



Interim guidance to minimise the risk of transmission of COVID-19 infection in Community Pharmacies

V8.0 10.08.2022

Note: If you have any queries on this guidance please contact the AMRIC team at hcai.amrteam@hse.ie

Version	Date	Changes from previous version	Draft by
8.0	10.08.22	Removal of requirement for use of FFP2 respirator masks for all care. Recommendation that FFP2 respirator masks are used for care of patients with suspected or confirmed COVID-19. Healthcare workers should use surgical mask for care of those patients who are not suspected or confirmed of having COVID-19. Update of reference to patient groups who may require early treatment for COVID-19 Removal of points on restricted movement to align with current public health advice.	AMRIC
7.0	15.03.22	Scope modified to indicate that in premises providing multiple services, this guidance applies to sections of the premises providing pharmacy services Clarification re: link to guidance on the use of PPE is that it is the PPE guidance that applies to healthcare settings Removal of link to government mandate on face coverings as it is no longer in place Removal of reference to general public health advice on physical distancing based on recent changes in regulations Be aware of patient groups who may require early treatment for COVID-19	AMRIC
6.0	21.01.22	In key principles section some detail on self –isolation and restricted movement removed and replaced by links to current guidance Reference to booster vaccination Reference to increased infectivity of the Omicron variant Reference to the contribution of pharmacies to the vaccination programme Recommendation regarding use of respirator mask for consultation and other patient contact activities Link to PPE guidance included where PPE is mentioned	AMRIC
5.0	29.07.21	Emphasis on staff vaccination Emphasis on ventilation Link to HPSC guidance: contact tracing, healthcare worker management and variant of concern guidance Change from specific COVID-19 symptoms to respiratory virus infection symptoms Transmission section updated How to get a COVID-19 test Clarification re: hand drying after washing with soap & water – pat dry with single use towel	AMRIC
4.0	11.12.20	Section on ventilation added Link to HSE stay safe at work resources	AMRIC
3.0	30.10.20	Key principles to prevent the spread of COVID-19 section Clarification and expansion of point re: attendance at work	AMRIC
2.0	15.10.20	Addition of the following sections: patient contact services, medication delivery, medication returns, accepting/handling paper prescriptions, reviewing paper drug chart, key reference documents. Additional detail to following sections/reference: transmission, survival in the environment, cleaning & disinfection, PPE.	AMRIC
1.0	17.03.20	Original Guidance	AMRIC

All guidance should be read and interpreted in conjunction with the [Government's Framework of Restrictions](#)

Table of Contents

Purpose	4
Scope.....	4
Introduction	4
Transmission	5
Survival in the environment.....	6
Key principles to prevent the spread of COVID-19	6
General preventative measures for staff.....	6
General preventative measures for people using the pharmacy service	7
Public messaging	7
Signage	7
Communication (Messaging)	8
Physical distancing	8
Patient contact services	9
At the counter/ front of shop	10
Person with symptoms presents in the pharmacy	11
Staff with symptoms	11
Hand hygiene	12
Environmental Cleaning/ Disinfection	12
Appropriate use of personal protective equipment in pharmacies	13
Staff training & education.....	14
Medication delivery	15
Medication returns	16
Accepting/handling paper prescriptions, reviewing paper drug chart.....	16
Ventilation.....	16
Key documents/reference points for pharmacies to refer to.....	17

This guidance was developed in collaboration with the HSE community pharmacy planning group which has representation from the key stakeholders in community pharmacy.

Pharmacies, pharmacists and pharmacy support staff are to be acknowledged for their significant contribution in maintaining a continuous pharmacy service for their communities from the start of the COVID-19 pandemic. The pharmacy service plays a key role in supporting public health and in particular is recognised as a valuable resource for people who are seeking reassurance and information. Pharmacists are an important source of accurate information and advice for people on COVID-19 infection, prevention and control and have played an important role in delivering the COVID-19 vaccination programme.

Purpose

The purpose of this document is to provide guidance to community pharmacies during the COVID-19 pandemic, and to support delivery of this essential service with a high level of protection to people and staff against the risk of disease transmission.

