

# **Coronavirus pandemic in the EU – Fundamental Rights Implications**

**Country:** Slovenia

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# 1 Measures taken by government/public authorities

## 1.1 Emergency laws/states of emergency

On 12 March 2020, because of the increasing number of Covid-19 cases, **Slovenia** declared the Covid-19 epidemic on the basis of the Communicable Diseases Act (*Zakon o nalezljivih boleznih*).<sup>1</sup> This legislation has been the legal basis for introducing measures restricting social interactions in the country in the subsequent period. The month of May saw visible improvement regarding the epidemiological situation in the country, and the government adopted on 14 May an ordinance declaring the end of the epidemic, applicable from 31 May. According to the ordinance, measures adopted on the basis of the Communicable Diseases Act shall still be in place by the end of May provided there shall be expert justification for their further implementation.<sup>2</sup> On 29 May, the government adopted decision laying down that all adopted measures that have not been lifted by 1 June shall remain in force until they are amended or revoked, since there is still the risk of spread of the infection. The instructions and recommendations by the National Institute of Public Health (*Nacionalni inštitut za javno zdravje*), referred to in individual government acts or measures adopted to contain the Covid-19 epidemic as a condition for lifting the prohibition on a certain activity or for the performance of a certain activity, shall also remain in force until they are amended or revoked. Thus, all requisite hygiene measures shall remain in force, including the mandatory wearing of protective masks in enclosed public spaces where the distance between individuals is less than 1.5 metres, in public transport, by persons with respiratory diseases, by employees in healthcare facilities according to the level of exposure, by employees in all nursing homes and social care and educational institutions for persons with special needs, and by visitors to healthcare institutions, nursing homes and social care and educational institutions for persons with special needs.<sup>3</sup> The month of May was thus marked by relaxation of lockdown measures, but the measures to contain the spread of Covid-19 have not been fully lifted.

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<sup>1</sup> Slovenia, [The Communicable diseases act](#) (*Zakon o nalezljivih boleznih*), 16 November 1995, and subsequent modifications; Slovenia, [The Decree on the declaration of the contagious disease SARS-CoV-2 \(COVID-19\) epidemic in the territory of the Republic of Slovenia](#) (*Odredba o razglasitvi epidemije nalezljive bolezni SARS-CoV-2 (COVID-19) na območju Republike Slovenije*), 12 March 2020. If not otherwise stated, all hyperlinks were accessed on 9 June 2020.

<sup>2</sup> Slovenia, [The Ordinance on the revocation of the epidemic of contagious disease SARS-CoV-2 \(COVID-19\)](#) (*Odlok o preklicu epidemije nalezljive bolezni SARS-CoV-2 (COVID-19)*), 14 May 2020.

<sup>3</sup> Slovenia, [The Decision on the application of the measures laid down in the Communicable diseases act to COVID-19 communicable disease](#) (*Sklep o uporabi ukrepov, ki jih določa Zakon o nalezljivih boleznih, pri nalezljivi bolezni COVID-19*), 29 May 2020.

## 1.2 Measures affecting the general population

### 1.2.1 Social distancing

In **Slovenia**, since midnight, 20 March, movement and assembly of people in public places and public surfaces, and access to such places have been restricted.<sup>4</sup> Stricter measures were introduced on 30 March when movement of residents beyond municipality borders was also banned.<sup>5</sup> On 30 April, the latter measure was lifted and a new regime of restrictions was in place. Pursuant to the this regulation, movement, accessing and staying in public places, subject to maintaining a safe distance to other persons, were only allowed for an individual person going to work, providing assistance to persons in need or accessing specific services. For the same reasons, and subject to safe distance, access was allowed for groups of immediate family members, of persons in shared households, and groups of up to five co-workers who share personal means of transportation for commuting to work or to perform tasks in the ranks of Civil Protection (*Civilna zaščita*).<sup>6</sup>

On 15 May, applicable from 18 May, the **Slovenian** government eased this measure allowing gatherings of up to 50 persons in public places and areas subject to safe distance in accordance with instructions produced by the National Institute of Public Health, as well as the institution's hygiene recommendations. If these instructions and recommendations cannot be followed, such gatherings shall be prohibited. Every seven days, the government checks the justification of the determined measures, and by taking into account expert evidence, decides on whether the devised measures are to be continued, modified or abolished. On 28 May, applicable from 1 June, the government further relaxed these restrictions allowing for gatherings of up to 200 persons.<sup>7</sup>

In **Slovenia**, as of 16 March, to prevent social interaction, hence curbing the spread of Covid-19, the offering and sale of goods and services directly to consumers was also banned, which, at the time, effectively closed down a wide variety of operators (e.g. accommodation services, catering services,

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<sup>4</sup> Slovenia, [The Ordinance on the temporary general prohibition of movement and assembly of people in public places and surfaces in the Republic of Slovenia](#) (*Odlok o začasni splošni prepovedi gibanja in zbiranja ljudi na javnih mestih in površinah v Republiki Sloveniji*), 19 March 2020.

<sup>5</sup> Slovenia, [The Ordinance on a temporary general prohibition of movement and assembly of people in public places and surfaces in the Republic of Slovenia and prohibition of movement outside the municipalities](#) (*Odlok o začasni splošni prepovedi gibanja in zbiranja ljudi na javnih mestih in površinah v Republiki Sloveniji ter prepovedi gibanja izven občin*), 29 March 2020.

<sup>6</sup> Slovenia, [The Ordinance on a temporary general prohibition of movement and assembly of people in public places and surfaces in the Republic of Slovenia](#) (*Odlok o začasni splošni prepovedi gibanja in zbiranja ljudi na javnih mestih in površinah v Republiki Sloveniji*), 29 April 2020.

<sup>7</sup> Slovenia, The ordinance on the temporary general restriction of the assembly of people in public places and areas in the Republic of Slovenia (*Odlok o začasni splošni omejitvi zbiranja ljudi na javnih krajih in mestih v Republiki Sloveniji*), 15 May 2020, and subsequent modifications.

wellness services, sports and recreational services, cinematographic services, cultural services and hairdressing services). Since the second half of April, the government has gradually eased the lockdown. By the end of May, only the provision of certain services in the field of tourism has been prohibited. These included accommodation establishments with over 30 rooms, accommodation establishments involving spa treatment, wellness and fitness centres, swimming pools and water activities, discotheques and nightclubs. Every seven days, the government checks the justification of the determined measures, and by taking into account expert evidence, decides on whether the devised measures are to be continued, modified or abolished. On 28 May, the government further eased the restrictions, and since 1 June only discotheques and nightclubs shall be closed down.<sup>8</sup> In May, the government also lifted the ban on sport activities and since 18 May practically all sport activities, including involvement in team sports, are permitted. Competitions up to the national level are permitted, but international sport is banned, as is the presence of spectators at sporting events. Persons involved, including sportswomen, sportsmen and sport experts, shall observe instructions published on the website of the National Institute for Public Health. The government shall check the justification of the determined measures every 14 days, and by taking into account expert evidence, shall decide on whether the devised measures are to be continued, modified or abolished.<sup>9</sup>

In **Slovenia**, pursuant to the Communicable Diseases Act, upon the proposal of the National Institute of Public Health, the Ministry of Health (*Ministrstvo za zdravje*) issues decisions on quarantine, restricting the movement of persons concerned. The act also lays down the measure of isolation, whereby the doctor treating an individual, local healthcare institution or the National Institute of Public Health restrict the movement of an individual to prevent transmission of an infection.<sup>10</sup> According to the Health Inspectorate, until 31 May, there were 13 reports on the alleged violation of the measure of quarantine, but no violation of the measure was established. Until the same date, the inspectorate received 6 reports on the alleged breach of the measure of isolation, and found violations of the measure in question in all reported cases.<sup>11</sup>

The **Slovenian** Health Inspectorate (*Zdravstveni inšpektorat*) supervises the implementation of and imposes penalties for violations of provisions mentioned in this section. Within their rights and

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<sup>8</sup> Slovenia, The Ordinance on the restrictions on the offering and sale of goods and services to consumers in the Republic of Slovenia (*Odlok o omejitvah ponujanja in prodajanja blaga in storitev potrošnikom v Republiki Sloveniji*), 13 May 2020, and subsequent modifications.

<sup>9</sup> Slovenia, [The Ordinance on the temporary requirements for carrying out a sport activity](#) (*Odlok o začasnih pogojih za izvajanje športne dejavnosti*), 15 May 2020.

<sup>10</sup> Slovenia, [The Communicable diseases act](#) (*Zakon o nalezljivih boleznih*), 16 November 1995, and subsequent modifications.

<sup>11</sup> Information was provided by the Health Inspectorate (*Zdravstveni inšpektorat*) upon request (email, 1 June 2020).

obligations, the police participates in the implementation of the listed measures, namely it assists the inspectorate in enforcing them. Since 20 March, after the first regulation banning movement and assembly of people in public places and public surfaces, and access to such places entered into force, until 31 May, the Health Inspectorate received 7,039 reports on the alleged violation of this ban. The inspectorate found violation in 2,098 cases. It issued 218 decisions on minor offence with reprimand, 1,342 decisions on minor offence with a fine, 232 penalty notices, while accusations were filed in the court against underage persons in 306 cases. The fines imposed amounted to 163.424,57 EUR. Some cases are still pending.<sup>12</sup>

### 1.2.2 Education

In **Slovenia**, as of 16 March 2020, education institutions at all levels, including student dormitories have been almost completely closed. The exceptions include education institution set up for work with children with emotional and behavioural issues, and dormitories in the case of upper secondary school students, including foreign students, who are prevented to return to the place of their permanent residence because of the current security situation, unaccompanied children with international protection or those seeking asylum, university students with permanent residence in student dormitories, student families, and foreign university students and visiting professors who cannot return to places of their permanent residence because of the existing security situation.<sup>13</sup>

In May, **Slovenian** government started gradually easing the school lockdown. On 18 May, children returned to kindergartens and basic schools with adapted programme reopened for pupils from first to third grade. Final-year students at upper secondary schools who shall attend the Matura exams or final exams also returned. Higher education institution, education institution for adult teaching also reopened, student dormitories and music schools also reopened. On 25 May, ninth-graders returned to schools, as well as pupils from fourth to eighth grades of basic schools and lower grade of upper secondary school student with learning difficulties and difficulties in achieving learning standards.<sup>14</sup> On 28 May, the government adopted another ordinance allowing for the return of remaining basic primary school pupils. On 1 June, fourth- and fifth-graders shall return to basic school, while the rest

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<sup>12</sup> Information was provided by the Health Inspectorate (*Zdravstveni inšpektorat*) upon request (email, 1 June 2020).

<sup>13</sup> Slovenia, [The Ordinance on the temporary prohibition of gatherings in education institution, universities and independent higher education institutions](#) (*Odlok o začasni prepovedi zbiranja ljudi v zavodih s področja vzgoje in izobraževanja ter univerzah in samostojnih visokošolskih zavodih*), 15 March 2020, and subsequent modifications.

<sup>14</sup> Slovenia, [The Ordinance on the temporary prohibition of gatherings in education institutions](#) (*Odlok o začasni prepovedi zbiranja ljudi v zavodih s področja vzgoje in izobraževanja*), 13 May 2020. For more information, see also the government webpage on [www.gov.si/en/topics/coronavirus-disease-covid-19/measures-to-contain-the-spread-of-covid-19-infections/](http://www.gov.si/en/topics/coronavirus-disease-covid-19/measures-to-contain-the-spread-of-covid-19-infections/).

shall follow on 3 June.<sup>15</sup> Other students in lower grades of upper secondary schools shall remain at home and shall continue with distance learning.

