



Rialtas na hÉireann
Government of Ireland

Resilience and Recovery 2020-2021

Plan for Living with COVID-19





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Introduction

The COVID-19 pandemic has led to extraordinary demands on everyone one of us as individuals, as parents, as families, as workers and as business owners.

We have never had to deal with the demands and complexities which COVID-19 brings to even one area of our lives, not to mind all areas of our lives at the same time. The COVID-19 pandemic has been characterised by the European Centre for Disease Protection and Control as a “marathon and not a sprint”.

There is no real precedent on how to deal with a global pandemic of this nature and scale. Governments here and all over the world are making decisions based on the best information available at a given point in time. It is changing constantly.

While, at the beginning, it was arguably “easier” to focus on the disease suppression and containment, life is more complicated than that. The longer this disease is with us, the more complex the issues and the higher the impact of the ongoing restrictions on every aspect of our lives.

Government has been monitoring the economic and the social impacts of COVID-19 restrictions in line with every step of reopening and published that assessment at the start of each phase. That has allowed us to identify areas where the impact is greatest and where further restrictions or a re-imposition of restrictions would be a double blow. These need to be constantly balanced against the public health risk.

We have also learned a lot over the last six months and these learnings are informing our future approach:

- The power to control this pandemic is in our hands – individually and collectively
- People in Ireland are willing to follow public health advice to protect themselves and others
- Cooperation and solidarity across sectors and society is vital if this disease is to be contained
- No single preventive measure is adequate to control virus transmission – what matters is a combination
- There is an ongoing need to minimise the risk of cases/clusters and respond decisively when new threats/clusters emerge
- If the disease spreads in the community, it will have the greatest impact on the vulnerable
- Rapid identification and contact tracing of new cases is central to our response

The situation in respect of the pandemic is a highly unstable across the world. The situation in Ireland is showing concerning trends and it is against this backdrop that the Government is framing its approach to how we manage in the context of COVID-19 for the coming 6-9 months.

These are the complex choices which we have to make. There are very few certainties. This Government plan is aimed at bringing some clarity to help everyone to plan over the medium term. The priority objectives are:

Staying Safe: Focused and targeted management of COVID-19 within the population.

Being Prepared & Responsive: Ensure public health, health services and wider public services have well-planned and resourced responses available to switch on and off rapidly in response to outbreaks for so long as we do not have a vaccine for COVID-19.

Resuming Public Service Delivery: Resumption of critical public services, including education and health services to avoid secondary impacts of restrictions on society.

Developing Economic Resilience: Help businesses to operate safely in a COVID-19 environment and get the assistance they need to adapt and survive.

Growing our Resilience: Maintaining our individual and collective resilience, a confidence in our ability to support each other to cope with and respond to the stresses and difficulties.

Remembering our Loss: Taking time to reflect and commemorate.

Framework for Restrictive Measures in Response to COVID-19

The Framework for Restrictive Measures is a risk management strategy for the next 6-9 months. It is designed to allow individuals, families, businesses and services better understand, anticipate and prepare for the measures Government might introduce to stop escalation of the transmission of the disease.

It is framed to account for periods which there is low incidence of the disease, with isolated clusters, low community transmission, through to situations where there is high or rapidly increasing incidence, widespread community transmission and the pandemic is escalating rapidly in Ireland and globally. It recognises the need for society and business to be allowed to continue as normally as possible. Finally, the framework is designed so that either national or county level restrictions can be applied.

The Government's strategy, in line with the public health advice, is suppression.

Balancing Risks and Prioritising

Each level contains a "basket" of measures which are intended, collectively, to contribute to lowering risk of transmission in alignment with the risk level at that time. The set of measures, individually, do not comprise a list of activities or places which are equally safe. Instead, they are "baskets" of measures which:

- Are informed by public health understanding of the disease
- Recognise we can and must prioritise some activities over others

Understanding of Risk

- Simple measures taken by everyone are the best defence against this disease
- No single measure works, what matters is the combination
- Co-operation and solidarity across sectors and society is critical to ensuring most of the people comply with the best advice, most of the time.
- If the disease spreads in the community, it will have the greatest impact on the vulnerable
- In the same way the disease hits some groups harder, restrictions also have greater impact on some groups than others
- Role of children in transmission and spread may be less important when compared with other respiratory disease.
- Outdoors is safer than indoors

Approach to Prioritisation

During this pandemic, the application of the public health advice measures to suppress the disease transmission is intended to minimise the risks to public health while and to striking the right balance in:

- prioritising some activities over others, including health and social care services, education and other essential needs.
- protecting work and economic activity, and other key societal interests such as sports and important family gatherings, thereby allowing as much of society and business to continue as “normally” as possible while continuing to make every effort to suppress the virus.

Protecting our future: Schools, Early Childhood Education and Care and Childcare Services

Education provides for the holistic development of children and young people and is the foundation for lifelong learning and wellbeing. Childhood education and care is also essential to parents’ abilities to balance work success with family responsibilities especially those in the workforce on whom we rely to deliver essential services.

- Keeping schools, Early Learning, Childcare Services open is a top priority.

Protecting, Safeguarding and Supporting Health, Social Care and Essential Public Services

Certain other public services are essential to protect our health, safeguard vulnerable groups, support those with additional needs and to uphold peoples’ rights. Resuming and ensuring continued access to these services to meet these basic needs are the second priority, including in particular:

- Non-Covid health care
- Protective services, Policing and Immigration
- Access to justice
- Essential local authority services

Protecting Employment and Livelihoods

We need to keep our people in work and businesses operating, while living with the pandemic. Without a functioning economy we cannot maintain delivery of public services or support businesses to keep people in employment.

- The framework reflects a careful consideration of the impact of the introduction of restrictions on employment and livelihoods keeping as many businesses open as possible at different stages, while acknowledging that some business and services are critical.

Protecting our Personal Resilience

Sports, Arts and other social activities are central to our well-being. Physical activity and creativity build our resilience. Sports and Arts are also the world of work for our many in our communities. We want to support physical activity, cultural events and participation in other controlled social events (e.g. religious services) as part of a response to mental strain that many people are experiencing.

- Maintaining some level of access to these activities will support us in living with the disease and continuing to play our part in breaking chains of transmission.

Preferring Controlled Over Uncontrolled Environments

Congregation of bigger numbers of people in uncontrolled environments has been shown to give rise to the greatest risk of transmission of the disease and the seeding of the disease into the wider community.

- Sports and arts events organised and held in controlled environments are being given priority over social events which carry higher risk. This is because in the context of social events involving friends and family, congregation is greater, general mixing, close physical contact are highly likely and basic measures of social distancing, hygiene, mask wearing and other measures are far less likely to be adhered to.
- Certain “life events” such as weddings and funerals are acknowledged as having greatest priority when social events are being restricted, so these are being given special status, notwithstanding those risks.
- The framework recognises the role that private gatherings and transmission within and between households is having on overall transmission. This is the case whether events are held at home or privately organised social events and parties, even when held in controlled environments including in restaurants and other social settings.

Framework for Restrictive Measures in Response to COVID-19

Item	Level 1	Level 2	Level 3	Level 4	Level 5
Social/Family Gatherings					
Private Home/Gardens	Up to 10 visitors from up to 3 households	Visitors from one other household only or up to 6 visitors from 2 other households or 3 other households. (to be determined by prevailing public health advice for the county or other defined geographical area)	Visitors from one other household only OR Own household only (to be determined by prevailing public health advice for the county or other defined geographical area)	Own household only - No visitors	Own household only - No visitors
Other Settings - outside private homes/gardens	Members of different households can continue to meet socially in other settings with strict adherence to the sectoral guidance for those settings. There should be no more than 50 attendees where there is no specific guidance for the setting .	Members of different households can continue to meet socially in other settings up to 6 people indoors, 15 outdoors from 1, 2 or 3 other households (to be determined by prevailing public health advice for the county or other defined geographical area)	No social/family gatherings should take place in other settings	No social/family gatherings should take place in other settings	No social/family gatherings should take place in other settings
Weddings (regardless of venue)	Exemption: Up to 100 guests for wedding ceremony and reception	Exemption: Up to 50 guests for wedding ceremony and reception	Exemption: Up to 25 guests for wedding ceremony and reception	Exemption: Up to 6 guests for wedding ceremony and reception	Exemption: Up to 6 guests for wedding ceremony and reception
Organised Indoor Events (Controlled Environments with a named event organiser, owner or manager)					
For example, business, training events, conferences, events in theatres, cinemas and other Arts events, (excluding sport)	Up to 100 patrons Up to 200 patrons permitted for larger venues where strict 2 metre seated social distancing and one-way controls for entry and exit can be implemented.e strict 2 metre seated social distancing and one-way controls for entry and exit can be implemented. For very large purpose built event facilities (e.g. stadia, auditoriums, conferencing/event centres), specific guidance will be developed with the relevant sectors to take account of size and different conditions for larger events	Up to 50 patrons and in pods/groups of up to 6 if appropriate, with arrangements to ensure no intermingling of groups Up to 100 patrons permitted for larger venues where strict 2 metre seated social distancing and one-way controls for entry and exit can be implemented.	No organised indoor gatherings should take place	No organised indoor gatherings should take place	No organised indoor gatherings should take place
Organised Outdoor Events (Controlled Environments with a named event organiser, owner or manager)					
For example, outdoor Arts events, training even	Up to 200 patrons for majority of venues Up to 500 patrons for outdoor stadia or other fixed outdoor venues with a minimum accredited capacity of 5,000 (with robust protective measures as per sectoral guidance) For very large purpose built event facilities (e.g. stadia, auditoriums, conferencing/event centres), specific guidance will be developed with the relevant sectors to take account of size and different conditions for larger events	Up to 100 patrons for majority of venues. Up to 200 patrons for outdoor stadia or other fixed outdoor venues with a minimum accredited capacity of 5,000 (with robust protective measures as per sectoral guidance)	Gatherings of up to 15 people	Gatherings of up to 15 people	No organised outdoor gatherings should take place
Exercise and Sporting Events					
Training	Normal training sessions and games indoors and outdoors with protective measures	Outdoors - training can take place in pods of up to 15 (exemption for prof/elite/inter-county sports/club championship). Indoors - training, exercise and dance classes can take place in pods of up to 6 inside. (exemption for prof/elite/inter-county sports).	Outdoors - Non contact training only in pods of up to 15 (exemption for prof/elite/inter-county sports/club championship). Indoors - Individual training only. No exercise/dance classes.	Outdoors - Non contact training only in pods of up to 15	Individual training only. No exercise or dance classes.

