Framework for Future COVID-19 Pandemic Response

National Public Health Emergency Team

23 July 2020
1. Introduction to this Strategic Framework

Enormous effort was necessary, during the original emergency phase of the pandemic to prepare for and to deal with the effects of COVID-19 in our society. As a country we are now facing into what the European Centre for Disease Protection and Control (ECDC) has said is a marathon and not a sprint. We must now, during this period when the disease is at a relatively lower ebb, make plans to put in place sustainable responses to the pandemic. These responses must be capable of being maintained in the long-term while being flexible enough to adapt to the evolving status of the disease in order that Ireland can continue to successfully manage the ongoing pandemic.

It is now necessary to develop a future policy on COVID-19 which encapsulates the key elements of the ongoing approach to the disease in Ireland. This Strategic Framework provides a brief overview of the lessons learnt from our experience to date, the ongoing concerns, and the principles upon which we must now move forward.

The core of the Framework consists of three phases of response to COVID-19 in which indicators for escalation, objectives, and priority actions are outlined. A fourth phase also exists where the emergency response has been stood down. The colour-coded phases are as follows:

- **Yellow Phase Response** — for times when the risk is medium. During these times there is low incidence of disease with isolated clusters, low community transmission, though the pandemic is still ongoing, in Ireland and globally.
- **Orange Phase Response** — for times when risk is greater. During these times there is increasing incidence of disease with multiple clusters, increased community transmission, the pandemic ongoing and escalating, in Ireland and globally.
- **Red Phase Response** — for times when the risk is greatest. During these times, there is high or rapidly increasing incidence, widespread community transmission and the pandemic ongoing and escalating rapidly, in Ireland and globally.
- **Blue Phase** is when the emergency response has been stood down. There are no cases in Ireland or there has been widespread vaccination, if a vaccine has become available. The pandemic has been declared over, globally and in Ireland. During this phase there is a focus on future preparedness.

Each phase consists of a series of priority actions to be undertaken (a) by the public — individually and collectively, (b) across the health sector at national and regional/local level, and (c) across Government at national and regional/local level, with an emphasis on devolution of responsibility for planning and activation of those plans, when appropriate. This Framework, especially during periods of Orange Phase Response, sets out a range of possible public health measures, some or all of which may need to be applied, adjusted as the epidemiological and public health scenario requires, on a local, regional or national basis. It should also be noted that the resurgence of disease in specific settings may require specific sectoral responses over and above those set out in this Framework.

The Framework is not intended to capture every possible action. Each sector will prepare its own national and regional/local level plans in line with the Framework, informed by its expertise and will deliver on the plan in keeping with its accountability and governance structures.

In addition, the suite of public health measures proposed for each phase is indicative only. The precise set of measures utilised at any time will be informed by the profile of the disease and the underlying context of transmission at that time.

Responses, under this Framework, will occur at the micro-, meso-, and macro-levels. At the micro-level, local public health teams will, based on risk assessments, robustly and rapidly manage clusters/outbreaks to prevent the wider spread of the disease. Meso-level responses will be required where there are regionalised or sector specific outbreaks. In these circumstances, public health measures, based on risk
assessments, may have to be implemented in relation to a specific locality, area or region, or in respect of a specific sector, set of facilities, workplaces, etc. This will involve close collaboration at regional and national levels or between specific sectors and national level in order to take best decisions for that area/region, having regard to wider protection at the national level. Macro-level or national responses will be required where widespread transmission exists, where regionalised or sector specific outbreak measures have not been adequate, or where a national approach is warranted for the protection of society.

The key priorities set out in this Framework will be undertaken by Government Departments, state bodies and public service organisations in their sectors, in accordance with their statutory functions, governance and reporting arrangements. The Framework is underpinned by a Monitoring Framework and a Risk Communication and Community Engagement Strategy and the Public Health Checklist. The Monitoring Framework is based on guidance from the ECDC\(^1\) which identifies key indicators under eight pillars.

In relation to health and social care services specifically, for the foreseeable future, it is essential that these develop and utilise pathways to treat both COVID and non-COVID patients simultaneously and implement plans to resume and/or phase up delivery of non-COVID care safely. In addition to this Framework, work is ongoing in the Department of Health and HSE to evolve how care is delivered to meet the health and care needs of patients in a COVID environment, building on the innovative practices used in the context of responding to COVID-19, while at the same time ensuring the future sustainability of health services and enabling implementation of the Sláintecare vision.

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Framework for Future COVID-19 Pandemic Response

**PANDEMIC PHASES**

**Yellow Phase**
(times when risk is medium)
- Low incidence with isolated clusters
- Low community transmission
- Pandemic ongoing, in Ireland and globally

**Orange Phase**
(times when risk is greater)
- Increased incidence with multiple clusters
- Increased community transmission
- Pandemic ongoing and escalating, in Ireland and globally

**Red Phase**
(times when risk is greatest)
- High or rapidly increasing incidence
- Widespread community transmission
- Pandemic ongoing and escalating rapidly, in Ireland and globally

**Blue Phase**
(emergency response stood down)
- No cases in Ireland
- Pandemic declared over, globally and in Ireland
- Widespread vaccination (if available)
- Focus on future preparedness

**Priorities for the Public:**
What we can do individually
What we can do collectively

**Priorities for Health & Social Care Services:**
National priorities
Regional & local priorities

**Priorities across Government & society:**
National priorities
Regional & local priorities

**COVID-19 Responses**

**MACRO:** National responses

**MESO:** Regional or sector-specific

**MICRO:** Local responses

**Public Health Checklist**

**Monitoring Framework**

**Risk Communication and Community Engagement**
2. Approach underpinning this Framework for Future Pandemic Response

The approach to this Framework is as follows:

2.1 Ethical principles
Planning for, and responding to, a pandemic requires reflection on values because scientific/clinical information alone cannot drive decision-making. Shared values give us a shared basis for decisions. Using ethical principles to guide decision-making can enhance trust and solidarity and can strengthen the legitimacy and acceptability of measures put in place. The ethical principles on which the future response to COVID-19 is built are those set out in the Department of Health’s ‘Ethical Framework for Decision-Making in a Pandemic’\(^2\), namely: Minimising Harm, Proportionality, Solidarity, Fairness, Duty to Provide Care, Reciprocity, and Privacy.

2.2 Public health-led
The core response to COVID-19 is public health-led and must be guided by public health data and expertise at local, regional and national levels. Societal and economic impacts of the response to COVID-19 are also important considerations of Government. Without a healthy workforce there is no economy and consequently, the protection of public health must remain the key consideration. A significant increase in cases of COVID-19 could quickly over-burden our health services and society with high levels of illness, hospitalisation and death. It remains essential, therefore, that we continue to plan and prepare the public health response to COVID-19 to ensure it is controlled as far as possible.

2.3 Risk-based, evidence-led and precautionary approach
The future response to COVID-19 will continue to be a risk-based, evidence-led and precautionary approach. The risk-based approach will consider risk both from the perspective of protecting those who are most vulnerable to infection as well as protecting against causes, situations, circumstances, and behaviours that may lead to the spread of COVID-19. Robust evidence synthesis will continue to inform this approach.

2.4 Incremental interventions
In the absence of a vaccine or treatment at present, the key to controlling COVID-19 is to utilise incremental interventions. This starts with the least restrictive measures, e.g., hand hygiene, respiratory etiquette, social distancing, face coverings, etc. If they prove to be ineffective, more restrictive measures may need to be introduced. This approach has the advantage of using measures that are appropriate to control the spread of the disease while allowing society to function as normally as possible, minimising the impact on the economy, and in accordance with the principle of proportionality.

