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The Asthma Society of Ireland

The Asthma Society of Ireland's mission is to stop asthma deaths in Ireland. We are the voice of the 380,000 people with asthma in Ireland, and our work radically transforms their quality of life. We fight asthma with every breath. Our vision is that everyone with asthma in Ireland lives a full life, symptom-free.

1. We champion change by advocating to prevent asthma deaths.
2. We communicate about asthma to ensure it is taken seriously as a health challenge.
3. We support with services for all people with asthma, empowering them to control the condition and providing health promotion programmes which deliver impactful asthma interventions.
4. We learn together and collaborate with healthcare, research and education professionals – and always with patients – to improve our understanding of how asthma works and how to combat it.
5. We build our capacity to deliver for patients by growing and diversifying our funding streams, by innovating and by being best-in-class as a charity.

A core and critical element of the Asthma Society's service provision function is our HSE-funded Adviceline, a free call-back service for Asthma and Chronic Obstructive Pulmonary Disease (COPD) patients, their carers and families with respiratory specialist nurses. During Asthma Awareness Week 2020, 1-8 May, we were proud to launch our new Sláintecare-funded, Beating Breathlessness WhatsApp messaging service, which allows patients with asthma and COPD, and their family and carers, to message a respiratory specialist nurse about all aspects of their disease management.

About asthma: the disease and its prevalence in Ireland

Asthma is an inflammatory disease of varying severity that affects the airways. People with asthma have airways that are extra sensitive to substances (or triggers), which irritate them. Common symptoms include coughing, wheezing, shortness of breath, chest tightness, being too breathless to finish a sentence, being too breathless to walk, sleep or eat, and lips turning blue. Ireland has among the highest rates of asthma in the world.ⁱ

In 2019, as part of a comprehensive study conducted by the Asthma Society into the economic cost of asthma to the State, *Easing the Economic Burden of Asthma*, market research was conducted to establish up-to-date prevalence rates. The findings of this research suggest a 1-in-5 (890,000 people) lifetime prevalence rate, a 1-in-13 (380,000) annual prevalence rate in adults and a 1-in-10 annual prevalence rate in children.ⁱⁱ Alarming, Eurostat figures show that Ireland had the poorest asthma mortality outcome across 14 European countries in 2015 – 74 people – and one of the highest asthma hospitalisation rates (8000 hospital admissions) in 2016. It is heartening to note CSO figures that suggest a fall in death rates over the two years since 2015, with 61 deaths in 2016 and 57 deaths in 2017, though these figures remain unacceptably high in light of asthma being a largely manageable disease.

Asthma Society response to COVID-19 (coronavirus)

From the first week of March 2020, it became evident to the Asthma Society that asthma and COPD patients and their families and carers, were keenly aware of – and extremely concerned about – the seriousness of the coronavirus outbreak in Ireland and its potential health implications for people with a chronic respiratory disease. They were also struggling to find reliable and easy-to-understand information about coronavirus and asthma or COPD. The Asthma Society is proud to say that we have worked extremely hard and adapted quickly to give supports, expert advice and a voice to these patients at a time of extreme vulnerability.

Our team has striven – and continues to strive – to develop and disseminate accurate and up-to-date information about coronavirus and asthma and COPD, and to ensure patients’ experiences and concerns as a medically vulnerable group are recognised and addressed through ongoing liaison with our Medical Advisory Group (made up of the top asthma experts in the country), the HSE and the Department of Health (DoH), while providing direct support through our inundated services.

In March and April alone, support calls and queries numbered 2,251 (up from 293 in the same period in 2019); 1,031 appointments were made with our specialist Adviceline nurses (up from 489 in the same period in 2019) and 12,810 Asthma Action Plans – a crucial element of effective asthma self-management – were downloaded from our website (up from 356 in the same period). The organisation was required to immediately introduce crisis response measures, including redeployment of five staff, recruitment of four additional staff members and a doubling of nurse hours, to field the increasing volume of calls regarding coronavirus and to source and draft information specific to people with asthma and COPD in cooperation with the HSE, the DoH, the HSPC, the IPU and our expert Medical Advisory Group.