Item	Level 1	Level 2	Level 3	Level 4	Level 5
Matches/Events	Matches/events - up to 200 patrons/spectators outdoors and 100 patrons/spectators indoors	Matches/events - up to 100 patrons/spectators outdoors and 50 patrons/spectators indoors	No matches/events to take place Exemption: professional/elite/inter-county/club championship/horse-racing behind closed doors	No matches/events to take place Exemption: professional/elite/inter-county/horse-racing behind closed doors	No matches/events to take place
	Up to 500 for outdoor stadia or other fixed outdoor venues with a minimum accredited capacity of 5,000	Up to 200 for outdoor stadia or other fixed outdoor venues with a minimum accredited capacity of 5,000			
	For large purpose built event facilities (e.g. stadia, auditoriums, conferencing/event centres), specific guidance will be developed with the relevant sectors to take account of size and different conditions for events such as large national and international sporting events.				
Gyms/Leisure Centres/Swimming Pools	Gyms/leisure centres/swimming pools open with protective measures, taking account of public health advice, including social distancing		Gyms/leisure centres/swimming pools open with protective measures, for individual training only	Gyms/leisure centres/swimming pools closed	
Religious Services					
Religious Services	Open with protective measures (for example, appropriate social distancing, one-way traffic within the venue, removal of communal prayer items) up to 50 worshippers.		Services move online Places of worship remain open for private prayer.	Services move online Places of worship remain open for private prayer.	Services move online Places of worship remain open for private prayer.
	Where the premises allows for a capacity of greater than 50 this may be permitted in separated sub-groupings of no more than 50, with additional protective measures as per guidelines.		Exemptions: Funerals - Up to 25 mourners	Exemptions: Funerals - Up to 25 mourners	Exemptions: Funerals - Up to 10 mourners
Indoor Museums, Galleries & other Cultural Attractions where people are non-stationary and social distancing can be maintained					
Indoor Museums, Galleries, Libraries & other Cultural Attractions where people are non-stationary and social distancing can be maintained	Open with protective measures (for example, a maximum capacity to allow 2m distancing, one-way traffic within the venue) max numbers linked to capacity, taking account of public health advice.		All venues closed Libraries will be available for e-services and call and collect	All venues closed - online services available	
Bars, Cafes & Restaurants (including hotel restaurants/bars) and Wet Pubs					
Bars, cafes & restaurants (including hotel restaurants/bars)	Open with protective measures (e.g. physical distancing, table service only, cleaning regimes, noise controls etc).	Open with protective measures (e.g. physical distancing, table service only, cleaning regimes, noise controls etc).	Additional restrictions for indoor dining	Take away food or delivery. No indoor dining Outdoor dining to max 15 patrons	Take away food or delivery only
	Max numbers in restaurants, cafes and bars linked to capacity of establishment, taking account of appropriate social distancing.	Max numbers in restaurants and cafes linked to capacity of establishment, taking account of public health advice, but with individual groups limited to 6 people from up to 3 households			
Wet Bars	Open with protective measures (e.g. physical distancing, table service only, cleaning regimes, noise controls etc).	Open with protective measures in place (e.g. physical distancing, table service only, cleaning regimes, noise controls etc)	Additional Restrictions	Outdoor seating only to max 15 patrons	Take away food or delivery only
	Max numbers in bars linked to capacity of establishment, taking account of appropriate social distancing.	Max numbers in bars linked to capacity of establishment, taking account of appropriate social distancing, but with individual groups limited to 6 people from no more than 3 households or the prevailing advice on the mixing of households.			
Nightclubs, Discos, Casinos	Closed				

Item	Level 1	Level 2	Level 3	Level 4	Level 5
Paid Accommodation					
Hotels, Guesthouses B&Bs etc.	Open with protective measures (for example, staff face coverings, signage, hand sanitiser, regular cleaning of hard surfaces, customer details recorded for contact tracing process).		Open but services limited to residents	Open but only for existing guests, and those with essential non-social and non-tourist purposes.	Open only for those with essential non-social and non-tourist purposes.
Retail/Services (e.g. hairdressers, beauticians, barbers)					
Retail & Personal Services (e.g. hairdressers, beauticians, barbers)	Mandatory face coverings				
	Open with protective measures.			Essential retail and businesses that are primarily outdoors only. All other retail and personal services closed.	Essential retail only. All other retail and personal services closed.
Work					
Work	Work from home if possible. Attendance at work for specific business requirements and on a staggered attendance basis.	Work from home if possible Attendance at work for essential on-site meetings, inductions, training.	Work from home unless absolutely necessary to attend in person	Only essential or other designated workers should go to work	Work from home unless essential for work which is an essential health, social care or other essential service and cannot be done from home
Domestic Travel					
Domestic Travel Restrictions	No restrictions		Stay in your county (or other defined geographical area) apart from work, education and other essential purposes	Stay in your county (or other defined geographical area) apart from essential work, education and other essential purposes	Stay at home (exercise within 5km of home)
Schools, Early Learning and Childcare Services, Adult and Higher Education					
Schools, Early Learning and Childcare Services & Higher and Adult Education	Open with protective measures		Schools and creches open with protective measures Further, higher and adult education to escalate all appropriate protective measures and limit congregation as far as possible	Further, higher and adult education moves primarily online with appropriate protective measures in place for essential attendance on site	Recommendations based on precise situation and evidence at time.
Outdoor playgrounds, play areas and parks					
Open with protective measures.					
Transport					
Public Transport	Mandatory face coverings				
	Walk or Cycle where possible	Walk or Cycle where possible	Walk or Cycle where possible	Walk or Cycle where possible	Walk or Cycle where possible
	Capacity limits to be determined by prevailing public health advice	Capacity restricted to 50%	Capacity restricted to 50%	Capacity restricted to 25%	
	Travel during off-peak hours where possible	Peak hours for essential workers and essential purposes only	Essential workers and essential purposes only	Avoid public transport - Essential workers & essential purposes only	
Over 70 and Medically Vulnerable individuals					
Those aged over 70 and Medically Vulnerable individuals	Those aged 70 years and over and the medically vulnerable should exercise judgement regarding the extent to which they engage with others and in activities outside home.		Those aged 70 years and over and the medically vulnerable should exercise judgement regarding the extent to which they engage with others and in activities outside home. Specific guidance will be provided.		
Long Term Residential Care Facilities Visiting					
LTRC Facilities Visiting	Open with protective measures Follow HPSC guidance	Open with enhanced protective measures Follow HPSC guidance	Suspended, aside from critical and compassionate circumstances		

1. Governance & Communication

1.1 Future Decision Making Framework

Individuals, families, communities, services and businesses want greater certainty, consistency and clarity. While we will be living alongside the disease we need to do so with as much a sense of stability as is possible.

The Government has developed this plan to provide a robust and sustainable plan for the next 6-9 months. We are moving from a shorter-term emergency response approach to a medium-term approach to managing risk and repairing the impact that COVID-19 has had on society and business over the past six months.

That requires a single clearly understood framework for restrictive measures set out opposite, as well as a consolidation and streamlining of the decision-making processes and a shift to a more pre-programmed process.

The **National Public Health Emergency Team** will continue in its role in providing guidance, support and expert advice for the overall national response to COVID-19. It will typically meet weekly as heretofore to consider the most up to date national and international risk assessments and consider any implications for the national response etc.

- ✓ **A COVID-19 Oversight Group** chaired by the Secretary to the Government will meet weekly to provide advice to Government on the strategic economic and social policy responses to the management of the disease and to consider the NPHET advices. It will oversee and direct implementation of policy responses. [Membership will include relevant Government Departments, the Chief Medical Officer and the Chief Executive of the Health Service Executive.]
- ✓ The **Cabinet Committee on COVID-19** chaired by the Taoiseach will continue to assess the social and economic impacts of the potential spread of COVID-19 and oversee the cross-Government response.
- ✓ **Senior officials' groupings and sub-groups** will be convened by the Department of the Taoiseach to drive implementation of this plan; to support preparations for the Cabinet Committee; and the COVID-19 Oversight as required including (i) prevention of disease in high risk settings and vulnerable groups (ii) legislative requirements (iii) data integration and knowledge management.
- ✓ This Roadmap will be fully reviewed at end March 2021.

