Coronavirus pandemic in the EU –

Fundamental Rights Implications

Country: Ireland
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Date: 3 June 2020

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1 Measures taken by government/public authorities

1.1 Emergency laws/states of emergency
In Ireland, the Health (Preservation and Protection and other Emergency Measures in the Public Interest) Act 2020 was signed into law on 20 March 2020.\(^1\) This allowed the Government to put in place a stay at home order, which they did from 27 March.\(^2\)

Two far right fringe figures attempted to challenge the Emergency Measures Act, and the current stay at home order through the courts.\(^3\) Leave to bring judicial review proceedings was not granted by the Irish High Court, with Justice Meehan stating that: ‘Unsubstantiated opinions, speeches, empty rhetoric and a bogus historical parallel [with Nazi Germany] are not a substitute for facts.’\(^4\)

1.2 Measures affecting the general population

1.2.1 Social distancing
From 18 May, Ireland entered Phase One of a gradual 5-phase plan to ‘reopen Ireland’ from the lockdown.\(^5\) Up to four people from different households are allowed to meet, outdoors, within 5 km of home, while keeping at least 2 metres apart. Shops that are mostly outdoors (such as garden centres) are allowed to reopen, and outdoor workers (such as construction workers) can restart work.

The latest Irish Government-commissioned public attitudes survey shows that 81% of people feel that the reaction of the Government is appropriate, a figure which has changed little since restrictions were first put in place.\(^6\) 56% think that Ireland is returning to normal at about the right pace, with the rest almost evenly divided between those who think the pace is too slow, and those who find it too rapid.

Since 8th April, when powers to enforce restrictions were put in place,\(^7\) An Garda Síochána (the Irish police force) have reported 241 occasions on which they have had to use these powers to 16 May, representing ‘a modest level of enforcement and a remarkable degree of compliance by the public’, according to oversight body the Policing Authority.\(^8\) However, both the Policing Authority and senior


Garda officers have expressed concern that policing will become more difficult now that restrictions have been eased somewhat. The regulatory powers to enforce restrictions principally concern enforcing the 5km from home rule, and do not give Gardaí powers to enforce 2m social distancing, nor the advice to gather in groups of only up to four people.9

The Policing Authority in Ireland also raised the issue of the recording of ethnicity, which is not currently undertaken by the Gardaí. While noting that the ‘Garda Síochána has some concerns regarding the recording of ethnicity and the risk that it may constitute profiling, the Authority’s view remains that the recording of ethnicity is permissible if done in an appropriate manner.’10 This follows on from calls by the Irish Human Rights and Equality Commission to ensure that new powers are being exercised proportionally and with regard to human rights and equality principles, as reported in the May bulletin.11

The Irish Council for Civil Liberties (ICCL) have called for an end to police powers under the temporary regulations when phase two of the reopening begins on 8 June, saying that ‘it is time for the government to trust the people of Ireland to maintain social distancing and self-isolate where necessary in order to protect others from COVID19’. ICCL Director Liam Herrick said that no test has been made to show whether such powers are necessary and proportionate.12

### 1.2.2 Education

In Ireland, schools, childcare facilities and universities closed on 12 March. According to the Government’s roadmap for reopening society and businesses, schools and third level institutions will remain closed until the new academic year in September/October.13 Speaking on public radio, The Irish Minister for Education has said that the Government will publish a roadmap shortly for the return of schools in September, but that while social distancing remained in place, it was unlikely that all students could return full time, and that some form of blended learning (in school and home-schooling) would be needed.14

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The National Parents’ Council and other commentators have questioned the decision to keep schools closed, calling on the Government to reopen primary schools in June for certain groups of pupils, including those transitioning from primary to post-primary. Some supports have been offered to disadvantaged children (see May bulletin). However, commentators like community education provider An Cosan have highlighted the plight of families who are contending with difficult home situations and are struggling due to the absence of after school supports, hot meals for children and technology for learning.

The Government have reversed their earlier decision to hold the school matriculation exam, the Leaving Certificate, on 29 July, following criticism from political parties, parents and students. All students are now to be offered the option of receiving calculated grades for the subjects they are studying, or the alternative of sitting the 2020 Leaving Certificate examinations at a date in the future, when it is considered safe to hold the examinations.

