Rialtas na hÉireann
Government of Ireland

# Ireland's National Action Plan in response to COVID-19 (Coronavirus)

## Update 16th March 2020

Prepared by the Department of the Taoiseach and the Department of Health

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# 1. Introduction

As a society we are in uncharted territory as a result of the COVID-19 outbreak. Not for generations has Ireland and the globe been faced with a pandemic like this.

The unique nature and speed of this pandemic means that the two most important ways by which we can fight this disease are through determined **public health**-mandated measures and changing our **individual and collective behaviours**.

Since COVID-19 emerged globally only a short time ago, Ireland has taken, and will continue to take, several important, robust and determined public health decisions and actions to contain, delay and prepare for mitigating this virus. Our health and social care services will continue to lead the way in driving the public health approach to COVID-19, using evidence to predict the best responses for Ireland, communicating with everyone, as well as testing, tracing and caring for those who are affected by this disease.

Now is the time for solidarity, community spirit, personal behavioural change and resilience in combatting this infection. We can all play our part in trying to delay the transmission of COVID-19. We are a nation of sociable people and it is difficult to accept that we must now change our behaviour to self-distance, self-isolate, and avoid our normal social activities, such as staying home from school, out of pubs, away from sporting activities and working from home.

However, this is not an optional change of lifestyle, it is an absolute necessity. If we want to halt the spread of COVID-19 it is for all of us to act responsibly in our day-to-day lives, listen to what our public health officials, international health organisations (WHO and ECDC) and trusted media tell us and act accordingly.

COVID-19 knows no boundaries. All generations must come together and support each other in the fight against this disease. Working together we will prevail.

# 2. What is COVID-19 and what we know about the virus

Coronaviruses are a large family of viruses, some of which cause illnesses which range from the common cold to much more severe respiratory illnesses, such as Severe Acute Respiratory Syndrome (SARS). COVID-19 is a new disease caused by a strain of coronavirus not seen in humans before December 2019. As such, there is a lack of immunity in the population which means that we are all susceptible to infection and, with no vaccine currently available, COVID-19 has the potential to spread widely.

People can catch COVID-19 from others who have the virus, through inhaling small droplets from people who cough or sneeze, or through touching contaminated surfaces and then touching their face.

Its symptoms, which can take up to 14 days to show, may include a cough, shortness of breath, breathing difficulties and fever (high temperature). Information from the European Centre for Disease Control (ECDC) suggests that–

- 80% of people infected will experience a mild to moderate illness, which can be managed at home and will make a full recovery,
- 14% of patients may experience more severe symptoms,
- 6% of people may become more seriously infected and will require hospital care.

### How concerned should we be?

According to the ECDC, the risk of occurrence of widespread national community transmission of COVID-19 in the EU/EEA and UK in the coming weeks is high. The virus is spreading, and we do not have detailed and complete understanding of the disease, given that this is a new and emerging virus.

While it is not yet known definitively which groups are most at risk of complications if they catch COVID-19, we know that older people and those who have a pre-existing medical condition (e.g. heart disease, lung disease, diabetes, liver disease etc.) are at risk. As a result, these people in our society are referred to in this Plan as being in 'vulnerable groups'. Children can be infected and become ill but seem less susceptible than persons over the age of 20 years.

## 3. Public Solidarity and Awareness: how the public can reduce the threat of COVID-19, what we can do?

We know that while there has been a rapid spread of COVID-19, initially in China and more recently in Italy and Spain, the disease has spread more slowly in certain other countries. This indicates that, with the appropriate concerted and coordinated national response, there is scope for Ireland to reduce the spread of infection and minimise the impact for everyone and especially those in our society who are most likely to be affected more seriously by the disease (our 'at risk or vulnerable groups'). An Taoiseach in his statement to the public on 12th March reinforced the need for social distancing measures, similar to those in use in many countries, as a means of slowing down the rapid spread of the virus.

### Our collective responsibility to protect ourselves and everyone around us

The whole world has quickly come to recognise that COVID-19 is highly contagious and as such poses a unique and unprecedented challenge at this time for the health and wellbeing of the human race. Because this COVID-19 infection is so new, there are currently no specific medicines or vaccines to treat or protect against this illness. While, there are several clinical trials ongoing globally to assess the effectiveness of different treatment options, it will take some time for these to be developed, tested as safe and ready for use.

We also have to remember that COVID-19 is different to the seasonal flu that circulates in Ireland every year. This is a new viral disease and as such, people in Ireland do not have any existing immunity so the regular health service activities and response, and actions that we take every year to protect ourselves from seasonal flu are not enough for COVID-19.

Consequently, the most important 'tool in our arsenal' against this disease is our long-standing tradition in Ireland as a society, of being compassionate and caring, and our ability to work together for the protection of all. The most important actions that we all can, and must, take to protect ourselves and others from getting COVID-19 include: washing our hands frequently; practising good respiratory hygiene and engaging in social distancing (i.e. leaving at least 1 metre (3 feet) but ideally 2m (6 feet) distance between ourselves and other people especially in the context of keeping distance

from symptomatic individuals; and avoiding touching our faces). Already people across the country are adopting these new behavioural practices, out of responsibility and care for each other and it is this mass behavioural change that gives us the best possible chance, collectively as a country, of fighting this disease.

## Community solidarity

Everyone can, and must, play his or her part in combatting COVID-19. Solidarity, cohesion and determination on the part of everyone will assist in limiting the spread of this virus and protect the nation. Our voluntary and community organisations are at the heart of the State's coordinated response to COVID-19, in caring for each other.

Let us not forget that it is our healthcare workers that are at the coalface of the response to this outbreak. Every day, they put themselves at risk to advise us on how to protect ourselves and everyone around us, and then they care for us should we become infected and need treatment. It is important that, as a society, we stand behind and show solidarity for our healthcare workers and carers, our health service, and workers who provide other essential services to ensure that our daily lives are impacted as little as possible.

While it is important that we protect the whole of society from COVID-19 infection, the majority of us who become infected will make a full recovery. However, for those in our society who are at greater risk (i.e. those in more vulnerable groups), we have to make a determined effort.

Our health and social care services will need to deliver new and innovative care and supports to vulnerable groups, tailored specifically to COVID-19 (e.g. through COVID-19 Clinical Hubs, community-based responses, primary care practitioners etc.), especially for those who may have to limit their normal daily routine to protect themselves or those recovering from infection at home. We are adopting a nationwide cohesive approach, in close collaboration with voluntary and community organisations, such as charities, local voluntary groups, volunteers, local businesses and wide range of individuals and organisations to contribute to the national effort in supporting those more vulnerable people in their communities.

Also, people who may be more socially vulnerable (e.g. people who live in sheltered housing, those engaging with addiction services or homeless services, people who are in direct provision centres and people in prisons or detention centres) will also need additional supports and arrangements in the context of COVID-19.

## Communicating effectively

Communication plays a vital part in limiting this virus; we all have a social responsibility to educate ourselves and others about COVID-19 so that we can protect everyone from catching the infection. Trusted sources of information are those providing advice and information which is public health-led and based on sound scientific evidence. These include websites of the Government, HSE and health agencies, official posters and leaflets in public places, as well as reputable news organisations. It is important not to rely on or share unknown and unsourced commentary for your updates.

Websites with trusted information for the public are the Government of Ireland, the HSE and the Health Protection Surveillance Centre's websites are all listed on www.Gov.ie.

# 4. Ireland's Cross-Government approach in responding to COVID-19 and publication of this Action Plan

## Actions to Date

Since COVID-19 first emerged in China about 12 weeks ago, Ireland, working in close collaboration with EU and international health organisations (WHO and ECDC) has been monitoring the evolving global situation, responding to the spread of infection and preparing for its impact in Ireland. The arrival of COVID-19 in Ireland was not unexpected, and work had been underway to prepare for this eventuality, with public health protocols in place since January and operating effectively. The first case of COVID-19 in Ireland was notified on 29 February 2020.

Like all other countries, the scale of the challenge facing the health system in Ireland is unprecedented. Consequently, robust planning and preparation will help us to respond in the best possible way as the disease progresses.