1.2 Communication and Engagement

It is well understood that communication during a health crisis is critical for saving lives and for achieving an efficient resolution to the crisis. However, we are communicating in a context where there are many uncertainties. Sometimes the information the public wants, is not yet available or as quickly as people would like e.g. regarding vaccines, local and national prevalence, impacts of measures.

Sometimes, the decisions made, intentionally include choices. These choices recognise where the impact has been greatest in society and to protect certain groups and activities most from the impact of further restrictions. There are activities we are placing restrictions on where risks are similar to activities we are allowing. In doing so, Government is prioritising activities it believes will have the greatest overall benefit to society and business, while at the same time minimising the risk to the wider community. That is challenging and more complex and therefore more complex to communicate.

Nevertheless, good communication and public confidence in sources of information is one of our strategies against COVID-19. In this next phase of our management of COVID-19, communications must be characterised by:

- ✓ **Clarity and transparency:** All communications will be clear and accurate. As the plan is executed, Government will work to ensure that the rationale for the measures, the public health triggers that raised the risk level and the implications for specific groups, sectors, individuals are clearly articulated.
- ✓ **Cohesion and Co-ordination:** Communicating in the context of a pandemic requires a high degree of co-ordination between bodies, agencies and all of our wider stakeholders. The more challenging the message, the more important it is that we provide opportunities for engagement and debate, but ultimately ensure that public gets clear and unambiguous messages.
- ✓ **Rapid Response:** As the plan is executed, it will be important to have an agile system in place to deal with queries (media, sectoral representatives, general public etc.) as quickly as possible.
- ✓ **Insight based:** All communications will be tested and measured in order to ensure that they are achieving intended objectives.

Communications must support and empower us to take care of our own health, prepare for winter, build our mental resilience and ensure we know how to use health services this winter.

- ✓ The updated decision-making framework and communications plans are designed to ensure that there will be ample opportunity for timely and comprehensive stakeholder information giving and engagement, media campaigns/informational packages as required led by the relevant Ministers and Departments.
- ✓ The gov.ie/COVID pages are being reviewed with the goal of providing easier navigation to the relevant information.
- ✓ A structured calendar or briefings will be agreed involving relevant Ministers following specific Cabinet decisions, bi-weekly NPHET disease updates and a weekly official update on overall developments and implementation of the new Roadmap.
- ✓ The Crisis Communications Committee will continue to meet to ensure maximum co-ordination between cross-government and sectorally-led campaigns and communications.

2. Staying Safe

We must proactively manage the disease on a continuous basis. Firstly, by implementing the necessary public health guidance at an individual, community and business level. Secondly, rapid and targeted outbreak management must be in place, particularly to proactively prevent transmission in the highest risk places and in highest risk groups. Finally, we must support public compliance by having a credible monitoring and enforcement regime of statutory restrictions and sectoral protocols.

2.1 Prevention: Implementation of Existing Public Health Measures

2.1.1 Permanent Measures Baseline

Individual behaviour change, cooperation and solidarity across sectors and society will continue to be critical to our strategy. Without a vaccine there are baseline measures which we will need to continue to implement as in every aspect of our lives to stymie COVID-19 transmission in our community.

Individually we can take precautions and these continue to be our first line of defence. No single measure, in isolation, will control the spread of COVID-19 and the most effective approach is one which involves a combination of societal and personal protective measures, including;

- Washing our hands regularly and thoroughly.
- Observing good cough and sneeze etiquette.
- Maintaining social distancing
- Exercising judgement about where we spend time
- Being mindful as to whether guidance is being applied appropriately by business and service providers.
- Reducing our social interactions thereby limiting the opportunity for COVID to spread.
- Working remotely where possible.
- Walking and cycling where we can to free up public transport for social distancing for those who need it.
- Isolating and contact your GP if you develop symptoms.

Many of these are simple precautions which people will take voluntarily. New habits are already well-adopted by the majority of people which will continue to help us combat this serious collective threat. For people to make good decisions, they need good information about the risks and how they can manage those risks for themselves.

- ✓ Up to date information about prevalence rates, hospitalisation (including ICU), death rates, testing and tracing activities will continue to be provided on as disaggregated a basis as possible, along with good information on risks and mitigation measures to the public in an easily accessible forms so that they can be incorporated into people's personal decision-making.

In other areas, Government has provided for a mandatory regime to support collective compliance including:

- Wearing face coverings, on public transport, in shops and shopping centres, and in all indoor settings where social distancing is difficult.
- Restricting certain events, business and service activities from time to time in line with the current threat level.

Sectoral Guidance aligned with the Return to Work Safely Protocol has also been developed in a wide range of areas to assist businesses and services to apply broad guidance to their specific activities.

The full list of current restriction levels, related legislative measures and sectoral guidance are outlined in Appendix 1 to the document.

- ✓ All sectoral guidance will be/has been updated to reflect the new framework and promulgated through sectoral stakeholder groups by the relevant Departments and Agencies.
- ✓ Departments and Agencies will identify any additional areas of activity which require guidance and adapt guidance as required in consultation with the Department of Health.
- ✓ These protocols and guidelines along with the escalation framework set out on page 10 represent the baseline position as we commence this Roadmap.
- ✓ As heretofore, the imposition or lifting of restrictions in line with the new framework will be considered by the Cabinet on an ongoing basis, with a three-week interval for the consideration of the impact of any restriction changes.

2.1.2 General Outbreak Management

A case or outbreak of COVID-19 can happen in any setting e.g. the home, community, residential care facilities, hospitals and the workplace. The successful management of these cases and outbreaks is dependent on:

- Symptom awareness among the public
 - Rapid self-isolation at symptom onset
 - Rapid testing of suspect cases
 - Clear communication with cases and contacts
 - Robust contact tracing and follow-up with testing of close contacts
 - Comprehensive and proactive outbreak management premised on prevention of secondary or tertiary spread.
- ✓ The management of cases and outbreaks of COVID-19 will continue to be public health led and will be guided by emerging scientific evidence and guidance as per the ECDC and WHO.

2.1.3 General Workplaces

The Return to Work Safely Protocol is designed to support employers and workers to put measures in place that will prevent the spread of COVID-19 in the workplace, as the economy opens up. The Health & Safety Authority COVID-19 templates and checklists – based on the Return to Work Safely Protocol – have been prepared to help employers,

business owners and managers to get their business up and running again and to inform workers about what they need to do to help prevent the spread of COVID-19 in the workplace. Practical Workplace Protection and Improvement Guidance is also available to businesses on how to manage business continuity during the COVID-19 pandemic.

- ✓ In consultation with the LEEF Consultative Group, an updated and renamed “Return to Work Safely Protocol” will be published by the HSA to reflect any changes in public health guidance.
- ✓ Additional resources will be provided to the HSA for investigating and managing sectors when outbreaks occur and enable the Authority to provide policy and prevention advice/supports on occupational health related to COVID-19.

2.1.4 Focused Prevention Measures and Outbreak Management

Prevention and suppression of the disease in the community is the critical first step to protecting vulnerable groups but specific measures also need to be in place. Keeping the number of cases of COVID-19 as low as possible in the community provides the greatest protection to those who are most vulnerable from the severest impacts of this disease.

We have already identified the high-risk conditions and places where COVID-19 spreads most easily as well as the groups of people who are most likely to be affected and are most vulnerable to the disease. We have to implement the existing measures and advance additional measures to prevent spread in these high-risk areas. The factors which contribute to these high-risk settings include:

- The specific nature of work activity and workplace settings
- Inconsistency of workplace practices in the application of guidance
- Use of shared transport by some workers
- Workers in certain sectors also living in crowded private rental or congregated settings
- Economic disincentives for workers who present for testing, are required to restrict movements or test positive
- Communications challenges – both in terms of the range of information required, language barriers and access to appropriate channels of communication for non-English speakers.
- Specific requirements for personal protective equipment or specialist infection control supports – particularly in workplace settings.

2.1.5 High Risk Work Environments, Industries and Services

The National Standing Committee on Cases and Outbreaks of COVID-19 in High Risk settings – Food Processing and Construction will continue to closely monitor the situation in these work settings.

Serial testing already underway in larger food plants will continue and the National Standing Committee will review the ongoing need for this approach to serial testing and any new areas in light of disease incidence in these high-risk areas.

In respect of the Food Industry, the Department of Agriculture, Food and the Marine will:

- Proactively review the implementation of Return to Work Safely Protocol and other measures in the Food sector including information on social welfare entitlements. (In conjunction with Department of Social Protection)
- Report to the Cabinet Committee on COVID-19 on compliance with COVID-19 protocols in food processing plants and working with HSE local outbreak control teams where there are outbreaks or clusters in plants.
- Working with the relevant Departments and Agencies, the Senior Officials Group will put in place an “early warning” approach to any uptake in cases or clusters in the sector in conjunction with the HSE local outbreak management teams.
- Co-ordinate further studies of operational and environmental factors that facilitate COVID19 transmission in meat plants and ensure that any early learnings or proven new technologies in respect of infection control are adopted within the sector.
- Work in the context of the LEEF process to drive improved occupational health expertise at business level within this sector and a partnership approach to equip workers locally to contribute and assure local compliance of protocols and advices
- ✓ Work with employers to ensure that conditions, including of staff employed via agency contracts, support control of COVID-19 and minimise rotation of staff across multiple settings.
- ✓ Relevant Departments and Agencies, through the Senior Officials Group, will continue to develop, resource and implement policies and initiatives to protect and support healthcare workers and carers across all health and social care service providers, such as flexible working arrangements, health and resilience supports, accommodation, childcare and travel supports, illness payments, etc.

