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DEFENCE FORCES INVOLVEMENT COVID-19 TESTING AND CONTACT TRACING

INTRODUCTION

1. The Defence Forces (DF) is an integral element of the States architecture to deal with major emergencies. Through an existing framework, the DF provides support to Primary Response Agencies (PRAs) such as the Health Service Executive (HSE), the Gardai and the Local Authorities. This support is broadly classified as either Aid to the Civil Power (ATCP), which is to An Garda Síochána; or Aid to Civil Authority (ATCA), to HSE or Local Authorities.
2. The DF have monitored the progress of COVID-19 since the outbreak in China in early 2020. The DF established a COVID-19 Joint Operations Planning Group on 26 Feb 20, and commenced the provision of ATCA support to the HSE on 13 Mar 20.
3. On 18 Mar 20, in anticipation of an increase in ATCA operations, the General Staff raised the DF Alert Status. This caused the curtailment or cancellation of certain activities including non-essential training, all sports, all military competitions, travel and most ceremonial taskings. As a result, the capability and capacity of the DF to respond to anticipated taskings was augmented. The DF commitment to Framework operations on-island as well as to EU and UN operations continues.
4. On 23 Mar 20, the DF established a Joint Task Force (JTF) and launched Operation FORTITUDE, for the purpose of planning and conducting ATCA or ATCP tasks relating to COVID-19. HQ JTF plans, enables and directs all COVID-19 related operations and activities. The JTF utilises force packages that are generated, developed, sustained and held at readiness by the DF Formations (Army, Navy & Air Corps). These forces provide critical capabilities to strengthen the resilience of PRAs, assisting in their conduct of operations to withstand and handle the effects of COVID-19. The JTF recognizes that COVID-19 will somewhat deplete the capacity of the DF. Thus, robust and flexible continuity management has been established at all levels to preserve the force. Medical Force Protection (FP) remains a key focus for the DF; Personnel Support Services (PSS) and Chaplaincy support is also available. Resilience, with redundancy, was recognised as key to the long-term sustainment of the JTF and continuity of operations.
5. The JTF HQ is organised along traditional military lines, with operations and project managers, logistic planners and administrative staff. JTF HQ also has a core team of academic experts in fields such as: medicine, emergency management, engineering, and data analytics - personnel who can offer advice and inform opinion. These skillsets and experience reinforces our **planning and liaison capacity**, enables **multi-interagency support**, provides **outreach** to crisis management experts both nationally and internationally, and facilitates engagement with academia, in universities, industry and consultancy groups, which are supporting the fight against COVID-19 through **innovation**.

TESTING

6. **DF Medical Corps Support.** An integral part of the DF, the DF Medical Corps are trained and maintained to meet national and international standards of health care delivery and emergency response. While the primary role of the Medical Corps focuses on the medical care of the DF both on-island and overseas, capacity does exist to support such agencies as the HSE and the National

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Ambulance Service (NAS). This capacity was increased through the raising of the DF Alert State on 18 Mar 20 to allow a greater level of sustained DF medical capacity to reinforce the HSE. Since the 25th March the DF have provided 3 x ambulances and crews operating on a three day shift in Dublin, Kildare and Cork. These ambulance and crews have completed 114 shifts and responded to more than 405 callouts. The DF also deployed medical officers in support of the NAS NEOC (41 Deployments) and to James Connolly Memorial Hospital (24 Deployments).

7. **DF Daily and Weekly Capacity.** The Medical Corps conducts testing operations, to assist the HSE, in both fixed Testing Centres and (when required) as part of mobile testing teams. The capacity of the Medical Corps to conduct tests is scalable, and dependent on the numbers of potential cases identified by the HSE through their 'Swift-Queue' system. The DF experience of this referral has been positive. It allows General Practitioners to refer those with symptoms for testing; it allocates a location and a time, and thus the DF can plan in advance the number of testers to be deployed, while retaining a surge reserve capacity, if the numbers increase. Data from fixed Testing Centres with DF support are as follows:

- a. **Sir John Rodgerson Quay, Dublin.** Between 13 March and 14 May DF medical personnel, supported by the Naval Service, conducted 4,202 swab tests.
- b. **Aviva Stadium, Dublin.** The DF commenced swab testing at the Aviva Stadium on 14 May and, to date, have conducted 1,299 tests.
- c. **Pairc Ui Caoimhe / Mahon Point, Cork.** The DF commenced swab testing at these Cork locations on 28 Apr and, to date, have conducted 742 tests.

As mentioned, the DF also have the capacity to configure for and augment mobile testing for the HSE, through NAS. This was demonstrated when the DF deployed to support testing in Nursing and Residential Care Facilities. During the time period 18 Apr to 15 May the DF delivered 570 individual deployments and conducted 20,571 tests.

The number of identified COVID-19 cases has reduced considerably, as has the need for testing. The DF continues to support the HSE through testing in Dublin and Cork – retaining a significant capacity at the AVIVA Stadium (up to 400 patients per day). The DF retains the ability to provide additional testing capability and capacity, on request from the HSE.