In March, we published the only HSE-approved asthma and COPD-specific patient information resource on coronavirus in Ireland, including relevant government advice and supports; we responded swiftly to misinformation circulating online through coordinated public information campaigns and created tailored health resources for adults and children with asthma. The information we developed was, importantly, shaped by a combination of relevant government advice and guidance and trends in queries and concerns raised through our support services. We have disseminated this information through several platforms and media to meet varying patient literacy requirements.

[The Asthma Society Survey of Asthma and COPD Patients regarding COVID-19 \(coronavirus\)](#)

The Covid-19 crisis has been particularly challenging for people with asthma and COPD, with direct and detrimental impacts in terms of physical, mental and economic wellbeing. While initial concerns logged through our call-triage and Adviceline services focused on fear about the vulnerability of asthma and COPD patients during the pandemic and how to avoid contracting the virus, they progressed quickly to concerns about medication availability and adherence, followed by a surge in calls regarding workplace health and safety practices and a clear eagerness among patients to stay home and protect themselves against infection.

In April, the Asthma Society conducted an extensive survey amongst 2,462 patients living with asthma and COPD (and their family members) in Ireland to investigate more deeply the varied needs and concerns of people with asthma since the confirmed outbreak of the pandemic in Ireland. The survey looked at issues such as concerns about contracting the virus; the extent of knowledge and understanding of government advice; sources and perceived reliability of information on coronavirus; adherence to and use of medications; access to healthcare services; and employment status and conditions.

In the context of reports of growing impatience with current government-imposed restrictions among the general public and certain interest groups, the findings should prove valuable in informing policy and planning considerations into the coming months. It is essential that the most vulnerable in our society are prioritised and the Asthma Society warmly welcomes the inclusion of the government’s ability to shield at-risk groups as one of the five criteria in the new Roadmap to Society and Business (“the Roadmap”). People with long-term respiratory illnesses, such as asthma and COPD, have been identified as an at-risk group in Department of Health guidance on coronavirus, with people with severe asthma or severe COPD recognised as “extremely medically vulnerable”. The Asthma Society urges government to continue to consider people with asthma in

these categories and to ensure their particular requirements are given due weight in all plans to ease restrictions and reopen Ireland.

While other cohorts may be able to readapt relatively easily to life in Ireland without the current severe restrictions, people with respiratory illness face a future of greater uncertainty. It is imperative that their needs are considered and met not only in the transition period as Ireland reopens, and until such time as a vaccine is introduced for COVID-19, but in all health planning in preparation for a similar future pandemic. Those with long-term medical conditions which leave them particularly vulnerable to another outbreak must be prioritised to ensure optimal disease management to protect against infectious disease.

This document sets out the immediate considerations and recommendations for government in seeking to reopen Ireland and in the short and medium term.

Recommendation:

- The Asthma Society urges government to continue to consider people with asthma in these categories and to ensure their particular requirements are given due weight in all plans to ease restrictions and reopen Ireland.

Levels of concern among patients with regard to contracting COVID-19 (coronavirus)

It is unsurprising that people with a long-term respiratory illness are particularly concerned about their health and wellbeing at this time. Rates of worry among respondents to our survey on this matter were striking:

- 9 out of 10 (92 per cent) respondents to the survey are concerned or very concerned about becoming infected with coronavirus due to their asthma or COPD.
- Almost 9 out of 10 (89 per cent) people are concerned or very concerned about contracting a severe form of coronavirus (due to their asthma).
- 7 out of 10 people (74 per cent) stated that coronavirus posed a high or very high threat to their health or a family member's health.
- 7 out of 10 (71%) are 'very concerned' that they will require ventilator treatment for coronavirus.

It is notable that while respondents also report significant worries with regard to becoming socially isolated (31 per cent concerned or very concerned) or not being able to leave the house (33 per cent concerned or very concerned) due to government restrictions, the rates of these concerns are significantly less than the fear of infection. We would suggest that these figures – along with the high volume of calls our team receives from patients expressing anxiety at having to continue to work in high-exposure settings with asthma or COPD – provide indicative guidance with regard to the overall prioritisation required for this cohort; their health and safety is by far a more pressing concern than the easing of restrictions.