2.1.6 Congregated Settings

With regard to **Direct Provision** the Department of Children, Equality, Disability, Integration and Youth, in collaboration with other relevant Departments and agencies, will update plans to align with the escalation framework set out in this Plan. The aims will be to ensure:

- vulnerable residents of Direct Provision are protected;
- necessary testing and robust outbreak management and contact tracing arrangements are in place in line with prevailing public health advice and any NPHET recommendations regarding serial testing;

- information and language barriers are removed so that residents understanding and compliance with health advice;
 - accommodation centres are supported from a risk analysis perspective to implement public health measures,
 - and residents' rights and entitlements in the workplace and as regards social protection are adequately promulgated and understood.
- ✓ Adequate public health supports are available to reduce risk for all residents; accommodation is available for any requirement to self-isolate.

With regard to **Long Term Care Settings (Nursing Home and Disability)**

- Additional supports will be provided to advance capacity/infrastructural changes required to support physical distancing and infection prevention and control measures in public facilities.
- Provision of testing and robust outbreak management and contact tracing arrangements in line with prevailing public health advice and any NPHET recommendations regarding serial testing.
- Supports and public health measures in place including access to PPE, staff accommodation, education and training, and contingency staffing support to the Nursing Home sector will continue including an extension of the temporary financial scheme for nine months.
- Implementation of the Safe Staffing Framework in older people long-term care settings.
- Progress implementation of the recommendations of the COVID-19 Nursing Home Expert Panel with particular focus on recommendations requiring urgent and immediate attention in order to ensure that all available measures to protect this vulnerable cohort are taken.
- The compliance and assurance role of HIQA for registered older people and disability services will continue and be enhanced through updating of the relevant legislation.
- Continuation of an interagency approach which has been critical to preparedness planning and ensuring ongoing protective measures are in place
- Safely continue the Disability decongregation programme

Prison Services will update contingency and risk management plan aligned with the escalation framework set out in this plan.

2.1.7 Vulnerable Groups in the Community

Using experience to date, relevant Departments (Children, Equality, Disability, Integration and Youth, Housing, Social Protection, Health) in collaboration with their agencies will update plans to protect the most vulnerable to align with the escalation framework set out in this Plan. The aims will be to ensure specific measures are targeted to Homeless, and Traveller/Roma communities to ensure;

- adequate public health supports are available to reduce risk;
- vulnerable residents are protected
- accommodation is available for any requirement to self-isolate;
- information and language barriers are removed so that residents understanding and compliance with health advice and their rights in the workplace and as regards public services are adequately promulgated and understood.

Local authorities will continue to work with the HSE to ensure the safety of households accessing emergency accommodation.

2.2 Inspection, Compliance and Enforcement

The inspectorate of the Health and Safety Authority has been supplemented by inspections from the Workplace Relations Commission, the Department of Agriculture and Food and Environment Health Officers of the Health Services Executive.

Further inspectorates are in the process of agreeing MOU's with the HSA to carry out Protocol compliance checks including the Sea Fisheries Inspectorate and Inspectors from the Department of Education.

- ✓ Additional staff have been sanctioned for the HSA Workplace Contact Unit, which provides a national information service regarding COVID-19 issues in workplaces.
- ✓ Additional resources will be provided to the HSA for investigating and managing sectors when outbreaks occur and enable the Authority to provide policy and prevention advice/supports on occupational health related to COVID-19.
- ✓ A Regulators Forum will be convened to bring all regulators, Public Health, DBEI, others together to discuss and plan for how compliance and enforcement has worked thus far and what legislative and other measures are needed for the future.
- ✓ The Senior Officials Group will review legislative provisions to consolidate existing COVID-19 measures and any enhancements required to support compliance and enforcement.
- ✓ A new communications plan will be developed to ensure the public health / occupational health message about the safe operating of workplaces to avoid the spread of COVID-19 is enforced and not lost with time.
- ✓ This plan will be delivered nationally working with both employers and trade unions as compliance and the avoidance of the spread of COVID-19 can only be achieved with a collaborate approach by all those working and managing places of work, [with specific focus on most at-risk sectors, see 2.1.4 above].

3. Being Prepared & Responsive

3.1 Future Approach to Reactive Restrictions

The framework for restrictive measures set out on page 11, recognises the need to have an incremental, stepwise approach which recognises the societal and economic impacts of the response to COVID-19. Nuanced and sectoral responses have to be in place if there is a resurgence of the disease to ensure the number of people impacted will be kept to the minimum necessary to disease control given the psycho-social impacts of the disease on the population.

To date our response has been characterised by agility – responding to our experience of the disease in Ireland and the research information and knowledge emerging internationally. We will need to continue to synthesise evidence and use it to hone our knowledge about the disease.

The National Public Health Emergency Team provided Government with a framework for the future management of the pandemic reflecting the fact that:

- The virus is still out there
- There is, inevitably, behaviour and message fatigue given the longer-term uncertainty and impacts of restrictions on the public
- There is still no vaccine or treatment
- There is potential for a second wave of the disease to coincide with the circulation of the seasonal influenza.
- Overseas travel and importation remains a risk.

Government have adopted and adapted this framework so that we know **in advance** what reactive measures it will take when certain trigger points are reached.

- ✓ National Public Health Emergency Team will continue to monitor the risk level associated with COVID-19 based on a monitoring framework of key indicators which will support risk assessment at local, regional and national level and will underpin decision making and responses to the epidemiological situation as it evolves. Criteria for assessment will include:-
 1. The number, location and dispersion, and characteristics of cases and clusters, including the extent of secondary/tertiary spread.
 2. 14-day and 7-day cumulative incidence, 5 day rolling average of cases by county and nationally.
 3. Indicators of viral transmission (including the number of cases, positivity rate(s) and reproduction number)
 4. Incidence, protective and outbreak management capacity in at risk settings and vulnerable groups
 5. The capacity and performance of the programme of sampling, testing, contact tracing and disease surveillance

6. The capacity and resilience of the health service in terms of
 - a. Hospital occupancy and new admissions
 - b. Critical care occupancy and new admissions
7. Numbers of deaths
8. Other measures including infection prevention and control data and uptake of seasonal flu vaccine and the international situation.

These criteria will be considered collectively, in context and along with WHO and ECDC guidance to guide recommendations. A description of the combined trigger points for each level are set out over leaf.

- ✓ The COVID-19 Oversight Group will review all NPHET advices and advise Government on the strategic economic and social policy responses to the management of the disease on an ongoing basis in line with the escalation framework.

Risk/Indicators	Level 1	Level 2	Level 3	Level 4	Level 5
		No stability and/or significant increasing trajectory since moving to current level			
Risk Level Description	Medium: low incidence with isolated clusters, low community transmission, pandemic ongoing, in Ireland and globally	Greater: increased incidence with multiple clusters, increased community transmission, pandemic ongoing and escalating, in Ireland and globally. These three levels provide for a graduated response to increasing trajectories			Greatest: high or rapidly increasing incidence, widespread community transmission, pandemic ongoing and escalating rapidly, in Ireland and globally.
Clusters/Outbreaks	Single or isolated with origins understood in the majority of cases	Multiple clusters with secondary spread			Multiple clusters with secondary and tertiary spread
14 Day Cumulative Incidence Rate and related indicators	Origins of clusters or outbreaks understood in majority of cases 14-day cumulative incidence and related indicators low and stable	Significant or increasing level of disease			High or rapidly increasing level of disease
Indicators of viral transmission (including the number of cases, positivity rate and reproduction number)	Number of cases, positivity rate and reproduction number suggest low community transmission.	Indicate community transmission no longer effectively suppressed			Indicate significant community transmission
Incidence of cases in residential healthcare settings	Stable or decreasing, indicating suppression of community transmission	Increasing			Rapidly increasing
Number of deaths	Stable or decreasing, indicating suppression of community transmission	Increasing			High and/or rapidly increasing
Admissions to hospital and critical care	Stable or decreasing, indicating suppression of community transmission	Admissions to hospital increasing			Significant or rapid increase in admissions to hospital and critical care
		Admissions to critical care increasing			
Cases related to overseas travel	Disease remains uncontrolled overseas				
Capacity to undertake testing and contact tracing		Capacity constrained in the context of current demand			Capacity constrained in the context of current demand
Hospital or critical care capacity being exceeded					Likely

3.2 Health System Resilience and Responsiveness

The Health system has adapted and introduced new procedures and practices which can increase future health system resilience in the event of further waves of COVID-19. In the first phases of the pandemic, the anticipated high-volume surge in COVID-19 patients within acute hospitals was mitigated by close adherence by the public in response to Public Health advice. Robust public health measures remain in place. As part of this plan, heightened focus will be placed on building our public health workforce capacity and sustainable and comprehensive end-to-end processes for testing and tracing; vaccinating at risk groups; and ensuring that robust Infection Prevention and Control measures are in place across the health system.

Across all services, there is a need to develop plans for surge capacity through service review, enhancement of capacity where possible and development of contingency plans. Details on capacity building to both provide for COVID surge, manage the resumption of services in the COVID environment and be “Winter Ready” are set out in Section 4.2 below.