Scope

This guidance document is intended to support community pharmacies in providing their essential service to their communities. Some premises may include discrete sections where pharmacy services are delivered and other sections where retail or other services are delivered. In that case, this guidance applies to those areas where pharmacy services are delivered.

Introduction

The virus which causes COVID-19 infection, is called SARS-CoV-2 and belongs to the family of viruses known as coronaviruses. It was first identified in Wuhan province in China in December 2019 and a global pandemic event was declared in March 2020. For ease of reference in the guidance section of the document COVID-19 will be the term used to refer to both the infection and the virus.

Transmission

The median incubation period is from five to six days for COVID-19 (range = 1 – 14 days). Individuals are usually considered most infectious to others around the time they develop symptoms. How infectious an individual is and how long they remain infectious is related to some degree to the severity and stage of illness and may be influenced by the immune function of the individual. The transmission of COVID-19 occurs mainly through liquid respiratory particles. The larger particles can be considered as droplets (larger) and the smaller as aerosols (smaller). The particle sizes form a continuum rather than two discrete categories. In practice the infection prevention and control issue is whether transmission through the air occurs primarily within a short range of space and time of the source (considered to be associated with droplets) or over a long range of space and time (considered as associated with aerosols and airborne transmission). Respiratory particles are generated from the nose and mouth by actions such as, breathing, coughing, sneezing, talking or laughing. Transmission to others may result from direct impact of infectious droplets on the mucosa of persons in proximity and through contact with surfaces contaminated with infectious respiratory droplets and subsequent transfer of infectious material to the mucous membranes (droplet transmission). A number of variants of the virus have emerged during the pandemic, the Omicron variant currently dominant is considered more infectious than a number of previous variants.

Higher levels of virus have been detected in patients with severe illness compared to mild cases. Like influenza, peak levels of virus are generally found around the time of symptom onset. People can be infectious before they develop symptoms (pre-symptomatic spread) and some people who never notice symptoms may be infectious (asymptomatic spread). The overall importance of spread of infection from pre-symptomatic and asymptomatic people in driving the pandemic remains uncertain. Virus can remain on the surface for a time and be transferred to the mouth, nose and eyes of another person on their hands after they touch the contaminated surface. The virus does not penetrate through the skin.

Survival in the environment

The levels of viable virus on surfaces declines quickly over time. The virus is easily removed from surfaces with common household cleaning products. It is easily inactivated with common disinfectants when disinfection is required.

Key principles to prevent the spread of COVID-19

1. If you have not already done so, get your vaccine and booster dose.
2. Do not attend work if you have symptoms of respiratory virus infection or are awaiting a test result for COVID-19. This applies even if you have completed vaccination including booster vaccination.
3. Do not attend work if self-isolation criteria applies to you. Check latest recommendations on www.hse.ie and on www.hpsc.ie
4. Be observant for symptoms of COVID-19 infection in people. If consultation is required or if administering vaccine check with the person in advance or otherwise at the start of the consultation/ immunisation if they have symptoms of COVID-19 or are currently required to self-isolate.
5. Public health advice regarding contact tracing is available at: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/>
6. Adhere to physical distancing, respiratory hygiene & cough etiquette and hand hygiene.
7. Use personal protective equipment appropriately when required, in accordance with the advice available for healthcare settings at: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>
8. Maintain good standards of environmental cleaning and waste disposal.
9. Optimise natural ventilation on the premises taking account of comfort and security.

General preventative measures for staff

General precautions you can take to prevent the spread of respiratory viruses are:

1. Encourage staff to get vaccinated including booster dose.

2. Do not attend for work if you have symptoms of respiratory virus infection, or are required to self-isolate based on current public health advice.
3. Clean your hands regularly using an alcohol-based hand rub (if hands are not visibly soiled) or by washing with soap and water and patting dry with single use towel.
4. Maintain physical distancing when possible from all people in the pharmacy.
5. Avoid touching your eyes, nose and mouth.
6. Observe and encourage others to observe respiratory hygiene and cough etiquette for example when coughing and sneezing, cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water. If you do not have a tissue cough into your upper arm or the crook of your elbow -do not cough into your hand.