2.5 Protection of the most vulnerable
The COVID-19 pandemic has had very significant impact, not just on morbidity and mortality, but also on society and the economy. Some individuals are much more vulnerable than the rest of the population, whether due to COVID-19 itself, insofar as they are at elevated risk of severe disease and death, or to the consequences of the public health measures that have been imposed in order to control the spread of the virus, which may have exacerbated already challenging situations. The good practice principles identified by the ECDC\(^3\) regarding the protection of these groups include: continuity of service provision, provision of material support, use of online and other digital technologies, prevention of COVID-19 infection for both users and staff/volunteers, a community engagement approach, clear communication between service providers and service users, staying socially connected, collaboration between national/regional authorities and civil society service providers, equity and human rights, needs assessments and evaluations of services, and flexibility with service level policies while ensuring continued legal protection. Just as our health system requires transformation to withstand future health threats, so too does our society. Introducing the good practice principles above will not only protect the most vulnerable but will positively impact the wider society and the economy.

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2.6 Phased and stepwise
Building on the success of the Roadmap for Reopening Society and Business, the approach used in the future response to COVID-19 will be similar, in that it will be phased and stepwise. This framework sets out a range of possible public health measures and responses, some or all of which may need to be applied, adjusted as the epidemiological and public health scenario requires, on a local, regional or national basis. The resurgence of disease in specific settings may require specific sectoral responses in addition to those set out in this framework. If an area, setting, region or the country, as a whole, moves into a new phase, it will stay in that phase (or a higher one) for a minimum of three weeks. Stricter measures will have to be introduced if there is a significant upsurge of infection. Any subsequent reduction of measures will be robustly and continuously monitored in terms of effect and adherence.

2.7 Resilience and transformation of the health and social care service
New procedures and practices that proved effective during the emergency phase of the pandemic should be maintained and integrated into routine care, where possible. In a paper on what makes health systems resilient against infectious disease outbreaks and natural hazards, Nuzzo et al.⁴ identified sixteen health system resilience attributes, key among these included: barriers to healthcare access; maintaining critical infrastructure and transportation; access to emergency financing; leadership and command structures; communications; surge capacity and workforce. Our health system and its workforce adapted rapidly to respond to COVID-19 and this should be seen as an opportunity to explore further health system transformation building on the aforementioned resilience attributes. This would ensure that our health system is robust enough to withstand future waves of COVID-19 and other pandemics.

⁴ https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7707-z
3 Lessons learnt from our experience of the Pandemic to date

The development of this Framework has been informed by the main lessons learnt from our experience of the Pandemic to date, as follows:

3.1 The power to control this pandemic is in our hands — individually and collectively
The SARS-CoV-2 virus is novel, easy to transmit and responsible for COVID-19, a disease that can lead to severe illness and death. Because the virus is new there is no natural immunity to it, no vaccines to protect from it and we are still learning about the best treatments for COVID-19. This means that non-pharmaceutical public health measures are the only effective way to interrupt the transmission of the virus. Since the start of the pandemic the willingness of the vast majority of the population to comply with societal public health measures, and the effectiveness of these measures in suppressing the disease, has demonstrated that the power to control this pandemic is in the hands of every member of the population, working in unison.

3.2 People in Ireland are willing to follow public health advice to protect themselves and others
COVID-19 did not impact to the extent predicted by modelling undertaken in early-March, because the majority of the population changed their everyday behaviour in line with public health advice and did so in order to protect themselves and others from the disease. The uptake of the recently launched COVID Tracker app for mobile phones is just the latest example of the solidarity and collective spirit that has defined the Irish public’s approach to this pandemic to date, and again has shown that people are determined to play their part in helping to protect others and overcome the spread of this disease.

3.3 Cooperation and solidarity across sectors and society is vital if this disease is to be contained
When the pandemic began, we witnessed enormous efforts across sectors and by organisations to contribute to the response. For example, the Department of Rural and Community Development launched a plan to support the work of people who were ensuring that the most vulnerable in our community were kept safe and well. Each local authority established a Community Response Forum to coordinate COVID-19 related community supports. In addition, the GAA’s network of 1,600 clubs supported communities across the country by working in partnership with local suppliers to deliver essential items to those who were over 70 or medically vulnerable. There was great innovation shown by the private sector, e.g., alcohol producers manufactured hand sanitiser and retailers moved to online sales when their outlets were shut. Sectors and organisations cooperated with the measures that were introduced to control the virus and it would not have been possible to control the virus and protect the vulnerable had it not been for the cooperation and solidarity shown.

3.4 No single preventive measure is adequate to control virus transmission — what matters is combination prevention
It is clear that there is no single measure that, in isolation, will control the spread of COVID-19. The approach that has shown itself to be the most effective is to maintain a combination of societal and personal protective measures. No one measure is a panacea. While COVID-19 is circulating, our approach must be centred on risk reduction, facilitating the safe return of social and economic activity to the greatest extent possible, while adopting individual and group behaviours and implementing protocols which help keep us safe, minimise new cases and clusters, and protect the most vulnerable across society.

3.5 If the disease spreads in the community, it will have the greatest impact on the vulnerable
We know from our experience earlier this year that if COVID-19 spreads in the community it will have the greatest impact on the most vulnerable in our society. Keeping the number of cases of COVID-19 as low as possible in the community will prevent illness and death. Consequently, it is the best way to protect vulnerable groups. Implementing measures that protect the vulnerable, e.g., infection prevention and control, testing/tracing, and isolation in residential care settings, will be less effective if there is widespread community transmission. The best defence against the disease, for the vulnerable, is suppression of the virus in the community, augmented by specific measures to protect them. Therefore, plans setting out
these measures need to be actioned immediately when the level of disease renders it necessary. COVID-19 has had a disproportionate social impact on those who are over 70 or medically vulnerable and were effectively housebound for months. The pandemic and restrictions also had a significant psycho-social impact on the population, particularly young adults. The initiatives to support mental health and wellbeing that were developed and delivered during the pandemic were vital and should be continued. In addition, emerging evidence suggests the pandemic has amplified and given further expression to gender-based inequalities5, for example, women are more likely to contract COVID-196; the closure of childcare facilities and schools has magnified the disproportionate burden women carry in relation to domestic unpaid labour and caring activities7; women are overrepresented in the sectors most affected by enforced closures8; and one of the unintended consequences of the public health measures has been a reported increase in domestic violence linked to the pandemic, which disproportionately affects women. We must keep the level of community transmission low. If this is not possible, then a localised/more nuanced response to the disease will ensure that the number of people impacted will be kept to the minimum necessary for disease control.

3.6 Rapid identification and contact tracing of new cases is central

Ireland has adopted a robust process of testing, isolation and contact tracing as a key strategy for containing and slowing the spread of COVID-19, as advocated by World Health Organisation (WHO), the European Centre for Disease Prevention and Control (ECDC) to “break the chain of transmission” and enabling a reopening of society and business.

The HSE has worked intensively to develop a testing and tracing infrastructure and processes with sufficient capacity and quick turnaround times. The testing strategy has also evolved to enable a comprehensive and proactive approach which now includes testing of anyone with relevant symptoms, all close contacts, a serial testing programme for staff in nursing homes and testing protocols for incoming hospital patients. At all times, we want to have an aggressive and responsive strategy in place that enables the rapid identification, isolation and testing of all close contacts of positive cases.

Our testing system and strategy must continue to be agile, responding to any change in the pattern of disease and supporting proactive targeted testing programmes in those areas where transmission risk is highest (e.g. healthcare settings). Ongoing integration of the IT systems and data repositories which underpin sampling, testing and contact tracing will allow faster recognition of the connections between individual cases so that clusters can be quickly identified and will give those managing COVID-19 the knowledge to quickly identify channels of transmission and shut these down.

However, central to the effectiveness of Ireland’s testing and contact tracing strategy is the willingness and commitment of everyone to participate in fully in testing and contact tracing. It is important that across the health service and Government there are continued efforts to communicate the importance to the public of engaging fully with testing and contact tracing as key societal public health measures in order to limit the spread of infection. Everyone must be vigilant of the symptoms of the virus and should self-isolate and seek medical care as quickly as possible if they have even mild symptoms, including flu-like symptoms. The new COVID Tracker App is also an important additional tool to assist the contact tracing process.

