Guidance on Managing Risk of Transmission of Respiratory Viruses Including COVID-19 in General Practice

V 3.1 26.05.2021

Version	Date	Changes from previous version
3.1	26/05/2021	Updated to reflect the high risk groups and link to the HSE website where this list is maintained
3.0	03/11/2020	Extensively rewritten and restructured (Parts I and II) to provide additional detail and clarity: • Includes NPHET Recommendation on use of Surgical Masks. • Use of face coverings by patients and others entering the practice. • Emphasis on adherence to single use of all items of PPE intended for single use. • Reference to Interim Infection Prevention and Control Guidance for the HSE document. • Importance of Influenza vaccination for staff. • Includes a critical messages text box.
2.1	10/07/2020	Correction to section Situational assessment for PPE. Gloves are not routinely required for immunisation/injection. Refer to WHO Glove use information leaflet.
2.0	01/07/2020	Guiding principles for Infection Prevention and Control when returning to routine General Practice during pandemic COVID-19
1.0	10/03/2020	Management of patients where there is a concern regarding COVID-19 / SAR-COV2 virus infection presenting to general practice

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

Table of Contents

Key points:

Overview:

This document is structured in a number of parts. The first part relates to practical measures to be taken to keep GP as safe as is practical. The second part provides background information on COVID-19. Appendix I is a checklist that can be used to assess if all necessary measures are in place to manage risk of infection in GP practices. Appendix II is a list of resources that may be useful.

Responsibility for delivering safe and effective care:

All healthcare workers in GP services must act to protect patients, while also safeguarding their own health, and the health and wellbeing of colleagues. All healthcare workers are advised to remain up to date on the COVID-19 public health and occupational health guidance, available from the Health Protection Surveillance Centre.

Critical steps to keep your GP practice safe are:

1. Do everything practical to encourage everyone who works in the practice to get vaccinated as soon as they are eligible;
2. Ensure that no one with symptoms of viral respiratory tract infection should be at work ever;
3. Identify all patients as Group A (higher COVID-19 risk) or Group B (low COVID-19 risk) before you see them;
4. Maintain distance from colleagues and patients whenever possible;
5. Follow standard precautions for all patients at all times;
6. Ensure that facilities are clean and that ventilation is maintained taking account of comfort and weather.

Part I: Practical Measures to manage the Risk of Transmission of COVID-19 in General Practice

Guiding Principles

The following are guiding principles related to controlling the risk of COVID-19 in General Practice:

1. Encourage all members of practice staff and patients to get vaccinated as soon as they are offered vaccination;
2. Where care that meets the needs of the patient can be delivered without face-to-face consultation this eliminates the risk of transmission of viral infection in the GP surgery;
3. Before scheduling face to face appointments differentiate between those patients with symptoms suggestive of respiratory tract infection or other features suggestive of systemic infection (Group A patients) and those that do not have such symptoms (Group B patients);
4. Face to face consultation with Group B patients is generally low risk and should be scheduled when required to meet the care needs of the patient. The risk is much lower if you have significant vaccine protection;
5. Before scheduling face-to-face appointments identify those patients who may be at greater risk of harm as a consequence of COVID-19 and factor the risk of exposure to them in travelling to and from the practice into the decision on the best way to deliver care. This is much less of a concern for patients who have significant vaccine protection;
6. Identification of healthcare workers with symptoms of COVID-19 or who are Contacts of COVID-19. People who have symptoms should be excluded from the workplace and those who are Contacts should be excluded from the workplace unless they have significant vaccine protection;
7. Identification of those healthcare workers that may be at a greater risk of harm as a consequence of COVID-19 and ensuring that they have appropriate occupational health advice regarding their work taking account of their vaccination status;