General preventative measures for people using the pharmacy service

Pharmacists are an important source of accurate information and advice for people on COVID-19 infection prevention and control and vaccination.

Public messaging

1. People who have symptoms of respiratory virus infection, or who have been advised to self-isolate should not attend the pharmacy in person.
2. If people who should not attend in person have concerns or questions about their medicines or require a supply of prescription or over the counter medicines, they may phone the pharmacy or send a friend/relative, or have their medicines delivered, if this service is available.
3. People should wear masks when attending a pharmacy as it is a healthcare setting.

Signage

1. Place posters for pharmacies from www.hpsc.ie on the outer door and immediately inside the pharmacy. At the counter, you may wish to use the same poster or other posters from the [IPU](http://www.ipu.ie) or public information posters from www.gov.ie Check that the

advice on any posters you are using is up to date as recommendations are changing rapidly.

Communication (Messaging)

1. Put a message on the phone (recorded message) and any means of communication used by the pharmacy (website, Facebook, Instagram etc.) highlighting relevant information.

Physical distancing

1. Ask people to adhere to physical distancing (1m) from each other and from staff.
2. Adjust workflow and layout if needed to facilitate distancing and consider the use of perspex screens at counters or between workstations.
3. Deal with one person at/near the counter at a time. Consider putting tape or markings to highlight appropriate physical distance.
4. Where closer contact is necessary, e.g. to pick up the prescription and pay at the counter, ensure the person is close to the staff member for the shortest possible period of time. The prescription can be left on the counter for the person to pick up rather than handed to the person.
5. For private consultation and discussions with people on prescriptions, medicines or other confidential information, consider how staff can facilitate these interactions whilst maintaining recommended distancing and/ or minimising face to face contact time including make best use of telephone or telemedicine interactions.
6. Ask people to phone ahead, so that their prescription can be collected rapidly when they arrive. Consider an appointment system for pick up to minimise the number of people waiting in the pharmacy.
7. If there will be a delay, e.g. for prescription dispensing, ask people to return at an appropriate time or to wait in their car.
8. Consider any services which may involve prolonged or close contact and consider alternatives and ways to minimise the contact time required, e.g. confidential consultations with a person can be offered by phone/telemedicine for some or all of the consultation as appropriate. For example in some cases the person could return to their car and the consultation be done by phone.

9. Assess the pharmacy shop floor area to see if space can be cleared to maximise distance between people, and consider a one-way system if feasible.
10. Allow for physical distancing in staff facilities e.g. canteen, changing facilities or consider staggered breaks or start times.

Patient contact services

1. Private consultations in the consultation room may be required for such services as blood pressure monitoring, vaccination services, opioid substitution therapy, needle exchange, weight management services etc.
2. If possible telephone triage in advance, otherwise check at the start of the consultation, to ensure that the person does not have any symptoms of respiratory virus infection and is not currently required to self-isolate.
3. Prepare necessary paperwork etc. in advance to minimise the duration of the consultation.
4. In so far as practical ensure adequate ventilation in the room while still maintaining comfort and privacy.
5. Maintain physical distancing for as much of the consultation as possible.
6. Wear a surgical mask when providing a consultation or a patient contact service such as administering a vaccine or monitoring blood pressure in persons who are not suspected or confirmed of having COVID-19.
7. FFP2 respirator masks are only recommended for use when providing services to persons with suspected or confirmed COVID-19. In general other PPE is not required.
8. Respirator masks must fit flush against the face to function properly as respiratory protection against inhalation of aerosols.
9. The Health and Safety Authority indicate that where a risk assessment indicates that HCW need to use a close-fitting respirator mask for their protection that every effort should be made to comply with the requirement for fit testing of the worker, as far as is reasonably practicable. When fit testing of all staff is not immediately possible, then fit testing should be prioritised for those at greatest risk.
10. Fit checking of the respirator mask must be performed each time a mask is donned to ensure that the mask has been properly applied.

