



An Roinn Leanaí, Comhionannais,
Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality,
Disability, Integration and Youth

IPAS Protocol for Medical Transfer Requests

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Prepared by the Department of
Children, Equality, Disability, Integration and Youth
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Contents

Introduction	3
Medical Grounds.....	3
The Steps.....	3
Appendix 1	4
Appendix 2	5

Introduction

International Protection Accommodation Services (IPAS) in the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) is responsible for the provision of accommodation and related services to people in the International Protection process. Resident transfers are currently suspended due to the extreme pressure being experienced throughout the accommodation system. Transfers are being facilitated only in exceptional circumstances if more suitable accommodation is available.

Medical Grounds

A Health Service Executive (HSE) staff member is co-located with the National Social Inclusion Office (NSIO) and Resident Welfare Team in IPAS to assist in addressing cases where IP applicants have complex medical needs and provides support and guidance to IPAS as required where a priority medical condition is identified. Medical priority may be considered in the presence of conditions outlined at Appendix 1.

This protocol responds to two scenarios:

1. Where International Protection Applicants are in hospital and following discharge will be required to attend frequent and ongoing appointments at the hospital and need to live within a reasonable travelling distance. (See IPAS referral form for Medical Social Workers at Appendix 2).
2. Where placement is essential in supporting the International Protection Applicant in accessing specialist treatment.

The final decision in relation to the offer of accommodation lies with IPAS and is dependent on contracted accommodation availability.

The Steps

1. The International Protection Applicant or their representative should provide the following information by email to ipasinbox@equality.gov.ie including "Medical Transfer Request" in the subject line:
 - a. Full name.
 - b. TRC number.
 - c. Current address.
 - d. Composition of family unit requesting to be accommodated.
 - e. Location they are requesting to be accommodated.
 - f. Any accessibility requirements (wheelchair, ground floor etc). The request must include a recommendation from a medical professional (e.g. hospital consultant, community paediatrician, psychiatrist) that indicates that this request is **essential** for the person's health status. It should also address how their current accommodation is impeding their physical and/or mental health.
 - g. The medical letter must be from Ireland, thus demonstrating that they have linked in with health services in Ireland prior to sending in their request. If it is not, IPAS will advise the sender to link in with local health services.
2. IPAS will not consider the case until all of the information (at point 1) is supplied.
3. Where appropriate, documents received will be sent to the IPAS independent medical referee.
4. IPAS will make the final decision on offers of accommodation.
5. The new accommodation offered must be accepted immediately and the former accommodation will be reassigned by IPAS.

Appendix 1

Medical Priority may be considered in the presence of the following condition(s):

- Pregnancy identified (see [*National Clinical Guideline No. 23: Stratification of clinical risk in pregnancy \(2020\)*](#)) as –
 - high risk and requiring Specialised Care
 - medium risk and requiring Assisted Care (that cannot be provided in the local hospital).
- Major physical disability e.g. requiring use of a wheelchair.
- Significant cognitive impairment e.g. dementia.
- Major intellectual disability e.g. non-verbal autism.
- Major acute or chronic health condition requiring ongoing Specialised or Tertiary Care (e.g. active cancer, renal failure requiring dialysis, HIV, etc).

Appendix 2

International Protection Accommodations Service (IPAS)

Medical Priority Referral Form

BOTH PAGES TO BE COMPLETED BY A MEDICAL PROFESSIONAL ON BEHALF OF THE PATIENT

Patient Details			
Name		D.O.B.	
TRC/Person ID		Status in Ireland	
Current Address			

Patient Background	
Diagnosis	
Family Composition	
Current known supports	
Organisation/Individual	
Level of Supports	
Frequency of appointments (if any)	
Describe the patient's <u>current</u> accommodation configurations. E.g., room capacity, accessibility, bathroom & kitchen access etc.	
How is the patient's <u>current</u> accommodation impeding on their physical or mental health?	
Why is a transfer of accommodation <u>essential</u> to meet the patient's health needs?	

Accommodation Requirements (this should describe minimum requirements)				
Mobility	<input type="checkbox"/> None	<input type="checkbox"/> Minor Impairment	<input type="checkbox"/> Ground Floor/Lift Access	<input type="checkbox"/> Full Wheelchair Accessibility
Proximity to Hospital (Not service specific)	<input type="checkbox"/> None	<input type="checkbox"/> Commutable distance	<input type="checkbox"/> Accessible by local public transport	<input type="checkbox"/> Close proximity essential
Proximity to specific service (ref. above)	<input type="checkbox"/> None	<input type="checkbox"/> Commutable distance	<input type="checkbox"/> Accessible by local public transport	<input type="checkbox"/> Close proximity essential
Mental Health Services (ref. above)	<input type="checkbox"/> None	<input type="checkbox"/> Commutable distance	<input type="checkbox"/> Accessible by local public transport	<input type="checkbox"/> Close proximity essential

Referred By	
Name:	
Title:	
Organisation:	
Medical Council Reg. No. (if applicable)	
Signature:	
Date:	