8. Do all that is practical to ensure full uptake of influenza vaccine by staff and practice patients in the target group;
9. Reduce unnecessary footfall through the practice;
10. Encourage use of face coverings by patients when entering the practice (but note that refusal of service to those who decline to wear a mask is not recommended);
11. Minimise workplace contacts (the degree of interaction between people);
12. Maintain physical distance (for example use floor markings);
13. Avoid unnecessary physical contact or other exposure in the clinical environment;
14. **Follow Standard Precautions with all patients at all times;**
15. Follow the NPHET recommendation on use of surgical masks by healthcare workers (use whenever within 2m of a patient);
16. Follow **Transmission-based Precautions** when required;
17. Increase ventilation in so far as practical;
18. Note: Guidance on the safe use of PPE, including donning and doffing PPE including a video is available on www.hpsc.ie;
19. Items of PPE intended for single use should be discarded after single use. Reprocessing/wiping down of single use items (including eye protection) is not appropriate, as adequate supplies of PPE are available;
20. Extended use of certain items of PPE may be appropriate in certain circumstances to reduce workload and potential exposure risk related to frequent donning and doffing. Extended use of PPE for the sole purpose of reducing the requirement for PPE is no longer necessary;
21. Reusable medical equipment (including stethoscopes) should be cleaned and when necessary disinfected between use on different patients.

Infection Prevention and Control Lead Person

Identify a specific person to take a leadership role for Infection Prevention and Control (IPC) and support them with training and some protected time for this role. They need not have a formal qualification in IPC but should be very familiar with relevant national guidelines and be able to

point colleagues to relevant supporting materials. The amount of protected time will vary with size of practice but should be sufficient to ensure that they can keep up to date with relevant guidance, deal with questions from colleagues and periodically check on signage and processes for managing risk.

Staying away from work if unwell

Staff members must not present for work if they have fever, symptoms of respiratory tract infection or other symptoms of COVID-19. This applies to staff who have significant vaccine protection. Staff members should be asked to confirm that they are free of fever and symptoms of COVID-19 on arrival at work. They should be asked to confirm that they remain well about mid-shift. Staff members should not present for work if they have been identified as Contacts of COVID-19 (unless they have significant vaccine protection) and should observe government guidance on travel and restrictions on movement related to travel.

Note that symptomatic staff that are tested and reported as COVID-19 not detected are likely to be infectious with another respiratory virus and should remain off work until 48 hours after acute symptoms have resolved.

Going off duty if symptoms develop

Staff must go off duty promptly if they develop symptoms of COVID-19. This applies to staff who have significant vaccine protection. Healthcare workers and GP practices should consider plans for transportation home without using public transport if they become symptomatic at work. Healthcare workers who develop fever or respiratory symptoms should seek medical advice by telephone at the earliest opportunity.

General Building Lay Out and Cleaning

1. Take full account of the use of the building and its environs;
2. Liaise with other users in the building and its environs to support physical distancing;
3. Consider floor markings to demonstrate minimum requirement for physical distancing;
4. Remove non-essential items from all areas;

5. Ensure that all furniture, fittings and floor coverings in the reception and waiting area are made of or covered with materials that are easy to clean and decontaminate;
6. Ensure hand sanitiser is available in all areas;
7. Increase natural ventilation in so far as practical;
8. Ensure that an environmental cleaning protocol is available to ensure that appropriate cleaning is performed in all areas;
9. Cleaning of reception and waiting areas is normally performed with detergent and water or detergent wipes;
10. For cleaning reception and treatment areas use of plastic apron and household gloves are an appropriate level of PPE;
11. All touch surfaces should be cleaned at a minimum of once per day and whenever visibly dirty;
12. Toilets should be cleaned at least twice per day and whenever visibly dirty.

Signage

Place signage at the entrance to the practice and ensure a further verbal check for fever or symptoms of respiratory illness or other symptoms of COVID-19, COVID-19 Contact status and history or recent travel at reception to identify symptomatic patients and COVID-19 Contacts. This verbal check should apply to the patient and to any accompanying person (parent, guardian, and carer) who needs to enter the GP surgery to accompany the patient.

Screening staff from patients

Transparent screens between reception staff and patients/accompanying persons may reduce exposure to respiratory droplets. They should be used when possible. If this is not possible and reception staff are within 2m of patients or accompanying persons staff should use surgical masks.

