

National Public Health Emergency Team

**NPHEM Discussion Paper on Phase 2 reduction of measures
in preparation for advising Government in advance of 8 June 2020**

4 June 2020

Action required

- For noting
- For discussion
- For decision

Introduction

Within a very short few weeks after the first cases of COVID-19 were reported in Ireland at the end of February 2020, as with other EU countries, it became necessary to take unprecedented steps to control the disease. A tiered approach of public health restrictive measures was first announced by An Taoiseach on 13 March, and these measures were further strengthened on 24 March and again on 27 March.

The strategy to reduce the restrictions is contained in the *Government Roadmap for Reopening Society & Business* published on 1 May 2020 and is set out over 5 phases, at three-week intervals. Phase 1 of this Roadmap was introduced on 18 May and enabled the commencement of easing of measures.

Provision of advice by NPHET in relation to Phase 2 reduction of public health social distancing measures

In developing this risk-based public health advice to Government in relation to the reduction of the public health social distancing measures which are currently in place, the NPHET has had regard to the following:

- the report to Government prepared by the Department of Health in accordance with the decision-making framework provided for in the *Roadmap for Reopening Society & Business* and in particular:
 - the latest data regarding the progression of the disease,
 - the capacity and resilience of the health service in terms of hospital and ICU occupancy, and
 - the capacity of the programme of sampling, testing and contact tracing.
- the most recent *ECDC Rapid Risk Assessment: Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – ninth update* (23 April 2020) in which it is stated that the risk of resurgence of COVID-19 remains moderate, even if public health measures are phased out gradually and accompanied by appropriate monitoring systems and capacities;
- the Government of Ireland *Roadmap for Reopening Society & Business* published on 1 May 2020 and the NPHET's *Public Health Framework Approach in providing advice to Government in relation to reducing social distancing measures introduced in response to COVID-19*;
- ongoing evidence and information regarding the experiences of members of the public, and their adherence with, the public health personal behaviours and social distancing measures in place including through regular quantitative and qualitative public opinion research and focus groups, as well as through analysis of non-health information sources such as transportation, mobility, and congregation data;
- the experiences in some countries which have seen some increases in cases of COVID-19 infection, following the easing of public health measures, including outbreaks in some settings.

In providing this risk-based public health advice to Government in relation to the reduction of the public health social distancing measures, the NPHET —

- emphasised that it is impossible to predict with certainty what the future trajectory of the COVID-19 disease will be in Ireland. Consequently, it is not possible to provide assurance that it is safe to reduce the public health social distancing measures and stricter measures may have to be reintroduced if a strong upsurge of infection were to occur at some point in the future;

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- acknowledged the impact that the current pandemic and consequent public health social distancing measures have had on children, young adults and families. The NPHET continued its commitment to support and enable cross-Government and cross-sector initiatives directed towards children, young adults and families, and especially children and young adults with special educational needs, disabilities and other complex needs;
- due to the prolonged period of cocooning, is cognisant of the particular impact that the public health social distancing measures have had on older people and the medically vulnerable. Bearing in mind that older people and the medically vulnerable are more susceptible to COVID-19 infection and more severely affected, cocooning continues to be recommended. However, the NPHET recognises the importance of those cocooning feeling empowered to exercise their own judgement and autonomy regarding the extent to which they consider the cocooning guidance is appropriate to their individual circumstances;
- recognised that, while the current pandemic and consequential public health social distancing measures have impacted on all in society, the overall impact has been greater on those who may be in disadvantaged communities or marginalised groups, including children and young adults in these communities. The NPHET expressed its support for the ongoing work of Government Departments, Local Authorities, community and voluntary groups, charities and other organisations in the working with and finding new ways to engage and support these communities and groups, in light of COVID-19;
- reiterated the importance of the continued enhancement of the HSE's sampling, testing, contact tracing, surveillance and reporting processes, with a particular focus on reinforcing the public health management of complex cases and clusters, especially among vulnerable populations;
- highlighted the concern that workplaces have the potential to become foci for new clusters of infection as public health measures are eased and emphasised the need for employers, workers and relevant stakeholders to work together to promote adherence to public health guidance and advice appropriate to the relevant sector;
- recommended the slow, gradual, stepwise and incremental easing of some restrictions, as set out, on the proviso that there is a continued strong emphasis on the risks associated with same, the need for continued and redoubled efforts to communicate publicly regarding the ongoing presence of the virus within the community and the consequent vital importance of individual and societal collective behaviours in preventing its resurgence;
- acknowledged that there are other important considerations for Government with regard to the reduction of measures, such as social and economic considerations, while noting the potential effects of the current measures on the wider health and wellbeing of the population.