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6 The higher incidence of infection amongst women is not completely understood, but it should be noted in the Irish context approximately a third of all confirmed cases of COVID have been in healthcare workers, the majority of whom are women.
3.7 The need to minimise the risk of cases/clusters and respond decisively when new threats/clusters emerge

A key aspect of a public health response to future COVID-19 cases/clusters is agility. The processes that have been put in place must be actioned immediately and completed rapidly in order to protect against and halt the spread of the disease. The adoption of a more nuanced approach will be contingent on the provision of robust and timely public health data to identify emerging concerns and a comprehensive and timely response to those concerns at the micro-, meso- and macro-levels once identified. This will necessitate a partnership approach, not alone across the NPHET, the Department of Health and the HSE, but across the health and other sectors more broadly, with clear protocols and identified roles and responsibilities at national and regional/local level. Each sector should have preparedness plans ready to action, as needed, in place for each phase. Regulatory bodies across all sectors should utilise their legal standards, assurance and enforcement powers to support comprehensive national and local responses. Furthermore, the delivery of integrated approaches to infection prevention and control and minimising secondary disease spread through building capacity across community and acute settings will be central to preventing infection spread.

3.8 Being as responsive as possible to the new and rapidly emerging evidence

To date, over 35,000 scientific papers on COVID-19 have been published. In the early days of the pandemic there was no information on the cohorts who were most affected by the disease, the average time it took to develop symptoms, the role of asymptomatic or pre-symptomatic transmission, or the percentage of people who contracted the disease and recovered. We now have more complete information. COVID-19 has been in existence for over 6 months so this also allows us to gather evidence about its after-effects in those who have recovered from it. We know so much more now than we did at the start of this pandemic and we will continue to hone our knowledge as further evidence emerges. Therefore, it is vitally important to continue to synthesise evidence and use it to inform our approach to effectively and efficiently control the disease.

3.9 Outdoors is safer than indoors

Research indicates that being outdoors is safer than being indoors when it comes to the transmission of the SARS-CoV-2 virus. Outdoor gatherings pose a lower risk of transmission because wind disperses the droplets containing the virus. The WHO recommends that as a mitigation measure for gatherings, they should take place outdoors rather than indoors. This means that it is safer for people to meet outdoors where they can engage in a range of activities, provided appropriate social distancing is observed.

3.10 Role of children in transmission and spread may be less important when compared with other respiratory viruses

In responding to the initial wave of this pandemic, a precautionary approach to the closure of educational and childcare facilities was taken, based on our knowledge of the critical role children play in spreading other infections such as seasonal influenza. However, evidence from the first wave of COVID-19 appears to indicate that children are not as susceptible to COVID-19 infection as adults. Just under 2% of confirmed cases in Ireland have been in children aged under 14 years. Furthermore, a recent review of available international evidence by HIQA indicates that children do not seem to play a major role in disease transmission. Based on our understanding of this evidence, as part of our ongoing response to managing COVID-19 a stepwise approach to managing the risk of disease transmission in educational and childcare facilities will be taken, based on local public health risk assessment. Rather than closing these facilities en masse, it may be possible to limit closures to individual facilities and confine an outbreak to those facilities experiencing outbreaks using robust and rapid testing, contact tracing, and isolation.

3.11 Public perceptions of the COVID-19 response

Understanding the public perception of the COVID-19 response has been critical in acknowledging and responding to what the public values and the limits of acceptability in terms of public health measures. It

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has also enabled improved communication strategies which are vital for transparency and trustworthiness. The overall narrative of Ireland’s response to COVID-19 is framed positively: (i) the worst did not come to pass because Ireland prepared and acted correctly, (ii) Ireland had strong unified leaders that navigated the country through crisis, (iii) the planning of Ireland’s response to COVID-19 was public health-led, (iv) the people of Ireland were united under a common goal, (v) communication provided continuous clarity & confidence, and (vi) the good weather made it manageable. There were also some general areas of concern across the population: (i) lack of enforcement of regulations, (ii) fear of complacency among the general public regarding adherence to public health advice, and (iii) concern in relation to the potential impact of a second wave and the influenza season.
4 Areas of Focus for the Future

SARS-CoV-2 is a novel virus and, as such, there is still a lot to learn about both the virus and the disease it causes — COVID-19. Areas of focus over the coming period are as follows:

4.1 The virus is still out there
Based on current evidence, the WHO advises that the most plausible future scenario in the dynamic of COVID-19 may involve recurring epidemic waves interspersed with periods of low-level transmission. As a result, a key feature now is that Ireland, like other countries, remains susceptible to this pandemic and the risk of a large surge of infection remains ever-present. It is impossible to accurately predict the future trajectory of the disease in Ireland and there is no precedent for dealing with a pandemic such as this. Therefore, a phased approach to the disease, that allows for an escalation of actions if necessary, offers the best chance of an agile, effective and proportionate response.

4.2 Behavioural and message fatigue
Behavioural and message fatigue is a risk as we move into future phases of the response to the disease, as the population disengages from COVID-19 related news and begins to take more responsibility for assessing risk and navigating situations in daily life. The psycho-social and economic impact on groups within the population, for example young adults, may impinge on their continued adherence to public health advice. The behavioural research points to the importance of (i) continuing to communicate clearly and consistently with the population on the facts and the ‘why’ of public health advice, (ii) targeting support to groups who may struggle with comprehension or capability to comply, (iii) educating and empowering on risk perceptions and mitigation, (iv) acknowledging the uncertainty and longer-term impacts, (v) emphasising the positive gains and past progress, (vi) continuing to maintain a sense of collective action and resilience; and (vii) optimising the physical environment to enable people apply the appropriate behaviours — these will all contribute to sustaining engagement and adherence with key behaviours. It should be noted that the benefit of the experience and knowledge gained by the public over recent months, as well as high levels of compliance with measures to date, and continued adherence across society, will help enable the rapid implementation of future measures and responses if required.

4.3 There is currently no vaccine or treatment
Currently, there is no vaccine or treatment available for COVID-19. The WHO has stated that the availability of a safe and effective vaccine for COVID-19 is well-recognized as an additional tool to contribute to the control of the pandemic, while simultaneously recognising that the challenges and efforts needed to rapidly develop, evaluate and produce this at scale are enormous. On the 7th of July, the WHO published its latest draft landscape of COVID-19 candidate vaccines; this identified 21 candidate vaccines in clinical evaluation and a further 139 candidate vaccines in preclinical evaluation. No vaccines are currently licensed for any of the other coronaviruses affecting humans — SARS-CoV-1, MERS-CoV, and minor cold viruses. In its draft Blueprint for an EU vaccination plan, the European Commission has suggested that, based on an R0 of 3.9 (established before the confinement measures), at least 74% of the population will need to be vaccinated to control future outbreaks and return to pre confinement way of life. For the European population this represents around 350 million people.

4.4 Co-circulation of seasonal influenza and COVID-19
It is plausible that the current pandemic may re-emerge as a second, potentially larger, wave of the disease this autumn and winter. A similar scenario may also develop in the context of the relaxation of current restrictions and reversion to pre-pandemic personal, domestic, social, travel and occupational behaviours, both in Ireland and globally. In the Northern Hemisphere, influenza season typically commences in October and continues through to May. Consequently, more so than ever, the influenza vaccine is strongly recommended for everyone. For the 2020/21 influenza season, the Government will make vaccination without charges available to all of those in the identified at-risk groups, including healthcare workers, as well as to all children aged from 2 to 12 years. Work is currently underway on the development of an extensive
communications campaign to inform everyone about the importance of availing of the influenza vaccine and to encourage a high uptake rate of the vaccine.

