



## COVID-19 Guidance for Roma

V.4.4. 03/08/2021

Version	Date	Changes from previous version
4.4	03/08/2021	Included details on self-referral for COVID19 testing Updated COVID19 Symptom list Updated definition of duration of close contact- more than or equal to 15 minutes total in 24 hours
4.3	22/06/2021	Updated the groups where surgical face masks are now recommended Updated advice for close contact(s) who are vaccinated Added clarification for full ten days self-isolation for positive cases Added heading about vaccination in Ireland and clarifications regarding vaccinated individuals
4.2	29/03/2021	Changed medically vulnerable and extremely medically vulnerable to high risk and very high risk respectively. Added Social Inclusion to denote individuals that are vulnerable for non-medical reasons. Added caveat regarding Variants of Concern.
4.1	23/02/2021	Added in sentence that local public health advice may apply in certain situations with regards to timing of testing
4	10/02/2021	Updated the management of close contacts
3	3/12/2020	Added that individuals with COVID 19 can be asymptomatic Updated guidance on physical distancing should be 2 metres and when not possible 1 metre Added to guidance re cleaning of isolation facility after a case has left room Updated that rubbish bin should be closed when three quarters full Added protocol for close contacts of a symptomatic individual with a COVID-19 not detected test

2	01/10/2020	Added links to vulnerable group guidance for Travellers/International Protection Applicants/Homeless Updated background Removed Government measures Updated general measures to reduce the spread of infection in settings for vulnerable groups Updated hand hygiene /Respiratory hygiene Updated physical distancing measures Updated how to manage a symptomatic person Updated How to manage a symptomatic person who is tested and Covid-19 is not detected Amended period of self-isolation for Covid detected cases Included details of Safetynet referral
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**This guidance document gives general advice about preventing the spread of COVID-19 and dealing with cases of COVID-19 in the Roma community. It is part of the overall HPSC Guidance for vulnerable groups (Social Inclusion). It applies for Roma who live in the community often in overcrowded private housing or those in family.**

**Unless otherwise specified, this guidance refers to COVID-19 where there is no suspicion for Variants of Concern. For guidance regarding Variants of Concern, please see [here](#).**

**Click [here](#) for other Social Inclusion Guidance (Traveller Community, Homeless setting, International Protection Applicants and Domestic, Sexual Gender-based Violence Refuge setting).**

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## BACKGROUND

There are approximately 5,000 Roma living in Ireland, with Roma families identified in every county in Ireland.<sup>1</sup> The largest communities of Roma are estimated to be in Dublin, Louth, Kildare, Wexford, Cork, Kerry, Clare and Donegal. While the majority of Roma in Ireland are from Romania (approx. 80%), mapping from the Roma Needs Assessment also identified Roma from Czech Republic, Slovakia, Hungary and Poland. The Roma community have been recognised as one of the most marginalised and disadvantaged groups in Ireland. Roma in Ireland continue to experience poorer health outcomes, including higher rates of chronic health diseases, extreme poverty, poor housing and unemployment; and the lack of access to mainstream health services. This is further compounded by language barriers and lack of engagement with statutory agencies which is linked to experiences of discrimination, lack of trust in the State and fear of the State.

The COVID-19 pandemic has highlighted a number of significant challenges for Roma, especially those who are most vulnerable (social inclusion). In particular, Roma families who are living in severely overcrowded and unsafe accommodation, those who are unable to access social welfare payments due to the Habitual Residence Condition; and those without access to GP/health services.

COVID-19 is caused by the SARS-CoV-2 virus and is spread mainly through droplets produced by coughing or sneezing. You could get the virus if you:

- Come into contact with someone who has the virus and is coughing or sneezing.
- Touch surfaces or objects that someone who has the virus has coughed or sneezed on, and then touch your mouth, nose or eyes.