The epidemiologic trends and health system impact of COVID-19 will continue to be reviewed on an ongoing basis such that any changes in the overall situation will be detected rapidly. As such, future recommendations and the timing of same will be subject to change based on the transmission patterns of the disease, the trajectory and velocity of change, and the evolving analysis of the impact of COVID-19 on health system capacity.

Appendix I

Measures for the NPHET to consider in relation to Phase 2 reduction of social distancing measures (in accordance with the NPHET's Public Health Framework Approach)

Text in BLACK are PHASE 2 measures that NPHET have already considered in Public Health Framework

Text in BLUE are suggested items or discussion by the NPHET or where the NPHET may wish to consider specifying more detailed guidance

Phase 2 as a turning point in the *Roadmap for Reopening Society & Business*

Phase 2 marks an important turning point in the lifting of the public health social distancing measures for Ireland and brings with it, fundamental changes of approach. From 8 June, individuals will now undertake a further increased range of daily activities. In addition, individuals will no longer be required to 'stay at home' but instead be encouraged to 'stay local'.

The easing of measures always has the potential to increase the risk of transmission of infection. The NPHET in its role to advise Government on the Phase 2 reduction of social distancing measures continues to emphasise that it is impossible to predict with certainty what the future trajectory of the COVID-19 disease will be in Ireland. The month of May saw mostly positive downward trends regarding the progression of the disease in terms of the number of new cases per day and the number of deaths as well as positive recovery rates. However, in light of the slight upward trend in the number of new cases per day towards the end of May, the NPHET continues to advise that there is no absolute assurance that it is safe to reduce social distancing measures, mindful that stricter measures will have to be reintroduced if there is strong upsurge of infection.

Therefore, it will be vitally important that all arms of the State, organisations, employers, businesses and individuals continue to work together to collectively promote and adhere to the core public health principles as effectively as possible, as often as possible, and in as many situations as possible.

A core set of overarching public health principles have been distilled, in order to support the change of approach for all from Phase 2 onwards.

Section 1: Overarching public health guidance principles as public health restrictive measures are eased

The lifting of restrictions in Phase 2 will continue to rely on the individual and collective responsibility and commitment to the common good that has been in evidence up to now.

The WHO and ECDC warn that the public health restrictive measures have to be lifted in a very slow, gradual and stepwise manner in phases separated by sufficient intervening time (e.g. in Ireland every 3 weeks) in order to avoid a rapid upsurge in infections and, in particular, to adequately assess the impact of the preceding phase on the trajectory of the disease. The measures are assessed on a regular and ongoing basis, individually and in combination to understand their impact on the disease and as far as possible to avoid a surge. **If that happens, certain measures may have to be re-imposed.**

The following overarching guiding public health principles are intended to assist everybody — individuals and organisations – as we move through the easing of public health restrictions:



1. Host Vulnerability:

People are susceptible to COVID-19 infection and some people are at high risk of more severe infection. Older people (aged 70 years and over) and those with pre-existing chronic conditions have been found to be more vulnerable and are most likely to experience severe consequences from COVID-19 infection.

Consequently, because of the ease of spread of infection, there will continue to be a long-term need for everyone in society to maintain good hand hygiene, respiratory etiquette, physical distancing, regular cleaning of surfaces, and for people to be very vigilant of, and self-isolate if they have, even minor symptoms to prevent infection spread.



2. Environment:

It is thought that the risk of infection spread is greater in certain environments than others, e.g., crowded situations, indoor environments that are not well-ventilated. It is important that people assess the risk in different situations and structure their environment to lower the risk as much as possible.