The focus of the heath service response to date has been and will continue to be on containing the spread of the virus and minimising its impact. This has included a combination of public health measures, including: awareness-raising in the population and risk communication; infection prevention and control measures in healthcare settings; providing detailed guidance to individuals returning from areas which have notified cases; rapid identification, testing, diagnosis and management of each individual case and the identification and follow up of their contacts; undertaking modelling to estimate the potential impact of COVID-19 on Ireland; as well as taking decisions and action to mitigate the impact of the outbreak, through individual and population-based measures to prevent the spread of infection.

## Approach in responding to COVID-19 and developing this Action Plan

At its heart, Ireland's response to COVID-19 is cross-Government and public health-led, founded on well-established and evidence-based approaches in dealing with outbreaks of infectious disease.

The actions being taken within the health service and across Government are driven by three primary goals:

1) to minimise the risk of becoming unwell for all people in Ireland;
2) to minimise, in particular, the health, wellbeing and social impact for people in Ireland who may be at greater risk from COVID-19 through minimising the risk of illness for them while working to maintain their quality of life; and
3) to minimise the social and economic disruption associated with the COVID-19 outbreak and the public health measures needed to respond to it.

The public health framework underpinning Ireland's cross-Government approach to COVID-19 response is three phased as per Table 1 below and aims to direct the immediate actions that need to be taken; ground contingency planning as the infection progresses in the specifics of COVID-19 response; and guide decision-making so that it is appropriate, proportionate and timely to ensure that health and wider actions are deployed at the right time to have the most beneficial impact for everyone.

***Table 1***

| 3 Phases | Containment Phase (limited local transmission) | Delay Phase (Localised but emerging outbreaks) | Mitigation Phase (Widespread sustained transmission) |
|---|---|---|---|
| Objective of Response | Block transmission and prevent further spread by early detection of imported or local cases. | Slow down transmission of the virus; protect vulnerable populations through preventive measures and clinical management options; reduce burden on health system. | Mitigate outbreak impact, provide essential services, prioritise protection of most vulnerable, reduce excess mortality. |

In addition to reducing the number of people who become infected as much as possible, slowing the rate of spread of this disease is the key objective for Ireland as a society. This will help to ensure that the health and social care system is better able to provide care to COVID-19 affected patients and meet ongoing care needs of other patients. It will also provide more time for a vaccine against COVID-19 or other antiviral medicines to treat the infection, to be developed and manufactured. Slowing the spread of infection will also delay the peak of the epidemic and minimise the duration of the disruption across our society and to our economy.

Central to Ireland's approach to date, and continuing under this Plan, will be public health measures such as: case detection, expanding the testing of individuals for COVID-19 infection; enhancing contact tracing to identify, monitor and contain the further spread of disease; utilising advanced modelling and surveillance to provide timely information about the evolving impact across Ireland so as to enable rapid planning, decision-making and response.

## Principles underpinning Ireland's approach in planning our response to COVID-19

The success of Ireland's national approach depends on us all acting collectively and responsibly to reduce the risk for ourselves and everyone around us. Our national approach is guided by–

- the need for us all to understand, and work in solidarity with each other, to minimise illness for everyone, but especially those who are at higher risk or are in vulnerable groups;
- ensuring that the cross-Government COVID-19 response is public health-led and aligned to support our health service, our healthcare workers and all essential workers;
- solid ethical principles to ensure that Ireland's response is open, transparent, rational, inclusive and responsive, in order to minimise harm, respect individual freedoms and ensure fairness in relation to the use of resources.

## Developing a coherent public health-led Plan for Ireland

In response to the unprecedented speed of the spread of COVID-19 globally, concurrently there has been rapid and intensive cross-Government preparation and planning to deliver a whole-of-society response in seeking to combat the disease. This is culminating in an extensive range of joined-up concerted actions and mobilisation of resources across Government and society.

Importantly, public health measures are the lynchpin of this Action Plan. At the core of Ireland's COVID-19 response and this Plan is a commitment to robust and continuing public health actions including testing individuals, contact tracing, modelling and surveillance to estimate the potential impact, communicating evolving public health messages and maintaining public awareness so that we can adapt our public health response as flexibly as possible.

So far, the Government has made a €3 billion aid package available to combat the effects of COVID-19. This funding includes €2.4 billion to fund sick pay for workers affected by COVID-19 as well as €435 million contingency funding for the HSE.

The cross-Government Actions set out in this Plan recognise that the scale and nature of the response will change as transmission of the disease in Ireland changes. This Action Plan draws from Ireland's experience, expertise and learning from responses to previous infectious threats (SARS, MERS, Ebola and the H1N1 influenza pandemic) and plans developed for dealing with those previous pandemics. In addition, the approach is informed by international collaboration and learning from the experience of other countries where COVID-19 outbreaks are more advanced and is founded upon guidance and evidence from the World Health Organisation (WHO) and European Centre for Disease Prevention and Control (ECDC).

It is a specifically tailored and "live" Action Plan designed to respond to the unique challenges posed by the progression of the COVID-19 outbreak in terms what actions are underway (or already completed) and those which need action now so that the country is prepared for the coming weeks and months. Many of the actions contained in this Plan are dynamic and relevant across all phases; containment, delay and mitigation. This means that some containment measures are still applicable and valuable while others will only be required at a later point in the case of concern about significant community transmission.

## Stakeholder Forum

A Stakeholder Forum chaired by the Department of the Taoiseach has been established. This is an authoritative platform to disseminate important public health information and support public health measures; as well as to inform Government on emerging downstream social and economic impacts of Covid-19 in Ireland. The Stakeholder Forum comprises bodies from a wide variety of sectors (business, education, health, childcare and social services, sport, tourism etc.) with membership currently at 120 organisations.

This Stakeholder Forum has been convened in Government Buildings on 3 occasions since Monday 2nd March. All sessions have been well attended. Further sessions, most likely via teleconference will convene as required.

The Stakeholder forum has provided an opportunity for Government to respond to concerns and questions and for stakeholders to support the amplification of key messages through the use of collateral provided, through online forums and through stakeholder networks.

## Governance and decision-making

Ireland's national response to COVID-19 is supported by a dedicated governance structure to ensure a public health-led, whole-of-society approach (see governance structure). The National Public Health Emergency Team (NPHET) for COVID-19 met for the first time on 27 January 2020. Chaired by the Chief Medical Officer, it oversees and provides direction, guidance, support and expert advice on the development and implementation of a strategy to respond to COVID-19 in Ireland. The NPHET is supported by an Expert Advisory Group and a number of subgroups. The NPHET works closely with the HSE National Crisis Management Team which leads and manages the HSE's response.