## Symptoms of COVID-19

It can be a mild or severe illness with symptoms that can take up to 14 days to appear including:

- Fever (high temperature >38C)
- Cough
- Shortness of breath

<sup>1</sup> <https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>

- Runny nose, nasal or sinus congestion or sore throat
- Loss of or change in sense of taste or smell
- Headaches
- Aches and pains or tiredness
- Nausea or vomiting or diarrhoea
- Poor Appetite

Symptoms may present differently in different age groups and with different variants of the virus. Some symptoms may also be confused with common cold, hay-fever or flu. People with COVID-19 may also be asymptomatic (have no symptoms).

COVID-19 can also result in more severe illness including pneumonia, Severe Acute Respiratory Syndrome and kidney failure.

People at higher risk of severe COVID-19 illness include:

- People aged 60 years and older.
- People with long-term medical conditions – for example, heart disease, lung disease, cancer, diabetes or liver disease.

**If you have any new symptoms, even if mild, self-isolate and arrange a COVID-19 test by either phoning your GP, [booking online or going to a test centre.](#)**

Further information on COVID-19 is available on the HSE website (available [here](#)).

## **VACCINATION IN IRELAND**

HSE is currently rolling out enhanced and priority access to COVID-19 vaccines for socially marginalised and Vulnerable Groups. These include Irish Travellers, Roma, and Homeless who are already considered as Cohort 7. By the end of June those affected by addiction or those in DPC will also be prioritised irrespective of age or medical conditions.

## GENERAL MEASURES TO REDUCE THE SPREAD OF INFECTION IN SETTINGS FOR VULNERABLE GROUPS (SOCIAL INCLUSION)

COVID-19 can spread easily between people and could be spread from an infected person even before they develop any symptoms. For these reasons we suggest greater attention to cleaning and general hygiene, social distancing measures such as visitor restrictions, limited social mixing areas (only if physical distancing can be maintained) as well as providing greater support to those who are high risk and very high risk, including older people. Information on high-risk and very high-risk groups is available [here](#).

The following are some general recommendations to reduce the spread of infection in a facility:

### 1. RAISE AWARENESS:

- Promote good hand and respiratory hygiene as described below and distribute and display relevant posters and information leaflets in residents' own language throughout the facility.
- Advise persons who are *at high or very high-risk* of severe illness from COVID-19 infection including those over 60 years, to *stringently practice* hand hygiene, respiratory etiquette, physical distancing measures and wearing a face mask or face covering according to the [guidance](#). There are certain groups of people for whom the use of surgical face masks rather than cloth face coverings is recommended. Surgical masks rather than cloth face coverings are now recommended to be worn by people who are in [high-risk](#) and [very high-risk](#) cohorts and older age groups when in crowded outdoor spaces or confined indoor community spaces. This is as an additional form of protection for the wearer against inhalation of or contact with infectious particles.
- Advise on the symptoms of COVID-19 infection and ensure people/staff understand what to do if they have symptoms– in terms of (a) taking care of self ([access to](#)

[testing](#)/healthcare) (b) protecting others (self-isolation – this means staying indoors and completely avoiding contact with other people – including those in your own household).

- Advise how to manage and reduce the risk in day to day activities (e.g. [shopping safely](#), [getting prescriptions](#)) and to exercise a common sense approach to interaction with others e.g. avoid shaking hands; avoid making close contact if possible, especially with those who are coughing and sneezing; reduce cash handling.
- Advise what coronavirus means for [travelling](#) and for gatherings (e.g. [funerals](#), [visiting in hospitals](#), visiting others or having visitors at home.
- Ensure staff who are ill, even if vaccinated, know not to attend work and to follow HSE guidance.
- Advise residents to let staff know if they develop any of the symptoms described above and not to attend crowded areas if they are ill.
- National Roma helpline: **087 126 4606**
- Translated materials in Romanian, Czech and Slovak available [here](#)
- HSE Social Inclusion [Roma COVID 19 resource sharing page](#) includes specific translations and communication tools
- HSE Information video on COVID 19 in Romanian for Roma:  
<https://www.youtube.com/watch?v=7Yh1aeUvaVk&feature=youtu.be>
- HSE Information video on Travel restriction in Romanian for Roma  
[https://www.youtube.com/watch?v=VkrWUEGYL\\_s&feature=youtu.be](https://www.youtube.com/watch?v=VkrWUEGYL_s&feature=youtu.be)