All education facilities in **Slovenia** must follow recommendations produced by the National Institute of Public Health.<sup>16</sup> The institute produced recommendations for kindergartens, basic primary and secondary schools, music schools, student dormitories as well as recommendations for work with children with special needs. These recommendations include e.g. advice on how to enter school premises, division of classes in smaller units, maintaining safe distance, about protective face masks (for example, staff is instructed to wear them continuously, while pupils and students may remove them when taking their seats provided safe distance is ensured), as well as general advice regarding hand washing, cough etiquette, airing the premises.<sup>17</sup> On 28 May, the government reported that because of the favourable epidemiological situation in the country classes should resume with regular number of children from 1 June, while other protective measures should be further observed.<sup>18</sup>

In the beginning of June, **Slovenian** Ministry of Education, Science and Sport (*Ministrstvo za izobraževanje, znanost in šport*) produced a report on the implementation of measures in the field of education during the Covid-19 epidemic. According to the ministry, apart from ensuring uninterrupted education adjusted to special circumstances, the key objectives included the prevention of the occurrence of major differences between students in the acquisition of knowledge and special care for vulnerable groups. For this purpose, the ministry initiated the project “DIGI School” (DIGI šola) and collected from donations more than 1,300 computers and 950 modems for children in need of these devices, while schools across the country provided further 4,000 computers to such children. Among other things, the Centre for School and Outdoor Education (*Center šolskih in obšolskih dejavnosti*) which carries out the project “Together for knowledge” (*Skupaj za znanje*) aimed at inclusion of Roma children in education, and employs 26 Roma assistants, focused on providing assistance to Roma children and their parents, as well as assistance

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<sup>15</sup> Slovenia, [The Ordinance on the temporary prohibition of gatherings in education institutions](#) (*Odlok o začasni prepovedi zbiranja ljudi v zavodih s področja vzgoje in izobraževanja*), 28 May 2020. For more information, see also the government webpage on [www.gov.si/en/topics/coronavirus-disease-covid-19/measures-to-contain-the-spread-of-covid-19-infections/](http://www.gov.si/en/topics/coronavirus-disease-covid-19/measures-to-contain-the-spread-of-covid-19-infections/).

<sup>16</sup> See e.g. Slovenia, [The Ordinance on the temporary prohibition of gatherings in education institutions](#) (*Odlok o začasni prepovedi zbiranja ljudi v zavodih s področja vzgoje in izobraževanja*), 28 May 2020.

<sup>17</sup> For more information, see the webpage of the National Institute of Public Health on [www.nijz.si/sl/sproscanje-ukrepov-covid-19](http://www.nijz.si/sl/sproscanje-ukrepov-covid-19).

<sup>18</sup> Slovenia, Ministry of Education, Science and Sport (*Ministrstvo za izobraževanje, znanost in šport*) (2020), ‘[Osnovnošolci se vračajo v šole, srednješolci bodo šolsko leto zaključili z izobraževanjem na daljavo](#)’, public release, 28 May 2020.

to basic primary schools staff in organising distance education for the Roma children. A more comprehensive assessment of the distance education during epidemic should be available at the end of June, early July.<sup>19</sup>

### 1.2.3 Work

The National Assembly in **Slovenia** adopted on 2 April, and modified on 28 April, the Intervention Measures to Contain COVID-19 Epidemic and to Mitigate its Consequences for Citizens and Economy Act (*Zakon o interventnih ukrepih za zajezitev epidemije COVID-19 in omilitev njenih posledic za državljane in gospodarstvo*). The comprehensive bill (so-called anti-corona law), aimed at assisting the population and the economy, provided, among other things, for a basic monthly income for affected self-employed, farmers and employees with registered churches and other religious communities, coverage of their social contribution from the state budget, temporary allowances for workers who lost their jobs during epidemic but were not entitled to unemployment benefits, as well as state wage compensation scheme targeting temporarily laid off workers.<sup>20</sup> Following the 14 May government ordinance declaring the end of the epidemic on 31 May, the latter shall be also the date of expiry of this supporting scheme.

To provide for supporting measures in **Slovenia** in the subsequent period, the National Assembly (*Državni zbor*) adopted on 29 May the new anti-corona legislation, namely the Intervention Measures to Mitigate and Eliminate the Consequences of the COVID-19 epidemic (*Zakon o interventnih ukrepih za omilitev in odpravo posledic epidemije COVID-19*). The principal solution in the new law includes subsidising working time. Employers who cannot provide at least 10 % of their workers with 90 % of regular working time per week (i.e. 36 hours) shall be eligible for state subsidies covering up to 50 % of working time. This measure shall apply until the end of the year. During the course of receiving state subsidies and for one month after this period, employers shall not initiate the procedure of termination of the employment contract for business reasons of employees who have been relegated to part-time work, or terminate the employment contract of a large number of employees for business reasons, unless the redundancy program was adopted before 13 March 2020 and the employer did not claim a subsidy for these workers under this act or the Intervention Measures to Contain COVID-19 Epidemic and to Mitigate its Consequences for Citizens and Economy Act. In this same period, employers shall not order overtime work, redeploy or

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<sup>19</sup> Slovenia, Ministry of Education, Science and Sport (*Ministrstvo za izobraževanje, znanost in šport*) (2020), [Poročilo o izvedbi ukrepov na področju vzgoje in izobraževanja v času epidemije Covid-19, št. 6034-34/2020/1](#), 1 June 2020.

<sup>20</sup> Slovenia, [The Intervention measures to contain COVID-19 epidemic and to mitigate its consequences for citizens and economy act](#) (*Zakona o interventnih ukrepih za zajezitev epidemije COVID-19 in omilitev njenih posledic za državljane in gospodarstvo*), 2 April 2020, and subsequent modifications.

unevenly distribute working time if particular work can be performed by part-time workers. In addition to this measure, the law extends until the end of June state wage compensation scheme. Temporarily laid off workers with affected employers should be entitled to wage compensation in the amount of 80 % of their average monthly wage for full-time work during the past three months, but not less than the national minimum wage, whereby the state shall provide for 80 % of this amount. These two measures can be used simultaneously, so that an employer can temporarily lay off some workers while also reducing working hours for another group of workers.<sup>21</sup> Since 1 June, self-employed persons who do employ other workers may apply for the above measures, but there shall be no measures in place for individual self-employed.

The **Slovenian** government almost completely lifted restriction on the provision of goods and services by the end of May, with only discotheques and nightclubs being shut down beyond 1 June.<sup>22</sup> The National Institute of Public Health produces guidelines and instructions for the introduction of protective hygiene measures in a variety of areas that must be observed by businesses and other operators when they reopen or perform their activities (e.g. transport operators, education facilities, catering operators, food stores, tech stores, sport and recreational facilities, hairdressing and beauty salons, bookstores, libraries, museums, galleries, repair shops, watchmakers and goldsmiths). These include advice regarding e.g. safe distancing (for example, empty seats in public transportation), cough and hygiene protocols (for example, availability of disinfectants at entry points, disinfection of working area and equipment before serving the next customer), airing workplace, use of protective masks.<sup>23</sup>

The Association for Occupational, Transportation and Sports Medicine (*Združenje za medicine dela, transporta in športa*) of the **Slovenian** Medical Association (*Slovensko zdravniško društvo*) also produced recommendations for employers on e.g. how to provide for risk assessment in workplaces, introduce prevention measures and organise work, as well as on how to deal with cases of infection. For example, employers are instructed to identify jobs with an increased risk of infection and other critical points in the organisation (e.g. jobs where employees come in close contact with the customer, spaces where a larger number of staff is present at the same time, places where at least 1.5 meters of distance between workers cannot be secured), to find solution to reduce contact between employees at critical points (e.g. introduce work from home, consider shift patterns with

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<sup>21</sup> Slovenia, The Intervention Measures to Mitigate and Eliminate the Consequences of the COVID-19 epidemic (*Zakon o interventnih ukrepih za omilitev in odpravo posledic epidemije COVID-19*), 29 May 2020.

<sup>22</sup> Slovenia, The Ordinance on the restrictions on the offering and sale of goods and services to consumers in the Republic of Slovenia (*Odlok o omejitvah ponujanja in prodajanja blaga in storitev potrošnikom v Republiki Sloveniji*), 13 May 2020, and subsequent modifications.

<sup>23</sup> For more information, see the webpage of the National Institute of Public Health on [www.nijz.si/sl/sproscanje-ukrepov-covid-19](http://www.nijz.si/sl/sproscanje-ukrepov-covid-19).



an eye on reducing the number of employees on the job, extend lunch times, slow down conveyor belts or reduce production if so required, to prioritise vulnerable groups such as workers on chemotherapy, workers with certain underlying conditions and workers above 65 years of age in cases when layoffs are necessary to secure safe workplace, to temporarily suspend work process if it is not possible to ensure safe working conditions by means of organisational and hygiene measures), and to have hygiene measures in place.<sup>24</sup>

Monthly overview of the labour market in **Slovenia** produced in May by the Employment Service of Slovenia show a considerable rise in registered unemployment in the country. By the end of April, the registered unemployment jumped by 13.9 %, compared to the end of March. At the end of April, there were 88,648 registered unemployed persons, compared to 77,855 persons at the end of March.<sup>25</sup> The rise in registered unemployment was less pronounced in May, and on 28 May there were 90,387 persons in registered unemployment.<sup>26</sup> Developments during the epidemic seem to unfavourably affect women. While at the end of February there were more men (39,732) than women (37,752) in registered unemployment, the number of registered unemployed women (44,377) exceeded the number of men (44,271) at the end of April.<sup>27</sup>

Media in **Slovenia** reported on the activities of an NGO working for the benefit of workers and raising awareness of their labour rights. The representative of the NGO reported deterioration of labour rights during epidemic, with an increase in the number of reportedly unlawful dismissals, including via SMS messages, social media or by forging workers' signatures on notifications of dismissal. Cases were also reported of officially temporarily laid off workers who were required to work by employers, and who consequently received compensation in the amount of 80 % of their regular salary, while this compensation came from the state wage compensation scheme. It was reported that most irregularities tended to occur in the construction sector, catering, manufacturing and cleaning industry.<sup>28</sup>

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<sup>24</sup> For more information, see the webpage of the Association for Occupational, Transportation and Sports Medicine on [www.anticovid.zmdps.si/](http://www.anticovid.zmdps.si/).

<sup>25</sup> Zavod Republike Slovenije za zaposlovanje (2020), *Mesečne informacije April 2020, Letnik 27, Številka 4*, Zavod Republike Slovenije za zaposlovanje.

<sup>26</sup> For more information, see the webpage of the Employment Service of Slovenia on [www.ess.gov.si/trg\\_dela/aktualno\\_o\\_trgu\\_dela/brezposelnost-po-dnevih](http://www.ess.gov.si/trg_dela/aktualno_o_trgu_dela/brezposelnost-po-dnevih).

<sup>27</sup> For more information, see the webpage of the Employment Service of Slovenia on [www.ess.gov.si/trg\\_dela/trg\\_dela\\_v\\_stevilkah/registirana\\_brezposelnost#Slovenija](http://www.ess.gov.si/trg_dela/trg_dela_v_stevilkah/registirana_brezposelnost#Slovenija).

