

Coronavirus pandemic in the EU – Fundamental Rights Implications

Country: Italy

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1 Measures taken by government/public authorities

1.1 Emergency laws/states of emergency

Provide information on emergency laws/declarations of states of emergency, including actions taken by police to enforce them and court rulings concerning the legality of such measures.

In **Italy**, the State of emergency was declared with the Resolution of the Italian Government of 31 January 2020¹ for a six-month period (until 31 July 2020). The Italian Civil Protection (*Protezione Civile*) was the public body entrusted with the mandate to manage and organise the activities necessary to deal with the emergency, as far as the support to the population and the re-organisation of public services are concerned (in compliance with the Legislative Decree No. 1 of 2 January 2018², governing the activities of the Italian Civil Protection). With the Resolution, the Head of the Civil Protection was given the authority to issue Ordinances to deploy the interventions, in conformity with the in-force legislation. The Resolution also earmarked an initial budget to cope with the emergency of EUR 5,000,000, drained from the Fund for National Emergencies (*Fondo per le Emergenze Nazionali*). This budget was increased of additional EUR 450,000,000 with the Resolution of the Italian Government of 6 April 2020³ and of additional EUR 900,000,000 with the Resolution of the Italian Government of 20 April 2020⁴.

1.2 Measures affecting the general population

1.2.1 Social distancing

In **Italy**, , after the nationwide lockdown established by the Decree of the President of the Council of Ministers of 9 March 2020⁵, the Law- Decree No. 33 of 16 May 2020⁶ was adopted: it is immediately effective and must be converted into Law by the Italian Parliament within 60 days. It is forbidden to leave the house to all people undergoing the compulsory isolation period because resulted positive to Covid-19: this prohibition lasts until the full recovery of the subject or until s/he is transferred to a medical facility. The same prohibition is applied also to those people undergoing the precautionary 14-day isolation period due to close contact with an infected person. Gatherings of people are

¹ Delibera del Consiglio dei Ministri 31 gennaio 2020, “Dichiarazione dello stato di emergenza in conseguenza del rischio sanitario connesso all'insorgenza di patologie derivanti da agenti virali trasmissibili”, available at: <https://www.gazzettaufficiale.it/eli/id/2020/02/01/20A00737/sg>.

² Decreto Legislativo 2 gennaio 2018, n. 1, “Codice della Protezione Civile”, available at: <https://www.gazzettaufficiale.it/eli/id/2018/1/22/18G00011/sg>.

³ Delibera del Consiglio dei Ministri 6 aprile 2020, “Ulteriore stanziamento per la realizzazione degli interventi in conseguenza del rischio sanitario connesso all'insorgenza di patologie derivanti da agenti virali trasmissibili”, available at: www.gazzettaufficiale.it/eli/id/2020/04/14/20A02133/sg.

⁴ Delibera del Consiglio dei Ministri 20 aprile 2020, “Ulteriore stanziamento per la realizzazione degli interventi in conseguenza del rischio sanitario connesso all'insorgenza di patologie derivanti da agenti virali trasmissibili”, available at: www.gazzettaufficiale.it/eli/id/2020/04/24/20A02315/sg.

⁵ Decree of the President of the Council of Ministers of 9 March 2020 “Ulteriori disposizioni attuative del decreto-legge 23 febbraio 2020, n. 6, recante misure urgenti in materia di contenimento e gestione dell'emergenza epidemiologica da COVID-19, applicabili sull'intero territorio nazionale”, available at: <https://www.gazzettaufficiale.it/eli/id/2020/03/09/20A01558/sg>.

⁶ Decreto-Legge 16 maggio 2020, n. 33, “Ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19”, available at: www.gazzettaufficiale.it/eli/id/2020/05/16/20G00051/sg. >.

prohibited in public spaces: the in-force legislation never specified the minimum number of people that are necessary for a gathering to exist; it is therefore possible to assume that two people are sufficient. Public events are allowed only if it is possible to ensure the respect of the in-force legislation preventing the spreading of the virus. Local mayors can decide to temporarily close specific public areas if it is impossible to ensure the 1-metre interpersonal distance. The same distance must be respected during meetings. Religious ceremonies can be held respecting the protocols negotiated by the Government and the representatives of the concerned religious confessions, aimed at preventing the propagation of the virus. As per enforcement measures, the same sanctions – introduced by previous legislative provisions – are confirmed: the violation of any of the adopted measure is punished with an administrative sanction of EUR 400-3,000; if the violation is perpetrated using a vehicle, the sanction is increased by up to one third. If the violation is perpetrated by a commercial activity, the administrative sanction is aggravated by the additional sanction of the locking of the activity for a period of 5-30 days; if the violation of the same measure is reiterated, the administrative sanction is doubled, and the additional sanction is always of 30 days of suspension of the activity. The violation of the quarantine for infected persons is sanctioned with 3-18 months of detention and with a financial sanction of EUR 500-5,000. The time validity of these provisions cannot exceed 31 July 2020 – the date of the end of the State of emergency in Italy.

In **Italy**, the Decree of the President of the Italian Government of 17 May 2020⁷, introduced provisions implementing the Law-Decree No. 33/2020. These provisions are valid until 14 June 2020. Individuals presenting symptoms of fever (body temperature higher than 37.5 degrees) or respiratory infections are compelled to stay home and contact their general practitioner. The access to public parks and gardens is made conditional on the respect of the prohibition of gatherings and on the respect of the 1-metre interpersonal distance. Outdoor physical and sport activities are allowed if the interpersonal distance of respectively one and two metres is strictly respected; children and other subjects needing a guiding person to carry out these activities are exempted from this obligation. From 25 May 2020 on, public and private sporting centres and swimming pools are allowed to open, preventing gatherings and respecting the interpersonal distance between users. Public demonstrations are allowed only when static – for instance, in the form of a sit-in – if the interpersonal distance is respected, as well as any other measure preventing the virus propagation. The use of facial masks is made compulsory in all indoor spaces open to the public, including local means of transport. Children aged less than 6 are exempted from this obligation; this exemption is extended also to people with disabilities whose condition is not compatible with the use of facial masks.

1.2.2 Education

In **Italy**, the Decree of the President of the Italian Government of 17 May 2020⁸, introduced provisions implementing the Law-Decree No. 33/2020. These provisions are valid until 14 June 2020 and they

⁷ Decreto del Presidente del Consiglio dei Ministri 17 maggio 2020, “Disposizioni attuative del decreto-legge 25 marzo 2020, n. 19, recante misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19, e del decreto-legge 16 maggio 2020, n. 33, recante ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19”, available at: www.gazzettaufficiale.it/eli/id/2020/05/17/20A02717/sg.

⁸ Decreto del Presidente del Consiglio dei Ministri 17 maggio 2020, “Disposizioni attuative del decreto-legge 25 marzo 2020, n. 19, recante misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19, e del

will be probably reassessed since the state of emergency is expected to last until 31 July 2020. School and university activities are still suspended. School directors are compelled to ensure the offer of remote-teaching techniques and to adequately consider the specific needs of students with disabilities. As for Universities, exams, internships and the use of libraries are allowed as long as the interpersonal distance is respected, and any kind of gathering is prevented.