People should continue to avoid crowded places. Given the mode of virus transmission, evidence suggests that the virus is less likely to be transmitted outdoors. Where adults or children who are not from the same household congregate indoors, a large less crowded well-ventilated space (with windows and doors opened) where adults or children can be spaced as far as possible from each other is preferable to people being grouped together. Rooms should be cleaned regularly with a particular focus on communal surfaces like handrails, door handles and lift buttons, as well as communal areas like bathrooms, kitchens, etc.



3. Distance:

The risk of infection increases the closer a person is to another person with the virus and the amount of time spent in close contact with that person. Therefore, it continues to be important to keep a safe distance from people who are not from our households.

The recommendation in Ireland is that a person should maintain a physical distance of 2 metres from another person, where possible. Where this is not feasible, people should endeavour to maintain as much physical distance as possible and apply the other principles to the greatest extent possible.



4. Activity:

The risk of infection spread is greater when people are engaged in certain types of activities, e.g., where there is direct contact, including physical contact with other people, such as where work, travel, activities like certain sports, or services that require people to be in direct contact.

In these situations, it is important to assess the risk of different activities and either not engage or change how you engage in the activity to lower the risk. For example, working from home, travelling on public transport at “off peak” times, staggering working times, using personal protective equipment, using technology or other innovative ways to obtain the service etc.



5. Time:

Reduce close contacts and duration of contact with people outside your household. People should continue to restrict their close contacts to as small a number as possible and duration of contact should be as short as possible, while also maintaining strict social distancing (2 metres distance). Close contacts are the people you regularly spend time in close contact with, such as your family, children, parents, and very close friends. If you become infected, these people could also become infected and would have to go into self-isolation due to their close contact with you.

In the case of work colleagues and the wider circle of friends, it is important that people continue to avoid spending time in direct contact with people outside their household or immediate circle. This will help prevent the spread of infection. People should continue to follow public health advice and find other ways (including technology) to reduce contact and duration of contact.

The development of micro-communities¹ is specifically recommended as a useful tool in the following circumstances:

- For those **cocooning** — it may be useful as a way of providing a particular group of people that those cocooning may choose to visit, who they may wish to have visit them or engage in social activities with. It is especially important for people who are members of the micro-community of a person who is cocooning to understand that they need to keep to a minimum the number of their close contacts in order to protect the person who is cocooning as effectively as possible;
- For assisting in the management of groups of **small children and primary school age children** — in light of the challenges for social distancing in these age groups;
- For **children and adults engaged in organised sport, play and other activities** — the micro-community concept should be used to avoid the spread of infection to others, by ensuring that the members of the group are exclusive in engaging in that activity together.



6. Disease Prevalence:

In reality, we will have to live with this disease circulating in the community for some time. It is predicted that there will be periods of time when there will be low levels of transmission and during these times there will be low rates of infection. At other times there will be high levels of transmission and infection rates will increase. It is important that people continue to keep informed about the COVID-19 disease in Ireland and the intermittent changes in the levels of infection within the community.

Consequently, it is important to be aware that the public health social distancing measures have to be lifted in a slow stepwise manner and that they may need to be reintroduced if the rate of infection increases again in the future.

Section 2: Community Health Measures

Updated general advice from Phase 2 onwards

The general advice that people should take action to protect themselves and others will remain broadly the same. Everybody should:

¹ From ECDC Ninth Rapid Risk Assessment (23 April)

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- wash hands frequently with soap and water or use an alcohol-based hand sanitiser even if hands are not visibly dirty;
- practice good respiratory etiquette;
- avoid touching your eyes, nose and mouth — if you touch your eyes, nose or mouth with your contaminated hands, you can transfer the virus from the surface to yourself;
- know, and be very vigilant of, the symptoms of COVID-19. If you think you have symptoms, including flu-like symptoms, self-isolate at home. Do not go to work, meet other people, go out, send your children to school or let your children mix with other children if they are unwell.

As an additional hygiene measure, when using busy public transport or when in indoor public areas including retail outlets, the wearing of a face covering (i.e. a non-medical face covering) is recommended, where appropriate. However, this is a supplementary action and should not take the place of good hand hygiene, respiratory hygiene, etc.