11. A respirator mask may be used for a period of clinical activity while seeing several patients provided it remains clean, dry and correctly positioned. When the mask is removed (for example to take a break) it should be discarded and a fresh mask used when resuming patient care activity. See video for guidance:
<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/videoresources/>
12. It is not appropriate to use gloves for vaccine injections or other patient contact services, unless contact with blood or body fluids (other than sweat) is anticipated. If the healthcare worker has an infected lesion on their hand they should not be doing this work. If the healthcare worker has a cut on their hand they should cover with a plaster.
13. Complete hand hygiene before and after patient contact.
14. Have tissues and a bin available to support respiratory hygiene & cough etiquette.

At the counter/ front of shop

1. Staff should pay frequent close attention to regular hand hygiene.
2. Have alcohol-based hand rub at the counter and pharmacy entry points – encourage people to avail of them.
3. Consider offering alcohol-based hand rub to people before they use a commonly shared item such as a pen, touch key pad.
4. Commonly shared items should be cleaned frequently using a detergent wipe or cleaning product compatible with manufacturers' instructions.
5. Encourage payment by card instead of cash - contactless payment may reduce the risk of infection. If a person uses cash, the risk is low, particularly if staff members clean their hands regularly after handling cash.
6. Multiple use testers/ samples of products should not be available.
7. Some pharmacies may change processes to minimise handling of products by people visiting the pharmacy. This should follow an assessment of risk and benefit, including efforts to minimise physical contact and potential for transmission, balanced with ensuring people can get in and out of the pharmacy as efficiently and quickly as possible.

Person with symptoms presents in the pharmacy

1. Maintain physical distancing as far as is practical to provide the person with advice on how to access the HSE website for information www.hse.ie.
2. Advise the person regarding the latest advice on testing according to www.hse.ie If the person is concerned because they do not have a GP advise them to ring HSE LIVE 1800 700 700.
3. Be aware that a person with symptoms of COVID-19 who is severely immunocompromised, unvaccinated and over 65 or unvaccinated aged 12 to 64 and with a medical condition that puts them at high risk of severe disease, vaccinated and at high risk of severe disease (adults aged over 75 or adults aged over 65 with additional risks such as obesity (BMI over 35), diabetes mellitus, hypertension, cardiovascular disease, chronic lung disease) should contact their doctor promptly so that they are assessed with respect to the need for early treatment. Be aware that the categories of people recommended for treatment may vary depending on the level of circulating virus, availability of medication etc. therefore it is recommended to check the latest HSE advice.
4. The person should be advised not to present to the GP surgery or the Emergency Department, advise them to phone their GP if they think they need assessment or phone 112 or 999 if they have difficulty breathing or are feeling very unwell.
5. Once the person has departed clean and decontaminate any frequently touched surfaces. This can be done in two stages (clean and then disinfect) or with a combined detergent and disinfectant wipe. Increase ventilation for a time if practical taking account of comfort and security.

Staff with symptoms

1. Staff should be aware not to attend work if they have any symptoms of respiratory virus infection, or are required to self-isolate. This applies even after completion of vaccination including booster.
2. If a staff member has symptoms they should see current HSE guidance regarding self-testing or accessing PCR testing as appropriate.

3. If a staff member develops symptoms during the working day they should as promptly as possible make arrangements to leave work and follow the latest guidance on testing as appropriate.
4. Once the person has departed clean and decontaminate any frequently touched surfaces. This can be done in two stages (clean and then disinfect) or with a combined detergent and disinfectant wipe. Increase ventilation for a time if practical, taking account of comfort and security.

Hand hygiene

1. For alcohol-based hand rub the recommended alcohol content is between 60% and 80%.
2. Facilitators of good hand hygiene should be adhered to:
 - a. Keep nails short and pay attention to them when handwashing,
 - b. Do not wear nail polish or artificial nails,
 - c. Avoid hand or wrist jewellery, a single plain ring is acceptable,
 - d. Avoid long sleeves.