In **Italy**, the Law-Decree No. 34 of 19 May 2020⁹ was approved, introducing economic support measures earmarking a budget of EUR 55 billion. The Law-Decree is immediately effective but must be converted into Law by the Italian Parliament within 60 days. In order to ensure the safe reopening of schools in September 2020, the Fund for the functioning of school institutions (*Fondo per il funzionamento delle istituzioni scolastiche*) is increased by EUR 331 million in 2020. These resources are to be used to implement the necessary interventions to foster remote-teaching, the sanitation of school facilities, the purchase of individual protection devices (such as facial masks), the introduction of specific teaching tools for students with disabilities or learning impairments. Moreover, EUR 65 million is destined to private and public care facilities for children aged 0-6 whose activities were compromised by the epidemic, in terms of reduction of the fees paid by the children's parents.

In **Italy**, the Ministry of Education adopted on 16 May 2020 the Decree No. 9¹⁰ governing the final schools' exams. The Decree concerns specifically the secondary-school exams: the students' final grade is established considering the evaluation of the teachers on the whole schoolyear and on the paper submitted by each student. The paper is submitted by each student to the teachers and presented orally via videoconference. The subject of the paper is decided by the teachers. Students with disabilities or with specific learning impairments are requested to submit a paper as well: however, the type of paper and its content are established considering each student's individual school plan. On the same day, the Decree No. 10¹¹ introduced specific dispositions governing the final exams of the Italian high schools. Students will undergo an oral exam and they will be requested to provide a declaration of their health status before being allowed to enter the school facility. Each student can be accompanied by no more than one person. All the members of the examination board are members of the teaching staff of the schools attended by the students, except for the president who will be an external member. No more than 5 students will be heard each day, starting from 17 June 2020. The oral exam will last 60 minutes and it will include the discussion of the papers redacted by the students, as well as the analysis of an Italian literature text, a discussion on one of the school subjects selected by the teachers, and a final part concerning the "citizenship and constitution" subject. School teachers will decide the type of oral exam students with disabilities will be asked to undergo, depending on the specific situation of each student. The Ministry of Education

decreto-legge 16 maggio 2020, n. 33, recante ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19", available at: www.gazzettaufficiale.it/eli/id/2020/05/17/20A02717/sg.

⁹ Decreto-Legge 19 maggio 2020, n. 34, "Misure urgenti in materia di salute, sostegno al lavoro e all'economia, nonché di politiche sociali connesse all'emergenza epidemiologica da COVID-19", available at: www.gazzettaufficiale.it/eli/id/2020/05/19/20G00052/sg.

¹⁰ Ministero dell'Istruzione, Ordinanza concernente gli esami di Stato nel primo ciclo di istruzione per l'anno scolastico 2019/2020, available at: www.miur.gov.it/documents/20182/2467413/m_pi.AOOGABMI.Registro+Decreti.0000009.16-05-2020.pdf.pdf/0f3b7880-5b33-9a1c-9923-31fbc87b100?t=1589631913482.

¹¹ Ministero dell'Istruzione, Ordinanza concernente gli esami di Stato nel secondo ciclo di istruzione per l'anno scolastico 2019/2020, available at: www.miur.gov.it/documents/20182/2467413/m_pi.AOOGABMI.Registro+Decreti.0000010.16-05-2020.pdf.pdf/2370c42e-ef3a-e44c-a640-932f49dca6e6?t=1589631913775.

recommended the teachers to ask the students – during the oral exam – their impressions and experiences of the epidemic period¹².

In **Italy**, the Decree of the Italian Government of 11 June 2020¹³ refinanced the Fund for family policies with EUR 150 million to be allocated to the Municipalities aimed at strengthening summer centres, territorial socio-educational services and centres with educational and recreational functions intended for activities of boys and girls aged between 3 and 14, from June to September 2020, and projects aimed at combating educational poverty and implementing the cultural and educational opportunities of minors. The 10% measure is reserved for the financing of projects aimed at combating educational poverty and the remaining share for the strengthening of summer camps and socio-educational services. In order to guarantee children and adolescents' exercise of the rights to socialization and leisure, the Italian Government adopted national guidelines for the safe management of organized social and play opportunities for children and adolescents in phase 2 of the COVID-19 emergency. The document is attached (attachment no. 8) to the decree of the President of the Council of Ministers of 11 June 2020

In **Italy**, the Technical and Scientific Committee – set up by the Italian Government to cope with the epidemic – delivered on 28 May 2020 its opinion on the measures to adopt to restore the ordinary school activities in September 2020¹⁴. This document provides the Government and the Ministry of Education with technical recommendations on how to ensure the safety of the students, focusing on interpersonal distance at school, prevention measures and hygiene. More specifically, the document suggests an interpersonal distance of 1 metre for ordinary school activities and of 2 metres for sport activities. School canteens must be ensured, respecting the interpersonal distances through the introduction of shifts or lunch boxes to allow the students to eat in their classrooms. Students will not be asked to check the body temperature before entering the school facility; however, any student presenting symptoms of fever or respiratory infection will have to stay home. Before the September opening, school facilities must be adequately cleaned and sanitised. Sanitising products will be made available to the students and the use of facial masks will be compulsory for students aged more than 6.

In **Italy**, on 23 May public demonstrations took place in 16 Italian cities – organised by the activist committee “Priority to the school” – asking the Ministry of Education to ensure that ordinary school activities will be restored in September and the remote-teaching techniques will be abandoned, investing resources to ensuring the necessary health safeguards for teachers, students and the entire school staff¹⁵.

¹² This part of the exam is not explicitly envisaged by the Decree: it was asked by the Ministry during the press release presenting the 2020 high-school exams. The press conference is available at: www.youtube.com/watch?v=jHPBKRh3mBo (specifically minute 13:00 for this information).

¹⁴ The opinion is available at: www.miur.gov.it/documents/20182/2467413/DOCUMENTO+TECNICO+SULL%E2%80%99IPOTESI+DI+RIMODULAZIONE+DELLE+MISURE+CONTENITIVE+NEL+SETTORE+SCOLASTICO.pdf/8d3ca845-d7a7-d691-ec78-1c1ac5e5da53?t=1590689741359.

¹⁵ La Stampa (2020), “Scuola, proteste in tutta Italia per riprendere a settembre”, 23 May 2020, available at: www.lastampa.it/cronaca/2020/05/23/news/scuola-proteste-in-tutta-italia-per-riprendere-a-settembre-1.38880369.

In Italy, the media reported the results of a survey conducted by the Christian civil-society organisation “Comunità di Sant’Egidio” concerning the impact of remote-teaching in the city of Rome¹⁶: the survey concerned a sample of 800 families with children aged 6-10, living in 27 different areas of the city and attending 44 different schools. 61% of the respondents reported that the children did not attend school on a regular basis during the epidemic period: these children were nonetheless given homework to carry out autonomously without the teachers’ support. 11% reported that remote classes were attended only once per week for no more than 2 hours. 49% attended remote classes twice per week; 28% three times per week; 9% four times per week. Only 2% of the respondents reported attending school regularly from Monday to Friday. 60% of the respondents reported being informed by the school about the possibility to request tablets or PCs; only 5% of them actually received these devices, so far.

1.2.3 Work

In **Italy**, the Law- Decree No. 33 of 16 May 2020¹⁷ was adopted: it is immediately effective and must be converted into Law by the Italian Parliament within 60 days. Economic, productive and social activities can be carried out respecting the protocols and guidelines aimed at preventing the propagation of the virus, that are adopted at regional level for each economic sector. If no such protocols/guidelines exist, the national legislation preventing the propagation of the virus is applied. Regional authorities are in charge of daily monitoring the epidemic situation and – on grounds of this data – assess the necessity to adopt provisions that temporarily limit specific economic and productive activities. The time validity of these provisions cannot exceed 31 July 2020 – the date of the end of the State of emergency in Italy.