Wearing of face coverings is also recommended in the following circumstances:

- by people visiting the homes of those who are cocooning;
- by people who are being visited in their homes by those who are cocooning;
- all visitors to residential care facilities;
- in indoor work environments where it is difficult to maintain 2 metre distance;

The wearing of face coverings in other environments should accommodate individual judgement or preference, or where it is difficult to maintain a 2 metre distance.

In all cases it is important to use face coverings properly, in line with the HPSC guidance and wash your hands before putting them on and taking them off.

Change from “Stay at Home” restriction to “Stay Local” from Phase 2 onwards

On 27 March 2020 strengthened public health social distancing measures were introduced which required people to “Stay at Home” subject to certain exceptions such as: to travel to work (essential workers only); to shop for essential food, household goods and medicines; for vital family reasons; and to take brief physical exercise within 2km of the home. The Government extended the restriction to 5km on 5 May.

In the context of the *Roadmap for Reopening Society and Business*, Phase 2 envisages that the “stay at home” restriction would be replaced with a “stay local” recommendation (i.e. within 20km of the home). In light of the current COVID-19 disease progression in Ireland and the ongoing differential in infection rates between different parts of the country, a recommendation regarding restricted movement, i.e., “stay local” is warranted from a public health protection perspective on the basis of seeking to avoid significant movement of people from parts of the country with high infection rates to parts of the country with low infection rates.

The key principle and communication will encourage people to continue to “stay local” and to prioritise, where possible, using their local amenities rather than travelling to other venues and locations. It is important that people continue to avoid non-essential travel.

However, this is a fundamental change of message for the public. Under this approach, people can go to any location or venue that is open within 20km (e.g. any public amenity, any park, any open retail outlet, their allotment, etc), however, people should still be encouraged to avoid non-essential travel.

Phase 2 Social visits and Family-type social gatherings

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For consistency and ease of communication to the public, for Phase 2 it is recommended that two group sizes are communicated in public health messaging—

- groups of up to 6 people for indoor and outdoor social visits, and
- groups of up to 15 for outdoor organised activities, e.g., sporting or other events.

The rationale for keeping indoor visits to people's homes small (up to 6 people) is that homes tend to be smaller than many commercial buildings, school buildings and sports halls, etc., and to discourage house parties, etc.

The rationale in Phase 2 for selecting 15 as the maximum number of people that are recommended to engage together in outdoor organised activities is premised on the HPSC Guidance — *Infection Prevention and Control Guidance for Settings Providing Childcare during the Covid-19 Pandemic*² which identified the ratio of children to supervisors based on different age groups, enabling a group of 12 children to have 2 to 3 supervisors.

- Up to 6 people not of the same household to meet outdoors while maintaining strict social distancing.
- Up to 6 people not of the same household may visit indoors another household for a short period of time while maintaining strict social distancing, good hand hygiene and respiratory etiquette practices, and ensuring that the space is as well ventilated as possible. Indoor visiting should take place in spaces that allow for social distancing and outdoor visits are still encouraged where possible.
- Up to 15 people may attend a funeral service and burial / cremation ceremony while maintaining strict social distancing

It is acknowledged that funerals have the potential to be higher risk occasions because of the expression of grief and the desire of mourners to give comfort to each other. In light of the sad occasion and all of the circumstances associated with a funeral service, it is recommended that mourners make a special effort to comply with strict social distancing guidance, especially maintaining 2 metres physical distance, hand and respiratory etiquette, as well as the wearing of masks. Funeral Directors and officiators are requested to remind and encourage mourners to comply with public health guidance for the safety of all attending a funeral.

Any indoor events occurring after a funeral must comply with the public health guidance applicable to indoor visits, i.e. limited to a maximum of 6 persons indoors.

Updated Phase 2 advice in relation to Cocooning

It is recognised that those who are cocooning have the right to exercise their own judgement and autonomy as to the extent to which they consider the cocooning guidance appropriate to their individual circumstances.

Older people (aged 70 years and over) and those with pre-existing chronic conditions have been found to be more susceptible to COVID-19 infection and are most likely to experience severe consequences from infection. On that basis, the NPHET continues to recommend that the over 70s and medically vulnerable remain cocooned for their safety. Should people who are cocooning wish to visit, receive visitors in their homes, visit shops, and engage in other outdoor activities, they should continue to strictly adhere to the public health and social distancing guidance.

