

## Minutes (DRAFT)

<b>Title of meeting</b>	COVID-19 Incident Management Team (IMT) Meeting Situation Update	
<b>Date</b>	Thursday 19 March 2020	
<b>Time</b>	10:00 – 10.30	
<b>Venue</b>	Teleconference - Skype	
	Susan Hopkins	PHE Incident Director (Chair)
	Thomas Waite	PHE SMA
	Sharon Peacock	PHE
	Meera Chand	PHE NIS
	NR	PHE Virology
	Maria Zambon	PHE Virology
	NR	PHE Virology
		PHE
		PHE Communications
		PHE HR Cell
		PHE Contract tracing cell
		PHE Birmingham PHL
		NHSE&I
		NaTHNaC
		Health Protection Scotland
		Public Health Wales
		Public Health Agency Northern Ireland
		Republic of Ireland
		PHE Cabinet Cell
		PHE Cabinet cell
	Name Redacted	PHE NIS
		PHE
		PHE
		PHE, Port Health
		IMT Secretariat

Minute Ref	1. Welcome, teleconference protocol and participant roll call	Action
WU/IMT/1955	<ul style="list-style-type: none"> <li>- The Chair welcomed attendees and outlined the protocol.</li> <li>- Participants asked to email attendance to PHE.NICC30@phe.gov.uk</li> <li>- Any changes to yesterday's draft minutes to be sent through by 2pm today.</li> </ul>	
WU/IMT/1956	<ul style="list-style-type: none"> <li>- This IMT meeting is a Situational Update meeting for 30 minutes.</li> </ul>	

	<b>2. Update</b>	
<b>WU/IMT/1957</b>	<p><b>Epidemiology</b></p> <p><b>International epidemiology</b></p> <ul style="list-style-type: none"> <li>- Members of the IMT should have received an update, as they were sent out this morning.</li> <li>- Global: cases 207,855, fatalities 8,648</li> <li>- Italy: cases 35,713 (+4,207), fatalities 2,503 (+475)</li> <li>- Spain: cases 13,716 (+2,538), fatalities (+107)</li> <li>- Iran: cases (+1,000), fatalities (+147)</li> <li>- France: cases (+1,291)</li> <li>- Germany: cases (+1,000), fatalities 13 (-1)</li> <li>- US: cases 7,087 (+2,861), fatalities 97 (+22), Note: Number of fatalities to be confirmed.</li> <li>- Plan for a call with RKI to discuss accuracy of fatality figures.</li> </ul>	
<b>WU/IMT/1958</b>	<p><b>National Epidemiology</b></p> <ul style="list-style-type: none"> <li>- England – 574 new cases overnight, total 2756. No information on fatalities yet.</li> <li>- Scotland – 39 new cases overnight, total 266, fatalities 6 (+3). There are other possible fatalities but families not yet informed.</li> <li>- Wales – 24 new cases overnight, total 173, fatalities 2 (+0).</li> <li>- N. Ireland – 9 new cases overnight, total 77, fatalities 1 (+1).</li> <li>- Republic of Ireland – 74 new cases overnight, total 366.</li> <li>- Currently our numbers are increasing in a steeply climbing graph. When we remove the first 100 cases we are on the same target as all other countries. The graph may look flat due to reduced testing due to the reaching testing capacity. We are no more than 10 days behind Italy.</li> <li>- Do not expect change from current projections for at least 10-14 days, this is to take into account the incubation period of all cases that are still to come through, after current measures changed. We are expecting difficult times ahead for at least the next 14 days. This is the current modelling projections.</li> </ul>	
<b>WU/IMT/1959</b>	<p><b>Guidance</b></p> <ul style="list-style-type: none"> <li>- Priority for today is the education guidance, atypical residential settings guidance and the vulnerable children’s guidance. They are in process and currently with the DfE.</li> <li>- Shielding Guidance is with the secretary of state for sign off.</li> <li>- Guidance for Dead bodies, Care Homes and prisons, which is new guidance.</li> <li>- There is an anomaly between PHE and NHSE’s General Practice Guidance which they have asked PHE to review. PHE</li> </ul>	