<sup>28</sup> T.K.B. (2020), 'Kršitve delavske zakonodaje med epidemijo: odpuščanje po SMS-ih, izkoriščanje subvencij', MMC RTVSLO, 7 May 2020.

#### 1.2.4 Access to justice

The **Slovenian** National Assembly adopted on 28 April, applicable from 1 May, amendments to the Temporary Measures Relating to Judicial, Administrative and Public Law Matters for the Containment of the Spread of the Communicable Disease SARS-CoV-2 (COVID-19) Act (*Zakon o začasnih ukrepih v zvezi s sodnimi, upravnimi in drugimi javnopravnimi zadevami za obvladovanje širjenja nalezljive bolezni SARS-CoV-2 (COVID-19)*). Pursuant to the amended act, the courts shall also hold hearings, make decision and issue judicial documents in non-essential matters, provided that the courts can ensure that these actions are carried out in accordance with conditions set out by the President of the Supreme Court (*Vrhovno sodišče*), and in the manner that the spread of the virus is prevented and the health and life of people is guaranteed.<sup>29</sup> After adopting decision declaring the end of epidemic, the government adopted on 21 May a decision terminating grounds for interim measures including as regards judicial matters, applicable from 1 June.<sup>30</sup>

The President of the Supreme Court in **Slovenia**, referring to government decisions, subsequently established that reasons which due to Covid-19 epidemic hindered the regular exercise of judicial power ceased to exist, and revoked the order on special measures relating to judicial proceedings during epidemic.<sup>31</sup> Courts in Slovenia shall thus resume normal work from 1 June.

In **Slovenia**, the Ministry of Justice (*Ministrstvo za pravosodje*) reported that representatives of the ministry met with representatives of the National Institute of Public Health and reviewed the exit strategy following the termination of measures. According to the ministry, instructions for all type of courts were drawn up. Visitors shall be obliged to wear protective masks and maintain an

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<sup>29</sup> Slovenia, [The Temporary measures relating to judicial, administrative and public law matters for the containment of the spread of the communicable disease SARS-CoV-2 \(COVID-19\) act](#) (*Zakon o začasnih ukrepih v zvezi s sodnimi, upravnimi in drugimi javnopravnimi zadevami za obvladovanje širjenja nalezljive bolezni SARS-CoV-2 (COVID-19)*), 20 March 2020, and subsequent modifications.

<sup>30</sup> Slovenia, [The Decision establishing the termination of grounds for interim measures in respect of judicial, administrative and other public law matters to control the spread of SARS-CoV-2 \(COVID-19\) infectious disease](#) (*Sklep o ugotovitvi prenehanja razlogov za začasne ukrepe v zvezi s sodnimi, upravnimi in drugimi javnopravnimi zadevami za obvladovanje širjenja nalezljive bolezni SARS-CoV-2 (COVID-19)*), 21 May 2020.

<sup>31</sup> Slovenia, [The Revocation of the Order on special measures due to the occurrence of the conditions referred to in the first paragraph of Article 83.a of the Courts act and reasons from Article 1 of the ZZUSUDJZ](#) (*Preklic Odredbe o posebnih ukrepih zaradi nastanka pogojev iz prvega odstavka 83.a člena Zakona o sodiščih in razlogov iz 1. člena ZZUSUDJZ*), 27 May 2020.

appropriate distance. Protective barriers have also been installed, while judges shall also wear masks, and the premises shall be properly aired.<sup>32</sup>

The National Assembly in **Slovenia** adopted on 29 May the Intervention Measures to Mitigate and Eliminate the Consequences of the COVID-19 epidemic which shortened month-long judicial vacations, the period of time in which courts only decide on essential matters, to 15 days. In 2020, judicial vacations shall take place between 1 to 15 August.<sup>33</sup>

In **Slovenia**, the Supreme Court is drafting an exit strategy. The goal of the measures envisaged in the strategy is to provide for the regular functioning of judicial power while ensuring a safe environment for employees and participants in proceedings. For this purpose, the strategy envisages legal (e.g. changes in legislation), information (provision of remote access, videoconferencing, work from home, etc.) and organisational (spatial standards, entry protocols, rules governing access to and stay in public parts of courts, etc.) measures.<sup>34</sup>

### 1.2.5 Freedom of movement

In **Slovenia**, with the Ordinance on the prohibition of the provision of air services in the Republic of Slovenia (*Odlok o prepovedi opravljanja zračnih prevozov v Republiki Sloveniji*), the authorities banned international air traffic in the country starting from 17 March.<sup>35</sup> In the subsequent period, the government adopted several regulations of this type. In May, the restrictions were partially lifted. Since 12 May, international air traffic to and from airports of the national importance shall be allowed, while the ban on international flights still apply to airports of the local importance at least until 12 June.<sup>36</sup>

In the territory of **Slovenia**, all international public passenger bus and railway transport, and also transport by cableways has been suspended from 16 March. From that date until 19 April, only taxi transportation was allowed, while from 20 April special regular domestic bus services have been

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<sup>32</sup> Slovenia, Government of the Republic of Slovenia (*Vlada Republike Slovenije*) and Ministry of Justice (*Ministrstvo za pravosodje*) (2020), '[Easing of justice-related measures; ninth-graders go back to school](#)', public release, 22 May 2020

<sup>33</sup> Slovenia, The Intervention Measures to Mitigate and Eliminate the Consequences of the COVID-19 epidemic (*Zakon o interventnih ukrepih za omilitev in odpravo posledic epidemije COVID-19*), 29 May 2020.

<sup>34</sup> Information was provided by the Supreme Court of the Republic of Slovenia (*Vrhovno sodišče Republike Slovenije*) upon request (email, 3 June 2020).

<sup>35</sup> Slovenia, [The Ordinance on the prohibition of the provision of air services in the Republic of Slovenia](#) (*Odlok o prepovedi opravljanja zračnih prevozov v Republiki Sloveniji*), 16 March 2020.

<sup>36</sup> Slovenia, [The Ordinance on the prohibition of the provision of international air services in the Republic of Slovenia](#) (*Odlok o prepovedi opravljanja mednarodnega zračnega prometa v Republiki Sloveniji*), 11 May 2020.

exempt from the ban.<sup>37</sup> On 8 May, the government adopted an ordinance, applicable from 11 May, lifting the ban on domestic public passenger transportation, both bus and railway and cableway, provided that recommendations produced by the National Institute of Public Health are followed (e.g. wearing of protective masks by staff and passengers, availability of hand disinfectants at bus and train entrances and exits, safe distancing including by ensuring empty seats between passengers).<sup>38</sup>

Since March, special arrangements have also been in place at **Slovenian** borders. On 26 May, the current regime adopted by the government entered into force. According to this regulation, 10 road control points at the border with Italy are open, 19 checkpoints are open at the border with Austria, and five at the border with Hungary. Citizens of the Republic of Slovenia, the Republic of Austria, the Italian Republic and Hungary who are owners or tenants of land in the border area, have their land on both sides of the state border and perform agricultural-forestry work may also cross the border outside points determined by the ordinance in question, provided that they do not leave their land for the purpose of moving inland.<sup>39</sup>

At present, groups of persons allowed entry into **Slovenia** without restrictions and quarantine include Slovenian citizens, foreigners with permanent or temporary residence in Slovenia and persons with permanent or temporary residence in Croatia and Hungary, since the latter are currently on the list of countries whose residents may enter Slovenia without restrictions provided that they arrive from the territory of an EU or Schengen Area Member State. The ordinance, as published in the Official Gazette, stipulates that all persons arriving from third countries shall be subject to 14-day quarantine, but the Ministry of the Interior clarified on 30 May that this provision

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<sup>37</sup> Slovenia, [The Ordinance on the temporary prohibition of and restrictions on public transport of passengers in the Republic of Slovenia](#) (*Odlok o začasni prepovedi in omejitvah javnega prevoza potnikov v Republiki Sloveniji*), 14 March 2020, and subsequent modifications.

<sup>38</sup> Slovenia, [The Ordinance on the temporary prohibition of, restrictions on and manner of carrying out public transport of passengers in the territory of the Republic of Slovenia](#) (*Odlok o začasni prepovedi, omejitvah in načinu izvajanja javnega prevoza potnikov na ozemlju Republike Slovenije*), 8 May 2020; Slovenia, [The Decision on the application of the measures laid down in the Communicable diseases act to COVID-19 communicable disease](#) (*Sklep o uporabi ukrepov, ki jih določa Zakon o nalezljivih boleznih, pri nalezljivi bolezni COVID-19*), 29 May 2020. For more information on the relevant recommendations, see the webpage of the National Institute of Public Health on [www.nijz.si/sl/sproscanje-ukrepov-covid-19](http://www.nijz.si/sl/sproscanje-ukrepov-covid-19).

<sup>39</sup> Slovenia, [The Ordinance on imposing and implementing measures to prevent the spread of the COVID-19 epidemic at the border crossings at the external border and checkpoints within national borders of the Republic of Slovenia](#) (*Odlok o odrejanju in izvajanju ukrepov za preprečitev širjenja nalezljive bolezni COVID-19 na mejnih prehodih na zunanji meji in na kontrolnih točkah na notranjih mejah Republike Slovenije*), 25 May 2020.

shall not apply to Slovenian citizens and foreigners with temporary or permanent residence in the country.<sup>40</sup>

In **Slovenia**, persons with temporary or permanent residence in an EU or Schengen Area Member State shall be subject to mandatory 14-day quarantine upon arrival, but there shall be 17 exceptions to this rule (e.g. daily/weekly cross-border workers holding proof of having an employment contract in an EU or other Schengen Area Member State; persons providing public services (e.g. energy, healthcare, transport, utility services) for which they have been issued a certificate by the competent ministry that ordering a quarantine to such an individual could result in major social or economic damage because of non-provision of these services; persons crossing the border for family reasons in order to maintain relations with close family members and who are returning on the same day; persons who have a confirmed booking of overnight accommodation in a tourist facility in Slovenia and have a proof of booking).<sup>41</sup>

Persons coming to **Slovenia** from third countries shall also be subject to mandatory 14-day quarantine upon their arrival. In this case, there shall be eight exceptions to the rule (e.g. persons attending the funeral of a close relative and leaving the country on the same day and presenting proof of the date and time of the funeral; persons travelling through Slovenia to another country in the same day; persons crossing the border because of education or scientific research provided that they produce adequate proof and a medical certificate not older than three days proving that they tested negative for Covid-19; persons providing services for which they have been issued a certificate by the competent ministry that ordering a quarantine to such an individual could result in major social or economic damage because of non-provision of these services).<sup>42</sup>

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<sup>40</sup> Slovenia, Ministry of the Interior (*Ministrstvo za notranje zadeve*) (2020), '[Najpogostejša vprašanja in odgovori o odloku o prehajanju državne meje - posodobljena 30. maja 2020](#)', public release, 26 May 2020 (updated on 30 May 2020).

