



Mr. Simon Harris TD,  
Minister for Health,  
Department of Health,  
Miesian Plaza,  
50-58 Lower Baggot Street,  
Dublin 2.

4<sup>th</sup> June 2020

Via email to Private Secretary to the Minister for Health

Dear Minister,

I write further to today's meeting of the COVID-19 National Public Health Emergency Team (NPHET).

Further progress has been made during the month of May in suppressing the overall incidence of the COVID-19 disease in Ireland. In terms of the key measures of the severity of the disease, broadly downward trends are evident in the numbers of new patients admitting to hospital and the numbers of inpatients in hospitals due to COVID-19, while the numbers of patients in critical care has plateaued in recent weeks. COVID-19 has claimed the lives of many loved ones since this disease emerged, however, importantly we continue to see a steady decline in the numbers of lives lost due to this illness in recent weeks.

On the 18<sup>th</sup> of May, Phase 1 of the Government's *Roadmap for Reopening of Society & Business* commenced the easing of public health measures. Notwithstanding the challenges, the vast majority of people continue to work collectively to adhere to the public health guidance, engage in social distancing and have embedded personal and collective hygiene behaviours as a new way of life, to protect all in our society from infection. It is important that, as a society, we do not become complacent. Across Government and the health service, we must redouble our efforts to communicate publicly the vital importance of individual and societal collective behaviours in preventing resurgence of this disease.

Ireland's situation at the time of consideration by NPHET was as follows:

- (i) the number of confirmed cases stands at 25,111 (with an average of 46 cases notified per day over the past 5 days);
- (ii) 166 confirmed cases in hospital today;

- (iii) the number of confirmed COVID-19 patients requiring critical care yesterday was 37, with a further 16 patients suspected of having COVID-19 also in critical care;
- (iv) 8,055 cases (32% of all cases) were associated with healthcare workers;
- (v) 1,659 deaths due to COVID-19 recorded to date, with 3 new deaths notified yesterday.

With regard to clusters and outbreaks specifically, NPHET noted–

- (vi) the total number of clusters in residential care facilities to date has been 472;
- (vii) the number of confirmed cases in residential care facilities stands at 6,703 of which 5,170 are in nursing homes;
- (viii) that as of Saturday 30<sup>th</sup> May, there have been-
  - Five COVID-19 outbreaks in prisons involving 24 cases (all laboratory confirmed and none in prison inmates),
  - Four COVID-19 outbreaks involving the Roma community involving 30 cases,
  - Seven COVID-19 outbreaks involving the Irish Traveller Community, involving 64 cases,
  - Nine COVID-19 outbreaks notified in residential facilities for the homeless involving 34 cases,
  - 15 outbreaks in Direct Provision Centres, involving 176 cases,
  - 43 clusters in workplaces including 20 in meat processing plants.

The NPHET also took note of the following:

- the effective reproductive number is now estimated to be between 0.43 and 0.69;
- the daily positivity rate for all tests processed nationally has been 2% or less for the past week;
- the latest reported influenza like illness rate (ILI rate) is 6.9 per 100,000 (i.e. below threshold).

Given the latest national data, as set out above and in the report to Government as provided for in the *Roadmap for Reopening Society & Business*, and the ECDC risk assessment, the NPHET today considered the public health measures currently in place following on from the commencement of Phase 1 of the easing of measures. Arising from the discussion at today's meeting, the NPHET recommends that Government give consideration to the Phase 2 easing measures contained in the *Roadmap*, as well as the measures set out in the Appendix to this letter, with effect from the 8<sup>th</sup> June 2020.

In developing this risk-based public health advice to Government in relation to the reduction of the public health restrictive measures which are currently in place, the NPHET 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.
- ongoing evidence and information regarding the experiences of members of the public, and their adherence to, 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 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*;
- 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 experiences internationally, including 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;
- 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;
- 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.

In this regard, the NPHET will review the remaining Phases 3 to 5 contained in the *"Public Health Framework Approach in providing advice to Government in relation to reducing social distancing measures introduced in response to COVID-19"* to align these into two phases, having regard to—

- the time elapsed since the NPHET's *Public Health Framework* at the end of April, emerging research, information and understanding regarding the virus, its public health impact and the wider health and societal impacts of the restrictive measures,
- the speed at which this pandemic continues to evolve,
- the current status of the COVID-19 disease in Ireland and the overall public health risk,
- learning from the experiences of other countries that are ahead of Ireland in terms of the profile of the pandemic and their approach to lifting of public health restrictive measures, and
- the need to continually adapt our national and public health responses to the pandemic.

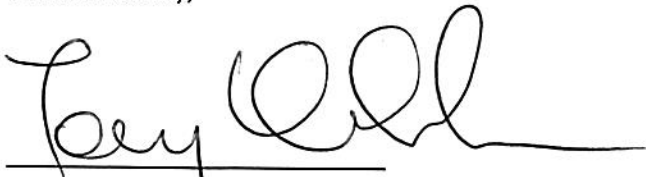
In addition, at today's meeting, the NPHET has requested that the HPSC develop guidance on the application of the existing social distancing requirements in specific, defined and controlled environments in the hospitality industry during periods of low incidence of the disease.