In **Italy**, the Decree of the President of the Italian Government of 17 May 2020¹⁸, introduced provisions implementing the Law-Decree No. 33/2020. These provisions are valid until 14 June 2020. Retailing commercial activities are allowed as long as the 1-metre interpersonal distance is respected. Clients are allowed to stay in the facility for the time needed for the purchase. The catering sector – including restaurants, bars, pubs etc. – is allowed to work if the regions (or autonomous provinces) have adopted the protocols and guidelines governing these activities and preventing the virus propagation. Home delivery and take-away services are allowed: however, the interpersonal distance must be respected, and clients cannot gather inside or outside the facilities to consume the products. Smart working must be fostered as much as possible for all professional activities. Safety protocols preventing the virus propagation must be adopted in the workplace; if the interpersonal distance cannot be respected, the use of facial masks is made compulsory. Beach resorts were included for the first time in the legislative provisions concerning the epidemic governance: these activities are now

¹⁶ La Repubblica (2020), “Coronavirus Roma, l'allarme di Sant'Egidio: "Il 61% dei bambini dai 6 ai 10 anni non ha svolto neanche una lezione on line", 15 May 2020, available at: https://roma.repubblica.it/cronaca/2020/05/15/news/coronavirus_a_roma_il_61_dei_bambini_dai_6_ai_10_anni_non_ha_svolto_neanche_una_lezioni_on_line_l_allarme_di_sant_egidio-256704755/.

¹⁷ Decreto-Legge 16 maggio 2020, n. 33, “Ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19”, available at: www.gazzettaufficiale.it/eli/id/2020/05/16/20G00051/sg.

¹⁸ Decreto del Presidente del Consiglio dei Ministri 17 maggio 2020, “Disposizioni attuative del decreto-legge 25 marzo 2020, n. 19, recante misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19, e del decreto-legge 16 maggio 2020, n. 33, recante ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19”, available at: www.gazzettaufficiale.it/eli/id/2020/05/17/20A02717/sg.

allowed as long as they respect the protocols and guidelines adopted at regional level. Moreover, the interpersonal distance must be respected, and any kind of gathering must be avoided.

In **Italy**, the Law-Decree No. 34 of 19 May 2020¹⁹ was approved, introducing economic support measures earmarking a budget of EUR 55 billion. The Law-Decree is immediately effective but must be converted into Law by the Italian Parliament within 60 days. A non-reimbursable contribution is ensured to business and self-employed workers whose activities were compromised by the epidemic (the revenue in April 2020 is inferior by two thirds compared to the revenue of April 2019), if their revenue in the last tax period is inferior to EUR 5 million. The managers of activities and professions whose revenues diminished by 50% because of the epidemic are entitled to receive a financial contribution amounting to 60% of the rental fee of the facilities they use for their professional activities. This provision is offered to professionals whose revenue is inferior to EUR 5 million in the last tax period; managers of hotels are entitled to this provision, regardless of their revenue. Workers who received the EUR 600 financial compensation in the month of March are entitled to the same contribution also for the month of April 2020: this provision is destined to freelancers, self-employed workers, seasonal workers. Workers of the agricultural field are entitled for the month of April 2020 to a financial compensation of EUR 500. Workers of the entertainment industry are entitled to a financial compensation of EUR 600 for the months of April and May 2020. Domestic workers are entitled to a financial compensation of EUR 500 for the months of April and May 2020: they are eligible for this provision if, as of 23 February 2020, they had one or more work contracts amounting to more than 10 weekly hours, as long as they do not cohabit with their employers. An emergency income is introduced for the month of May 2020 to be destined to those families in financial distress due to the epidemic. Employees of the private sector can benefit of a 30-day leave to take care of their children aged less than 12: this leave period can be requested until 31 July 2020. The financial bonus for babysitting services is increased from EUR 600 to EUR 1,200. This bonus amounts to EUR 2,000 for the workers of the defence sector and the healthcare system. Alternatively, it will be possible to use the bonus to register for summer camps, supplementary services for children, territorial socio-educational services, educational and recreational centres and supplementary or innovative services for early childhood. Specific residence permits were introduced for third-country citizens living irregularly in Italy and whose residence permits expired before 31 October 2019. These residence permits have a six-month validity since the lodging of the requests and are destined exclusively to third-country citizens who were employed in specific economic sectors: agriculture and farming; domestic work. The request for these residence permits must be lodged to the police headquarters between 1st June and 15 July 2020. Third-country citizens holding these residence permits are allowed to sign a work contract and request the conversion of the temporary residence permit into a regular work residence permit. Third-country citizens who have been issued a return order, as well as those who are involved as perpetrators in criminal proceedings for specific offences – such as, for instance, drug dealing, sexual exploitation, labour exploitation or facilitating irregular immigration – are excluded from this regularisation mechanism. Third-country citizens who are considered a threat for public security and order are excluded as well.

In **Italy**, the trade union “Unione Sindacale di Base” (USB) proclaimed a strike on 21 May, protesting the regularisation of third-country citizens envisaged by the Law-Decree No. 34/2020. According to the organisation, the Government should have introduced emergency residence permits for all irregular foreign workers, regardless of the economic sectors of activity. Moreover, the decision to

¹⁹ Decreto-Legge 19 maggio 2020, n. 34, “Misure urgenti in materia di salute, sostegno al lavoro e all'economia, nonché di politiche sociali connesse all'emergenza epidemiologica da COVID-19”, available at: www.gazzettaufficiale.it/eli/id/2020/05/19/20G00052/sg.

extend this possibility only to those third-country citizens who had previously regularly worked in Italy, excluded from the regularisation many people currently working in the Italian agricultural sector. The strike was organised in many Italian citizens, with irregular agricultural workers protesting in front of local Prefectures²⁰. Despite the high participation to the strike, the regularisation policy has not been reformed.

1.2.4 Access to justice

In **Italy**, on 12 of May 2020 the suspension of judicial proceedings – introduced by Art. 83 of the Law-Decree No. 18 of 17 March 2020 (converted with amendments into Law No. 27 of 24 April 2020) and prolonged by the Law-Decree No. 28 of 30 April 2020 – officially ended. The Heads of local judicial offices are requested to adopt the guidelines to ensure that the ordinary judicial activity is carried out respecting the necessary safeguards preventing the propagation of the virus. On 9 May 2020, the Italian Criminal Chambers Union (*Unione delle Camere Penali Italiane*) – an organisation set up in 1982 and representing more than 8,000 Italian criminal lawyers – sent a letter to the Ministry of Justice and to the Vice-President of the Italian Supreme Judicial Council²¹, denouncing the extreme diversity of the guidelines adopted at local level and the fact that many proceedings are still postponed (even to 2021) depending on the discretionary power of judicial authorities. The letter also recommends the above-mentioned authorities to adopt specific provisions to ensure that the ordinary judicial activity is restored and that all the staff working for the judicial administration can go back to work safely.