Ten weeks on from school closures, no workable solution for the childcare of key workers has been found. A proposed scheme to redeploy crèche staff to the homes of key workers was cancelled due to issues around insurance and lack of buy-in by creches and their staff.

Childcare facilities more generally can be expected to reopen on a phased basis from 29 June. Speaking in the Dáil (Irish lower house of parliament), the Minister for Children said that Ireland would refer to the ‘Norwegian model, among others’ to re-opening childcare facilities, and that childcare facilities may operate a ‘pod’ system, where children and carers will stay together in small groups.

1.2.3 Work

From 18 May, a number of retailers and facilities permitted to open (e.g. garden centres, garages and hardware stores) and constructions workers, gardeners and other outdoor workers allowed to return to work. The general guidance for these workplaces is the Return to Work Safely Protocol, developed

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by the Government in dialogue with trade union and employer representatives, and which sets out protocol on dealing with suspected cases, hand hygiene, physical distancing and so on.\(^{21}\)

Approximately 35,600 people who were receiving the COVID-19 Pandemic Unemployment Payment returned to work as of 25 May and will receive their final payment in the last week of May.\(^{22}\) The payment remains in place for those who cannot yet return to work, and is widely available, including to those more precarious workers, as reported in the May bulletin.\(^{23}\) A recent Government report, however, found that ‘the cost to the Exchequer of income supports is large and unsustainable’, and that: ‘there are also significant disincentive effects associated with the PUP [Pandemic Unemployment Payment] with 38% of recipients previously earning less than €300 per week.’\(^{24}\)

On 28\(^{25}\) May the Dáil (Irish lower house of parliament) approved a revised estimate for the Department of Social Protection to continue to fund the Pandemic Unemployment Payment, but deputies questioned the lack of clarity over how long the payments would continue at this level. The Minister for Employment Affairs and Social Protection said that she will bring forward proposals in early June, but that the payment would be continued beyond the original June end date.\(^{25}\) The unemployment rate (%) in the country is striking: it was 28.2 in April and 26.1 in May (these figures classify all claimants of the Pandemic Unemployment Payment as unemployed).\(^{26}\)

There have been a series of COVID-19 outbreaks in Ireland in meat factories, with latest available data showing that there have been 19 outbreaks (up from two in May bulletin) with a total of 925 cases, 19 of whom had been hospitalised.\(^{27}\) While a number of reasons such as lack of social distancing and the physicality of the work have been cited as contributing factors, it has also been noted that most meat factory workers are low-paid, often migrant workers, and that overcrowded housing conditions among colleagues may be contributing to the spread of infection.\(^{28}\) Opposition politicians have been critical of the way in which testing has been implemented in meat factories, claiming that it took six weeks since the first infections in plants to put in place mass screening. Opposition TD Denis Naughten also claimed there were waits of up to two weeks for results, during which time employees returned


to work, rendering the tests ‘worthless’ as the employees may well have been infected in the interim. From 18 May 2020, the Irish Health Service Executive have put in place specific guidelines for infection prevention and control for meat factories.

1.2.4 Access to justice

On 8th May, the Irish Courts Service announced a ‘gradual and careful planning for creating a pathway to opening some courts.’ These measures include more use of remote court hearings, and courtrooms being laid out with physically distanced spaces. It appears that the Supreme Court and Court of Appeal will rely for the most part on remote hearings. The High Court will use both remote hearings and physical hearings. The Circuit Court is starting to assign hearing dates to matters adjourned, including civil cases, but in the District Court: while urgent matters are now extended to include more areas in Criminal, Family and Child Care Law, all District Court civil matters are considered non-urgent and are generally adjourned.

To date on 8th May, 47 virtual court hearings had been held. Comparing April 2019 to April 2020, there was a 400% increase on video calls between courts and prisons, to facilitate defendants in custody appearing in court via video conferencing for bail and remand hearings.

The Chief Justice has warned that a significant increase in throughput cannot be expected until all measures are in place. Measures may well be in place until the second half of 2021, and while measures are in place, he said, the capacity of cases to be heard cannot be expected to be return to pre-pandemic levels. No further information has been provided at this time about how the backlog of proceedings will be cleared. The President of the Court of Appeal has said that there will be some slippage in the time it takes for cases to be heard in that Court, but that judges are using the reduction in sittings to clear the existing backlog of reserved judgments pending from the Court of Appeal.

