National Health Protection Incident Response Plan

Coordination of National Health Protection Incidents: Roles and responsibilities of national and regional health protection members of a National Health Protection Incident Management Team (HP-NIMT)

Version control	Authors	Date
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Contents

Glossary

RDPH	Regional Director of Public Health
ADON	Assistant Director of Nursing
AMRIC	Antimicrobial Resistance & Infection Control
ED	Emergency Department
BBV	Blood-Borne Viruses
CBRN	Chemical, Biological, Radiological, and Nuclear
CCO	Chief Clinical Officer
CHO	Community Health Organisations
CPHM	Consultant in Public Health Medicine
DAFM	Department of Agriculture, Food, and the Marine
DPHRA	Dynamic Public Health Risk Assessment
DON	Director of Nursing
EBM	Evidence-Based Medicine
ED	Emergency Department
FOI	Freedom of Information
FSAI	Food Safety Authority of Ireland
GDPR	General Data Protection Regulation
GP	General Practitioner
GZV	Gastroenteric, Zoonotic, and Vector-Borne Diseases
HIV	Human Immunodeficiency Virus
HP	Health Protection
HPAI	Highly Pathogenic Avian Influenza
HP-NIMT	Health Protection National Incident Management Team
HPSC	Health Protection Surveillance Centre
HSE	Health Service Executive
ID	Infectious Disease
IHR	International Health Regulations
IPC	Infection Prevention and Control
IMSRL	Irish Meningitis and Sepsis Reference Laboratory
HP-NIMT	Health Protection National Incident Management Team
MDT	Multidisciplinary Team

MOFI	Management of Foodborne Outbreaks (Food Safety Authority of Ireland)
MOH	Medical Officer of Health
DNHP	Director of National Health Protection
NDPH	National Director of Public Health
NHPO	National Health Protection Office
NGO	Non-Governmental Organisation
NID	National Incident Director
NIO	National Immunisation Office
NTRL	National TB Reference Laboratory
NVRL	UCD National Virus Reference Laboratory
OCT	Outbreak Control Team
OCST	On Call Support Team
PH Wales	Public Health Wales
PHA	Public Health Area (regional)
RDGU	Research and Guideline Development Unit
REO	Regional Executive Officer
RHA	Regional Health Area
RN	Radio-Nuclear
ScoCo	Scoping/control
SHCPP	HSE Sexual Health Crisis Pregnancy Programme
SJH	St James' Hospital
SMO	Senior Medical Officer
SPHM	Specialist in Public Health Medicine
SOPs	Standard Operating Procedures
GRLS	Galway Reference Laboratory Service (incorporating National Salmonella, Shigella & Listeria [NSSLRL] and National Carbapenemase Producing Enterobacterales [CPE] reference laboratory)
STEI	Sexually Transmissible Enteric Infections
STI	Sexually Transmitted Infections
TB	Tuberculosis
UKHSA	UK Health Security Agency
VPD	Vaccine Preventable Diseases

Consultation, review, and sign off

This HSE Public Health: Health Protection coordination plan for National Health Protection Incidents was drafted by the Consultants in Public Health Medicine (CPHMs) in the National Health Protection Office (NHPO). The plan was reviewed and revised by the Director of National Health Protection (DNHP) and Clinical Leads in National Health Protection. Consultation drafts were reviewed by the National Director of Public Health (NDPH), Regional Directors of Public Health (RDPHs) and their multidisciplinary teams (MDT), NHPO, the Health Protection Surveillance Centre (HPSC), and the National Immunisation Office (NIO) MDTs; the plan was updated to incorporate feedback.

This working collaborative document has been agreed by the DNHP, NDPH, and RDPH. It will be reviewed following six months of implementation to incorporate lessons identified during the coordination of incidents that may arise during this period.

1. Introduction

1.1 Background

The **primary goal** of a Health Protection National Incident Management Team (HP-NIMT)[1] is to protect public health in line with National Health Protection statutory obligations, including Medical Officer of Health (MOH) legislation,[2] International Health Regulations (IHR), European and international obligations while complying with General Data Protection Regulations (GDPR), relevant national protection laws, and other statutory requirements. This goal is achieved through the investigation and management of significant incidents and outbreaks as identified through, for example, surveillance/intelligence gathering activities and/or as reported by healthcare services, other agencies, or organisations. A HP-NIMT coordinates the public health response to health protection incidents at national level.

In certain major events, however, the Health Service Executive (HSE) is not the principal response agency; in these instances, HSE Public Health: Health Protection will feed into a larger governance structure-for example, and the Local Authority is the Principal Response Agency under Ireland's Major Emergency Management structure for non-malign chemical and radiation threats. See **Appendix 1** for further details.

HP-NIMT activities may include situation analysis, risk assessment, risk communication, verification of intelligence, source/hazard/exposure identification, epidemiological investigation, microbiological investigation, environmental assessment, international collaboration, implementation of evidence-based control measures, and early removal of conditions favourable to the spread of infection/contamination or continuation of the hazardto prevent further harm.

A collaborative approach is taken with involvement of all relevant stakeholders, and risk communication to the health system and population is developed where appropriate. Incident management is underpinned by **dynamic public health risk assessments** (DPHRAs) throughout the incident.

The HP-NIMT abides by the following principles:

- Focuses on protecting public health
- Centres on patients and the public
- Ensures equity and transparency
- Recognises and manages conflicts of interest
- Acknowledges potential disagreements/differences of opinion
- Strives for consensus decisions.

HP-NIMT activities are coordinated by a team of multidisciplinary HSE Public Health: Health Protection staff drawn from national and health region levels (as appropriate). They are supported in this work by existing standard operating procedures (SOPs) and pre-identified resources/assets. These teams gather information on the incident and on factors contributing to risk, apply evidence-based interventions, assess effectiveness, and consider lessons learned to inform future responses.