<sup>41</sup> Slovenia, [The Ordinance on imposing and implementing measures to prevent the spread of the COVID-19 epidemic at the border crossings at the external border and checkpoints within national borders of the Republic of Slovenia](#) (*Odlok o odrejanju in izvajanju ukrepov za preprečitev širjenja nalezljive bolezni COVID-19 na mejnih prehodih na zunanji meji in na kontrolnih točkah na notranjih mejah Republike Slovenije*), 25 May 2020. For more information on exceptions, see the webpage of the police on [https://www.policija.si/images/stories/NovinarskoSredisce/SporocilaZaJavnost/2020/05\\_maj/26\\_novi\\_odlok\\_ukrepi\\_na\\_meji/Exceptions\\_to\\_Article\\_10.docx](https://www.policija.si/images/stories/NovinarskoSredisce/SporocilaZaJavnost/2020/05_maj/26_novi_odlok_ukrepi_na_meji/Exceptions_to_Article_10.docx).

<sup>42</sup> Slovenia, [The Ordinance on imposing and implementing measures to prevent the spread of the COVID-19 epidemic at the border crossings at the external border and checkpoints within national borders of the Republic of Slovenia](#) (*Odlok o odrejanju in izvajanju ukrepov za preprečitev širjenja nalezljive bolezni COVID-19 na mejnih prehodih na zunanji meji in na kontrolnih točkah na notranjih mejah Republike Slovenije*), 25 May 2020. For more information on exceptions, see the webpage of the police on

Since 31 March, the entry of third-country nationals to **Slovenia** has been restricted. Based on the Communication from the Commission on COVID-19 Guidance on the implementation of the temporary restriction on non-essential travel to the EU, on the facilitation of transit arrangements for the repatriation of EU citizens, and on the effects on visa policy, apart from other entry conditions, it shall also be checked whether their travel is essential. Under this condition, third-country nationals having essential function or need shall be allowed entry. These include: health-care professionals, health researchers and elderly care professionals; those performing cross-border activities; seasonal workers in agriculture; transport personnel; diplomats, staff of international organisations, military personnel and humanitarian aid workers, civil protection staff in the exercise of their functions; passengers in transit (including passengers repatriated with the help of consular office); passengers travelling for imperative family reasons; persons in need of international protection or for other reasons related to the non-refoulement principle.<sup>43</sup>

**Slovenian** Human Rights Ombudsman (*Varuh človekovih pravic*) produced in May a report on observed Covid-19 – related cases. In the report, the ombudsman raised concerns over asylum proceedings. According to the Ombudsman, “In the context of the examination of one of the cases, the Ombudsman wondered whether it is admissible to regard the implementation of proceedings under the International Protection Act (ZMZ-1) as a non-emergency administrative matter and to suspend the execution of all procedural acts provided for by the International Protection Act (ZMZ-1) pursuant to Article 7 of the Act on Provisional Measures for Judicial, Administrative and Other Public Matters to Cope with the Spread of the Infectious Disease SARS-CoV-2 (COVID-19) (ZZUSUDJZ). The question arises above all in connection with provision of information and acceptance of an application for international protection, since it is the carrying out of this act that changes the status of an alien in a way that significantly affects his situation, which is one of the circumstances that define the matter as necessary by law. In this regard, the Ombudsman contacted the Ministry of the Interior for clarification as to whether (and if so why) the proceedings in accordance with the International Protection Act (ZMZ-1) are considered necessary by the Ministry of the Interior and how many persons were at that time housed in the reception rooms of the asylum home or other accommodation facilities of the state as persons declaring the intention to file an application for international protection and how long these persons were stationed there.”<sup>44</sup> Media in **Slovenia**

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[www.policija.si/images/stories/NovinarskoSredisce/SporocilaZaJavnost/2020/05\\_maj/26\\_novi\\_odlok\\_ukrepi\\_na\\_meji/Exceptions\\_to\\_Article\\_12.docx](http://www.policija.si/images/stories/NovinarskoSredisce/SporocilaZaJavnost/2020/05_maj/26_novi_odlok_ukrepi_na_meji/Exceptions_to_Article_12.docx).

<sup>43</sup> For more information, see the police webpage on [www.policija.si/eng/newsroom/news-archive/103455-temporary-restriction-on-non-essential-travel-to-the-eu-means-third-country-nationals-can-enter-slovenia-only-in-urgent-cases](http://www.policija.si/eng/newsroom/news-archive/103455-temporary-restriction-on-non-essential-travel-to-the-eu-means-third-country-nationals-can-enter-slovenia-only-in-urgent-cases).

<sup>44</sup> Human Rights Ombudsman (2020), *The Human Rights Ombudsman and addressing COVID-19-related issues*, Ljubljana, Human Rights Ombudsman.

reported that national asylum authorities stopped accepting asylum applications in the period from 29 March to 3 May, resulting in overcrowded reception facilities in asylum home and its branches. While the Ministry of the Interior regarded asylum proceedings as non-essential, the Administrative Court (*Upravno sodišče*) thought differently, and dealt regularly with asylum cases during epidemic. According to the media, some individuals were housed in reception facilities from the end of March, and the ombudsman was dealing with this issue as a possible breach of human rights, since no official notification on the restriction of their movement had been issued to the persons concerned.<sup>45</sup>

### 1.3 Impact of measures on particular groups

In **Slovenia**, provisions of the Temporary Measures Relating to Judicial, Administrative and Public Law Matters for the Containment of the Spread of the Communicable Disease SARS-CoV-2 (COVID-19) Act (*Zakon o začasnih ukrepih v zvezi s sodnimi, upravnimi in drugimi javnopravnimi zadevami za obvladovanje širjenja nalezljive bolezni SARS-CoV-2 (COVID-19)*) adopted in March and related to the enforcement of criminal sanctions still apply. According to the act, summons to prison shall be halted and new procedures shall not be initiated. For preventing the spread of the disease, the law allows for transfer of inmates to other correctional facilities, suspension of imprisonment for up to one month in the absence of security concerns, and with the possibility of extension. In cases where no security concerns exist; and, under certain conditions, an early release of prisoners six months before completion of the penalty is possible.<sup>46</sup> However, after adopting decision declaring the end of epidemic, the government adopted on 21 May a decision terminating grounds for interim measures including as regards judicial matters, applicable from 1 June.<sup>47</sup> This means that convicts whose imprisonment was temporarily suspended shall resume their sentences from that date. According to the media, this shall not include 76 persons who were released from prison prematurely during the

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<sup>45</sup> Kramberger, U.Š. (2020), '[Migranti po zaslugi notranjega ministrstva ostajajo ujeti v Sloveniji](#)', *Dnevnik*, 11 May 2020.

<sup>46</sup> Slovenia, [The Temporary measures relating to judicial, administrative and public law matters for the containment of the spread of the communicable disease SARS-CoV-2 \(COVID-19\) act](#) (*Zakon o začasnih ukrepih v zvezi s sodnimi, upravnimi in drugimi javnopravnimi zadevami za obvladovanje širjenja nalezljive bolezni SARS-CoV-2 (COVID-19)*), 20 March 2020, and subsequent modifications.

<sup>47</sup> Slovenia, [The Decision establishing the termination of grounds for interim measures in respect of judicial, administrative and other public law matters to control the spread of SARS-CoV-2 \(COVID-19\) infectious disease](#) (*Sklep o ugotovitvi prenehanja razlogov začasne ukrepe v zvezi s sodnimi, upravnimi in drugimi javnopravnimi zadevami za obvladovanje širjenja nalezljive bolezni SARS-CoV-2 (COVID-19)*), 21 May 2020.



epidemic. The media also reported that the Ministry of Justice ordered supervision over practices of imprisonment suspension during the epidemic.<sup>48</sup> As of 13 March, visits to prisons and a correctional home have been banned,<sup>49</sup> but on 18 May the ban was lifted. Prisoners may be visited by one adult person (e.g. a relative or another person chosen by the prisoner). With the exception of Ig Prison (i.e. a facility for incarceration of women), children are not allowed to visit. A visit with a convict may last a maximum of one hour, while a visit to a person on remand may take a maximum of half an hour.<sup>50</sup> Restrictions were further lifted in the beginning of June when the Prison Administration of the Republic of Slovenia (*Uprava Republike Slovenije za izvrševanje kazenskih sankcij*) announced that since 5 June visits were to take place according to pre-epidemic house rules in prison facilities (e.g. children can visit).<sup>51</sup>

The Slovenian Human Rights Ombudsman reported in a May report on observed Covid-19 – related cases that during the months of March and April they received a number of complaints from persons serving prison sentences or their relatives regarding the suspension of imprisonment under the Temporary Measures Relating to Judicial, Administrative and Public Law Matters for the Containment of the Spread of the Communicable Disease SARS-CoV-2 (COVID-19) Act. The complainants pointed to unsubstantiated rejection of their applications for temporary suspension of their sentences and to the situation in prisons which represented a major risk of coronavirus infection. The ombudsman clarified that the act in question did not explicitly stipulate the right of convicts to initiate a sentence suspension procedure, but that it was reasonable that the convicts had the opportunity to state reasons on why the measure should be applied to their cases. Although the act did not explicitly stipulate the existence of a threat to an individual's health among the grounds on which suspension of prison sentence may be allowed, the Ombudsman noted that such decisions, apart from taking into account security concerns, required that special attention was paid to vulnerable convicts who might experience a more severe course of the disease if

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<sup>48</sup> Lovšin, P. (2020), '[Zapori: konec epidemije, konec svobode](#)', *Dnevnik*, 30 May 2020.

<sup>49</sup> Slovenia, Prison Administration of the Republic of Slovenia (*Uprava Republike Slovenije za izvrševanje kazenskih sankcij*) (2020), '[Obvestilo obiskovalcem zaprtih oseb v zavodih za prestajanje kazni zapora in prevzgojnem domu – dopolnilo](#)', public release, 13 March 2020.

<sup>50</sup> Slovenia, Prison Administration of the Republic of Slovenia (*Uprava Republike Slovenije za izvrševanje kazenskih sankcij*) (2020), '[Obvestilo obiskovalcem zaprtih oseb v zavodih za prestajanje kazni zapora in prevzgojnem domu](#)', public release, 13 May 2020.

<sup>51</sup> Slovenia, Prison Administration of the Republic of Slovenia (*Uprava Republike Slovenije za izvrševanje kazenskih sankcij*) (2020), '[Obvestilo obiskovalcem zaprtih oseb v zavodih za prestajanje kazni zapora in prevzgojnem domu – dopolnilo](#)', public release, 5 June 2020.



infected (e.g. elderly with chronic diseases). The Ombudsman further clarified that the decision is ultimately in the hand of prison directors.<sup>52</sup>

In **Slovenia**, national authorities have not reported separate data on infections among the population in prison facilities. The media reported that two cases were recorded in one prison by the end of March, while 60 persons were isolated in the same facility.<sup>53</sup> Since then, however, there have been no significant reports on the situation in prisons, and no major outbreak in the prison system has been reported.

The Human Rights Ombudsman also reported that during the epidemic they again contacted **Slovenian** government regarding the urgent provision of access to drinking water, sanitation and electricity in a specific Roma settlement.<sup>54</sup> The Ombudsman received response from the ministry responsible for the environment that the Roma obtained water from a nearby farm, from public water taps at the local cemetery or paid firemen for the delivery of drinking water.<sup>55</sup> The Ombudsman pointed out that such a supply of drinking water could not satisfactorily follow hygiene recommendations during the coronavirus epidemic, and that they were contacted by one of the Roma who reported that, because of the coronavirus, locals were no longer allowing them to obtain water at the cemetery. They asked for a water tank. The Ombudsman was also warned by a representative of one of the Roma organisations that the situation in Roma settlements was especially critical during the epidemic.<sup>56</sup> The Ombudsman, on its own initiative, also made an inquiry with the primary schools regarding the schooling of Roma children during the epidemic.<sup>57</sup> According to the Ombudsman, the measures envisaged to contain the spread of the virus could potentially affect vulnerable groups to a greater extent. The Ombudsman was concerned that distance learning, which was largely based on access to information technology and anticipated an

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<sup>52</sup> Human Rights Ombudsman (2020), [The Human Rights Ombudsman and addressing COVID-19-related issues](#), Ljubljana, Human Rights Ombudsman.