The Asthma Society does recognise, however, that the degree to which protection measures, such as stay-at-home or cocooning instructions, provide comfort, clarity and reassurance to many patients with chronic respiratory disease, is subject to a range of circumstances and that there are asthma and COPD patients for whom home is not a safe place due to poor housing conditions that further exacerbate their disease or due to an unstable environment. We also recognise that people living in homelessness, a population with a disproportionately high prevalence of asthma and other respiratory illnesses (and are unlikely to be broadly represented within the respondents of this survey) are experiencing much higher levels of social isolation and require urgent physical and mental health and accommodation supports. We therefore refer the Minister to recommendations made by relevant representative organisations in addition to the Asthma Society's recommendations to guarantee appropriate balancing of priorities among vulnerable groupings.

Recommendations:

- Ensure that the health, safety and wellbeing of the most vulnerable are given due prioritisation over easing of restrictions on business or society.

Knowledge and understanding of government advice

Categorisations provided by DoH and the HSE regarding those who are considered 'high-risk' and 'extremely medically vulnerable' during the pandemic have been helpful in guiding asthma and COPD patients towards relevant recommended protection measures during the pandemic. However, patients with asthma or COPD do not consider the information provided by government to be sufficient in informing matters relevant to their disease.

Despite extensive outreach and public information campaigns by the Asthma Society of Ireland, some resistance among healthcare professionals and employers, for example, has been reported by asthma and COPD patients who have been eager to practice strict social distancing or to cocoon, as advised. This has been compounded by a lack of information by the State specific to coronavirus for patients with respiratory diseases, which was requested repeatedly by the Asthma Society. Almost 9 out of 10 people report they are aware of or have researched government advice on coronavirus for vulnerable/high risk groups. 4 out of 10 (41 per cent) people believe that there is not enough information readily available on coronavirus *and its effect on people with respiratory illnesses* and, while 77 per cent report they would be confident in listing the symptoms of coronavirus, only half of all respondents report they would be confident in listing the effects of coronavirus on people with asthma and/or COPD.

We have responded promptly to fill this information gap and are appreciative of the endorsement of some of our tailored information by the HSE, including the National Clinical Respiratory Programme, and the DoH. Information provided or endorsed by the State contains a unique value. We therefore continue to urge the Minister and his Department to see to it that information on coronavirus and at-risk patients is sufficiently tailored and explicit and, where possible, endorsed by the HSE or DoH.

For example, in communications to the Asthma Society following the introduction of cocooning for those, *inter alia*, with severe asthma and severe COPD, it became immediately clear that – both among patients and non-specialist healthcare professionals – there was widespread confusion as to these categorisations. We worked swiftly with members of our Medical Advisory Group and liaised with the HSE to provide a definition for severe asthma to support patients in determining whether cocooning restrictions applied to them. However, the definition, only adopted internationally in 2014, is not yet widely understood across healthcare professionals and, ideally, a communication from DoH or the HSE providing a definition or, indeed, endorsing the definition published by the Asthma Society would help to stem the ongoing difficulties of patients with severe asthma communicating with their GPs, public health nurses and employers.

That being said, respondents' reported understanding and knowledge of government advice overall was heartening. 76 per cent report they would be confident in listing the ways to protect themselves against coronavirus and 75 per cent report they would be confident in listing the ways coronavirus is contracted. The recognition on Tuesday, 1 May, by An Taoiseach Leo Varadkar, of the particular concerns of people with asthma and COPD at this time will resonate with patients and, no doubt, be appreciated, and we urge government to make every effort to explicitly recognise and address the concerns and health and safety requirements of people with asthma and COPD with tailored information where possible, as was provided, for example, for cancer patients in the early weeks of the pandemic outbreak. The commitment to 'tailor key messages for target groups, such as, vulnerable groups' in the new Roadmap are therefore to be welcomed and it is our expectation that

people with all forms of asthma and COPD will be explicitly included in this messaging. We are seeking the support of health spokesperson to ensure this is achieved.

To guarantee widespread adherence, protection of the most vulnerable, and to ensure the curve remains flattened, public information campaigns by government, especially regarding measures that will disproportionately impact on the medically vulnerably, such as those with asthma or COPD, need to be targeted towards:

- Patients
- Patients' families and the general public
- Employers
- Healthcare professionals

It is critically important that the Minister recognises the unique value of information provided or endorsed by his Department and the HSE – informed by experts and representative organisations – in ensuring consistency, clarity, acceptance, adherence, and to facilitate monitoring mechanisms and recourse to further protections and enforcement, should they be necessary.

