
COVID-19 NPHET Subgroup - Vulnerable People

NPHET Meeting 05/05/2020

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1. NPHEM COVID-19 Subgroup – Vulnerable People

The NPHEM 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 NPHEM 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 29 April 2020

To note all subgroup minutes, once agreed by the subgroup, are available on the website at: <https://www.gov.ie/en/collection/301f5e-the-national-public-health-emergency-team-npmet-subgroup-vulnerable-/>

3. Updates from Departments/other agencies

- A. **Assurance Framework:** 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 high level actions being progressed for the vulnerable groups under their remit. It should be noted that the policy responsibility, the establishment of appropriate actions and their implementation of actions

remain with the relevant Department/Agency as per normal business processes. The latest high-level actions are set out at Appendix 1.

- B. **Update from ALONE:** ALONE have received over 16,000 calls have been received, 46,000 calls have been made and over 8,000 practical units of support have been arranged since early March. During this period ALONE have indicated that levels of stress are increasing, and they have now partnered with the Samaritans to offer people psychological and emotional support. They are linked into the Mental Health and Wellbeing programme of work being lead *by the D/Health*.
- C. **Update on Mental Health:** It was noted that €1.1m for additional supports were announced by Minister Harris earlier in the week to address health and well-being initiatives, including stress and anxiety. The Mental Health Commission (MHC) joined as a new member of the subgroup.
- D. **Update on Disability:** The cooperation of the umbrella bodies, HSE and families in the response to covid-19 to date was acknowledged. It was noted that currently there are 1,200 designated (disability) centres with 8,300 residents which are being supported by HIQA. Testing remains underway of both residents and staff. The meeting was informed of a number of initiatives across disability services, including adaption of existing services, reassignment of staff, greater use of technology and individual supports being implemented in lieu of closed day services. Disability Umbrella Organisation acknowledged the close working relationship with HSE but noted that challenges still remain in terms of availability of PPE, access to childcare services and financial concerns of Section 39 organisations.
- E. As part of this discussion the ongoing substantial work of the HSE on operational matters in relation to LTRC settings more broadly, including Nursing Homes, was noted.

4. Ethics discussion

The meeting was updated with regard to the “Ethical framework for decision making in a pandemic” which includes a number of substantive ethical principles and procedural values that can be applied to, and employed during, the decision-making process in a pandemic. It was noted that a further paper is in development regarding Long Term Residential Care. People were asked for their views

5. Update on Long-term Residential Care (LTRC) Mortality Census

Nationally we collect data on COVID related mortality in both hospitals and the community. Most other countries do not report the data in residential centres in such a comprehensive and timely manner.

This census was conducted over the weekend of April 17th to provide a snapshot of the mortality rate in LTRC settings in order to ensure we are capturing effectively the level of mortality in these settings in a timely and robust manner.

A total of 1,684 valid responses for LTRCs for older people and disability were received representing an overall response rate of 89.7%. Further analysis is being completed on the mental health data

The following high level, preliminary information has been indicated from the data:

- Data was compared between this census of mortality and other sources of mortality data from the Health Information and Quality Authority (HIQA) and Health Protection and Surveillance Centre (HPSC). It demonstrated that confirmed cases matched closely between these sources. This would suggest that both the HIQA and HSPC sources are robust indicators that capture the COVID-19 mortality rate in LTRC settings.
- The data indicates an increase in mortality in LTRCs started in mid-March onwards, around the week beginning 16 March 2020. This data is providing a snapshot and as the census data is self- reported there will inevitably be some variance between this data and other data sources. The increase in mortality would in general appear to be attributable to COVID-19 related deaths.

6. Cocooning Guidance

At the meeting of 1st May, NPHE issued a new recommendation in relation to cocooning which was agreed by Government. The new advise recommends that those aged over 70 years of age and over and the medically vulnerable remaining cocooned for their safety. However, should they now wish to leave their homes to engage in exercise and activities outdoors, they should continue to adhere to strict social distancing, keep 2 metres from other people, comply with appropriate guidance regarding maintaining a 'no touch' approach and hand hygiene on returning home. The updated cocooning guidance also applies to nursing homes. The HPSC has updated the guidance on the same date and it can be found at:

www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/.

7. Communications

Work is ongoing on the communication plan with a coordinated approach between the Department and HSE Communications Team. Key actions this week include:

- Health and well-being campaign extension - Radio & TV promotions – key online supports
- Community call promotion continues
- Extra ISL videos being produced by HSE
- Alcohol Safety Poster
- Video social distancing - good practice while shopping
- Irish Cancer Society support line now available
- Easy read cocooning guide ready to issue.

8. Query on use of surgical face masks

Irish Prison Service raised an issue of the wearing of surgical masks in non-health care settings, such as prisons, direct provision centres. The Chair has referred the query to the Expert Advisory Group (EAG) of NPHET for consideration (*letter date 1 May 2020 to EAG Chair*).

9. Testing for vulnerable groups

Additional clarification in relation to testing protocols for vulnerable groups was raised by subgroup members. This matter was raised with the HPSC and further clarity was provided to the D/Housing over the weekend. A further meeting to clarify the position will take place the weeks starting 4 May 2020.

