

COVID-19 DoH Emergency Response Strategy

March 2020

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Introduction

This document outlines the Department of Health's Strategy which has been developed in response to the COVID-19 Emergency.

This strategy is a living document and will be updated regularly in response to the rapidly changing environment. As we progress through the delivery phase, progress reports against this strategy will be produced.

This strategy focuses on seven broad strategic aims, which are set out within this document.

The actions which are - and will be undertaken to achieve these aims - are outlined within.

Metrics will be developed as progress is made in the delivery phase.

Strategic Approach

This Department of Health's COVID-19 Emergency Response Strategy focuses on seven broad strategic aims, which are set out below:

1. Understand the current outbreak

To effectively tackle the pandemic, it will be important to understand the current outbreak, including population exposure levels and those most at risk and most affected. Combined with increased testing, the modelling work and economic assessment, this will help inform the development of an exit strategy for relaxation of control measures.

2. Understand the likely path of the epidemic curve

To effectively tackle the pandemic, it is important that the likely path of the epidemic curve is understood. A modelling group will be established in an effort to inform surge planning, public health policy, and risk management decisions.

3. Measures to flatten the epidemic curve

The term 'flattening the curve' relates to the actions taken to reduce the predicted peak in cases over a period of time. The goal is to delay the number of infections, ideally keeping the peak below the threshold of capacity for Northern Ireland's Health and Social Care system. Northern Ireland's approach is in line with the UK "Contain, Delay, Research, Mitigate" Strategy.

4. HSC - Enhance capacity and build resilience

Enhancing the HSC's capacity whilst building resilience within the system are key to tackling the pandemic. Significant action will be undertaken to support the system's ability to meet the challenges it currently faces, and those it will face in the weeks and months ahead.

5. Influence behaviour and provide assurance to the public

The single biggest enabler in managing the spread of COVID-19 is public behaviour. That, and the Department's responsibility to the people of Northern Ireland - as set out within the draft Programme for Government – creates the need to provide clear, concise and transparent information to the public at this challenging time.

6. Enhance and evolve treatment options

It is imperative that every effort is made to enhance and evolve treatment options to tackle COVID-19 as quickly as possible. As such activity will be progressed across a number of areas to pursue testing, trials and research to combat the disease.

7. Understand the wider health / economic impact of control measures

Work should be undertaken to understand the long-term impacts of the control measures on the health of the population, and on the NI economy, to include the relative impacts on the most and least deprived.

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| Tactical Intervention | Rationale | Specific Actions |
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| Dynamic epidemiological studies | Understand population exposure levels | Real-time and retrospective assessment and analysis of testing data, clinical data, deaths and demographics, by PHA and |
| | Understand the population and sub- populations most at risk and most affected | academics |
| | | Undertake study of evidence from other countries worldwide e.g. |
| | Understand the level of risk by sub- population (including age group, pre- | South Korea, Sweden |
| | existing health conditions, HCWs) | Link ongoing real-time analysis of data to HSC resources to identify gaps as they emerge |
| | Inform development of exit strategy for relaxation of control measures | |
| Enhance testing capacity to track spread | Key input to both strategic and tactical response. | Enhance internal testing capacity and explore commercial testing options |
| | To inform ongoing surge planning at HSC Trust level. | Expand surveillance testing to facilitate management of outbreaks/clusters in residential or care settings. |
| Pursue antibody testing | Understand population exposure as accurately as possible | Population sero-prevalence survey as soon as a suitable test is available |

| 2. Understand the likely path of the epidemic curve | | |
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| Tactical Intervention | Rationale | Specific Actions |
| Modelling work | To understand the effectiveness of measures taken. | Establish Modelling Group |
| | | Provide projections and develop model |
| | To facilitate consideration of the shape of new interventions. | Undertake scenario analysis |
| | To inform policy decisions. | Inform surge planning, public health policy and risk management decisions |
| | | Links with Imperial College |
| | | Links with ROI |
| | | Develop bespoke NI Model |

| 3. Measures to flatten the epidemic curve | | | |
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| Tactical Intervention | Rationale | Specific Actions | |
| Social distancing and self- isolation | Slow the rate of spread to dampen demands on HSC | Restriction of movement i.e. School closures / Closure of non- essential businesses / Working from home / Contraction of public transport services / Stop hospital visiting / avoidance of large and small gatherings | |
| | | Use of telephone and online facilities to contact GP and other essential services | |
| | | Legislate as necessary | |
| | | Campaign messaging | |
| | | Financial support measures for individuals / businesses | |
| Stop Hospital Visiting | Help protect patients by reducing potential spread of the virus within hospitals | Cease general hospital visiting – with very limited exceptions | |
| Shielding | To protect most vulnerable in society | Identify and communicate with high risk individuals | |
| | | Provide ongoing support to those identifies | |
| Use of data | To improve identification of vulnerable individuals | Identify vulnerable individuals from data sources | |
| | To better target social support | Cross-Departmental engagement on effective utilisation of data | |

| | To seek to ensure those most susceptible to adverse outcomes avoid infection | |
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| Guidance on funeral management | | Engage with Public Health England Produce NI specific guidance on the collection, treatment and disposal of the deceased |
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| 4. HSC – Enh | ance capacity and | build resilience |
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| Tactical Intervention | Rationale | Specific Actions |
| Reduce non critical hospital activity, and create capacity in hospitals | To maintain HSC capacity to provide essential care and support to those in need | Stop / reduce elective care procedures where possible Stop non-urgent work |
| | | Accelerate discharge of patients |
| | | Assess options for increasing community capacity |
| | | Pause certain population screening programmes |
| | | Engage independent sector hospitals, to transfer non-critical activity out of acute hospital setting |
| Reconfiguration of hospital services to expand acute and | Optimise resources to ensure capacity to cope with surge, and | Consolidate services on major acute sites |
| critical care capacity | ensure adequate support for those with most critical need | Assess estates to ensure maximisation of capacity to provide care |
| | | Secure additional ventilators and associated staffing and oxygen requirements (including engagement in 4 nations approach to procurement; and engagement with NI and ROI businesses re: manufacturing) |
| | | Development of regional, temporary, respiratory hospital |