4.5 Continuing to expand and support our health and social care workforce to meet the service demands including, service demands associated with the Pandemic and high-levels of COVID-19 care

Healthcare workers have been at the coalface of the response to the COVID-19 pandemic in Ireland. They have worked tirelessly and put their lives at risk daily to care for people who have become infected and to provide care, advice and services across our health and social care services. Healthcare workers and carers have served each of us, their communities and country in ways for which we can never truly repay them. As a society, we support and show solidarity for our healthcare workers and carers, and our health and social care services.

A key priority of Ireland’s response to the pandemic has been to expand the health and social care workforce, and the HSE workforce has increased by 3,200 to end-May 2020, matched by increased levels of funding for pay, agency and overtime requirements. This has been supported by targeted policies to support increased recruitment and the removal of barriers to entry to assist the rapid expansion of the workforce. Many of the measures introduced which were temporary and for the emergency pandemic response, now need to be put on a sustainable basis and a new strategic workforce plan for health and social care services will be essential, which takes cognisance of the challenges presented by COVID and the need to resume non-COVID services. This workforce plan will take into consideration how best the workforce can be expanded, supported, and protected in caring for patients and services users and delivering both COVID and non-COVID health and social care services in the presence of COVID-19 for the foreseeable future.

4.6 Long term care facilities

The protection of residents in long-term care facilities will continue to be the priority focus into the future in recognition of their vulnerability to COVID-19. A key issue in terms of premises in long-term care facilities (public, voluntary and private), including disability settings, is the potential need for infrastructural changes to support physical distancing and infection control measures. This is likely to entail the provision of more day space, more single rooms with ensuite bathrooms, a reduction in multi-occupancy rooms and more shower and toilet facilities. There is also likely to be a need for greater space within facilities or access to facilities (such as temporary facilities) to provide isolation and cohorting of residents in the event of future outbreaks of COVID-19. These requirements have Capital Plan implications.

More generally, it is anticipated that there will be a need to accelerate the pace of disability decongregation to achieve a reduction in institutional type disability residential care settings where social distancing, isolation and cohorting are likely to be more of a challenge. This will create the need for building homes to accommodate four or fewer people in line with policy, which is contingent on increased resources from the Capital Plan. Additionally, further focus on community based/in-home supports to delay or avoid admission to long-term residential care services will be required — this will require increased focus on home supports.

4.7 Resumption of the delivery of non-COVID-19 care and services alongside COVID-19-care

It is essential that health and social care services operate and develop pathways to treat both COVID and non-COVID patients simultaneously. The HSE has developed its Service Continuity in a COVID Environment Framework and work is ongoing to implement plans to resume and/or phase up delivery of non-COVID care safely with use of all available additional capacity to maximise activity.

4.8 Overseas travel and importation of cases

Given the improved epidemiological situation in Ireland, and the increased number of cases reported across several countries both globally and within the EU, travel-related introduction of the disease continues to be of concern as a potential risk factor for a second wave of the disease in Ireland. The NPHET continues to advise against all non-essential travel overseas and that all steps should be taken to prevent, to the greatest extent possible, imported cases to Ireland.
In the early stages of this pandemic, a key communications objective was to build the public’s trust in the public health advice through open and transparent communication led by experts, and to build awareness of the nature of COVID-19 and the central role for individuals in interrupting its transmission. To date, effective communication from the Department of Health, the HSE and across Government has encouraged the uptake of crucial preventative personal behaviours by people across Ireland.

Early and consistent communication has displayed a commitment to transparency and has fostered trust between the public and officials overseeing the public health response.

The Crisis Communications Group established and led by the Government Information Service (GIS) implemented a co-ordinated all-of-Government response which ensured maximum clarity for citizens, businesses and the wider community throughout this first stage of the pandemic.

Behavioural and message fatigue is a risk as we move into the next phases of the response to the pandemic, as the population disengages from COVID-19 related news and begins to take more responsibility for assessing risk and navigating situations in daily life. The next phase of communication will continue to emphasise national solidarity, recognising sacrifices made by the public to date and asking them to #HoldFirm and to continue to work with the public health advice to suppress transmission of the virus.

**Communication Principles**

- Open and transparent communication led by public health experts
- Clear and consistent communication to empower the public to live safely with COVID-19
- Cross Government collaboration outlining the all-of-Government response
- Emphasis on national solidarity and collective action

**Communication Objectives**

- Continuing to communicate clearly and consistently on the facts of the disease and the ‘why’ of public health advice
- Educating and empowering on risk perceptions and mitigation
- Emphasising the positive gains and past progress
- Continuing to maintain a sense of collective action and resilience
- Continue to communicate the all-of-Government response to reassure citizens and businesses

**Communication Strategy**

- Introduce the public to the concept of COVID-19 risk and colour phase, with associated individual and collective behaviours, which Government will use to manage a coordinated response to the pandemic for the foreseeable future. The COVID-19 status will be communicated to the public on a regular basis via traditional and social media.
  - Red Response Phase: widespread transmission of the disease
  - Orange Response Phase: increased transmission
  - Yellow Response Phase: individual cases and isolated clusters
  - Blue Phase: global pandemic declared over, no cases in Ireland and/or widespread vaccination

- Living with COVID-19 — Refreshed communications campaign to maintain a sense of collective action and resilience, with additional targeted communication to specific groups, to support understanding and inspire action.

- Flu Vaccine — Phased flu vaccination campaign targeting healthcare workers in their workplaces, and public campaigns aimed at pregnant women, over 70s and medically vulnerable people — as well as introducing the flu vaccine for children aged 2-12 for the first time.
• Winter and Self-care — Guidance for the public on preparing for winter, taking care of our own health, responding to common winter illnesses in a COVID-19 environment, how to use health services this winter.

• Government Information Service to continue to lead all-of-Government response ensuring maximum clarity for citizens, businesses and the wider community.
## YELLOW PHASE
(Times when risk is medium: low incidence with isolated clusters, low community transmission, pandemic ongoing, in Ireland and globally)

### Objectives:
1. Rapidly detect and isolate confirmed cases to minimise secondary spread, serious illness and death
2. Ensure that people and society can function as normally as possible whilst minimising the risk of disease spread
3. Embed and expand non-COVID care pathways within health and social care services and ensure that health and social care services and their workforce are prepared for escalation to Orange and Red Phases
4. Ensure measures are in place to protect vulnerable groups, including those in community and acute healthcare settings
5. Minimise the impact on the economy by ensuring an agile, robust, local public health-led response to cases and clusters

### Disease Indicators:
(considered collectively and in context to guide judgement and decision-making)

1. Single or isolated clusters or outbreaks, with origins understood in the majority of cases
2. 14-day cumulative incidence and related indicators low and stable
3. Indicators of viral transmission (including the number of cases, positivity rate and reproduction number)
4. Incidence of cases in residential healthcare settings stable or decreasing, indicating suppression of community transmission
5. Number of deaths stable or decreasing, indicating suppression of community transmission
6. Admissions to hospital and critical care stable or decreasing, indicating suppression of community transmission
7. Disease remains uncontrolled overseas, but cases related to overseas travel here remain in the minority