[1] Health Protection Incident Management Team (IMT): incident here refers to any hazard that could require an incident management approach. An Outbreak Control Team (OCT) is a subset of IMT, dealing with an event or outbreak of an infectious disease specifically.
[2] The Medical Officer of Health (MOH) has the responsibility and authority to investigate and control notifiable infectious diseases and outbreaks under the Health Acts 1947 and 1953; Infectious Disease Regulations 1981 and subsequent amendments to these regulations. Also, the Health (Duties of Officers) Order, 1949 describes the additional responsibilities of the Medical Officer of Health.

In addition, laboratory staff, general practitioners (GPs), clinicians and healthcare staff from hospitals and the community, and non-HSE agencies/organisations may participate in the HP-NIMT, such as, for example, the Food Safety Authority of Ireland (FSAI), the Department of Agriculture Food and the Marine (DAFM), and non-governmental organisations (NGOs). The HP-NIMT centres on multi-disciplinary and usually multi-agency activity by design, including through its membership; as such, effective partnership work is a core function of the HP-NIMT.

1.2 Scope of this document

This coordination plan outlines the processes in place for HSE Public Health: Health Protection staff to **coordinate** a national multi-disciplinary and multi-sectoral HP-NIMT. It summaries national and regional HSE Public Health: Health Protection roles and responsibilities in national incidents. This document does not include roles and responsibilities for all members of HP-NIMTs.

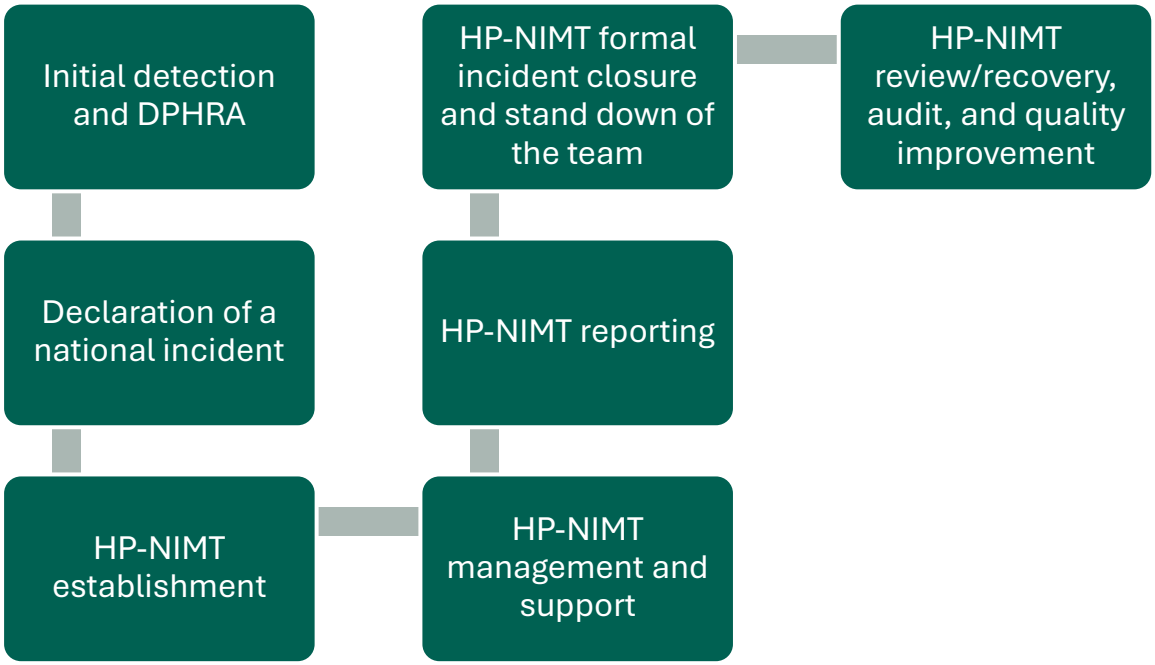
This document also outlines the **governance** for HP-NIMTs. A HP-NIMT will be led by a nominated CPHM called the National Incident Director (NID) from the NHPO, the HPSC, the NIO, or a regional CPHMs, nominated by the DNHP and subject to agreement of their RDPH. The NID serves as the Chair of the HP-NIMT. A NID alternate should also be identified—called the Deputy NID—who serves as the Deputy Chair of the HP-NIMT. The National HP-NIMT coordination team will include multidisciplinary staff from the NHPO, the HPSC, the NIO, and Public Health Area teams. A HP-NIMT may include other relevant HSE departments, the environmental health service, policy teams (Department of Health or others depending on the nature of the incident), external key stakeholders, NGOs, academic partners, healthcare professional body representatives, and/or international colleagues, as appropriate.

This document is not a full National Health Protection Incident Response Plan; it provides an overview of core tenets and mechanisms for coordination, governance, and national health protection leadership. Training is not in scope for this document, but training is required to support an agile Public Health MDTs workforce and needs to be planned for each role outlined.

2. Aim and Objectives of this coordination plan

2.1 Aim

To ensure effective leadership and coordination of incidents managed at a national level.



2.2 Objectives

i. To describe criteria for incidents that are managed at national-level and the associated escalation strategy from a Health Region event.
ii. To describe the steps to establish and coordinate a HP-NIMT, including mobilising the resources required.
iii. To describe a standardised suite of documents and resources that should be available for all HP-NIMTs.
iv. To outline the process of allocation of resources to HP-NIMT, including external resources if needed for large scale incidents, and for deferring regular work or delegation to others if required for those involved in the HP-NIMT.
v. To outline roles and responsibilities, including key tasks and activities, of each discipline represented on the HP-NIMT.
vi. To outline timelines for key actions and deliverables, including incident reporting and evaluation/review.