| Establish COVID-19 centres | To meet demand for COVID-19 specific care / testing | Develop centres for each HSC Trust area |
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| | To maintain GP capacity separate to COVID-19 response | |
| | To maintain HSC capacity | |
| Maintain access to medicines through community pharmacies | Maintain supplies of medicines to the public throughout the COVID-19 pandemic | Rapid interventions to sustain cash flow / additional funding for staffing and premises adaptions / new repeat prescription arrangements and opening hours |
| | To maintain HSC capacity | Utilise C&V sector for medicines deliveries |
| Establish field hospital(s) | To expand HSC capacity to facilitate management of surge in demand for care. | ТВС. |
| Accommodation | To support HSC staff | Facilitate hotel/other accommodation for use by staff where necessary |
| | | HSC Trusts / Northern Ireland Fire and Rescue Service to explore various property options to accommodate staff who need to self-isolate. |
| Reduce RQIA inspection activity | To help regulated services manage systems pressures in the current situation | Reduce the frequency of statutory inspection activity and cease non-statutory inspection activity and review programme (with RQIA continuing to respond to ongoing areas of risk) |
| Enhance testing capacity (isolated staff / return to work) | Identify and manage spread among priority groups | Targeted testing of agreed priority groups |
| - | | Engage in national work to scale up testing |

| Strengthen and support social care sector | | |
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| Strengthen and Support Social Care Sector | To protect HSC capacity | Produce guidance for organisations providing domiciliary care, and care home support Priority access through Access NI and deferment of NI Social Care Council registration fees for returning workers Focus regulatory activity on high risk issues Guarantee a level of support to independent providers experience a reduction in income |
| Mechanisms to enhance financia | al viability | |
| Additional funding | Ensure all additional resource to address needs arising from pandemic is provided | Prioritise funding to frontline services Ongoing engagement with Finance Minister on the funding requirement; with funding for COVID-19 to be confirmed as part of a separate Budget process. |
| Support for service continuity | Ensure service continuity during and after the current COVID-19 outbreak | Specific budgetary provision for COVID-19 Payments to at risk suppliers until at least the end of June 2020 Re-deployment of capacity to other areas of need. |

| | | Ensure that financial support is made available to protect supplier staff and capacity across sectors |
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| Strengthen and support workforc | e | |
| Increase workforce availability | To increase workforce size | Calling back HSC professionals |
| | | Early registration of students |
| | | Defer revalidation |
| | | Provide childcare for key workers |
| | | Additional recruitment |
| | | Call for volunteers |
| | | Make hotel accommodation available for staff |
| | | Remote working |
| Ensure sufficient stock and access to PPE | Reduce infection rate of staff Maintain staff morale | Additional support to ensure staff have the appropriate knowledge and understanding on the application of PPE in a range scenarios. |
| | | Stock replenishment |
| | | Release PPE pandemic stockpile as necessary |
| | | Streamline and improve PPE distribution to the health and social care front line |

| | | Explore supply routes - both local and international to enhance supplies. |
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| Work to support health and wellbeing of HSC staff | Maintain staff health and wellbeing | Consider free travel for HSC workers on public transport services |
| | Maintain staff morale | Consider making car parking free for staff |
| | | Suspension of pension regulations |
| | | Financial supports announced by the UK government which will support local businesses and families |

| 5. Influence behaviour and provide assurance to the public | | | | |
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| Tactical Intervention | Rationale | Specific Actions | | |
| Campaigns and social media messaging | Manage spread through public behaviour Explain rationale for actions Share public messages / calls to action Allay public anxiety in the recovery phase | Use local celebrities for social media campaign Make Information and advice available online – community helpline / 111 Launch wide-reaching engagement with the media Regular media briefings / press statements Ongoing and timely engagement with Executive Information Service | | |
| App – development and launch | To provide a trusted source of information during the pandemic To support effective targeting of limited resources to those most in need. | Develop and launch COVID-19 NI mobile app Provide links to trusted information resources, and direct citizens to an isolation note if needed | | |

| Tactical Intervention | Rationale | Specific Actions |
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| Testing capacity – better understand the disease | Improve capacity to better track and understand spread and impact of virus | Increase laboratory testing capacity Increase range of priority groups for testing Evaluate and procure commercial testing Engage with Public Health England (PHE) in relation to evaluation of commercial tests currently available |
| Participate in Clinical trials | ТВС | ТВС |
| Research projects | ТВС | Research is underway to assess a number of potential treatments |
| Development of vaccine | ТВС | ТВС |

6. Enhance and evolve treatment options

| 7. Understand the wider health / economic impact of control measures | | | | |
|--|--|--|--|--|
| Tactical Intervention | Rationale | Specific Actions | | |
| Economic cost benefit analysis of control measures, including relative impacts on the most and least deprived | Potential for long-term impacts of control measures on population health outcomes, including life expectancy, healthy life expectancy, health inequalities, due to economic hardship (unemployment), interruption to education, interruption to population screening programmes and elective care etc. | Commission study of the cost effectiveness of existing control measures using DALYs as the outcome measure Analysis of costs and benefits of control measures to assess whether real-time adjustments are necessary as we grow to understand the population exposure, to head off longer term damage to population health | | |