Recommendation:

- Make every effort to explicitly recognise and address the concerns and health and safety requirements of people with asthma and COPD with tailored information, where possible.

Sources and perceived reliability of information on coronavirus

The Asthma Society has been – as described above – working to fill the gaps in information by responding to and pre-empting the concerns of patients. It is clear from the findings of our survey that the Asthma Society has been largely successful in this regard, with our Adviceline, website and social media updates listed as three of the most beneficial supports for patients with asthma and COPD during COVID-19. Indeed, our website has had in excess of 470,000 visitors over March and April 2020 (up from 64,000 in the same period in 2019).

In addition to providing tailored information on the virus and asthma and COPD, the Asthma Society has also consistently referred patients to the HSE and DoH websites for the most reliable and up-to-date available information on coronavirus. 67 per cent of respondents named the HSE and just over 27 per cent named the Department of Health or Department of Employment Affairs and Social Protection websites as one of their sources of information on coronavirus. 55 per cent of respondents named the Asthma Society as one of their top sources of information on the virus.

The Asthma Society will continue to tailor health information and other government guidance, in cooperation with relevant State agencies and Departments as appropriate, for asthma and COPD patients throughout this pandemic. We consider this to be especially critical in the context of the reduced capacity of the National Clinical Respiratory Programme team, which has been in part seconded to other roles in the HSE. The Asthma Society requested a representative role on the Department of Health's Vulnerable Communities Sub-Group, given our unique capacity to feed in real-time information based on the volume of calls we are now receiving and our consistent logging, monitoring and analysis of all queries coming through all of the organisation's support and communications channels, which represent a significant insight into the experiences of over half a million patients in Ireland. We remain eager to establish a regular and formal two-way communications channel with the Department which will allow us to secure best results for people with asthma and COPD.

The Asthma Society welcomes the Department of An Taoiseach's commitment in the new Roadmap to a process of consultation through relevant Departments on the effective and safe implementation of the Public Health Framework across different sectors of the economy, to which we will make a

submission. We recommend that the government also conduct parallel consultations on the process of safe re-opening of community and other facilities, as well as, crucially, on longer-term financial and medical supports for vulnerable groups in the coming months and beyond.

Recommendation:

- A communication is issued by the Minister for Health or the HSE providing a definition of severe asthma or endorse the definition published by the Asthma Society to stem the ongoing difficulties of patients with severe asthma communicating with their GPs, public health nurses and employers
- Consultations are conducted on the process of safe re-opening of community and other facilities, as well as, crucially, on longer-term financial and medical supports for vulnerable groups in coming months and beyond.

Medication use and adherence

The Asthma Society cannot overstate how important it is for asthma and COPD patients to manage their disease at this time. This is a health message that has been promoted by the HSE, DoH and which has been central to the Asthma Society's communications since the outbreak of the pandemic. It must remain a central imperative in protecting patients in the coming months. A crucial element of effective self-management is strict adherence to treatment as prescribed by the patient's GP or consultant. However, adherence to asthma treatment is generally low - at around 50 per cent.ⁱⁱⁱ Our survey sought to establish if adherence or attitude to adherence had changed and whether patients were seeking and receiving healthcare treatment.

Over 99 per cent of respondents to the survey had been prescribed some form of medication for their asthma: 45 per cent have been prescribed a reliever and controller inhaler; 17 per cent have been prescribed only a reliever inhaler; almost 1 in 10 were prescribed a number of inhaler medications of different kind; 5 per cent a combination inhaler; and almost 6 per cent a steroid tablet in combination with their inhalers. All other medications ranged around 2 per cent or less.

Almost 1 in 10 have started or restarted taking medication based on their concerns around coronavirus and a further 30 per cent had increased their medication use in recent weeks at the instruction of the GP or because they were being more careful to take it as prescribed. Over 58 per cent had not changed their medication use. Worryingly, though unsurprising given previous research findings, 68 per cent of respondents reported using their inhaler without a spacer, putting themselves at high risk of insufficient dosage. 5 per cent of respondents, on the other hand, reported beginning to use their spacer with their inhaler in recent weeks.