### **Hand Hygiene:**

Wash your hands regularly. **This is the most important thing you can do.** Wash your hands with soap and hot running water for at least 20 seconds when hands are visibly dirty. If your hands are not visibly dirty, wash them with soap and hot water for at least 20 seconds or use an alcohol-based (at least 60%) hand sanitiser if water is not available. Services to support these measures will be needed:

- after coughing or sneezing	- before, during and after you prepare food
- before and after eating	- after using the toilet
- before and after being on public transport	- before and after being in a crowd
- before and after caring for sick individuals	- when hands are dirty
- before having a cigarette or vaping	- after handling animals or animal waste
- even if your hands are not visibly dirty	- when you arrive and leave buildings

See HSE hand hygiene guidance at <https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html>

### **Respiratory hygiene:**

Cover mouth and nose with a clean tissue when coughing and sneezing and then promptly dispose of any tissues in a bin and wash hands. If you don't have a tissue, cough or sneeze into the bend of your elbow instead, not into your hands.

[Posters](#) on preventing spread of infection are available on the HPSC website.

## **2. PHYSICAL DISTANCING MEASURES:**

- Advise staff and service users to keep a physical distance of 2 metres. Where this is not possible, a distance of at least 1 metre is recommended.
- Advise staff and service users to avoid making close contact with people (e.g. do not shake hands).
- Implement a queue management system with correct distance marking using brightly coloured tape.



- Restrict or stagger the use of canteen or other communal facilities (bringing food/drinks to people).
- Reduce tables/chairs from the canteen or other communal facilities to limit the number of people per table and preserve physical distancing.
- Restrict visitors to the facility.
- Staff and service users should wear a face covering in communal areas except where it is impractical (e.g. eating a meal) or a person is medically exempt.

### **3. HYGIENE MEASURES AND CLEANING REGIMENS:**

- COVID-19 can stay alive for hours to days on some surfaces – so take a pro-active approach in doing more cleaning of visibly dirty surfaces, followed by disinfection.
- Clean and disinfect regularly touched objects and surfaces using a household cleaning product/bleach/ Milton (follow label instructions):
  - o Especially all hard surfaces in common areas and locations that are touched frequently by people throughout the day, such as door handles, grab rails/hand rails in corridors/stairwells, plastic-coated or laminated worktops, access touchpads, telephones/keyboards in offices, and toilets/taps/sanitary fittings, wear rubber gloves when cleaning surfaces, wash the gloves while still wearing them, then wash your hands after you take them off.
  - o Make sure you have good ventilation (windows open) while using the cleaning/disinfecting product.
  - o Make sure that you have enough bins available for easy disposal of tissues (preferably covered bins, lined with a bin bag, replace when three-quarters full).

### **4. PLAN**

- Have a plan for dealing with persons who become ill with symptoms of COVID-19 including a space for isolating them from other people and seeking medical advice (e.g. phone a GP/ Emergency Department for clinical advice and Public Health Department for public health advice). It is recommended that surgical masks be worn by those people with a confirmed COVID-19 diagnosis during their infectious period, by those

people who have symptoms suggestive of COVID-19 and those who are household contacts of confirmed COVID-19 cases.

- Have a plan to assist very high risk persons to cocoon, including appropriate facilities and ongoing support. A list of those considered very high risk can be found [here](#).
- Capuchin, via the helpline, are assisting families with essential needs such as food, medicine, baby supplies.
- Have a plan for dealing with persons who are close contacts of a confirmed case of COVID-19. Advice for close contact(s) vary and depend of a number of factors such as: previous infection, vaccination status, and whether the contact(s) have been exposed to a confirmed case who has travelled from a designated state. For close contacts who are vaccinated, please see [here](#) for further information.
- Have a plan for how the setting will manage core services (e.g. accommodation, food, meals, laundry, cleaning, showers, toilets) in the event of someone becoming ill with COVID-19.