<sup>53</sup> Zupan, U. (2020), '[Nova okužba v zaporu na Dobu, v izolaciji že 60 oseb](#)', *24ur.com*, 31 Marc 2020.

<sup>54</sup> Human Rights Ombudsman (2020), [The Human Rights Ombudsman and addressing COVID-19-related issues](#), Ljubljana, Human Rights Ombudsman.

<sup>55</sup> Human Rights Ombudsman (2020), [The Human Rights Ombudsman and addressing COVID-19-related issues](#), Ljubljana, Human Rights Ombudsman.

<sup>56</sup> Human Rights Ombudsman (2020), [The Human Rights Ombudsman and addressing COVID-19-related issues](#), Ljubljana, Human Rights Ombudsman.

<sup>57</sup> Human Rights Ombudsman (2020), [The Human Rights Ombudsman and addressing COVID-19-related issues](#), Ljubljana, Human Rights Ombudsman.

active participation of parents, might unfavourably affect vulnerable children. The Ombudsman reported that as of yet responses from primary schools had been positive.<sup>58</sup>

According to **Slovenian** authorities, based upon requests and recommendations by the Ombudsman and the Advocate of the Principle of Equality, the Slovenian equality body, they intensified efforts during the Covid-19 epidemic and strengthened communication between all municipalities, where Roma live, representatives of the Roma community, especially their umbrella organisation, and the competent national institutions and civil protection units. Water tanks were provided in cooperation between civil protection units, municipalities and Roma representatives where needed. Municipalities in general reported that spaces for self-isolation of Roma would be granted if necessary. In many Roma communities, additional activities were carried out to inform the population about preventive and protective measures through visits by representatives of municipalities and civil protection units or/and with new technologies. In addition, through several ESF-funded projects as well as through projects implemented by some of the Slovenian Roma organisations funded from the state budget, translations of information materials or new materials in different Roma varieties (video materials, brochures, leaflets etc.) were prepared. Municipalities and primary schools also paid special attention to home-schooling of Roma children, both by providing the necessary equipment and by organising and providing additional professional and counselling support to Roma children and their parents.

**Slovenia** has not been particularly strong on equality data. As mentioned above, only data on infections in general population are available, as well as some data on cases among healthcare workers and staff and residents in nursing homes. However, as of yet, no reports on Covid-19 cases among Slovenian Roma by authorities, relevant organisations or the media could be identified.

An NGO working with homeless people reported that the organisation had to suspend sale of a monthly magazine during epidemic. The magazine is sold by the organisation's members, homeless people and formerly homeless people, and represents for some the only income, while for others the earned income substantially contributes towards paying their rent.<sup>59</sup> To counter this development, the organisation started a donation campaign. The organisation reported that receipts were then distributed among sellers as compensations, 5,000 EUR for the second of March, while 10,000 EUR should be distributed in May as compensations for the month of April. A part of

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<sup>58</sup> Human Rights Ombudsman (2020), [\*The Human Rights Ombudsman and addressing COVID-19-related issues\*](#), Ljubljana, Human Rights Ombudsman.

<sup>59</sup> For more information, see the organisation's webpage on [www.kraljiulice.org/](http://www.kraljiulice.org/).

donations is also used to e.g. cover distribution of food, functioning of a temporary shelter during epidemic, as well as to obtain protective equipment and disinfectants.<sup>60</sup>

## 2 Impact on fundamental rights of older people

### 2.1 Data/statistics

#### 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.

In **Slovenia**, comprehensive data broken down by place of living (i.e. community or institutional setting) are not regularly available. The National Institute of Public Health daily publishes overall data disaggregated by gender and age groups. Since 4 March, when the first case was confirmed, until 31 May, the following was recorded:

- Infected by COVID-19 (i.e. confirmed cases), as of 31 May<sup>61</sup>

Age group	Men	Women	Total
0-4	5	4	9
5-14	15	12	27
15-24	43	61	104
25-34	92	114	206
35-44	90	113	203
45-54	108	135	243
55-64	117	102	219
65-74	72	60	132
75-84	72	87	159
85+	36	135	171
Total	650	823	1473

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<sup>60</sup> For more information, see the organisation's webpage on [www.kraljiulice.org/](http://www.kraljiulice.org/).

<sup>61</sup> For more information, see the webpage of the National Institute of Public Health on [www.nijz.si/sites/www.nijz.si/files/datoteke/stevilo\\_potrjenih\\_primerov\\_covid-19\\_do\\_vkljucno\\_31.5.2020\\_splet\\_1.xlsx](http://www.nijz.si/sites/www.nijz.si/files/datoteke/stevilo_potrjenih_primerov_covid-19_do_vkljucno_31.5.2020_splet_1.xlsx). Hyperlink was accessed on 1 June 2020.

- Recovered from COVID-19<sup>62</sup>

On 31 May, there were an estimated six active Covid-19 cases in Slovenia, as per ECDC methodology available on [www.ecdc.europa.eu/sites/default/files/documents/covid-19-rapid-risk-assessment-coronavirus-disease-2019-ninth-update-23-april-2020.pdf](http://www.ecdc.europa.eu/sites/default/files/documents/covid-19-rapid-risk-assessment-coronavirus-disease-2019-ninth-update-23-april-2020.pdf).

- Died in relation to COVID-19, as of 31 May<sup>63</sup>

Age group	Men	Women	Total
45-54	1	1	2
55-64	2	0	2
65-74	10	5	15
75-84	17	11	28
85+	14	47	61
Total	44	64	108

## 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.

In **Slovenia**, only overall data on the number of infected persons in nursing homes are daily released by the National Institute of Public Health.

- Infected by COVID-19

Since 4 March, when the first case was recorded, until 31 May, there were 460 confirmed cases of infection in nursing homes, 323 cases among the residents.<sup>64</sup>

- Recovered from COVID-19

Please see above for the overall data on general population.

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<sup>62</sup> For more information, see the webpage of the National Institute of Public Health on [www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19](http://www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19). Hyperlink was accessed on 1 June 2020.

<sup>63</sup> For more information, see the webpage of the National Institute of Public Health on [www.nijz.si/sites/www.nijz.si/files/datoteke/stevilo\\_potrjenih\\_primerov\\_covid-19\\_do\\_vkljucno\\_31.5.2020\\_splet\\_1.xlsx](http://www.nijz.si/sites/www.nijz.si/files/datoteke/stevilo_potrjenih_primerov_covid-19_do_vkljucno_31.5.2020_splet_1.xlsx). Hyperlink was accessed on 1 June 2020.

<sup>64</sup> For more information, see the webpage of the National Institute of Public Health on [www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19](http://www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19). Hyperlink was accessed on 1 June 2020.

- Died in relation to COVID-19

**Slovenian** authorities hold daily press conferences on Covid-19–related issues. At the press conference on 27 May, the authorities presented data showing that up to 20 May the share of fatalities among nursing homes residents in the total number of Covid-19–related deaths in the country was 81 % (52 % died in nursing homes, while 29 % in hospitals, expressed as a share in the total number of fatalities in the country).<sup>65</sup>

### **2.1.3 Number and type of institutions affected**

At the press conference of 27 May, **Slovenian** authorities reported minor issues in 10 and major issues in three nursing homes when facing Covid-19 infections. There are 102 nursing homes in the country.<sup>66</sup>

### **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?**

In **Slovenia**, as noted above, data on mortality rates in the general population are daily updated and published. These data also include numbers on fatalities in nursing homes, but the latter are not presented separately, and are not regularly published or readily available. As stated above, only data on confirmed Covid-19 cases among residents in nursing homes are regularly updated and published, and, for example, since 4 March, when the first case was confirmed in Slovenia, until 31 May there were total 1,473 cases in Slovenia, of which 323 among the residents in nursing homes.<sup>67</sup> In the month of May, questions were raised about accuracy of the data produced by the National Institute of Public Health on the number of elderly residents in nursing homes who were admitted to hospitals and died there, and the number of residents who died in nursing homes. A Slovenian media obtained the data from the institute in the first week of May and published that, as of 4 May, there were 78 deaths among the elderly residents in nursing homes, of whom 10 died in hospitals. Two weeks later the same media again asked the institute for data, and published that the institute reported that there were 31 persons in nursing homes who died in hospitals, although there were only 7 deaths in the whole country in the period from 5 to 20 May. When approached for clarification, the institute claimed that the former number was not correct, and that a technical error occurred resulting in miscalculation in the spreadsheet. The media then went to conclude that it was

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<sup>65</sup> Slovenia, Ministry of Health (*Ministrstvo za zdravje*) (2020), '[Težave v domovih za starejše so se v sodelovanju s stroko reševale na optimalen način](#)', public release, 27 May 2020.

<sup>66</sup> Slovenia, Ministry of Health (*Ministrstvo za zdravje*) (2020), '[Težave v domovih za starejše so se v sodelovanju s stroko reševale na optimalen način](#)', public release, 27 May 2020.

<sup>67</sup> For more information, see the webpage of the National Institute of Public Health on [www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19](http://www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19). Hyperlink was accessed on 1 June 2020.

surprising that the institute failed to correct error in such a delicate matter in two-week time and to inform the public about it.<sup>68</sup>

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

No independent studies could be identified.

## **2.2 COVID-19 measures targeting older people**

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

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

In **Slovenia**, on 10 March, the National Institute of Public Health published instructions regarding treatment of persons with suspicion of Covid-19 infection in social care institutions, including in nursing homes, special care institutions for adults, and other institutional settings (e.g. facilities accommodating children with special needs). They were intended to ensure a single approach to treatment, including identifying residents or staff with suspicion of infection, as the early identification, triage and isolation were essential to prevent further transfer of infection to other residents and employees. According to the instructions, it was essential to monitor any symptoms and respiratory infections characteristic of Covid-19, and alarm the selected doctor or a doctor of duty of any suspicions of Covid-19 cases. The patient shall then be isolated and shall wear surgical masks, while the staff shall wear IIR mask with visor, protective gowns and gloves. The attending doctor shall screen the patient and arrange for testing. In the initial phase, all confirmed cases shall be transferred to healthcare institutions. Upon assessment of the severity of their symptoms, they shall be released or transferred to hospital for further treatment.<sup>69</sup>

**Slovenian** ministry responsible for health issued further instructions on 17 March which stated that the situation passed to the stage where residents, including of nursing homes, who did not require hospital treatment would not be admitted to hospitals in cases of suspicion of infection, but medical care would be provided at sight. Care institutions were asked to set up conditions for the possibility

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<sup>68</sup> Pihlar, T. (2020), '[Katera številka o umrlih v bolnišnicah je prava?](#)', *Dnevnik*, 22 May 2020.