3. Criteria for categorisation of incidents

In some incidents, an initial scoping/control (ScoCo) meeting of relevant experts may be held to assess the situation. The DPHRA informs the coordination and management arrangements for incidents. The DPHRA then guides whether an incident is best coordinated within the regional Public Health Area (PHA), by one PHA on behalf of adjacent areas, or at a national level.

PHA Incidents	Public health incidents impacting primarily within the boundaries of a single Health Region are usually managed locally by the Area Public Health team, with appropriate advice on request from the NHPO and its constituent offices (HPSC for surveillance and NIO for immunisation). In some circumstances, following consultation initiated by either the Area Public Health team or the NHPO, they may jointly decide to take a national approach. This decision will require careful consideration by both parties of the pros and cons of the situation and agreement on the approach.
Cross PHA Incidents	For incidents that cross Health Region boundaries, one of the impacted Area Public Health teams may lead the response, usually identified by either locus of incident and/or mutual agreement between the affected Areas. Again, advice and support from national entities can be provided on request.
National Incidents	If an incident continues to evolve to impact three or more Areas, it may be escalated to a National Incident, on advice of the DNHP. In some circumstances, an incident within only two Health Areas may also trigger a HP-NIMT informed by discussion between the relevant RDPH and the DNHP. An incident in a health region that has cross border or international involvement may similarly be escalated to a national incident following discussion and agreement of the RDPH and DNHP. A HP-NIMT may also be convened in response to a health threat likely or known to impact across all or most of the country; a serious health threat impacting even only one Health Region, e.g. case of high consequence infectious disease, a serious chemical incident, a complex or serious incident requiring scarce specialist expertise, or a case involving considerable multiagency involvement (like a radio-nuclear incident).
National Public Health Emergencies	These are major public health emergencies requiring extensive cross sectoral collaboration, likely to or known to be impacting on the whole country, including events like a pandemic or catastrophic weather event. In such circumstances, other national emergency structures may stand up; NHPO and HSE will work in support of these as well as within its own emergency response governance structures.

This plan does not affect disease specific outbreak and incident plans that are already developed (e.g. FSAI Management of Foodborne Outbreaks [MOFI]), but rather, it focuses on the national leadership and the collaboration aspects of managing an incident effectively and efficiently.

4. Potential triggers for calling a HP- NIMT.

A discussion between NHPO and RDPH(s) will happen in the event of the following potential trigger events arising. In many circumstances, the situation and need for a HP-NIMT will be clear, but for others, detailed collaborative discussion will be required before a joint decision is reached.

Table 1: Potential Triggers for convening a HP-NIMT

- **An infectious disease outbreak or environmental incident** that extends across three or more HSE health region geographical boundaries and where a coordinated national response is needed. (see **Appendix 2** for detail). Note: In some circumstances, an incident within only two Health Areas may also trigger a HP-NIMT, informed by discussion between the relevant ADsPH and the DNHP.
- **A single case of certain rare diseases of immediate public health concern** such as diphtheria, botulism, rabies, viral haemorrhagic fever, human case of avian influenza due to novel virus, or polio (IHR urgent WHO notification [ref IHR Annex 2 decision instrument]).
- **A rare or unusual infection** or one with high risk of mortality and morbidity **generating concern among the public, significant interest at policy level, requiring specific resources and/or expertise** at national level.
- **A new, novel emerging or re-emerging disease/incident of major public health concern, without current cases/effects in Ireland, where spread to Ireland is likely, and preparedness is required.**
    - International outbreaks in which Ireland has the most cases, or where Ireland has identified that the source is within Ireland or requires international input from Ireland (e.g. to an EU OCT).
- **An environmental incident** large/severe enough to require a national approach.
- **A chemical incident** large/severe enough to require a national approach.
- **A radiation or nuclear incident** within Ireland, or external requiring assessment of national impact, or which requires international input from Ireland, or from which Ireland could derive benefit from joining international IMTs.
- Potential **deliberate release bioterrorism incidents, use of biotoxin, chemical or radio-nuclear materials in attack** on individual or groups or wider community.
- **Microbial or chemical contamination of food or water**— suspected, anticipated, or actual event of national consequence.
- **Vaccine recall incidents.**
- **'Look-backs' after contamination/exposures across regions.**

When a potential national incident occurs, a CPHM with the relevant subject matter expertise working at national level will undertake a rapid assessment of the situation. This assessment may include an initial scoping (ScoCo) meeting with relevant staff and experts (CPHMs, Epidemiologists, Health Protection Nursing staff, support staff, etc.) and completion of a Dynamic Public Health Risk Assessment (DPHRA). For an evolving incident in a Health Region that may need escalation, the CPHM managing the incident in the Health Region will assess the situation and complete DPHRA. If the Health Region CPHM deems the incident to be significant, the CPHM will consult initially with the RDPH and then brief the National Director of Health Protection (DNHP)/alternate. The RDPH will inform the Regional Executive Officer of the situation and of the

potential implications for resources. The DNHP will review the situation, and further scoping may be required. If appropriate, the DNHP will authorise establishing a HP-National Incident Management Team.

The DNHP will nominate the NID and alternate NID. The DNHP; the Clinical Leads for Surveillance, Threats, NIO; and all CPHMs working nationally in the NHPO, including the NIO, may be assigned the NID role. Subject to agreement with the RDPHs, regional CPHMs will also be considered for NID and alternate NID.

5. Resource allocation and resilience

If a national incident is likely to be protracted, or frequent and/or weekend meetings are required, then a formal roster of rotating HP-NIMT health protection staff, including the NID, with time on, time off, will need to be established.

For NID and other staff assigned to work on a national incident, delay and/or reallocation of their regular work responsibilities must be arranged. It is the responsibility of the DNHP and RDPHs to ensure that this arrangement is in place.