1.2.5 Freedom of movement

Ireland did not close its borders. The official advice remains that all non-essential travel should be avoided until further notice, which includes Great Britain, but does not apply to Northern Ireland. The Irish Health Authorities require anyone coming into Ireland, apart from those coming from Northern

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Ireland, and certain providers of essential supply chain services, to self-isolate for 14 days, upon arrival. From 28 May, it is a legal requirement to complete a COVID-19 Passenger Locator Form to indicate where you will be self-isolating, and failure to do so will be punishable by a fine not exceeding €2,500 or imprisonment for a maximum of 6 months. These regulations will remain in effect until 18 June 2020, when they will be reviewed.

The Irish Council for Civil Liberties has raised data protection and privacy concerns with the potential criminalisation of people who do not fill out the passenger locator forms. They have stated that it is imperative that making these forms mandatory must be shown to be necessary, proportionate and legal – as demanded by human rights law – before any extension on 18 June.

Ireland’s International Protection Office is continuing to accept new applications for asylum, albeit with a limited registration service due to current restrictions. Temporary Residence Certificates will be renewed automatically.

The International Protection Office is currently open to the public from 11am to 2pm every weekday. All substantive interviews, however, have been cancelled ‘until further notice while the International Protection Office completes measures to ensure the safety of all taking part in the interviews’.

1.3 Impact of measures on particular groups

1.3.1 Persons with disabilities

Concerns with regard to the impact of the pandemic in long-term residential care facilities (for older people, people with disabilities, and mental health sufferers) have been growing. A Mortality Census of Long Term Residential Care Facilities, published in May 2020, looked at deaths of long term residents of these facilities from 1 January to 19 April, and identified a total of 16 COVID-19 deaths in disability residential facilities, out of a total of 73 deaths. 14 COVID-19 deaths were identified in mental health facilities, out of a total of 51 deaths.

Disaggregated data are not available at each briefing, but occasional updates are provided to the press. In early May, the Irish Health Service Executive confirmed that 100 outbreaks of COVID-19 cases

have been confirmed in disability services across the country, and 36 in mental health settings. As of 31 May, 184 outbreaks were notified in residential institutions which were not nursing homes (i.e. Disability and mental health services). A recent report by the Irish National Public Health Emergency Team found that residents of long-term care facilities had significantly higher infection rates than the general population of a similar age, while the death rate per infection was broadly similar for the general population and long-term care residents of similar ages. Public attention has focused more on the older people living in residential care since that is the population most badly affected, and this is discussed further in section 2 below.

In terms of persons with disabilities living in the community, Family Carers Ireland have published a report surveying the impact of the pandemic on family carers for older people and people with disabilities. They found that over one third of respondents (36%) were affected by the closure of day care services, more than one in three were affected by a reduction in or cancellation of homecare services, and one in four were affected by the closure of respite services. The report highlighted the lack of access to public supplies of appropriate PPE for family carers and called for family carers to be given access in line with that provided to homecare workers.

1.3.2 Homeless people

As reported in April and May bulletins, efforts have been made to alleviate overcrowding in homeless emergency accommodation. In the Government report for April 2020, there were 9,355 people (adults and children) in emergency homelessness accommodation in Ireland, a drop of 572 people from the number of homelessness in March. Leading homelessness NGO Focus Ireland welcomed this third consecutive monthly drop in homelessness, attributing it to effective collaboration between the State, local authorities and other NGOs. However, Focus Ireland warned that any sudden lifting of temporary prevention measures, such as the rent freeze and ban on evictions could result in a new surge of homelessness as the country reopens. They called on the parties currently in government formation talks to set out a clear Roadmap for Housing and Homelessness, pointing out that ‘Other European countries have used this crisis as an opportunity to rethink their approach to ending homelessness but no Irish political leader has yet set out such a vision’. On 8 May 2020, a new ‘Covid Community Assessment Hub’ opened in Dublin’s inner city, to test, monitor and treat vulnerable groups including people who are homeless, living in extreme poverty or undocumented migrants. This facility, including a hospital-based unit and a mobile assessment unit, will allow rapid testing turnaround times. This will enable congregated settings, such as emergency accommodation, to respond quickly to confirmed

cases in their facilities. This facility is a partnership between the Irish Health Service Executive, the Mater Hospital in north Dublin, and medical NGO Safetynet. The CEO of Safetynet explained: ‘If we get somebody who has symptoms today in a congregated setting, our nurses can go in this afternoon. We can get the first few tests back within 45 minutes, and then we know if there is a problem in this congregated setting we need to lock down, isolate and move.’

