COVID-19 NPHET Subgroup - Vulnerable People

1. NPHET COVID-19 Subgroup – Vulnerable People
The NPHET Subgroup on Vulnerable People was established to provide oversight and assurance with regard to the specific preparedness, measures and actions that need to be taken to protect vulnerable groups and individuals in society.

The term vulnerable people is being used to include older people, people with a disability, mental health service users, those with an underlying illness or condition, children in care and those accessing social inclusion services (not an exhaustive list). Services to vulnerable people are provided through a range of settings and are under the remit of a number of Government Departments. These settings include long and short-term care, primary care, respite, day services, prisons and youth detention centres, direct provision and care in individual homes (not an exhaustive list).

The role of the NPHET Subgroup on Vulnerable People is to ensure that a framework is in place to provide assurance that all relevant Departments and State Agencies have preparedness plans in place to ensure that the people and services they are responsible for, are cared for and protected, as part of the whole of Government response to COVID-19.

2. Meeting 15 April 2020
The Subgroup held its sixth meeting by teleconference on Wednesday 15 April 2020.
To note all subgroup minutes, once finalised, are available on the website at: https://www.gov.ie/en/collection/301f5e-the-national-public-health-emergency-team-nphet-subgroup-vulnerable/

3. Updates from Departments/other agencies
As outlined in the last update, as part of the broader assurance framework, a template has been developed and circulated to all relevant government departments and agencies seeking an update on any further actions being progressed for the vulnerable groups under their remit. This template will be circulated each week and a consolidated report circulated to the subgroup and reported back to NPHET. The consolidated update as of 15th April is attached to this report as Appendix 1.

4. Update on Long-term Residential Care (LTRC)
The subgroup was updated on the current situation in relation to the LTRC sector, including numbers of outbreaks and COVID-19 related deaths. The D/Health continues to look at the international evidence in relation to enhanced measures to support residents in LTRC settings and a further paper was circulated to NPHET on 17 April. At this meeting a further set of immediate additional actions were agreed aimed at establishing the level of risk of transmission related to staff COVID-19 status and further understand patient mortality in long term residential healthcare settings, to inform and direct the public health response. They were:

   I. a census of mortality will be conducted by the D/Health with HIQA and the MHC supporting the distribution of the census;

   II. national testing of staff across all settings will take place with an initial widespread approach and thereafter ongoing testing, which may include both staff and patients, to be conducted on a rolling basis;
III. the publication and assessment of a COVID-19 quality assurance regulatory framework for these settings by HIQA;

IV. the implementation of previous recommended actions with enhanced reporting through an expanded ‘Nursing Homes/LTRC settings Actions Tracker’, which is to include the roll out of the Contact Management (CRM) system.

The subgroup also noted that the Working Group set up on Nursing Home Sector has concluded its work and the Financial Assistance Scheme has been announced by the Minister. The scheme went live on 17 April 2020. This working group has now been stood down.

5. Operational issues
Operational issues remain the responsibility for relevant Departments/state agencies. To facilitate progress on key issues in relation to access to isolation capacity, the Social Inclusion Unit of the D/Health facilitated meetings between the HSE and other relevant departments to discuss these matters, with further meetings due to take place this week.

Roma community & undocumented migrants
At the meetings noted above, the Roma community and undocumented migrants were identified as particularly vulnerable group, with some 300-500 people having been identified in this vulnerable group. There are a number of issues, including access to GP services, accommodation, social distancing and self-isolation. D/Health is working collaboratively with HSE, D/Rural and Community Development and D/Housing, Planning and Local Government in addressing these issues.

6. Mental Well-Being
A new initiative for mental well-being was launched last week - www.gov.ie/together

Covid-19 is a significant source of stress for people, and the focus of the initiative is on coping, staying at home, looking after mental well-being.

Kate O’Flaherty’s Health and Well-being team at the Department of Health is working with media to gain awareness country wide, including a focus on RTE TV and radio for those who cannot access online media. Many resources have been made available, such as apps, on the theme of ‘keeping connected’

7. Communications
Work is ongoing on the communication plan with a coordinated approach between the Department and HSE Comms. Key milestones since the last week include:

✓ National advertising campaign — social distancing — hand washing — cocooning
✓ Press campaign — shopping — community response — TV ads
✓ National advertising (TV/Radio/social media) on the ‘Still Here’ campaign on domestic violence supports
✓ Research is being looked at, especially about cocooning, and will be shared with members.
✓ A number of materials have generated high demand, including easy read guides.
✓ A number of Dementia resources have also been developed
Appendix 1

NPHET Subgroup on Vulnerable People

Weekly Updates from Departments/Agencies on Subgroup

15 April 2020

Please note that the responsibility for the implementation of actions to support the vulnerable group as noted below is with the relevant Department/Agency. All preparedness plans and, their content and associated actions must be in line with NPHET public health guidance.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Children and Youth Affairs</td>
<td>5 - 7</td>
</tr>
<tr>
<td>Department of Education and Skills</td>
<td>8 - 10</td>
</tr>
<tr>
<td>Department of Defence</td>
<td>11 - 12</td>
</tr>
<tr>
<td>Department of Justice &amp; Equality—International Protection Accommodation Service (IPAS) and Irish Prison Service (IPS)</td>
<td>13 - 18</td>
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<tr>
<td>Department of Rural and Community Development</td>
<td>19 - 20</td>
</tr>
<tr>
<td>HIQA</td>
<td>21 - 22</td>
</tr>
<tr>
<td>HSE Community Operations</td>
<td>23 - 25</td>
</tr>
<tr>
<td>Department of Housing, Planning and Local Government</td>
<td>TBC</td>
</tr>
</tbody>
</table>
Department/Agency/Other: Department of Children and Youth Affairs & Oberstown Children Detention Campus

Vulnerable group and relevant supports: (Please briefly outline the vulnerable group(s) and relevant supports your organisation provides. This information should contextualise updates and be the same for each update.)