1.2.5 Freedom of movement

In **Italy**, the Law- Decree No. 33 of 16 May 2020²² was adopted: it is immediately effective and must be converted into Law by the Italian Parliament within 60 days. All the measures limiting the circulation in the Italian territory are revoked starting on 18 May 2020. Circulation towards other Italian regions is forbidden until 2nd June 2020, except for urgent work or health reasons. People are allowed to go back to their place of residence even if it is located in another Region. Until 2nd June 2020, the circulation from and to other countries is forbidden, except for urgent work or health reasons: after 2nd June, the circulation to and from other countries can be limited only with the adoption of specific legislative provisions, compliant with the principles of necessity and proportionality to the risk of propagation of the virus. The time validity of these provisions cannot exceed 31 July 2020 – the date of the end of the State of emergency in Italy.

In **Italy**, the Decree of the President of the Italian Government of 17 May 2020²³, introduced provisions implementing the Law-Decree No. 33/2020. These provisions are valid until 14 June 2020. From 3rd

²⁰ The USB document on the strike is available at: www.usb.it/leggi-notizia/pienamente-riuscito-lo-sciopero-dei-braccianti-usb-al-governo-rivedere-le-norme-sulla-regolarizzazione-o-seguiranno-altre-mobilitazioni-degli-invisibili-1628.html.

²¹ The letter is available at: [www.camerepenali.it/cat/10492/paralisi della giustizia penale l%E2%80%99unione scrive al ministro dell a giustizia e al csm.html](http://www.camerepenali.it/cat/10492/paralisi_della_giustizia_penale_l%E2%80%99unione_scrive_al_ministro_dell_a_giustizia_e_al_csm.html).

²² Decreto-Legge 16 maggio 2020, n. 33, “Ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19”, available at: www.gazzettaufficiale.it/eli/id/2020/05/16/20G00051/sg.

²³ Decreto del Presidente del Consiglio dei Ministri 17 maggio 2020, “Disposizioni attuative del decreto-legge 25 marzo 2020, n. 19, recante misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19, e del

June 2020 on, no limitation is applied to the circulation to and from EU Member States, the Schengen area, the UK, Andorra, the Principality of Monaco, the Vatican City and the Republic of San Marino. The circulation to and from other countries is suspended until 15 June 2020, except for urgent work or health reasons. People are nonetheless allowed to reach their residence places.

In **Italy**, the Ministry of the Interior suspended asylum procedure as regards the interviews and assessment phases carried out by the Territorial Commissions for the recognition of the right to international protection until 13th April (with a Ministerial Decree adopted on 2nd April 2020²⁴). All other activities of Territorial Commissions were fulfilled remotely, i.e. examination activities, general and COI researches, studying litigation cases and preparing defence memories, attending online training in collaboration with UNHCR and EASO. Since 20 April, the Territorial Commissions resumed the assessment of asylum applications through remote collegial decision meetings for pending cases, subsequent applications and cases for which interviews can be omitted (Art. 12 Legislative Decree No. 25/2008). Eventually, since 15 June, interviews will gradually resume in compliance with the relevant legal provisions and the Health and Safety Protocol adopted by the Italian Ministry of the Interior.

1.3 Impact of measures on particular groups

- *persons with disabilities*

In **Italy**, official data concerning the epidemic incidence – released by the National Health Institute (*Istituto Superiore di Sanità* – ISS)²⁵ – does not provide information on the number of people with disabilities infected by, dead of and recovered from Covid-19.

In **Italy**, the Decree of the President of the Italian Government of 17 May 2020²⁶, introduced provisions implementing the Law-Decree No. 33/2020. These provisions are valid until 14 June 2020. Art. 9 introduced specific provisions concerning people with disabilities. Social and healthcare activities destined to people with disabilities – including those provided by institutions – are restored according to the guidelines adopted by each Region (and autonomous Province), ensuring the respect of the measures preventing the virus propagation and protecting the safety of the staff and of the users. People with physical, intellectual and sensorial disabilities needing a direct guide and support, are allowed to reduce the interpersonal distance with their assistance professionals below the envisaged 1 metre. The Decree also allows for a derogation for disabled people and their caregivers, concerning the obligation to use a mask in close public places.

decreto-legge 16 maggio 2020, n. 33, recante ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19", available at: www.gazzettaufficiale.it/eli/id/2020/05/17/20A02717/sg.

²⁴ The Decree of the Ministry of the Interior of 2 April 2020 is available at: <http://www.immigrazione.biz/legge.php?id=1004>.

²⁵ The last ISS statistics update is available at: www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19_3-giugno-2020.pdf.

²⁶ Decreto del Presidente del Consiglio dei Ministri 17 maggio 2020, "Disposizioni attuative del decreto-legge 25 marzo 2020, n. 19, recante misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19, e del decreto-legge 16 maggio 2020, n. 33, recante ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19", available at: www.gazzettaufficiale.it/eli/id/2020/05/17/20A02717/sg.

In **Italy**, the Law-Decree No. 34 of 19 May 2020²⁷ was approved, introducing several economic support measures earmarking a budget of EUR 55 billion and destined to the general population. The Law-Decree is immediately effective but must be converted into Law by the Italian Parliament within 60 days. The national Non-Self Sufficiency Fund (*Fondo per le non autosufficienze*), the Fund for the assistance to people with severe disabilities deprived of family support, and the Fund for the support of semi-residential institutions for people with disabilities are increased: the increase amounts to EUR 90 million in 2020 (EUR 20 million to be destined to independent living projects) for the national Non-Self Sufficiency Fund; EUR 20 million in 2020 for the Fund for the assistance to people with severe disabilities deprived of family support; and EUR 40 million in 2020 for the Fund for the support of semi-residential institutions for people with disabilities are increased.

- *homeless people*

In **Italy**, official data concerning the epidemic incidence – released by the National Health Institute (*Istituto Superiore di Sanità – ISS*)²⁸ – does not provide information on the number of homeless people infected by, dead of and recovered from Covid-19.

In **Italy**, on 7 May the Italian Federation of Organisms for Homeless People (*Federazione Italiana Organismi per le Persone Senza Dimora - fio.PSD*) released a document analysing the impact on and the transformation of the local services for homeless people during the epidemic period²⁹. According to the document, night shelters have often become multi-functional centres offering centres during the day as well: the capacity was not increased though and the staff often lacks adequate and clear action protocols and guidance provided by the competent public authorities. Bigger reception facilities – with a capacity for more than 100 people – had to transfer some of the users to other facilities (such as hotels, public buildings, other reception facilities) in order to avoid gatherings and ensure the possibility of isolation for people who got in contact with the virus. Eventually, the document also reports that the number and types of people in need of assistance dramatically increased during the emergency period: however, many offices and services providing information and assistance had to interrupt their activities during the pandemic.

- *Detainees (including measures on early release or alternatives to detention)*

In **Italy**, the National Guarantor for the Rights of Persons Detained or Deprived of Liberty (*Garante Nazionale dei Diritti delle Persone Detenute o Private della Libertà Personale*) publishes a period bulletin, providing information on the situation in Italian detention facilities. In its bulletin of 22 May 2020, the Guarantor reported that as of 22 May the number of detainees tested positive for Covid-19 was 104 (plus 1 person being transferred to the local hospital). The number of members of staff tested positive was 150 front-liners. The Guarantor also stressed that “these values shall not suggest that the infection is over: on the contrary, we shall always keep an eye on total institutions with a densely packed nature where butterflies flapping their wings can somehow cause tornadoes”³⁰.