The additional resources required within health protection to coordinate a HP-NIMT and the opportunity costs for other health protection work will be actively managed by the DNHP in conjunction with the NDPH and the RDPHs. They will each in their areas of responsibility consider and activate relevant mechanisms for mobilising external resources for the HP-NIMT as and if required.

6. Recovery

Following larger/more extensive incidents, staff fatigue may be significant, and some planned recovery time may need to be incorporated into resumption of regular work.

7. Governance of National IMTs

Infectious Disease outbreaks

The Medical Officer of Health (MOH) is the legal entity responsible for the investigation, prevention, and control of notifiable infections and outbreaks under legislation. When a NID is appointed, he/she is the MOH who has overall responsibility for the national incident response. In addition, other MOHs who are working on the regional components of outbreak investigation and control for a national ID incident, are responsible for their actions. By declaring a national incident, and assigning a NID to an incident, the RDPH and NHPO agree these legal accountability arrangements.

Regionally, as the MOH reports to the RDPH and the RDPH to the Regional Executive Officer (REO), the REO must be informed when a national incident is convened, and of the potential need for additional resources/surge capacity to support the national outbreak response.

Similarly, when a national MOH is appointed as NID, the NDPH and CCO must be informed when a national incident is convened and of the potential need for additional resources/surge capacity to support the national outbreak response. For large incidents, National Public Health CPHMs working in other domains and other national staff may be called on to act as NID and undertake additional functions.

National all hazards incidents

The nature of the specific non-ID hazard will dictate the lead agency for response. Non-ID IMT are generally not led by Public Health, and the membership will reflect the appropriate stakeholders regarding governance and management of the hazard. This will include the lead agency, regulator, other response agencies, Department of Health, and other Government departments and Public Health see Appendix 1.

It is important that HSE Public Health is contacted early in these incidents and furnished with the data required to carry out a DPHRA to provide appropriate public health advice and follow-up. Public Health capacity to respond to the increased number of notifications that could be received needs to be further developed.

8. HSE Public Health: Health Protection membership of national HP-NIMT (NHPO)

To coordinate a HP-NIMT, health protection members should include medical, nursing, epidemiology, administration, research and guidance development unit staff, and communications staff. See Appendix 3 for roles for each HP-NIMT member. Draft terms of reference are set out in Appendix 4.

9. Mechanism for activating each role for NHPO members of the HP-NIMT MDT.

i. National Incident Director (NID)

The DNHP will allocate the NID and alternate Deputy NID for each incident. The NID will usually be the Lead in the disease/function area and responsible in-hours. The NID will be supported at the MDT by other CPHM/SPHMs as appropriate.

ii. Epidemiologists

A Principal Epidemiologist (or Senior Epidemiologist as an alternate) from the HPSC will be allocated to the HP-NIMT. Additional national surveillance staff may need to be allocated to the incident. This could include senior epidemiologists and epidemiologists in the disease/function area to provide situation reports and epidemiological expertise to the HP-NIMT with resilience and cover provided by a rota/roster. In addition, surveillance assistants will contribute to data collection, investigation form creation, and data entry.

iii. Secretariat (Administrative staff)

An administrative manager/project manager/programme manager and administrator will be appointed to the HP-NIMT for its Secretariat. Additional administrative support may need to be allocated based on needs as identified by the DNHP and/or the NID.

A cohort of skilled administrative staff (including administrative or surveillance assistants and officers) from the NHPO, HPSC, and NIO will have been identified to support HP-NIMT and its activities. This may include a rota of Health Protection staff supporting NID to organise and coordinate meetings of the HP-NIMT and other supports as required.

iv. SMOs /HP nurses on HPSC On Call Support Team (OCST)

The S/CPHM lead of the HPSC OCST will allocate SMO/HP nursing staff to support the work of the HP-NIMT. This may be based on which staff member is on call on the day of declaration of the

incident, who may then be allocated to continue to support the work. This work will include supporting international liaison and the general response. A back up roster/rota may also be required for significant ongoing events.

4.1.5 Communications

Representative(s) from Communications will be members of the HP-NIMT in national incidents. Communications staff within the NHPO, HPSC, and NIO as well as wider HSE may be asked to support Communications, as relevant and necessary. For large incidents, when a communications subgroup of the HP-NIMT may be formed, regional communications will be invited to join, and the subgroup will ensure regions are informed of communications coming from the HP-NIMT.

The NID will appoint a Communications Coordinator and a Media Lead, who work to the NID and will have oversight of and responsibility for communication relating to the incident, including the risks posed and measures being undertaken to control the incident. This will include:

- Public communications
    - Media
    - Public
- Internal communications
    - HSE staff
    - HSE Regional communications teams
    - HSE Hospital communications teams
- Operational communications
    - Communications to colleagues in DOH, DAFM and other relevant government Departments if required.
    - Communications colleagues in external bodies, e.g. HPRA, ICFP, IPU, HIQA, Environmental Health Service, EPA, Uisce Eireann, etc. as required.
    - For technical communications to other government departments or agencies, communication will generally be via the clinical or epidemiology staff.

The HP-NIMT membership should be informed of the content of any regional or national communications issued regarding an HP-NIMT related issue with as much notice as possible prior to the communications being released.

The media spokesperson(s) will be appointed by the HP-NIMT.

v. Specialist Registrars (SpRs) and EPIET fellows

Attendance at the HP-NIMT is a learning opportunity for EPIET fellows and SpRs. They also contribute by designing and coordinating analytic epidemiological studies and preparing communications materials and guidance documents in collaboration with other MDT team members.

10. Mechanism for activating regional Health Protection roles on HP-NIMTs

The RDPH will nominate one of their CPHM-si Health Protection to be a member of the HP-NIMT. They will consult on whom to nominate as the MDT participant(s) for this incident. Depending on the incident, it may not be necessary for participation from all PHAs on each HP-NIMT.