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<td>1. As individuals, continue to adopt behaviours to interrupt transmission of the virus including:</td>
</tr>
<tr>
<td>— Frequent handwashing; cough and sneeze etiquette, avoid touching eyes, nose and mouth, regularly cleaning and disinfecting surfaces,</td>
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<tr>
<td>— Keep a safe distance of 2 metres from other people, especially those not among your close contacts</td>
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<tr>
<td>— Minimise your number of close contacts as much as possible and keep a record of your daily contacts in order to facilitate rapid contact tracing if you are diagnosed with COVID-19</td>
</tr>
<tr>
<td>— Wear a face covering when using public transport, in retail settings or any other indoor setting where physical distancing cannot be maintained</td>
</tr>
<tr>
<td>— Follow public health advice on restricting the number of visitors to private homes to a maximum of 10 people and from a maximum of four other households</td>
</tr>
<tr>
<td>2. Know and self-monitor for the symptoms of COVID-19, if you have symptoms, self-isolate and contact your GP without delay</td>
</tr>
<tr>
<td>3. Stay informed of the current situation through trusted information sources and follow official public health advice</td>
</tr>
<tr>
<td>4. Those aged 70 years and over and the medically vulnerable should exercise judgement regarding the extent to which they engage with others and in activities outside home</td>
</tr>
<tr>
<td>5. Avoid all non-essential travel overseas and reduce personal non-essential travel</td>
</tr>
<tr>
<td>6. Prepare for the reintroduction of some public health measures if the patterns of disease change</td>
</tr>
<tr>
<td>Collective</td>
</tr>
<tr>
<td>1. Ensure that gatherings of people are kept to a minimum, and in any event limited to the maximum numbers set out in the prevailing public health advice. Maintain physical distancing at all gatherings. All reasonable steps should be taken to ensure that a record of those attending is kept in order to facilitate rapid contact tracing</td>
</tr>
<tr>
<td>2. Facilitate and enable community, voluntary and other organisations to engage and prepare for Orange and Red Phases in continuing to provide supports to communities, families and those in need, while complying with public health advice</td>
</tr>
<tr>
<td>3. Businesses, organisations and workplaces should continue to adhere to public health advice and guidance relevant to their sector and should develop plans for implementation during Orange and Red Phases</td>
</tr>
<tr>
<td>4. Workers and businesses that can work remotely from home should continue to do so to the maximum extent possible and organisations should continue to deploy their own plans for prioritising onsite working arrangements by those workers that are required to work onsite</td>
</tr>
</tbody>
</table>

### Key Priorities for the Health & Social Care Service

<table>
<thead>
<tr>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continue to deliver and enhance effective public health responses, including testing, contact tracing, and surveillance, public health outbreak responses, workflows, data and information management and reporting, as well as overall governance processes</td>
</tr>
<tr>
<td>2. In line with the HSE's Service Continuity in a COVID Environment, implement plans to resume and/or phase up delivery of non-COVID care safely with use of all available additional capacity to maximise activity including private hospitals as appropriate, and develop plans to address activity shortfalls arising as a consequence of COVID-19 response measures</td>
</tr>
</tbody>
</table>
3. Build and expand sustainable multidisciplinary capacity through supporting the development and implementation by HSE of workforce plans (such as in public health, HPSC, occupational health, acute and community care workforce) and policy regarding enhancing public health structures for the future.

4. Continue to develop, resource and implement policies and initiatives to protect and support healthcare workers and carers across all health and social care service providers, such as flexible working arrangements, health and resilience supports, accommodation, childcare and travel supports, illness payments, etc.

5. Continue to support General Practice in direct access to community diagnostic services and specialist consultation and enhanced MDT delivery of chronic disease management services to enable the delivery of care in the community and reduce unscheduled acute presentations.

6. Continue to resource and support sustainable evidence synthesis capacity, including within HIQA, to inform the public health response during the pandemic, as well as additional statistical, analytical and disease modelling capacity within the HPSC, supported by appropriate external academic and public health expertise, to enhance the ongoing management of the pandemic, and endure preparedness for future outbreaks.

7. As outlined in the HSE’s Service Continuity in a COVID Environment, identify ways to retain and maintain innovative care pathways and practices implemented as part of the COVID response, with a view to extending these to non-COVID care.

As part of ongoing pandemic response and planning for future Orange and Red Phases—

8. Department of Health, HSE, DPER and relevant health agencies will continue work together to develop and implement resource policy, strategies and plans inter alia to:
   - undertake winter readiness planning including public and private sector workforce planning
   - deliver expanded seasonal influenza vaccination programme including for vulnerable groups and healthcare workers
   - drive procurement initiatives to secure necessary supplies of PPE, equipment and medicines, etc.
   - enhance physical capacity and infrastructure including increased critical care capacity
   - plan for surge capacity through service review, enhancement of capacity where possible and development of continuity plans
   - strong focus on IPC in healthcare settings, minimising secondary disease spread and integrated approaches to IPC, through building capacity across acute and community settings
   - support health services to enhance COVID care pathways such as: maximising patient flow; hospital avoidance and timely hospital discharge services for older people in the community including use of Intermediate Care facilities and Specialist Older Person services teams as well as increased home support services, including intensive home support, and reablement approaches to discharge; rehabilitation services for those following acute COVID illness; review the effective utilisation of Community Assessment Hubs to include managing respiratory illnesses; increasing MAUs and SAUs; work practices to enhance early discharge and admission avoidance; enable virtual consultations and other innovative practices to allow care to continue to be provided
   - deliver differentiated health services responses as between regions during Orange Response Phases as necessitated by the application of special health measures in a specific region
   - roll out COVID-19 communications campaigns, and initiatives to maximise the health and wellbeing of the population to build resilience.

9. Use experience to date to develop multi-agency / disciplinary plans to protect the most vulnerable from the disease across health and other settings, e.g. nursing home and residential care facility residents, people availing of homelessness services, members of the Roma and Traveller Communities, people availing of Direct Provision services, people aged 70 years and over or those who are medically vulnerable, people availing of specialist disability health services and mental health services and others. In particular, implement the recommendations of the Expert Panel on Nursing Homes. HSE COVID-19 Response Teams in place to support long-term residential care facilities and continued implementation of NPHET recommended enhanced public health measures to protect residents. HSE teams to support those health and social care providers experiencing significant staffing challenges etc.

10. Health and other regulatory bodies to utilise their legal standards and powers to provide assurances and support national and local responses.

11. Implement visiting protocols in long-term residential care facilities in accordance with public health guidance.

Local/Regional

1. Continue to deliver and enhance effective public health responses, including testing, contact tracing, and surveillance, public health outbreak responses, workflows, data and information management and reporting at the local and regional level. Ensure that the public is kept informed of disease status within locality/region, with greater visibility of health service and public health leaders at local and regional level.

2. In accordance with the HSE’s Service Continuity in a COVID Environment, implement plans to resume and/or phase up delivery of non-COVID care safely with use of all available additional capacity to...
**YELLOW PHASE**  
(Times when risk is medium: low incidence with isolated clusters, low community transmission, pandemic ongoing, in Ireland and globally)

maximise activity, and implement plans to address activity shortfalls arising as a consequence of COVID-19 response measures

3. All health and social care service providers will review and update/develop public health-led, risk-based relevant response plans for future Orange or Red Phases, (including through engagement with Local Authorities and other regional stakeholders, where relevant). In developing plans, health and social care service providers are advised to—
   - have regard to the specific requirements of their service users,
   - use experience to date to plan for the protection of the most vulnerable from the disease, where appropriate to their services e.g. nursing home and residential care facility residents, people availing of homelessness services, members of the Roma and Traveller Communities, people availing of Direct Provision services, people aged 70 years and over or those who are medically vulnerable,
   - identify their workforce, PPE and other requirements, to ensure that they are in a position to provide services, have adequate staffing arrangements, in the event of surges in demand, staff absences etc
   - identify and plan for the use of potential facilities for local surge capacity,
   - plan for rapid, large-scale communication to the public in the event of local clusters e.g. text alerts