²⁷ Decreto-Legge 19 maggio 2020, n. 34, “Misure urgenti in materia di salute, sostegno al lavoro e all'economia, nonché di politiche sociali connesse all'emergenza epidemiologica da COVID-19”, available at: www.gazzettaufficiale.it/eli/id/2020/05/19/20G00052/sg.

²⁸ The last ISS statistics update is available at: www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19_3-giugno-2020.pdf.

²⁹ The document is available at: www.fiopsd.org/i-servizi-di-accoglienza-ai-tempi-del-covid-19/.

³⁰ The 22 May bulletin is available in its English version at: www.garantenazionaleprivatiliberta.it/gnpl/resources/cms/documents/d8fa35acc1d31a1d6e7e38529d0e17de.pdf.

In **Italy**, the Law-Decree No. 28 of 30 April 2020³¹ was adopted: it is immediately effective and must be converted into Law by the Italian Parliament within 60 days. Its Art. 2 reformed Articles 30-bis and 47-ter of the Penitentiary Law³² establishing that requests for home-custody and other alternative measures to detention concerning detainees charged for mafia or terrorism, must be assessed by the competent judicial authorities only after the opinion of the Public Prosecutor of the Court that adopted the sentence is issued. In case the requests concern detainees in high-surveillance regime (Art. 41-bis of the Penitentiary Law), the opinion of the Prosecutor heading the National Direction Countering Mafia and Terrorism (*Direzione Nazionale Antimafia e Antiterrorismo* - DNAA) is needed as well: the DNAA's opinion must assess the existence of connections between the detainee and criminal organisations and the level of danger entailed by the detainee.

In **Italy**, the Law-Decree No. 29 of 10 May 2020³³ was adopted: it is immediately effective and must be converted into Law by the Italian Parliament within 60 days. The Law-Decree introduced several provisions reforming the Italian Penitentiary Law (Law No. 354/1975). First, the Supervisory Court (*Tribunale di sorveglianza*) – that adopted the home-custody decree – is requested to periodically (15 days the first time and then every 30 days) reassess the home-custody decrees adopted during the Covid-19 emergency (since 23 February 2020), when detainees charged with specific criminal offences – such as mafia and terrorism – are concerned. Supervisory Courts are requested to assess whether the reasons behind the home-custody decrees are still valid. The Supervisory Court must also obtain the opinions of the competent local Anti-mafia District Directions (*Direzione Distrettuale Anti-Mafia* – DDAs) and - in case of detainees in high-surveillance regime (Art. 41-bis of the Penitentiary Law) are concerned – of the National Direction Countering Mafia and Terrorism (*Direzione Nazionale Antimafia e Antiterrorismo* - DNAA). The decision to revoke home-custody must be based on the information concerning the local epidemic situation (information to be provided by the local healthcare authorities) and the availability of penitentiary facilities where the detainees can be held and adequately medically assisted (information to be provided by the Penitentiary Administration Department), so that detention does not compromise their health conditions. Moreover, Art. 4 of the Law-Decree established that the communications between the detainees and their family members will be allowed using phones and/or remote technological devices until 30 June 2020: however, detainees are ensured at least one meeting in person per month.

³¹ Decreto Legge 30 aprile 2020, n. 28, “Misure urgenti per la funzionalità dei sistemi di intercettazioni di conversazioni e comunicazioni, ulteriori misure urgenti in materia di ordinamento penitenziario, nonché disposizioni integrative e di coordinamento in materia di giustizia civile, amministrativa e contabile e misure urgenti per l'introduzione del sistema di allerta Covid-19”, available at: www.gazzettaufficiale.it/eli/id/2020/04/30/20G00046/sg.

³² Legge 26 luglio 1975, n. 354, “Norme sull'ordinamento penitenziario e sulla esecuzione delle misure privative e limitative della libertà”, available at: www.normattiva.it/uri-res/N2Ls?urn:nir:stato:legge:1975-07-26:354!vig.

³³ Decreto Legge 10 maggio 2020, n. 29, “Misure urgenti in materia di detenzione domiciliare o differimento dell'esecuzione della pena, nonché in materia di sostituzione della custodia cautelare in carcere con la misura degli arresti domiciliari, per motivi connessi all'emergenza sanitaria da COVID-19, di persone detenute o internate per delitti di criminalità organizzata di tipo mafioso, terroristico e mafioso, o per delitti di associazione a delinquere legati al traffico di sostanze stupefacenti o per delitti commessi avvalendosi delle condizioni o al fine di agevolare l'associazione mafiosa, nonché di detenuti e internati sottoposti al regime previsto dall'articolo 41-bis della legge 26 luglio 1975, n. 354, nonché, infine, in materia di colloqui con i congiunti o con altre persone cui hanno diritto i condannati, gli internati e gli imputati”, available at: www.gazzettaufficiale.it/eli/id/2020/05/10/20G00047/sg.

In **Italy**, the Decree of the President of the Italian Government of 17 May 2020³⁴, introduced provisions implementing the Law-Decree No. 33/2020. These provisions are valid until 14 June 2020. Local healthcare services are requested to support the Ministry of Justice in designing and implementing all the measures that are needed to limit the virus propagation in detention facilities and to ensure the safe admission of new detainees in ordinary and juvenile prisons. New prisoners presenting Covid-19 symptoms must be isolated from the other inmates and alternatives to detention must be adopted whenever possible. Meeting with the family members are ensured via phone or video; exceptionally, meetings can be carried out in person, respecting a 2-metre interpersonal distance. Work releases or any other partial-freedom regimes must be limited in order to avoid inmates to go back and forth.

In Italy, the association “Antigone” released a report on 21 May 2020 concerning the situation in the Italian prisons during the epidemic period³⁵. The report provides quantitative data on the situation of the Italian detention system before the outburst of the epidemic; how the penitentiary administration dealt with the emergency; the revolts that occurred in many Italian prisons in the month of March 2020; the use of technologies. The report also provides some recommendations to Italian authorities on how to improve detention conditions in Italian prisons: 1. reduce the number of offences; 2. reduce the prison population by overcoming a prison-centric view of the penalty; 3. change the law on drugs by reducing its repressive impact; 4. allow smartphones and long-distance contacts to maintain the relations with families and for educational purposes and activities related to the personalized plan of the inmate; 5. investing in new technologies; 6. transparency of information to the outside world; 7. informing prisoners on all internal rules and practices; 8. a more active role of the health system; increase the medical staff working in detention facilities; 9. recognizing the role of volunteering; 10. hire 300 prison directors³⁶.

³⁴ Decreto del Presidente del Consiglio dei Ministri 17 maggio 2020, “Disposizioni attuative del decreto-legge 25 marzo 2020, n. 19, recante misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19, e del decreto-legge 16 maggio 2020, n. 33, recante ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19”, available at: www.gazzettaufficiale.it/eli/id/2020/05/17/20A02717/sg.

³⁵ Antigone (2020), “Il carcere al tempo del Coronavirus”, May 2020, available at: www.antigone.it/upload/ANTIGONE_2020_XVIRAPPORTO%202.pdf.

³⁶ The English summary of some of the report's results is available at: www.antigone.it/upload2/uploads/docs/Press%20kit%20Antigone's%20XVI%20Report.docx.pdf.

2 Impact on fundamental rights of older people

Please provide information under each title / sub-title; and indicate n/a when no information available.

2.1 Data/statistics

Where available, data should be disaggregated by age groups and sex.