3.2.1 Public Health Workforce

A plan has been developed on the Public Health Workforce, in compliance with recommendations of the Crowe Horwath review of the speciality of Public Health Medicine, Dr Gabriel Scally’s report on the National Cervical Screening Programme and development of the health system in line with Sláintecare.

The HSE will recruit up 150 permanent staff and other temporary staff to ensure there is capacity to deal efficiently and effectively with public health emergencies with scale and speed, both now and in the future.

3.2.2 Testing and Tracing

We are introducing a more accessible and sustainable testing service that will meet the demands of our population coming into the Autumn/Winter months. We are aiming to deliver a more consistent service for all. The improvements will be implemented in the coming days, weeks and months ahead.

A key difference in the service will be the building of a dedicated workforce for Covid19 Testing. This will enable us to run our health service and Covid Testing simultaneously. Our testing service will employ a 3,000 strong workforce. We are currently recruiting over 700 people to take swabs and over 500 contact tracing staff. The roles are available all around the country. Both campaigns have been launched and we are actively screening and interviewing candidates for immediate positions.

The key features of the testing service will be:

- ✓ A highly scalable, responsive and accessible service that provides easy, free access to COVID-19 Test referrals 7 days per week.
- ✓ Increased access to same-day swabbing appointments within 1 hour travel time for the vast majority of people.
- ✓ Having one test centre in each county with increased swabbing capacity per centre and longer working hours 7 days per week. Many sites will open 12 hours per day. In addition, pop ups will be established in areas where they are needed at short notice.
- ✓ Efficient turnaround times for swab taken to result communicated in line with international standards, in addition to other core metrics such as referral to appointment time
- ✓ A fully dedicated, stable and appropriately sized and skilled workforce in excess of 3,000 staff.
- ✓ Having a dedicated and suitable estate – over 30 test centres, 6 pop-up fleets, a number of dedicated contact tracing centres and administrative accommodation
- ✓ Having leading edge process and technology supporting our service and a continuous improvement approach
- ✓ Catering for a variety of user pathways e.g. symptomatic people in the community, close contacts of confirmed cases, vulnerable populations, outbreaks, serial testing and acute hospital testing

In conjunction with active case finding and testing, contact tracing is an essential component of identifying and managing the contacts of probable or confirmed cases of COVID-19 in order to rapidly identify secondary cases and interrupt further onward transmission .

3.2.3 Vaccination Programme

An enhanced vaccination programme will prevent morbidity/ mortality from influenza and prevent the associated outbreaks that would place significant stress on the health services in a COVID-19 environment. Government has already approved funding for the enhanced programme [€65m].

- ✓ There will be enhanced provision of seasonal influenza vaccinations including expansion to children age 2-12 with an Uptake Target % - Children (aged 2-12) – 60% and Uptake Target % - At-risk groups and Healthcare Workers – 75%.
- ✓ There will be a range of efforts to promote the seasonal flu campaign and to promote increase uptake amongst healthcare workers.

3.2.4 Infection Prevention and Control

Infection Prevention and Control is critical to support the safe continuity of care and prepare for potential future spikes in cases of COVID-19. New governance and investments are required to provide assurance and to address system any deficits.

- ✓ An integrated proposal for the development of infection prevention and control capacity in acute hospitals and community services has been developed by the HSE. This is a fundamental enabler for the delivery of both Covid-19 care and non-COVID-19 healthcare, including service provision for the upcoming winter.
- ✓ A key element includes implementation of NPHEM-mandated measures in Hospital Groups, across a number of different action areas including governance, risk, outbreak management, staffing and social distancing.
- ✓ HSE will continue to provide COVID-19 Response Teams to support Long Term Care Facilities (inclusive of older persons, adult disability and mental health facilities).
- ✓ An integrated COVID-19 infection and prevention control strategy will be developed by the HSE to cover all nursing homes as recommended by the Nursing Homes Expert Panel.

3.2.5 Procurement of Key Supplies

Ensuring continuity of supply for PPE requires a coordinated approach for implementing a national supply chain strategy, including encouraging indigenous manufacturing.

- ✓ The HSE have developed a Distribution Operating Model, which has been designed to support the provision and distribution of PPE in compliance with established clinical guidelines

3.3 Local Authority Supports

The 'Community Call' was an overarching programme designed to mobilise State and community and voluntary supports for vulnerable people.

- ✓ Community Call structures built since March 2020 will be retained as a failsafe to deal with any emergency calls in the phases 1 and 2 and the Community Fora will continue to meet on a regular basis. If we move to higher escalation phases, the Community Call structures will be fully operationalised immediately and the Fora will meet on a weekly basis at least.
- ✓ In phases 3-5, the regional Major Emergency Management (MEM) structures will be instituted with the principal response agencies (i.e Local Authorities, An Garda Síochána and the HSE) liaising on operational matters, the coordination of local services, local communication strategy and any other logistical arrangements requiring interagency cooperation.

3.4 Research, Technology and Innovation

Research and innovation have been crucial in informing and shaping our public health and policy response to COVID-19. Identifying safe and successful treatments will decrease the impact of Covid-19 on patients and on Irish Society, and the potential need for future lockdowns.

Ireland is currently involved in two major international clinical trials for COVID-19.

- REMAP-COVID is a study evaluating treatments, deemed the most promising by experts convened by the World Health Organization, across several countries. As part of the trial, the Irish arm recently published results showing that the common steroid hydrocortisone, administered to critically unwell patients in intensive care units, reduced the mortality rate from 40% to 32%.
- The SOLIDARITY Trial is an international clinical trial launched by the WHO and partners to compare various treatment options for COVID-19. The Department of Health is acting as trial sponsor on behalf of the Irish Government and has providing funding (up to €2.5 million) to enable Ireland to participate in the SOLIDARITY Trial. Active recruitment of Covid-19 patients is underway in hospitals across the country and will continue through to Spring 2021. The trial will enable the identification of treatments that will reduce the severity of the infection, decrease the need for intensive care and reduce the infection's mortality rate.

Research (SCOPI study) has also been undertaken to estimate the true prevalence of COVID-19 in the Irish population. The seroprevalence (proportion of the population with antibodies to SARS-CoV-2) for people living in Ireland was estimated as 1.7%. Work is now underway to establish a process for undertaking repeated seroprevalence surveys using residual blood samples, which will continue to inform and tailor our public health interventions as population infection levels change over time. The importance of data in supporting the research process cannot be underestimated. Agreement has been reached between the CSO, Department of Health, HSE and others to support the collection, collation and statistical analysis of COVID-19 related data, whilst protecting the privacy rights of individuals. The HRB, DOH and CSO are at an advanced stage of putting a mechanism in place to facilitate secure and controlled access to these data for research purposes.

In accordance with a recommendation in the WHO Roadmap for R&D, the Minister for Health established a temporary National Research Ethics Committee (NREC) for COVID-19 to deliver an expedited process for robust ethical review for all COVID-19-related research studies. Since its establishment in April, the Committee has returned decisions on a total of 93 research proposals. The NREC for COVID-19 has come to an end of its tenure, and a standing sub-committee is now in place to review applications for amendments to approved studies.

There is a wide range of other research efforts ongoing across Ireland these range from a UCD-led research project, under which Irish Water is facilitating the assessment of viral RNA loads in three waste water sewer catchments to see if it could usefully form part of a post pandemic population health surveillance programme through to research on the impact of restrictions, the application of technology in new and innovative ways of delivering services in a COVID-19 environment.

As we move into the next phase of the pandemic:

- ✓ We shall seek to build on this initial work to deliver a nationally coordinated research effort, with the necessary research infrastructure and funding, to manage and respond to the health, social and economic consequences of the pandemic and enhance our preparedness and resilience for future emergencies.
- ✓ This will involve; building further capacity for public health research, research to gauge the social and economic impacts of COVID-19 at a citizen and sectoral level, strengthening epidemiological modelling and behavioural science capabilities, capacity and demand modelling, supporting the clinical trials network, infrastructure to support biorepository studies and data linkages, advances in reliable testing and tracing capabilities.

3.5 Approach to International Travel

The approach to international travel to date has sought to protect public health and contain the disease while respecting that in certain circumstances travel will be essential.

There are currently no restrictions on persons coming into the country. We need to keep airports and travel routes open. Ireland depends on ports and airports for supply chains and connectivity bringing food, medicines and other products to Ireland which are critical to our health and for economic activity. Furthermore, some people need to travel for essential reasons. This includes: for essential work; to care for family members abroad; or to return home.

At the same time, aviation is a significant industry in terms of employment and other direct economic impacts. Its strategic importance stems from the far more significant role it plays in underpinning tourism and business. The rebuilding of the national economy as COVID-19 impacts stabilise in some shape, will be supported if aviation can rebuild quickly: if that is not the case, tourism and business will be constrained.

The European Commission has recently published a proposal to promote a common approach to travel restrictions and movement within EU/EEA. The proposal from the Commission is still under consideration by Member States, and there are three components:

- a) Common use of epi data to determine which country is on which list
- b) Quarantine / self-restrictions
- c) Testing at airports.

It is proposed that Ireland broadly support the European Commission proposals and should continue to engage with Member States and the Commission to develop a regime that is consistent with public health requirements, cognisant of public of resources and capacity, while supportive of our need to support air transport.