While the findings may indicate a promising trend of behaviour change by patients in some instances to better adherence rates (if not proper technique), 1 in 5 (22%) people stated that they were not confident in their medication use at this time. (Almost 13 per cent reported that they had tried to make an inquiry regarding their medication since the coronavirus outbreak in Ireland, but their healthcare professional was unavailable.)

In its recent advocacy campaign in the run up to General Election 2020, the Asthma Society consulted with patients and their families as to the changes in supports and care they needed. By far the most pressing and prevalent need is financial support in covering medication costs. Asthma is a long-term disease which tends to occur within families, meaning many households have more than one person in need of asthma medication. A remarkable and disturbing number of patients disclosed in January that they went without medication in order to pay their bills or cover other medication costs. The Asthma Society will, over coming weeks, seek to establish in-depth data on this issue, however, it is imperative – particularly in light of the heightened health risks associated with this pandemic for asthma patients and the unprecedented levels of job/income loss due to this crisis –

that the Minister increase resources to subsidise the cost of medication for those who are particularly vulnerable to this pandemic and add asthma to the Long-Term Illness Scheme in Budget 2021.

Recommendation:

- Resources are increased to subsidise the cost of medication for those who are particularly vulnerable to this pandemic and asthma is added to the Long-Term Illness Scheme in Budget 2021.

Access to healthcare

Core to asthma and COPD healthcare planning at present and into the coming year(s) will be ensuring that patients are accessing services when and as required; rebuilding trust amongst patients that they can and should seek (COVID or non-COVID) care; and guaranteeing that need is prioritised over means as a determinant for healthcare provision.

3 in 10 asthma and COPD patients are avoiding healthcare services due to fear of contracting the virus, according to our survey findings. Concerns regarding contracting the virus among asthma and COPD patients are compounded by concerns that needs will not be met. 88 per cent of asthma and COPD patients are concerned or very concerned about being able to access necessary healthcare supports during the coronavirus outbreak – 50 per cent of whom are concerned about being able to access COVID-19 care. Of the 43 per cent of respondents who had reached out to their GP or consultant to seek advice since the outbreak, an alarming 33 per cent stated they did not feel their concerns had been satisfactorily addressed. 8 out of 10 (82 per cent) people are concerned or very concerned that, should they contract the virus, they would not be tested quickly enough; 7 per cent were awaiting testing at the time of the survey.

When we asked patients about their greatest concern in the weeks ahead, we received answers such as:

- *“Fear of me or my asthmatic child getting the virus and the terror of being separated from him if he had to go to hospital”*
- *“Not being considered for an in-demand ventilator due to asthma”*
- *“That I would be considered not worth saving”*

There is a pressing need, as healthcare services and supports reopen, for greater clarity in communication regarding the provision of COVID and non-COVID-19 healthcare to provide confidence in availability, and about measures introduced in healthcare settings to reduce risks for the most medically vulnerable and their families, in particular those with severe asthma and COPD.

The Asthma Society has therefore called on the Minister to continue, and enhance, communication between the Department and the HSE and patient representative organisations to ensure the public communication campaign committed to in the new Roadmap to “encourage people to present for care when they need it, advise of health and social care services initiatives to reduce risk of contracting COVID-19 and what to expect in regard to non-COVID-19 care access” appropriately and effectively addresses the concerns of the most medically vulnerable – and therefore potentially most resistant to seeking care.

It is likely that demands for non-COVID-19 treatment will cause enormous pressure on our healthcare services in the medium term. Already-too-long waiting lists and overburdened supports and services will be stretched further. This will require fresh and innovative thinking from the incoming government and opposition members, including significant investment in primary and community care to take pressure off secondary and tertiary services and resourcing recruitment for the increased capacity that will be needed.

The Asthma Society's 2019 *Easing the Economic Burden of Asthma* report estimated the total economic cost of asthma to the State in 2017 to be €472 million. This equates to a cost of €1,242 per person with asthma. The direct cost of asthma care accounted for 57% of total costs, with indirect costs accounting for the remaining 43%. Secondary care represented the largest proportion of direct costs at €160 million. The report estimated that the introduction of a quality, accessible universal self-management programme could reduce asthma hospitalisations by up to 50%, emergency department visits by up to 46% and GP visits by up to 32%. The HSE must develop and provide a high-quality universal self-management programme for people with asthma and COPD, looking internationally to best practice countries such as Finland.