Latest Government statistics show that five homeless people have been hospitalised, out of 20 cases. There have been no deaths.

1.3.3 Detainees

Numbers in detention have continued to reduce, from 3,791 on 30 April 2020, to 3,739 on 28 May 2020. This represents 85% of prison bed capacity, down from 97% at the beginning of March, due to moves for early and temporary releases in light of the COVID-19 pandemic. Family visits remain suspended and have been replaced by video link visits. Due to limitations on video visit slots, this has significantly reduced the number of visitors a prisoner can have.

There have been 19 cases in prisons, of which 2 were hospitalised. Director of NGO the Irish Penal Reform Trust, Fíona Ní Chinnéide, has said that while they: ‘strongly recognise the incredible work of the Irish Prison Service and the Department of Justice in keeping COVID 19 out of prisons, [they] remain concerned about the impact on the human rights of people in prisons’, saying that current restrictions on prisoners’ rights and regimes risk becoming normalised as the pandemic continues.

The Irish Red Cross have a long-standing volunteer programme within Irish prisons, whereby prisoners are trained for six months in first aid, advocacy and other skills as Red Cross volunteers. These volunteers have been active during the COVID-19 pandemic, helping other prisoners to understand the importance of difficult measures such as cancelling visits and reducing out-of-cell time. They have

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44 Safetynet (2020), The Mater Hospital, HSE and Safety net open a Covid-19 Community Assessment Hub aimed at caring for those experiencing homelessness and others unable to access treatment, 8 May 2020, available at: https://www.primarycaresafetynet.ie/assessmenthub.
49 Irish Prison Service (2020), How to receive a family video visit, available at: https://www.irishprisons.ie/request-a-family-visit/.
also helped to negotiate minor concessions, such as livestreaming of some Netflix programming to televisions in cells, in order to alleviate tensions.\textsuperscript{52}

2 \hspace{1cm} \textbf{Impact on fundamental rights of older people}

2.1 \hspace{1cm} \textbf{Data/statistics}

\textbf{NB:} The data are not available in precisely the format specified by FRA, so a couple of clarifications below:

- The age ranges used in the Irish official stats are: 55-64; 65-74; 75-85; 85+, so it is not possible to report on share 60+. I have included all age groups below.

- All institutional setting deaths have been recorded with the daily death toll since the beginning of reporting. They are only disaggregated, however in occasional briefings.

The figures in 2.1.1 are therefore for \textit{total infections/deaths}, and the latest information available on institutional setting deaths is indicated in 2.1.2. On 26 May 2020, the Special Oireachtas (Irish Parliament) Committee on Covid-19 response considered the pandemic response in nursing homes. There is therefore recent data available on nursing homes. However, this is not specifically disaggregated by age group.

- The figures of persons recovered from COVID-19 are not frequently reported. On 27 May, the Chief Medical Officer said that almost 82% of overall cases in the community had recovered, while 8.1% of hospitalized people had been discharged alive, giving a total rate of 89.7 per cent. This was up from 70 per cent a month ago.\textsuperscript{53} However, disaggregated data for older persons are not available.

\subsection*{2.1.1 \hspace{1cm} Share of persons 60+ in the total number of persons in the community infected, recovered and died in relation to COVID-19.}

\begin{center}
\begin{tabular}{|l|c|c|c|c|c|}
\hline
\textbf{Age} & \textbf{Cases (n)} & \textbf{Cases (\%)} & \textbf{Deaths (\%)} & \textbf{Deaths (\%)} & \textbf{Case fatality ratio} \\
\hline
0-4 & 153 & 0.61 & 0 & 0 & 0 \\
5-14 & 309 & 1.24 & 0 & 0 & 0 \\
15-24 & 1824 & 7.32 & 2 & 0.12 & 0.11 \\
25-34 & 4185 & 16.79 & 6 & 0.36 & 0.14 \\
35-44 & 4385 & 17.59 & 10 & 0.67 & 0.23 \\
\hline
\end{tabular}
\end{center}


\textsuperscript{53} The Irish Times (2020), Coronavirus: Further 17 deaths reported along with 73 new cases, 27 May 2020, available at: https://www.irishtimes.com/news/ireland/irish-news/coronavirus-further-17-deaths-reported-along-with-73-new-cases-1.4263954?localLinksEnabled=false+17+more+deaths+reported+along+with+73+new+cases.
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Data source: Ireland Health Service Executive, 31 May 2020

While the sex breakdown is not made available in the same way, the following gives the cumulative age- and sex-specific rate of cases per 100,000 population.