At-risk groups identified are (i) children detained in Special care, (ii) children and young people in State care, placed in foster care or residential childcare centres (iii) child and young people known to protection services, (iv) children and vulnerable young people and their families at risk in the community, and (v) those receiving services in the area of Domestic, Sexual and Gender Based Violence.

Oberstown Children Detention Campus provides 54 detention places for young people between the ages of 10 and 18.

Section 1: High level actions to date

Guidance Provided:
- All of the areas outlined above have been provided with guidance and support either directly by the DCYA or through Tusla, the National Child and Family Agency. Such guidance comprehends service continuity, prioritisation, client and staff safety, support and sustainability. More specifically, Tusla has issued guidance on access to children in care, home visits, child protection conferences, as well as guidance to all their 800 funded agencies.

Capacity Contingency in place:
- Scoping of re-deployment of Tusla staff to frontline Tusla work.
- Prioritising children at risk in the community through the Child protection and welfare teams this includes risk assessed home and access visits.
- Maintaining Out of hours service as a priority with adequate facility for emergency section 12s.
- Ensuring adequacy of staff to support frontline social work and residential services.
- Identification of children’s residential centres which can be used if required for isolation purposes.
- Repurposing of two respite centres to be available for increasing demand for emergency placements.
- Increase in emergency foster care provision
- HSE and Tusla estates have been scoping potential Tusla properties that could be used for isolation purposes. 4 x 6 bed bungalows in Limerick and two x 10 bed facilities in Clonmel, have already been offered for HSE use.

Oberstown
- Reduced the number of young people on campus through permitted absence and temporary leave. Staff rosters have been re-negotiated staff to reduce cross working arrangements. Accommodation has been prepared on campus to respond to potential need for isolation facilities.
- Measures have been taken to reduce numbers on campus and daily monitoring of these arrangements continues. Procedures to deal with a case of Covid 19 on campus have been identified
- Director meets with young people on a weekly basis to advise them on the restrictions and the measures the campus is taking to minimise the impact of the COVID-19 restrictions on them.
Section 2: Update since last meeting – please confine to a few bullet points

Guidance Provided:
- Suite of guidance documentation provided to staff including safety planning, access visits, transport of clients, PPE, aftercare, child protection conferences, challenging behaviour related to non-compliance with COVID 19 guidance etc.
- Guidance and support provided to funded providers
- Guidance and support provided to foster carers
- Face to face engagement between CEO and funded partners
- Particular focus in respect of DSGBV and additional funding provided to the sector
- Oberstown: Daily communications between DCYA & Director Oberstown Children Detention Campus
DCYA identified HSE contact re’ PPE and there is ongoing communications between Campus and HSE

Capacity Contingency in place:
- On-going scenario planning across all Tusla departments to plan for “worst case – best case – probable” scenarios.
- Business recovery plans being worked on an ongoing basis in the context of emerging information

Oberstown:
- Measures have been taken to reduce numbers on campus and daily monitoring of these arrangements continues. Procedures to deal with a case of Covid 19 on campus have been identified
- Director meets with young people on a weekly basis to advise them on the restrictions and the measures the campus is taking to minimise the impact of the COVID-19 restrictions on them.
- DCYA and Oberstown have also been engaging with An Garda Síochána on the possible need for staffing assistance in a worst case scenario. An Garda Síochána cannot provide a definitive commitment of contingency support but will assist if they can.

Other:
- Detailed corporate risk register related to COVID 19 developed and risk mitigations in place.
- Tusla Crisis Management Team meets on a daily basis
- Senior Leadership Team meetings on a daily basis to monitor emerging issues

Section 3: Challenges/Issues Arising and actions taken to address these:

<table>
<thead>
<tr>
<th>Challenge/Issue arising</th>
<th>Actions taken</th>
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| Staffing shortages due to Covid-19 issues, particularly in social work and Social care | Call put out to non-essential front line staff in Tusla to redeploy to the front line  
Call put out to youth work and colleges to staff areas of need. |
| Provision of PPE to frontline staff | Negotiations with HSE for some supply of PPE  
Procurement of PPE directly from suppliers where possible. |
<p>| Priority testing for children in care particularly in residential centres | Working with HSE to expedite testing for this vulnerable group. |
| Increased challenges in the area of children with a disability | Strong liaison with HSE to work-cases on an inter-agency basis. |</p>
<table>
<thead>
<tr>
<th>Media focus on DSGBV</th>
<th>Pro-active media presence across all mainstream and social media. Additional funding to sector to support services. Face to face engagement by CEO with funded services and advocacy services.</th>
</tr>
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<tbody>
<tr>
<td>Oberstown: Case of Covid 19 on Campus</td>
<td>Unit available to accommodate a child who is required to isolate. HSE has agreed to provide PPE as required.</td>
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</tbody>
</table>
The Department of Education and Skills provides specific learning supports to learners at risk of educational disadvantage arising from special educational needs or socio-economic disadvantage. Home Tuition services provide an educational service to children with special educational needs and to children who, for reasons such as chronic illness, are unable to attend school; and the National Council for Special Education (NCSE) network of Special Educational Needs Organisers (SENOs) work with parents and schools and liaise with the HSE in providing resources to support children with special educational needs. The Department’s National Educational Psychological Service (NEPS) works in partnership with teachers, parents and children to support the wellbeing, and academic, social and emotional development of all learners. NEPS prioritises support for learners at risk of educational disadvantage and those with special educational needs. Support is also provided to students in further and higher education through the provision of student support (SUSI) grants as well as discrete supports to students from under-represented groups. There is also a cohort of students who have travelled to Ireland to study English who may be vulnerable at this time and face a distinct set of issues arising from the Covid-19 outbreak. These issues include a language barrier when accessing information, concerns surrounding their immigration conditions and the loss of employment arising from the Government restrictions that have been implemented.

Section 1: High level actions to date

Guidance Provided:
- The National Educational Psychological Service (NEPS) has produced advice for parents and schools on talking to children and young people about Covid-19. Further guidance for young people on Covid-19 is being prepared by NEPS

Capacity Contingency in place:
- The DES has agreed to the Middletown Estate being used, if required, as an isolation facility during a Covid-19 emergency

Other:
- The 16,000 SNA workforce is now available for temporary reassignment to support the State’s response to Covid-19
- The Department of Education and Skills worked with the Departments of Employment Affairs and Social Protection, Rural and Community Development, and Children and Youth Affairs; and Tusla Education Support Service to put in place arrangements to allow schools to continue delivery of school meals during the Covid-19 period

Section 2: Update since last meeting – please confine to a few bullet points

Guidance Provided:
- In addition to the advice produced by NEPS on talking to children and young people about Covid-19, advice is now available on advice to young people while schools are closed; Plan for the Day; Relaxation Techniques (including podcast); and Guide for Parents Supporting Children with Routines
- Work is underway on a joint webinar with NEPS and the Junior Cycle for Teachers (JCT) service based on the resources developed by NEPS for parents and young people. The target audience is teachers who can then spread the key messages shared. Work is also underway on animated versions of guidance to young people and their parents
- The National Council for Special Education (NCSE) has published resources for parents and for teachers at www.ncse.ie. General support along with various disability specific support eg ASD has been
published. Therapists have developed a number of resources for parents in the areas of behaviour, speech language and communication and occupational therapy resources such as movement skills

- NCSE Advisors continue to provide telephone support and advice to teachers to support remote learning of SEN students
- NCSE's network of local SENOs continue to provide support and guidance to parents and schools
- NCSE's Visiting Teacher Service (for Visually/Hearing Impaired) is operating by email, telephone and video conferencing. Support being provided to families and children on learning, assistive technology and general support. Appropriate online resources (eg webinars) being identified for service users. New referrals to service continue to be accepted
- Students with special educational needs will be fully supported in sitting the rescheduled Leaving Certificate examinations in line with the reasonable accommodations available to them
- Funding for the provision of Home Tuition will continue to be provided for the duration of the pandemic emergency where tuition is delivered by distance learning. Information has been published and training made available to tutors and private providers to assist them in providing tuition through distance learning. Where Home Tuition cannot continue via distance learning or where a parent wishes to cease Home Tuition for the duration of the pandemic emergency, they can apply to the Department to use the hours sanctioned for this period to provide tutoring later in the year
- Almost all SNAs have signed up for redeployment through the Public Appointments Service administered process. The staff are undergoing Garda vetting, which is a necessary step in advance of their assignment to the HSE. It is anticipated that assignments will begin in late April. The Department and the HSE are continuing to work with Foras to provide further clarity on the roles to which SNAs will be assigned.
- The Department's Inspectorate is currently preparing two guidance notes for all schools; one aimed at supporting schools' efforts to ensure continued engagement with learning by students with special educational needs, the other at supporting schools' efforts to ensure continued engagement with learning by vulnerable learners. Both documents draw on good practice identified by school principals in phone conversations with school inspectors and take account of the views of a range of education stakeholders. The documents are also informed by surveys carried out by primary and post-primary management bodies. The two documents will be ready for publication in time for the reopening of schools following the Easter break
- The Department is liaising with the Department of Communications, Climate Action and Environment on digital issues and work has focused on data access for students, zero rating of online education resources and availability of devices. The Department is issuing an ICT Grant of €40m to schools this week. Schools are being asked to re-prioritise this funding where needed to support the continuity of teaching and learning for students in the context of the current public health crisis. In addition, there has been an offer from a leading technology company of a donation of a number of devices and further engagement with other companies is being explored
- The Government has issued schools with updated guidance to help them operate the School Meals Programme amid the extended Covid-19 restrictions. Schools have been asked to arrange a weekly pack of provisions which can be delivered to pupils. Schools have a number of options available to arrange for food delivery. Tusla Education Support Service staff are liaising with Principals to ensure that children/families in need of the School Meals Programme are identified and supported. Schools have been provided with details of how to link into local community support networks and An Post have also agreed to facilitate delivery of non-perishable food packets
- Building on the cooperative engagement on school meals provision, the Department is working with the Department of Children and Youth Affairs and the Tusla Education Support Service to ensure that students from disadvantaged backgrounds are adequately supported and work on exploring innovative initiatives which can assist is underway
- Financial supports in the tertiary education sector are provided through SUSI grants and training allowances. SUSI grants will continue to be paid as normal. The duration or value of the grant will not change. Where a PLC college or HEI institution has closed as a consequence of Covid-19, students will continue to receive their SUSI maintenance grants as normal. The duration or value of the grant will not change
- Higher Education Institutions are working to ensure that their activities to support and encourage access to tertiary education for educationally disadvantaged Leaving Certificate students can continue in an
- The Department has asked the Higher Education Authority and the higher education sector to explore ways of assisting access to higher education for students from under-represented groups.
- A "Mitigating Educational Disadvantage Working Group" has also been established as part of the Covid-19 response structures in the tertiary sector (higher and further education and training), which is monitoring issues such as assisting learners with no access to teaching/learning online due to issues with broadband and/or lack of ICT equipment.
- The Department has established a working group with key stakeholders in this sector to address the issues that are presenting for English Language Education students. The working group has published material for students in a number of languages providing information on health advice, updates on newly introduced immigration measures and to advise them of their eligibility to apply for the Covid-19 Pandemic Unemployment Payment. In its engagements to date, the Working Group has identified health advice, immigration information, social protection and accommodation as key issues of immediate importance for students in this sector.