<sup>69</sup> National Institute of Public Health (*Nacionalni inštitut za javno zdravje*) (2020), [Navodila za obravnavo osebe s sumom na okužbo s SARS-CoV-2 v domovih za starejše, posebnih zavodih za odrasle, domskem varstvu varstveno delovnih centrov, zavodih za vzgojo in izobraževanje otrok in mladostnikov s posebnimi potrebami in domovih za učence s posebnimi potrebami](#), 10 March 2020.

of cohort isolation, set up care departments and provide that staff did not simultaneously care for healthy residents, residents with suspicion of Covid-19 infection, or residents with confirmed infection. An algorithm concerning patient triage in nursing homes and care institutions was attached to the document: upon assessment of the health condition of a patient with or without symptoms of acute respiratory infection, those in poor condition were to be transferred to hospitals upon prior notification (not applicable to persons in palliative care), while those whose health condition allowed for treatment in care institution should be tested and subject to (cohort) isolation in case of confirmed infection.<sup>70</sup>

On 27 March, the responsible ministry issued another instruction on the organisation of the provision of healthcare services in social care institutions in **Slovenia**. According to the instructions, key staff for providing adequate, quality and safe services include the doctor with the social care institutions, person responsible in the institutions for the field of healthcare, and, if needed, specialist internist or infectious disease specialist from the relevant regional hospital. Again, social care institutions were instructed to set up three zones, for healthy residents (so-called white zone), for residents with suspicion of infection (i.e. grey zone), and for residents with confirmed infection (i.e. red zone). They were also reminded that they should provide that staff did not simultaneously care for different groups of residents. They were also instructed to warn their coordinator if spatial conditions in their respective institutions did not allow for zoning, and to suggest solutions regarding other spaces or premises. They, however, had to pay attention to staff constraints, as relocation required more staff. Doctors with the social care institutions and persons responsible in the institutions for the field of healthcare, or the nurse authorised by the latter, should draft a healthcare provision plan for each resident while observing the attached algorithm of action for the assessment of stability of advanced, incurable chronic disease. The latter should be used for the assessment of health condition of a resident with known underlying condition(s), namely whether the pre-existing conditions had already threatened the quality of life and life expectancy of a person to such a degree, so that intensive care in case of infection affects the existent quality of life and shortens life expectancy, or whether underlying conditions allows for quality life upon intensive care in case of infection. A document on easing the symptoms in persons with known advanced, incurable chronic disease in case of infection was also attached.<sup>71</sup> On 28 March, other instructions on

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<sup>70</sup> Slovenia, Ministry of Health (*Ministrstvo za zdravje*) (2020), [Navodilo v povezavi a SARS-CoV-2 \(COVID-19\), št. 1612-4/2018/158](#), 17 March 2020.

<sup>71</sup> Slovenia, Ministry of Health (*Ministrstvo za zdravje*) (2020), [Organizacija izvajanja zdravstvene oskrbe v socialno varstvenih zavodih, št. 181-70/2020/217](#), 27 March 2020.

e.g. zoning, staff organisation, use of protective equipment and disposal of waste were released.<sup>72</sup> On 6 April, the minister responsible for health appointed regional coordinators for cooperation with coordinators of implementation of medical care in social care institutions.<sup>73</sup>

On 30 March, the National Institute of Public Health issued updated instructions on treatment and testing of staff and residents including in social care institutions in **Slovenia**. According to the instructions, staff should be constantly reminded to monitor their health and to swiftly identify suspected infections. In case of any signs of acute respiratory infection or other signs and suspicion of infection, or depending on the epidemiological situation in the family, the employee shall immediately isolate themselves, inform the responsible person in the institution, and consult doctor. The updated instructions principally deal with testing, and set out comprehensive testing protocol to be followed in care institutions. The healthcare professional and other staff in institutions with acute respiratory infection, with or without fever, and whether or not they need hospitalisation, shall be tested to prevent the spread of infection. For example, positive employees with signs of acute respiratory infection should be removed from the work process for the duration of the illness and 14 days after the symptoms and signs of the disease have subsided. After this period, re-testing is performed, and in case of a negative result another test is performed after at least 24 hours. If the latter is also negative, the employee returns to work. If the result is negative, the employee with signs of acute respiratory infection and/or fever remains in isolation until recovery plus 3 days. When they are asymptomatic for 3 days, they are again tested and can return to work if the test result is negative. The document also includes e.g. protocols in cases of randomly tested staff, as well as other situations when staff are tested. According to the instructions, rapid identification of infection among residents and treatment of patients are also important to prevent the spread of infection. Residents should be closely monitored for symptoms of infection (e.g. fever, cough, breathing difficulties), and temperature measurements should be routinely performed. Residents who are able to do so should be encouraged to immediately inform staff about symptoms and should use a surgical mask in the event of fever, cough, shortness of breath or other signs of illness. In case of fever or other symptoms, the home doctor, a substitute or emergency physician, and the local epidemiological service should be immediately informed. The doctor then assesses the patient's health condition and acts according to the algorithm. Comprehensive protocol for testing of residents is also set out in the instructions. It is recommended to test all residents with symptoms of acute respiratory infection and/or newly developed fever, regardless of whether the resident

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<sup>72</sup> For more information, see the government webpage on [www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Koronavirus/Nacrtovanje-in-izvajanje-aktivnosti-za-preprecevanje-prenosa-okuzbe-z-virusom-SARS-CoV-2-za-izvajalce-socialnovarstvenih-ustanov.pdf](http://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Koronavirus/Nacrtovanje-in-izvajanje-aktivnosti-za-preprecevanje-prenosa-okuzbe-z-virusom-SARS-CoV-2-za-izvajalce-socialnovarstvenih-ustanov.pdf).

<sup>73</sup> For more information, see the government webpage on [www.gov.si teme/koronavirus/za-izvajalce-zdravstvene-dejavnosti/](http://www.gov.si teme/koronavirus/za-izvajalce-zdravstvene-dejavnosti/).



would be referred to hospital for treatment. Residents with suspicion of infection are isolated in grey zone, while those with confirmed infection after testing should be placed in (cohort) isolation in red zone. In case of a negative test result, a resident with respiratory infection remains in the grey until the symptoms disappear and after three days is tested again. If the test is negative, they return to the accommodation unit from which they came. If they tested positive, they are referred to the red zone. Asymptomatic residents, for example, are tested if they have been in close contact with a confirmed Covid-19 case, and the testing is performed immediately after the contact. In case of a positive result, the resident is transferred to isolation or cohort isolation (i.e. red zone), while in case of a negative test result they are transferred to a single room in the grey zone. The resident remains isolated in the room and is tested again after seven days. If the test returns negative, they return to their housing unit.<sup>74</sup> (Regarding visits, please see section 2.2.4 below.)

During the epidemic in **Slovenia**, the Association of Social Institutions of Slovenia (*Skupnost socialnih zavodov Slovenije*), organisation representing the interests of institutional care providers for elderly and adults with special needs, warned about challenging issues in nursing homes. The organisation addressed state authorities on several occasions. On 2 April, for example, the association called on state authorities to consider e.g. spatial constraints, limited number of staff and other capacities of service providers when devising measures to prevent and curb the spread of the virus in nursing homes. These facilities lacked medical equipment and qualified staff for effective medical treatment of diseased. The association warned that the proposed organisation of work by creating three areas for, respectively, healthy residents, residents with suspected infection and sick residents in the vast majority of nursing homes is not feasible in practice. The association could not accept that part of the sick citizens would be treated in hospitals with all the necessary medical equipment and qualified staff, and part of the sick elderly people would be cared for in nursing homes which do not have all the necessary conditions. Failure to provide adequate treatment to all citizens would constitute a serious violation of fundamental human rights, warned the association.<sup>75</sup> On 10 April, the association warned that despite the claims of those responsible nursing homes still lacked general practitioners, as per applicable staffing norms, as well as specialist doctors and other health professionals who are necessary for the professional treatment of residents who contracted the infection. It highlighted the fact that out of about 225 residents with coronavirus disease, about 30

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<sup>74</sup> National Institute of Public Health (*Nacionalni inštitut za javno zdravje*) (2020), [Obravnava in testiranje zaposlenih in stanovalcev v socialnovarstvenih zavodih in vzgojno-izobraževalnih zavodih \(zavodih\)](#), 30 April 2020.

<sup>75</sup> Skupnost socialnih zavodov Slovenije (2020), [‘Poziv Vladi RS: zahtevamo strokovno utemeljene ukrepe, ki bodo upoštevali omejene prostorske, kadrovske in druge zmožnosti domov za starejše’](#), public release, 2 April 2020.

were referred to hospital, indicating unequal treatment of the elderly.<sup>76</sup> On 22 April, for example, the organisation raised concerns over a failure by the Ministry of Health to devise a strategy for the containment of the virus in nursing homes six weeks into the epidemic. It further warned that the spread of virus in nursing homes could only be effectively curbed by consistently isolating all diseased residents outside these facilities, as they did not have the necessary human, spatial and technical resources to do so.<sup>77</sup> On 24 April, 15-minute walkout was organised in nursing homes across the country,<sup>78</sup> and another public statement was issued by the association to warn about challenges faced in these settings.<sup>79</sup>

**Slovenian** Ministry of Health issued a response of 24 April. The ministry highlighted that it identified the issue of social welfare institutions, especially nursing homes, as one of the priority areas in connection with the epidemic, since they provide services to the elderly population, which is one of the most vulnerable groups in terms of possible complications in relation to Covid-19. According to the ministry, all measures were planned in cooperation with the Ministry of Labour, Family, Social Affairs and Equal Opportunities, while the Association of Social Institutions of Slovenia, as important stakeholder, was also involved in video conferences taking place at the ministry within the framework of coordination. The ministry stated that all proposed measures were based on expert evidence and adopted with the aim of supporting social care institutions. The infection was asymptomatic or involved mild symptoms in a large proportion of beneficiaries. In these cases, it was necessary to provide the beneficiaries with basic social and healthcare services adapted to their needs, as was the case before the epidemic. According to the ministry, social care institutions were fully competent to offer this, while the residents who needed hospital treatment received it, comparable to the rest of the population. The ministry assessed that the association's request to move the beneficiaries from their homes just because of the presence of virus were professionally and ethically disputable.<sup>80</sup>

On 30 April, the Association of Social Institutions of Slovenia responded by claiming that authorities in **Slovenia** still rejected transfer of diseased with the argument that the majority of beneficiaries,

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<sup>76</sup> Skupnost socialnih zavodov Slovenije (2020), '[Domovi za starejše še vedno brez zdravstvenih strokovnjakov in opreme za učinkovito soočanje z epidemijo](#)', public release, 10 April 2020.

<sup>77</sup> Skupnost socialnih zavodov Slovenije (2020), '[Šest tednov od razglasitve epidemije Ministrstvo za zdravje še vedno brez strategije za zajezitev virusa Sars-CoV-2 v domovih za starejše](#)', public release, 22 April 2020.

<sup>78</sup> M. Z., La. Da. (2020), '[Po vsej Sloveniji protestirali zaposleni v domovih starejših občanov](#)', MMC RTVSLO, 24 April 2020.

<sup>79</sup> Skupnost socialnih zavodov Slovenije (2020), '[Skupaj pokažimo, da imamo dovolj!](#)', public release, 24 April 2020.