In addition, the need to expand access to the Chronic Disease Management Programme beyond those over 70 years to those most in need – in particular who have been hospitalised in the past 12 months, those with severe asthma and every child – is more pressing than ever. Finally, the Minister must ensure that patients with severe asthma – those forced to stay indoors without face-to-face interaction or, in many cases, access to outdoors spaces of any kind to protect themselves during this pandemic – have access to the life-saving (and life-transforming) high-tech treatments they need by extending the new national funding model and guaranteeing regular access to a specialist respiratory consultant.

Recommendations:

- Communication is continued and enhanced between parliament, the Department and the HSE and patient representative organisations to ensure the public healthcare communication campaign committed to in the new Roadmap appropriately and effectively addresses the concerns of the most medically vulnerable.
- A high-quality universal self-management programme is developed and introduced for people with asthma and COPD, looking internationally to best practice countries such as Finland.
- Access to the Chronic Disease Management Programme is expanded beyond those over 70 years to those most in need, in particular patients who have been hospitalised in the past 12 months, those with severe asthma and every child.
- The new national funding model for high-tech severe asthma treatments extended for those considered by their consultant to be eligible and in need.
- Regular access to a specialist respiratory consultant is guaranteed to severe asthma patients.

Employment status and conditions

The employment status of people all around the country has been affected by coronavirus, including people with asthma and COPD. Of those surveyed, 14 per cent are recently unemployed due to COVID-19 and 4 per cent have had working hours cut due to COVID-19. Over half (53 per cent) believe coronavirus posed a high or very high threat to their job or business and a third are concerned they will be made unemployed or their wages will be reduced due to the pandemic.

Financial supports to date have proven to be a source of critical relief to those made unemployed due to coronavirus. Asthma and COPD patients are beginning, like the rest of the population, to consider the future as restrictions are eased. There is a pronounced fear amongst patients about their vulnerability at this time and how they will balance their physical and mental health against their financial needs. Special provision must be made for those who have been advised by the HSE to date that they are particularly vulnerable to the effects of COVID-19. We welcome An Taoiseach's

confirmation on 7 May that the Pandemic Unemployment Payment will be extended for beyond mid-June. The Asthma Society recommends that financial supports for those required to isolate or cocoon for extended periods due to medical vulnerability (beyond that of the general population) are made available, including business owners and the self-employed where their livelihood requires external engagement or where cocooning limits ability to reopen fully as the economy does. Provisions may also need to be made for teachers, childcare workers and others in highly exposed professions who are medically vulnerable.

Of those who were still working at the time of the survey, 1 in 4 (26 per cent) were worried about contracting coronavirus from their colleagues and 13 per cent feel that their employer had not made the necessary arrangements to fully protect them from coronavirus. Concerns about entitlements regarding employment conditions during the pandemic remain by far one of the most persistent issues raised by those contacting the Asthma Society's support services.

The National Protocol being finalised by Government, employers and trade unions, with the assistance of the Health and Safety Authority, must provide absolute clarity to employees and employers with regard to special measures for the protection of at-risk and extremely medically vulnerable groups, including naming relevant diseases that place a patient in these categories, as well as to healthcare professionals who may be required to provide documentation to workers.

Indeed, in order to be truly effective in "protecting the health and safety of workers as they return to work" and resurgence of the virus through inadequate planning, workers must be consulted and participate in its development and finalisation, as well as implementation of any monitoring process. We strongly recommend that employers are urged to show appropriate flexibility and compassion in negotiations with these employees. In the immediate term, we would ask that public information campaigns promoting the easing of restrictions for those who have been cocooning clarify its applicability to those who are extremely medically vulnerable and provide clear guidance (including on wearing face masks and gloves) on how to safely engage in these reinstated liberties.