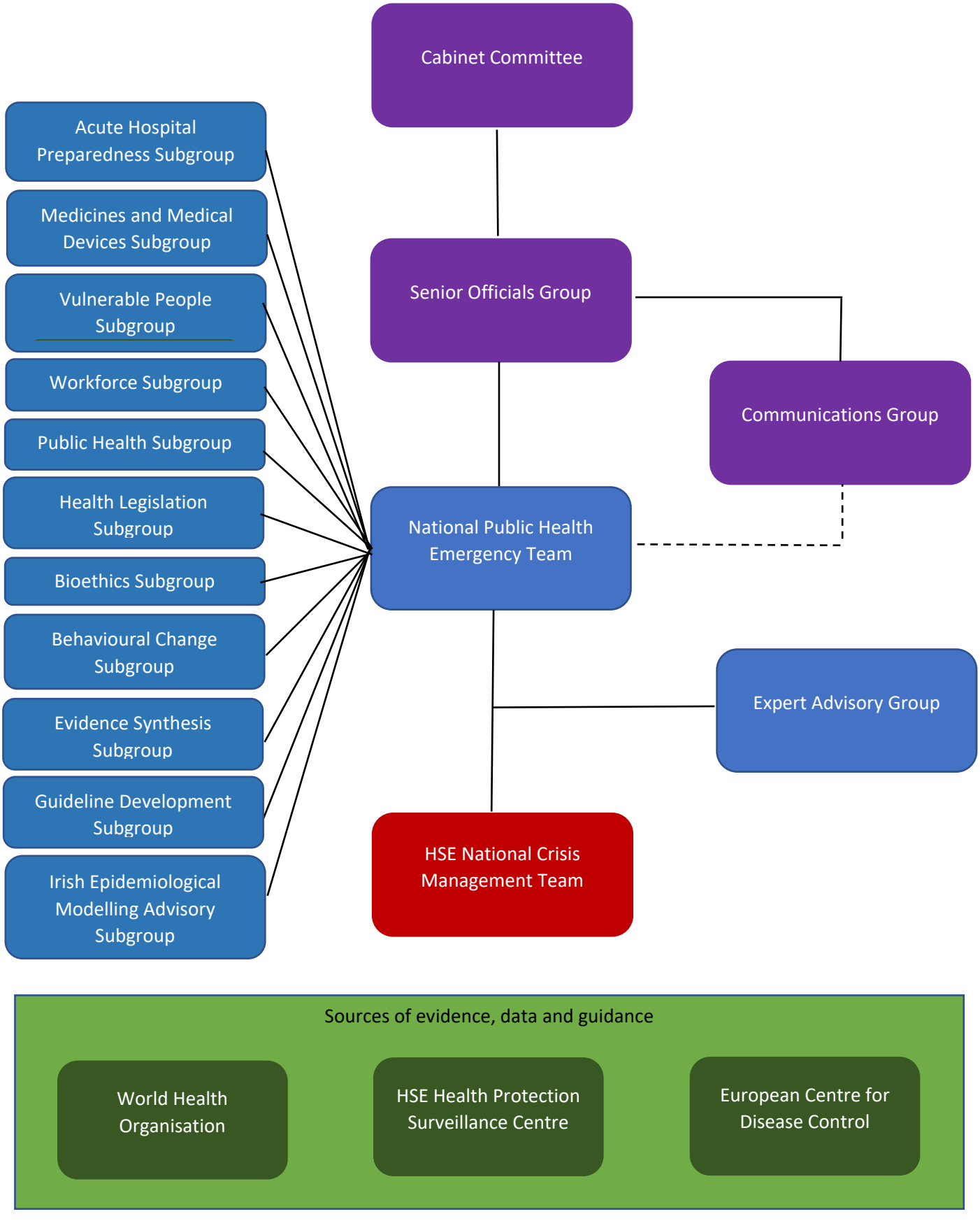
The Government established the Special Cabinet Committee on COVID-19 Response chaired by the Taoiseach on 3 March 2020. The Committee is being supported by a committee of senior officials across all Departments and the Health Service Executive and a dedicated Communications Group which coordinates a whole-of-Government communications response.

Key to enabling evidence-based decisions regarding how best to respond to COVID-19, is our capacity to use mathematical modelling to predict the disease's potential impact on our people. This is done by using data from outbreaks already seen in more severely affected countries, informed by demographic information regarding the Irish population. In order to progress this important work, the Irish Epidemiological Modelling Advisory Group has been established, comprised of leading experts from academia, the ESRI, the Chief Scientific Officer, HSE, HPSC and others. Decisions to adapt and 'step up' Ireland's COVID response are informed by this modelling expertise, public health advice as well as learning from international guidance and evidence.

In conclusion, for Ireland to have the best opportunity to prevail in containing, delaying and mitigating this disease, and vital to this Plan, is that individually we must change our behaviour, be socially responsible, work together, listen to advice from trusted sources and maintain our wellbeing and resilience to push through this unprecedented outbreak.

This Plan reinforces our commitment across Government.

## Governance Structure for COVID-19 National Response



# Part 1

# Delivering a multi-agency response to COVID-19

# Action Framework

## Action 1: Actions for everyone

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Adopt behaviours to interrupt virus transmission** | Know facts about virus and how it is spread | Know where to get information and follow Irish official advice about how to protect yourself and others | **All** |
| | Continue to monitor updated health advice from trusted sources e.g. websites of Government, HSE, HPSC, WHO & ECDC, HSE COVID-19 yellow posters in public places, HSELive helpline, reputable news organisations | | |
| | Adopt and continue to follow key hygiene behaviours (hand washing, respiratory hygiene, social distancing) | | |
| | | Extend social distancing | |
| | Keep informed of public health advice coming through Communications actions (Action 3) | | |
| | Create a plan for your household if you need to stay at home or work from home | Know how to manage a typical COVID-19 patient at home and follow self-isolation advice | |
| | Accept that the advice for managing COVID-19 for most people will be self-isolation and simple over-the-counter medicines | | |
| | Check HSE website and information on how to protect people who may be vulnerable and at greatest risk from the infection | | |
| | | Understand additional supports and measures required for vulnerable groups | |
| | | Limit community movement and adapt to disruptions in routine activities (e.g. school and/or work closures) as advised by the Health Authorities | |
| | Advice will be updated, tailored or adapted, based on data and evolving disease situation | | |

# Action Framework

## Action 1: Actions for everyone

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Build solidarity and community support networks** | Identify vulnerable people among your family, friends and wider community and help them to stay informed | | **All** Including organisations |
| | Plan for more extensive spread of the outbreak and look after yourself and loved ones at home, based on advice provided through Communications actions (Action 3) | | |
| | Get connected to national and your local networks and supports, and ensure your contact lists are up-to-date | Stay connected into social supports provided at community level and through media | |
| | Get involved and support community solidarity campaigns and activities to care for the vulnerable in your area | | |
| | Be aware of ways to look after your own and others' mental wellbeing and resilience, and access advice and supports from HSE, Mental Health Ireland and other mental health service providers | | |
| | Support your essential healthcare workers and other workers providing essential services within your community | | |
| | Access trusted media, online and social media networks as well as advice from other trusted sources e.g. HSE COVID-19 yellow posters in public places, HSELive helpline, reputable print, radio and TV news | | |
| | Share trusted public health advice and updates with your networks | | |
| | Do not share text messages, social media or stories unless they come from a trusted information source | | |
| **Key Enablers** | **Communications:** Key messages for target groups and tailor those message to the specific target group<br>**Ethical principles:** Solidarity and caring for your community, minimising harm, duty to provide care, proportionality | | |

# Action Framework

## Action 2: Cross-Cutting Actions

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Building up our public health activities** | Continue to deliver a public health-led evidence-based Government-wide response to COVID-19, including enabling the NPHET to advise across Government, drive immediate actions, and steer contingency planning, as well as appropriate and proportionate decision-making | | **DOH**, HSE, DCCAE, D/Taoiseach, DOD |
| | Continue to expand and support HSE Public Health workforce by increasing clinical and administrative staffing to provide strategic advice, guidance and support to wider health service | | **HSE**, HPSC, DAFM |
| | Ongoing expansion of hospital lab testing and roll-out of widespread community-delivered testing | | **HSE**, DAFM |
| | Deliver and continue to expand testing of individuals to the maximum extent, as a core part of the public health response | | **HSE**, DAFM |
| | | Examine establishing a national sero-epidemiological unit and serum bank to estimate population age-specific immunity or past exposure – for prioritisation of vaccination (when available) | **DOH**, HSE |
| | Continue and expand contact tracing to identify, monitor and contain further spread | Upscale contact tracing capacity to manage increase in confirmed cases and provide necessary training | **HSE**, DOD, Defence Forces and Government Departments |
| | Drive the work of the Irish Epidemiological Modelling Advisory Group led by DOH, HSE and HPSC to expand the mathematic modelling capacity, using data from outbreaks already seen in more severely affected countries and informed by Irish demographics, to predict the likely impact and enable evidence-based decisions on how best to respond to COVID-19 | | **DOH**, HSE, Chief Scientific Officer, Academia, HPSC, ESRI |
| | Engage with other Government Departments and sectors to support and expand contact tracing, testing, public health capacity, through expertise and skills | | **DOH**, HSE, D/Taoiseach, All Government Departments |

# Action Framework

## Action 2: Cross-Cutting Actions

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Building up our public health activities (contd.)** | Enhance our ongoing disease surveillance and real-time data collection by Public Health Departments to the HPSC to provide timely information enabling rapid planning and decision making by NPHET | | **HSE**, HPSC |
| | Immediately resource and prioritise public health surveillance and reporting activities regarding COVID-19 | | **HSE**, HPSC |
| | Ensure parity of status, training and career structure for specialists in public health medicine, so that they are appropriately empowered to strategically lead and direct the health service COVID-19 response | | **DOH**, HSE |
| | Bring together medical leaders around COVID-19 to provide health service leadership, communications, expertise | | **DOH**, HSE |
| | | Deliver enhanced public health-led responses and advices across Government and society e.g. extending social distancing recommendations, advising on differing responses in different regions according to local disease patterns | **HSE**, DOH, All Government Depts |
| **Implementing our model of care and guidance for health service providers and healthcare workers** | Continue to develop and implement an agreed clinical model of care to support the management of the overall response to COVID-19 which seeks to prevent spread and manage the assessment and treatment of patients in the community as far as possible | | **HSE**, DOH |
| | Continue to develop and expand the suite of protocols and guidance for healthcare workers (e.g. care pathways for symptomatic patients, criteria for admission and discharge from care facilities, appropriate IPC guidance to protect healthcare workers) | | **HSE**, DOH |

