Roadmap for Reopening Society & Business

INTRODUCTION

Not for generations has Ireland been faced with a health threat as serious as COVID-19 and the daily life of every single person has been changed. In the early weeks, as this pandemic was emerging, Government and our health and social care service monitored the evolving global situation, deployed our plans and started to prepare for the disease's likely impact in Ireland. At the same time, businesses, organisations, communities, families and each of us individually were becoming informed, changing our individual and collective behaviours so that we would know what to do, and do the right things as COVID-19 found its way closer.

Within a very short few weeks after the first cases of COVID-19 were reported in Ireland at the end of February 2020, as with other EU countries, it became necessary to take unprecedented steps to control the disease. A tiered approach of public health social distancing measures was first advised by An Taoiseach on 12 March, and these measures were further strengthened on 24 March and again on 27 March, extended to 5 May to continue to suppress transmission of the virus.

We have been working with a range of Departments and stakeholders to draw up a roadmap for modifying restrictions imposed to combat the COVID-19 pandemic. This Roadmap includes:-

1. A sequence of actions to re-open the economy and society
2. A decision-making framework for Government
3. A process for engaging with unions, employers and other representative groups to build a co-operative approach to re-opening workplaces and other facilities
4. An updated economic policy response
5. Updated response on other pressing societal concerns
6. Travel and international co-operation

The Roadmap is guided by a number of over-riding principles. That is, an approach which is:-

Safe –informed and guided by a public health assessment of risk

Rational - includes consideration of the social and economic benefits and impacts of any modifications of restrictions and their feasibility

Evidence-informed – uses all of the data and research available to us to guide thinking

Fair – Ethical and respects human dignity, autonomy and supports equality

Open and transparent – decisions are clear, well communicated and subject to the necessary checks and balances

Whole of Society - based on the concept of solidarity and supporting cohesion as we exit over time

SEQUENCE OF ACTIONS TO RE-OPEN THE ECONOMY AND SOCIETY

Public health should always be clearly and transparently provided as part of the decision-making process to inform Government on the slow unwinding of the restrictions. It will be a risk-based approach, considering risk both from the perspective of protecting those most vulnerable to infection as well as protecting against causes, situations, circumstances, and behaviours that may lead to risk of spread of disease.

The role of the National Public Health Emergency Team in assessing the public health risk has been critical and will continue to guide Government while we are living with this Pandemic. The Report of the NPHET is published in full as an accompanying document to this Roadmap. That Report outlines 5 phases and the triggers which will allow us to progress from one phase to the next.

The Government accepts the recommendations of NPHET and the overall framework provided. The triggers and framework for a phased reduction of restrictions are reproduced here.

Based on a 3 week review process, the current phases would commence on the following dates:	
Phase 1	18th May
Phase 2	8th June
Phase 3	29th June
Phase 4	20th July
Phase 5	10th August

Public Health Framework Approach to advising Government regarding reduction of measures

Approach: public health evidence-led and risk-based

- **public health-led** and **grounded in evidence**, **guidance & advice** of ECDC, WHO and EU, as well as experience and learning from similar countries
- **risk-based** to protect those most vulnerable to infection and to minimise the risk of spread of disease
- **proportionate**, practical, feasible and acceptable, balancing public health risk with hierarchy of **benefits** in terms of overall population health & wellbeing, adherence, public sentiment, social & economic considerations.

Key principles: communicating openly and acting together

- **Clear consistent sustained accessible communication** with public from **trusted sources** outlining benefits associated with all stages of phased reductions
- **Support** desired behavioural change through communication and education
- Maintain **solidarity, mental wellbeing and resilience**
- Continue to maintain **openness**, **transparency** and **confidence** in public health advice
- **Update, tailor and adapt advice**, based on data & evolving disease situation
- Tailor key messages for **target groups**, such as, vulnerable groups & health workers
- Reinforce underpinning **ethical approach** of solidarity and caring for community, minimising harm, fairness, privacy, duty to provide care, proportionality

Core concepts for us all:

What we can each do:
- Maintain handwashing & respiratory hygiene
- Keep 2m distance from other people
- Be hyper-alert to, and isolate if we have symptoms, including flu-like symptoms
- Reduce close contacts and duration of contact with people outside our households (have a micro-community)
- Access advice and supports for mental wellbeing and resilience

What we can do together:
- Follow public health advice
- Keep informed about disease in Ireland
- Support vulnerable people and maintain solidarity in your community
- Support healthcare workers and health service
- Accept that measures can only be lifted in slow stepwise manner and may need to be reintroduced if rate of infection increases

Principles of Approach to reducing measures

- **No assurance that it is safe to reduce social distancing measures** and stricter measures will have to be reintroduced if there is strong upsurge of infection
- Measures will be reduced in a **slow, gradual, stepwise** manner over 5 broad phases with **3 weeks** between each phase.
- Reduction of measures will be **robustly and continuously monitored** in terms of adherence and effect
- Ideally a '**whole-of-country approach**', but potentially a differentiated geographical approach depending on circumstances, e.g. urban/rural
- Approaches to reducing measures will evolve as information becomes available and in line with **international learning and experience,** especially countries ahead in terms of their outbreak
- Reducing measures **critically dependent** on health service's ability to:
  - find new cases by consistently **testing and contact tracing**, and utilise **robust information** on disease, system capacity and performance,
  - implement mechanisms to **protect 'at risk' groups** particularly, from outbreaks.