## HOW CAN PERSONS PROTECT THEMSELVES?

There are things EVERYONE can do to protect themselves, their families and communities from COVID-19.

- Avoid touching your eyes, nose and mouth; respiratory viruses need access to these body sites in order to cause infection.
- Clean your hands regularly using an alcohol-based (at least 60%) hand rub (if hands are not visibly soiled) or by washing with soap and water.
- Keep your distance when possible from those who are coughing, sneezing and/or have a fever by leaving a physical distance of 2 metres. Where this is not possible, a distance of at least 1 metre is recommended.
- Avoid making close contact with people (i.e. do not shake hands).
- 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.

- Restrict visitors to all homes/rooms.
- Masks should be worn when staying 2 metres apart from people is difficult and as per the government mandate in specific areas such as shops, shopping centres or public transport. **Surgical masks rather than cloth face coverings are now recommended to be worn by people who are in [high risk](#) and [very high-risk](#) cohorts and older age groups when in crowded outdoor spaces or confined indoor community spaces.**

## SAFE USE OF FACE COVERINGS

The COVID-19 virus is spread mainly through droplets produced by coughing, sneezing or shouting/singing loudly, particularly in close (less than 2 metres/6 feet) contact. As COVID-19 can be spread by infected people who don't have symptoms and don't know that they have the virus, wearing face coverings which cover the mouth and nose may help prevent people from unknowingly spreading COVID-19 to others. This is most important in close or confined settings or in situations where it is difficult to practice 2 metres (6 feet) physical distancing (social distancing), for example, in shops or on busy public transport.

It is therefore recommended that:

- Where possible, when visiting persons or in houses, meet or socialise outdoors, where it is easier to maintain 2 metres distance from each other.
- Those entering or visiting homes should wear a face mask if they are going to be in close contact (less than 2 metres) for more than 15 minutes in an enclosed indoor space.
- If wearing a face covering, you should still do the other important things necessary to prevent the spread of the virus, such as frequent hand-washing, good cough hygiene etc.

## HOW TO MANAGE A SYMPTOMATIC INDIVIDUAL

The below advice applies to all individuals, where they are vaccinated or unvaccinated. If they **feel unwell with symptoms of COVID-19** (e.g. cough, shortness of breath, difficulty breathing, high temperature, loss of smell or taste) then they should:

**Isolate themselves** from others straight away (i.e. stay indoors and **completely avoid contact** with other people). If the person that feels unwell needs to enter a room with other people, e.g. to make their way to the bathroom facilities, they must wear a surgical face mask and stay at least 2 metres away from them. Surgical masks are recommended to be worn by those people with a confirmed COVID-19 diagnosis during their infectious period, by those people who have symptoms suggestive of COVID-19 and those who are household contacts of confirmed COVID-19 cases. People who are unwell should be accommodated preferably in a single occupancy room with their own bathroom.

- If they are at a facility, they should contact the centre manager or nurse and tell them their symptoms. A translator should be arranged if required.
- They should be advised to call a GP or the ROMA helpline (**087 126 4606**) to seek medical advice and [arrange testing](#). This applies to both vaccinated and unvaccinated individuals.
- Roma may also be triaged through Safetynet on 1800 901790 (mobile health screening unit) or local Departments of Public Health as part of an investigation.
- If it is an emergency, please call 112 or 999 and tell the ambulance the person has symptoms of COVID-19.
- All Emergency Departments have been contacted with detail of translated materials and details of interpreters.
- HSE call centres have interpreter list and script has been changed to reflect same.
- If an individual is unable to self-isolate at home arrangements can be made for them through their GP or local Social Inclusion/Public Health. A special facility for Self- Isolation suitable for Roma Families has been set up in Dublin through local Social Inclusion ([homeless.nrpf@hse.ie](mailto:homeless.nrpf@hse.ie)).
- They should remain in isolation until the test results are back.
- Further advice including easy read and translated resources regarding self-isolation can be found [here](#).