11. Formation of working group of HP-NIMTs, membership and roles

In HP-NIMTs, there is usually the need to form working groups which develop the pathways, rapid guidance, laboratory testing processes, communications, etc. that are all essential components of the response. Both regional and national CPHMs are expected to chair subgroups, and regional/national multi-disciplinary health protection team members are expected to participate actively in these groups. Additional regional and national staff can be co-opted on to these subgroups as appropriate and as required.

If the CPHM-si HP is chairing a subgroup of the HP-NIMT, the RDPH will arrange for reallocation of his/her work to enable this new work to be undertaken.

12. Urgent pathways, guidance that is needed to inform incident management and control

The Research and Guideline Development Unit (RGDU), formed within the National Health Protection Office in June 2021 to build the strategic direction for Health Protection guidance development, is available to support the HP-NIMT by providing expertise that supports the provision of operational outbreak response and crisis preparedness related to communicable diseases or diseases of unknown origin. The RGDU will:

- Support outbreak investigations and response
- Support the provision of science-based recommendations
- Support of operational research
- Support the provision of guidance, protocols, resources, and tools

They will work closely with working groups of HP-NIMTs. The mechanisms for requesting RGDU involvement and level of involvement may depend on the scale of the HP-NIMT; these mechanisms are being reviewed at present. If RGDU staff are supporting subgroups of the HP-NIMT, the Lead in Evidence Based Medicine, Research & Quality Improvement and DNHP will discuss and review timelines for delivery of RGDU work to enable this new work to be undertaken.

For guidance and support for work on threats to the environment and other chemical or nuclear threats, expertise from Public Health Wales (PH Wales) or UK Health Security Agency (UKHSA) should be obtained. Contact details are included in the supporting contact list for this plan.

13. Contact lists

Lists of relevant contacts details of those who may be called on during a national incident and of possible members for disease/incident specific incidents, are maintained by the administrative programme in the NHPO.

14. Standard code allocation for each national incident

Year_Category of hazard_ specific incident descriptor_sequential number of this category of incident this year

Unique incident codes should be used for each national incident. A standard code allocation as follows:
2024_BIO_avian influenza_01
2023_RAD_iodine_05

2024_CHEM_noviCHOk_07
2025_ENVIRON_ash_cloud_03
2022_VPD_recall_01
In each category number increases sequentially, changing each year.

Regarding the naming of files and folders, an abbreviated naming convention should be used due to restrictions with the number of characters allowed. This convention should be in line with existing practices in the NHPO.

15. Standard agenda

See Appendix 5 for template agenda that can be adapted for the incident.

16. Forming incident specific emails, contact lists and distribution groups for each incident.

The Secretariat for the incident will develop the following contact lists: an outbreak specific contact list populated with the HP-NIMT members, a distribution list for all who need to be notified/updated on an ongoing basis, and a communication list. For very large incidents, the secretariat will develop an incident specific mailbox e.g. 2024_avian_influenza_01@hpsc.ie.

HP-NIMT members are expected to cascade relevant information to their networks.

17. Standard minutes, actions format

The National Incident Director or an appointed Deputy in his/her absence, must formally sign off all minutes for the HP-NIMT. The HP-NIMT meetings will be minuted. Subgroups records will consist of action items. All records generated may be subject to Freedom of Information (FOI) requests. Level of confidentiality needs to be established and marked on documents. Activities should be tracked. Actions and minutes should be shared with all national CPHMs (as they may need to deputise at short notice).

18. Standard epidemiology situation reports templates.

For ID incidents:

Case definitions are the cornerstone to defining the criteria for inclusion in an outbreak. Epidemiological summaries within outbreaks should, at a minimum, include analyses of outbreak cases by time, place, person, and aetiology. A Power BI dashboard for basic time, place, and person analyses for gastro pathogens is nearing completion.

Further analyses will likely include a summary of disease severity, ethnicity/country of birth, relevant (food/water/travel/other) exposures, vaccination status, and laboratory typing/sequencing/AMR/antiviral resistance, as appropriate.

Depending on the disease, summaries of vaccination coverage, seroprevalence, mortality, sentinel GP or SARI surveillance, wastewater surveillance, and notifications data may also be relevant.

Where there is an international dimension, a summary of actions and feedback from EpiPulse/EWRS alerts should be included.

Where investigations are needed to identify/provide evidence for a potential source/risk factor for infection, e.g. foodborne borne outbreaks, consideration should be given to sources of data whose

experience can be compared to the experience of the known cases, e.g. non-outbreak notifications of the same disease, non-cases within a cohort outbreak, panellists in survey companies, or other sources of controls for case control studies.

19. Standard dynamic public health risk assessment template

See **Appendix 6** for template in current use (under review).

20. Standard draft communications/press releases

Examples of draft communications, e.g., who, what when where how… (to be added)
Frequency of epi update on the HPSC news section. i.e., to date we have 42 cases of x, y deaths etc.
National HSE communications should be kept informed.

21. Expected outbreak response standards and timelines.

The timeframes for coordination aspects of the response are as follows:

Agenda, meeting papers	Circulated at least 48 hours prior to the meetings (or as soon as possible when less than 24 hours' notice is available for preparation)
Meeting actions	Circulated within 24 hours of the meeting (CC'd to all national CPHMs)
Minutes	Circulated within 1 week of meeting (or earlier in the event of IMT meeting frequency of less than 7 days)
Final incident report (recommendations and lessons learned)	Within 12 weeks of closure of the incident

See **Appendix 7** for the proposed HP-NIMT standards.

Appendix 1: Pre-Nominated Lead Agencies for Different Categories of Emergency

Extract from MEM Framework, Appendix F7

Lead agency: the principal response agency that is assigned the responsibility and mandate for the coordination function.