**Capacity Contingency in place:**
- NEPS psychologists continue to be available to provide advice and support to school principals, teachers and school communities. NEPS is proactively exploring a number of innovative ways to continue to provide educational psychological services to school communities at this time.

**Other:**

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**Section 3: Challenges/Issues Arising and actions taken to address these:**

<table>
<thead>
<tr>
<th>Challenge/issue arising</th>
<th>Actions taken</th>
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<tbody>
<tr>
<td>Availability of resources in other languages to support those parents for which English is not their first language.</td>
<td>Translation of the resources to be carried out.</td>
</tr>
<tr>
<td>Presenting resources in user friendly medium. All of NCSE resources are currently published as written text.</td>
<td>Investigating other mediums such as videos and webinars.</td>
</tr>
<tr>
<td>Logistics around delivery of school meals through An Post given very high volumes of packages in some instances</td>
<td>The Department is working with the sector, An Post and the Department of Employment Affairs and Social Protection to improve current arrangements.</td>
</tr>
<tr>
<td>Access to education for those without good technology access</td>
<td>Provision of ICT funding to schools and exploration of potential donations with industry. Consideration of alternative methods of delivery of education.</td>
</tr>
<tr>
<td>Accommodation for English Language Education students</td>
<td>The Department is engaging with the Department of Housing, Planning and Local Government on issues related to accommodation.</td>
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</tbody>
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**Department/Agency/Other: Department of Defence**

Vulnerable group and relevant supports: (Please briefly outline the vulnerable group(s) and relevant supports your organisation provides. This information should contextualise updates and be the same for each update.)

The Defence response to Covid-19 is being coordinated under the guidance of the National Public Health Emergency Team.

The Defence Forces support is provided as an Aid to the Civil Authority and on an ‘as available’ basis. While Civil Defence policy is set down by the Minister for Defence through the Department of Defence, each Local Authority has overall responsibility for the day to day operations within their respective Local Authority. The key person within the Local Authority in the context of Civil Defence is the Civil Defence Officer. The Department of Defence has a co-ordination mechanism in place with all Civil Defence Officers in Local Authorities and meets via tele-conference with them once a week.

The role of Civil Defence as set down in the 2015 Government White Paper on Defence is to “support the Principal Response Agencies in both emergency and non-emergency events”. In that context, Civil Defence nationally has been supporting all three PRAs since mid-March but in particular the HSE and Local Authorities.

Support for vulnerable groups is being provided as required and depending on the availability of resources.

Each Local Authority Civil Defence unit is involved in the Local Authority Community Response to COVID-19 – the Community Call.

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**Section 1: High level actions to date**

Guidance Provided:

Since 17 March 2020, a daily average of 40 Civil Defence volunteers have provided a daily average of 170 volunteer hours, totalling **4,583 volunteer hours and 466 taskings** in support to the Principal Response Agencies. Volunteers give freely of their time and talents in supporting their communities.

These volunteers have been supported by 57 four-wheel drive jeeps, 2 operational support vehicles, 10 vans, 18 ambulances, 1 welfare trailer, 1 truck and 10 minibuses.

Daily update of Civil Defence is provided on the Civil Defence website [www.civildefence.ie](http://www.civildefence.ie).