# Action Framework

## Action 2: Cross-Cutting Actions

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Maintaining critical and ongoing services for essential patient care** | Ensure ongoing services for specialties including trauma, cancer, obstetrics, CF and organ transplant services | | **HSE** |
| | Maintain urgent (elective) activity including urgent diagnostics, cancer rapid access clinics and dialysis | | **HSE** |
| | Engage acute oncology clinical nurse specialists to reduce the number of oncology patients being admitted to acute services and to avoid unnecessary admissions through Emergency Departments | | **HSE** |
| | Maintain community care including for socially vulnerable groups, community palliative care, mental health, home support and short-term / transitional / long-term care for older people and those within our specialist disability services | | **HSE**, private providers, s38 and 39 providers |
| | Support general practice in delivering on-going essential care of patients | | **HSE**, DOH, GPs |
| | Support community pharmacists in delivering on-going care of patients | | **HSE**, DOH, Pharmacists |
| | Ensure provision of essential patient transport to maintain healthcare access | | **HSE** |
| **Harness the capacity of the research and evidence community to support immediate decision making and to ensure Ireland is prepared for future threats** | Establish a dedicated research programme with experienced evidence synthesis centres, nationally and internationally, to deliver expedited evidence reviews | | **DOH**, HSE, DES (Clinical/Academics) |
| | Engage with experts in behavioural economics and in health literacy to ensure that evidence is incorporated optimally into planning, communications and other COVID-19 Responses. | | **DOH** |
| | Support involvement in targeted research calls by the European Commission (Horizon 2020 and Innovative Medicines Initiative) to advance knowledge for the clinical and public health response | | **DOH** |
| | Bring research funding agencies together to explore a collaborative rapid-response research call | | **DOH** |
| **Key Enablers:** | **Communications:** Prompt and effective communication with all stakeholders<br>**ICT:** Provide sufficient ICT to enable contact tracing capacity, support and maintain COVID-19 isolation policy, enable phone triage and telemedicine practices by healthcare workers<br>**Ethical principles:** Minimising harm, fairness, privacy, solidarity | | |

# Action Framework

## Action 3: Communications

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Public communication campaign focused on driving behavioural change and communicating with vulnerable people** | Communicate facts about COVID-19, transmissibility, severity and preventative measures | Continue to highlight individual actions for prevention | **DOH, HSE,** Revenue Commissioners<br>All Depts, Health Agencies<br>Health sector organisations |
| | | Communicate public messages on recoveries | |
| | Respond to the introduction of individual cases or clusters | Communicate to the public about how to respond in case of a suspected infection | |
| | Communicate public health actions being taken and that the public should continue to adapt to measures to contain, delay and mitigate the outbreak | Tailor messaging on measures that can be taken to protect the vulnerable, older people, people with disabilities and healthcare workers, considering physical and mental well-being | |
| | Promote empathetic community engagement to detect and rapidly respond to public concerns, misinformation and message fatigue | | |
| | Communicate effectively with older people, and identify and use tailored communication channels to meet their needs, as well as tailoring communications to the needs of different regions | | |
| | Tailor communication messages in other languages for people from overseas living and working in Ireland and for Irish citizens and tourists currently overseas so that they follow local COVID-19 advice from trusted sources | | |
| | Maximise SMS / text communication channels including mobile service providers, community text alert services etc. | | |
| **Social Media** | Engage in two-way communication with public and stakeholders | | **DOH, HSE**<br>All Depts, Health Agencies<br>Health sector organisations |
| | Disseminate and amplify key public health messages and updates | | |
| | | Address public concerns and message fatigue including for certain groups in society (e.g. teenagers, young people etc.) | |
| | | Continuously address misinformation | |

# Action Framework

## Action 3: Communications

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Stakeholder Engagements** | Share information with key stakeholders and networks<br>Engage in risk communication with healthcare workers and health service providers<br>Plan for and deliver remote and virtual networking with key organisations and groups | | **DOH, HSE**<br>All Depts, Health Agencies<br>Health sector organisations |
| **Listening to the public through media, social media monitoring, focus groups etc.** | Understand and respond to emerging concerns<br>Feed into development of messaging and planning for next phase<br>Support community solidarity activity | | **DOH, HSE**<br>All Depts, Health Agencies<br>Health sector organisations |
| **Working with the media** | Build openness, transparency and confidence in public health advice<br>Amplify key messages and updates | Address public concerns and message fatigue<br>Continuously address misinformation | **DOH, HSE**<br>All Depts, Health Agencies<br>Health sector organisations |
| **Develop multi-media materials for communicating with the public** | Develop videos, infographics, leaflets, posters etc. and disseminate in line with public health advice<br>Evolve materials and messaging to reflect emerging issues | | **DOH, HSE**, Revenue Commissioners |
| **Key Enablers** | **Ethical principles:** Minimising harm, proportionality, solidarity, privacy | | |

# Action Framework

## Action 4: Caring for our people who are 'At Risk' or Vulnerable

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **All relevant Departments and State Agencies have plans in place for vulnerable groups** | Plan and implement measures for, and continue to identify at risk vulnerable groups and the socially vulnerable, including those not receiving health and social care services | | **All** Departments |
| | Roll out and expand additional support requirements related to COVID-19 | | |
| | Continue to put in place specific arrangements for, and enable mobilised organisations across Government and the community and voluntary sector, in conjunction with essential supporting staff, in meeting the specific needs of socially vulnerable people (e.g. sheltered housing, addiction services, homeless services, mental health services, direct provision centres, prisons, detention campuses and those with non-standard living arrangements) | | **HSE**, s39 agencies, DJE, DCYA, Others |
| | Deliver and expand supports based on need | | |
| **Implement a dynamic clinical and social care, community-based management response, including technology-delivered care options through COVID-19 Community Clinical Hubs and Social Care Support Coordination** | Roll out protocols to provide assessment / treatment of COVID-19 patients with mild to moderate respiratory illness or patients with chronic illness and complications due to COVID-19, including provision of care in sub-acute community beds | Deliver, based on protocols, assessment / treatment of COVID-19 patients with mild to moderate respiratory illness or patients chronic illness and complications due to COVID-19, including provision of care in sub-acute community beds<br>Deliver increasing amount of assessment and treatment for COVID-19 patients with mild to moderate respiratory illness or patients with chronic illness and complications due to COVID-19, including the provision of care in sub-acute community beds | **HSE**, DOH, DOD, DTTS |
| | Roll-out and deploy as soon as possible the network of c.30 Community COVID-19 Clinical Hubs nationally across Community Health Organisations (CHOs) as part of the pathway of care for persons with COVID-19 | | **HSE** |
| | Identify, redeploy and recruit appropriate clinical expertise for each COVID-19 Clinical Hubs | Continue to expand the services and staffing of those Clinical Hubs | **HSE** |
| | Integrate and scale up existing HSE Live and telephone services to enhance communication channels to support self-management in home environment | | **HSE** |
| | Deliver remote clinical support services providing clinical triage, which is integrated with COVID-19 community clinical hubs | | **HSE** |