Operational Processes

This section provides detail on the operational process which should be put in place in each General Practice. It provides detail on overarching principles and examines each stage in the process in more detail as per the following steps:

Key principles:

1. Limit footfall through the practice by discouraging unnecessary attendance at the practice by people who can be dealt with by telephone;
2. Ask patients attending the practice to come alone if possible;
3. Ask parents not to bring non-appointed siblings to the appointment if possible;
4. To limit walk in situations, use signage and answering machine messages to ensure that access is by scheduled appointment;
5. Promote hand hygiene at reception (signage, verbal reminders and provide alcohol hand rub);
6. Promote respiratory hygiene and cough etiquette (signage, provide tissue and bins);
7. Reduce use of waiting areas and arrange for patients to attend the surgery directly at the appointed time;
8. Promote physical distancing to the greatest extent possible while waiting treatment;
9. Open windows to increase natural ventilation as comfort permits;
10. Consider asking the patient to wait in their own vehicle rather than in a waiting area where this is practical;
11. To the greatest degree practical, the patient should establish phone contact on arrival to help manage attendance and check in;
12. Patients and any accompanying person should perform hand hygiene with hand sanitizer on arrival. If the person is wearing disposable gloves ask them to remove and discard the gloves before performing hand hygiene;

13. Ensure that scheduling of appointments is managed to reduce interaction between patients and allow appropriate time for any cleaning and disinfection required before the next patient;
14. Minimise non-essential interaction (especially physical contact) between staff members and patients and between staff members;
15. Monitor supplies of materials required for good IPC practice including supplies required to support hand hygiene and supplies of PPE;
16. Processes for cleaning and where appropriate decontamination of instruments and equipment between patients should be performed and must adhere to manufacturer's recommendations and all applicable standards.

Triage of patients into 2 groups

Identify all patients with new onset fever or symptoms of respiratory illness or other symptoms of COVID-19, all COVID-19 Contacts and those with a history of travel before they attend the practice (for example by telephone call or text). Divide into 2 groups as set out below:

Group A	Group B
Patients in whom there is a suspicion or confirmation of COVID-19 *or* **other respiratory tract infection** *or* other features suggestive of systemic infection *or* **who are non-vaccinated contacts of COVID-19** *or* **in whom there are other specific risk factors for COVID-19.**	**Those in whom there is no suspicion of COVID-19** *or* **other viral respiratory tract infection** *and* **who are not contacts of COVID-19 or who are vaccinated contacts.** **<u>Note that group B patients who have significant vaccine protection are very low risk.</u>** *If* providing GP services in a Residential Care Facility or to patients from a Residential Care Facility or similar setting establish in advance of attending /before seeing the person if there is evidence of transmission of COVID-19 or Influenza in the Residential Care Facility.

Group B Patients

Those in whom there is no suspicion of COVID-19 or other viral respiratory tract infection and who are not Contacts of COVID-19.

All Group B consultations: Standard precautions plus a surgical mask.

Note application of **Standard Precautions** includes:

1. Bare below the elbows;
2. Hand hygiene (according to the five moments of hand hygiene);
3. Use of appropriate PPE (gloves and apron) where there is contact with blood or body fluids (other than sweat) is anticipated;
4. Eye protection is required when there is a risk of splashing of blood or body fluids.

Group A Patients

Those in whom there is a suspicion or confirmation of COVID-19 or other viral respiratory tract infection or other features suggestive of systemic infection **or who are non-vaccinated Contacts of COVID-19 or in whom there are other specific risk factors for COVID-19.**

All Group A consultations: FFP2 masks and visor should be available for those attending to Group A patients. A Surgical Mask and Visor also offer a high degree of protection. In addition use Gloves and Plastic Apron.

Please ensure that you adhere to the following:

1. Bare below the elbows;
2. Hand hygiene (according to the five moments of hand hygiene);
3. Use of PPE (gloves and apron) where contact with blood or body fluids (other than sweat) is anticipated;
4. Eye protection is required when there is a risk of splashing of blood or body fluids;

5. Gown is generally only required for close physical contact that brings the chest and abdomen into contact with the patient. In such cases a gown should be used instead of an apron.

If seeing a number of Group A patients in direct succession in a single clinical session it may be appropriate to extend use of a surgical mask and apron/gown provided that they remain visibly clean, intact, dry and correctly positioned and they have not come into direct contact with a patient. Extended use of gloves is not appropriate. Gloves must be removed and hand hygiene performed between every patient.