Disease indicators

1. Trajectory in incidence of disease
2. Trajectory in number of cases and clusters in residential healthcare settings
3. Trajectory in number of deaths
4. Hospitalisation and ICU occupancy
5. Programme to consistently sample, test and contact trace.
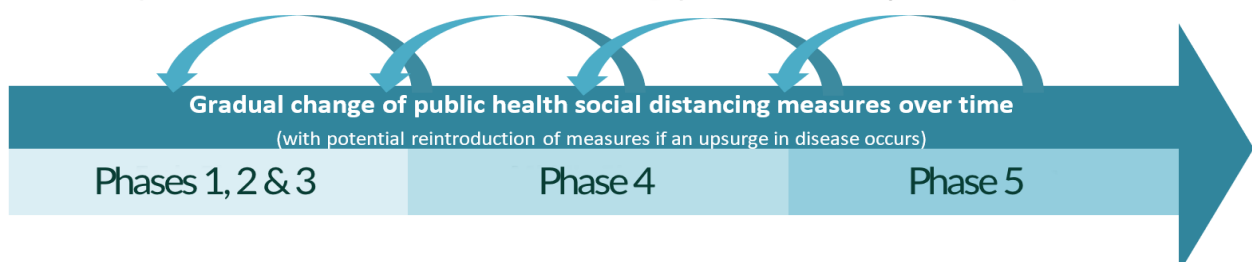
* and other criteria as may arise in the future.

Monitoring the Disease & reduction of measures

- **Essential Health data sources:** epidemiological data & modelling; incidence of outbreaks in residential settings; testing and contact tracing; health service capacity & performance (incl. ICU beds, hospital, access to essential products, PPE, masks)
- **Non-health information sources:** transportation data; data and information on mobility and congregation; other sources

Alternative and evolving regulatory approach

- Travel and distance restrictions currently in place will change over time
- New requirements will be developed in relation to premises, transport, and business compliance
- Existing regulatory approaches will be examined and structures put in place to support organisations in meeting new requirements

WHO predicts that the most plausible scenario is recurring epidemic waves interspersed with periods of low level transmission.

Gradual change of public health social distancing measures over time
(with potential reintroduction of measures if an upsurge in disease occurs)

Phases 1, 2 & 3   Phase 4   Phase 5

Guide to the NPHET public health framework approach to reducing public health social distancing measures

The National Public Health Emergency Team's (NPHET) Public Health Framework is a **living document** and will be subject to regular review in the context of the progression or suppression of the disease in Ireland at different points in time; new guidance and evidence which emanate from the research, experience and findings of international bodies and of other countries.

This framework approach contains a range of indicative measures set out under a number of different headings (categories) and across a number of potential phases. Over the coming period, as NPHET monitors the progress of the disease, these are intended to provide the NPHET with a **flexible menu of possible options** to consider, in providing public health advice to Government regarding the adjustment of social distancing measures.

- Under each heading, a number of phases are set out. These are broadly considered to be sequential under each heading. However, the categories can be read independently of each other (for example a middle phase Education measure might be started before a middle phase Social / Recreational measure, depending on the circumstances at the time).
- Recommendations to action a measure under one phase does not mean that all other measures in the same phase under that heading will necessarily be recommended for activation. The framework is intended to be applied flexibly, so that it would be open to the NPHET, at any point in time, to recommend measures from later phases depending on the prevailing circumstances.

Ongoing two-way communication with the public will be essential to ensure that–

- the public are informed of the changes in restrictions as approved by Government, and the social distancing and other measures that are in place at each phase;
- there is clear and coherent information about the public health rationale and an explanation of changes made by Government, with a view to encouraging adherence with measures;
- feedback mechanisms are in place to better understand the measures which work most effectively, areas of challenge, opportunities to innovate in protecting the safety of people while progressing towards a return to economic and social life.

The purpose of this public health framework approach is to inform a slow, gradual, step-wise and incremental reduction of the current public health social distancing measures, in a risk-based, fair and proportionate way with a view to effectively suppressing the spread of COVID-19 disease while enabling the gradual return of social and economic activity.

This framework also acknowledges that there are other important considerations regarding the reduction of measures that Government will have, such as social and economic considerations, adherence, public sentiment, acceptability, feasibility, overall population health & wellbeing and others.