# Action Framework

## Action 4: Caring for our people who are 'At Risk' or Vulnerable

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Implement a dynamic clinical and social care, community-based management response, including technology-delivered care options through COVID-19 Community Clinical Hubs and Social Care Support Coordination (contd.)** | Deploy resources to meet requirement for broader social care response for people at home / in-community settings, including scaling up of management support services for all vulnerable groups to ensure timely coordination of service delivery | Delivering increasing amount of social care for COVID-19 patients with mild to moderate respiratory or chronic illness with complications due to COVID-19 | **HSE**, DOH |
| | Maintain essential health and social care services as well as GP services, to maximise the management of existing chronic diseases, palliative care, mental health, specialist disability services and care of older people | | **HSE** |
| | Delivered through an integrated streamlined approach across the COVID-19 clinical hubs and the social care support coordination, utilising standardised guidance | | |
| **Mobilise community coordination to collaborate in meeting the social care and other needs of 'at risk' and vulnerable groups** | In accordance with a national approach, deploy social care support through a support coordinator, within the local community healthcare organisations (CHO) and in conjunction with Local Authorities, liaising with voluntary and charitable organisations in organising community response teams that are coordinating social care and related requirements for vulnerable people in their area | Deliver additional support coordination in line with standardised guidance | **HSE,** DOH, Local Authorities with community and voluntary groups, other public sector workers and the public |
| | Through a national approach, support voluntary and community groups including service providers to enhance the delivery of community supports for vulnerable people including transport, involving broad interaction with concerned people, psycho-social supports and support in regard to issues such as travel for on-going treatment for other conditions | | **DRCD,** Local Authorities, with community and voluntary groups, other public sector workers and the public |
| **Support general practice in delivering care to patients with COVID-19** | Implement and roll out guidance and information for GPs in relation to the vulnerable groups reflecting the evolving response, and enable systems for phone triage and telemedicine, thus reducing unnecessary healthcare | | **HSE**, DOH, GPs |
| | Maintain essential GP, health and social care services to maximise the management of existing chronic diseases, palliative care, mental health, disability services and care of older people in context of COVID-19 | | **HSE**, GPs |

# Action Framework

## Action 4: Caring for our people who are 'At Risk' or Vulnerable

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Support community pharmacists in delivering on-going care to patients, including those with COVID-19** | Continue to support the role of community pharmacists in ensuring medicines supply for service users (e.g. chronic disease, older persons etc.) | | **HSE**, DOH, Pharmacies |
| | Maximise community pharmacists as a resource to promote self-care and provide advice and information to all including those in vulnerable groups | | **HSE**, DOH, Pharmacies |
| | Implement and roll out guidance and information for community pharmacists in relation to the evolving response | | **HSE**, DOH, PSI, Pharmacies |
| **Additional home supports to manage vulnerable people/patient and support carers impacted by COVID-19**<br>**i. Additional patients discharged from hospital**<br>**ii. Patients receiving home care that have additional needs**<br>**iii. New patients with COVID-19 related clinical or social needs** | Maintain current level of home support | | **HSE** |
| | Implement resources for additionality and deliver training, with additional management support | Deliver additional home support in line with criteria | **HSE** |
| | Through a national function, with management support, coordinate and prioritise home care based on criteria including: (i) Critical need; (ii) High risk; (iii) Routine care support coordination; (iv) Support coordination | | **HSE** |
| | Enabling delivery of timely and coordinated home support services, supporting optimum patient safety in the home environment | | |
| **Key Enablers** | **Communications:** Comprehensive communications plan that can be communicated to vulnerable groups<br>**Ethical principles:** Minimising harm, duty to provide care, reciprocity fairness, solidarity<br>**Underpinning approach:** Making every contact count will necessitate a flexibility of roles among health and social care professionals and between community and acute services<br>**ICT:** Support for home / self-management for diagnosed well patients and remote management of diagnosed patients who become unwell, including information sharing and tracking. Support for managing client services including assessment, service and referral data | | |

# Action Framework

## Action 5: Caring for people in Acute Services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **All Hospitals will have a COVID-19 plan in place** | Hospitals receiving infected patients will have a multidisciplinary COVID-19 preparedness committee in place | Implement major surge plan | **HSE** |
| **Maximise patient flow through our hospitals and ensure the most efficient use of existing resources** | Facilitate patients suitable for discharge who are currently delayed in acute hospitals<br>On an ongoing basis, accelerate appropriate discharge of patients to appropriate facilities, or with homecare support<br>Source and deploy additional step-down beds in nursing homes, hotels etc. to facilitate early discharge<br>Enhance Minor Injury Unit service provision to reduce pressure on EDs<br>Restrict elective & OPD activity, essential clinical services will be maintained as per Action 2 (Cross-Cutting Actions)<br>Provide telephone triage and support to patients in the community to avoid healthcare attendance | Transfer certain essential hospital activity to private hospitals; move certain essential OPD activity to community settings where feasible; source additional step-down beds in nursing homes, hotels etc. | **HSE**<br>Private hospital sector<br>Private nursing home sector<br>Hospitality sector |

# Action Framework

## Action 5: Caring for people in Acute Services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Separate patients to limit possibilities of spread of infection in hospitals** | Reconfigure physical infrastructure in acute hospitals to facilitate separate treatment pathways for COVID-19 patients; expand capacity at National Isolation Unit in Mater Hospital | Use certain specialist non-ED hospitals and/or private hospitals for treating infected patients | **HSE** |
| | Maximise single room usage for essential treatment of patients at higher risk, such as immunosuppressed, CF etc | | |
| | Provide accommodation for patients receiving daily treatment (e.g. Radiotherapy) to minimise risk of infection | | |
| **Expanding pre-hospital care capacity** | Facilitate National Ambulance Service (NAS) to provide home / community testing services | | **HSE**<br>Defence Forces<br>Voluntary Ambulance organisations<br>Private ambulance providers |
| | Expand NAS clinical hub, COVID-19 and mental health support desks i.e. significantly expand staff, including clinical advisors, retired GPs and others to provide clinical advice at the support desks within the National Emergency Operations Centre of NAS | | |
| | Continue to enhance paramedic led mobile medical services | | |
| | | Harness additional clinical support from the Defence Forces, voluntary and private ambulance providers | |
| **Key Enablers** | **Ethical principles:** minimising harm, duty to provide care, fairness<br>**Expanding capacity:** healthcare workforce; equipment & vehicles; construction and completion of minor works; private hospitals, private nursing homes, private health service providers; commission additional services and prioritise existing catering, laundry, security, infection control, transport, social support and other services | | |

# Action Framework

## Action 6: Expanding & protecting our health workforce and essential workers

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Facilitate recruitment and expansion of healthcare workforce** | Redeploy, reassign, second existing healthcare workers to frontline COVID-19 response, including increasing hours for part-time staff and overtime | | **DOH** HSE & Agencies. |
| | Expedite and streamline ongoing recruitment (such as streamlining professional registration, recruitment processes, bespoke COVID-19 template contract for healthcare professionals and other workers) | Activate redeployment and reassignment, further expedite recruitment, mobilise returned retired healthcare workers, carers, health professional students, volunteers etc. | **DOH**, HSE, DBEI, DEASP, DJE, DOD, health professional regulators |
| | Facilitate the re-recruitment of retired health sector workers | | |
| | Deliver on ongoing basis training for healthcare workers to support COVID-19 response | Provide cross-training and deploy healthcare workers from other units and care areas where needed | **HSE** |
| | Identify and deploy sources of essential staff from public / private sectors, conduct skills search to identify staff for redeployment | Mobilise Defence Forces to support the healthcare system and wider society needs | |
| | | Enable reassignment of military and other Governmental clinical personnel | **HSE, DOH** |
| | | Enable reassignment of healthcare workers from private sector, and other external staffing supports, on needs basis | |
| **Occupational Health & protecting healthcare workers** | Continue to deliver measures to protect frontline staff from infection, including primary care professionals | | **HSE**, DOH & Agencies, DES, DEASP, DPER, DOD, DAFM |
| | Have contingency, Special Leave & Self Isolation plans in place | | **All** Depts with Occupational Health services |
| | Support service continuity through measures such as remote working, childcare, accommodation supports, transport | Examine the feasibility of providing essential healthcare workers with accommodation (e.g. onsite or hotel accommodation to avoid infection spread) | **HSE** |