The Consultation

1. Limit personnel in the consultation room to the minimum required and ensure that the door remains closed throughout to discourage access to the room during the consultation. The minimum number of people required may include a parent or carer if the patient needs to be accompanied and may include a healthcare student on placement when this is necessary;
2. Non-essential personnel should not enter the consultation room during the consultation to address other issues;
3. Open windows to increase natural ventilation as comfort permits;
4. The determination of the appropriate PPE in each situation must be guided by an assessment of the risk that the person is infectious;
5. If at all practical to do so, do not bring your personal mobile phone with you into the consultation room in particular when seeing Group A patients. There is a risk not only of contamination of the phone but more importantly a risk of distraction from attention to good infection prevention and control practice;
6. Every practical effort should be made to avoid interruption and distraction in particular when seeing Group A patients.

Cleaning of the Consultation Room after Group A patients

Normal cleaning practice should be adhered to for Group B patients, the following additional steps are required following consultation with a patient in Group A:

1. All contact surfaces should be cleaned and disinfected promptly after the patient leaves the room. A 2 in 1 detergent/disinfection wipe is suitable for this purpose.
2. For cleaning the consultation room in this case use of plastic apron and household gloves are an appropriate level of PPE.

Clinical Waste

Principles of management are as per HSE Interim Guidance on Infection Prevention and Control. See also HSE standard operating procedures:
https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/dental/sop-14-waste-management.pdf

Aerosol Generating Procedures

Consultation involving Aerosol Generating Procedures: Standard, Contact, Droplet and Airborne Precautions Should not be performed in General Practice unless essential in very exceptional circumstances to preserve life or prevent major harm.

Note application of Standard, Contact, Droplet and Airborne Precautions will include hand hygiene (according to the five moments of hand hygiene) and the use of PPE (gloves and apron or gown) and eye protection. A fit checked respirator mask (FFP2) should be used. The procedure should be performed in a room with closed door and maximum possible ventilation to the outside and absolute minimum of people in the room.

The Health and Safety Authority indicate that where a risk assessment indicates that workers 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 workers, 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.

Part II: Background Information on COVID-19

Introduction, Target Audience and Scope

This document replaces "Guiding principles for Infection Prevention and Control when returning to routine General Practice during pandemic COVID-19 Version 3.0 issued on November 2020.

These guidelines are intended to support General Practitioners and others working in General Practice to deliver services with the lowest possible infection risk in particular from respiratory virus. This is based on risk assessment of patients and situations and managing the risk of healthcare associated infection in each situation in the context of the current COVID-19 emergency. The situation continues to change rapidly both with respect to scientific knowledge about the virus and virus transmission and the epidemiological situation therefore regular review of this Guidance Document will be required. It is important to emphasise that other respiratory viruses including Influenza virus may circulate and pose a risk even if COVID-19 is relatively well controlled by vaccination and other public health measures.

This guidance is relevant at all levels of the Five Level Framework of Public Health Restrictive Measures although the risk of exposure and infection increases in all workplaces with higher levels of community transmission. The focus of the guidance is on the delivery of GP services in GP surgeries. Depending on local services telephone triage may allow for some high-risk patients to be referred directly to other services for assessment however it is expected that GPs will see many patients with respiratory disease in whom COVID-19 is a clinical consideration therefore a plan to manage such patients is essential.

Risk Assessment

The Interim Guidance on Infection Prevention and Control for the Health Service Executive emphasises that risk assessment of every situation by the healthcare worker is a foundation for effective IPC. Situational risk assessment underpins the application of this guidance document.

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/.

General Background on COVID-19

COVID-19 is a novel disease in humans. The virus associated with the disease is SARS-CoV-2. The virus is in many respects similar to other Coronaviruses in particular in relation to its structure and mode of transmission but there is still a great deal of uncertainty in a rapidly changing situation.

Vaccination against COVID-19

The programme of vaccination against COVID-19 is progressing and has already had a dramatic impact in reducing disease in those with significant vaccine protection including healthcare workers.

Significant vaccine protection means

1. 7 days after the second dose of Pfizer/BioNTech (Comirnaty) vaccine;
2. 14 days after the second dose of Moderna vaccine;
3. 28 days after the first dose of AstraZeneca (Vaxzevria) vaccine;
4. 14 days after the single dose of Janssen vaccine.

Incubation Period

People with COVID-19 generally develop signs and symptoms, on an average of 5-6 days after infection (mean incubation period 5-6 days, range 1-14 days).

Key Signs and symptoms of COVID-19

COVID-19 is a contagious viral infection that generally causes respiratory illness in humans.