² <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/childcareguidance/>

Additional public health guidance specific to those cocooning includes the following:

- ***Social visits for cocooners:*** Outdoor visits are encouraged where possible. Up to 6 people may visit the home of over 70s and medically vulnerable for a short period of time while maintaining strict social distancing, observation of hand hygiene practices, and where feasible in well ventilated spaces. This also includes allowing those cocooning to visit other households.
- ***Micro-communities for cocooners:*** As those who are cocooning begin to come in contact with increased numbers of people, they may wish to consider meeting with the same group of family or friends to reduce opportunities for disease transmission. An approach for those cocooning may be to identify a core small group of particular friends and family who will act as their micro-community. The risk of spread of disease is higher when people meet changing groups of people.
- ***Retail and other services for those cocooning:*** Retail and other sectors are encouraged to designate specific retail hours for over 70s and medically vulnerable. Ideally these retail hours would be coordinated amongst retailers. Retailers should operate strict social distancing and ensure hand hygiene practices are in place in line with public health guidance. The wearing of face coverings is recommended when visiting retail outlets, where appropriate.

Section 3: Cultural, Social and Sports Measures

Phase 2 Cultural & social

- [Cultural and community events that occur outdoors involving no more than 15 people maintaining strict social distancing, as well as hand hygiene and respiratory etiquette practices.](#)
- Open public libraries with numbers limited, social distancing observed and strict hand hygiene on entry.

Phase 2 Group outdoor sporting activities for adults and children

- Adults and children may engage in outdoor sporting and fitness activities, involving small group team sports training (but not matches) involving up to 15 people.
- Planning for and resumption of delivery by sporting bodies and organisers of group outdoor play and sporting activities for children, teenagers and young adults up to a maximum of 15 per group / team (inclusive of team leaders and staff) — in line with the *Roadmap for Reopening Society & Business* which provides for small group sports training outdoors in Phase 2 (it should be noted that indoor sporting activities, summer camps and youth clubs are provided for in Phase 3);
- Resumption of sport and play activities as outlined above is subject to the following; strict hygiene practices, maintaining social distancing as much as possible, minimising contact with others, limited sharing of sports equipment and cleaning of shared equipment before, during and after use.
- Such groups, both adults and children, should adopt the “micro-community” approach whereby members of the group are exclusive in engaging in outdoor sports activity together and should ensure that they have an electronic record and contact details for everyone in the group for contact tracing purposes.

Elite Athletes

In light of the current disease status in Ireland and the small number of individuals concerned, there appears to be no public health impediment to the following:

- Designated high performance training facilities may be reopened exclusively for use by designated elite athletes, where those facilities and athletes have been designated by the Department of Transport, Tourism and Sport and / or Sport Ireland.

However, for public health reasons, the NPHEC considers that indoor gyms, exercise, yoga and Pilates and other similar studios, should continue to remain closed until later phases in accordance with the Roadmap.

Section 4: Education & Childcare Measures

In deliberating on the approach to lifting of restrictions in Phase 2, the NPHEC has acknowledged the particular impact that the current pandemic and consequent public health social distancing measures have had on children and young adults across society over the last number of months. The NPHEC has been particularly cognisant of the impact of the COVID-19 pandemic and necessary restrictions on children, young adults and their families with special educational needs, with disabilities, with other complex needs and who may be at an educational disadvantage.

As the public health restrictive measures are lifted, there is a number of key overarching requirements that should apply to any specific initiatives, programmes or services being planned in the areas of education, childcare as well as to any children's activities that are now opening or in planning. These are as follows:

- public health principles and guidance should be followed to the greatest extent possible;
- in particular, the interim HPSC *Infection Prevention and Control Guidance for Childcare*, and the **draft** HPSC *interim Recommendations for Return to Play or Sport for Children* should be applied, and which may be developed into a suite of guidance to apply to childcare, and the wider children and youth sectors;
- the concept of micro-communities should be developed and applied in the context of education, children's activities and childcare, where children are assigned to and stay within consistent individual groups or pods, where the same group of children and the same staff members remain within the micro-community, in order to minimise the spread of infection.