# Action Framework

## Action 6: Expanding & protecting our health workforce and essential workers

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Occupational Health & protecting healthcare workers (contd.)** | Ensure psychological /social supports are in place for healthcare workers<br>Measure absenteeism and engage agency staff to fill any staffing shortages identified | Introduce prioritised transport protocols to facilitate critical care staff<br>Deploy additional sources of staff as required | **HSE**, DOH & Agencies<br>**All** Government Depts and Local Authorities as required |
| **Expanding and protecting public and private sector workers involved in the provision of other essential services** | Ensure a plan is in place and implement, as required, measures to support private and public sector workers involved in the provision of essential services (e.g. remote working, childcare, care of dependent, transport)<br>Prepare and plan for the potential redeployment of general health, civil and public service staff to support COVID-19 response<br>Clarification of arrangements for Public Service Special Leave and DEASP COVID-related illness benefit supports in place | Activate the redeployment of general health, civil and public service, if required | **All** Government Depts, DOH, HSE & Agencies |
| **Key Enablers** | **Communications:** Announcements regarding request for suitably qualified staff not currently working in the health sector / State Agencies. Public awareness in relation to supporting your local health worker (childcare, general support)<br>**Ethical principles:** duty to provide care, minimising harm, solidarity, reciprocity, privacy | | |

# Action Framework

## Action 7: Expanding critical physical capacity

| Action Area | Completed / Underway | Action now for later | Key Organisations & People |
|---|---|---|---|
| **Expand acute & critical care bed capacity** | Open all available beds in acute hospitals, maintain additional beds opened for Winter Action Plan, commission additional critical care and isolation beds<br>Provide additional beds for patients with moderate, acute and critical care needs<br>Examine all possibilities for providing acute care accommodation for people requiring isolation including: using public facilities, military hospitals and associated facilities; repurposing facilities, using hotels & student accommodation; constructing field hospitals | Secure additional beds in private hospitals<br>Deploy all possible public facilities to provide acute care accommodation for people requiring isolation including: repurposing public facilities; using military hospitals and associated facilities; constructing field hospitals; using hotels & student accommodation | **HSE**, DOD, DOH, OPW, DHPLG, IDA,DTTS, DAFM, Sport Ireland, Fáilte Ireland, Other sectors |
| **Expand community care capacity** | Progress cocooning and cohorting of at risk patients and vulnerable people in accordance with evolving public health advice<br>Maintain current level of short term, transitional and long stay beds<br>Increase and deliver short term, transitional and long stay beds to manage patient impacted by COVID-19:<br>i. Additional patients discharged from hospital<br>ii. Patients that have additional care needs<br>iii. New patients with COVID-19 related clinical or social needs | Continue to deliver additional short term, transitional and long stay beds and training for care staff | **HSE**<br>DOH OPW, DOD, IDA, Other sectors |
| **Supporting wider capacity** | Enhance cleaning of healthcare facilities | Ensure necessary security of health care facilities and supplies<br>Provide additional mortuary facilities and necessary capacity supports | **HSE**,<br>All Depts<br>DJE, DHPLG, Local Authorities |
| **Key Enablers** | **Ethical principles:** Minimising harm, duty to provide care, fairness, solidarity, reciprocity, privacy<br>**ICT support:** Support for home/self-management for diagnosed well patients and remote management of diagnosed patients who become unwell | | |

# Action Framework

## Action 8: Maintaining access to essential health products, equipment and services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Securing and sustaining continuity of access and supply to essential health products, equipment and vehicles** | HSE continue to undertake ongoing procurement of essential health products and equipment | | **HSE** |
| | Critically assess the short, medium and long-term requirement for, and availability of, medicines, medical devices, PPE and other essential health products and equipment | | **HSE**, DOH, HPRA, DBEI |
| | Enhance availability of comprehensive real-time information about national stocks and map logistical requirements in relation to essential health products to enable equitable allocation to meet patient needs across all care settings | | **HSE** |
| | Engage with pharmaceutical, med tech and other health product industries, suppliers, pharmacies and retailers to maintain responsible supply of essential health products | | **HPRA**, DOH, HSE, DBEI & Agencies |
| | Identify sources and deploy of additional vehicles from public / private sectors for National Ambulance Service | | **HSE**, DOH |
| | | Instigate nationally-mandated controls on the supply and distribution of all essential health products to ensure delivery of critical health services, if appropriate | **DOH**, HSE, HPRA |

# Action Framework

## Action 8: Maintaining access to essential health products, equipment and services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Meeting the increased demand for supply and distribution of essential health products and equipment in responding to evolving outbreak requirements** | Ramp up surveillance to identify potential shortages and implement measures to ensure continued availability of health products and equipment | | **HPRA**, DOH, HSE, DEBI, DTTS, DOD, DAFM |
| | Maximise procurement arrangements in relation to sourcing, procuring and distributing essential health products and equipment | Secure additional essential health products, equipment and vehicles from all available sources, public and private | **HSE**, Revenue Commissioners, DOD, DCYA, OPW |
| | Ensure that robust and contingency medicines delivery arrangements are in place to deliver essential medicines to COVID-19 patients being cared for at home | | **HSE**, DOH, HPRA, DOD, DEBI, Revenue Commissioners |
| | | Identify and access, if appropriate, non-health sector assets essential to the health response (e.g. access to vehicles and craft, facilities, infrastructure, Defence Force resources, assets, medical equipment, consumables etc.) | **HSE**, DOH, DTTS, OPW, DHPLG, DAFM |
| | | Identify and deploy available logistical expertise within the Defence Forces or other public and private service providers to support planning and operations, including deployment of resources | **DOD**, DOF |
| | | Secure access to, and acquire essential medicines, health products and equipment from all available sources, if necessary | **HPRA**, DOH, HSE |
| | | Reprocess and recondition deactivated medical equipment, where possible and safe to do so | **HPRA**, HSE |

# Action Framework

## Action 8: Maintaining access to essential health products, equipment and services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Implementing ICT enablers to facilitate the health service response to COVID-19** | Deploy ICT solutions to enable health and social care responses, such as scaled-up call centre facilities; CRM solutions to support triage and follow up of suspected and confirmed cases; contact tracing; homecare prioritisation; aligned CRM solution for health and social care interactions to provide cohesive supportive services; safeguarding; and telehealth solutions to minimise non-essential patient contact with clinicians, etc. | | **HSE**, OGCIO, DOH |
| **Key Enablers** | **Communications:** Prompt and effective communication with all stakeholders<br>**Capacity:** Engage and commission public and private service providers<br>**Ethical principles:** Minimising harm, solidarity | | |

# Action Framework

## Action 9: Utilising legislative powers to support response

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people (lead in bold) |
|---|---|---|---|
| **Maximise the use of all legislative powers in the public interest to support the response to COVID-19** | In the public interest, use existing, and expand where necessary, legislative powers, to support the health service in responding to COVID-19, for example:<br>• population protection measures regarding isolation and quarantine<br>• health professional requirements to expand the pool of essential healthcare workers<br>• facilitating the sharing of data to enable planning and delivery of essential services to individuals<br>• securing access to essential infrastructure, health products and services | | **DOH**<br>Other Depts, as necessary |
| | Use legislative powers to enable:<br>• reforms to social protection supports for employees and self-employed<br>• continuity of statutory systems and services disrupted by impacts of mitigation arrangements | | |
| **Key enablers:** | **Ethical principles:** Minimising harm, proportionality, reciprocity, duty to provide care, privacy | | |

# Part 2

# Dealing with the downstream impact of COVID-19

Rialtas na hÉireann
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# Action 10: Business Continuity Planning across the Public Service

# Action Framework

## Action 10: Business Continuity Planning across the Public Service

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **HR Management** | Reconfigure office accommodation<br>Display public health information in offices including public facing offices<br>Business Continuity Planning Team to monitor developments<br>Postpone non-urgent events involving staff and external stakeholders<br>Identify alternative accommodation in event of building closures<br>Establish protocol for staff presenting at work with symptoms<br>Consider alternatives to in-person meetings<br>Identify channels and develop protocol for staff communications<br>Monitor guidance on travel (including personal travel) | | All Departments |

# Action Framework

## Action 10: Business Continuity Planning across the Public Service

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Continuing Service Delivery** | Identify alternative methods of working, e.g. remote working, deployment, re-deployment, restructured day / week<br>Identify and prioritise critical business functions and essential staff<br>Identify services that can be suspended / deferred with the least possible impact on the sector<br>Plan for alternate teams of staff to work different schedules and cover critical identified functions<br>Identify methods of communication for suppliers; external customers and internal customers<br>Plan for and monitor requirements for redeployment of staff to support the health service<br>Ensure Business Continuity Plans (identifying critical functions and essential staff) are in place for all agencies and bodies under the aegis of the respective departments | | All Departments |
| **Key Enablers for Business Continuity Planning across the Public Service** | **Communications**<br>**ICT**<br>**Accommodation** | | |