Common signs and symptoms include sudden onset of:

1. Cough;
2. Fever;

3. Shortness of breath;
4. Loss of sense of smell or taste;
5. Distortion of sense of taste.

Some people with infection have none of these features. Some patients may have other symptoms (muscle aches, extreme fatigue, loss of appetite, decline in function) or may have infection that is minimally symptomatic or asymptomatic. Experience indicates that older people in poor general health are more likely than others to have atypical illness. In some cases, the earliest signs of infection in frail older people are a very non-specific decline in their baseline ability to function. This pattern has been very striking in residential care settings.

Laboratory Diagnosis

It is not possible to differentiate between COVID-19 and other common respiratory infections based on symptoms and clinical examination alone. The laboratory diagnosis of COVID-19 is currently based mainly on detection of virus RNA in a nasopharyngeal swab. Testing of other respiratory samples is important in certain settings and testing of respiratory samples for virus antigen may be useful in some settings. A deep nasal/mid turbinate sample is also a very good sample type and should be considered in particular for those who find it difficult to tolerate nasopharyngeal sample. A video demonstrating how to collect a deep nasal/mid-turbinate sample is available here https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/sampling/

It is important to note that failure to detect the virus on a sample makes the diagnosis of COVID-19 infection less likely but does not exclude infection. Testing for Influenza virus may be possible on the same sample required for testing for COVID-19 or may require a different swab/transport medium type depending on local arrangements.

A positive test for SARS-CoV-2 on a nasopharyngeal/deep-nasal/mid-turbinate sample is accepted as establishing the diagnosis when the test is performed by a laboratory with a suitable quality management system. Virus RNA is detectable in most people about the time they become symptomatic and is

detectable in some patients 1 to 3 days before onset of symptoms. There is growing evidence to demonstrate that viral RNA may be detected in some people for long periods (weeks or months in some cases) after viable virus is no longer detected. Therefore, detection of virus RNA does not indicate that a person remains infectious.

Testing of respiratory samples for antigen is an additional potentially valuable approach in some settings. Antigen testing is positive in a high proportion of acutely symptomatic people however they are generally less sensitive than tests for viral RNA and there are significant differences in the performance of some of the available antigen tests. The performance of the tests is likely to be less reliable if the sample is collected and tested by someone who has not been trained in the process.

Laboratory testing is currently performed on people with clinical features that suggest COVID-19 and also in specific circumstances on people where there are no clinical features of COVID-19 including asymptomatic Contacts of COVID-19, asymptomatic healthcare workers in specific circumstances and in a number of other settings including in advance of procedures, transfers or admissions and walk-in test centres in the community.

Arrangements for testing for Influenza virus remains through the pathway that applied in the 2019-2020 Winter season.

The Role of Testing

Testing of patients without fever or respiratory symptoms to assess infection status in advance of consultation is generally not appropriate at this time.

When are people no longer infectious?

In general, patients with COVID-19 are considered non-infectious 10 days after onset of illness if they are well and have had no fever for the last five days. This extends to 14 days for people with more severe disease requiring hospitalisation and also for people in long-term residential care. Retesting is generally not appropriate in the community at the end of this period however if there is a specific concern about a patient, for example a patient with impaired immune function, it is appropriate to discuss with a

Consultant Microbiologist or ID Physician. For respiratory viruses other than COVID-19, it is generally reasonable to regard the person as non-infectious 48 hours after acute symptoms resolve.

Clinical Course

Most people with COVID-19 will have mild disease and will recover. A minority will develop more serious illness. Based on current evidence children and younger people are less likely to develop serious illness.

One area of particular concern is high-risk patients. People in the following categories are considered very high risk (also called extremely medically vulnerable) of developing severe disease if they develop infection. An up to date list of very high risk people is maintained at:
https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html

Sources of Infection with COVID-19

COVID-19 infection is acquired as a result of exposure to a person shedding viable virus. It is generally accepted that the highest risk of transmission occurs at about the time an infected person develops symptoms.

Spread from **symptomatic people** is generally considered to be the primary driver of the pandemic.