To note the current guidance can be found on the HPSC website at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/COVID-19-Guidance-for-vulnerable-groups-settings.pdf>

Appendix 1: Updates from Departments/Agencies

NPHET Subgroup on Vulnerable People

27 April 2020

Please note that the policy responsibility, the establishment of appropriate actions and their implementation remain with the relevant Department/Agency as per normal business processes.

All preparedness plans and, their content and associated actions must be in line with NPHET public health guidance.

Organisation
Department of Children and Youth Affairs
Department of Education and Skills
Department of Defence
Department of Justice & Equality– International Protection Accommodation Service (IPAS) and Irish Prison Service (IPS)
Department of Rural and Community Development
Department of Housing, Planning and Local Government
HSE Community Operations

Section 1: Department of Children and Youth Affairs

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.

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.

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: Department of Education and Skills

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.

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.
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Section 3: Department of Defence

Defence Forces

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.

Civil Defence

While Civil Defence policy is set down by the Minister for 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: Department of Defence.

High level actions:

In the period 17 March 2020 to the last update to the NPHET sub group on vulnerable persons, a daily average of 40 Civil Defence volunteers had provided a daily average of 170 volunteer hours, totalling **4,583 volunteer hours and 466 taskings** in support to the Principal Response Agencies.

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

The types of tasking volunteers have undertaken in that period in supporting vulnerable groups included:

- 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
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Section 4: Department of Justice and Equality

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 increased 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.

High level actions – IPS

Guidance Provided:

- IPS Representative on NPHEC 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
 - ✓ Preventing Virus Entering the Prison via Staff, Visitors, Service Providers, Deliveries, Contractors
 - ✓ 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 redeployment of staff between prisons and utilising staff in non-prison settings back to prisons.

Agency: IPAS

Guidance Provided:

New accommodation:

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

- o The Department has implemented cocooning measures for those aged 65 years or older, and for persons identified by the HSE as having category 1 and category 2 vulnerabilities.
- o Upon receipt of information from the HSE about residents with vulnerabilities requiring cocooning, these residents are, where necessary, moved to new accommodation to facilitate same.

Self-isolation Facilities:

- o 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.
- o Further offsite self-isolation facilities have opened in Cork, Limerick and a fourth is due to open shortly in Dundalk, bringing the total number of offsite self-isolation spaces to 299.

- Communications:

- o 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 provides public health advice to support staff managing IPAS accommodation. It is also being used to advise, support and work with IPAS sites, and locations where vulnerable groups are present.
- o 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. Newsletters are also being tailored

directly to residents' queries and communicated to them through Friends of the Centre structures and through Centre managers.

Section 5: Department of Rural and Community Development

DCRD has responsibility for supporting the community, voluntary and charity sectors and for national policy in relation to volunteering.

High Level Actions

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:

- Published an Action Plan (<https://www.gov.ie/en/publication/70be56-government-action-plan-for-community-response-to-covid-19/>)
 - The Charities Regulator has published an FAQ providing guidance for registered charities in respect of good governance and reporting during the current emergency. <https://www.charitiesregulator.ie/en/information-for-charities/coronavirus-covid-19-and-charities>
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Section 6: Department of Housing, Planning and Local Government

The Department is working closely with local authorities in relation to the arrangements for households accessing State-funded emergency accommodation. This includes approximately 6,600 adults, 1,600 families and 3,500 children (figures based on latest published monthly Homeless Report for February 2020). Key measures being undertaken include the provision of additional accommodation to support social distancing, where not currently possible in certain facilities. Significant additional accommodation is also being put in place to allow for individuals in emergency accommodation to self-isolate. These beds individuals suspected or confirmed with COVID-19 to safely self-isolate. The additional beds are also supporting the ‘cocooning’ of a number of vulnerable individuals from amongst the homeless population.

The Department is also working with the local authorities and Traveller representative groups on measures to support members of the Traveller community living in Traveller-specific accommodation.

Guidance Provided:

- HSE guidance for Homeless and Vulnerable Groups has issued to all local authorities. Local authorities were asked to ensure that the guidance was issued to service delivery organisations. (Guidance issued in March with updated guidance issued earlier this month).
- The Department is coordinating a weekly meeting with the nine homeless regions on the response to COVID-19 and issues arising.
- The Department is also working closely with the City and County Management Associate on the COVID response.
- A circular has issued to local authorities in relation to measures for members of the Traveller community living in Traveller-specific accommodation.

Capacity Contingency in place:

Significant additional bed capacity has been introduced nationally in homeless services. Over 1,000 new beds have been introduced, many of which have been contracted from the private sector, with additional units available for draw-down as required. These beds are being used to promote greater social distancing, where not possible in existing facilities, cocooning of vulnerable individuals from amongst the homeless client group; and to provide capacity for individuals in homeless accommodation to self-isolate where required.

Other:

A subgroup of the COVID-19 Senior Officials Group (SOG), chaired by the Department of Housing, Planning and Local Government (DHPLG) has responsibility for the oversight of the Community Support Framework.

Section 7: HSE Operations

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.

In addition HSE Community Operations provides regular updates and assurances on the implementation of the NPHEt actions. .

Guidance Provided:

- 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 essential to homes), and an Interim Homecare nursing plan.
-