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# Action 11: Essential Services and Utilities

# Action Framework

## Action 11: Essential Services and Utilities

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Energy** | Ensure Business Continuity Plans (identifying critical functions and essential staff) are in place (and tested) for EirGrid and Gas Networks Ireland in the context of COVID-19 | | DCCAE<br>Networks and Emergency Planning team<br>EirGrid<br>Gas Networks Ireland |
| | Monitor response of EirGrid and Gas Networks Ireland and provide support as required | | |
| | | Ensure electricity emergency plans, are in place which prioritise key services (including healthcare facilities) to implement if required | |
| | | Ensure procedures and equipment in place in the event of essential works (e.g. gas escape) at property of symptomatic/isolating customers | |

# Action Framework

## Action 11: Essential Services and Utilities

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Telecoms** | Ensure Business Continuity Plans (identifying critical functions and essential staff) are in place for telecoms in the context of COVID-19 | | DCCAE<br>ComReg<br>Network operators |
| | Monitor and test continuity of telecoms services | | |
| | Monitor usage and resource the Emergency Call Answering Service appropriately | | |
| **Broadcasting** | Ensure Business Continuity Plans (identifying critical functions and essential staff) are in place for broadcasting services in the context of COVID-19 | | DCCAE<br>RTÉ<br>TG4 |
| | Monitor and test continuity of broadcasting services | | |
| **Postal** | Ensure Business Continuity Plans (identifying critical functions and essential staff) are in place for postal services in the context of COVID-19 | | DCCAE<br>An Post |
| | Monitor and test continuity of postal services | | |

# Action Framework

## Action 11: Essential Services and Utilities

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Waste** | Ensure Business Continuity Plans (identifying critical functions and essential staff) are in place for waste management services in the context of COVID-19<br>Monitor and test continuity of waste management services | | DCCAE<br>DHPLG<br>Local Authorities<br>EPA |
| **Water** | Ensure Business Continuity Plans (identifying critical functions and essential staff) are in place for all local authorities and water plant operators in the context of COVID-19<br>Monitor and test continuity of water supply<br>Issue guidance on contingency planning to Group Schemes | | DHPLG<br>Irish Water<br>Local Authorities<br>National Federation of Group Water Schemes |

# Action Framework

## Action 11: Essential Services and Utilities

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Fire and Emergency Services** | Ensure Business Continuity Plans (identifying critical functions and essential staff) are in place for fire and emergency services in the context of COVID-19<br>Monitor and test continuity of fire and emergency services at national and local levels | | DHPLG<br>National Directorate of Fire and Emergency Management<br>Chief Fire Officers Association (CFOA)<br>Fire Authorities |
| **Public Transport** | Ensure Business Continuity Plans (identifying critical functions and essential staff) are in place for all public transport operators in the context of COVID-19<br>Engagement with all public transport operators, Local Link, taxis and commercial bus operators<br>Identify channels and develop protocol for communications with National Transport Authority and Public Transport companies<br>Monitor and test continuity of public transport services (including services provided by private operators<br>Monitor passenger numbers on public transport and ensure protocols for public transport are consistent with HSE public health advices | | DTTAS<br>NTA<br>HSE |
| **Key Enablers for Essential Service and Utilities** | **Communications and engagement**<br>**ICT**<br>**Equipment** | | |

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# Action 12: Supply Chains

# Action Framework

## Action 12: Supply Chains

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Food Supply** | Continue to review critical services and responsibilities for:<br>i. maintaining operations in livestock marts, slaughterhouses, animal processing and dairy processing facilities<br>ii. ensuring that food business operators can continue to operate with appropriate regulatory oversight<br>iii. ensuring minimum disruption to the importing and exporting of livestock and other products subject to Sanitary and Phytosanitary controls | Manage and monitor critical services and responsibilities for:<br>i. maintaining operations in livestock marts, slaughterhouses, animal processing and dairy processing facilities<br>ii. ensuring that food business operators can continue to operate with appropriate regulatory oversight<br>iii. ensuring minimum disruption to the importing and exporting of livestock and other products subject to Sanitary and Phytosanitary controls | DAFM<br>DBEI<br>Local Authority<br>HSE<br>Grocery retailers and distributors |
| | Monitor the impact of COVID-19 on consumer demand and on agri-food supply chains | | |
| | Engage with major grocery retailers and distributors on contingency planning, including measures to address critical food distribution or locational issues if required | | |
| | Monitor food pricing to inform any required actions | | |
| | Ensure fishery harbours remain open to maintain commercial sea fishing activity | | |

# Action Framework

## Action 12: Supply Chains

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Transport** | Monitor supply chain logistics to inform contingency planning and any required actions<br>Engage with supply chain operators on contingency planning, including measures to address critical goods (including food) distribution or locational issues if required | Develop protocol to ensure critical freight is identified and prioritised for quick onward distribution from ports and airports | DTTAS<br>NTA |
| **Retail and Manufacturing** | Engagement with business representative bodies and assessing possible business impacts including on supply chains | | DBEI<br>Enterprise Ireland<br>IDA<br>Local Enterprise Offices |
| **Key Enablers** | **Communications and engagement**<br>**Legislations:** Consumer Protection Act 2007 | | |

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# Action 13: Security, Defence & the Courts

# Action Framework

## Action 13: Security, Defence and the Courts

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Policing** | Prioritisation of core functions and operations while maximising visibility (including assisting social distancing and reinforce resilience)<br>Redeployment of Gardaí, revised rosters, leave and human resources arrangements in An Garda Síochána to maximise capacity and functionality of the service<br>Increase workforce capacity including attestation of students in Garda College, flexibility relating to retirement in certain circumstances, and designating of an exceptional event for the purposes of the Working Time Directive<br>Increase Garda fleet capacity | Review of Garda powers under the Health Act 1947 relating to infectious diseases<br>Garda Community Engagement Networks ready to support and reassure vulnerable persons and local communities | An Garda Síochána<br>DJE |
| **Prosecution of offences** | Ensure business continuity plans in place to facilitate the ongoing prosecution of offences in the context of COVID-19 including:<br>• Prioritisation of cases and legal processes subject to impending statutory time limits<br>• Redeployment of staff to cover caseloads<br>• Potential closure of some courthouses | | Director of Public Prosecutions<br>DJE |

# Action Framework

## Action 13: Security, Defence and the Courts

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Administration of justice in the Courts** | Identify channels and develop a protocol for the communication with Judges, staff, and court users<br><br>Increase capacity for Judges and staff to work remotely<br><br>The Courts Service has introduced measures to scale back the work of the courts, such as:<br>• Only urgent cases, and cases not involving witnesses, etc. will go ahead<br>• Detailed arrangements for all courts have been made available on courts.ie<br><br>Develop a protocol for alternate arrangements (e.g. use of technology) as a result of restrictions on operations of regional or nationwide courts, including access to judicial remedies for categories of vulnerable persons | Consider potential for further restrictions on the operation of courts | The Courts Service<br><br>An Garda Síochána, Director of Public Prosecutions, Irish Prison Service<br><br>DJE |
| **Operation of Prisons** | Ensure contingency plan in place to address impacts of COVID-19 (e.g. continuity of supply chain, staffing, essential administration services)<br><br>Provide training to staff to identify symptoms of COVID-19 and develop protocols in the event of a suspected and confirmed case including identification of isolation area(s)<br><br>Develop protocol for reduced access to prisons e.g. decreasing visits, cancelling non-essential events<br><br>Issue protocols to all prisons in relation to phases of lock-down<br><br>Consider options to mitigate the risk of an outbreak in prisons (e.g. temporary release) | | Irish Prison Service<br><br>DJE |

# Action Framework

## Action 13: Security, Defence and the Courts

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Operation and mobilisation of the Defence Forces** | Identification of key personnel to ensure security and defence of the State<br>Ensure Aid to the Civil Power structures are in place<br>Ensure Aid to the Civil Authorities structures are in place<br>Develop self-isolation protocol for "live-in" personnel | | Defence Forces including the Air Corp, Naval Service and the Army<br><br>Civil Defence Volunteers<br><br>DOD |
| **Cyber Security** | Ensure monitoring and detection of cyber security issues, including secondary issues that may arise with increased service demand, that may affect the healthcare sector including through constant communication with international counterparts | | National Cyber Security Centre<br><br>DCCAE |
| **Key Enablers** | **Communications and engagement**<br>**ICT**<br>**Legislation:** Health Act 1947<br>**Equipment** | | |