It is accepted that infection can be transmitted from people with minimal symptoms, from people before they develop symptoms (**pre-symptomatic transmission**) and from people who never develop symptoms (**asymptomatic transmission**) however, symptomatic people are generally more infectious. HIQA have provided a useful summary of the evidence related to asymptomatic transmission at

https://www.hiqa.ie/reports-and-publications/health-technology-assessment/evidence-summary-asymptomatic-transmission

There are suggestions that children with COVID-19 may be less infectious than adults however there is uncertainty on this issue and the level of infection prevention and control precautions required in the healthcare setting are generally the same for children and adults in most contexts but taking account of the needs of the child.

Routes of Transmission

There are 3 routes of transmission of infection of concern as follows:

- **Droplet Transmission**

  Direct droplet transmission is accepted as a major route of COVID-19 transmission. Droplet transmission occurs when larger respiratory droplets shed from an infectious person impact on the mouth, nose or eyes of a person in close proximity to a person who is shedding the virus. Liquid particles larger than 5 microns diameter are considered as droplets. They generally do not stay suspended in the air for extended period and are associated with infection over a relatively short range.

- **Contact Transmission**

  COVID-19 is transmitted by touching the mouth, nose or eyes with hands contaminated with virus following contact with surfaces contaminated with droplets, oral secretions or nasals secretions from an infectious person. The relative importance of direct droplet transmission and contact transmission is unclear but both are accepted as important.

- **Airborne Transmission**

  Airborne transmission of COVID-19 can occur in some settings. There is a concern that this may be more likely to occur with recently emerged variants such as B1.1.7 although the evidence remains uncertain. Airborne Transmission refers to transmission as a result of exposure to small liquid particles from an infectious person that remain suspended in the air for relatively long periods of time, that disperse throughout the room on air currents and are inhaled. Particles less than 5 microns diameter are considered as droplet nuclei or aerosols.

Standard Precautions

The foundation of managing the risk of infection of patients and healthcare workers in every healthcare setting including General Practice is the application of Standard Precautions to all patients in all settings at all times. For further information on Standard Precautions, please see Interim Guidance on Infection Prevention and Control for the HSE (2020).

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/Interim%20HSE%20Guidance%20on%20IPC.pdf

Note the recommendations of the National Public Health Emergency Team (NPHET) on use of surgical masks in healthcare are reflected in the HSE guidance.

Transmission-based Precautions

Transmission-based Precautions are measures taken in addition to Standard Precautions to manage risk of transmission of infection when caring for people with known or suspected infectious disease for which Standard Precautions alone are not sufficient. Transmission-based Precautions include Contact, Droplet and Airborne Precautions. Examples include infection with methicillin-resistant *Staphylococcus aureus* (Contact Precautions), influenza virus infection (Droplet Precautions) and infectious pulmonary tuberculosis (Airborne Precautions). For details on Transmission-based precautions, please see the Interim Guidance on Infection Prevention and Control for the HSE (2020).

Appendix 1 Checklist for GP Practices

Access to guidelines, training and communication to optimize Infection Prevention and Control Practice in GP settings

Access to information	**Tick**
Practice teams are aware of the benefits of vaccination against COVID-19	
Practice team are aware of/have access to latest relevant guidelines, recommendations and resources available to support education and training in IPC e.g. from public health, HPSC, HSE, HIQA.	
Practice team have access to information so they understand rationale for measures applied and what their specific responsibilities are.	
Up to date IPC practice policies are available to support implementation of standard and transmission-based precautions.	
Staff are conscious of the need to consider the potential impact of IPC measures on patients and are able to adapt the application of IPC principles to the care needs of the patient.	
Staff are trained to (and can) communicate in an appropriate manner with patients /service users/ others regarding the necessary measures taken and rationale.	
Visual prompts are displayed for hand hygiene, physical distancing, respiratory hygiene and cough etiquette, appropriate mask and glove use for example. Posters, tv displays, audio messages (at entrance), floor signage.	
Have you explained to staff why it is important not to come into work with symptoms of acute infectious disease including COVID-19?	
Are staff aware of what to do and who they should contact if they develop symptoms of acute infectious disease when on duty?	

Staff are supported in awareness, training and practical application of IPC practice.	
Have staff been trained in the appropriate use of PPE (selecting appropriate PPE for the task, donning, doffing and safe disposal?	