## **TRANSPORT OF A SYMPTOMATIC INDIVIDUAL FOR TESTING, CLINICAL CARE OR TO A SELF-ISOLATION FACILITY**

- If it is an EMERGENCY, and the person is acutely unwell, please call 112 or 999 to arrange an ambulance for transport to hospital for clinical assessment and care – tell the call operator that the person has symptoms of COVID-19 so the ambulance team can be prepared.
- If WELL, the symptomatic individual should travel to the testing centre by themselves for their appointment. If this isn't possible because the person doesn't have their own transport, the person can let the testing centre know and transport can be arranged by either a mobile team (SafetyNet in Dublin and the East) or through the National Ambulance Service (NAS). In some situations, this may be an at-home test.
- The symptomatic individual should wear a surgical face mask for transport if tolerated and should engage in regular hand washing or cleaning with alcohol-based hand sanitiser and appropriate respiratory etiquette.
- The symptomatic individual should maintain a physical distance of 2 metres throughout transport. Where this is not possible, a distance of at least 1 metre is recommended.
- The driver should wear a face covering and the symptomatic individual should wear a surgical face mask.
- If possible use a vehicle where the driver's compartment is separated from the symptomatic individual e.g. by a perspex sheet.
- If possible, windows should be kept open to ensure adequate ventilation of the vehicle.

## **DECONTAMINATION OF TRANSPORT VEHICLE**

- Gloves and plastic apron should be worn for cleaning and decontamination.
- Clean and disinfect the environment after use with a household detergent containing bleach.
- Products with these specifications are available in different formats including wipes.
- Pay special attention to frequently touched sites e.g. door handles, seat belt buckles, horizontal surfaces.

- Remove gloves and plastic aprons and place in a waste bag. Wash hands thoroughly after removal.
- Waste should be disposed with double plastic bags and bag sealed for disposal.
- Maintain open windows if possible.

## AFTER THE TEST

- If the [test result](#) is NOT DETECTED, the person will get a text message to say so.
- If the test result is POSITIVE for COVID-19, the person will be contacted by the HSE to inform them of the result and to proceed with [CONTACT TRACING](#). This will involve:
  - o Asking the person about people they have been in contact with since, and immediately before they became unwell.
  - o This information is needed so that close contacts can also be followed up to check if they could also have COVID-19, and to organise COVID-19 testing for them.
  - o Close contacts who are unvaccinated will be asked to [restrict their movements](#) until their test results are known – in case they also have coronavirus. For close contacts who are vaccinated please see [here](#)
  - o A person's contacts will NOT be told who the person is that now has COVID-19 - they will only be told that they have been in contact with a suspected or confirmed case of COVID-19. Personal details (name etc) of the case will not be shared by the HSE with any contacts.
  - o Roma can self-identify their ethnicity when contacted by the HSE Contact Tracing Team.
  - o The person with COVID-19 will need to continue **self-isolation for a full 10 days**, from onset of symptoms (or 10 days from date of test if asymptomatic), the last 5 of which should be without fever. This also applies to cases who have been vaccinated.

## HOW TO MANAGE A SYMPTOMATIC INDIVIDUAL WHO IS TESTED AND COVID-19 IS NOT DETECTED

- Symptomatic individuals who are tested for COVID-19 but where the virus is not detected should continue self-isolation for 48 hours after their symptoms resolve. This is to reduce the spread of infection because they may have another viral illness.

- See the HSE webpage for information on [what test results mean](#).
- Their close contacts can stop restricting their movements, and follow current government advice, straight away.