Pre-nominated Lead Agencies for Different Categories of Emergency

Emergency Incident Type	Initial Pre-nominated Lead Agency	Likely Change
Road Traffic Accident	An Garda Síochána	
Fire	Local Authority	
Hazardous Materials	Local Authority	
Train Crash	Local Authority	To An Garda Síochána when rescue phases complete
Aircraft Incident	Local Authority	To An Garda Síochána when firefighting/rescue phase complete
Rescue	Local Authority	
Weather Related	Local Authority	
Biological Incident	Health Services	
Open County Search and Rescue (Lowland)	An Garda Síochána	
Open County Search and Rescue (Mountain)	An Garda Síochána	
Public Order/Crowd Events	An Garda Síochána	
CCBRN Conventional Chemical Biological Radiological Nuclear	An Garda Síochána	 Local Authority Health Service Executive Local Authority Local Authority
Accidental Explosions/Building Collapse	Local Authority	
Environmental/Pollution	Local Authority	
Marine Emergency Impacting On-Shore	Local Authority	
Water Rescue Inland	An Garda Síochána	

Resources

Environment and Health Guidance

Public Health Risk Assessment and Initial Response

Appendix 2 Regional and National Leadership of HP-NIMTs

Location of incident	**Leadership of HP-NIMT**
Confined to one Health Region	CPHM/RDPH/SPHM/MOH
In two Health Regions	CPHM/RDPH/MOH from one of the 2 affected RHAs (guided by location of exposures and number of cases in each RHA). Escalation to a National Incident may be requested if the incident is likely to overwhelm local capacity at the request of the incident director to the DNHP (or delegate).
In three or more Health Regions (or in some circumstance two or more HRs based on risk assessment by DNHP and ADsPH)	National Incident Director
One area, but pathogen of significant national public health concern, such as novel human influenza case, diphtheria, etc. OR One area but all hazards incident of significant national public health concern	National Incident Director
Major International outbreak of concern with cases from the outbreak in Ireland requiring local as well as international coordination, or no cases yet in Ireland, but cases are likely to arise in Ireland and have significant impact (e.g. mpox, measles) OR Major international all hazards incident of significant concern with implications for Ireland	National Incident Director

Appendix 3: Roles and responsibilities of HP-NIMT members

Role	Responsibilities
National Incident Director	• Confirm and declare incident following discussion with DNHP/alternate. • Clarify terms of reference. • Chair HP-NIMT meetings. • Coordinate development of dynamic public health risk assessments. • Determine meeting cadence. • Identify membership/skill mix for HP-NIMT and invite expertise (as required). • Decide on date/time and location for 1st HP-NIMT, and frequency of meetings. • Assign tasks to other members of coordinating team. • Draft HP-NIMT Agenda. • Inform DOH and CCO as per national HP communications protocol. • May be media spokesperson for the incident. • Ensure incident report, lessons learned are completed.
Director National Health Protection	• Declare national incident, in discussion and collaborating with AsDPH. • Designate NID and alternate. • Coordinate resource allocation to the incident, budget, etc. • Ensure resilience plans and processes are in place with reallocation and/or deferral of work for those who are fully committed to HP-NIMT. • May be media spokesperson for HP-NIMT. • Ongoing liaison with HSE Senior Management and Department of Health CMO, as required.
National Secretariat, (Managerial and Administrative Grades)	• Develop list of potential HP-NIMT members (in consultation with NID) and their contact details. • Set up HP-NIMT meetings. • Set up HP-NIMT debriefs with Secretariat and NID throughout the HP-NIMT. • Collaborate with NID to draft meeting papers. • Invite HP-NIMT members, as advised by NID, and circulate pre-meeting documents. • Minute HP-NIMT meetings and circulate agreed actions in timely manner. • Allocate incident code and collate all relevant papers, etc. in one incident folder. • Ensure access to NID folder is available for all directly involved in the incident/outbreak response at national level (the NHPO, HPSC, and NIO), in line with GDPR requirements. *Sharing with HSE regional health Protection and NIO is not possible currently due to being on different servers.* Develop contingency in event that allocated NID uses a HSE rather than HPSC server. • Support administrative requirements of members of coordinating team by meeting in advance of HP-NIMT to prepare and after the HP-NIMT to review actions and minutes. • Monitor the HP-NIMT inbox for incidents with a designated email.

	• Support the planning and writing the After-Action Report. • If a major incident with frequent meetings and weekend meetings is required, assist with coordination of development of a roster for key members – rotating days on and days off.
National Surveillance and Epidemiology	• Draft initial and ongoing up to date sit-reps to inform public health response. • Establish new surveillance mechanisms, if required. • Develop/modify instruments required for data collection. • Liaise with surveillance staff regionally and internationally, as required. • Surveillance assistants: enter data and undertake data management, supporting more senior epidemiology staff. • Share agreed case data with relevant partners. • Design and implement epidemiological investigations, including analytical studies, if needed, to guide the public health response. • Supplement interview capacity of regional colleagues if required. • Initiate and update alerts on EpiPulse and other relevant platforms, as required. • Surveillance assistants to provide technical support (assist regarding technical and scientific aspects) for HP-NIMT minute taking, and to minute meetings if administrative assistants not available. • Provide (where possible) up-to-date epidemiological intelligence including number of cases, socio-demographic profile by area and over time to inform public health actions. • Provide epi information for the incident report and support completion and publication of the final report. • Contribute to planning and writing the After-Action Report. • Identify opportunities/shortcomings in the response and use this learning/knowledge to contribute to future exercise development work.
National Clinical support (SMOs and CNMs)	• Support international liaison on the incident, monitor EWRS, EpiPulse, and WHO IHR EIS platforms. • Coordinate international contact tracing related to the incident. • Provide relevant international situational awareness briefings. • Draft new incident specific guidance, algorithms if required, working with RGDU and communications for public facing guidance. • Lead drafting of clinical input to news pieces, and press releases, in conjunction with NID. • Contribute to updating of DPHRAs. • Draft clinical updates for public health and the wider health system. • Liaise with non NHPO clinical members of the HP-NIMT to collate clinical information needed for guidance, news, etc. • Liaise with clinical experts in other countries/internationally, when necessary. • Supplement interview capacity of regional colleagues, if required. • Contribute to drafting of the after-action review and final incident report. • Identify opportunities/shortcomings in the response and use this learning/knowledge to contribute to future exercise development work
National Nursing: health protection	• Advise on IPC measures and contribute to the development of Guidance. Liaise with AMRIC regarding roles in relation to guidance