1. Community Health Measures					
Phases	1	2	3	4	5
Wearing of face coverings in community	• Based on Guidance				6 | P a g e
'Stay at home' restriction	• Continue to avoid unnecessary journeys	• Extend restriction to within 20km of your home • Continue to avoid unnecessary journeys	• Maintain restriction to within 20km of your home • Continue to avoid unnecessary journeys	• Extend travel to outside your region	
Cocooning		• Designate specific retail hours coordinated across all retailers for over 70s and medically vulnerable, with strict social distancing; provision of gloves, ideally wearing face coverings • Visits to homes of over 70s and medically vulnerable by no more than a small number of persons for a short period of time wearing gloves, face coverings, maintaining strict 2m social distancing			
Small groups outdoors	• Up to four people not of same household to meet outdoors while maintaining strict social distancing				
Social visits	• Continue to avoid non-essential social visiting	• Up to four people may visit another household for a short period of time while maintaining strict social distancing		• Slightly larger number of people may visit another household for a short period of time while maintaining social distancing	
Family-type social gatherings	• Continue current restrictions on attendance at funerals to a maximum of ten people and only members of the household, close family or close friends if the deceased has no household or family members	• Slightly larger number of people in attendance at funerals but still restricted to immediate family and close friends and limited to a maximum number of mourners for a limited period of time where social distancing can be maintained		• Small social gatherings by family and close friends limited to a maximum number of attendees for a limited period of time where social distancing can be maintained (e.g. small weddings, baptisms)	• Large social gatherings (e.g. large weddings to be restricted due to risk)
Other (non-commercial) social events				Small social (non-family) gatherings limited to a maximum number of participants for a limited period of time where social distancing can be maintained	• Large social (non-family) gatherings restricted due to risk
Household **contacts** of					• Continue to restrict all household contact of suspect cases (awaiting

1. Community Health Measures					
Phases	**1**	**2**	**3**	**4**	**5**
suspect cases					test results or 14 days isolation)

Public health rationale:

Social distancing measures have succeeded in reducing the transmission of COVID-19. Continuing to limit the number and duration of contacts is important in any measure reduction.

As the stringency of physical distancing measures is reduced, members of the public should be encouraged to carefully consider with whom they come into contact; consistently meeting with the same colleagues and small group of friends will lead to lower rates of transmission than meeting with a diverse and changing group. The promotion of 'micro-communities' will allow for work to be conducted and for social interaction to promote wellbeing, while still limiting the spread of infection[1].

The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact[2].

The continued protection of people aged over 70 and those with underlying health conditions is in line with recommendations of WHO, ECDC and EU Commission which all recognise the importance of protecting the vulnerable populations.

International and national evidence shows that those over 70 years and people with specific underlying health conditions are groups with an elevated risk for COVID-19. On this basis it is recommended that the cocooning measures for the over 70s and for those in at risk groups be continued[3,4].

ECDC and WHO, on basis of increasing evidence that infected persons with mild or no symptoms can contribute to spread of COVID-19, advise that public wearing of face coverings may reduce spread of infection by the wearer.

---

[1] ECDC Rapid Risk Assessment Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – Ninth update 23 April 2020
[2] OECD: Flattening the COVID-19 peak: Containment and mitigation policies, Updated 24 March 2020
[3] WHO Considerations in adjusting public health and social measures in the context of COVID-19: interim guidance, 16 April 2020
[4] ECDC Rapid Risk Assessment Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – Ninth Update 23 April 2020

2. Education & Childcare Measures					
Phases	**1**	**2**	**3**	**4**	**5**
Education & Childcare	• DCYA-supported in-reach service where registered childcare workers provide support in an essential healthcare worker's home		• Opening of crèches, childminders and pre-schools for children of essential workers in phased manner with social distancing and other requirements applying	• Opening of crèches, childminders and pre-schools for children of all other workers on a gradually increasing phased basis (e.g. one day per week) and slowly increasing thereafter	
	• Opening of school and college buildings for access by teachers for organisation and distribution of remote learning				• Commence opening on phased basis at the beginning of the academic year 2020/21: • Primary and secondary schools • Universities, 3rd level education centres and adult education centres

Public health rationale: The introduction of the above on a phased and stepwise basis allows for arrangements to be put in place for the control of population density onsite in childcare/pre-school and education facilities at junior levels to facilitate social distancing and reduce risk of transmission of the disease.

It appears that COVID-19 infections are less frequently observed in children[5] and that child-to-adult transmission appears to be uncommon[6].
The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact[7].

---

[5] ECDC Rapid Risk Assessment Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – ninth update 23 April 2020
[6] ECDC Rapid Risk Assessment Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – ninth update 23 April 2020
[7] OECD: Flattening the COVID-19 peak: Containment and mitigation policies, Updated 24 March 2020

Phases	1	2	3	4	5
3. Health & Social Care Services Measures					

Phases	1	2	3	4	5
a) Increasing delivery of "non-COVID-19" care and services alongside COVID-19-care	Across phases 1 and 2 increase delivery of non-COVID-19 care and services alongside COVID-19 care to meet demand through: • Capacity planning for ongoing delivery of COVID-19 and non-COVID-19 care and services side by side, utilising modelling capability to assist in predicting demand for: primary, acute (including ICU), community, social care, mental health, disabilities and other services along the continuum of care. • Implement measures to ensure safe delivery of COVID-19 and non-COVID-19 care and services side by side. • Continue to deliver care and services in new ways (e.g. through telephone, online, virtual clinics etc) and new models of care to meet demand and to alleviate concerns of patients, service users and healthcare workers. • Communication campaign with public to: - encourage people to present for care when they need it, - advise of health and social care services initiatives to reduce risk of contracting COVID-19, and - what to expect in regard to non-COVID-19 care access. • Implement activities to mitigate risk in the provision of care and services (in addition to social distancing. measures) such as the use of masks, personal protective equipment, testing and other measures that may emerge over time. • Continue to support the mental health and wellbeing initiatives directed to meeting the diverse mental health and resilience needs of the public during these times. • Continue to maintain mechanisms to provide community support to those in vulnerable groups.				
b) Visiting			• Commence a phased approach to visiting at hospital / residential healthcare centre / other residential settings / prisons etc., bearing in mind the particular features of types of settings and each individual centre, also considering personal protective equipment availability and other protections.		• Return to normal visiting for hospital / residential healthcare centre / other residential settings / prisons

Public health rationale:

The full resumption of the Health Services is contingent on the demands placed on it by the transmission of COVID-19. The WHO recently highlighted the importance of taking a dual approach i.e. balancing COVID-19 care with health service recovery.

