Thursday 11th June 2020 at 10:00am via video conferencing.