HSE Public Health: National Health Protection Office
FSS Sláinte Poiblí: An Oifig Náisiúnta um Chosaint Sláinte

Infection Prevention and Control (IPC) Guidance for Non-Healthcare Congregate Settings (Including Homelessness and Addiction Service Settings)

Version number: 1.0

Publication Date: 08/12/2025

Please note that this document should be used in tandem with other IPC guidance and disease-specific guidance available on the HPSC website.

Readers should not rely solely on the information contained with these guidance outputs. Guidance information is not intended to be a substitute for advice from other relevant sources including and not limited to, the advice from a health professional. Clinical judgement and discretion will be required in the interpretation and application of this guidance document. This guidance document is under constant review based upon emerging evidence at national and international levels and national policy decisions.

VERSION HISTORY

Version History		
Title of Guidance:		Infection Prevention and Control (IPC) Guidance for Non-Healthcare Congregate Settings (Including Homelessness and Addiction Service Settings)
Approved by:		**Dr. Éamonn O'Moore, Director National Health Protection, HSE.**
Version number:		**1.0**
Publication Date:		**8th December 2025**
Scheduled Review Date:		**7th December 2028**
Electronic Location:		**https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/**
Version	**Final Approval Date:**	**List section numbers and changes**

How to cite this document:

Health Service Executive (2025). Infection Prevention and Control (IPC) Guidance for Non-Healthcare Congregate Settings (Including Homelessness and Addiction Service Settings). Available at: https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/

Contents

Infection Prevention and Control (IPC) Guidance for Non-Healthcare Congregate[1] Settings (Including Homelessness and Addiction Service Settings)

1 Introduction

1.1 Purpose of this guidance

To provide guidance on the reduction of spread of common infections (including coughs, colds, flu, sore throats, vomiting, diarrhoea, and skin infections) among residents and staff in non-healthcare congregate and communal settings.

1.2 Scope

This guidance recommends hygiene measures for prevention and control of **common infections in non-healthcare congregate* settings** including (a) communal settings for people experiencing homelessness (PEH) and/or addiction including accommodation services, communal emergency accommodation, rough sleeping services, and facilities for those with substance use disorders (for example, alcohol use disorder, and people who use drugs (PWUD)), (b) refuge accommodation, and (c) State-provided accommodation for refugees and applicants seeking protection.

This guidance is intended for use by staff working in these settings, and public health professionals.

NOTE: It is recommended that **Healthcare Workers** should refer to National IPC Guidelines (NCEC 30) for specific healthcare workplace appropriate infection prevention and control guidance, and other relevant guidance.

[1] Congregate settings refer to a range of facilities where people (most or all of whom are not related) live or stay overnight and use shared spaces (e.g., common sleeping areas, bathrooms, kitchens) such as: homeless shelters, refuge accommodation, group homes and State-provided accommodation for refugees and applicants seeking protection. Those living or staying in the facility are referred to as residents.

Some settings carry a higher risk of disease transmission, for example, emergency accommodation (EA)[2] for people experiencing homelessness, rough sleeping services[3], prisons and places of detention, detoxification/stabilisation units, group homes, assisted living facilities, facilities providing addiction treatment/support services, boarding/supported housing and domestic violence/specialist refuge accommodation. These services support individuals who may have multiple needs and whose circumstances can make daily routines, including self-care, more challenging.

Not all individuals who use such services may be in a position to prioritise self-care and hygiene. As a result, they may be at an increased risk of both acquiring and spreading infectious diseases associated with poorer hygiene and may require support and advice in reducing this risk.

1.3 Target Audience

This guidance is directed towards staff who work with individuals who make use of homelessness accommodation services and other non-healthcare congregate settings in the community.

[2] **Emergency Accommodation** (EA) for people experiencing homelessness include Supported Temporary Accommodation (STA)(supported hostels), Temporary Emergency Accommodation (TEA)(basic hostels, night shelters that are in TEA facilities), Private Emergency Accommodation (PEA - hotels, B&Bs, guesthouses, commercial providers), family hubs (purpose-designed family emergency accommodation).
[3] **Rough Sleeping Services** include cold weather/ extreme weather beds, night cafés, temporary winter-only shelter beds (sometimes called '(weather) proofing beds;), low-threshold mats-only services, street outreach placements, and short-term crisis beds delivered outside contracted EA services.