The types of taskings volunteers have undertaken to date in supporting vulnerable groups include:

- a. Transporting nursing home residents and cancer patients
- b. Distribution of food parcels to vulnerable persons
- c. Delivering emergency pension collection nomination forms to vulnerable persons and transporting persons to collect pension where required.
- d. Relocating residents from one Nursing Home to another location
- e. transporting dialysis and cancer patients from hospitals to their homes
- f. collection of medications and delivering to MS patients homes
- g. delivering medical equipment to isolated vulnerable householders
- h. delivering essential items to patients in hospitals
- i. transferring non COVID-19 patients from one hospital to another
- j. collection of letters and parcels for posting
- k. delivering homework packs for students with special requirements
Section 2: Update since last meeting – please confine to a few bullet points

Guidance Provided:

Capacity Contingency in place:

Other:

Section 3: Challenges/Issues Arising and actions taken to address these:

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<tr>
<td>Availability of PPE</td>
<td>The Department of Defence has procured some PPE for Civil Defence volunteers over the past month. In addition, it has ordered additional supplies through the OGP framework which is utilising the HSE supply chain for PPE from China. A continuous supply of PPE will be important to ensure Civil Defence volunteers can continue to support vulnerable groups as they have done to date.</td>
</tr>
<tr>
<td>Formal request from HSE for assistance by Civil Defence in Nursing Homes</td>
<td>A formal request for Civil Defence assistance in nursing homes was received by DOD from the HSE on 9 April. The specific details of the request were provided to each Local Authority for them to indicate whether this is a tasking their volunteers are in a position to support. DOD reverted to the HSE on 10 April following feedback from each Local Authority Civil Defence unit. No volunteers are in a position to assist in this specific HSE tasking. Volunteers will however continue to assist the HSE in a range of other taskings.</td>
</tr>
</tbody>
</table>
Section 1: High level actions to date

Guidance Provided:

IPS Representative on NPHET Subgroup for Vulnerable Persons, Director General established IPS Emergency Response Planning Team and Single Points of Contact in each prison across the estate. IPS response ensures all actions align and follow HSE and Government guidance and are planned accordingly.

Information Campaign mirroring HSE guidance and based on HSE material with key messages of

1. Preventing Virus Entering the Prison via Staff, Visitors, Service Providers, Deliveries, Contractors

2. Communicating to Staff and Prisoners alike, the need for following established practices such as social distancing, hand-washing and respiratory etiquette. This is a particular challenge in over-crowded prisons.

IPS examines ways to reduce prison numbers to reduce overcrowding. This will assist in social distancing as well as provide contingency for isolation and quarantine areas within each institution. Engagement with the Court Service in the examination of planned Court Sittings and the potential for temporary release of prisoners by the Minister for Justice and Equality.

IPS examines international trends in how best to respond to the particular challenges presented.

Development of new and amendment of existing Infection Control as well as core procedural documents

Provision of PPE and provision of training to staff where required where new work practices have been introduced.

IPS uses excellent working relationships with existing suppliers to procure goods and services to ensure business continuity in the context of very scarce supplies of PPE, Electronic Equipment and Industrial Cleaning supplies.

Preparing Contingencies for the potential eventuality of the virus entering one or more prisons.

Work Force Planning, The implementation of the Regime Management Plan model which involves the Graduated Reduction of Services back to Core Activities and the changing staffing deployment at each stage, the deployment of staff between prisons and utilising staff in non-prison settings back to prisons.
### Section 2: Update since last meeting – please confine to a few bullet points

**Guidance Provided:**

**Capacity Contingency in place:**

**Other:**

### Section 3: Challenges/Issues Arising and actions taken to address these:

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<tbody>
<tr>
<td>Planning</td>
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<tr>
<td>High Prisoner Numbers</td>
<td>Engage with Court Service to manage the number of committals to prison so as reduce prisoner numbers</td>
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<td></td>
<td>Engage with Department of Justice and Equality, Probation Service and other services in the community to select prisoners suitable for temporary release with the primary consideration being the safety of the public.</td>
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<tr>
<td>Procurement</td>
<td>Using existing expertise and business continuity sanction the procurement of necessary quantities of essential goods and services to ensure business continuity.</td>
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<tr>
<td>Work Force Planning</td>
<td>Regime Management Plans are prepared for each prison based the staged reduction of activities and the commensurate staffing requirements at each stage.</td>
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<td></td>
<td>Redeployment Plans to migrate prison officer staff working in support business centres, such as the IPS College, IPS Escort Corp, Building Service Division and IPS HQ, Open Centres as well as potentially the Department of Justice to ensure business continuity or core activities in closed prisons.</td>
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<td></td>
<td>Provision of ICT Equipment and the amendment of Time and Attendance systems to allow IPS HQ, and other staff to work from home, to comply with social distancing and continue in their duties and be available to respond to issues as they arise in the prisons.</td>
</tr>
<tr>
<td>Information and Awareness</td>
<td>Recognising the greatest risk of bringing the virus into the prison was and still is from the community and on probability by staff, the IPS, through the use of Staff Newsletters, Posters, Messages from the Director General, to re-inforce the messages that staff are getting in their communities from Government and the HSE.</td>
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<td></td>
<td>The organisation recognises that prisoners as a vulnerable group need to the communicated with. Using existing communication channels established in partnership with the Red Cross and Red Cross volunteers key messages have been relayed to prisoners</td>
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</tbody>
</table>
through a new Newsletter and leaflets where a stand-alone message needed to be created - such as in the reduction and cancellation of personal visits.