### Key Priorities across Government & Society

<table>
<thead>
<tr>
<th>National</th>
<th>Local/Regional</th>
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</table>
| 1. Government Departments will review and update/develop sector-specific plans for future Orange or Red Phases, including in respect of ‘at risk’ areas, essential services. Examples include: Children and Childcare; Education; Vulnerable Groups – Direct Provision, Homeless and those with addiction issues; Traveller Community and Roma; Disability Services; Irish Prison Service; Migrant workers; Construction; An Garda Siochana; Transport; Retail; Local Authorities; Social Protection; Civil Service; Sport and others. | 1. Each sector to develop risk-based plans for the preparedness and implementation of local/regional societal measures during Orange and Red Phases, with agreed division of/shared responsibilities as between key organisations within regions / sectors. In developing their plans, each sector is advised to—
   - consider specific responses, including multi-organisation responses, that may be necessary for that region / sector
   - be cognisant of the national and local disease context and how that might change
   - engage with the community and voluntary sector in the development of plans and provide for a coordinated approach
   - engage with vulnerable people in the community to ensure that their needs are adequately represented
   - identify specific measures that can be taken to reduce risk |
| 2. Establish a cross-Government mechanism to coordinate sustained support for those that are vulnerable and others disproportionately impacted by the pandemic | 2. Create strong local cross sectoral teams to plan local actions |
| 3. Proactively identify and address sector specific policy/legislative issues related to COVID-19 for the Orange and Red Phases | 3. Ensure arrangements for protecting vulnerable groups are maintained in readiness for activation |
| 4. Monitor international epidemiology and provide advice with regard to overseas travel | 4. Implement and maintain COVID-19 prevention and control measures in public spaces and amenities |
| 5. Maintain information services at central Government level with current advice and information for citizens, organisations and others | |
## ORANGE PHASE
(times when risk is greater: increased incidence with multiple clusters, increased community transmission, pandemic ongoing and escalating, in Ireland and globally.)

### Objectives:

1. Rapidly detect and isolate confirmed cases to minimise secondary cases, serious illness and death
2. Protect older people, vulnerable groups, people with disabilities, children, the most vulnerable and all in society from infection, having regard to the mental health and wellbeing of society more broadly
3. Protect hospital and critical care capacity
4. Protect the wider economy and workforce from the impact of measures and seek to minimise the impact on the local economy

<table>
<thead>
<tr>
<th>Disease Indicators: (considered collectively and in context to guide judgement and decision-making)</th>
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<tbody>
<tr>
<td>1. Multiple clusters, with secondary spread</td>
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<tr>
<td>2. 14-day cumulative incidence and related indicators show significant or increasing level of disease</td>
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<tr>
<td>3. Indicators of viral transmission (including the number of cases, positivity rate and reproduction number) indicate community transmission no longer effectively suppressed</td>
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<tr>
<td>4. Incidence of cases in residential healthcare settings increasing</td>
</tr>
<tr>
<td>5. Admissions to hospital and critical care increasing</td>
</tr>
<tr>
<td>6. Number of deaths increasing</td>
</tr>
<tr>
<td>7. Capacity to undertake testing and contact tracing constrained in the context of current demand</td>
</tr>
</tbody>
</table>

### Key Priorities for the Public

#### Each individual

1. As individuals, continue to adopt **behaviours** to interrupt transmission of the virus including:
   - Frequent handwashing; cough and sneeze etiquette, avoid touching eyes, nose and mouth, regularly cleaning and disinfecting surfaces
   - Keep a safe distance of 2 metres from other people, especially those not among your close contacts
   - Minimise your number of close contacts as much as possible and keep a record of your daily contacts in order to facilitate rapid contact tracing if you are diagnosed with COVID-19
   - Wear a face covering when using public transport, in retail settings or any other indoor setting where physical distancing cannot be maintained

2. Follow **updated public health advice** for your location or sector based on Orange Phase including advice on:
   - Staying local, not travelling outside the designated area, and using amenities as close to home as possible
   - Restricting the number of visitors to private homes as well as groups meeting indoors and outdoors
   - Only using public transport for commuting to essential work or for other essential purposes
   - Going out to work and engaging in activities
   - Restricting personal non-essential travel and avoiding all non-essential travel overseas

3. Know and self-monitor for the **symptoms** of COVID-19, if you have symptoms, self-isolate and contact your GP without delay

4. **Stay informed** through trusted information sources and follow official public health advice

5. Those aged **70 years and over or medically vulnerable** should stay at home as much as they can. While it is up to each person to exercise individual judgement regarding the extent to which they engage with others, it is strongly recommended that they limit this to a very small network, for short periods of time, while remaining physically distanced. If taking exercise outdoors, maintain 2 metre distance from others and wash hands on returning home. They should avoid public transport. In relation to shopping, they should shop during designated hours and wear a face covering. Family, friends and neighbours may be able to provide assistance with shopping once they adhere to physical distancing guidelines, alternatively, online services may be considered. For those for whom these options are not available, Government will put in place assistance through Local Authorities, working with the voluntary sector services, to ensure that people have access to food, essential household supplies and medicines.

6. Prepare for the reintroduction of further public health measures if the patterns of disease deteriorate

#### Collective

1. Ensure that all types of household, private, family or social indoor **gatherings** of people are restricted to a maximum of 6 people from no more than 3 households in total; outdoor gatherings should be limited to a maximum of 10 people – while maintaining physical distancing. Outdoor public sports amenities can remain open for non-contact sports and / or training, up to a maximum of 10 people per group, with other protective measures in place

2. **Businesses, organisations, groups and workplaces** should adhere to updated public health advice for their location or sector based on Orange Phase and guidance relevant to their sector, deploy their plans for Orange Phase and should prepare for implementation of their plans for Red Phase

3. In accordance with updated public health guidance for the location or sector based on Orange Phase, workers and businesses should follow public health advice regarding **going out to work**

4. Community, voluntary organisations, businesses, employers, workplaces and others should deploy their plans in relation to supporting vulnerable groups during the Orange Phase in that area

### Actions to be initiated on commence-ment of Orange Phase

<table>
<thead>
<tr>
<th>Actions to be initiated on commence-ment of Orange Phase</th>
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</thead>
<tbody>
<tr>
<td>Everyone (including organisations)</td>
</tr>
</tbody>
</table>
### Key Priorities for the Health & Social Care Service

#### National

1. Continue to deliver effective public health responses, including testing, contact tracing, and surveillance, public health outbreak responses, workflows, data and information management and reporting. Activate surge plans for Departments of Public Health and contact tracing teams to ensure ongoing robust response.

2. Continue to deliver on policy initiatives and drive implementation of health and social care service response plans for Orange Phase including:
   - Winter plans and delivering surge capacity, including in critical care, and plans regarding the use of private hospital capacity on a local / regional basis, based on specific indicators; enhanced homecare procurement initiatives
   - Strong focus on IPC in healthcare settings, minimising secondary disease spread and integrated approaches to IPC, through building capacity across acute and community settings
   - Differentiated health services responses as between regions during Orange Response Phases as necessitated by the application of special health measures in a specific region
   - Roll out COVID-19 and related communications campaigns, including initiatives to maximise the health and wellbeing of the population to build resilience

3. Continue to deliver policy initiatives and implement plans to protect the most vulnerable from the disease across health and other settings, e.g. nursing home and residential care facility residents, people availing of homelessness services, members of the Roma and Traveller Communities, people availing of Direct Provision services, people aged 70 years and over or those who are medically vulnerable, people availing of specialist disability health services and mental health services and others. Commence check-ins and continue support with residential care facilities by HSE COVID-19 Response Teams. Continue to implement the recommendations of the Nursing Home Expert Panel and continued implementation of NPHET recommended enhanced public health measures to protect residents.

4. Health services to continue to enhance COVID care pathways such as: maximising patient flow; hospital avoidance and timely hospital discharge services for older people in the community including use of Intermediate Care facilities and Specialist Older Person services teams as well as enhanced home support services and reablement approaches to discharge; rehabilitation services for those following acute COVID illness; review the effective utilisation of Community Assessment Hubs to include managing respiratory illnesses; increasing MAUs and SAUs; work practices to enhance early discharge and admission avoidance; enable virtual consultations and other innovative practices to allow care to continue to be provided

5. Communicate with and advise services regarding updated public health advice during the Orange Phase Response relevant to the location or sector of the health service provider, implement appropriate visiting restrictions in long-term residential care facilities and acute settings

6. Ensure effective multiagency communication and interventions are in place with residential care facilities and implement agreed escalation pathways

7. Continue to resource and implement policies and initiatives to protect and support healthcare workers and carers across all health and social care service providers, such as flexible working arrangements, health and resilience supports, accommodation, childcare and travel supports, illness payments, etc. HSE COVID-19 Response Teams in place to support long-term residential care facilities. Prepare to enhance these in preparation for Red Phase

8. Health and other regulatory bodies to utilise their legal standards and powers to provide assurances and support national and local responses.