Reduce infection exposure risk

Arising from staff	**Tick**
Have you informed all staff of the signs and symptoms of COVID-19?	
Have you facilitated physical distancing in the workplace?	
Do you have a symptom check when presenting for work and management pathways for symptomatic staff members in place?	
Do you provide appropriate PPE and are supplies of stock available?	
Do staff have easy access to alcohol gel at their workstation?	
Arising from patients	**Tick**
Are patients encouraged to accept vaccination against COVID-19 as soon as they are eligible for vaccination?	
Do you have a mechanism in place for the screening of patients for symptoms of COVID-19 or contact history before arrival to practice?	
Do you have a mechanism in place for the screening of patients for symptoms of COVID-19 or contact history on arrival to practice?	
Do you have a process in place to check the vaccination status of patients when they arrive at the practice	
Are patients reminded of NPHET guidance on cloth face coverings (and on surgical masks if applicable) when they make an appointment?	

Manage the environment

Staff awareness	**Tick**
Are practice staff aware of and promoting campaign for 2m distancing?	
Are staff aware of the importance of 2m distancing between themselves as well as between themselves and patients when there is no close contact required?	
Are checks in place to ensure this is implemented?	
Is there Signage and floor signage in appropriate places?	
Lifts/Elevators	**Tick**
Have you introduced rules for the number of people who can safely maintain physical distance in the lift (if applicable)?	
Is use of stairs encouraged where the person is able to use the stairs?	
Toilets	**Tick**
Where feasible assign a dedicated toilet for staff?	
Is there adequate provision of liquid soap and disposal paper towels in the toilet? (Fabric towels are not appropriate)	
Practice Canteen / Meeting Room	**Tick**
Have seating arrangements in these facilities have been adapted to allow for physical distancing between staff members who are eating/having a break?	
Have you staggered breaks to ensure physical distancing?	
Consider provision of out-door seating areas for staff dining/breaks if possible?	

Work stations	**Tick**
Ensure number of people who congregate at a workstation /reception is limited to ensure compliance with physical distancing.	
Alternative workstations established to prevent congregation of staff.	
Meetings / huddles conducted respecting physical distancing rules.	
Reception areas	**Tick**
Screens in place to shield reception staff where people are presenting for information/appointment.	
Alcohol based hand rub available for staff and patient use.	
Masks available for patients who have not brought a cloth face covering but who require a mask.	
Staff should have access to appropriate PPE if required.	
Waiting areas	**Tick**
Waiting areas adapted to ensure 2m distance between individuals where possible (if not possible note guidance on cloth face covering).	
Alternative mechanisms implemented to avoid waiting in the premises for example person advised to phone from car park when they arrive to prevent increased volumes of people waiting.	
Alcohol based hand rub available.	
Tissues and wastepaper bin available.	
Appropriate signage.	
There are no shared items such as magazines or toys in in the communal waiting area.	

Offices	Tick
Spacing desks where possible to adhere to social distancing.	
Utilising screens between desks.	
Working from home if possible.	
Staggering shifts to reduce the number of people on site.	
Clinical room	Tick
Room is clutter free to facilitate cleaning.	
Alcohol based hand rub available and access to hand hygiene sink.	
Tissues available.	
PPE available.	
Appropriate waste bin and sharps bin available.	
Disposable surface barrier for the examination couch available and changed between patients.	

Cleaning

Resources	Tick
Have adequate cleaning resources been made available?	
Is there a schedule for general maintenance of cleaning equipment?	
Are the roles and responsibilities of all persons involved in cleaning clearly outlined for example activities performed by external contractors, staff members?	

Have all those who are involved in cleaning activities undertaken relevant training and are they aware of their role and responsibility?	
Training	**Tick**
Do staff know what personal protective equipment is required for activities of cleaning?	
Site specific cleaning schedule, risk status of all areas cleaning frequency cleaning method and responsible person.	
Are staff aware of the materials and methods for cleaning near patient equipment?	
Environment	**Tick**
Have you ensured all non-essential items have been removed?	
Are all surfaces and floors in good state of repair to facilitate cleaning?	
Are furnishings appropriate to the setting easy to clean?	
Policies and procedures	**Tick**
Are cleaning schedules in place, which are appropriate to the type of activities, and footfall in the areas?	
Have you policies and procedures in place for cleaning in non- public areas i.e. staff spaces?	
Are protocols available for cleaning methods?	
Are staff familiar with manufacturer's instructions for dilution and use of detergents and disinfectants?	
Are protocols available for care of cleaning equipment (for example mops, cloths)?	
Are data safety sheets available for all chemicals?	
Has the need for increased frequency of cleaning in areas of high throughput been considered for example toilets?	