	development/updates and governance. This may depend on the nature of the incident and respective roles of AMRIC and the NHPO, and it should be agreed at first meeting of IMT or off-line in discussion with the NID/ DNHP/RDPH and the AMRIC Clinical Lead. • Contribute to incident specific guidance working with RGDU. • Liaise with Area HP/PH Nursing teams to collate clinical information. • Liaise with Health care providers: Acute, community and residential care to collate information and provide specialist advice. • Supplement interview capacity of regional colleagues, if required.
Communications	• Advise on the communications strategy. • Media liaison, including identification of spokespersons and finalisation of content. • Review, development of web content and social media content. • Internal HSE communications. • Monitor social media, if relevant and necessary. • Coordinate public advertising and campaign work if required, and when budget is provided. • External communications with Government Depts, agencies, HIQA, HPRA, Uisce Eireann, etc. • Contribute to drafting of the after-action review and final incident report. • Identify opportunities/shortcomings in the response and use this learning/knowledge to contribute to future exercise development work. • Track HP-NIMT communications.
Area Director of Public Health	• Discuss incidents of concern with DNHP and agree incidents that require national coordination. • Inform REO of decision to declare a HP-NIMT and its potential regional resource implications. • Coordinate resource allocation to regional contribution Incident, budget, etc. • Ensure resilience plans and processes are in place with reallocation and/or deferral of work for those who are fully committed to HP-NIMT work. • Ongoing liaison with HSE REO on the incident. • May be spokesperson for regional implications. • Nominate CPHM-si HP member on HP-NIMT and consult with him/her on additional MDT member(s).
Regional CPHM	• Review PHA incidents that may warrant national coordination, undertake DPHRA, and consult with the RDPH and NHPO. • Act as RDPH nominee on the HP-NIMT. • Working with RDPH, nominate additional MDT member(s) to the HP-NIMT and/or subgroups. • Coordinate regional CPHM MOH actions required to respond to the incident. • Chair and actively participate in subgroups of the HP-NIMT. • Provide subject matter expertise on prevention, control actions and communications. • Contribute to drafting of the after-action review and interim/final incident report.

	• Identify opportunities/shortcomings in the response and use this learning/knowledge to contribute to future exercise development work.
Regional epidemiology	• Support implementation of outbreak specific surveillance, if required. • Provide (where possible) up-to-date regional epidemiological intelligence including number of cases, socio-demographic profile by area and over time to inform public health actions. • Contribute to development/modification of instruments required for data collection. • Liaise with surveillance staff regionally. • Share agreed case data with relevant partners. • Contribute to design and implement epidemiological investigations, including analytical studies if needed to guide the public health response. • Support completion and publication of the final report. • Contribute to planning and writing the After-Action Report. • Identify opportunities/shortcomings in the response and use this learning/knowledge to contribute to future exercise development work.
Regional Clinical (medical)	• Support the regional CPHM in MOH outbreak specific regional actions. • Participate in incident specific subgroups to develop new incident specific guidance, algorithms if requested, working with RGDU and communications for public facing guidance. • Contribute to development/modification of instruments required for data collection. • Participate in case/contact interviews as per local procedures and processes, if required. • Contribute to drafting of the after-action review and final incident report. • Identify opportunities/shortcomings in the response and use this learning/knowledge to contribute to future exercise development work.
Regional communications	• Support the regional CPHM in MOH outbreak specific regional actions • Ensure communications messages are distributed to the REO, RDPH, and other relevant stakeholders • Inform the HP-NIMT in advance of any planned press releases, part of local HP response • Contribute to drafting of the after-action review and final incident report. • Identify opportunities/shortcomings in the response and use this learning/knowledge to contribute to future exercise development work.
Regional HP nursing	• Support the regional CPHM in MOH outbreak specific regional actions. • Participate in incident specific subgroups to develop new /update incident specific guidance, algorithms if requested, working with RGDU and communications for public facing guidance. • Participate in case/contact interviews as per local procedures and processes, if required. • Liaise with Health care providers: Acute, community and residential care in the Area, to collate information and provide specialist advice. • Contribute to drafting of the after-action review and final incident report. • Identify opportunities/shortcomings in the response and use this learning/knowledge to contribute to future exercise development work.

Appendix 4 Draft template terms of reference for ID HP-NIMT

The terms of reference should be agreed upon at the first meeting and recorded accordingly. Suggested terms of reference are:

- to review the epidemiological, microbiological, and environmental evidence and verify an outbreak is occurring.
- to regularly conduct PH dynamic risk assessments whilst the outbreak is on-going.
- to develop a strategy to deal with the outbreak and allocate responsibilities based on the risk assessment.
- to determine the level of the outbreak according to the Dynamic Public Health Risk Assessment framework.
- to ensure that appropriate immediate and longer-term control measures are implemented to prevent further primary and secondary cases.
- to agree appropriate further epidemiological, microbiological, environmental, and food chain investigations.
- to document actions of the HP-NIMT and the rationale for taking decisions.
- to communicate with other professionals, the media, and the public, as required, providing accurate and timely information.
- to determine when the outbreak can be considered over based on on-going risk assessment and taking account of risk management actions.
- to make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these.
- to produce brief interim reports according to the severity and duration of the incident and to produce a final report containing lessons learnt and recommendations.
- To collaborate with European and international agencies and to fulfil obligations under IHR and European regulations.
- Optional: to audit performance of management the outbreak using the outbreak/incident standards

At first meeting link to MOH role at Medical Officer of Health Role and legal basis - Health Protection Surveillance Centre (hpsc.ie)

Appendix 5: Outbreak Control Team Meeting

Template Agenda for adaptation.