## **HOW TO MANAGE AN INDIVIDUAL DIAGNOSED WITH COVID-19 WHO IS WELL ENOUGH TO BE CARED FOR OUTSIDE OF THE HOSPITAL SETTING.**

When an individual has been diagnosed with COVID-19 and their symptoms are mild, their doctor may agree to manage them in the community. This means they should self-isolate for **10 full days** from symptom onset, the last 5 of which should be without fever. [Self-isolation](#) means avoiding contact with other people, including those in the same accommodation/ household. There are a number of important instructions to follow in this case to limit the spread of infection to others. The below advice applies to both those who are vaccinated and unvaccinated, regardless of if they have symptoms:

- In general, if single occupancy rooms are available they should be used. If this is not feasible, multiple patients with laboratory confirmed COVID-19 can be cohorted or grouped into the same room or unit of accommodation (i.e. trailer). Contact your Local Authority Community Health Office Social Inclusion or Department of Public Health Link for advice.
- The person with COVID-19 should be advised to stay in their room as much as possible and avoid contact with others until it has been 10 full days since they first developed symptoms AND the last 5 days of which they have been fever free.
- Their symptoms should be checked regularly by telephone. If they become more unwell their GP should be contacted by phone. If it is an emergency, an ambulance should be called and told of their COVID-19 diagnosis.
- A person who is positive for COVID-19 must remain in their room and self-isolate. However, if it is necessary to leave the room (to use the bathroom facilities etc) then a surgical face covering must be worn when leaving the room.
- If they have to go into the same room with other people they should be in the space for as short a time as possible, keep two metres away from them and they should clean their

hands regularly and wear a surgical face mask . Where a physical distance of 2 metre is not possible, a distance of at least 1 metre is recommended.

- If they can, they should use a toilet and bathroom that no one else uses. If this is not possible, the toilet and bathroom should be cleaned with bleach-containing household detergent after each time they use it (focusing on door handles, sanitary ware etc).
- They should clean or use hand sanitiser on their hands before entering, before they leave the room and after using the toilet.
- All the surfaces they have touched should be cleaned and disinfected.
- They should be advised to clean their hands regularly with soap and water or with an alcohol-based (at least 60%) hand sanitiser and follow respiratory hygiene practices as outlined previously.
- They should not share food, dishes, drinking glasses, cups, knives, forks and spoons, towels, bedding or other items with other people in the facility until they have been washed.
- The items should be washed in a dishwasher if one is available or with washing up liquid and hot water. Rubber gloves should be worn to wash the items.
- They should not share mobile phones, tablets, computers, games consoles or remote controls with others without them being first cleaned/wiped down with a disinfectant wipe.
- Try to identify a primary/ main carer within the family for the person who is ill, so that other family/household members can reduce their physical contact with that person.

## **ENVIRONMENTAL CLEANING/DISINFECTION OF SELF- ISOLATION FACILITIES**

- All surfaces that the person has come into contact with must be cleaned.
- The person assigned to clean the room should wear gloves (disposable single use nitrile or household gloves) and a disposable apron (if one is available) then physically clean the environment and furniture using a household detergent solution followed by a disinfectant or combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution).
- Products with these specifications are available in different formats including wipes.



- No special cleaning of walls or floors is required.
- Pay special attention to frequently touched flat surfaces, backs of chairs, couches, door handles or any surfaces that the affected person has touched.
- Discard waste including used tissues and disposable cleaning cloths into a healthcare waste bag. If one is not available, a normal waste bag can be used and placed into a second bag and tied.
- Remove the disposable plastic apron (if worn) and gloves and discard into a waste bag. Wash hands thoroughly after removal of gloves.
- Once this process has been completed and all surfaces are dry the room can be put back into use.

If a person with COVID-19 leaves the facility, the room where they were isolated should not be used for one hour, the door to the room should remain shut and a window to the outside should be open.

### ***CLEANING OF COMMUNAL AREAS***

If a person with COVID-19 spent time in a communal area such as a waiting area, play area or used the toilet facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible. Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use. No special cleaning of walls or floors is required.

### ***LAUNDRY***

- Laundry should be washed at the highest temperature that the material can stand.
- Items can be tumble dried and ironed using a hot setting/ steam iron if required.
- Household/rubber gloves can be worn when handling dirty laundry and items should be held away from your clothing. The gloves can be washed prior to removal and dried for reuse. Hands should be washed thoroughly with soap and water after removing the

gloves.