The NPHET of course remains available to provide any further advice and recommendations that may be of assistance to you and Government in relation to ongoing decision-making processes in respect of the COVID-19 pandemic.

I enclose a copy of the letter which has been forwarded to the HSE CEO arising from today's NPHET meeting.

I would be happy to discuss further, should you wish.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Holohan', written over a horizontal line.

Dr Tony Holohan  
Chief Medical Officer  
Chair of the COVID-19 National Public Health Emergency Team

cc. Ms Elizabeth Canavan, Department of the Taoiseach and Chair of the Senior Officials Group for COVID-19

## **Appendix – NPHET Advice to Government regarding the Phase 2 reductions and adjustments of the Public Health Social Distancing and other Measures**

The NPHET advises that Government may wish to consider the following measures as part of the Public Health Framework Approach to reducing the current public health restrictive measures:

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

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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 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 restrictive measures are eased**

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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. 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 and leave if they become overcrowded and social distancing becomes difficult. 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.

### 2. 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.

It is important to remember that this disease thrives in crowded environments, therefore everybody should avoid crowded places as much as possible.

### 3. 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.

### 4. 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-communities'<sup>1</sup> 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 core group 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** — 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.



#### 5. Everyone is susceptible:

Everyone is susceptible to COVID-19 virus, however, some people are at high risk of more severe infection. It is impossible to predict the outcome of the disease in anyone who becomes infected. 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.

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.



#### 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.

<sup>1</sup> From ECDC Ninth Rapid Risk Assessment (23 April)



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**

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### ***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:

- 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;
- remember that this disease thrives in crowded environments, therefore avoid crowded places as much as possible, leave if a location becomes overcrowded and social distancing becomes difficult.

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 etiquette, 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 ask that people continue to “stay local” and to prioritise, where possible, using their local amenities rather than travelling to other venues and locations. 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).

### ***Phase 2 Social visits and Family-type social gatherings***

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 activities is informed by the principles contained in guidance such as the HPSC *Interim Infection Prevention and Control Guidance for Settings Providing Childcare during the Covid-19 Pandemic* and guidance currently under development by the HPSC in relation to recommendations for return to play or sport for children.

- 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 25 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 hygiene 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 connected with a funeral must comply with the public health guidance applicable to indoor visits, i.e. limited to a maximum of 6 persons.

### ***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 more 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.

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 respiratory etiquette, and where feasible in well-ventilated spaces. This also includes allowing those cocooning to visit other households.
- ***Core group of friends and family 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. It is especially important for people who are members of the core group 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. 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**

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### ***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 can take place.
- Open public libraries with numbers limited, social distancing observed and strict hand hygiene.

### ***Phase 2 Group outdoor sporting activities for adults and children***

- Commence 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 (inclusive of team leaders and staff) engaging in non-contact sporting or exercise activities — in line with the *Roadmap for Reopening Society & Business* which provides for small group sports training outdoors in Phase 2 (indoor sporting activities, summer camps and youth clubs are provided for in Phase 3);
- Adults and children may engage in outdoor non-contact sporting and fitness activities, involving small group or team sports training (but not matches) involving up to 15 people.
- 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 NPHET 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**

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In deliberating on the approach to lifting of restrictions in Phase 2, the NPHET 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 NPHET 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 *recommendations for return to play or sport for children* in development 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:

- 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 services for disadvantaged young people such as 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 supports by Special Needs Assistants - 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).

### ***Phase 2 Outdoor 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.

The guidance contained in the interim HPSC *Infection Prevention and Control Guidance for Childcare*, and the draft HPSC recommendations for return to play or sport for children in development should be applied in respect of children's activities measures.

## **Section 5: Health & Social Care Measures**

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

The Roadmap for Reopening Society and Business provides in Phase 3 for 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 planning for the 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 planning commences for the phased resumption of indoor visiting of residents in residential care facilities in accordance with guidance issued by the HPSC.

## **Section 6: Economic Activity (Work)**

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- 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 continue to apply to 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 distancing between workers and alternative arrangements where social distancing is not always possible etc.
  - communicating the importance of hand hygiene and respiratory etiquette, 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

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- In light of the current stable condition of the COVID-19 disease status in Ireland, the NPHE considers that there is no public health impediment to the opening of marts, and all remaining retail outlets other than—
  - retail outlets that are located in shopping centres (excluding those shops currently providing essential retail services and which, as a result, are permitted to be open), or
  - contact personal services (e.g. hairdressing salons, nail and brow salons, beauty salons and massage services, make-up application services, piercing services etc).
- During Phase 2, retail outlets should keep the following services closed:
  - contact personal services within the retail outlet / concession stands (e.g. nail and brow counters, massage services, make-up application services, piercing);
  - changing rooms and areas.
- 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.
- 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;
  - 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).