2.1.1 Share of persons 60+ in the total number of persons in the community infected, recovered and died in relation to COVID-19.

- Infected by COVID-19

In **Italy**, according to the data released by the National Health Institute (*Istituto Superiore di Sanità – ISS*)³⁷, since the beginning of the epidemic until 26 May 2020, 230,811 cases of Covid-19 were registered by Italian authorities. 106,035 cases concerned men (45.9%) and the average age is 62. As per the age groups, 30,880 infected people were aged 60-69 (13.4% - 18,494 were men and 12,385 were women); 33,141 infected people were aged 70-79 (14.4% - 19,033 were men and 14,107 were women); 40,532 infected people were aged 80-89 (17.6 % - 16,497 were men and 24,027 were women); 18,602 infected people were aged 90+ (8.1 % - 3,818 were men and 14,783 were women).

- Recovered from COVID-19

In **Italy**, according to the data released by the National Health Institute (*Istituto Superiore di Sanità – ISS*)³⁸, since the beginning of the epidemic until 26 May 2020, 199,135 recovered from Covid-19 in Italy. As per the age groups, 27,621 recovered people were aged 60-69 (13.9% - 16,004 were men and 11,616 were women); 24,579 recovered people were aged 70-79 (12.3% - 13,034 were men and 11,544 were women); 27,552 recovered people were aged 80-89 (13.8% - 9,174 were men and 18,370 were women); 18,602 recovered people were aged 90+ (9.3% - 1,996 were men and 11,190 were women).

- Died in relation to COVID-19

In **Italy**, according to the data released by the National Health Institute (*Istituto Superiore di Sanità – ISS*)³⁹, since the beginning of the epidemic until 26 May 2020, 31,676 people died in relation to Covid-19 in Italy. As per the age groups, 3,259 were aged 60-69 (10.3% - 2,490 were men and 769 were women); 8,562 were aged 70-79 (27% - 5,999 were men and 2,563 were women); 12,980 were aged 80-89 (41% - 7,323 were men and 5,657 were women); 5,415 were aged 90+ (17.1% - 1,822 were men and 3,593 were women).

2.1.2 Share of persons 60+ in the total number of persons in institutional settings infected, recovered and died in relation to COVID-19.

The requested data is not officially available at this level of detail: however, on 24 March the National Health Institute (*Istituto Superiore di Sanità – ISS*) started a national survey in cooperation with the

³⁷ The data is available at: www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19_26-maggio-2020.pdf.

³⁸ The data is available at: www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19_26-maggio-2020.pdf.

³⁹ The data is available at: www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19_26-maggio-2020.pdf.

National Guarantor for the Rights of Persons Detained or Deprived of Liberty (*Garante nazionale dei diritti delle persone detenute o private della libertà personale*) on the propagation of Covid-19 in Italian Assistance Medical Institutions (*Residenze Sanitarie Assistite – RSA*)⁴⁰. The survey is aimed at monitoring the situation and adopting strategies to reinforce prevention programmes and principles. The survey is destined to the 3,400 RSAs mapped in Italy and is based on an online questionnaire gathering information on the management of suspect or confirmed cases of Covid-19 infections. According to the third and most recent report – released on 14 April 2020⁴¹ – 3,276 RSAs have been contacted for the survey, that is 96% of the mapped ones, covering the entire Italian territory. If all causes of death are considered, 6,773 people died in the considered RSAs since 1st February: 45% in Lombardy, 16.1% in Veneto and 10.1% in Piedmont. The mortality rate was estimated at 8.2%. Out of these 6,773 patients, 40.2% (2,724 patients) either had tested positive to Covid-19 (364) or showed flu symptoms (2,360).

- Infected by COVID-19
- Recovered from COVID-19
- Died in relation to COVID-19

2.1.3 Number and type of institutions affected

The institutions considered in the above-mentioned survey are the Assistance Medical Institutions (*Residenze Sanitarie Assistite – RSA*), which were the institutions most affected by the propagation of Covid-19 among Italian elders. According to the ISS, 3420 RSAs currently exist in Italy: these include both public institutions and private institutions that are affiliated to the national healthcare system. According to the RSA database developed by the National Guarantor for the Rights of Persons Detained or Deprived of Liberty (*Garante nazionale dei diritti delle persone detenute o private della libertà personale*), the number of existing RSAs amounts to 4,629. The above-mentioned survey covered 96% of the 3,420 facilities mapped by the ISS: however, a comparison between the ISS and the Guarantor's databases is being carried out to include all the institutions in the survey. Tables 1 and Figure 1 of the third report of the survey (pages 2-3) show the distribution of the RSAs among Italian regions and autonomous provinces. Do official statistics on mortality rates from COVID-19 include deaths of older persons in care homes? Has there been any critique of data collection with respect to care homes?

⁴⁰ Information on the “Survey nazionale sul contagio COVID-19 nelle strutture residenziali e sociosanitarie”, is available at the Ministry of Health's website: www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=4446.

⁴¹ The third report is available at: www.epicentro.iss.it/coronavirus/pdf/sars-cov-2-survey-rsa-rapporto-3.pdf. The first report of 30 March is available at: www.epicentro.iss.it/coronavirus/pdf/sars-cov-2-survey-rsa-rapporto.pdf. The second report of 6 April is available at: www.epicentro.iss.it/coronavirus/pdf/sars-cov-2-survey-rsa-rapporto-2.pdf.

Official statistics – reported in sub-section 2.1.1 – do not provide information on the share of the registered deaths of older persons that occurred in care homes (RSAs). No critique can be reported so far on this issue.

2.1.4 Independent studies published on the situation of older persons with respect to the impact of and responses to COVID-19

Please reference up to three studies and provide brief information on their focus.

In **Italy**, the Italian Society of Gerontology and Geriatrics started a study⁴² on 15 April 2020 aimed at assessing age-related variant presentation, risk profile, residual effects, and final outcomes of the propagation of the virus among older persons. The study also aims at promoting good practices in each setting and overall in geriatric care during Covid-19 pandemic. The study is conducted in cooperation with the University of Ferrara and the “Università Campus Bio Medico” of Rome. The research team implemented a multi-domain recording strategy allowing to track the Covid-19 pandemic and its effects on the geriatric population in different settings, including RSAs. The sample of this study will include at least 120 cases of Covid-19 concerning both women and men aged more than 60. The results of this study are not available yet: however, we decided to mention it because of the crucial relevance of the institution carrying out and of the focus of the research.

In **Italy**, the Italian Geriatrics Society (*Società Italiana di Geriatria Ospedale e Territorio - Sigot*) started at the beginning of April a study aimed at analysing the characteristics and fragilities of older people who are infected by Covid-19⁴³. The hypothesis of the Sigot is that the general fragile status of older people expose them to a high risk of functional, intellectual and psycho-social disabilities that make it extremely difficult for this population sub-group to fully recover from the infection. The Sigot study is aimed at assessing the role of the older persons’ fragility in their access to intensive therapy and the impact on the mortality rate of the virus for this group of people. The Sigot proposes a multi-dimensional assessment of the older patient that can consider all dimensions of fragility, such as the functional features of the subject and his/her intellectual and psycho-social status. The study will involve several European Countries and will focus also on the situation in RSAs and other types of institutional settings, where the fragility factors are more intense. The results of this study are not available yet: however, we decided to mention it because of the crucial relevance of the institution carrying out and of the focus of the research.