- If gloves are not available, hands should be washed thoroughly after handling laundry.
- If laundry facilities are not available, place the laundry in a plastic bag, tie and leave for 72 hours after use, prior to sending to laundrette.

## **MANAGING RUBBISH**

- All personal waste including used tissues and all cleaning waste should be placed in a plastic rubbish bag.
- The bag should be tied when it is three quarters full and then placed into a second bin bag and tied.
- Once the bag has been tied securely it should be left somewhere safe for three days before collection by the waste company.

## **HOW TO MANAGE A CLOSE CONTACT OF A CONFIRMED CASE OF COVID-19**

A close contact of a case of COVID-19 can include any individual who has had face-to-face contact with a COVID-19 case within two metres for more than a total of 15 minutes over a 24 hour period (even if not consecutive). Examples of this are household contacts or people who share same sleeping space.

If an individual has been identified as a close contact of a confirmed case of COVID-19, a Public Health doctor or HSE Social Inclusion Public Health Specialist will provide advice to them. This advice will be different and depend on whether the close contact(s) has had COVID-19 infection in the past, whether they have been vaccinated and whether they have been in contact with a confirmed case that has recently travelled from a designated state. See [here](#) for further information. Unvaccinated close contacts will be advised to [restrict their movements](#) and will actively monitor them for symptoms. They will be sent for testing, even though they may not have symptoms, on Day 0 and on Day 10 post their last exposure to the positive case. Please note local public health advice may apply in some cases with regards to timing of testing. Close contacts may end their period of restricted movement on receipt of a 'not detected' result, from the test conducted on Day 10 since

last exposure, so long as they remain asymptomatic.

This means:

- They should restrict their movements and stay in the facility as much as possible.
- They should not have visitors.
- They should avoid social gatherings, group events and crowded settings.
- They should not go to work.
- They should not use public transport.
- They should avoid contact with the elderly, those with chronic health problems and pregnant women.

## **HOW TO MANAGE AN OUTBREAK OF COVID-19 IN A CONGREGATE, RESIDENTIAL SETTING SUCH AS OVERCROWDED HOUSING**

Please see the [case definition of the term Outbreak](#).

An outbreak of COVID-19 is defined as two or more cases of confirmed COVID-19 in the same residential setting.

All outbreaks of COVID-19 must be reported to the regional Medical Officer of Health (MOH) at the Department of Public Health at the earliest opportunity. An outbreak control team, led by Public Health will be set up where clusters are detected.

For further guidance on how to manage an outbreak please see [Preliminary Coronavirus Disease \(COVID-19\) Infection Prevention and Control Guidance including Outbreak Control in Residential Care Facilities \(RCF\) and Similar Units](#).

An outbreak of COVID-19 in a vulnerable (social inclusion) groups congregate setting can be declared over when there have been no new cases of infection which meet the case definition for a period of 28 days (two incubation periods).

## **ENHANCED TESTING**

In an outbreak within a congregate setting, where there is evidence of spread of disease or

uncontrolled transmission, a Public Health Risk Assessment may recommend pro-active testing of all people in that setting. This will give a clear indication of the percentage of asymptomatic (well) cases.

The rationale for mass or bulk testing includes the:

- Risk rating of site.
- Number already ill.
- Age and disease profile of residents.
- Environment /sanitation.
- Level of over-crowding.

## **FURTHER SOURCES OF INFORMATION:**

- <https://www2.hse.ie/conditions/coronavirus/coronavirus.html>
- [Roma COVID 19 resource sharing page](#)
- <https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>
- <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- <https://www2.hse.ie/conditions/coronavirus-and-pregnancy.html>
- [DSGBV COVID-19 Sharing Resources http://www.drugs.ie/resources/covid/](http://www.drugs.ie/resources/covid/)
- [Migrant Health COVID-19 Sharing Resources](#)