Title of incident

Date, Time, and Venue

1. Introduction and apologies
2. Purpose of Meeting
    - Agree terms of Reference and roles (first meeting)
    - Clarify legal basis and governance (MOH, other legislation). Ask about any conflicts of interest.
3. Review of Evidence (nature and source(s))
    - Epidemiological (including international if appropriate)
    - Microbiological
    - Environmental (incl. food)
    - Clinical
4. Current Risk Assessment
5. Control Measures to prevent spread and remove conditions favourable to infection, contamination etc.
    - Case finding and contact management.
    - Clinical management
    - Treatment
    - Environment (incl. food), decontamination
    - IPC, Isolation/cohorting/decontamination
6. Further Investigations
    - Epidemiological
    - Microbiological/Clinical
    - Environmental
7. Communications
    - Public
    - Media
    - Healthcare Providers (e.g., GPs, A&E etc)
    - International - EpiPulse/EWRS/IHR
    - Others
8. Guidelines
    - Fit for purpose, best practice
    - Update, algorithms
    - Dissemination
9. Review of minutes of Previous Meetings, approval, and update on agreed actions.
10. Date and Time of Next Meeting

AAR and Final Report: add as agenda item as incident progresses: note the necessity for and preparations necessary for a final report, and potentially an after action review as part of the incident cycle

Draft Agenda for Non-ID HP-NIMT
Template Agenda for adaptation if Public Health calling the meeting.
(Generally, PH contributes to but does not chair non-ID HP-NIMTs)

Type of incident
Date, Time, and Venue

1. Introduction and apologies
2. Purpose of Meeting
    - Clarify reason for calling HP-NIMT
    - Agree terms of Reference and roles (first meeting)
    - Clarify legal basis and governance (MOH, other legislation)
    - Ask about any conflicts of interest
3. Initial Risk Assessment
4. Review of Evidence
    - Hazard(s)
    - Fate and Transport of Hazard(s)
    - Exposure route(s)/pathway(s)
    - People exposed/ vulnerable groups
    - Clinical
    - Epidemiological (including international, if appropriate)
5. Updated risk assessment if new information
6. Actions
    - Public Health Advice to relevant authorities
    - Public Health advice or the public
    - Other agreed control actions
7. Further Investigations
    - Epidemiological
    - Microbiological/Clinical
    - Environmental
8. Communications
    - Relevant authorities
    - Public
    - Media
    - Healthcare Providers (e.g., GPs, A&E etc)
    - Cross-border/International - EpiPulse/EWRS/IHR
    - Others
9. Guidelines
    - Fit for purpose, best practice
    - Update, algorithms
    - Dissemination
10. Review of minutes of Previous Meetings, approval, and agreed actions.
11. Date and Time of Next Meeting

Appendix 6: Dynamic Risk Public Health Risk Assessment template

HSE Public Health: Health Protection
FSS Sláinte Poiblí: Chosaint Sláinte

PUBLIC HEALTH DYNAMIC RISK ASSESSMENT

[Document subtitle]

Abstract

[Draw your reader in with an engaging abstract. It is typically a short summary of the document.
When you're ready to add your content, just click here and start typing.]

Note this is being further developed, as part of measles IMT work

Appendix 7: Proposed standards for National Health Protection Incidents

Outbreaks

All actions need to be aligned with the Incident Director (MOH) statutory responsibilities.

Outbreak Recognition	Initial investigation to clarify the nature of the outbreak begun within 24 hours of report of suspected outbreak/cluster. ScoCo meeting to be held within 2 days of reporting of suspected incident (depending on nature, initial extent/gravity of incident).
	Immediate risk assessment undertaken and recorded in the OCT documentation following receipt of initial information
Outbreak Declaration	Decision made and recorded at the end of the initial investigation regarding outbreak declaration and convening of outbreak control team/HP-NIMT.
HP-NIMT/Outbreak Control Team	HP-NIMT held within three working days of decision to convene
	All agencies/disciplines involved in investigation and control represented at OCT meeting
	Roles and responsibilities of OCT members agreed and recorded
	Lead organisation with accountability for outbreak management agreed and recorded
Outbreak/incident Investigation and Control	Control measures prioritised and documented with clear timescales for implementation and responsibility
	Incident case definition agreed and recorded
	Descriptive epidemiology undertaken and reviewed at OCT. To include: number of cases in line with case definition; epidemic curve; description of key characteristics, including gender, geographic spread, pertinent risk factors on an ongoing basis; hypothesis generated. Trawling questionnaire used on initial cases for hypothesis generation if available
	Analytical study considered and rationale for decision recorded
	Investigation protocol prepared if an analytical study is undertaken
Communications	Communications strategy agreed at first OCT meeting Absolute clarity about NID lead at all times with appropriate handover consistent with handover standards Multidisciplinary comms team established with dedicated clinical support to provide subject matter expertise for all communications activities. Spokespeople identified at first meeting with out of hours availability. Communications budget provided if the situation requires it
End of Outbreak/incident	Final outbreak report completed within 12 weeks of the formal closure of the outbreak
	Report recommendations and lessons learnt reviewed within 12 months after formal closure of the outbreak/incident