- ✓ Once finalised, the Government will apply the principles, adapted as appropriate, of the European Commission's regime to promote a common approach to international travel within EU/EEA.
- ✓ Advice on the need for restricted movements will be aligned with the Commission's Recommendation and calibrated to the risk level of country of departure and any accompanying pre-departure or arrival testing regime which might be available.
- ✓ Pending finalisation of the European Commission proposal and as a step towards aligning with the European Commission proposal, those countries with a 14-day cumulative rate of disease incidence per 100,000 of 25 or less should be considered for inclusion on the "Normal Precautions" (green) list. The current Department of Foreign Affairs travel advisory of "Normal Precautions" be updated accordingly.
- ✓ Preparations for the implementation of the European Commission proposal will ensure that the establishment of any pre-departure or on-arrival testing arrangements for incoming travellers does not impact on the testing and tracing

of symptomatic patients and serial testing of high-risk groups or workplace environments as recommended by NPHET from time to time.

- ✓ Aside from counties on the "Normal Precautions" (green) list, the Government will continue to advise against non-essential travel from other countries.
- ✓ The Electronic Passenger Locator form will continue to be used in respect of all travellers (except those currently exempted).

Protection of the Common Travel Area, and ease of travel within the CTA, is also an important priority objective. There is ongoing liaison with the UK Government and between relevant stakeholders on the matter.

On 30 June, the Council adopted a Recommendation on the gradual lifting of the temporary restrictions on non-essential travel into the EU (from third countries). Travel restrictions apply to all other third countries, except those listed in the recommendation (as reviewed and updated). Ireland does not currently apply these travel restrictions.

The situation in respect of the Common Travel Area third countries will continue to be considered in the context of any new arrangements.

4. Resuming Public Service Delivery

4.1 Introduction

The Pandemic presents a real-time threat to our public health and, in particular, a deadly threat to our older and medically vulnerable population. That risk has to be managed. At the same time, as we know, the restrictions themselves bring their own threat to our health and well-being, so decisions have to be informed by the burden placed on mental health and the risk that restrictions might have on access to other non-COVID health services.

Wider public services are there because people need them. They create the circumstances for our children and young people to thrive; they keep people safe physical and mentally; they support people's basic human rights – those with disabilities, victims of crime and those others need support and protection. They keep our communities strong.

COVID-19 has also presented some opportunities to accelerate and innovate the way in which public services are delivered.

- It is evident that technology development and use can be fast-tracked when driven by great urgency and the resulting structures and relationships developed now should be built on for recovery.
- Crisis and the disruption and realignments it has caused has the potential to transform our institutions and how we live.
- Silos in our health service and elsewhere can be broken down and reassembled when there is clear purpose and focus.
- The way we design our places and homes can impact on health outcomes, not only in enabling us to live safely with threats such as Covid, but also to facilitate improved health and wellbeing.

4.2 Health Service: Non-COVID Health and Social Care

4.2.1 Delivery of Health and Social Care Services - Mitigating the Effects of Winter

The COVID 19 pandemic has led to unprecedented interruption to normal healthcare activity, with both community and acute settings affected. Resuming health and social care services and building our capacity and capability for the pressures of winter 2020 21 and beyond will be particularly challenging in a way that the health service has not experienced in living memory.

In response, the HSE have developed a plan (Delivering Health Services in a COVID-19 Pandemic). This plan includes the normal winter plan that would incorporate enhancement to services to cope with winter pressures, but also takes a more strategic approach by considering actions necessary to resume services and building capacity such that the system can deal with expected demand and pressures to the end of 2020/21.

The HSE plan has been formulated within the context of an increasing demand for un-scheduled care, the need to support service continuity and resumption of services and delivering essential healthcare in a COVID-19 context. The plan comprises of targeted initiatives to address population health needs which combine the needs to shift care to home and ambulatory care environments especially for high risk cohorts of patients such as the elderly and those with chronic enduring illnesses These have been informed by the design work of the Clinical Care Programmes. The plan recognises that the need to adopt a zero tolerance for overcrowding in our care environments this winter requires additional acute hospital and community capacity, and additional focus on how patients access acute care and how patient flow is managed efficiently across the full patient care continuum to avoid any such overcrowding.

The actions in the plan together incorporate the enhancement of community services, the requirement for additional staff and increased use of digital services as advocated by Sláintecare. Implementation of the plan, once finalised, will therefore also progress the implementation of the Sláintecare reform plan.

The Department continues to work with the HSE to ensure that the plan is comprehensive, achievable, and that the impact is quantified. The intention is that the plan, and the associated investment required, will be considered in the context of the 2021 Estimates process. The major elements of the plan are set, with implementation contingent on funding and resources

In the meantime, and recognising the need to immediately commence those initiatives which will have an impact over the coming winter, the Department and HSE intend to publish a Winter Plan, which will be a subset of the larger plan. The HSE have identified and prioritised a number of actions, to a total limit of €600m , from the plan to form the basis of this Winter Plan.

4.2.2 Building Capacity and New Pathways of Care

The HSE will deliver a significant and sustainable level of additional capacity for Winter 2020-21 and beyond. This is a crucial component of the delivery of increased levels of care, in parallel Covid and non-Covid pathways, safely and effectively.

This will largely be achieved by investment in the following:

- Critical Care, Acute and sub-Acute beds
- Rehabilitation beds
- Community beds enhanced with the new 'Home First' pathway care models
- The roll out of the standard InterRai care needs assessment tool and policy for older people services and additional home support hours by the end of 2021
- Additional procedures across the public and private system (Inpatient, Daycase, Outpatient, GI scopes and diagnostics).

In responding to the COVID-19 pandemic the HSE has implemented new pathways of care. There is now a requirement to significantly scale these new pathways of care where services can be delivered in line with demand, and enhance alternative community pathways, minimising acute hospital admissions and supporting egress in the community.

The following specific initiatives will be put in place :-

- Expanded Senior Decision Making and Consultant delivered care
- Additional Community Assessment Hubs to be opened.
- Additional Community Specialist Teams focussing on older persons and chronic disease management.
- Additional Community Intervention Teams, OPAT
- Structured GP access to diagnostics sessions
- HSE will continue to work with general practice, community pharmacy and dentists to support continued service delivery and responses the challenges posed by COVID.
- Initiatives by the National Ambulance Service (NAS) to reduce the numbers of patients brought to hospital.

4.2.3 Mental Health and Disability Services for Children and Adults

Disability services are resuming with a focus on disability day services and school leavers programmes to support continuity of person-centred care.

Safely continue the Disability decongregation programme.

Mental Health will resume with a particular emphasis on enhancing psychosocial supports available to the general public, service users and staff.

Additional staffing for mental health community teams and increased mental health step down beds will be provided to address any increased demand placed on services as a result of the Pandemic.

4.2.4 Primary Care

General Practice working in close partnership with HSE Primary Care Services were pivotal in ensuring the health and wellbeing of our population during the course of the pandemic. Through providing telephone consultation to the provision of COVID-19 pathways of care through Community Assessment Hubs, primary care helped to ensure that the acute hospital system was not overwhelmed.

- ✓ We will continue to develop primary and community care capability in line with the principles of SláinteCare, through the establishment of structure programme for chronic disease management among other measures.

4.2.5 Cancer Services Including Cancer Screening:

During the COVID-19 crisis period, cancer services in the state were requested to prioritise activity across the patient pathway in line with national clinical guidance. This ensured emergency, time critical and symptomatic services for cancer were delivered appropriately. It also protected vulnerable cancer patients from exposure to COVID-19 during the crisis period.

- ✓ Service continuity in cancer services will be achieved by improving access / follow up for outpatients (via Telehealth/ IT); creating resilience within the designated cancer centres / surgery/ early diagnosis/ diagnostics; and streamlining the chemotherapy pathway.
- ✓ Additional resourcing across Breast, Lung and Prostate Rapid Access Clinics will increase patient attendance, assist in addressing the COVID-19 backlog of patients and the impact of COVID-19 restrictions have on capacity across cancer services.

CervicalCheck resumed in July with a targeted invitation campaign for those who need an early test based on programme prioritisation. Diabetic RetinaScreen (DRS) also resumed screening in July, sending screening invitations to eligible people in line with programme prioritisation. BowelScreen resumed in August with the issue of new invitations for screening on a phased basis;

- ✓ Service continuity of the National Screening Service through the phased resumption of screening services will continue with BreastCheck throughout September/ October.

4.2.6 Drugs and Alcohol Services

Planning is underway for the safe resumption of drug and alcohol services, including community-based services, residential programmes and recovery support groups.

- ✓ Improvements in access to opioid substitution treatment services during COVID-19 will be consolidated, and the over 700 new clients, many with complex needs, will be supported on their care pathway.
- ✓ Actions to minimise the risk of drug and alcohol overdose will be maintained, including the wider availability of naloxone.
- ✓ The impact of COVID-19 on drug and alcohol use and misuse will be reviewed, with a view to enhancing the response of services

4.2.6 Investment in E-Health

The implementation of key technology enabled solutions as articulated by the services that are required for maintaining the COVID-19 response, underpinning key winter pressure initiatives and facilitating a return to business in an integrated care environment.