2 Preventing Infection

Infection: This is when a harmful germ enters the body.

Disease: This is the body's reaction to the infection, including signs and symptoms such as sneezing, coughing, skin rashes and pain. The type of symptoms a person experiences will depend on the type of germ the person has been infected with.

Understanding how infections are spread is a necessary step in preventing them. Prevention of infection is based on the concept of breaking the **Chain of infection**. This idea can be used in non-healthcare as well as healthcare settings. Understanding the **Chain of Infection** helps identify points where the chain can be broken and infection prevented. The six links of the chain of infection are:

a) **The type of germ that causes the infection:** Bacteria, viruses, fungi or parasites are types of germs that can cause disease.
   - Infections caused by **bacteria** include impetigo (a skin infection caused by *Staphylococcus aureus*) and streptococcus throat infection (caused by Group A Streptococcus (**GAS**) bacteria. GAS infections can become very serious if not treated with antibiotics. **See Appendix II for more information)**.
   - Infections that are caused by **viruses** can include influenza (the flu) or COVID-19.
   - Diseases caused by **parasites** can include scabies.

b) **Source:** Where the germ lives and multiplies (for example, in people, animals, surfaces, water).

c) **Spread**: How the germ spreads (such as through direct contact (kissing, touching), fine water particles in the air, droplets, contaminated surfaces (including sharing of equipment to use drugs or drug paraphernalia), or food and water).

d) **How the germ infects a person,** for example, through mouth, nose, eyes, broken skin.

e) **A Susceptible Person who is vulnerable to infection** such as older adults, people with weakened immune systems, or those who haven't been vaccinated.

f) **How the germ leaves the person with an infection** to go on to infect others (for example through coughing, sneezing, vomiting, diarrhoea and through cuts or scrapes).

See also **Figure 1** for information on breaking the chain of infection.

NOTE: Some infectious diseases and outbreaks are **notifiable** by Irish law. This means that medical practitioners and medical laboratories must inform public health if a person is diagnosed with any of these diseases. This information is then used to investigate cases of that disease, identify any outbreaks at an early stage, and to help prevent further spread. Further information on notifiable diseases is available on the HPSC website: Notifiable Diseases - Health Protection Surveillance Centre