9. Health and social care service providers, health agencies and all health organisations should prepare for implementation of their plans for Red Phase

#### Local / Regional / National (as applicable)

1. Continue to deliver effective public health responses, including testing, contact tracing, and surveillance, public health outbreak responses, workflows, data and information management and reporting at the local and regional level. Ensure that the public is kept informed of disease status within locality/region, with greater visibility of health service and public health leaders at local level

2. All health and social care service providers to implement relevant response plans for Orange Phases, (including in conjunction with Local Authorities and other regional stakeholders, where relevant) having regard to:
   - The specific requirements of their service users and the protection of the most vulnerable from the disease, where appropriate to their services
   - Activation of local surge capacity, including critical care, winter plans, deliver enhanced IPC in healthcare settings and integrated approach across acute and community settings
   - The need to ensure that the service provider is in a position to provide its services, has adequate staffing arrangements, has access to PPE and other essential requirements in the event of surges in demand, staff absences etc

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HSE, DOH, health / social care service providers, HIQA
HSE, health service/social care providers
HSE, HIQA, DOH, health/social care service providers
All health organisations

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HSE
HSE, health service/social care service providers
### ORANGE PHASE

(timelines when risk is greater: increased incidence with multiple clusters, increased community transmission, pandemic ongoing and escalating, in Ireland and globally)

- Measures to continue to enhance COVID care pathways, including Community Assessment Hubs
- Differentiated health services responses as between regions during Orange Response Phases as necessitated by the application of special health measures in a specific region
- Communication campaigns and initiatives to support the health and wellbeing of the population to build resilience against COVID-19

3. Follow updated public health advice during the Orange Phase Response relevant to the location of the health service provider, regarding implementing visiting restrictions in long-term residential care facilities and acute settings, as appropriate

4. Health and social care service providers and all health organisations should prepare for implementation of their plans for potential escalation to Red Phase

### Key Priorities across Government & Society

#### National

1. Government Departments and sectors implement sector-specific plans for Orange Phase and activate sector-specific guidance, plans and communications relevant to local/regional levels

2. Ensure that appropriate cross-Government mechanisms are operating to coordinate sustained support for those that are vulnerable and others disproportionately impacted by the pandemic

3. Escalate and intensify the community support framework with local Government and voluntary sector.


5. Monitor international epidemiology and provide updated advice with regard to overseas travel

6. Maintain information services at central Government level with current advice and information for citizens, organisations and others

7. All sectors to communicate intended actions and reasons to the public to ensure a shared understanding

8. All sectors actively prepare for implementation of their plans for potential escalation to Red Phase

#### Local / Regional / National (as applicable)

1. Activate local/regional plans and multi-organisation responses that may be necessary for region / sector

2. Relevant sectors will—
   - implement local/regional COVID-19 response in line with the relevant national plan for that sector,
   - ensure that local/regional stakeholders implement sector-specific measures,
   - ensure the operationalisation of sector-specific measures at local/regional level through engagement and partnership with relevant local stakeholders,
   - communicate intended actions and reasons for taking them to the public to ensure shared understanding

3. Activate arrangements at regional / local level to protect vulnerable groups

4. In accordance with updated specific public health advice, the menu of possible public health restrictive measures some or all of which may need to be applied, adjusted as the epidemiological and public health scenario requires, on a local, regional or national basis during an Orange Phase Response, are as follows:
   - Unless risk-based public health assessment directs otherwise, it is intended that the following settings should remain open, with protective measures in place:
     - Childcare, primary and secondary schools in accordance with sectoral plans and public health guidance. Further, higher and adult education sectors should primarily move to online education with appropriate arrangements in place where onsite attendance is necessary for essential practical education. Any childcare or educational setting with a case/cases may be required to close for a period, in accordance with the advice of the relevant public health department.
     - Outdoor playgrounds and play areas and parks
     - Essential retail outlets, such as those selling food and beverages, pharmacies, fuel providers and financial institutions (full list set out in Schedule 1 of S.I. 121 of 2020) as well as those retail outlets that are primarily outdoors, including marts
     - Restrictions on going out to work other than essential workers and other specified workers
     - Places of worship to remain open for private prayer, while services will move online
     - All cafes and restaurants will be required to limit supply to take-away food or delivery and / or outdoor dining (with strict physical distancing)
     - All theatres, clubs, gyms/leisure centres, hairdressers, personal services, betting shops, indoor markets, casinos, bingo halls and pubs will be required to close
     - No sporting events or matches will be permitted to take place (other than non-contact training in a maximum group of 10 people) except professional sports which may continue behind closed doors
     - Up to 25 people may attend a funeral service and burial / cremation ceremony (indoor events connected to the funeral will be limited to a maximum of 6 people)
     - Restrictions will be in place on travel outside a designated area during an Orange Response Phase
     - Public transport will be restricted to essential workers and passengers travelling for essential purposes

All sectors
### RED PHASE
(timelines when risk is greatest: high or rapidly increasing incidence, widespread community transmission, pandemic ongoing and escalating rapidly, in Ireland and globally)

#### Objectives:
Act rapidly, proactively and comprehensively to—
1. Rapidly detect and isolate confirmed cases to minimise secondary cases, serious illness and death,
2. Protect vulnerable groups from infection, serious illness and death
3. Protect hospital and critical care capacity and provision of non-COVID emergency services
4. Ensure that children, vulnerable groups and the mental health and wellbeing of society more broadly is protected in so far as it is safe to do so
5. Minimise the impact of measures on wider economy and workforce by minimising peak & length of this phase.

#### Disease Indicators:
(considered collectively and in context to guide judgement and decision-making)
1. Multiple clusters, with secondary and tertiary spread
2. 14-day cumulative incidence and related indicators show high or rapidly increasing level of disease
3. Indicators of viral transmission (including the number of cases, positivity rate and reproduction number) indicate significant community transmission
4. Incidence of cases in residential healthcare settings rapidly increasing
5. Number of deaths high and / rapidly increasing
6. Significant or rapid increase in admissions to hospital and critical care, with likelihood of hospital or critical care capacity being exceeded
7. Capacity to undertake testing and contact tracing constrained in the context of current demand