Maintaining population trust in the capacity of the health system to safely meet essential needs and to control infection risk in health facilities is key to ensuring appropriate care-seeking behavior and adherence to public health advice. Continuation of primary health care services is essential. Where possible, the use of technological solutions such as telemedicine to monitor patients and remote consultations should be considered, to minimize risk to patients. Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse…. Establishing effective patient flow (through screening, triage, and targeted referral of COVID-19 and non-COVID-19 cases) is essential at all levels.[8]

---

[8] WHO COVID Strategy Update: 14 April 2020

4. Economic Activity (Work)					
Phases	**1**	**2**	**3**	**4**	**5**
Economic Activity **(Work)** (applying over and above currently permitted work arrange-ments)	Applying a risk-based approach: • Permit phased return of outdoor workers (e.g. construction workers, gardeners, including people working on allotments). Social distancing requirements continue to apply. • Continue to maintain remote working for all workers / businesses that can do so.	Applying a risk-based approach: • Permit phased return of workers, such as solitary and other workers that, due to nature of work, can maintain 2m distance constantly. Social distancing requirements continue to apply. • Continue to maintain remote working for all workers / businesses that can do so. Organisations to develop plans for return to onsite working by employees in light of COVID-19 considering: • Social distancing compliance • Hygiene and cleaning • Compliance in higher risk situations • plans for medically vulnerable / pregnant etc • extended opening hours to enable social distancing. State to develop mechanism for supporting, advising on, assessing, regulating planning for return to onsite working by organisations.	Applying a risk-based approach: • Organisations where employees have low levels of daily interaction with people and where social distancing can be maintained. • Continue to maintain remote working for all workers / businesses that can do so.	Applying a risk-based return to onsite working: • Organisations where employees cannot remote work to be considered first for return to onsite working arrangements. • Depending on business, shift work, staggered hours etc should be operated to increase % of workforce available for work in any 24-hour period, as long as they can limit the number of workers interacting with each other. • Continue to maintain remote working for all workers / businesses that can do so.	Applying a risk-based return to onsite working applicable fairly across all sectors: • Phased "return to onsite working" arrangement • 'Higher risk' organisations which by their nature cannot easily maintain social distancing implement plans for how they can eventually progress towards onsite return of full staff complement.

Public health rationale:

Public health risk is lower in workplaces where adequate arrangements are made to limit population density in order to facilitate social distancing and limit person to person contact and the time spent in contact.

The re-start of the economic activity should be phased in, thus ensuring that authorities and businesses can adequately adjust to increasing activities in safe way recognising the interdependency between public health and wellbeing and economic activity. There are several models (jobs suitable for teleworking, economic importance, shifts of workers etc.) but not all the population should go back to the workplace at the same time, with an initial focus on less endangered groups and sectors that are essential to facilitate economic activity (e.g. transport)[9].

The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact[10].

---

[9] EU Commission – European Roadmap towards lifting COVID-19 containment measures 14 April 2020
[10] OECD: Flattening the COVID-19 peak: Containment and mitigation policies, Updated 24 March 2020

5. Retail, Personal Services and Commercial Activities					
Phases	1	2	3	4	5
Commercial Activity **(Retail)** (applying over and above currently permitted retail arrange-ments)	Applying a risk-based approach: • Open retail outlets that are primarily outdoor (e.g. garden centres, hardware stores, farmers markets) • Open retail outlets that were open in Tier 2 (e.g. homeware, opticians, motor, bicycle & repair, office products, electrical, IT, phone sales & repair etc.) Retailers to develop plan for safe operation and protection of staff and customers considering: • Social distancing compliance • Hygiene and cleaning • Compliance in higher risk situations • Extended opening hours to enable social distancing	Applying a risk-based approach: • Small retail outlets with small number of staff on basis that the retailer can control number of individuals that staff and customers interact with at any one time • Open marts where social distancing can be maintained	Applying a risk-based approach: • Phase in opening of all other non-essential retail outlets on basis of restriction on the number of staff and customers per square metre so that social distancing can be maintained. To be limited to retail outlets with street-level entrance and exit i.e. which are not in enclosed shopping centres due to higher risk.	Applying a risk-based approach: • Commence loosening restrictions on higher risk services involving direct physical contact for periods of time between people and for which there is a population-wide demand (e.g. hairdressers, barbers).	• Opening of enclosed shopping centres where social distancing can be maintained. • Further loosening of restrictions on services involving direct physical contact for periods of time between people for which there is not a population-wide demand (e.g. tattoo, piercing) for later phases due to risk.

Public health rationale:

Ease restrictions in such a way as to protect the ability to maintain social distancing prerequisite for and between customers and staff, thereby limiting the transmission rate and protect the capacity of the health system to cope with the inevitable increase in disease.