<p><b>WU/IMT/1960</b></p>	<p>to identify anomaly, resolve and get guidance signed off. This is area where NHSE take the lead.</p> <ul style="list-style-type: none"><li>- PHE to speak to NHSE in regards to the uniform policy. Current guidance online is 10 years old. There were concerns raised on the Royal Colleges call last night. There are anxieties among health care workers, should they wear their own clothes to work and what to do with them, is there enough scrubs for all staff and if there are enough scrubs what will the impact on hospital laundry be and would staff have to take them home. PHE Guidance need to chase NHSE to see where uniform guidance which was already out for consultation is at.</li><li>- On the Royal College call it also came up that the swabbing guidance video has the old PPE. Can this be edited or does a new video with current PPE need to be rapidly made.</li></ul> <p>FFP3</p> <ul style="list-style-type: none"><li>- The FFP3 was released from the national stockpile in the last few days. It was all age tested and passed all quality assurance steps.</li><li>- Some is not fit testing well. There are a number of processes happening including an independent company coming in to help the NHS fit test. They have been asked to produce a short video to help people use it.</li><li>- NHSE Countermeasures Cell supply chain lead to report to the ID today on this matter.</li><li>- It may have an impact on guidance in relation to FFP3.</li></ul> <p><b>Diagnostics</b></p> <ul style="list-style-type: none"><li>- There have been requests from external organisations coming to various people and routes requesting to support with the incident including staff from universities. They can provide lab support and with data handling.</li><li>- This will need to be managed by the recruitment cell email. The ICC to support setting this up. There will need to be an email address and standard text sent to everyone in PHE, to advise on what to do if receiving individual requests.</li><li>- There needs to be an intelligence lead response, which can be managed outside the IMT, through the people and recruitment cell. A stream lined honorary contract process will be needed.</li><li>- Can people send all this information into the NICC. It will discussed further with senior leaders in PHE and cabinet today. Plan to unblock all obstacles, as this has been an ongoing problem.</li><li>- Testing for crown dependencies Guernsey and Jersey has been sorted and can be done in Colindale.</li></ul> <p>PHE designated key workers</p> <ul style="list-style-type: none"><li>- The following had been put forward and accepted across government.</li><li>- Everyone in lab services needs to be documented as a key worker. To allow resilience and cross movement.</li><li>- All workers in the health protection teams</li></ul>	
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	<ul style="list-style-type: none"> <li>- Everyone working directly on the Covid-19 response</li> <li>- Everyone backfilling BAU work for the Covid-19 response.</li> <li>- Individual parts of the organisation have not been named.</li> <li>- PHE are developing a definition which is all encompassing.</li> </ul> <p><b>Staff testing</b></p> <ul style="list-style-type: none"> <li>- This has to be managed the same as any other organisation including the NHS.</li> <li>- If they are in a key role that needs to be able to come to work, we will have to come up with a process to support this. This will be discussed offline with the lead for the diagnostics work stream.</li> <li>- Including discussion on where PHE's capacity is and how much capacity is there for PHE staff.</li> <li>- The first thing needed is to increase capacity. Estimated that each organisation had no room for more than 5-10 additional tests per day.</li> <li>- Staff testing policy will need to take into account who are the key workers and what is the volume of key workers. There is no capacity at the moment to test. If someone cannot be replaced by somebody else we may have to test them. Most people are going to have to go off work and work from home.</li> <li>- Responsibility for policy in regards to this will be taken offline and discussed in the tasking group.</li> </ul>	
<p><b>WU/IMT/1961</b></p>	<p><b>CROC</b></p> <ul style="list-style-type: none"> <li>- Key workers issue – as above</li> <li>- Nursing home outbreaks – as of yesterday 37 ongoing outbreaks. All health protection team are getting multiple calls from care homes. These are likely to result in deaths over the next 3-5 days.</li> <li>- Can all health protection teams when they receive notification of a care home outbreak, liaise with the GP to set up advanced care orders to prevent inappropriate hospital admissions due to comorbidities, family decisions or they themselves do not want hospital admissions. There needs to be clear plans for appropriate escalation in place.</li> <li>- There should be no issues with hospices as they are prepared and will expect people to die from this. They will not be escalating these patients.</li> <li>- There are 24,000 care homes in England, delivery of PPE is starting today.</li> </ul>	
<p><b>WU/IMT/1962</b></p>	<p><b>Communications</b></p> <ul style="list-style-type: none"> <li>- There was the summit on testing 2 days ago and there are a lot of queries in regards to this. Including increasing capacity, serology testing and testing of care workers.</li> </ul>	