#### Key Priorities for the Public

<table>
<thead>
<tr>
<th>Each individual</th>
<th>Collective</th>
<th>Everyone (including organisations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. As individuals, continue to adopt behaviours to interrupt transmission of the virus including:</td>
<td>1. During the Red Phase, all indoor gatherings should be limited to your own household; outdoor gatherings should be limited to a maximum of 6 people. Outdoor public sports amenities can remain open for individual training only; no team sports or training</td>
<td>Everyone</td>
</tr>
<tr>
<td>- Frequent handwashing; cough and sneeze etiquette, avoid touching eyes, nose and mouth, regularly cleaning and disinfecting surfaces</td>
<td>2. Businesses, organisations, employers, groups and workplaces should adhere to updated public health advice and measures for Red Phase, guidance relevant to their sector and deploy their plans for Red Phase</td>
<td></td>
</tr>
<tr>
<td>- Keep a safe distance of 2 metres from other people, especially those not among your close contacts</td>
<td>3. In accordance with updated public health advice based on Red Phase, workers and businesses should follow public health advice regarding going out to work</td>
<td></td>
</tr>
<tr>
<td>- Minimise your number of close contacts as much as possible and keep a record of your daily contacts in order to facilitate rapid contact tracing if you are diagnosed with COVID-19</td>
<td>4. Community, voluntary organisations, businesses, employers, workplaces and others should deploy their plans in relation to supporting vulnerable groups during the Red Phase</td>
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</tr>
<tr>
<td>- Wear a face covering when using public transport, in retail settings or any other indoor setting where physical distancing cannot be maintained</td>
<td>5. Local groups should assist those who are over 70 or medically vulnerable in the area.</td>
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<tr>
<td>2. Follow updated public health guidance based on Red Phase, including advice on—</td>
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<tr>
<td>- Stay at home (subject to exemptions such as essential work, shopping for essential food, goods, medicines, vital family reasons, medical appointments, farming purposes, etc.)</td>
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<tr>
<td>- Take exercise within 5km of your home</td>
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<td>- Only using public transport for commuting to essential work or for other essential purposes</td>
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<td>- Only essential workers should go out to work or other designated workers</td>
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<td>3. Know and self-monitor for the symptoms of COVID-19, if you have symptoms, self-isolate and contact your GP without delay</td>
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<tr>
<td>4. Those aged 70 years and over or medically vulnerable should stay at home as much as they can. While it is up to each person to exercise individual judgement regarding the extent to which they engage with others, it is strongly recommended that they limit this to a very small network, for short periods of time, while remaining physically distanced. If taking exercise outdoors, maintain 2 metre distance from others and wash hands on returning home. They should avoid public transport. In relation to shopping, they should shop during designated hours and wear a face covering. Family, friends and neighbours may be able to provide assistance with shopping once they adhere to physical distancing guidelines, alternatively, online services may be considered. For those for whom these options are not available, Government will put in place assistance through Local Authorities, working with the voluntary sector services, to ensure that people have access to food, essential household supplies and medicines.</td>
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<tr>
<td>5. Stay informed through trusted information sources and follow official public health advice</td>
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</table>

#### Key Priorities for the Health & Social Care Service
RED PHASE
(times when risk is greatest: high or rapidly increasing incidence, widespread community transmission, pandemic ongoing and escalating rapidly, in Ireland and globally)

### National
1. Continue to deliver effective public health responses, including testing, contact tracing, and surveillance, public health outbreak responses, workflows, data and information management and reporting
2. Working with HSE Emergency Management structures and functions, continue to deploy health and social care service Red Phase response plans and policy initiatives including within the health sector: winter plans; surge capacity, including in critical care; procurement initiatives; IPC measures; communications campaigns; initiatives to continue to enhance COVID care pathways, etc.
3. Continue to deploy health and social care service Red Phase response plans to protect the most vulnerable from the disease across health and other settings, e.g. nursing home and residential care facility residents, people availing of homelessness services, members of the Roma and Traveller Communities, people availing of Direct Provision services, people aged 70 years and over or those who are medically vulnerable, people availing of specialist disability health services and mental health services and others.
4. Continue to implement the recommendations of the Nursing Home Expert Panel. Continued check-ins with and support for residential care facilities by HSE COVID-19 Response Teams. Continued implementation of NPHET recommended enhanced public health measures to protect residents.
5. Continue to resource and implement policies and initiatives to protect and support healthcare workers and carers across all health and social care service providers, such as flexible working arrangements, health and resilience supports, accommodation, childcare and travel supports, illness payments, etc.
6. Maintain health and social care services for essential patient care, including: urgent (elective) activity including urgent diagnostics, cancer rapid access clinics and dialysis; ongoing services for specialties including trauma, cancer, obstetrics, CF, organ transplant; GP services and primary care services; 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 specialist disability health services. Home care services risk assessed, and services provided to high dependency clients in line with public health guidance.
7. Deliver COVID-19 and related communications campaigns, including initiatives to maximise the health and wellbeing of the population to build resilience
8. Ensure effective multiagency communication and interventions are in place with residential care facilities and implement agreed escalation pathways
9. In accordance with updated specific public health advice during a Red Phase, implement a menu of possible public health restrictive measures including:
   - All or certain non-essential surgery, health procedures and other non-essential health services, such as certain day services in the community, may be postponed
   - All or certain visiting to hospitals and residential healthcare centres may be restricted or cease and alternative communication methods for patients/residents to stay in touch with friends and family in the community will be secured
10. Health and other regulatory bodies to utilise their legal standards and powers to provide assurances and support national and local responses.

### Local/Regional
1. Continue to deliver effective public health responses, including testing, contact tracing, and surveillance, public health outbreak responses, workflows, data and information management and reporting at the local and regional level
2. Implement relevant response plans for Red Phase, including in conjunction with Local Authorities and other regional stakeholders
3. In accordance with updated specific public health advice during a Red Phase, implement a menu of possible public health restrictive measures including:
   - All or certain non-essential surgery, health procedures and other non-essential health services may be postponed
   - All or certain visiting to hospitals and residential healthcare centres may be restricted or cease and alternative communication methods for patients/residents to stay in touch with friends and family in the community will be secured

### Key Priorities across Government & Society

HSE, DOH
HSE, DOH, health/social care service providers, HIQA
All health organisations

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# RED PHASE
(times when risk is greatest: high or rapidly increasing incidence, widespread community transmission, pandemic ongoing and escalating rapidly, in Ireland and globally)

## National
1. **Activate national emergency response protocols, plans and mechanisms** within and across sectors
2. All sectors to **communicate** intended actions and reasons for taking them to the public to ensure a shared understanding
3. Through the appropriate cross-Government mechanisms, ensure sustained support for those that are vulnerable and others disproportionately impacted by the pandemic
4. **Support regional / local measures to protect vulnerable groups**
5. **Ensure ongoing capacity of the community support framework with local Government and voluntary sector** to meet requirements for this Red Phase response
6. In accordance with updated specific public health advice, the **menu of possible public health restrictive measures** some or all of which may need to be applied, adjusted as the epidemiological and public health scenario requires, during a Red Phase Response are as follows:
   - Unless risk-based public health assessment directs otherwise, it is intended that the following settings should remain **open** with protective measures in place:
     - Outdoor playgrounds, play areas and parks
     - Essential retail outlets including those selling food and beverages, pharmacies, fuel providers and financial institutions (full list set out in Schedule 1 of S.I. 121 of 2020) and retail outlets that are primarily outdoors
     - Funeral service and burial/cremation ceremony are to be private and limited to 10 people and only the following should attend: members of the person’s household; close family members; or close friends if the deceased has no household or family members. Family and friends of the deceased will not be able to have gatherings after the funeral service
   - **Restrictions on going out to work other than essential and other specified workers will be in place**
   - Hotels are to limit occupancy to non-social and non-tourist reasons
   - All cafes and restaurants are to limit supply to take-away food or delivery
   - All theatres, clubs, gyms/leisure centres, hairdressers, personal services, betting shops, all markets, casinos, bingo halls, pubs, libraries and other similar outlets are to close
   - **Restrictions on travel outside of 5km from place of residence**
   - **Restrict all public transport to essential workers and passenger travel for essential purposes**
   - **Recommendations as to whether childcare, primary and secondary educational facilities and services should close** will be made based on the evolving evidence with regard to COVID-19 and children. Further, higher and adult education sectors should primarily move to online education with appropriate arrangements in place where onsite attendance is necessary for essential practical education. Any childcare or educational setting with a case/cases may be required to close for a period, in accordance with the advice of the relevant public health department
7. **Determine and communicate exit strategy from societal measures as soon as possible**

## Local/Regional
1. Relevant sectors are to–
   - lead the local/regional COVID-19 response in line with the relevant national plan for that sector
   - ensure that local/regional stakeholders implement sector specific measures
   - ensure the operationalisation of sector specific measures at local/regional level through engagement and partnership with relevant local stakeholders
   - communicate intended actions and reasons for taking them to the public to ensure a shared understanding
2. **Activate supports already in place to assist those who are aged 70 year and over, medically or otherwise vulnerable**

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All Govt Depts and all sectors

All sectors