

16-3-20

9.40

FM

Intro

DOH - speaker phone

① Minutes

Agreed: Yes

② M.A.

DOH

COVID 19

Met with Taoiseach / Minister - Sat

Walt Hancock - Fri

Will issue numbers later

1083 tests

45 confirmed cases

Some community transmission

Test on those in hospital - change

Surge sub grp.

Hospitals - redeploying wards as required

Ventilators - not enough. Will need more. We will [ ] theatres,

no operations, ICU units.

Work ongoing.

P.R. on Fri - curtail health care/ elective procedures.

Replicated in Scot / Wales

- consistent message.

Publish this week - impact on health service.

NICS - all depts.

My dept - counterparts in ROI + UK.

All health depts - daily conf calls.

COVID 19 is now with us.

Now real

Met with speaker this a.m.

717 written questions.

Reprofiling internally

COVID 19 team - reprioritizing

Allocate pressure.

DAERA

[Death] figures? [Trace]

DOH

~~are~~ Contact tracing

Need to redeploy resources

DAERA

Capacity for checking numbers

DOH

100 per day.

DAERA

96% accurate

20,000 per day in [ ]

DOH

Prefer to use resources to combat COVID 19 rather than count.

Self-isolate for 7 days first rather than testing.

DOJ

(phone)

Lot of pushback against testing

What pre-planning took place?  
Protection for people in health service  
Person died at wife - not COVID 19, but  
staff were exposed.

DOH      lot of materials there - manage<sup>m</sup> of  
resources.

DOF      Daisy Hill - I'm told none available.

DOH      Is available - message to Southern  
Trust.

dfw      Enormity of situation.  
GB approach - nightmare compared  
to rest of world / Europe.  
Scotland - own approach.  
Testing healthcare workers?

DOH      Can be tested if they have symptoms.  
Shared with CORRA, share with  
colleagues  
I will do everything to protect my workers!

dfw      WHO - test every case, every contact  
Trying to do right thing  
GB nightmare.  
Suits island of Britain, doesn't suit  
this island.  
We won't get this right.  
Need to adjust.

DOH

Exec direction?

I'm following advice of my CMO.  
Spikes, clusters - not same here  
as ROI.

Medical advice

Timings different to ROI + GB,  
wth/sth/east/west.

Danger - countries which flattened  
COVID - will come back again,  
withdraws from society.

Isolate over 70s? Have we system  
to support this?

~~Here~~ we have been preparing for  
past 7 weeks.

AFM

Contain, delay, mitigate.

Lost control from 2 weeks ago.  
People taking own decisions.

DOH

Modelling behaviour - 80% / 20%  
- shd drive behaviour of 80%.

If we do it too early - effect on  
families etc.

Have to be sustainable - if introduced  
too early, can't sustain.

What is best decision to take?

Now is not right time to do it.

FM

Modelling - not static?

DOH

International modelling

## Govt mitigations

DOF Rates relief  
Urgent & from Alliance Party  
- Rates.

DOJ Able to give advice to Assembly, not  
trying to catch you out

DOF Not to do with panic-ers.  
Growing lack of confidence in QR  
approach.  
Civil contingencies - understand medical  
advice, but also community concerns.  
We all work with community.  
Reflected around this table.  
We have differing views on how to  
handle - we all want best outcome.

FM Not be out shouting [ I,

DPE CMO - highly respected.  
Appalling way to treat colleagues  
Don't shout me down

DOF Challenge your view

DPE Row back.  
Mixed message  
Discussion ~~not~~ needed in front of  
media.  
People v anxious, afraid.