<sup>80</sup> Slovenia, Ministry of Health (Ministrstvo za zdravje) (2020), '[Odgovor na poziv Skupnosti socialnih zavodov Slovenija](#)', public release, 24 April 2020.

because of mild symptoms, did not need hospitalisation, while avoiding the association's request concerning mandatory isolation of the diseased, as per the relevant legislation. The association claimed that it was the accommodation of residents in nursing homes lacking spatial, human and other resources for isolation of diseased that was professionally, ethically and even legally disputable. The association also rejected assessment that it was better for sick elderly people to stay in nursing homes on the ground that this should be less stressful and more comfortable for them, since the current instructions required relocation of affected residents to either grey or red zone, whereby their items and personal belongings were removed. This type of multiple relocations around the nursing home was no less stressful for residents than relocating to a hospital.<sup>81</sup> On 5 May, the association started a petition requesting from the Ministry of Health to avoid top-bottom approach and to establish dialogue with staff and residents, to provide for isolation of infected residents outside nursing home, to produce a strategy for preventing the spread of virus in nursing homes that is based on expert evidence, to provide for coverage of all extra costs incurred by nursing homes during epidemic, and return of residents to normal life while observing all measures for the prevention of infection.<sup>82</sup>

During the epidemic in **Slovenia**, organisations working for the benefit of the elderly also raised concerns over the situation in nursing homes. On 5 May, for example, an organisation issued a public letter addressed to state authorities, Association of Social Institutions of Slovenia and the Ombudsman. In the letter, the organisation highly commended the performance of staff in nursing homes during epidemic, in a situation where they faced staff shortages, lack of protective equipment, lack of expert knowledge on how to deal with epidemic, as well as instructions that were often overdue. According to the organisation, although the Ministry of Health claimed that it provided that all those in need of hospital care have been hospitalised, there was information about triage of residents whereby, upon inspecting residents' medical records, medical teams had decided in advance who would not receive hospital treatment and who would remain in palliative care without the consent of the individual residents or persons close to them. According to the organisation, sudden deterioration in one's health condition required immediate hospitalisation, but doctors in nursing homes mostly failed to order this, as they had different instructions, and the doctors were present only for a few hours a day. The organisation concluded that there were violations of human rights (the right to adequate health care) and discrimination of the elderly

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<sup>81</sup> Skupnost socialnih zavodov Slovenije (2020), 'Skupnost socialnih zavodov Slovenije vztraja pri osamitvi obolelih starostnikov izven domov', public release, 30 April 2020.

<sup>82</sup> Skupnost socialnih zavodov Slovenije (2020), 'Peticija za ureditev stanja na področju skrbi za starejše', public release, 5 May 2020.

taking place during the epidemic.<sup>83</sup> Slovenian media also reported on medical teams examining medical records of residents in nursing homes and deciding in advance who would be referred to hospital for treatment and who would not without informing the persons concerned and their relatives about these assessments. It was also reported that not much time was budgeted for the assessments on the part of medical teams.<sup>84</sup> The Ministry of Health responded to the media reports by claiming that reported information was inaccurate and misleading. The ministry noted that all protocols are aimed at providing hospital treatment to those who need it. According to the ministry, as being aware of the vulnerability of the elderly population, it paid special attention to social care institutions, including nursing homes, since these facilities care for a large proportion of the elderly population which is one of the most vulnerable groups as regards possible complications in relation to Covid-19. With the aim of supporting social care institutions in carrying out all activities to prevent and contain the spread of Covid-19 infections, as well as planning and providing the necessary medical care in the event of an outbreak of the infection in these facilities, the ministry prepared a number of instructions and professional guidelines targeting their staff and beneficiaries. According to the ministry, to further support provision of healthcare services in care institutions, it appointed coordinators for the implementation of healthcare activities, coordinators in the field of nursing care, as well as consultants for the implementation of palliative care in care institutions in each Slovenian region.<sup>85</sup>

The Advocate of the Principle of Equality (*Zagovornik načela enakosti*), equality body in **Slovenia**, announced on 26 May on their Facebook page that they would look into the possible discrimination against certain elderly people who contracted Covid-19, and were accommodated in nursing homes during sickness.<sup>86</sup>

- in the community in general

During the epidemic, the National Institute of Public Health published, lastly modified on 27 May, a leaflet and two booklets aimed at elderly in **Slovenia**. The publications include instructions and recommendations regarding e.g. safe distancing, cough and hygiene protocols, use of protective

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<sup>83</sup> Srebrna nit – Združenje za dostojno starost) (2020), '[Javno pismo - nujne aktivnosti za starejše](#)', public release, 5 May 2020. For more information, see the webpage of the Silver Thread – Association for decent ageing (*Srebrna nit – Združenje za dostojno starost*) on <http://www.srebrna-nit.si/>, and webpage of the ZDUS – the Slovene Federation of Pensioners' Associations (*ZDUS – Zveza društev upokojencev Slovenije*) on [www.zdus-zveza.si/podpora-pozivu-skupnosti-socialnih-zavodov-slovenije](http://www.zdus-zveza.si/podpora-pozivu-skupnosti-socialnih-zavodov-slovenije).

<sup>84</sup> Jager, V. (2020), 'Odpisani z dekretom', *Mladina*, 15 May 2020.

<sup>85</sup> Slovenia, Ministry of Health (*Ministrstvo za zdravje*) (2020), '[Odziv na zapis v Mladini glede omejevanja dostopa do bolnišnične obravnave oskrbovancem v socialnovarstvenih zavodih](#)', public release, 22 May 2020.

<sup>86</sup> For more information, see the Facebook page of the Advocate of the Principle of Equality on [www.facebook.com/zagovornik/](http://www.facebook.com/zagovornik/).

masks, healthy nutrition and strengthening immune system, protocols when leaving home and coming back, accessing stores, accessing healthcare services in case of illness, monitoring potential symptoms of Covid-19 infection, as well regarding available assistance of Civil Protection and volunteers, not letting strangers into their homes, avoiding becoming a victim of theft, hotlines available for information about the infection and in case of distress.<sup>87</sup> Based on the British original, the institute also released guidance aimed at extremely vulnerable groups during epidemic, including elderly living both in the community and in long-term care institutions (e.g. solid organ transplant recipients, people with specific cancers), and at those who provide for them.<sup>88</sup>

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

Available national guidelines on patient triage did not set out age as main and decisive criterion. Please see the preceding section for more information.

### **2.2.3 Targeted testing of residents and staff in residential care homes**

In **Slovenia**, instructions for testing have changed over time, but elderly have generally been considered as a target group. For example, instructions of 16 March stated that testing shall be carried out if an individual belonged to one of the three groups, including healthcare workers in nursing homes with acute respiratory infection with or without fever, and residents of nursing homes and social care institutions with acute respiratory infection with or without fever.<sup>89</sup> Amended instructions of 7 April further included persons with mild symptoms, namely persons above 60 years of age, persons having underlying medical conditions (e.g. high blood pressure, diabetes), or having immunodeficiency.<sup>90</sup> On 21 April, the Ministry of Health instructed that all persons with suspicion of Covid-19 infection be tested.<sup>91</sup> Since 19 May, paid tests have also been available.<sup>92</sup> In Slovenia, only overall data on number of tests carried out are available in public domain, and are published on daily

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<sup>87</sup> For more information, see the webpage of the National Institute of Public health on [www.nijz.si/sl/napotki-starejsim](http://www.nijz.si/sl/napotki-starejsim).

<sup>88</sup> For more information, see the webpage of the National Institute of Public health on [www.nijz.si/sl/priporocila-za-izjemno-ranljive-skupine-oseb-v-casu-sirjenja-okuzbe-covid-19](http://www.nijz.si/sl/priporocila-za-izjemno-ranljive-skupine-oseb-v-casu-sirjenja-okuzbe-covid-19).

<sup>89</sup> Slovenia, Ministry of Health (*Ministrstvo za zdravje*), '[Definicija za prijavo in spremljanje novega koronavirusa](#)', 16 March 2020.

<sup>90</sup> Slovenia, Ministry of Health (*Ministrstvo za zdravje*), '[Dopolnitev dodatnih navodil glede testiranja na COVID-19, št. 165-7/2020/364](#)', 7 April 2020.

<sup>91</sup> Slovenia, Ministry of Health (*Ministrstvo za zdravje*), '[Testiranje pacientov na Covid-19, št. 165-7/2020/403](#)', 21 April 2020.

<sup>92</sup> Slovenia, Ministry of Health (*Ministrstvo za zdravje*), '[Samoplačniško testiranje – COVID19, št. 165-7/2020/501](#)', 19 May 2020.

basis. Until 31 May, there were 80,407 tests performed in Slovenia.<sup>93</sup> (Please see also section 2.2.1 for information on instructions of 30 March produced by the National Institute of Public Health.)

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

In **Slovenia**, the complete ban on visits to homes for elderly was in place from 6 March until 30 April, as the resident population was deemed particularly vulnerable in case of infection.<sup>94</sup> On 30 April, the Ministry of Labour, Family, Social Affairs and Equal Opportunities recommended social care institutions, including nursing homes, with the exception of institutions with higher number of infections in local area, to provide for the conditions for visits by 11 May, if possible. The ministry instructed Covid-19-free institutions to observe the following rules: visits must be announced in advance, by e-mail or telephone; they should be scheduled as to avoid simultaneous visit of a higher number of visitors; visits should be individual (immediate family members, volunteers who have already visited an individual patient), unless the visitor needs assistance by another person; visitors must declare upon entrance that they have been healthy for the last 14 days, that they have not been in contact with any person who has shown signs of infection or was later found to be infected during this period; at the entrance, the control of visitors should be arranged (hand disinfection, protective face mask, checking for possible symptoms of infection, temperature measurement, escorting the visitor to the location of the visit); if possible, the visit shall take place outdoor, or in a larger indoor space established for visits; safe distance of at least 1.5 metre shall be observed; after each visit, the area where the resident and the visitor met shall be disinfected, and the space shall be aired; in case the resident cannot leave their room, visits may exceptionally be allowed in the room, with prior notice to the management of the institution, who shall ensure that a person employed in the institution is also present during the visit, and in such a case the visitor is provided with additional protective equipment (in addition to the mask and gloves, at least protective gown; visitors should avoid shaking hands, hugging or touching the resident's face; visits should be monitored; regular records of visitors, including telephone number should be kept to identify contacts in the event of the virus transmission. In addition to measures listed above, institutions with confirmed cases (having established a red zone) and institutions with residents with suspicion of infection (having established a grey zone) shall provide for additional protection: in the white zone of these institutions with healthy residents, visitors shall wear protective gowns and gloves; visits to grey and red zones are allowed only exceptionally (i.e. visit to a dying person), whereby residents

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<sup>93</sup> For more information, see the webpage of the National Institute of Public Health on [www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19](http://www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19). Hyperlink was accessed on 1 June 2020.

<sup>94</sup> Slovenia, Ministry of Labour, Family, Social Affairs and Equal Opportunities (*Ministrstvo za delo, družino, socialne zadeve in enake možnosti*) and Ministry of Health (*Ministrstvo za zdravje*) (2020), '[Popolna prepoved obiskov v domovih za starejše](#)', public release, 6 March 2020.

and visitors shall be separated by a Plexiglas barrier, or the visitors shall wear protective coats, surgical masks with a visor and surgical gloves.<sup>95</sup>

### **2.2.5 Restrictive measures for older people living in the community**

In **Slovenia**, no specific restrictions imposed specifically on older people living in the community could be identified.