The re-design of the IPS intranet system to make a prominent place for and information portal for staff to find all relevant information in one central location and a back up for all communications from the Director General and the ERPT to prison management and staff.

Applying social distancing the Governor addresses staff on a daily basis to re-inforce key messages to staff including recognition, support, guidance and advice to offset any potential understandable fall off in staff morale as the weeks go by.

Timely messages of support and recognition from the Minister for Justice and Equality and the Director General for staff, acknowledging their ongoing efforts under difficult circumstances and to reinforce the messages about resilience and the need to look after their health and welfare.

<table>
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<tr>
<th>Operational Measures</th>
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<tr>
<td>Personal Visits were reduced and then discontinued based on the threat represented. Increase in electronic alternatives by phone and videolink provided in lieu.</td>
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<td>Professional Visits by Videolink unless exceptional circumstances</td>
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<tr>
<td>Engage with The Court Service to maximise the use of Videolink to reduce number of court appearances and the risks associated of staff and prisoners returning from the community in sometimes overcrowded court rooms and holding areas.</td>
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<tr>
<td>Engage with The Courts Service and An Garda Siochana to segregate prisoners from community and prison settings.</td>
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<td>Temporary Release of Prisoners</td>
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<td>Implementation of Regime Management Plans for the deployment of Staff as above,</td>
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<td>IPS HQ staff working from home has been introduced</td>
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<td>Screening of staff on entry to prison through questionnaire and temperature testing. This is carried out by prison staff in appropriate PPE. This is carried out while applying social-distancing.</td>
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<tr>
<td>Decanting of Deliveries at the Main gate, to ensure supply chains are maintained but risks of infection are managed and minimised.</td>
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<tr>
<td>The introduction of a new system to allow families of prisoners to top up prisoners accounts remotely so that prisoners ability to purchase supplies in the tuck shop is not adversely affected.</td>
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<td><strong>Cocooning</strong> of vulnerable prisoners in remote or segregated areas of the prisons to offer extra protection.</td>
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<tr>
<td>Preparations for Quarantine prisoners as a contingencies.</td>
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<tr>
<td>Ongoing management and provision to prisons of PPE supplies and timely procurement of same.</td>
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<td>Appropriate Training has been supplied to appropriate staff by the NAS to allow IPS to carry out SWAB testing.</td>
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<tr>
<td>Prepare and introduce measures to carry out Contract Tracing in prisons in accordance with HSE and Public Health guidelines, using existing expertise within the overall context of staff deployments under the Regime Management Plan in each prison.</td>
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<tr>
<td>Increase in the availability of prisoner activities in Education and Psychology where feasible as well as improvement to TV system.</td>
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</tbody>
</table>
Vulnerable group and relevant supports: (Please briefly outline the vulnerable group(s) and relevant supports your organisation provides. This information should contextualise updates and be the same for each update.)

The Department of Justice and Equality continues to respond to the needs of international protection applicants living in direct provision, and programme refugees living in EROCs, through close liaison and alignment with the HSE National Social Inclusion Office (NSIO) and regional structure as well as other parts of the HSE including Public Health and Primary Care that feeds into these discussions via the NSIO. The Department has and continues to increase resourcing into IPAS/IPPS team which is now led by a dedicated Assistant Secretary and six Principal Officers, each supported by necessary staffing.

The International Protection Accommodation Service (IPAS) is responsible for the procurement and overall administration of State provided accommodation and ancillary services for both applicants for international protection and suspected victims of human trafficking, through the Direct Provision System.

The Irish Prison Service (IPS) has responsibility for the prisoner population.

Section 1: High level actions to date

Guidance Provided:

New accommodation:

- The Department has increased its accommodation capacity in order to relocate almost 10% of residents to ensure appropriate social distancing is enabled. All moves for these purposes have been completed.

- The Department continues to add additional beds for applicants in Direct Provision accommodation. Each location is provided with an promotes the most recent public health instructions and guidance.

Vulnerable residents:

- The Department has implemented cocooning measures for those aged 65 years or older, who account for less than 1% of the total Direct Provision residents (56 people out of approximately 7,700).

- Upon receipt of information from the HSE about residents with vulnerabilities requiring cocooning, these residents are moved to appropriate accommodation.

Self-Isolation Facilities:

- The Department has established a self-isolation facility in Dublin with healthcare supports provided onsite by the HSE and social care supports also provided. The facility opened on Monday 6 April.

- Further offsite self-isolation facilities are opening in Cork, Limerick and Dundalk this week,
bringing the total number of offsite self-isolation spaces to 299.

Communications:

- In partnership with Safetynet, IPAS working with the National Social Inclusion Office of the HSE has put in place a national clinical telephone service. It will provide public health advice to support staff managing IPAS accommodation. It will also be used to advise, support and work with IPAS sites, and locations where vulnerable groups are present.

- IPAS has established a Contact Centre and communications unit providing a seven day response to Centre managers. The Call Centre makes contact with each of the 80 centres each day, compiling a management report with both quantitative and qualitative data to guide planning and decision making.

- Regular newsletters are issued to Centres with information relating to social distancing, public health advice, supports for residents and children.