Education and Youth Measures

As the WHO predicts that the most plausible scenario is recurring epidemic waves interspersed with periods of low-level transmission, it is necessary to consider the real possibility of a major second pandemic wave and the disruptive impact that this could have on the educational and other needs of children and young adults.

As it is impossible to predict when a second pandemic wave might occur, if the COVID-19 disease status in Ireland remains in its current stable condition, there should be no public health impediment to other Government Departments, the wider education and youth sectors progressing specific education initiatives or services and initiatives relevant to children, teenagers, young adults and families that are being planned in compliance with public health guidance:

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- From Phase 2 onwards — planning and delivery of services, programmes and initiatives supported by the Department of Children and Youth Affairs, Department of Education and Skills, the education and youth sectors in relation to children, teenagers, young adults and families, including detached youth work;
- **From Phase 2 onwards** — phased full reopening of school buildings and facilities generally to enable the commencement of planning and delivery of educational programmes and activities, including formal education. This will also allow the Department of Education and Skills and Department of Children and Youth Affairs to progress specific programmes and initiatives in relation to children with special educational needs, children with educational disadvantage, children with disabilities and other specific programmes for children and young adults, as well as formal education.

Childcare Measures

- The NPHET continues to indicate its support for specific planned measures that may be brought forward by the Department of Children and Youth Affairs and others in relation to childcare supports for essential healthcare workers (Phase 1 Measure).
- From Phase 2 onwards — HSE and Department of Education and Skills initiative to provide in-home supports by Special Needs Assistants, as well as centre-based day respite supports, for vulnerable children with complex disability support needs.

Children's Activity Measures

Playgrounds & Amenities for Children

- From Phase 2 onwards — Children's playgrounds in designated public parks and other public locations, to be supervised and regularly cleaned by Local Authorities, including: guidance on the availability of hand sanitiser; cleaning by parents / guardians of children's hands before, during and after play; and on the safe use of play equipment (such as avoiding overcrowding of equipment, and cleaning between use);
- From Phase 2 onwards — Opening of commercial serviced outdoor amenities for children, e.g., zoos, pet farms, animal parks, activity parks playgrounds within those facilities, where strict limitations on entry numbers can be introduced to control crowds, strict cleaning regimes are in operation (indoor enclosures within these facilities should remain closed until Phase 3).

Summer Camps

- *From Phase 2 — Secondary School Students: Outdoor summer camps and youth clubs*
Up to a maximum per group / team of 15 persons (inclusive of team leaders and staff). This is consistent with the Roadmap for Reopening Society & Business which provides for small group sports training outdoors in Phase 2 (indoor sports, camps and youth clubs should not commence until Phase 3). Importantly primary school age children are still attending primary school until the end of Phase 2 and therefore it would not be appropriate for them to attend summer camps;
- *From Phase 3 onwards — Primary & Secondary School Students: Outdoor and indoor summer camps and youth clubs*
Outdoor and indoor summer camps for primary school children up to a maximum per group / team of [15] persons (inclusive of team leaders and staff) may commence in Phase 3.

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The guidance contained in the interim HPSC *Infection Prevention and Control Guidance for Childcare*, and the **draft** HPSC *Interim Recommendations for Return to Play or Sport for Children* should be applied in respect of Children's activities measures.

Section 5: Health & Social Care Measures

Updated Phase 2 Advice in relation to Visiting at Residential Care Facilities

The Roadmap for Reopening Society and Business provides in Phase 3 for of a phased approach to recommencement of visiting at hospitals, residential care facilities and other settings.

With regard to residential care facilities in particular, there is a number of specific imperatives which warrant the early recommencement of visiting in these settings including that —

- residential care facilities are the home environments of the individuals residing in them, and the resident's right to have visits should be respected;
- the importance of maintaining connections with family and loved ones as part of overall wellbeing and a holistic person-centred approach;
- visiting forms an important component of regulatory and safeguarding approaches.

On the basis of the above, and that the COVID-19 disease status in the country remains in its current stable condition, the NPHET recommends that from Phase 2, the phased resumption of indoor visiting of residents in residential care facilities may commence in accordance with guidance issued by the HPSC.