2.1 Breaking the Chain of Infection

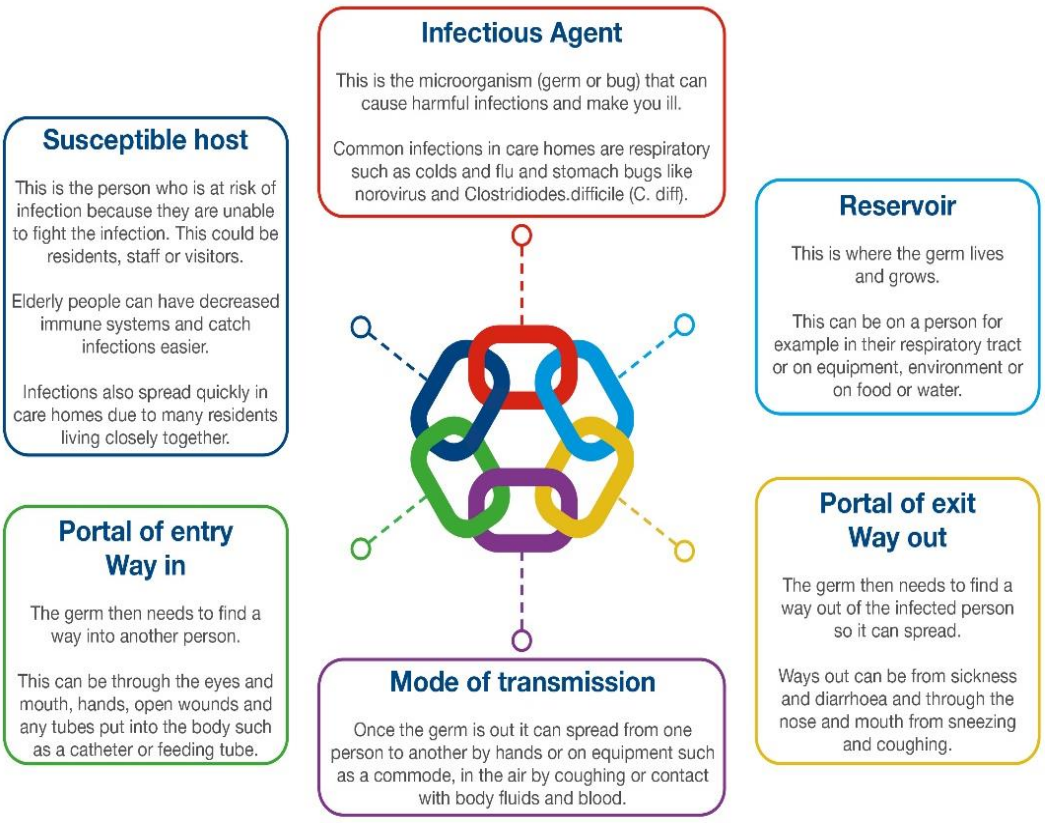

Figure 1: The Chain of Infection. Source: NHS Scotland.

2.1.1 Key Prevention Strategies

To prevent infection, you can break the chain at any of the six links. The more links that are broken, the greater the protection.

a) **The type of germ that causes the infection:** Cleaning and disinfection (killing the germ with chemicals.)
b) **Stopping the infection at the source:** Good personal hygiene, environmental cleaning, and pest control.
c) **Preventing spread:** Hand washing, physical distancing, use of personal protective equipment (PPE) where applicable (including masks, gloves), safe food handling.
d) **Preventing the germ from infecting a person:** Hand washing, use of PPE, covering skin, keeping cuts and broken skin covered.
e) **Preventing the germ from leaving the person with an infection:** Respiratory hygiene (for example, covering mouth with tissue or elbow when coughing and sneezing), covering cuts or broken skin, proper waste disposal, rapid cleaning and disinfection following vomiting and diarrhoea.
f) **Preventing a susceptible person from getting an infection** (Susceptibility could be for a variety of factors such as age, weakened immune system, or underlying health conditions.) Age-appropriate vaccination, nutrition, sleep, chronic disease management are measures that can reduce risk to the susceptible person.

3 Standard Precautions to prevent spread of infection

Standard precautions are the essential minimum steps that need to be carried out to prevent spread of infection from any source.

3.1 Hand Washing or Hand Hygiene Practice

- Regular and thorough handwashing by all people and staff is very important to prevent infection. Use liquid soap and warm running water, washing all areas of the hands for at least 20 seconds. Dry hands thoroughly, e.g., use disposable paper towels
- Alcohol-based hand rubs (minimum 60% alcohol) are an effective alternative to soap and water, unless hands are visibly soiled or have been in contact with human waste (faeces or urine) or body fluids. In such instances hands must be washed with soap and water.[4]
- Alcohol-based handrubs are harmful if swallowed and are flammable so their use must be risk assessed (for example, is there a danger of abuse or ingestion.).

Useful resources for hand hygiene practice

- The World Health Organization (WHO) poster **'How to handrub.'**
- The HPSC provides visual information on hand hygiene **here.**
- There are also videos on hand-washing available at the HSE link **here**.

3.2 Respiratory Hygiene

- Encourage covering nose and mouth while coughing and sneezing with disposable tissues or the elbow, and prompt disposal of tissues into waste bins, followed by hand washing. Ensure disposable tissues are available to people in convenient locations.
- Tissues and waste bins should be made available at strategic locations. Lidded / foot operated waste bins preferable, rather than open bins.