Retail outlets that are small in size with low staff numbers may be well placed to limit and control the number of customers that their staff interacts with on a daily basis thus reducing risk.

There is a higher risk associated with the spread of the infection associated with person to person contact e.g. hairdressers, beauticians etc.

Control of the population density is more difficult in outlets which are designed for the congregation of people e.g. indoor shopping centres / malls thereby facilitating person to person transmission.

A review of the progression of the disease within and between each stage is required.

The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact.[11]
Some measures could be lifted first where population density or individual density is lower or where access control is achievable (…..small stores versus shopping malls)[12].
Commercial activity (retail) with possible gradation (e.g. maximum number of people allowed, etc.)[13].

---

[11] OECD: Flattening the COVID-19 peak: Containment and mitigation policies: Updated 24 March 2020
[12] WHO Considerations in adjusting public health and social measures in the context of COVID-19: 16 April 2020
[13] EU Commission – European Roadmap towards lifting COVID-19 containment measures: 14 April 2020

6. Cultural & Social Measures					
Phases	**1**	**2**	**3**	**4**	**5**
a) **Culture & religious**	• Open outdoor public amenities and tourism sites (e.g. carparks, beaches, mountain walks etc) where people are non-stationary and where social distancing can be maintained	• Open public libraries with numbers limited, social distancing observed and strict hand hygiene on entry	• Open playgrounds where social distancing and hygiene can be maintained	• Open museums, galleries, and other cultural outlets where people are non-stationary, social distancing can be maintained and strict hand hygiene on entry • Open religious and places of worship where social distancing can be maintained	• Open theatres and cinemas where social distancing can be maintained
b) **Sport**	• Open outdoor public sports amenities (e.g. pitches, tennis courts, golf courses etc) where social distancing can be maintained • Permit people to engage in outdoor sporting and fitness activities, either individually or in very small groups (maximum 4 people), where social distancing can be maintained and where there is no contact	• Permit people to engage in outdoor sporting and fitness activities, involving small group team sports training (but not matches) where social distancing can be maintained and where there is no contact	• Permit "behind closed doors" sporting activities events where arrangements are in place to enable participants to maintain social distancing	• Permit sports team leagues (e.g. soccer and GAA) but only where limitations are placed on the numbers of spectators and where social distancing can be maintained • Open public swimming pools where effective cleaning can be carried out and social distancing can be maintained	• Permit close physical contact sports (rugby, boxing, wrestling) • Open gyms, exercise, dance studios and sports clubs, only where regular and effective cleaning can be carried out and social distancing can be maintained • Permit sports spectatorship which involve mass gatherings only in accordance with both indoor and outdoor numbers restrictions and where social distancing can be complied with
c) **Social / Recreational**			• Open cafés and restaurants providing on-premises food & beverages where they can comply with social distancing measures and strict cleaning in operation	• Opening of hotels, hostels, caravan parks, holiday parks for social and tourist activities initially on a limited occupancy basis (or number of people per square metre) and then increasing over time (and where social distancing is complied with). Hotel bars remain closed	• Indoor recreational venues (roller skating, bowling alley, bingo halls where numbers can be limited, cleaning can be maintained, restrictions where social distancing can be complied with. Open pubs, bars, nightclubs, casinos, where social distancing and strict cleaning can be complied with • Festivals, events and other social and cultural mass gatherings only in accordance with both indoor and outdoor numbers and where social distancing can be complied with.

Public health rationale :Recognises need to balance social distancing with physical, cultural and social needs, to support mental and physical health and wellbeing. The public health rationale is to lift restrictions in such a way as to protect the ability to maintain social distancing prerequisite, thereby limiting the transmission rate and protect the capacity of the health system to cope with the inevitable increase in disease. This will be done where the visiting population density can be minimised. Restrictions on sporting, entertainment, culinary and cultural sites to be relaxed on phased basis linked to ability to maintain social distance, with emphasis on sport and exercise in the initial and early phases, and social aspects in the later phases.

The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact[14].

Social activity measures (restaurants, cafes, etc.), with possible gradation (restricted opening hours, maximum number of people allowed, etc.)[15]

---

[14] OECD: Flattening the COVID-19 peak: Containment and mitigation policies, Updated 24 March 2020:
[15] EU Commission – European Roadmap towards lifting COVID-19 containment measures, 14 April 2020

7. Transport & Travel Measures					
Phases	1	2	3	4	5
	Public health risks connected with travel include: • collective and time-bound nature of public transport; • numbers of vehicles (including private cars) travelling to specific destinations resulting in significant crowding at those locations and associated (e.g. urban areas, popular public amenities etc.) – which will require continued focus on social distancing and other hygiene requirements both while travelling and at destination • travel from areas of higher infection rate to areas of lower infection rate potentially increasing spread. • an ongoing requirement that people travelling in private transportation maintain social distancing and hygiene and compliance with other requirements when travelling and when at destinations				
a) Transport and travel (national)	• Public transport providers & Local Authorities to provide detailed data on traveller numbers to enable monitoring of movement as part of data feed on assessing impact of lifting of measures	Public transport providers- • actively restrict & monitor nos. travelling to ensure SD compliance • cleaning and timetables to be enhanced to ensure SD can be complied with	Consider implement travel restrictions on nos. travelling to and in major urban centres on weekdays and weekend days: • public transport providers to actively restrict & monitor nos. travelling to ensure SD compliance • restrictions to be implemented on nos. of private cars	Progressively decrease restrictions on numbers travelling in major urban centres- • on public transport and • in private cars	• Resume tourist travel to offshore islands by non-residents

Public health rationale

Social distancing measures to limit social interaction and slow down the spread of the virus can be complemented by restriction on non-essential travel.