2.2 COVID-19 measures targeting older people

Please indicate the age group/s concerned; e.g. 60+, 65+, 70+ etc.

Please consult and refer in particular to measures related to existing or planned national exit strategies (policies/measures).

Please report on developments for the reference period 1 May – 31 May (inclusive) and on any changes/revisions of measures reported in the 1st and 2nd bulletin regarding older people.

⁴² Information on the study available at: www.sigg.it/wp-content/uploads/2020/04/GeroCovid-Observational-Study_ABSTRACT-Eng_DEF-SITO.pdf.

⁴³ Information on the study is available at: www.sigot.org/news/Avviato-un-nuovo-Studio-Multicentrico-SIGOT.

2.2.1 **National guidelines/protocols in response to COVID-19 addressing older people**

- in residential care homes (including protective equipment, visits etc.)

In **Italy**, the National Health Institute (*Istituto Superiore di Sanità* – ISS) released on 17 April guidelines for the prevention and monitoring of the propagation of the Covid-19 virus in Assistance Medical Institutions (*Residenze Sanitarie Assistite* – RSA)⁴⁴. No updated version of these guidelines exists. The document provides recommendations to the managers and the staff of Italian RSAs on how to best deal with the epidemic in this kind of institutions. First, organisational measures are listed to avoid the admission of Covid-positive cases in the facilities. Secondly, practical indications are provided on how to manage cases of Covid-19 in RSAs. Thirdly, the document stresses the importance of correctly training the staff working in the facility. Fourth, the guidelines focus on the information provisions activities to raise awareness about Covid-19 among older persons living in the RSA and visitors. Fifth, the document provides indications to the staff on how to monitor health indicators that can allow an early identification of the virus among older persons. Moreover, the guidelines provide information to the members of the staff who show symptoms or tested positive to the virus. Eventually, the document points out a monitoring programme of the measures that are adopted in Italian RSAs. A similar document was issued also by the network “APRIRE” on 23 March 2020, titled “Prevention and management in RSAs”⁴⁵.

- in the community in general

In Italy, no national guidelines/protocols have been adopted concerning this specific sub-group of the population. The rules in force for the general population also apply to this sub-group.

2.2.2 **National guidelines/protocols on patient triage that apply age as the main and decisive criterion**

In **Italy**, on 6 March 2020, the Italian Society of Anaesthesiology, Reanimation and Intensive Care (*Società Italiana di Anestesia Analgesia Rianimazione e Terapia Intensiva* – SIAARTI) issued guidelines on how to manage shortages of places in intensive-care departments during the Covid-19 emergency⁴⁶. According to this medical professional association, in case of shortages of available places in intensive care – and considering the expected increase of patients in need of this kind of therapy – priority should be given to those patients who have highest expectations of recovery. This extraordinary admission criteria should be applied in this phase to all patients needing intensive care – not just those affected by Covid-19 – and can be applied differently depending on the local situation. Recommendation No. 3 of the document clearly states that it might be necessary to introduce an age

⁴⁴ ISS (2020), “Indicazioni *ad interim* per la prevenzione e il controllo dell’infezione da SARS-COV-2 in strutture residenziali sociosanitarie”, 17 April 2020, available at: www.iss.it/documents/20126/0/Rapporto+ISS+COVID-19+n.4-2020+Rev.+17+aprile+2020.pdf/72b800f5-0c42-b554-1c9e-122c32be5f4f?t=1587226433458.

⁴⁵ APRIRE Network (2020), “Prevenzione e gestione nelle residenze sociosanitarie per anziani”, 23 March 2020, available at: www.sigg.it/wp-content/uploads/2020/03/Covid_19_DOCUMENTO-Residenze-anziani-aggiornato-23-marzo-2020.pdf.

⁴⁶ SIAARTI (2020), “Raccomandazioni di etica clinica per l’ammissione a trattamenti intensivi e per la loro sospensione, in condizioni eccezionali di squilibrio tra necessità e risorse disponibili”, 6 March 2020, available at: <https://www.siaarti.it/SiteAssets/News/COVID19%20-%20documenti%20SIAARTI/SIAARTI%20-%20Covid19%20-%20Raccomandazioni%20di%20etica%20clinica.pdf>.

threshold to intensive-care departments in order to allocate the limited number of available places to those patients who have more chance to survive and who have more years ahead to live⁴⁷. This document was not updated and it is still available at the SIAARTI website.

In **Italy**, on 8 April 2020 the National Bioethics Committee (*Comitato Nazionale di Bioetica* – CNB) issued a document⁴⁸ contesting the use of age – as well as other criteria, such as disability, gender, social conditions, ethnicity – as a factor to consider when deciding the priority of access of patients to hospitals' triage. The CNB's document also stressed that older people deserve a special attention considering their vulnerability status: they are entitled to the same quality and level of healthcare of the general population; when living in institutional settings, older people have the right to be provided with safeguard devices, such as facial masks, and to have their situation carefully monitored through prompt testing aimed at isolating infected patients from the rest of the people living in the institution.

In **Italy**, the Christian civil-society organisation “Comunità di Sant'Egidio” – together with other European civil-society organisations and public figures – signed a petition⁴⁹ stressing the crucial social value of older people for our societies and reaffirming the universal right to healthcare which is not compatible with the selection of patients depending on their age and health status. On 31 March 2020, the Lombardy Third-Sector Forum – a network of 32 civil-society organisations based in the region – strongly denounced that regional hospitals were denying access to medical care to older people infected by the Covid-19, giving priority to younger patients. According to the Forum, older patients were left to recover from the infection either at home or in the institution they were living in, deprived of the possibility to be visited from their family members, thus excluding them from adequate healthcare assistance⁵⁰.

2.2.3 Targeted testing of residents and staff in residential care homes

In **Italy**, there has not been so far a national targeted testing of older people living in residential care homes (*Residenze Sanitarie Assistite* – RSA). However, many regional authorities have designed and implemented prevention and testing protocols to govern the situation of the virus propagation in Italian RSAs, also envisaging the testing of older people and of the staff working in the institutions. This is the case, for instance, of the Liguria region⁵¹, the Apulia Region⁵² and the Tuscany Region⁵³. In some cases, ad-hoc testing was introduced to cope with particularly severe situations of infections in

⁴⁷ This is the original text of Recommendation No. 3: “Può rendersi necessario porre un limite di età all'ingresso in TI. Non si tratta di compiere scelte meramente di valore, ma di riservare risorse che potrebbero essere scarsissime a chi ha in primis più probabilità di sopravvivenza e secondariamente a chi può avere più anni di vita salvata, in un'ottica di massimizzazione dei benefici per il maggior numero di persone. In uno scenario di saturazione totale delle risorse intensive, decidere di mantenere un criterio di “first come, first served” equivarrebbe comunque a scegliere di non curare gli eventuali pazienti successivi che rimarrebbero esclusi dalla Terapia Intensiva”.

⁴⁸ The CNB document is available at: http://bioetica.governo.it/media/3987/p136_2020_covid-19-la-decisione-clinica-in-condizioni-di-carenza-di-risorse-e-il-criterio-del-triage-in-emergenza-pandemica.pdf.

⁴⁹ The petition is available at: www.santegidio.org/downloads/santegidio-anziani-campagna-2020-min.pdf.

⁵⁰ The Forum's document is available at: www.forumterzosettore.it/2020/03/30/fts-lombardia-la-strage-degli-innocenti/.