Information resources, posters, guidance and materials are available to order from **www.healthpromotion.ie**

[4] The usual caveats will apply to control of access in facilities that care for individuals with alcohol dependence

3.3 Environmental/General Household Cleaning

- Regular cleaning of the environment and equipment is vital.
- Appropriate cleaning agents such as household detergent and water must be used for frequently touched surfaces (for example, door handles, wardrobe/drawer handles, toilet flush handles) communal areas, toilet areas and all shared items and equipment. These areas must be cleaned at least daily with household detergent. **It is important that manufacturer guidelines on use of cleaning agents are followed.**
- Ensure that cleaning staff are appropriately trained to perform the task and have access to necessary supplies and equipment.
- Cleaning routines should be clearly displayed, monitored and adhered to.
- The design and layout of communal (shared) spaces should make the spaces as easy to clean as possible. Surfaces, furnishings, and flooring should be selected with hygiene in mind, favouring materials that are non-absorbent, durable, and easy to clean.
- When a person exits the service, particularly accommodation services, the room they stayed in must have a deep clean (using household detergent and disinfection (see Note below)) of all surfaces, fixtures and fittings carried out prior to its next use. That includes but is not limited to the bed, locker, wardrobe, door handles, floors, light switches, windowsills, radiator covers and toilet/ensuite room, if available.

NOTE: iGAS[5] and other infectious cases. Any bedding, sleeping bags, blankets, pillows, curtains, towels and/or clothing used by the case are washed at a high temperature (minimum 50 degree centigrade) using detergent. (See **Section 3.5: Management of Laundry**). Clean all hard surfaces and touchpoints in rooms regularly used by the case (that is, bedrooms, bathrooms and so on) using a cleaning solution containing household bleach[6]. Ensure thorough disinfection of rooms used by the infectious case after they have vacated a room and/or use between residents. **Ensure that manufacturer's instructions on dilution and contact times are followed.**

[5] iGAS (invasive Group A Strep) is a very severe form of infection which occurs when Group A Strep gets inside the body. Homeless people and people who live with drug addiction and other substance use disorders are especially at risk of iGAS. Further information on Group A strep and iGAS is available at https://www.hpsc.ie/a-z/other/groupastreptococcaldiseasegas/factsheets/StrepAFactsheet.pdf

[6] It is recommended to use a bleach solution containing the active ingredient sodium hypochlorite at 1000 parts per million (ppm). From a work health and safety perspective, sodium hypochlorite should be used as per manufacturer instructions as it may cause irritation to the skin, eyes and other mucous membranes. It can also corrode metals and discolour or stain fabrics. Sodium hypochlorite can be corrosive. In some settings other disinfectants may be preferred. Before using any disinfectant for this purpose verify that the product is certified as effective for the intended use and safe for the user and the environment. **Disinfectants must be in date and stored, diluted and used according to the manufacturer's instructions.**

3.4 Use of Personal Protective Equipment (PPE)[7]

When dealing with a person who is suffering from an infectious disease, you may need to use **PPE** to prevent spreading the infection to yourself and other people accessing the service.

Use of PPE should be decided on the basis of risk of exposure to blood, bodily fluids (including urine, faeces, saliva, or phlegm.)

Commonly required PPE will be appropriate size gloves and, waterproof aprons. Face masks, and eye protection may be required, based on risk assessment of the exposure.

Ensuring that staff are trained in proper putting on and taking off PPE (donning and doffing techniques) is essential. **Training resources can be adapted from information available on the HSE website and, if applicable, the HSE staff training platform HSEland.** See here for more information: **Infection Prevention and Control - HSE.ie**

Single use PPE must be disposed of safely. Put used PPE in your household waste bin, and wash your hands afterwardsReusable PPE (for example, reusable aprons) should be cleaned and stored according to manufacturer instructions.

3.5 Management of Laundry

There are three categories of laundry:

- **Clean** - laundry that has been washed and is ready for use
- **Used -** used laundry not contaminated by blood or body fluids
- **Infectious** - laundry used by a person known or suspected to be infectious and/or linen that is contaminated with blood or body fluids, for example faeces

Store clean linen in a clean, designated area, preferably an enclosed cupboard.