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Data source: Ireland Health Service Executive, 31 May 2020  

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.

As noted above, residents of long-term care facilities have suffered significantly higher infection rates than the general population of a similar age, with around 13% of all people in long-term residential care confirmed as having COVID-19.\(^{56}\) The death rate per infection was broadly similar for the general population and long-term care residents of similar ages.\(^{57}\) This implies that a significantly larger proportion of people in residential care have died than persons in the general population. As of 6 May, 857 long term care home residents had died as a result of COVID-19, out of 1,375 cases, or 62% of all cases.\(^{58}\)

By 26 May, according to Irish Health Service Executive figures obtained by the Irish Times, there were 1,030 deaths either confirmed or probably due to COVID-19 in institutions caring for older people.\(^{59}\)

2.1.3 Number and type of institutions affected

By 26 May, there were COVID-19 deaths in 167 institutions caring for older people, including community hospitals, long-stay units, residential institutions and nursing homes.\(^{60}\) Of the 1030 deaths, almost 60% are accounted for in 39 settings which saw ten or more deaths.\(^{61}\)

A large proportion of Irish residential facilities for older people are privately run, with a smaller share by the voluntary sector. Only around 20% of nursing homes are run directly by the Irish Health Service Executive. This is reflected in the figures, which show that of the 167 institutions affected by COVID-19 deaths, 125 were privately run or operated by voluntary groups. However, only one of the ten settings which saw the most nursing home deaths was run by the Irish Health Service Executive, leaving questions over the management of the pandemic in private nursing homes. Speaking to the press, the head of the Irish Health Service Executive Paul Reid has said that there are ‘obvious gaps in clarity and responsibility’ in the governance and oversight of the private nursing home sector.\(^{62}\)

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Correspondence released has shown that private nursing homes body Nursing Homes Ireland repeatedly requested guidance, assistance and meetings with senior officials throughout March.63

2.1.4  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?

From the outset, Ireland has collected and officially reported data from long term residential care settings from the start of the pandemic. This was supplemented in May 2020 by a Mortality Census (mentioned above) which looked back to 1 January 2020 and considered all long term residential care deaths from 1 January 2020 to 19 April and identified 209 probable COVID-19 deaths, in addition to 376 confirmed.64 These were added to the official statistics.

Critique has centred around policy and practice with regard to nursing homes, rather than data collection.

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

The Irish Longitudinal Study on Ageing (TILDA) at Trinity College Dublin has produced two short studies relating to COVID-19 and the Irish older population, as detailed below. TILDA have also secured government funding for two further projects to gather information about who has been exposed to the virus and the risk factors for developing COVID-19 in the over 50 age group and to survey older persons on how their behaviours and attitudes have changed during the pandemic.65

No further independent studies have been identified.

1. TILDA Report on Population Estimates of Physical Frailty in Ireland to Inform Demographics for Over 50s in Ireland during the COVID-19 Pandemic 66

This study shows the prevalence of physical frailty among older people, and highlights that of 80,000 adults over 70 living with frailty, 55.2% did not receive any form of formal or informal support in 2018. The report highlights the need to facilitate more informal community supports, while also proactively increasing healthcare service planning and delivery for the medically vulnerable population aged 70+ years to help them to remain safely cocooned from COVID-19.


This study highlights that Vitamin D benefits the immune function and may help to prevent respiratory infections. It estimates that 27% of those over 70 who are ‘cocooning’ are likely to be deficient in Vitamin D, and outlines ways in which Vitamin D can be boosted through exposure to sunlight, diet or dietary supplements.