This will require investment in people and technology to upgrade Acute Hospital Systems (including ICU systems), to deliver Community Care Management Systems, to enhance the Covid19 Care Tracker and Covid19 Tracker App, to deliver an Enterprise Appointment Scheduler, Data Analytics and Reporting solutions including Performance Visualisation Systems, systems that support timely reporting of COVID-19 related events, systems that support integrated care and the implementation of emerging COVID-19 Care pathways, a National Waiting List Management System, Electronic Prescribing, Electronic Discharge, Immunisations Systems, Residential Care, Nursing Home and Home Support Systems, and additional deployments of video consultation systems for patient triage and outpatient appointments.

- ✓ The HSE will identify and invest in and roll-out priority projects to further benefit the health system over the period of this Plan.

4.3 Civil and Wider Public Services

4.3.1 Civil Service

- ✓ Each Department will put in place a COVID-19 Response Management Group. This group will be responsible for consolidating work already advanced in respect of the following:
 - **Recovery:** Identifying backlogs in service delivery and developing a medium term “catch-up” plan within the current constraints.
 - **Communications:** Mapping and consolidating sectoral stakeholder groupings for dialogue and support timely, co-ordinated communications of public health messaging within the sectors.
 - **Innovation:** Accelerating key reforms and mainstreaming service innovations.
 - **Legislation:** Identifying legislative changes to support innovative practices as may be required.
 - **People Management:** Overseeing attendance, volume and staggered or shift arrangements for staffs in strict adherence to prevailing public health guidance. This to include examining the operation of public offices, the opportunities for digitising of key services on a permanent basis and the provision of virtual services to clients where this is appropriate on a longer-term basis.
 - **Resilience:** Adapting existing sectoral roadmaps, procedures and contingency plans for priority public facing service areas and key agencies and bodies in line with the escalation framework set out in Appendix 1.
 - **Potential to support local economic recovery:** examining how work practices and attendance aligned with public health requirements can be organised to reflect the potential to support local business, amenities and services.

- ✓ Each Department with responsibility for service delivery or service delivering agencies will develop high-level statement of priorities and timelines for the ongoing the resumption of services.

- ✓ Each Department will review update existing sectoral protocols and ensure contingency plans are aligned with the framework for reactive restrictions.

4.3.2 Education and Childcare

Government has identified the reopening of our schools as a priority and this plan acknowledges the impact of school closures on children and young peoples' social and emotional development as well as their academic progress.

Early childhood education and care provides for the holistic development of a child's social, emotional, cognitive and physical needs in order to build a solid and broad foundation for lifelong learning and wellbeing. These are windows of opportunity in children and young peoples' lives that we cannot "catch up" later.

Childhood education and care is also essential to parents' abilities to balance work success with family responsibilities especially those in the workforce on whom we rely to deliver essential services.

- ✓ Keeping schools, early childhood care and education, childcare and childminding services open in any escalation of restrictive measures will continue to be a Government priority in line with public health advice.

4.3.3 Protective Services, Policing and Immigration

Throughout the pandemic we know that for certain groups in our society, home may not always be a safe place. Without the safety net of certain social supports, any restrictive measures have a greater impact on some groups over others.

- ✓ The Departments of Justice and Children, Equality, Disability, Integration & Youth, An Garda Síochána and Tusla will continue to monitor impacts in key areas of risk in the areas of children protection and welfare, domestic, sexual and gender based violence. Robust plans and service delivery adaptations will be in place to ensure maximum resumption and ongoing delivery of services through the escalation framework.
- ✓ In all phases, An Garda Síochána will continue to adopt a Graduated Policing Response to ensure compliance with the restrictions in place, by implementing the four-step escalating principles of Engage, Explain and Encourage, with Enforcement as a last resort.
- ✓ Alongside COVID-19 response measures, An Garda Síochána will continue to work to protect and support communities by preventing and detecting crime. This has seen significant seizures of drugs and firearms, arrests for thefts of vehicles and burglaries, and enforcement of road traffic offences, including drink and drug driving. Particular focus will be kept on crimes against the vulnerable.
- ✓ Immigration services will update their contingency and risk management plans to ensure the ongoing delivery of border controls and other critical immigration and asylum functions through the escalation framework set out in this Plan.

4.3.4 Access to Justice

The approach to date has been to ensure we maintain critical courts functions with a special focus on areas of particular vulnerability such as family law; domestic violence, child custody, insolvency and debt.

- ✓ The Court Service continues implementation of plans to reduce COVID-19 related waiting times, including preparing criminal courts, family courts and civil courts roadmaps and planning for requirements for 2021. These plans will be kept under review to ensure the ongoing delivery of critical courts and related functions through the escalation framework set out in this Plan.

The Department of Justice and Equality has structures in place to continue to work with the judiciary, the Court Service, the Insolvency Service and the Legal Aid Board to identify any particular blockages to progress and other initiatives to limit the necessity of individuals going to court unnecessarily, such as mediation and the extensive use of technology.

- ✓ The work of these groups will inform and guide any additional legislation, or such other measures as may be necessary.

4.3.5 Homeless Services

Homeless Services are delivery across a number of government departments and agencies. The homeless initiative is focused on the provision of high quality, accessible and safe care that meets the particular needs of the homeless population.

- ✓ Service Provision Enhancements developed by the HSE in response to COVID-19 will be continued, including health supports for those who are cocooning or in self-isolation.
- ✓ The HSE will continue to work with homeless services to ensure health and safety of individuals and families accessing emergency accommodation
- ✓ Health care supports, including GP availability and mental health teams will be enhanced.
- ✓ Continuity of care will be provided for people who are homeless leaving hospital or requiring emergency treatment.

5. Developing Economic Resilience

Without a functioning economy, we cannot maintain delivery of public services, we cannot support businesses or keep people in employment, and we cannot assist those who need help getting back on their feet. So we need to find ways to keep our people in work, keep our businesses operating, all while living with the COVID-19 pandemic. Government has already taken an extensive and unprecedented range of measures to support workers and businesses but it is recognised that a continuously evolving approach will be required.

5.1 Employment Wage Subsidy and the Pandemic Unemployment Payment

The Temporary Wage Subsidy Scheme provided income support of over €2.8bn to employees between March and August. This has now been replaced by the new Employment Wage Subsidy Scheme (EWSS) providing a subsidy of up to €203 per week for eligible employers per employee. EWSS will be in place until 31 March 2021 so giving certainty to businesses and their employees. In that time it expected to support 350,000 jobs at a cost of €1.9bn. The effectiveness of the EWSS will be monitored closely and adapted if necessary.

The Pandemic Unemployment Payment (PUP) was made available to all employees and the self-employed who lost their job due to the COVID-19 pandemic. The July Jobs Stimulus saw the PUP extended until April 2020, with support gradually aligned with existing social welfare rates on a phased basis. The payment is to be closed to new entrants from 17 September 2020.

- ✓ The Government has now decided that the PUP will remain open to new entrants until end-2020 given the need to continue supporting people through the next phase of the pandemic.
- ✓ The emergency suspension of section 12 of the Redundancy Payments Act is also extended until end-November.
- ✓ Arrangements to waive the 3 day waiting period for Jobseekers Allowance and Benefit will also be extended until the end of 2020.

5.2 COVID Illness Benefit

The COVID Illness Benefit was introduced for employees that have to self-isolate or are diagnosed with COVID-19. The six day wait period before receiving illness benefit was also removed. To date just under 60,000 people have received this payment.

- ✓ The COVID Illness Benefit will remain in place until end-March 2021.

5.3 Other Existing Business Supports

An unprecedented range of loans, grants, vouchers and other support schemes to support businesses impacted by the pandemic, such as the Restart Grant; the €2bn Pandemic Stabilisation and Recovery Fund; the SBCI Working Capital Loan Scheme, and Future Growth Loan Scheme; COVID-19 Business Loans from Microfinance Ireland; Enterprise Ireland's Sustaining Enterprise Fund; supports to assist business to trade online; the warehousing of tax liabilities; and a 6 months commercial rates waiver from Local Authorities.

In July, the Government announced its Jobs Stimulus, made up of €4 billion in direct expenditure, €1 billion in taxation measures, and €2 billion in credit guarantees, providing certainty on supports for employers and workers into 2021. The Stimulus included:

- an enhanced Restart Grant; assistance for SMEs;
 - a €200 million investment in training, skills development and activation measures for those who have lost their jobs
 - a new Stay and Spend Initiative, to assist the hospitality and tourism sector from October to April;
 - a 6-month reduction in the standard rate of VAT from 23% to 21%, effective from the beginning of September;
 - a Tourism Adaptation Fund; and
 - an accelerated, jobs focused, capital works programme worth €500m, with expenditure prioritised to take place this year.
- ✓ All Departments and Agencies will continue to implement c.€7bn of measures in the July Jobs Stimulus and maximise its impact in supporting economic activity and businesses over the coming months.

In August, following the introduction of further restrictive measures in Kildare, Laois and Offaly, a further package of targeted measures were introduced for businesses, including payments under the Restart Grant, prioritisation for existing grants, loans and vouchers, and funding to Fáilte Ireland. Additionally, €16m in targeted supports for pubs, bars and restaurants nationally, was put in place through a higher payment under the Restart Grant and the waiving of license fees.

- ✓ The Government will consider whether there is a need for any further targeted business support measures, building on the extensive July Stimulus measures, in the event of new restrictions being introduced.