Cleaning equipment and products supplies are stored in a designated area in the practice separate from other equipment.	
Compliance	**Tick**
Is there a system for monitoring cleaning?	

Waste

General	**Tick**
Are pathways in place for the safe management of waste for example registered waste contractor?	
Is your waste management in line with relevant guidance (see HSE policy) see appendix 4?	
Training	**Tick**
Are up to date policies and procedures available?	
Have staff received up to date training on the appropriate segregation, handling transport and storage of waste appropriate to their setting?	
Staff are aware of first aid procedure following a needle stick injury.	
Are staff aware of the different types of waste in particular healthcare risk waste and non-healthcare risk waste?	
Implementation	**Tick**
Are there adequate and appropriate waste bins available to allow for segregation of waste?	
Can waste be segregated at the point of generation of waste?	
Are the waste bins suitable for the areas they are in?	

Are visual prompts displayed which support waste management for example posters?	
Do you have regular schedule for checking/emptying bins?	
Do you have a regular schedule for cleaning bins and replacing bins when needed?	
Has consideration been given to how you might reduce waste?	
Has consideration been given to the sustainability/environmental impact of waste management policies?	
Compliance	**Tick**
Have audits of compliance with waste management been performed?	
Patients	**Tick**
Are adequate facilities available for patient/clients/service users to dispose of waste as appropriate to them?	

Appendix 2 Directory of Resources

Subject Matter	Source
Interim Guidance on Infection Prevention and Control for the Health Service Executive	https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/Interim%20HSE%20Guidance%20on%20IPC.pdf
Primary Care Guidance	GP Primary Care Setting COVID-19 Video resources • How to put on a respiratory mask (FFP2) 28/04/2020 • How to safely put on and take off a medical mask with loops14/04/2020 • How to put on and take off PPE full coveralls, face shields and masks 15/04/2020 • COVID-19 Information for GPs – Dr Nuala O'Connor in conversation with Professor Martin Cormican • How to put on and take off personal protective equipment
Interim guidance on infection prevention and control for the health service executive 2021	https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/
Infection prevention and control for primary care in Ireland	Infection prevention and control for primary care in Ireland: A guide for general practice. April 2013 https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,14612,en.pdf
GP Practice Guidance regarding HCAI	The most important things you can do to prevent you, your staff or your patients from acquiring a health care associated infection in your GP practice 2019 https://www.icgpeducation.ie/course/view.php?id=37#section-5
Posters	A range of posters are available to download including: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/ • Appropriate use of Personal Protective Equipment (PPE) • Donning/doffing of PPE • Appropriate mask use • Front door signage • Respiratory Hygiene
Video resources for COVID-19 (non-clinical staff)	https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/

Subject Matter	Source
On-line E- Learning courses	Available by registering at HSELanD • COVID-19- Resource packs • Aseptic Technique • Breaking the chain of infection • Introduction to infection prevention and control • Hand hygiene for HSE Clinical Staff • Hand Hygiene for HSE Non-Clinical Staff • National Decontamination • Putting on and taking off PPE in acute healthcare settings • Putting on and taking off PPE in Community Healthcare settings http://www.hseland.ie/dash/Account/Login
Webinar resources for COVID-19	https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/webinarresourcesforipc/
National Standards for Infection Prevention and Control in the Community	https://www.hiqa.ie/reports-and-publications/standard/national-standards-infection-prevention-and-control-community
COVID-19	https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance
Waste - HSE Waste Management Awareness Hand book 2011	https://www.hse.ie/eng/about/who/healthbusinessservices/national-health-sustainability-office/files/hse-waste-management-handbook.pdf DOHC/HSE Segregation, Packaging & Storage of guidelines for healthcare risk waste (2004) (Nov 2010 update). Available on: Lenus repository https://www.lenus.ie
Patient Leaflets	https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/hcai-amr-information-for-patients-and-public/patient-leaflets/patient-leaflets.html
Vaccination	https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/

ENDS