Increasing the numbers of the population using public transport must be done in a way which continues to limit the amount of contact people have with each other and limits the amount of time spent in each other's company in order to reduce transmission of the disease. The continued cleaning, modification of timetables and the restriction of numbers will go some way to facilitating social distancing in conjunction with individual responsibility for hand hygiene, cough etiquette and physical distancing.

The gradual reintroduction of transport services should be adapted to the phasing out of travel restrictions and the phasing in of particular types of activities while taking account of the level of risk in the areas concerned. Lower-risk, individualised transport (e.g. private cars) should be allowed as soon as possible, while collective means of transport should be gradually phased in with necessary health-oriented measures (e.g. reducing the density of passengers in vehicles, higher service frequency, issuing personal protective equipment to transport personnel and/or passengers, using protective barriers, making sanitizing/disinfecting gel available at transport hubs and in vehicles, etc.)[16]
The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact[17].

THE FRAMEWORK FOR FUTURE DECISION-MAKING

The introduction of tiered social-distancing measures had wide-ranging and multi-dimensional policy impacts. The kinds of restrictive measures that have been taken go beyond what we might

---

[16] EU Commission – European Roadmap towards lifting COVID-19 containment measures 14 April 2020
[17] OECD: Flattening the COVID-19 peak: Containment and mitigation policies, Updated 24 March 2020

normally do. These were led by clear public health advice, grounded in guidance, evidence and experience from international organisations and other countries.

Government will make regular assessments of the possibility of modifying the existing restrictions. The Public Health Framework and process set out below are a means of assessing how we can keep the level of transmission as low as possible, while balancing continuing restrictions proportionately with the positive social and economic benefits which can accrue from the lifting of some restrictions.

The decision-making framework will be as follows:

1. Before each Government consideration of the easing of restrictions, the Department of Health will provide a report to the Government regarding the following on/off trigger criteria :
    a. The latest data regarding the progression of the disease
    b. The capacity and resilience of the health service in terms of hospital and ICU occupancy
    c. The capacity of the programme of sampling, testing and contact tracing
    d. The ability to shield and care for at risk groups
    e. An assessment of the risk of secondary morbidity and mortality as a consequence of the restrictions.

2. It will also provide risk-based public health advice on what measures could be modified in the next period.

3. The Government would then consider what restrictions could be lifted, having regard to the advice of the Department of Health as well as other social and economic considerations, e.g. the potential for increased employment, relative benefits for citizens and businesses, improving national morale and wellbeing etc.

4. It is acknowledged that there is also an ongoing possibility that restrictions could be re-imposed and this process will be carried out on an ongoing basis once every 3 weeks.

ENGAGING STAKEHOLDERS AND PROVIDING ASSURANCE

Preparedness to Re-open

To prepare for a return to operations, there is a need for overarching guidance to support business and services to mitigate any risks of infection; and an inevitable lead-in time will be required to prepare staff and premises to ensure physical distancing layouts and other resources are sourced and available.

The Government has already been working closely with employer and trade union representatives through the Labour Employer Economic Forum (LEEF) on a shared approach to a gradual re-starting of economic activity in a safe and measured way. This builds on the extensive work already undertaken by a number of bodies in providing guidance and advice to essential businesses during the initial period of the crisis. The Government also notes the preparatory work being undertaken by many individual groups, bodies and agencies to assess what safe re-opening of their sectors might look like, at the appropriate time. Many sectors have already provided us with their thinking and have demonstrated a considered approach and a very clear understanding of the requirements to keep people safe. This is in informing the overall approach.

The Department of the Taoiseach will arrange for a process of consultation through relevant Departments which will assist to flesh out how the Public Health Framework can be implemented effectively and safely across different sectors of the economy with an initial focus on measures to commence in the first phase of easing of restrictions.

As well as workplace arrangements, there has been engagement by relevant Departments on safe re-opening of community and other facilities, e.g. sporting and cultural activities, tourism sites, childcare centres, schools and universities etc. As with workplaces, the collective national impact of increasing access and mobility will have to be assessed, and not just the safety of the individual facility.

National Protocol

A National Protocol is being finalised by Government, employers and trade unions, with the assistance of the Health and Safety Authority, which will support a gradual restart of economic activity as restrictions are eased, while protecting the health and safety of workers as they return to work.

The Protocol is being developed following discussions at the Labour Employer Economic Forum (LEEF), which is the forum for high level dialogue between Government, Union and Employer representatives on matters of strategic national importance.

It will be necessary to determine the most effective type of inspection/enforcement regime that is required to achieve compliance across all business sectors. Employers, employees and the public at large will need to have confidence that they will continue to be protected in going about their business.

There are existing monitoring and enforcement mechanisms across a number of State Departments and Agencies. These mechanisms will need to evolve as the process of restarting economic activity

develops in line with this Plan, and to take account of the specific issues which will arise across different areas of the economy.