Section 6: Economic Activity (Work)

- Anyone who can work from home should continue to do so. This includes essential workers also, whether they work in essential Government, utilities or other services.
- Over and above all of the existing permitted work arrangements, a risk-based and phased approach should be applied to commencing the return to onsite working.
- On that basis, a phased return to work of solitary and other workers who, due to nature of their work, can maintain 2 metres distance constantly should commence.
- Those employers whose workers are returning to work on a phased basis in Phase 2 should consider a range of approaches to reduce the total number of workers interacting with each other onsite at work at any one time such as: having a proportion of workers return initially, shift work, staggered hours, etc.
- Businesses and organisations reopening should apply the Return to Work Safely Protocol - COVID-19 Specific National Protocol for Employers and Workers published by the Department of Business, Enterprise and Innovation on 8 May 2020, including having a COVID-19 Response Plan in place.
- Additionally, it is important that employers, workers, employment and labour agencies and all stakeholders work together so that workplaces are prepared for the return of workers, and good communication mechanisms are in place on how workers can protect themselves, other colleagues, customers and everyone around them from infection and how to reduce the risks of workplace outbreaks. Actions may include:
 - establishing cleaning stations and making hand sanitisers available for use, implementing appropriate cleaning schedules, waste disposal arrangements, arrangements to encourage social

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- distancing between workers and alternative arrangements where social distancing is not always possible etc.
- communicating the importance of hand and respiratory hygiene, complying with social distancing and maintaining 2m distance while at work and travelling to and from work, as well as avoiding congregating during break times, and while waiting to go “on-site” at work or leaving work etc.
- It is important that employers work proactively, including with authorities and health authorities where necessary, to limit the spread of disease within or connected with the workplace and to mitigate the effects of workplace outbreaks should such occur.
- For workers, it is important that they do not come to work if they have symptoms, including flu-like symptoms, and workers who are contacts of a confirmed or suspected case, should follow public health advice and not come to work until advised otherwise.
- It is also important that employers work with authorities and stakeholders across the sector to share good practices to protect all in society from the risks of infection.

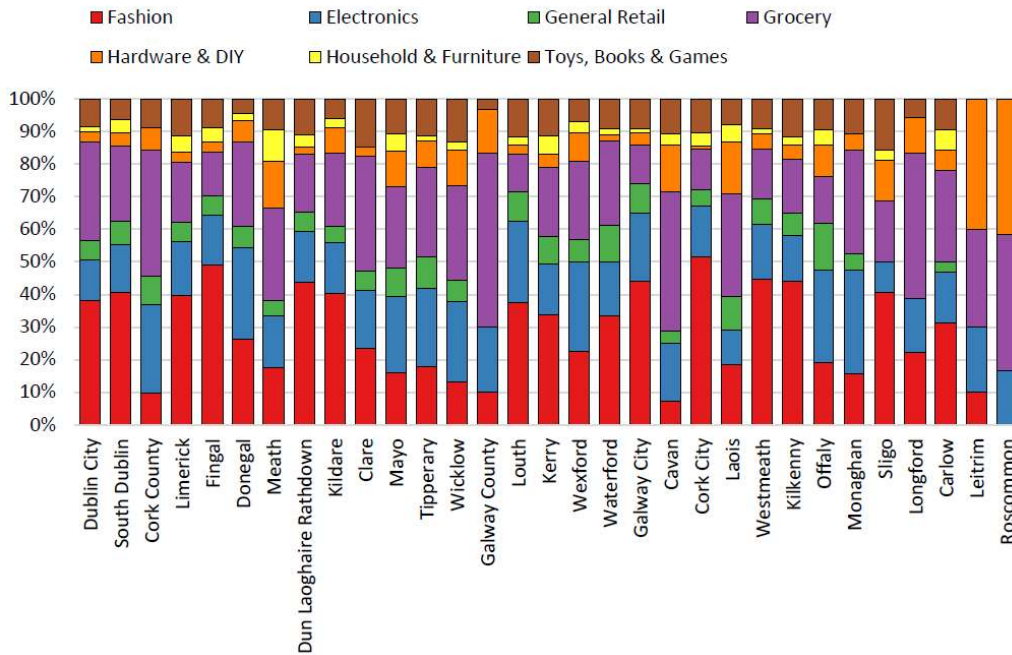
Section 7: Retail, Personal Services and Commercial Activities