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

In **Slovenia**, restrictions on the provision of healthcare services were in place from March until the second week of May. Since 11 April, healthcare providers suspended preventive services, save for those necessary to prevent negative consequences for patients' health. Specialist examination and surgeries were also suspended, except for services marked as urgent or very swift, oncology services and treatment of pregnant women. The same applied to apply to rehabilitation procedures and other non-essential forms of treatment. Healthcare providers, however, were obliged to provide services to patients in whom the abandonment or postponement of the provision of health services would lead to a deterioration of their health condition, provided that they had a negative epidemiological history and showed no signs of respiratory infection.<sup>96</sup> During this period, chronic patients were advised to stay in touch with their doctors in case of need (e.g. medication supply) or if their health condition worsened either in relation to Covid-19 infection or their underlying conditions, while remote consultations were provided to vulnerable groups, as the latter were advised against attending outpatient hospital appointments.<sup>97</sup> In this period, thus, community nursing services, including at homes of the elderly, were provided in a reduced manner, namely in cases when the abandonment or postponement of the provision of services would lead to a deterioration of a person's health condition.

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<sup>95</sup> Slovenia, Ministry of Labour, Family, Social Affairs and Equal Opportunities (*Ministrstvo za delo, družino, socialne zadeve in enake možnosti*), [Omogočanje obiskov v socialnovarstvenih zavodih in drugih izvajalcih institucionalnega varstva – št. 0075-1/2020/29](#), 30 April 2020.

<sup>96</sup> Slovenia, [The Ordinance on temporary measures in the field of healthcare to contain and control the COVID-19 epidemic](#) (*Odlok o začasnih ukrepih na področju zdravstvene dejavnosti zaradi zajezitve in obvladovanja epidemije COVID-19*), 31 March 2020, and subsequent modifications.

<sup>97</sup> Albrecht, T. (2020), *Slovenia*, World Health Organization, COVID-19 Health Systems Response Monitor. For more information, see the organisation's webpage on [www.covid19healthsystem.org/countries/slovenia/countrypage.aspx](http://www.covid19healthsystem.org/countries/slovenia/countrypage.aspx).

Since 9 May, access to all healthcare services is possible in **Slovenia**,<sup>98</sup> provided that patients have a negative epidemiological anamnesis and show no signs of a respiratory infection. Persons who show signs of a respiratory infection or other signs of COVID-19 disease or have a positive epidemiological history or confirmed COVID-19 disease shall be scheduled or admitted to the COVID-19 outpatient clinic, or in accordance with recommendations and instructions for health care providers published on the website of the ministry responsible for health (i.e. recommendations and instructions valid during the epidemic).<sup>99</sup> Healthcare professionals and providers at all levels of healthcare system shall further observe the relevant recommendations for the prevention of infection published on the website of the National Institute of Public Health and the opinions of extended professional colleges for an individual field of health, approved by the minister.<sup>100</sup> Relatively restrictive instructions represent a challenge to the providers including longer time needed per patient, and consequently limiting access to services.<sup>101</sup>

### **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**

Following the declaration of the epidemic in **Slovenia** on 12 March, the next day saw the activation of the State Emergency Plan on the Protection and Relief in the Event of Epidemic or Pandemic Infectious Diseases in Humans (*Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh*).<sup>102</sup> The Civil Protection of the Republic of Slovenia (*Civilna zaščita Republike Slovenije*) was activated to support coordinating measures to curb the spread of the Covid-19, whereas local Civil Protection units coordinated efforts in local communities and supported municipalities, as the latter are responsible for providing for basic living conditions during

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<sup>98</sup> Slovenia, [The Ordinance on the revocation of the The Ordinance on temporary measures in the field of healthcare to contain and control the COVID-19 epidemic](#) (Odlok o prenehanju veljavnosti Odloka o začasnih ukrepih na področju zdravstvene dejavnosti zaradi zaježitve in obvladovanja epidemije COVID-19), 8 May 2020.

<sup>99</sup> Slovenia, [The Decree on temporary measures in the field of healthcare to contain and control the COVID-19 epidemic](#) (Odredba o začasnih ukrepih na področju opravljanja zdravstvene dejavnosti zaradi zaježitve in obvladovanja epidemije COVID-19), 5 May 2020; Slovenia, Ministry of Health (Ministrstvo za zdravje), '[Vlada ponovno uvaja izvajanje zdravstvenih in zobozdravstvenih storitev na vseh ravneh](#)', public release, 8 May 2020.

<sup>100</sup> Slovenia, [The Decree on temporary measures in the field of healthcare to contain and control the COVID-19 epidemic](#) (Odredba o začasnih ukrepih na področju opravljanja zdravstvene dejavnosti zaradi zaježitve in obvladovanja epidemije COVID-19), 5 May 2020.

<sup>101</sup> Albrecht, T. (2020), *Slovenia*, World Health Organization, COVID-19 Health Systems Response Monitor. For more information, see the organisation's webpage on [www.covid19healthsystem.org/countries/slovenia/countrypage.aspx](http://www.covid19healthsystem.org/countries/slovenia/countrypage.aspx).

<sup>102</sup> Slovenia, Government of the Republic of Slovenia (*Vlada Republike Slovenije*) (2016), [Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh](#), 11 February 2016.



epidemic, including provision of e.g. food and medications to vulnerable groups.<sup>103</sup> Various initiatives aimed at elderly took place at the local level involving major national humanitarian organisations,<sup>104</sup> as well as NGOs with a considerable number of volunteers. These included e.g. delivery of food, medications and disinfectants,<sup>105</sup> volunteering in nursing homes and special social care institutions (e.g. food delivery, making beds, providing companionship), as well as providing transportation to nursing homes staff during public transport lockdown.<sup>106</sup>

In the beginning of April, two **Slovenian** NGOs set up a free-of-charge telephone chatline intended for elderly who experienced social isolation during the Covid-19 epidemic and simply wanted to chat with their peers. According to the NGOs, most elderly face loose social ties, which have been completely cut in some cases because of the need for restricted movement. In addition, it was found during fieldwork that there were many smaller local initiatives involving conversation between elderly and volunteers, but that such conversation only engaged the elderly for a limited period of time. The chatline is operational every day from 8:00 to 20:00 including week ends.<sup>107</sup>

In **Slovenia**, there were various free-of-charge telephone helplines established during the epidemic, or pre-existing ones, involving experts in the field of mental health who provided advice to population in distress. These were functioning within healthcare centres, mental health centres, while such services were also provided by NGOs.<sup>108</sup>

A **Slovenian** NGO working for the benefit of people with dementia and their relatives created resources with tips for supporting people with dementia during the epidemic, whether they live alone, at homes with other persons, or in nursing homes. The organisation regularly publishes

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<sup>103</sup> Slovenia, [The Protection against natural and other disasters act](#) (Zakon o varstvu pred naravnimi in drugimi nesrečami), 28 September 1994, and subsequent modifications. For an overview of provisions (e.g. delivery of food, psychological support) available to population in municipalities which are members of the Association of Municipalities and towns of Slovenia, see the organisation's webpage on <https://skupnostobcin.si/ukrepi-obcin-na-covid-19/#p3>.

<sup>104</sup> For more information, see, for example, [www.karitas.si/telefonske-linije-in-programi-pomoci-koronavirus-2020/](http://www.karitas.si/telefonske-linije-in-programi-pomoci-koronavirus-2020/).

<sup>105</sup> For more information, see, for example, <https://podcrto.si/kako-poskrbeti-za-starejse-v-casu-pandemije-koronavirusa/>, <https://www.rtvlo.si/zdravje/novi-koronavirus/prostovoljna-pomoc-v-casu-epidemije-tezko-nam-je-le-sedeti-doma-in-cakati/519362>.

<sup>106</sup> For more information, see [www.filantropija.org/2020/04/13/poziv-prostovoljcem-za-pomoc-v-socialno-varstvenih-zavodih/](http://www.filantropija.org/2020/04/13/poziv-prostovoljcem-za-pomoc-v-socialno-varstvenih-zavodih/), [www.filantropija.org/2020/05/03/slovenska-filantropija-se-vedno-nudi-pomoc-uporabnikom/](http://www.filantropija.org/2020/05/03/slovenska-filantropija-se-vedno-nudi-pomoc-uporabnikom/).

<sup>107</sup> For more information, see the chatline webpage on [www.cvekifon.com/](http://www.cvekifon.com/).

<sup>108</sup> For more information, see the website of the National Institute of Public Health on [www.nijz.si/sl/strokovnjaki-s-podrocja-dusevnega-zdravja-v-casu-epidemije-koronavirusa-na-voljo-za-brezplacne](http://www.nijz.si/sl/strokovnjaki-s-podrocja-dusevnega-zdravja-v-casu-epidemije-koronavirusa-na-voljo-za-brezplacne).

advice, activities and exercises aimed at people with dementia on its website or Facebook page. During the pandemic, the organisation extended working time of its telephone helpline for counselling and companionship to seven days a week.<sup>109</sup>

The National Institute of Public Health also published instructions aimed at people with dementia in **Slovenia**.<sup>110</sup>

Based on the Intervention Measures to Contain COVID-19 Epidemic and to Mitigate its Consequences for Citizens and Economy Act, one-off solidarity payment in the amount from 130 to 300 EUR was earmarked to **Slovenian** pensioners with lower pensions.<sup>111</sup>

## **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**

In **Slovenia**, regular channels for consultations with older people's organisations and/or other civil society organisations in the design, implementation and review of COVID-19-related measures could not be identified. Organisations advocating for the rights of elderly mainly addressed the relevant issues via public letters. For example, the Silver Thread – Association for decent ageing (*Srebrna nit – Združenje za dostojno starost*) reported that they addressed a number of letters to public authorities during epidemic, but only in mid-May received two general responses from state authorities, while in the first week of May they were informed via telephone that they would be asked for opinion before adoption of further measures.<sup>112</sup> The ZDUS – the Slovene Federation of Pensioners' Associations (*ZDUS – Zveza društev upokojencev Slovenije*) reported that they participated in consultations regarding the legislative proposal of one-off solidarity payment to Slovenian pensioners, while they publicly addressed other issues on their own initiative.<sup>113</sup> Volunteers of the

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<sup>109</sup> For more information, see the organisation's webpage on [www.spomincica.si/](http://www.spomincica.si/).

<sup>110</sup> For more information, see the webpage of the National Institute of Public health on [www.nijz.si/sl/napotki-starejsim](http://www.nijz.si/sl/napotki-starejsim).

<sup>111</sup> Slovenia, [The Intervention measures to contain COVID-19 epidemic and to mitigate its consequences for citizens and economy act](#) (*Zakona o interventnih ukrepih za zajezitev epidemije COVID-19 in omilitev njenih posledic za državljane in gospodarstvo*), 2 April 2020, and subsequent modifications.

<sup>112</sup> Information was provided by the Silver Thread – Association for decent ageing (*Srebrna nit – Združenje za dostojno starost*) upon request (email, 25 May 2020). For more information, see also the organisation's webpage on [www.srebrna-nit.si/](http://www.srebrna-nit.si/).

<sup>113</sup> Information was provided by the ZDUS – the Slovene Federation of Pensioners' Associations (*ZDUS – Zveza društev upokojencev Slovenije*) upon request (email, 28 May 2020). For more information, see also the organisation's webpage on [www.zdus-zveza.si/domov](http://www.zdus-zveza.si/domov).

latter organisation who are of older age were involved as informants about the needs of the elderly in a number of local communities across the country.<sup>114</sup>

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<sup>114</sup> Information was provided by the ZDUS – the Slovene Federation of Pensioners' Associations (*ZDUS – Zveza društev upokojencev Slovenije*) upon request (email, 28 May 2020).