There will also be a need for parts of the public service that deal with workplace issues to be re-organised and to get additional resources, whether through redeployment or additional recruitment. There is a role for both central and line Departments in developing these arrangements. This will have to be carefully designed so as to ensure coherence across Government.

UPDATED ECONOMIC POLICY RESPONSE

The global, and national, economic landscape has fundamentally changed in recent weeks, as large elements of economic activity have come to a standstill in an effort to suppress the transmission of the COVID-19 virus.

This profound shock means that Ireland's GDP is projected to fall by 10.5% in 2020 resulting in a deficit of at least 7.5% of GDP and a further large deficit in 2021. Unemployment is expected to reach a peak of 22% in the second quarter before falling gradually. The overall economic cost of the crisis is unprecedented and the longer the public health restrictions are required, the greater these costs for the Economy and the Exchequer, with fundamental implications for the future of the public finances.

The Government's overarching approach therefore is to ensure that economic activity recovers as quickly as possible, consistent with public health advice. The Government is working to limit business failures and workers lay-offs with timely, targeted and temporary supports for firms and workers; this is how the permanent or 'scarring' effects of the crisis will be minimised.

In taking these measures, the Government must also reflect on the affordability of these interventions, and the need to ensure that Ireland retains full confidence in its economic and fiscal position, while also ensuring that interventions are targeted in the most effective manner possible.

Measures introduced by the Government to date include:

- the Temporary Wage Subsidy Scheme which aims to keep workers closely linked to the labour market, while providing immediate cash flow assistance to employers
- the Pandemic Unemployment Payment to support the income of those who lose their jobs due to the crisis, as well as measures in relation to mortgages\rents
- a series of enterprise supports including liquidity funding, loan schemes and grants\vouchers, as well as deferred tax payments, deferral of commercial rates to help maximise the survival rate of SMEs

The Government will also continue to work with the banking sector who have agreed to extend a six month payment break to customers that require continued support.

As this Plan makes clear, the pathway back to resumption of a full level of economic activity will be lengthy and subject to considerable uncertainty.

Supports for Business

Recognising the pressures facing many sectors, in particular SMEs, which will not be able to re-open in the short-term based on the framework set out in this Plan, the Government will shortly introduce a number of additional measures to assist affected enterprises which are facing acute liquidity pressures as a result of the further extension of the shut-down period. It will also develop targeted measures to assist enterprises as and when sectors are permitted to re-open under the gradual relaxation of restrictions.

In developing its approach, the Government will ensure that Ireland makes maximum use of EU funding and support where available and appropriate, including the European Investment Bank.

As re-opening more sectors becomes possible, the Government will bring forward initiatives including a re-alignment of public capital investment under the National Development Plan, the promotion of the digital economy and remote working, while seeking to ensure Ireland is well-placed for what is likely to be a very different global and domestic economic paradigm.

Income Supports for Workers and Families

As outlined above, the Government has introduced extensive emergency supports to help retain workers in employment and provide income support to those who have lost their jobs due to the crisis. It has also introduced enhanced supports for those who can't work due to being diagnosed with the disease or required to self-isolate, as well as additional support via the fuel allowance for pensioners.

These measures were a rapid response to the crisis, providing immediate income support to people affected and their families, at a very high cost to the Exchequer. These costs will not be sustainable over the longer term.

The Government is extending the emergency measures taken in relation to Illness Benefit and the waiver of waiting days for jobseeker payments, which were due to finish on the 9th of May, until 19th of June.

Between now and the end of May, the Government will be developing a roadmap for future labour market measures as we move towards a path of normalising the emergency interventions taken to date. This will take account of decisions to re-open certain sectors, the need to support people back into jobs as they become available as well as structural changes in the labour market.

RESPONSE ON OTHER PRESSING SOCIETAL CONCERNS

It is clear that there are significant consequences of social distancing measures. The normal structures of daily life – work, school, sport, entertainment - have temporarily ceased to exist and even as we re-open society, we will be living our daily lives in modified ways for as long as we live with this pandemic.

These restrictions affect different groups in different ways and to greater and lesser extents. Therefore, our assessment of risk must recognise that, in mitigating for risks of transmission of COVID-19 through social distancing restrictions, we are creating other challenges for individuals, families and communities. Some of these challenges are manageable in the very short term but as restrictions continue, the impact becomes greater for some groups.

In living with restrictions, the Government will take account of these balancing impacts and the particular consequences for more vulnerable groups in our society. The areas where social-distancing causes most concern include:-

1.   Non-COVID Health Delays

2.   Well-being and Mental Health

3.   Vulnerable Groups for whom Home is not a Safe Place

4.   Minorities and other Groups Disproportionately Impacted by the Restrictions

5.   Risk-taking Behaviour and Offending

6.   Crime and Policing & Access to Justice

Government Departments and agencies have been working to modify work practices and modes of delivery to meet with these challenges and this work will have to continue.

It is acknowledged that additional measures have to be taken to reach out to more vulnerable groups and those that are particular affected by the guidance on cocooning and social distancing. Some of these measures are already underway, through various cross-government efforts such as the *Community Call, In this Together* and *Still Here* initiatives and campaigns.