All dirty laundry should be handled with care, and attention given to the potential spread of infection. Handle dirty laundry with gloves and avoid shaking items. Place the laundry basket as close as possible to the point of use, for immediate deposit of used items.

Routinely wash bedding, towels, and clothes at ≥50°C if possible.

Infectious laundry includes laundry that has been used by someone who is known or suspected to have an infectious disease, and/or laundry that has been soiled with bodily fluids or excretions. Place infectious laundry in a water-soluble bag (if available, and as appropriate for the washing machine used) immediately on removal from the bed and then place this within

[7] Your local Department of Public Health can advise on this.

a sealed bag. Place water-soluble bags containing infectious laundry directly into the washing machine without opening the bags.

3.6 Management of blood and body fluid spills

A spillage is an accidental escape or leak of substances into the environment. Blood and bodily fluids from a person with an infectious disease may contain germs. In the event of a spillage of blood or bodily fluids, keep people away from the area until removed. Spillages of blood and other body fluids may spread infection and must be cleaned immediately (source/consider using blood spillage kitsfor this purpose). Consideration as to what is being cleaned will guide the choice of product and approach to cleaning. Contain the spill with absorbent material such as disposable paper towels, clean with detergent and water followed by disinfectant (for example household bleach – **see footnote 6 on page 7 of this document**.) Wear PPE as appropriate before attending blood and body fluid spillage and handling chemicals for example, protective gloves, eye protection. (See the box under **Section 3.3: Environmental/General Household Cleaning).**

Chlorine releasing agents (i.e. bleach) must not be used directly on a urine spill. Use and store products safely following the manufacturer's instructions.

3.6.1 Practical information

Prompt removal of spots and spills of blood and body substances followed by cleaning and disinfection of the area contaminated is a sound infection prevention and control practice and meets occupational health and safety requirements.

In circumstances where emergency procedures or urgent transport are underway, spills should be attended to as soon as it is safe to do so.

3.7 Waste Management and Disposal

Waste should be disposed of according to class: General household waste, recycle waste, other according to local protocols.

Potentially infectious waste materials like used and soiled PPE, tissues, dressings etc should be appropriately disposed of in accordance with local policy and procedures.

Needles and other sharps waste should be disposed of in a sharps disposal container, and it must not be filled above the fill line.

4 Occupational Exposure Management

- **Responsibility and Oversight:** Line managers in non-healthcare congregate settings have a key role in ensuring that occupational exposure risks are appropriately assessed and managed within their teams. This includes facilitating timely risk assessments, ensuring staff are trained in IPC measures, and supporting adherence to monitoring and reporting protocols. Managers should maintain clear communication channels to enable staff to report symptoms or exposures promptly and ensure appropriate follow-up actions are taken in line with public health guidance.
- **Risk Assessment:** Conducting regular risk assessments to identify potential exposure risks in congregate settings.
- **Training and Education:** Provide training on IPC measures and protocols to all staff and volunteers providing service in the facility
- **Monitoring and Reporting:** Implementing systems for monitoring and reporting occupational exposures and infections. An employee can usually continue to work post-exposure in most situations if they monitor for symptoms. If they develop any symptoms, they should stop working, leave work, and isolate. Considerations around continuity of services and security of staff and residents should be taken into account when undertaking this risk assessment.

In the setting of a suspected or confirmed outbreak of infectious disease, Public Health will advise if any screening of staff or clients is necessary.

See the Health and Safety section of the HSE website for more information for staff: **https://healthservice.hse.ie/staff/health-and-safety/**

The Guidelines for the Emergency Management of Injuries (EMI) and Post-Exposure Prophylaxis outline how people and/or members of staff should be assessed in a medical setting if they have been exposed to a bloodborne virus (including HIV and Hepatitis B or C.) Exposures where there is a risk of getting a bloodborne virus can include for example sharps injuries, blood splash to the mouth or eyes, or human bites. The guidelines can be viewed here: **EMI - Health Protection Surveillance Centre.**

4.1 Poster and Signs

Posters related to hand washing and environmental /household cleaning / hygiene procedures should be prominently displayed where needed.