8. **DF Non-Medical Support to Testing.** The DF support HSE testing through a variety of other, non-medical means. Broadly, these can be classified as the provision of military planning expertise; command and control structures; engineering works; logistics and transport, and defence real estate. Some specific examples of DF operations include;

- Provision of military advice on testing, based on experiences dealing with Ebola in Africa and operations in EUNAVFORMED (Op SOPHIA) in the Mediterranean Sea.
- Administration and marshalling at 13 Test Centres nationwide e.g. Nolan Park, Co. Kilkenny.
- Naval vessels use as administrative support and logistical platforms for Testing Centres at Galway, Cork and Dublin.
- Provision of DF tentage to 10 Testing Centres, such as Ballyshannon, Co Donegal.
- Collection, storage and distribution of the PPE used for Test Centres.
- Provision of Air Corps fixed wing aircraft to fly test samples from Dublin to Germany.
- Transportation of vulnerable civilians to Test Centres in Dublin and Cork.
- Construction of certain types of PPE, for potential use in Testing Centres.
- Use of defence real estate for Testing and Tracing Centres, such as Ballymullen Bks, Tralee, Co Kerry.

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9. Testing of DF Personnel

- a. In general terms, DF personnel who are suspected of having COVID-19 and who display symptoms, are dealt with in the same manner as members of the general public. However, those DF personnel deploying to UN / EU / NATO missions overseas may be required to fulfil and meet COVID-19 testing criteria either stipulated by the mission HQ or the host country to which they deploy. To this end, the DF have created 'isolation facilities' to house soldiers prior to their departure. This enables us to certify, with a degree of certainty, that those deploying overseas do NOT display COVID-19 symptoms. For certain countries requiring additional guarantees, the DF, in conjunction with the HSE, will test troops prior to their departure and be in a position to provide host nations with additional reassurance that our personnel are COVID-19 negative.
- b. The DF have maintained a laboratory facility with a small number of specialised staff. While this meets existing DF needs, it is not currently equipped to test COVID-19 swabs. The DF is in the process of purchasing a 'Gene Xpert 16-8 analyser' which when installed later this summer, will provide the DF with the capability to analyse tests conducted on DF personnel, especially those deploying overseas. Identified staff have received training in the Mater Hospital to utilise this equipment.

TRACING

10. **General.** Since the commencement of the COVID-19 crisis, military involvement in contact tracing has been a very effective part of the DF response. Training for the 96th Cadet Class was suspended on the 12 Mar and 85 Cadets were re-tasked with conducting contact tracing for the HSE, which they commenced on 14 Mar. On 02 Apr 48 DF Band personnel commenced contact tracing training followed by a trial operational period which was supervised by the Cadets. On 01 May, by direction of the Joint Task Force, the Cadets ceased contact tracing and returned to their training. From that date, DF Band personnel have been deployed to tracing and continue to do so.

11. **Protocols and Procedures.** All DF Contact Tracers underwent an initial two (2) day course under the auspices of the HSE. There are three (3) key components to allow for effective contact tracing. These are: the **DF tracers** conducting the actual tracing; the **HSE clinician** on site to provide medical advice and support; and, the **HSE Administrator** who acts as a liaison officer between military locations in the Defence Forces Training Centre, the HSE HQ and other sites. DF personnel quickly became familiar with the tracing procedure and provided valuable feedback to the HSE through which the tracing programme and protocols were enhanced and improved. Many DF members became 'Superusers', through a one (1) day train the trainer course. This allowed the DF to train and develop non-military tracers for other call centres. When developing the new call centre these 'Superusers' remain with the new tracers until they are satisfied that they understand the entire procedure effectively. This can take up to one (1) week. The future use of DF 'Superusers' would allow the DF to assist in the development of a nationwide network of civilian Call Centres should this be required.

12. **Contact Tracing App.** The DF have had some limited involvement in the development of Tracing Apps. This was mainly confined to the provision of technical advice and the offer of soldiers to act as a cohort to wear and test Apps prior to their widespread use. The DF may at some stage in the future recommend the use of an App for its personnel in order to enhance force protection particularly when involved in military training and routine barrack activities. The DF through outreach

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with agencies such as the HSE, Apple and Google, will continue to monitor developments in this area.

13. **Future Capacity to Conduct Contact Tracing.** The requirement for contact tracing has reduced as measures to suppress COVID-19 have been successful. However, the DF will continue its efforts in tracing, as long as the HSE identify a requirement for same. If there is a need to increase levels of contact tracing in the future, the DF now have two different cohorts with expertise and experience in that area. In addition, both cohorts have a number of 'Superusers' who have the capacity to train others.

14. **Timeline for Results.** Cadets, as a cohort of young, intelligent, tech savvy adults, demonstrated an ability to work the contact tracing system, efficiently and speedily. Once the information was loaded correctly on the database for them, the Cadets could turn around calls in a short period of time. Forty Cadets could (for example) process over 1500 (06 Apr 20) calls on a daily basis, if the workload existed. Assuming that each positive case had four (4) close contacts, then the Cadets could complete contact tracing on up to 300 positive cases per day. Cadets made 13,654 calls during the period they were involved in contact tracing with the limiting factor on numbers of calls processed being the quota system.


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