Section 2: Update since last meeting – please confine to a few bullet points

Guidance Provided:

Capacity Contingency in place:

Other:

Section 3: Challenges/Issues Arising and actions taken to address these:

<table>
<thead>
<tr>
<th>Challenge/issue arising</th>
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<tbody>
<tr>
<td>Residents working in care facilities:</td>
<td>Department is guided by public health experts in managing the challenges associated with care workers who live in communal settings. The Irish Refugee Council has assisted the Department in identifying people living in centres who are employed in care work. Guidance on the HSE’s new provisions relating to accommodation for people working in care settings is being provided to all Centres through the newsletter and to all residents identified as working in care settings, to enable them to apply for off-site accommodation through this scheme.</td>
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<td>IPAS is working with the HSE at CHO level to resolve the issue of transporting both suspected and/or confirmed cases when the need for transport arises.</td>
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<td>Identifying all persons requiring cocooning or other form of special measure is problematic as there are no medical records held by IPAS and no central medical records held by the NSIO</td>
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</tbody>
</table>
Section 1: High level actions to date

Guidance Provided:
- A Communications Pack for members of the public has been circulated and contains advice and guidance on how to volunteer, sensible volunteering, advice for local community groups, advice for vulnerable people who need supports, information leaflet for distribution to communities – “You, Your Community and COVID-19” – encouraging people to look out for vulnerable neighbours.

Capacity Contingency in place:
- Public campaign to encourage volunteering was launched on 20th March – to date over 12,000 people have registered on www.Volunteer.ie. They are being screened, interviewed and matched with suitable volunteer roles by the 22 local Volunteer Centres nationwide.

Other:

Section 2: Update since last meeting – please confine to a few bullet points

Guidance Provided:
- “Advice for those providing supports” and “Advice for those receiving supports” was included in a booklet to be delivered to every household in the country commencing 10th April as part of the Government’s Community Call initiative.
- A guidance document for volunteers working with Local Authorities which deals with shopping and handling payments was developed in conjunction with the Local Government Management Association (LGMA) and Volunteer Ireland – now in design/print – aiming for distribution from next week.

Capacity Contingency in place:
- 31 “Community Champions” have been appointed – one in each Local Authority area – to coordinate the community & voluntary sector response to the Community Call initiative, as part of each county’s Community Response Forum. Local volunteer centres are also represented on the Fora.

Other:
- A new €2.5 million fund launched to support community and voluntary groups involved in the delivery of COVID-19 community response efforts. The COVID-19 Emergency Fund will provide immediate and urgently needed funding to groups that are participating in the Government’s “Community Call” initiative – funding will be provided through the Local Authorities.

- A new befriending phone-call initiative to support participants of the Seniors Alert Scheme which is funded by DRCD. The initiative will allow older people to receive a regular phone call to check on their wellbeing and need. The befriending scheme will be operated in conjunction with POBAL and ALONE. https://www.gov.ie/en/press-release/eb8344-govt-launches-initiative-to-phone-older-people-to-check-on-wellbeing/

**Section 3: Challenges/Issues Arising and actions taken to address these:**

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<td>Concerns in relation to sustainability of many community &amp; voluntary organisations, including charities, due to loss of earned income and fundraising capacity</td>
<td>Emergency funding of €2.5m provided through Local Authorities for groups participating in the Community Call (see above); Proposals in development to address the wider sectoral issues, to be finalised in consultation with other Government Departments.</td>
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<tr>
<td>Concerns regarding insurance for volunteers providing supports</td>
<td>Clarification obtained from HSE and LGMA regarding volunteers who are assigned roles by them; Advice provided to other groups e.g. GAA etc.</td>
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Department/Agency/Other: Health Information and Quality Authority (HIQA)

Vulnerable group and relevant supports: (Please briefly outline the vulnerable group(s) and relevant supports your organisation provides. This information should contextualise updates and be the same for each update.)

HIQA Inspection Teams are legally responsible for the monitoring, inspection and registration of designated centres for older people, such as nursing homes, and for adults and children with a disability. All residents of such centres are classed as vulnerable.

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Section 1: High level actions to date

Guidance Provided:
- HIQA has offered the use of its channels of communication with registered providers as a means of disseminating Covid-19 guidance to the system including placing notices on Portal or utilising email lists for direct delivery of information.

Capacity Contingency in place:
- Centres requiring inspection for the purpose of registration are prioritised and HIQA are in constant contact with providers where they know that there are new centres or additional beds coming on stream.

Other:
- HIQA is temporarily suspending its routine programme of monitoring inspections in hospital-based services.
- A list of centres deemed to pose a particularly high transmission of infection risk to residents living there have been communicated to the Department of Health and shared with the HSE.

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Section 2: Update since last meeting - please confine to a few bullet points

Guidance Provided:
- HIQA, through its CEO is participating on NPHET and informing NPHET action on LTRCs
- Infection control hub established in HIQA to provide advice to all residential care centres within our
regulatory remit and some who are not
- Information collated daily and shared with the DOH and the HSE in relation to
  - Numbers of COVID 19 positive or suspected residents and staff
  - Numbers of unexpected deaths in LTRCs
- An escalation pathway established with the HSE whereby concerns raised by LTRCs can be escalated to the HSE for action. In this way timely assistance can be provided to centres which require supports

Capacity Contingency in place:
- Centres requiring inspection for the purpose of registration are prioritised and HIQA are in constant contact with providers where they know that there are new centres or additional beds coming on stream.