5.4 Support businesses operating in a COVID-19 environment get the assistance they need to survive

5.4.1 Business Recovery

- ✓ In the context of the Budget and the development of the National Economic Plan, Government will review and refine existing supports, and consider any further necessary measures as we adjust to managing COVID-19.
- ✓ Furthermore, Government will also take into account other challenges, most notably the impact of Brexit. Many of the extensive supports in place to help businesses manage the impact of the COVID-19 pandemic, can also be availed to increase the preparedness of business as they adjust to the changes which Brexit will bring.
- ✓ The Government will continue to review support measure, with a particular focus on how best to support those sectors worst affected by COVID-19 over the medium term.
- ✓ The National Economic Plan will also be an opportunity to reflect on more long-lasting impacts of COVID-19 on the workplace and business including the increasing prevalence of remote working, and the acceleration of digitalisation.

5.4.1 Business Resilience

If it is necessary to introduce further restrictions on economic activity for public health reasons, on the lines outlined above, consideration will be given to the impact these will have on people's employment and livelihoods, and the appropriate mitigations or supports which may be necessary. A number of factors will be assessed including:

- Risk of permanent damage to sector by further restrictions.
- Economic impact of the sector as measured by Gross Value Added and employment.
- Potential fiscal costs of sector restrictions arising from supports required;
- Potential impact of restrictions on other sectors and economic activity due to sectoral interdependencies (supply chains, impact on demand, enabling sectors, e.g. childcare, transport).
- Potential impact on wider policy goals as set out in key Government policies and strategies.
- Geographical concentration/distribution of employment (by place of work) in the sector, preferably by county (data availability being confirmed) or by region.

Careful consideration will also be given to managing the supply chain impacts of any measures. To date, key business and retail supply chains have proven to be extremely resilient. The role of critical workers in the manufacturing, agriculture, transport, distribution, wholesale and retail sectors has contributed immensely to this.

- ✓ Government will continue to work closely with business and other sectoral interests to mitigate supply chain risks arising from disruption caused by Covid-19, while also taking account of emerging challenges such as Brexit.

5.5 Develop local area Economic Sustainability Initiatives which support local business.

There is an opportunity to harness existing structures and goodwill to drive tailored local sustainability and business initiatives.

- ✓ The local authorities working with the LCDCs and PPNs will develop recovery initiatives including town centre / public realm alterations, incentive schemes and advisory assistance
- ✓ Local Authorities will specifically use all instruments and agencies available to them such as the LEOs, Tourism Officers, local economic development initiatives, town centre management groups etc.
- ✓ The process will be supported by the Departments of Housing and Local Government and Rural and Community Development and Business, Enterprise and Innovation.
- ✓ The Departments, will work collaboratively with the City and County Managers to devise a process and timeline for local engagement and finalisation of local plans, drawing on and accelerating established processes for developing local economic and community plans (LECPs).
- ✓ Work will explore and harness local enterprise structures and substantial business support resources to underpin and drive local community recovery plans and reviewing existing LECPs for opportunities to re-purpose resources in the new context COVID-19 presents.

6. Growing Our Resilience

Maintaining our individual and collective resilience will be vital to get us through the months ahead. Resilience comes from a confidence in our ability to support each other, respond to the stresses and difficulties, and to keep a sense of connectedness and hope in our communities. We also know the role that social, cultural and sporting activities play in maintaining our mental and physical well-being.

While it is understandable there is fatigue, we also have shown remarkable adaptability. Collectively, we have learnt a lot in recent months, not just about how to live with COVID-19, but also about how to cope with its impact, and this experience is something we can continue to build on and tap into.

6.1 Community Wellbeing

The pandemic and its consequences have created significant challenges for us all, generated an ongoing level of stress and worry, and impacted our usual routines. It is important to recognise that feelings of stress and worry are normal in the face of such challenges, but also to know that there are supports available within our own communities.

6.1.1 Promoting Resilience Within Communities

People have shared what they found helpful in maintaining their wellbeing in the early months of the pandemic, and what information and supports would be useful to help them continue to keep well, whether through keeping active, having healthy daily routines, stress management, outdoor activities, keeping connected with friends, family, getting involved and volunteering in our community, creative activities and developing new interests.

Personal and community resilience is strengthened by engagement in the social pursuits that we all enjoy. Safe engagement in and watching of our favourite sports and cultural activities, both personal and collective, plays a vital role in protecting our mental health and well-being. The Plan will facilitate these activities in as safe a way as possible. The plan also seeks to facilitate and preserve the significant cultural and sporting landmarks in Irish life, both at local and national level.

Government wants to develop an approach that puts communities and counties at the centre of solutions for their own areas in terms of recovery. Recovery and longer-term resilience and what this entails will work better if driven by communities, supported by local and national government. This focus on supporting physical and mental wellbeing aligns closely with other Government priorities such as Sláintecare, which has an emphasis on empowering people and communities to keep well.

- ✓ Develop and deliver a refreshed Government Wellbeing/Together/Resilience campaign and continue to make information about resources and supports available via gov.ie
- ✓ A local campaign element will be delivered by Local Authorities to promote awareness of and participation in local programmes, initiatives and amenities.
- ✓ Supported by Sláintecare through the Healthy Ireland fund, a programme of "citizen empowerment" wellbeing activities and initiatives will be delivered by Local Authorities with local partners, including activities supporting healthy living, physical activity, community food, creativity, managing chronic diseases and positive ageing, including for those living in long-term residential care.
- ✓ Given the importance of being active, particularly outdoors, for physical and mental wellbeing, Healthy Ireland and Sport Ireland will deliver a national campaign to promote this over the winter months.

6.1.2 Communities Working Together

Local authorities and LCDCs, with membership consisting of elected members, State agencies including HSE and ETBs and representatives of local community and voluntary organisations elected through the PPNs can also provide a focal point of individual and community resilience through this period – engaging all of its amenities, services and community supports for personal and community resilience.

- ✓ LCDCs will be supported by the Department of Rural and Community Development to assist local community and voluntary groups to adapt their services and operations to fit the new COVID-19 reality e.g. adapting premises to allow for social distancing; offering on-line activities; providing social supports and friendly calls by phone etc.
- ✓ Libraries will continue to offer on-line and digital services and will expand their book delivery services to older and vulnerable clients.
- ✓ Drawing on the significant volunteer response that has been witnessed since March, a permanent “volunteer reserve corps” will be established in each area, which can be called on by community and voluntary organisations and local authorities as needed.

6.1.3 Mental Health Supports

The COVID-19 pandemic has had a negative impact on the mental health of many of our population. Additional life stressors such as unemployment, lack of accommodation and bereavement can further contribute to poor mental health.

During the pandemic mental health services continued to operate as normal. Auxiliary supports were offered remotely to ensure those in isolation could access assistance when needed. Additional access to online information, provision of digital counselling and the roll out of a national 24/7 crisis textline ensured that individuals and families could gain access to supports immediately.

- ✓ The Department of Health and Health Service Executive will continue to supply additional integrated psycho-social solutions, to augment existing interventions provided to date. Mental health supports will be tailored to support the specific needs of the individual where possible.
- ✓ The Department of Health and Health Service Executive & Mental Health Commission will continue to monitor the safe delivery of services to the maximum level possible in pandemic for both community and residential services.

6.1.4 Supports for Young People

In the summer of 2020, the Department of Children and Youth Affairs, working with the Department of Health and the youth sector, collaborated with SpunOut.ie to undertake an online survey of young people's experiences of COVID-19. The consultation found that young people have been the group most impacted by COVID19. While young people missed the same kind of things as the rest of the population, for them the absence of these things has had more of an impact.

The most common negative impacts were on young people's mental health and wellbeing, especially amongst some marginalised groups. Young people missed friends and family, and expressed concerns regarding loneliness and isolation; lack of routine; education, work and money; access to services. Young people who engaged with youth groups/clubs/services tended to be more optimistic and excited about their futures.

The findings from the consultation will be available in the coming weeks and will help inform a whole of society response to COVID-19 as relevant to the needs of young people, and also inform the design and delivery of specific policies and services for young people, including information campaigns on living alongside COVID-19. Actions should include:

- ✓ The Department of Children, Disability, Equality and Integration will lead a discussion with relevant Departments and agencies to ensuring that mental health services, educational institutions, youth services, sports clubs etc. work together, so that each is aware of the challenges young people have been facing and can help ease them back into everyday life and support their resilience in the next stage of the pandemic and beyond.
- ✓ The Department of Children, Disability, Equality and Integration will continue to support youth services to play their part in enabling young people to maintain their mental and physical health.

7. Remembering Our Loss

COVID-19 has also brought grief and loss to our lives in ways that most of us have not experienced in our lifetime. They have raised our awareness of the importance of the processes and rituals related to bereavement, dying and death.

It is important as a people that we pause and reflect, take time to remember and pay tribute both to those who have lost their lives but also to everyone who has contributed to how we have faced and are facing the challenges together.

- ✓ A programme of national and local events will be developed to commemorate those we have lost, to celebrate all those who have helped us survive and endure, and ensure there is support from all those who feel alone or lost. Government will collaborate with national and local media, civil society organisations and church groups on the approach and timing.

We all have very different experiences of memories of what happened in 2020. There have been a number of initiatives in different fields to catalogue our experience of COVID-19. In the future, it will be important to be able to look back and reflect on what we have learned about ourselves as a society.

- ✓ Over the coming period, the Department of Media, Tourism, Arts, Culture, Sport and the Gaeltacht working with the National Archives, Creative Ireland and the Arts Council will develop a programme of initiatives to both capture the experience of COVID-19 in Ireland.



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