Recommendations:

- Financial supports are made available for those required to isolate or cocoon for extended periods due to medical vulnerability (beyond that of the general population), including business owners and the self-employed where their livelihood requires external engagement or where cocooning limits ability to reopen fully as the economy does. These support must be sufficient such that they do not force vulnerable people back to work due to economic hardship.
- The need for special financial provisions are considered for teachers, childcare workers and others in highly exposed professions who are medically vulnerable.
- An addendum to the Return to Work Safely Protocol is issued to provide absolute clarity to employees, employers and healthcare professionals with regard to special measures for the protection of at-risk and extremely medically vulnerable groups, including naming relevant diseases that place a patient in these categories.
- That the high-level consultative stakeholder forum Labour Employer Economic Forum on the implementation of the Return to Work Safely Protocol specifically considers the needs of medically vulnerable groups returning to work, consults with those workers and issues specific and targeted recommendations relevant to those workers, where appropriate.

- Employers are required to show appropriate flexibility and compassion in negotiations with high-risk and medically vulnerable employees returning to work.
- Public information campaigns promoting the easing of restrictions for those who have been cocooning are designed to clarify its applicability to those who are extremely medically vulnerable and clear guidance is provided on how to safely engage in these entitlements.

In summary of the above, the Asthma Society is making the following COVID-specific recommendations, requiring implementation in the immediate term:

- People with asthma and COPD continue to be considered at risk or extremely medically vulnerable and that their particular requirements are given due weight in all plans to ease restrictions.
- Every effort is made to explicitly recognise and address the concerns and health and safety requirements of people with asthma and COPD with tailored information where possible.
- A communication is issued by the Minister for Health or the HSE providing a definition of severe asthma or endorse the definition published by the Asthma Society to stem the ongoing difficulties of patients with severe asthma communicating with their GPs, public health nurses and employers.
- Consultations are conducted on the process of safe re-opening of community and other facilities, as well as, crucially, on longer-term financial and medical supports for vulnerable groups in coming months and beyond.
- Communication is continued and enhanced between parliament, the Department and the HSE and patient representative organisations to ensure the public healthcare communication campaign committed to in the new Roadmap appropriately and effectively addresses the concerns of the most medically vulnerable.
- The National Protocol provides absolute clarity to employees, employers and healthcare professionals with regard to special measures for the protection of at-risk and extremely medically vulnerable groups, including naming relevant diseases that place a patient in these categories.
- Broad consultation is conducted with workers in the development and finalisation of the National Protocol and the implementation of any monitoring processes.
- Employers show appropriate flexibility and compassion in negotiations with high-risk and medically vulnerable employees returning to work.
- Public information campaigns promoting the easing of restrictions for those who have been cocooning are designed to clarify its applicability to those who are extremely medically vulnerable and clear guidance is provided on how to safely engage in these entitlements.

The Asthma Society is making the following recommendations to protect people with asthma and COPD in the short to medium term:

- Financial supports are made available beyond 12 June for those required to isolate or cocoon for extended periods due to medical vulnerability (beyond that of the general population) due to COVID-19, including business owners and the self-employed where their

livelihood requires external engagement or where cocooning limits ability to reopen fully as the economy does.

- The need for special financial provisions are considered for teachers, childcare workers and others in highly exposed professions who are medically vulnerable.
- Resources are increased to subsidise the cost of medication for those who are particularly vulnerable to this pandemic and asthma is added to the Long-Term Illness Scheme in Budget 2021.
- A high-quality universal self-management programme is developed and resourced for people with asthma and COPD, looking internationally to best practice countries such as Finland.
- Access to the Chronic Disease Management Programme is expanded beyond those over 70 years to those most in need, in particular patients who have been hospitalised in the past 12 months, those with severe asthma and every child in Budget 2021.
- The new national funding model for high-tech severe asthma treatments extended for those considered by their consultant to be eligible and in need.
- Regular access to a specialist respiratory consultant is guaranteed to severe asthma patients.

ⁱ *Respiratory Health of the Nation 2018 Report*, Irish Thoracic Society, December 2018.

ⁱⁱ *Easing the Economic Burden of Asthma: The Impact of a Universal Self-Management Programme*, Asthma Society of Ireland, June 2019.

ⁱⁱⁱ Boulet LP, Vervloet D, Magor Y, Foster JM. Adherence: the goal to asthma management. *Clin Chest Med.* 2012;33:405-17.