Links to some useful posters are available in **Appendix I.**

5 Other Considerations

5.1 Screening and Symptom Monitoring

Medical advice should be sought about any person who complains of symptoms or is noted to have developed any of the following: signs such as

- Very high temperature (fever)
- Chills or feeling shivery with a high temperature
- Severe or persistent cough or shortness of breath
- Diarrhoea or vomiting
- Bad muscle aches
- Hot, sore, swollen, or red skin around a wound that is getting worse
- Unexplained rash
- Dehydration
- Drowsiness or loss of consciousness
- Chest pain
- Abdominal pain

If two or more people have similar symptoms – this may mean a potential outbreak of an infectious disease. Seek clinical advice from the primary care provider (GP).

People who develop symptoms that are **not severe enough to warrant an ambulance** should be asked to stay in their rooms (single and ensuite preferable) to avoid spread of infection until reviewed by their GP, after which isolation may be recommended (see section below). People who are unable to provide their own self-care should receive medical advice. Public Health can advise further once a determination has been made by the attending GP on the type of infection suspected or confirmed.

Staff with symptoms should follow advice from their GP / Occupational Health, public health advice but may be risk-assessed for return to work if asymptomatic or mildly symptomatic, depending on role and staffing levels.

5.2 Isolation Protocols

The aim of **isolation** (keeping a person who is already sick away from people who are not sick) is to prevent spread of infection to others. How this aim is achieved will differ depending on the setting the person is in.

If any person is diagnosed with an infectious disease and does not require hospitalisation, medical advice should be sought (see **Section 6.1.**)

Contacts of cases of infectious disease may be required to stay in a separate room, if they are able to self-care. Local Department of Public Health can advise.

There should be clear procedures for isolating people with symptoms of an infection or infectious disease and those exposed to prevent transmission. See advice from your local Department of Public Health. (see **Section 6.1**).

5.3 Ventilation and Air Quality Management

Heating, ventilation and air conditioning (HVAC) systems, if in place, should be compliant with relevant standards.

The aim should be to increase outdoor air exchange (bringing in more fresh air from outside) where practicable (open windows and doors, use of fans).

Mechanical ventilation systems, where installed, should be used to maximise fresh air intake.

5.4 Food Safety and Handling Procedures

Proper food handling, storage, and hygiene practices in communal kitchens and dining areas should be adhered to at all times to prevent foodborne illness.

Refer to food safety resources provided by SafeFood. **https://www.safefood.net/**

Hazard analysis and critical control points (HACCP) procedures and a food safety management system must be in place to ensure that food produced is safe for consumption.

Hand washing must be practiced regularly through the food preparation cycle to prevent contamination and minimise disease transmission.

6 Leadership and Governance

Organisations with strong visible leadership, and good role modelling from managers and leaders, usually achieve excellence in infection prevention and control practice.

- Formal policies and procedures governing the management of cleaning and infection prevention and control procedures should be developed and implemented
- Facilities should have a documented environmental cleaning plan and where required, a disinfection plan
- Protocols for supply of cleaning materials, chemicals and consumables (e.g., paper towels, soap)
- Procedures for communication with key medical/Public Health stakeholders
- Protocols for monitoring and isolation of service-users who present with suspected infections, until seen by a GP / clinician who can advise further
- Procedures for cohorting if needed.

6.1 Access to Medical Services

Manager of non-healthcare congregate settings should ensure that staff, clients and users of service have reliable access to primary care/GP service and emergency department pathways to enable the effective management of acute medical episodes. All users of service should be encouraged to register with a GP. GPs/ED doctors may have to notify certain infectious diseases and outbreaks to Public Health. Managers should be familiar with the role played by Public Health in their region.

Occasionally an outbreak may be identified in the premises. In the event of an outbreak, Public Health will provide guidance on any necessary measures – these should be formulated into a simple plan that is bought to the attention of all staff.