Environmental Cleaning/ Disinfection

1. Cleaning: existing cleaning measures (using household detergents) will suffice.
2. If disinfection/decontamination is required: suggested product 1:50 dilution of standard bleach (4.8%) i.e. ~0.1% sodium hypochlorite.
3. When cleaning special attention should be paid to surfaces or items that are frequently touched by people and/or staff including;
 - a. counter tops, door handles, drawer/fridge handles,
 - b. till, credit card machines,
 - c. keyboards, mouse, printer,
 - d. phones,
 - e. backs of chairs,
 - f. equipment e.g. staplers, punchers etc.
4. Frequency of cleaning will depend on number of staff, level of activity, number of people using the service etc.

5. All medical equipment and devices that come into direct contact with people e.g. blood pressure cuffs:
 - a. If contact is with intact skin generally cleaning with a detergent is sufficient after each use,
 - b. If contact occurs with blood or body fluids (other than sweat) or person is known to be colonised with a multidrug resistant organism (e.g. MRSA, VRE, multi-drug resistant gram-negative bacteria) then disinfection in addition to cleaning of the equipment applies. It is recommended to always firstly clean with a detergent, then disinfect. A one step decontamination approach may be used and is practical for small amounts of body fluid by wiping the equipment/device with a combined detergent/disinfectant wipe,
 - c. Cleaning/decontamination should be carried out in accordance with the equipment manufacturer's recommendations to ensure the detergent and disinfectant are compatible with the surface material in order to avoid damage to the equipment,
 - d. The use of single use devices will remove the need for cleaning/decontamination.
6. Ensure all non-essential items have been removed to facilitate cleaning.
7. Ensure all surfaces and floors are of a suitable material and in a good state of repair to facilitate cleaning.
8. Regular cleaning of staff facilities including toilets is also recommended.

Appropriate use of personal protective equipment in pharmacies

1. It is important to emphasise that PPE is only ONE part of the process. It is all of the infection prevention and control measures as a WHOLE that is vital in interrupting transmission, i.e. hand hygiene, physical distancing, respiratory hygiene & cough etiquette and environmental cleaning.
2. Gloves should not be used unless as a requirement for a specific task or handling hazardous substances in the normal course of work or for contact with blood or body fluids (other than sweat).

- a. Wearing gloves when not indicated can create a false sense of security and distract from other essential preventive measures such as hand hygiene, respiratory hygiene and cough etiquette.
3. Safe mask use poster available at: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/>
4. Bear in mind the impact of PPE for some people on effective communication.
5. For guidance on use of PPE in healthcare settings see <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>

Pharmacies have been provided with packs containing gowns, mask, eye protection, gloves and hand hygiene products.

1. It is very unlikely that these items of PPE should be required in the community pharmacy setting. Note that it takes some time to don this equipment particularly if one is not very familiar with it. The content of these packs should be reserved for very exceptional circumstances that may arise in which a pharmacist is required to have significant close physical contact with a person where COVID-19 has been detected or is suspected. In all circumstances that are foreseeable it will be preferable to advise the person to leave the pharmacy to access appropriate services and to then perform hand hygiene than to have the person wait in the pharmacy while the pharmacist dons unfamiliar equipment.

Staff training & education

1. Staff training should include hand hygiene, respiratory hygiene and cough etiquette, physical distancing measures, appropriate use of PPE, waste disposal procedures, environmental cleaning and patient equipment decontamination.
2. Staff are aware of where to find the most up-to-date information and guidance in relation to COVID-19 on www.gov.ie, www.hse.ie, www.hpsc.ie.
3. Pharmacy management provide clear guidance to staff when significant changes in practice occur.
4. HPSC video resources and recordings of webinars are available at the following links:
 - a. www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/

- b. www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/webinarresourcesforipc/

Medication delivery

1. If there is capacity for making this service available it should be promoted as much as possible to avoid the need for people to come to the pharmacy - especially for people who are older or have chronic disease.
2. Once medication delivery boxes/totes/chute capsules/reusable bags etc. have not been in direct contact with the immediate environment of a person(s) where COVID-19 is detected AND provided standard precautions, which includes hand hygiene, have been carried out by all staff in the course of their work then additional cleaning/decontamination of these receptacles is not required over and above what is considered routine cleaning.
3. People who have any symptoms of respiratory virus infection, or who have been advised to self-isolate should not carry out medication deliveries.