- Over and above all of the existing permitted retail arrangements, the Roadmap for Reopening Society and Business provides that a stepwise, risk-based and phased approach should be applied to commencing the return of retail, personal services and commercial activities.
- The Roadmap recommended that, in Phase 2, marts and small retail outlets with a small number of staff would commence opening on the basis that the retailer can control number of individuals that staff and customers interact with at any one time.
- Retailers should apply the Return to Work Safely Protocol — COVID-19 Specific National Protocol for Employers and Workers published by the Department of Business, Enterprise and Innovation on 8 May 2020, including having a COVID-19 Response Plan in place.
- Reopening of small retail outlets in Phase 2 excludes contact personal services.
- Retail and other sectors are encouraged to designate specific retail hours for over 70s and medically vulnerable. Ideally these retail hours would be coordinated amongst retailers.
- It is also important that the retail sector work with authorities and stakeholders across the sector to share good practices to protect all in society from the risks of infection.
- In addition, retailers should consider a range of approaches to ensure the safe operation of their outlet for their staff and customers and minimise the spread of infection such as:
 - providing cleaning stations and hand sanitiser for use by staff and customers,
 - implementing protective screens and barriers,
 - operating new queueing approaches including limits to ensure avoidance of queues and control car parks,
 - controlling number of individuals that staff and customers interact with at any one time;
 - increasing store cleaning and hygiene,
 - frequent cleaning of customer touchpoints and provision of hand sanitiser at entrance and exit points;
 - considering store layout to facilitate social distancing;
 - extending opening hours to reduce crowding,
 - preventing the use of changing rooms in Phase 2;

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- limiting customer handling of stock, for example, through different display methods, new signage or rotation of high-touch stock;
- storing items that have been returned or handled extensively in a separate room for 72 hours before displaying them on the shop floor;
- promoting shorter time spent in shops, removing seating areas and discouraging congregation (with exception of those with mobility/disability requirements).

Newly inserted: Figure - Profile of Retail Outlets by Store Type and County

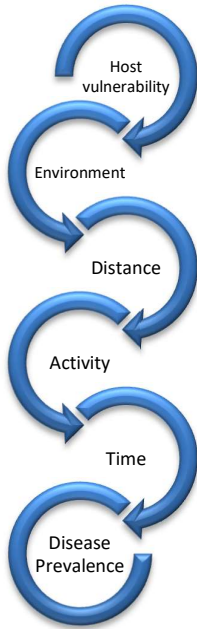


Options being considered by D/Taoiseach:

- 1) Open all remaining retail in Phase 2
- 2) Open retail below 700m² that can effectively manage entry and exit (c.35k retail outlets open and 16k closed)

Shopping Centres remaining closed will still have to allow essential retail outlets (eg supermarkets and pharmacies to provide services)

Overarching Core Public Health Principles as restrictive measures are eased – Summary



1. **Host vulnerability:** People are susceptible to infection and some people are at high risk of more severe infection. Maintain a high standard of handwashing, respiratory etiquette. Be vigilant of, and stay home if you have even minor symptoms, to prevent infection spread
2. **Environment:** The risk of infection spread is greater in certain environments than others, e.g., crowded situations, indoor environments which are not well-ventilated. Assess the risk in different situations and structure their environment to lower risk
3. **Distance:** The risk of infection increases the closer a person is to another person with the virus and the amount of time spent in close contact with that person. Keep a safe distance of 2 metres from other people to prevent the spread of infection
4. **Activity:** The risk of infection spread is greater when people are engaged in certain types activities, e.g., where there is direct contact, including physical contact. Assess the risk of different activities and either not engage or change how you engage in the activity to lower risk
5. **Time:** Reduce the amount of time you spend in direct contact with people outside your household and keep your close contacts to a small number of people
6. **Disease prevalence:** Keep informed about the disease and changes in the level of infection in Ireland, accept that the measures have to be lifted in a slow stepwise manner and may need to be reintroduced if the rate of infection increases

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