2.2 COVID-19 measures targeting older people

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

On 27 March in Ireland, when the stay at home order was put in place, separate guidelines were issued for all people over 70 years of age, advising them to ‘cocoon’. 68 From 27 March until 1 May, this involved not leaving one’s home or garden for any reason. On 1 May, cocooning advice was relaxed to allow older people to exercise within 5km of their home (as with the general population), if they avoid all contact with other people. 69 On 18 May, older people were advised they could meet up in groups of up to four people outdoors, on the same basis as the general population. Older people are still advised to have others do their shopping, however. 70

It was not made sufficiently clear that ‘cocooning’ was advice rather than a legal requirement, with the Irish Times reporting that many older people believed it was illegal to go out if you were over 70. This was clarified by the Department of Health on April 18th, almost three weeks after cocooning advice was issued. 71

NGO Age Action has criticised the treating of over 70s as a single cohort, 72 and Professor emeritus William Reville, writing in the Irish Times, argued that blanket cocooning guidelines for over 70s are unnecessarily detrimental to healthy ageing determinants, including social contact, exercise, healthy eating and cognitive activities. 73


68 Ireland Health Service Executive, ‘Cocooning’, at: https://www2.hse.ie/conditions/coronavirus/cocooning.html


70 Ireland Health Service Executive, ‘Cocooning’, at: https://www2.hse.ie/conditions/coronavirus/cocooning.html


72 Age Action (2020), Call for Voices of Older People to be Heard, 1 May 2020, available at: https://www.ageaction.ie/news/2020/05/01/call-voices-older-people-be-heard

73 The Irish Times (2020), Blanket cocooning for over-70s has done more harm than good, 21 May 2020, available at: https://www.irishtimes.com/news/science/blanket-cocooning-for-over-70s-has-done-more-harm-than-good-1.4254477
The Irish Health Service Executive first issued guidelines on the prevention and management of COVID-19 cases in residential care facilities on 30 March, which have been updated a number of times since.\textsuperscript{74} The guidelines include advice on general measures to prevent a COVID-19 outbreak, including physical distancing, and management of COVID-19 cases or outbreaks.

Residents ‘should be encouraged to stay in their bedroom as much as practical but with regard for their overall wellbeing.’ All but essential visiting (for example end of life) has been suspended. All healthcare workers must wear personal protective equipment when providing care within 2 metres of a patient or another member of staff.\textsuperscript{75}

As mentioned in 2.1.3 above, there have been shortcomings with regard to oversight, guidance and management of the nursing home sector identified, particularly with regard to the 80% of nursing homes operated either privately or by voluntary bodies. Speaking to the Special Oireachtas (Irish Parliament) Committee on Covid-19 response, the CEO of Ireland’s Health Information and Quality Authority outlined that the current model of private residential care for older persons has no formal clinical governance links with the Health Service Executive, meaning there is no national clinical oversight of care. This meant that the private nursing home sector faced particular challenges in terms of access to PPE, staff numbers and testing.\textsuperscript{76} Correspondence published reveals repeated requests for help by private sector representative body Nursing Homes Ireland from the Department of Health, as nursing homes were forced to use painters’ overalls and supplies from a local school and vet as PPE.\textsuperscript{77} The CEO of private sector Nursing Homes Ireland said that: ‘Key State organisations left the nursing home sector and its residents isolated in those early days.’\textsuperscript{78}

This lack of government oversight of private nursing homes has been acknowledged by Taoiseach (Irish Prime Minister) Leo Varadkar, saying on 27 May that: When it comes to nursing homes and social care generally, we need greater integration with the health service [...] and clear clinical governance, so there is no confusion about who’s in charge of medical issues when they arise.\textsuperscript{79}

\textsuperscript{74} Ireland Health Service Executive, Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units, version of 4 May 2020, available at: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/


A Covid-19 nursing home expert panel has been established, which will make recommendations to the Minister for Health by the end of June 2020 on protective COVID-19 response measures in nursing homes for the next 6-18 months. This high-level expert panel will be chaired by Professor Cecily Kelleher, Principal of the College of Health and Agricultural Sciences, UCD. Professor Kelleher will be joined by Professor Cillian Twomey (Retired Geriatrician), Petrina Donnelly, Group Director of Nursing, RCSI Hospital Group, and Bridget Doherty, representing the public interest. More broadly, the impact which COVID-19 has had on nursing homes has sparked a wider public debate on Ireland’s over-reliance on an institutional model for support of older persons.