Home delivery

1. The delivery person should be fully vaccinated including booster if eligible
2. The delivery person should complete hand hygiene with alcohol-based hand rub before and after making the delivery to the person's door.
3. The delivery person should maintain appropriate physical distancing from the person when the person opens their door.

Residential care facility delivery

1. The delivery person should be fully vaccinated including booster
2. The delivery person should complete hand hygiene with alcohol-based hand rub before entering and on leaving the facility and before entering and on leaving individual areas within the facility.
3. The delivery person should wear a surgical mask while inside the facility (this assumes they are not involved in delivering care of a resident with suspected or confirmed COVID).
4. The delivery person should maintain appropriate physical distancing from residents and staff in the facility.

Medication returns

1. When accepting patient returned medicines, complete hand hygiene immediately after handling and disposing of the returned medicines.

Accepting/handling paper prescriptions, reviewing paper drug chart

1. There is no evidence that COVID-19 has been acquired by handling paper/prescriptions and is likely of minimal risk providing staff practice good hand hygiene.

Ventilation

There is no current evidence or signal of concern regarding transmission of COVID-19 in community pharmacies. There have been queries with regards to best practice for ventilation and so the following advice has been added to the guidance.

1. Increase outdoor air entry to community pharmacies using intermittent or partial window/door opening, before and after room/ area occupancy as much as possible while balancing with:
 - a. Thermal comfort,
 - b. Security, an obvious priority in a community pharmacy setting.
2. HVAC (heating, ventilation and air conditioning) systems
 - a. Ensure routine maintenance, and if filters used they are changed, as per manufacturer's instructions.
 - b. Keep HVAC systems and, extractor fans in toilets, running at all times (i.e. 24/7):
 - i. While room/ area occupied operate at optimal/ maximum settings,
 - ii. When room/ area unoccupied reduce to the lowest setting.
3. Mechanical fans (use more common in summer) should only be used where there is a single occupant in a room and should be directed to exhaust directly to the exterior environment (e.g. open window), to minimise potential spread of pathogens.
4. There is insufficient evidence to make a recommendation for or against the use of air purifying systems.

5. If further details are required consult HPSC ventilation guidance applicable to all non-hospital healthcare settings which includes community pharmacies at:
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/buildingsandfacilitiesguidance/ventilationguidance/>
6. Health & Safety Authority guidance/checklists on ventilation for employers/workplaces are available, community pharmacies are required to be in compliance with same.

Key documents/reference points for pharmacies to refer to

1. PSI COVID-19 operational standards for pharmacies provide further information on professional standards in pharmacies in COVID-19 pandemic and are available at:
<https://www.thepsi.ie/gns/inspection-enforcement/StandardsforPharmacies/COVID19OperationalStandardsforPharmacies.aspx>
2. PSI/HSE Business continuity planning for community pharmacies during the COVID-19 pandemic available at:
<https://www.thepsi.ie/tns/news/Coronavirus/InformationforPharmacistsCOVID.aspx>
3. PSI/HSE Home delivery of medicines by public servants and volunteers during the COVID-19 pandemic.
<https://www.thepsi.ie/tns/news/Coronavirus/InformationforPharmacistsCOVID.aspx>
4. IIOF COVID-19 information hub <https://iiof.ie/content/infection-prevention-control>
5. HSE/IPU Frequently asked questions for community pharmacies available at:
<https://www.hse.ie/eng/about/who/qid/covid-19-qi-learning/resources-developed-to-support-the-national-covid19-response/resources-developed-to-support-the-national-covid-19-response.html>.
6. HPSC HSE Framework - interim HSE guidance on infection prevention and control (IPC) (in the context of COVID-19). This provides a useful checklist format to assess compliance and identify with IPC measures. Available at: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/>.

7. Interim guidance on infection prevention and control for the Health Service Executive. This includes both general IPC advice and specific considerations for a broad range of infectious diseases. Available at: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/>
8. HSE Stay safe at work resources available at: <https://healthservice.hse.ie/staff/coronavirus/safety-in-the-workplace/>

ENDS