⁵¹ Information available at: www.regione.liguria.it/homepage/salute-e-sociale/101395-coronavirus/25497-coronavirus-toti-numeri-in-discesa-proseguono-test-sierologici-nelle-rsa.html.

⁵² Information available at: <https://press.regione.puglia.it/-/rsa-e-covid-incontro-oggi-su-piano-strategico>.

⁵³ Information available at: www.ars.toscana.it/2-articoli/4288-coronavirus-rsa-regione-toscana-misure-prevenire-contenere-contagi-anziani.html.

local RSAs: this is the case of the Lombardy region – one of the most harshly compromised by the epidemic – where regional authorities have started a mass testing of all regional RSAs, covering 90% of the people living in these institutions in May 2020 (25% was positive to the test)⁵⁴.

- Is this laid down in a targeted policy/measure or done on an ad-hoc basis when a case has been detected?

The Ministry of Health on 3 April 2020 issued the circular note no. 11715⁵⁵ concerning the new testing strategy for COVID-19. Priority should be given to all fragile persons and persons at risk of developing a severe disease such as older people with co-morbidities, older people in residential facilities. On 30 April 2020, the Ministry of Health issued the circular note no. 15279⁵⁶, concerning the monitoring of exit strategy, which is based on the risk assessment based on probability of infection and impact, that is the severity of the disease with particular focus on people 50 years and above.

- Data/statistics on testing & frequency of testing – institutions, residents, staff

2.2.4 Restrictions/bans on visits to residential care settings, and any (conditional) lifting of these restrictions

Please report on the conditions applied.

In **Italy**, the Decree of the President of the Italian Government of 17 May 2020⁵⁷, introduced provisions implementing the Law-Decree No. 33/2020. These provisions are valid until 14 June 2020. Visits to assisted residential institutions (*Residence Sanitarie Assistite* – RSA) must be ruled by the facilities' managers who are requested to adopt any necessary measure to prevent the virus propagation.

2.2.5 Restrictive measures for older people living in the community

Please report on any restrictions for older people after gradual lifting of confinement measures (e.g. use of public services, work, and participation in voluntary and social activities).

In **Italy**, older people were subject to the same restrictions to movement and to the same obligation of confinement as the general population. However, they are one of the population groups warmly invited to stay home as much as possible, due to the higher risk of infection caused by their fragile health status. The Ministry of Health recommended older people to: avoid crowded places, stay at home as much as possible, limit the displacements and avoid close contacts with other people⁵⁸. Moreover, Art. 3, letter b) of the Decree of the Prime Minister 17 May 2020⁵⁹ expressly recommends

⁵⁴ Information available at: <https://mantovauno.it/cronaca/regione-lombardia-boom-di-tamponi-nelle-rsa-nel-mantovano-4-nuovi-casi/>.

⁵⁵ Available at: www.sicp.it/wp-content/uploads/2020/04/MinSal_circolare-11715_test-sierologici_03-apr-20_cprd.pdf.

⁵⁶ Available at: www.anaao.it/public/aaa_1671441_msalute_circolare30aprile20.pdf.

⁵⁷ Decreto del Presidente del Consiglio dei Ministri 17 maggio 2020, "Disposizioni attuative del decreto-legge 25 marzo 2020, n. 19, recante misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19, e del decreto-legge 16 maggio 2020, n. 33, recante ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19", available at: www.gazzettaufficiale.it/eli/id/2020/05/17/20A02717/sg.

⁵⁸ Information available at the Ministry's website, at: www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=4172.

⁵⁹ Decreto del Presidente del Consiglio dei Ministri 17 maggio 2020, "Disposizioni attuative del decreto-legge 25 marzo 2020, n. 19, recante misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19, e del

to all older people or to people affected by chronic conditions or with co-morbidities or immunosuppression to remain at home except for urgent needs.

2.2.6 Access to healthcare for older people for conditions unrelated to COVID-19

Please report on measures targeted at older people living in the community and in institutional care settings (e.g. home-based visits, mobile health care, other hospital treatment).

In **Italy**, no measures of this kind have been adopted so far.

2.2.7 Support measures and promising practices targeting older people, including access to goods and services online and offline, social/psychological support, and use of digital tools and technology

Please also report on any targeted measures for people with dementia.

In **Italy**, the National Health Institute (*Istituto Superiore di Sanità* – ISS) released guidelines in several languages destined to the caregivers of older people⁶⁰: the guidelines provides information about the virus and suggests some indications on how to safely deal with older people, at the same time preventing the virus propagation.

In **Italy**, the National Health Institute (*Istituto Superiore di Sanità* – ISS) released during the emergency period an infographic destined to people aged 65+ concerning the risks of spending much time at home for the general health and wellbeing of the individuals and suggesting some physical exercises to do at home⁶¹.

In **Italy**, the Ministry of Health released a video – titled “Remote Love” (*Amore a distanza*)⁶² – inviting relatives, family members and friends of older people to avoid visiting them because of the high risk it would entail, but at the same time showing them support and affection, using technological devices and/or helping them in practical ways, such as going shopping for them so that they can stay home.

In **Italy**, the Ministry of Health developed a support network for older people. A specific free helpline – active 24 h, 7 days per week – can be contacted by phone to ask for home delivery of medicines: this service is managed by the local branches of the Italian Red Cross thanks to the support of volunteers. Using the same phone number, older people could also ask home delivery of food and any other essential good. Moreover, a free helpline was activated providing information and assistance to fragile people, including older people. Users can obtain information on how to prevent the infection and about the procedure in case of close contact with the virus. A psychological support helpline was

decreto-legge 16 maggio 2020, n. 33, recante ulteriori misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19”, available at: www.gazzettaufficiale.it/eli/id/2020/05/17/20A02717/sg.

⁶⁰ The English version is available at: www.iss.it/documents/20126/0/20200423_ISS_Opuscolo+Covid19_Badanti_EN.pdf/69e7a4ed-13f6-a2ce-6943-54f2ddb6ede3?t=1587655016271.

⁶¹ The ISS infographic is available at: www.epicentro.iss.it/coronavirus/pdf/sars-cov-2-stili-vita-attivita-fisica-over-65.pdf.

⁶² The Ministry's video is available at: www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=4372.

activated as well, which was not destined specifically to older people: the helpline is accessible also to deaf people⁶³.

In **Italy**, the Veneto Psychologists' Association (*Ordine degli Psicologi del Veneto*) released two documents, providing information on how to explain and inform older people with dementia about Covid-19. One of them is specifically destined to caregivers of older people with dementia⁶⁴.

2.2.8 Consultation of older people's organisations and/or other civil society organisations in the design, implementation and review of COVID-19-related measures

No information on this issue is available.

⁶³ Information available consulting the FAQs developed by the Ministry of Health (see section destined to older people *Anziani*):

www.salute.gov.it/portale/nuovocoronavirus/dettaglioFaqNuovoCoronavirus.jsp?lingua=italiano&id=228#16.

⁶⁴ This document is available at: www.ordinepsicologiveneto.it/ita/content/coronavirus-demenza-e-anziani-1?fbclid=IwAR0dSHcidc6pfso-TUwUgJ8jt5PkfxOqZKRwHtRGZzQed-nck47Eq_NwLrQ. The other document is available at: www.ordinepsicologiveneto.it/ita/content/spiegare-il-coronavirus-alle-persone-con-demenza-si-puo-fare.