2.2.2 National guidelines/protocols on patient triage that apply age as the main and decisive criterion
Age is not applied as the main and decision criterion in Irish COVID-19 triage. The ethical considerations advice issued by the Irish Department of Health state that: ‘No single factor (e.g. a person’s age) should be taken, in isolation, as a determining factor and decisions should not be made arbitrarily or in such a way as to result in unfair discrimination.’

2.2.3 Targeted testing of residents and staff in residential care homes
From 17 April, the National Public Health Emergency Team (NPHET) adopted a strategy of testing all residents and staff in nursing homes where cases or outbreaks had been identified, and all staff in all other nursing homes. Over 95,900 tests were completed, and all nursing homes were covered.

There has been some controversy over the Health Service Executive’s decision, at the height of the pandemic, to discontinue test of patients being discharged from hospital to nursing homes. Instead, all transfers were required to self-isolate for 14 days, on the basis that testing might fail to detect the

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virus, and that maximum caution for all transfers was required. However, updated guidance to issue shortly will re-instate testing for all transfers, while also urging self-isolation if the test is negative.\textsuperscript{85}

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

All but essential visiting has been suspended. Exceptions may be made in emergency situations, such as end of life, but only on prior arrangement with the facility. The Health Service Executive guidelines on residential care facilities acknowledge that: ‘The restriction of visiting can be extremely distressing for the resident and their family and friends and every effort should be made to encourage regular communication by telephone, mail or video messaging where possible.’\textsuperscript{86}

These restrictions have not yet been lifted. A Department of Health report has warned that attention must be paid to the fall out (‘sequelae’) arising from pandemic restrictions in nursing homes, saying that: ‘Long periods of loss of contact with family and friends through extended visiting restrictions have resulted in high levels of reported symptoms of depression and psychological morbidity.’\textsuperscript{87}

2.2.5 Restrictive measures for older people living in the community

From 18 May, older people were advised they could meet up in groups of up to four people outdoors, on the same basis as the general population. Older people are still advised to have others do their shopping, however.\textsuperscript{88}

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

People who are cocooning are advised to phone in advance to check whether they should visit their GP or keep a hospital appointment for general health matters.\textsuperscript{89} From 3 April 2020, new regulations were put in place to allow electronic transfer of prescriptions from GPs to pharmacies via an approved system, an increase in the maximum validity of a prescription from 6 to 9 months, and some changes


\textsuperscript{88} Ireland Health Service Executive, ‘Cocooning’, at: https://www2.hse.ie/conditions/coronavirus/cocooning.html.

to the way in which prescriptions are repeated. These changes were designed to ease pressure on GP services, but also to enable the general population and those cocooning, to stay at home as much as possible.

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

Local authorities in each county have established a COVID-19 hotline, which older people and anyone who needs assistance can call. This assistance is then provided by community and local voluntary groups. All households in Ireland have been supplied with a leaflet giving the hotline numbers, as well as advice on how to respect social distance and stay safe while offering and receiving help. An Post, the Irish postal service, volunteered to ‘check-in’ on older and vulnerable customers along their route, relaying any requests for provisions and medicines back to the Covid-19 support system (as reported in May bulletin).

NGO Age Action launched a COVID-19 Hardship Fund with the Irish Red Cross to support older people most in-need. This Fund is now closed due to the fact that the overwhelming demand exceeded capacity to raise funds. The website now advises people that they may be able to access a Government Exceptional Needs Payment to cover their most urgent needs.

NGO The Alzheimer Society of Ireland have expanded their regular helpline support to allow people with dementia and their carers to book a one-on-one virtual session with a Dementia Nurse or a Dementia Adviser during the COVID-19 public health emergency. Dementia Services Information and Development Centre have put together resources for carers of people with dementia, such as a weekly activity planner.

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

There does not appear to be a formal mechanism by which older people’s organisations are consulted with regard to COVID-19 related measures. NGO Age Action has criticized the ‘lack of meaningful consultation’ with older people and their civil society organisations since the start of the pandemic.96 While welcoming the fact that the Government took on board concerns with regard to the advice not to exercise outside the home, Age Action said that ‘it is unacceptable to older people that throughout this crisis they have been talked about, but not to.’97