Other:
- HIQA is developing a programme of inspections which will be focused to the current public health emergency in the context of contingency, care and welfare of non-covid and covid residents and which will commence in the coming weeks

Section 3: Challenges/Issues Arising and actions taken to address these:

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<td><strong>Department/Agency/Other: HSE Community Operations</strong></td>
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<td><strong>Vulnerable group and relevant supports:</strong> (Please briefly outline the vulnerable group(s) and relevant supports your organisation provides. This information should contextualise updates and be the same for each update.)</td>
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A Covid-19 Response for Vulnerable Groups has been established within the HSE. Membership of the group comprises of key personnel across Primary Care, Social Inclusion, Disability Services, Older Persons Services and Mental Health Services.

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- Work is progressing in Older Persons services on communication with Nursing Home Ireland and other larger providers to provide guidance and advice with particular emphasis on supporting the acute system around discharge of persons into alternative settings.

- Social Inclusion continue work on providing Guidance/Advisory notes to the system with the Dept of Housing and with the Dept of Justice to ensure there are clear pathways for the target groups. A guidance document on infection control/self-quarantine for the Homeless and Vulnerable Group settings has been added to the HPSC.

- Palliative Care services have issued guidance to services, including on symptom Management for End of Life Care for Nursing Homes and GP’s, Telephone Triage (identifying when a visit is
Section 2: Update since last meeting – please confine to a few bullet points

Guidance Provided:

Mental Health
- The Department of Health launched a mental health and wellbeing initiative aimed at supporting the diverse mental health needs of the public during the COVID-19 pandemic. This campaign, developed by the Department of Health and HSE, in collaboration with a range of cross-Government partners, will offer support and resources to help deal with the stress, anxiety and isolation currently experienced by many in Ireland. A new online resource at gov.ie/together will offer advice to help people cope at home and will promote the mental health supports and resources available on the HSE’s YourMentalHealth.ie.
- Mental Health have scheduled weekly calls with NGO partners to ensure cross sector communication and support for the sector.
- The MHC completed Covid 19 summary metrics based on the risk framework last week. This is currently the best information available for planning but may be overtaken by the live database developed in community operations for use across care groups.
- Work was completed to support the changes necessary due to the recent amendment to the Mental Health Act and the introduction of remote processes based on the new legislation. A FAQ document was prepared and agreed with the MHC.
- HSE Mental health guidance around deprivation of liberty in the current context is currently being prepared. This guidance will also describe isolation and the legislative and public health considerations that will be important to those making operational decisions in the coming weeks.

Disabilities:
- A series of webinars have been prepared and are ready to go on up-skilling and capacity building for staff.
- The transfer and reassignment of SNAs is currently progressing. SNAs will work in homes with those who can no longer attend facilities in order to support family carers.
- Revised guidance for Disability services on HSE website

Social Inclusion
- A position paper developed for the care pathway for the Roma community.
- The proposal for Self-Isolation facilities for Roma communities supported by CHO6,7 and 9 was submitted to INOH, and this has been approved (14.04.20)
- Model for IPAS (84 x centres) and cocoon, reduction of overcrowding and outbreak response communications/ helpline networks developed
- Enhanced support for Travellers and Roma in relation to Education and awareness and campaigns
- Updating guidelines for Vulnerable Groups setting
- First COVID19 Webinar Series for Homeless Service Providers and staff to be held Wednesday 15th April 5:30pm. Dublin Homeless service providers only

Palliative Care
- The Irish Hospice Foundation is establishing a national bereavement information helpline.

Older Person
- Staffing remains a major challenge for Nursing Homes.
• One system in one place IT solution/programme developed. Public Health is the source point and this system will be utilised by Public Health and viewable by all care groups (feeds HIAQ, feeds PPE requirements, feeds daily reporting) the system will be up and running this week, CHO 3 testing work on system. Support for outbreak response teams

**Capacity Contingency in place:**

**Disabilities**

• Work ongoing on setting up temporary emergency facilities where CHO's are working on developing additional capacity

• An approach involving a lead agency (which would buddy with smaller local agencies) has been agreed where an outbreak response team could work across the group.

**Other:**

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**Section 3: Challenges/Issues Arising and actions taken to address these:**

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<tr>
<td><strong>Data collection:</strong> the need for streamlining of data/information requests, essential not to overburden the operational system.</td>
<td>IT solution/programme developed - one system in one place - Public Health is the source point and this system will be utilised by Public Health and viewable by all care groups (feeds HIAQ, feeds PPE requirements, feeds daily reporting) the system will be up and running this week, CHO 3 testing work on system. Support for outbreak response teams</td>
</tr>
<tr>
<td><strong>Self isolation facilities</strong></td>
<td>Citywest complex: Clarity sought on what cohorts within vulnerable groups (who can self care) meet the criteria. Proposal for Self-Isolation facilities for Roma communities and supported by CHOs 6, 7 and 9 submitted to INOH, this has been approved (14.04.20)</td>
</tr>
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