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# Action 14: Banking and Financial Services

# Action Framework

## Action 14: Banking and Financial Services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Operation of Banking/Payments system** | Engage with banking and payments sector to develop sector wide plan and ensure business continuity plans in place for cash supply and contingency stocks<br>Engage with relevant overseers of payments systems and international card payment schemes on contingency arrangements<br>Develop contingency plans to ensure payment and other commitments are met (e.g. farmers, sea food processors, community groups, social welfare claimants)<br>Encourage the use, where possible, of the contactless payment method | | DFin<br>Central Bank<br>ECB<br>Banking and Payments Federation<br>All Departments processing payments |
| **Central Bank Services** | Ensure Business Continuity Plan (identifying critical functions and essential staff) are in place Central Bank in the context of COVID-19<br>Monitor developments (e.g. bank liquidity reports, redemption calls on funds, and corporate debt markets) and identify financial and operational risks across sectors including focus on financial sectors exposed to the most vulnerable economic sectors<br>Engage with insurance industry to ensure continuity of insurance services | | DFin<br>Central Bank<br>ECB<br>Banking and Payments Federation |
| **Key Enablers** | **Communications and engagement**<br>**ICT** | | |

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# Action 15: Sectoral Services

# Action Framework

## Action 15: Sectoral Services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Education** | Provide information and advice to schools, colleges, etc. aligned with developments of COVID-19<br>Develop contingency plans to address primary and post-primary school closures and lost tuition time, prioritising exam years<br>Develop alternative State exam arrangements (including oral and practical exams) if required<br>Plan for potential impact of delayed results on CAO/college process and access to places and any knock-on effects for transition to 3rd level education<br>Plan for potential impact on third level education including delayed examinations<br>Consider impact (including financial) of closure of 3rd level education facilities (e.g. R&D,cancellation of international conferences)<br>Consider impacts of and develop contingency plans for closure of further education centres | | DES<br>SEC<br>CAO<br>Higher Education Institutions<br>Further Education training centres |

# Action Framework

## Action 15: Sectoral Services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Early Years and Childcare** | Issue information to sector (incl. childcare providers, child minders, and County Childcare Committees)<br>Continued payment of childcare subsidies to providers by Pobal/DCYA for services directed to close by Health Authorities<br>Consider further supports for the childcare sector as a result of COVID-19 disruption<br>Childcare for emergency and other essential workers will be prioritised aligned to public health advice | | DCYA<br>Childcare sector |
| **TUSLA** | Ensure Business Continuity Plan (identifying critical functions and essential staff) is in place in the context of COVID-19<br>Identify staff capable of redeployment to support the health service if required<br>Consider impacts on child protection and welfare services in event of long-term disruption caused by COVID-19 (e.g. Interim Care Orders) | | DCYA<br>TUSLA |
| **Oberstown Children's Detention Campus** | Ensure plan in place to address needs of young people and staff on campus and ensuring core support services are available (e.g. bed management, staff rostering) | | DCYA<br>Oberstown Children's Detention Campus |

# Action Framework

## Action 15: Sectoral Services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Homelessness Services** | Issue homelessness services specific guidance to all local authorities and service providers<br>Operate Business Continuity Management with a focus on response required for isolation and relocation as required<br>Introduce precautions to minimise risk of infection among service users and staff<br>Provide for additional outreach teams to offer beds and accommodation to rough sleepers<br>Develop measures to reduce demand for emergency accommodation | | DHPLG<br>DHealth<br>HSE<br>Local authorities<br>Homelessness service providers |

# Action Framework

## Action 15: Sectoral Services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Foreign Affairs** | Review and update Travel Advice with support of mission network | | DFAT |
| | Operate dedicated COVID-19 phone line for Irish citizens abroad or who intend to travel abroad in the near future | | |

# Action Framework

## Action 15: Sectoral Services

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Immigration Service Delivery** | Develop protocols for staff dealing with potential high risk cases<br><br>All applicants have been communicated with regarding attendance at appointments if returning from affected regions and feel unwell<br><br>Provide translated HSE guidelines and ensuring applicants in temporary accommodation have an appropriate understanding of them | Develop alternative arrangements to support social distancing measures, including<br>• suspension of finger print applications<br>• expansion of categories of applicants that can apply for renewals online<br>• extensions of valid permissions for three month period<br><br>Develop self-isolation protocols for applicants in accommodation centres who are affected by COVID-19 and manage impacts | DJE -<br>Border Management Unit<br>Irish Nationalisation and Immigration Office -<br>International Protection Office<br>Dublin Airport Authority |
| **Key Enablers for Sectoral Services** | **Communications and engagement**<br>**ICT** | | |

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# Action 16: Economy, Employee and Business Supports

# Action Framework

## Action 16: Economy, Employee and Business Supports

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Economy** | Assess the national and international macroeconomic implications, and any appropriate responses<br>Publish regular high frequency economic data<br>Publish macro-economic assessment, revised economic and fiscal forecasts (April 2020 – Stability Programme update)<br>Engage closely, along with relevant European institutions, on all issues relating to impacts on the Irish financial and banking system<br>Participate in ongoing EU and international responses to the economic implications of COVID-19 | | DFin<br>Central Bank<br>NTMA |

# Action Framework

## Action 16: Economy, Employee and Business Supports

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Employee Supports** | Develop contingency plans for managing the impact of increasing claimants of social welfare payments, in particular Job Seekers Benefit and Job Seekers Allowance, while maintaining payments to existing clients | | DEASP<br>DPER<br>DHealth<br>DBEI<br>WRC<br>Employer Representatives<br>Trade Union Representatives<br>Banking Sector<br>Landlord and Tenant representative groups<br>GPs |
| | Reforms agreed for sick pay, illness benefit and supplementary benefit to ensure that employees and the self-employed can abide by medical advice to self-isolate, where appropriate | | |
| | Issue Joint Statement by Government, Employer and Trade Union representatives on need to support workers affected by COVID-19 | | |
| | Publish Workplace Relations Commission Guidance Notice for employers and employees | | |
| | Introduce legislation and system for new COVID-19 self-isolation provisions | | |
| | Provide DEASP and DBEI joint First Responder support service through Intreo Offices and development agencies to help minimise lay-offs in affected firms | | |
| | Consider how schemes (e.g. Short Time Working Payment Scheme) can be best utilised and promoted to help maintain jobs through COVID-19 pandemic | | |
| | Engage with the banking sector about the flexibilities in relation to mortgage payments and other issues for those temporarily affected by COVID-19 pandemic | | |
| | Engage with landlord and tenant representative groups and provide guidance on supports available | | |

# Action Framework

## Action 16: Economy, Employee and Business Supports

| Action Area | Completed / Currently being implemented | Action now for Later | Key organisations and people |
|---|---|---|---|
| **Business Supports** | Agree and implement a package of immediate measures to support businesses including:<br>• Vouchers through the Local Enterprise Offices<br>• Finance in focus grant available to Enterprise Ireland and Údarás na Gaeltachta clients<br>• €200m SBCI COVID-19 Working Capital scheme<br>• DBEI Credit Guarantee Scheme through the Pillar banks<br>• increase MicroFinance Ireland threshold to €50,000<br>• activate €200m Rescue and<br>• Restructuring Scheme | | DBEI<br>DEASP<br>DFin<br>DPER<br>Revenue<br>WRC<br>Enterprise Ireland<br>IDA Ireland<br>Údarás na Gaeltachta |
| | Revenue measures introduced dealing with, among other things, VAT returns and tax clearance certificates, as well as detailing advice aimed at assisting SMEs who may be experiencing cash flow and trading difficulties as a result of the impact of COVID-19 | | |
| | Enterprise Ireland to provide an online portal of advice and tools and Enterprise Ireland and Local Enterprise Office to activate advisory clinic and mentoring support | | |
| | Work closely with affected business sectors and stakeholders to identify any other appropriate liquidity or other responses required to assist affected businesses | | |
| | | Engage with European Commission on State Aid flexibilities and approvals for enterprises requiring support | |
| **Key Enablers** | **Communications and engagement**<br>**ICT** | | |

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