Contact details for the regional departments of public health can be accessed on the HSE website **here.**

All people and staff should be encouraged to take up age-appropriate vaccination.

Staff who develop symptoms should be aware of the need to report to their manager, take advice and go off duty and remain off until 48 hours symptom-free or are certified as fit to return by their medical practitioner.

6.2 Staff Training and IPC Education

Training of all staff in all required IPC procedures should be in place and uptake of this should be monitored.

Training should take place at regular intervals and should focus especially on hygiene practices, infection control protocols, and emergency response procedures.

6.3 Visitor Management and Access Control

Ideally, a local visiting policy should be in place. Visitors should clean their hands on entry and should not visit if they have any symptoms of an infectious diseases e.g., Flu-like symptoms, diarrhoea or vomiting.

Appendix I: Resources

A number of disease-specific resources, including information leaflets and factsheets, can be found on the HPSC website.

In addition, the below resources may be helpful when referred to alongside this guidance:

- UK Health Security Agency (UKHSA) Guidance: **Risk of Infectious Disease Transmission Posed by Communal Accommodation.**
- Poster published by UKHSA in relation to **iGAS.**
- Public Health guidance on prevention and control of infectious diseases in communal settings for displaced people fleeing war in Ukraine **[English]**
- Guidance on the Minimum Hygiene and Public Health Standards required in communal centres used to temporarily shelter persons displaced from war in Ukraine **[English]**
- Guidance Note on Norovirus ('Winter Vomiting Bug') in Reception Centres for Ukrainian Refugees **[English]**
- Advice Note on Norovirus ('Winter Vomiting Bug') for Residents in Reception Centres **[English] [Ukrainian] [Russian]**
- IPAS Infectious Disease (Public Health) Protocol November 2025 [see IPAS **Policy Documents]**
- Hand Hygiene poster **[English] [Ukrainian] [Russian]**
- Poster on healthcare risk waste. Available online **here.**
- **Guidelines for the public health management of Measles in Ireland (April 2025).**
    - Chapter 3, specifically 3.1 Measles in settings for underserved populations
    - Appendix 3: Congregate settings for underserved populations in Ireland (pages 81-85). This includes sections on ventilation, principles of cleaning, waste management, laundry, management of visitors/ volunteers etc.
- **Guidelines for the Emergency Management of Injuries (EMI) and Post-Exposure Prophylaxis (PEP)**

Appendix II – Information specific to Group A Streptococcus

Please find below information specific to Group A Streptococcus, due to the higher risk of serious disease caused by these bacteria in the settings covered by this guidance.

Group A Streptococcus (GAS) are a type of bacteria (germ) often found in the throat and on the skin.

How is GAS spread? The bacteria can survive in throats and on hands for long enough to be easily spread between people through sneezing, kissing, skin contact and sharing injecting equipment. People may carry it in the throat or on the skin and have no symptoms of illness.

Kinds of illnesses are caused by GAS

Most GAS infections are quite mild illnesses such as 'strep throat', or a skin infection such as impetigo. More rarely, these bacteria can cause other severe and even life-threatening diseases.

Invasive group A streptococcal disease

Sometimes life-threatening GAS disease can happen when the bacteria get into parts of the body where bacteria are not usually found, such as the blood, muscle or the lungs. These infections are called invasive group A streptococcal disease.

The following settings carry a higher risk of acquiring iGAS infection:

- Step up facilities (low threshold inpatient facilities preparing for hospital admission)
- Inpatient Detoxification / stabilisation units.
- Drug treatment centres / Opioid Agonist Therapy (OAT) clinics
- Emergency Accommodation (EA) for people experiencing homelessness
- Rough Sleeping Services

For more information visit: https://www.hpsc.ie/a-z/other/groupastreptococcaldiseasegas/factsheets/StrepAFactsheet.pdf

Further iGAS-specific advice in congregate settings is available on the HPSC website **(Chapter 6)**.

Refer also to the following poster published by UKHSA in relation to **iGAS.**