<p><b>WU/IMT/1963</b></p>	<ul style="list-style-type: none"> <li>- At this summit there were a lot of big announcements with no timeline. There will not be 25,000 tests by Monday, there will realistically be a 4 week lead time on this.</li> <li>- There will be pressure on PHE in regards to this and it is important people remain calm. PHE know all staff are doing everything they can.</li> </ul> <p><b>NHSE</b></p> <ul style="list-style-type: none"> <li>- not online, update from ID from earlier meeting.</li> <li>- In London 25% of ICU beds have patients with confirmed or suspected Covid-19. London has moved to Surge 1+2 planning. As of last night all elective work has been cancelled in London. They are getting extra ventilators and some hospitals are already starting to ventilate outside ITU. Next two weeks expected to be particularly bad for London. Expecting a further announcement on lockdown of London. We may need a draft certificate for people coming to work to travel in London. PHE is working with DH on that at the moment.</li> <li>- Other challenges include the FFP3 masks which were discussed earlier.</li> <li>- NHS front line staff are feeling under protected, especially in emergency departments where they feel that anyone could have Covid-19 and that they could be exposed all the time.</li> <li>- PHE staff especially Health Protection Teams might receive negative feedback, but it is very important to be supportive as this is a very stressful time for NHS staff. Important to listen and stay calm.</li> </ul>	
<p><b>WU/IMT/1964</b></p>	<p><b>Devolved Administrations</b></p> <p>Scotland</p> <ul style="list-style-type: none"> <li>- CMO today will be further discussing health care worker testing.</li> </ul>	
<p><b>WU/IMT/1965</b></p>	<p>N. Ireland</p> <ul style="list-style-type: none"> <li>- Confirmed numbers, documented in national epi.</li> </ul>	
<p><b>WU/IMT/1966</b></p>	<p>Wales:</p> <ul style="list-style-type: none"> <li>- Confirmed numbers, documented in national epi.</li> <li>- They would like any plans for serology to be shared. Wales to link with PHE's serological testing group.</li> </ul>	
<p><b>WU/IMT/1967</b></p>	<p><b>ROI</b></p> <ul style="list-style-type: none"> <li>- No further updates</li> </ul>	
<p><b>WU/IMT/1968</b></p>	<p><b>AOB</b></p> <p>CMO Meeting</p> <ul style="list-style-type: none"> <li>- There will be a meeting at 7pm tonight, discussion will include the following; increasing testing, people staying in hotels to prevent self-isolation if a family members in self-isolation, idea that people may wear masks or get temperature checks on the</li> </ul>	

	<p>way to work. None of these have been decided yet, a number of hospitals and organisations are deciding their own policies.</p> <ul style="list-style-type: none"> <li>- 3 organisations in London are not able to staff their ITU's</li> <li>- There are now estimated a third of NHS staff currently off and this will be worsened by school closures. This is related to household quarantine, vulnerable people and self-isolation.</li> <li>- Some hotel staff will be put as key workers to support staff staying in hotels to prevent self-isolation if a family members is in self-isolation.</li> </ul> <p>Testing plans, 4 strands</p> <ul style="list-style-type: none"> <li>- Strand 1 – to increase PHE and NHS testing capacity to 25,000 for clinical use. This is hospitalised patients and health care workers. This is ring fenced for the NHS.</li> <li>- Strand 2 – This is an end to end operational logistical solution for the general population which will be delivered by a major operational logistics operation probably Amazon in contract with various laboratory organisations. This is likely to be run out of schools that are closed or other community sites, where people can walk down and get a test. This will be similar to what happened in Wuhan. Some considerations include how this test will get in to the patients NHS record.</li> <li>- Strand 3 – wide scale serology testing, similar to a pregnancy test sold in a community pharmacy. People could go into their community pharmacy once they have felt symptomatically better from an episode (after 7 days symptom free self-isolation) and test if they have antibodies. There are sensitivity and specificity issues and will need testing and validation. This will not be in place for at least 4 weeks. This will help as we move into the next phase and coming months, to allow us to know who does not needed to be excluded from work in the future. For the positive cases, the negative results will have less of an impact. There are also issues on how this will be communicated to the patients GP record. It may be printing a result and handing it into the GP practice to scan in. Very important to consider end to end. This will be a commercial solution not involving NHS or PHE.</li> <li>- Strand 4 – PHE surveillance. This will be a serological surveillance programme which will aim to sample 1000-2000 samples per week from the population. There will also be a self sampling testing programme which will aim to test 1000 per week. This is aiming to understand both the verological genomic and antibody properties in the population. This will be led by PHE's surveillance team with multiple stakeholders involved.</li> <li>- All of these are moving forward and aim to have a twice weekly update on the sit rep. There is a lot of ongoing discussion with industry and the NHS.</li> </ul>	
	<p><b>3. Forward Look</b></p>	
<p>WU/IMT/1969</p>	<ul style="list-style-type: none"> <li>- Nothing new</li> <li>- Next meeting Friday 20 March 10:00</li> </ul>	

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