This focus on the particular difficulties that prolonged restrictions are having will need to continue and evolve as we work our way through a re-opening of society.

TRAVEL AND INTERNATIONAL CO-OPERATION

As the process for modifying restrictions proceeds, and as the international situation evolves, we need to continue to work intensively on our approach to travel restrictions and controls at ports and airports; and our co-operation with Northern Ireland, the UK and our EU partners.

Travel Restrictions and Controls and Airports and Ports

While we are making progress in our efforts to interrupt the spread of COVID-19 and to mitigate its effects, we are taking necessary additional steps to protect our communities from imported or community cases of COVID-19.

Government advice remains that all non-essential travel should be avoided. This includes travel both into and from Ireland.

From Friday, 24 April 2020, all passengers arriving in Ireland from overseas are expected to self-isolate for 14 days on entry into the State. Self-isolation means staying indoors and completely avoiding contact with other people and is a more stringent measure than the stay at home requirements that apply to the wider public. (In effect, arriving passengers are required to follow the same arrangements as persons who test positive or are known to have been in close contact with someone who has tested positive.)

Further, incoming passengers are, for the first time, being provided with a public health information leaflet and asked to complete a Public Health Passenger Locator Form, showing their contact details and the address at which they will self-isolate. The Form also allows for the operation of a system of spot checks to verify that incoming passengers are complying with self-isolation.

We must continue to recognise the severity of the threat of COVID-19, continue to be guided by the best evidence and advice available and continue to do what we have been doing. The WHO in recently issued strategic guidance, identified the management of imported cases as a key criterion to be satisfied by countries as they consider the unwinding of social distancing measures.

The new measures adopted are in keeping with expert advice and will be important in ensuring that the sacrifices we have all had to make to date are not undermined by complacency in other areas.

The issue of the imposition of mandatory quarantine for a 14 day period and testing on entry may need to be considered and will be kept under view.

Co-operation with Northern Ireland on an all-island approach

COVID-19 doesn't respect national, political or geographic borders. It follows that international cooperation and coordination is a crucial element of the campaign to restrict and eradicate the virus.

This is particularly relevant in the case of an island, where coordination between the two jurisdictions can make a significant contribution to management of COVID-19. Close cooperation and, where possible, alignment of public health advice and policy decisions can contribute to more effective management and containment of the virus.

With this in mind, there is ongoing, close engagement with the Northern Ireland authorities in a variety of forums, at both official and political level, both on a North-South basis and as part of broader engagement with the United Kingdom.

The health administrations on both parts of the island have agreed a Memorandum of Understanding on Public Health Cooperation on COVID-19, which provides a framework for close consultation, coordination and cooperation.   There are regular meetings on COVID-19 at political level, involving the Tánaiste and Minister for Foreign Affairs and Trade, the Secretary of State for Northern Ireland and the First Minister and deputy First Ministers of Northern Ireland. These meetings can also include the Health Ministers and Chief Medical Officers from Ireland and Northern Ireland.

This close coordination will continue, and intensify, over the coming weeks as we each move to reopen business and society.

Co-operation with the UK

Given the very close links between Ireland and Great Britain, there is also good engagement between the Irish and British Governments governments.   This is particularly important in the context of the Common Travel Area, and the fact that both the UK and Ireland are not participants in the Schengen area of free movement.   It is also important given the strong linkages of our respective economies and supply chains, both in terms of ensuring the continued supply of essential goods and services while, at the same time, seeking to manage any competitive divergences that may arise due to different approaches to the unwinding of economic restrictions.

We have ensured that strong consultation and flow of information takes place between our administrations in the initial phases of COVID-19.   This sharing of information and consultation has helped to ensure that, in many areas, the approaches taken have been similar in both countries, and to share understandings and experiences where they differ.

Both countries have followed broadly similar approaches to the management of travel from abroad, which in part reflects the Common Travel Area.

As with Northern Ireland, this engagement takes place at a number of levels, both political and official. We will intensify this engagement over the coming weeks.

Co-operation with EU partners on re-opening borders and economic recovery

Ireland is participating fully in all EU-level discussions and decisions relating to COVID-19. Several ministers are actively participating in meetings with all of their counterparts. Thus far, there have been four meetings of the Heads of State and Government, in which the Taoiseach has participated each time, to oversee the EU response to the virus. These meetings take place by video conference.

The EU has coordinated action across a number of policy areas and responses:

- limiting the spread of the virus;
- procuring medical equipment;
- promoting research, including on vaccines;

- helping to repatriate EU citizens stranded abroad, and
- tackling the socio-economic impact.

Different EU countries are at different stages in terms of the spread, impact, and management of the disease. Some were hit earlier than others, and in some countries the impact and spread has been more severe. EU countries also have different capacities to respond, in terms both of their health systems and resources and of their public finances and economic situations.

The EU is working to provide a balanced, coordinated and effective response.   The next phase of this work will focus on economic recovery and ensuring ongoing capacity of health systems. A number of instruments have already been agreed, in order to provide Member States, particularly those with more constrained public finances, with access to funding to support necessary policy decisions and actions.

Ireland will continue to participate fully in all of these discussions, in order to ensure that a coordinated approach is taken across the EU where that would be the most effective course of action. We will also seek to ensure that Ireland takes advantage of any relevant economic supports agreed and implemented at EU level.