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**COVID-19 Guidance for Homeless Settings and other vulnerable  
groups (social inclusion) settings**

V5.1 04/1/2022

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Version	Date	Changes from previous version
5.1	22/12/21	Changes to close contact section
5	27/10/2021	<p>Added section on Medical officer of health.</p> <p>Updated COVID-19 Symptom list</p> <p>Updated section on vaccination in Ireland</p> <p>Updates in general measures to reduce the spread of COVID-19 in social inclusion settings section include;</p> <ul style="list-style-type: none"> <li>• Added in sentence on importance of adequate ventilation and space.</li> <li>• Section added on the wearing of face coverings and surgical masks</li> <li>• Added in one new section on vaccine.</li> <li>• Created a section for hand and respiratory hygiene.</li> </ul> <p>Added clarification on physical distancing between vaccinated and unvaccinated people – 2 metres</p> <p>Added clarification for dealing with close contacts – section on vaccinated and unvaccinated people.</p> <p>Updated additional measures in homeless settings – updates on occupancy and requirements for PCR testing and self-isolation.</p>
4.9	03/08/2021	<p>Included details on self-referral for COVID19 testing</p> <p>Updated COVID19 Symptom list</p> <p>Updated definition of duration of close contact- more than or equal to 15 minutes total in 24</p>
4.8	22/06/2021	<p>Updated the groups where surgical face masks are now recommended</p> <p>Updated the groups where surgical face masks are now recommended</p> <p>Updated to reflect the contact tracing guidance for individuals who have significant vaccine protection</p> <p>Updated advice for close contact(s) who are vaccinated</p> <p>Added clarification for full ten days self-isolation for positive cases</p> <p>Added heading about vaccination in Ireland and clarifications regarding vaccinated individuals</p>
4.7	08/04/2021	Change when referring to additional measures for staff/providers in homeless settings – removed that there should be a gap of 14 days when working between one site and another.
4.6	29/03/2021	<p>Changed medically vulnerable and extremely medically vulnerable to high risk and very high risk respectively.</p> <p>Added Social Inclusion to denote individuals that are vulnerable for non-medical reasons.</p> <p>Added caveat regarding Variants of Concern.</p>
4.5	23/02/2021	Added in sentence that local public health advice may apply in certain situations with regards to timing of testing
4.4	10/02/2021	Updated the management of close contacts to Day 0 & Day 10 testing
4.3	03/12/2020	<p>Added that individuals with COVID 19 can be asymptomatic</p> <p>Clarified that confusion can be a sign of COVID 19</p> <p>Updated guidance on physical distancing should be 2 metres and when not possible 1 metre</p> <p>Added to guidance re cleaning of isolation facility after a case has left room</p> <p>Updated that rubbish bin should be closed when three quarters full</p> <p>Updated protocol if a new service user has symptoms consistent with COVID-19</p> <p>Added protocol for close contacts of a symptomatic individual with a COVID-19 not detected test</p>
4.2	01/10/2020	<p>Added reference to service users that refuse to be tested</p> <p>Updated guidance re. period of self-isolation if covid positive</p> <p>Updated guidance on staff working in homeless sites</p>
4.1	07/09/2020	<p>Added reference to use of face coverings</p> <p>Added reference to staff working in multiple homeless settings</p>
4	28/08/2020	<p>Sections on Roma and Travellers has been removed.</p> <p>Removed references to older Government roadmap restrictions</p> <p>Changes made to general measures to reduce the spread of infection in settings</p> <p>Links to Return to Work Safely Protocol added</p> <p>Some additions on how to manage symptomatic residents</p> <p>Removed any mention of suspect cases</p> <p>Removed reference to Direct Provision/IPAS – Separate Document</p>

3	15/04/2020	Added section on physical distancing Added section on transport of symptomatic individuals Added section on managing symptomatic cases with no SARS-Co-V2 detected Added section on managing outbreaks in facility Added section close contact and self -isolation definition Added section on specific settings
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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 homeless settings including those with addiction, other vulnerable groups (Social Inclusion). These can be applied in hostels or hubs and those without clinic or in-house nursing, medical or healthcare support. The guidance for Homeless is mainly for Dublin Eastern Region services. There may be some changes at local level depending on Public Health and local social Inclusion resources.**

**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, Roma Community, International Protection Applicants and Domestic, Sexual Gender-based Violence Refuge setting).**

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## BACKGROUND

This guidance document is primarily focused on Dublin homeless settings.

COVID-19 is a new viral infection caused by the SARS-CoV-2 virus spread mainly through respiratory liquid particles 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.

## MEDICAL OFFICER OF HEALTH

The Directors of Public Health and the Consultants in Public Health Medicine in each Department of Public Health implement the Medical Officer of Health (MOH) legislation.

The Medical Officer of Health (MOH) has the responsibility and authority to investigate and control notifiable infectious diseases and outbreaks, under the Health Acts [1947](#) and [1953](#); [Infectious Disease Regulations 1981](#) and subsequent amendments to these regulations ([click here](#) for a brief summary of the Infectious Diseases legislation). Also, the [Health \(Duties of Officers\) Order, 1949](#) describes the additional responsibilities of the Medical Officer of Health.

## VACCINATION IN IRELAND

HSE continues to provide enhanced and priority access to COVID-19 vaccines for socially marginalised and Vulnerable Groups. These include Irish Travellers, Roma, and Homeless plus those affected by addiction or those in Direct Provision Centres or in Domestic, Sexual and Gender based violence refuges. [The COVID-19 booster](#) dose is advised for those who received a full course 3 months after last dose especially those over 30, with medical conditions and healthcare workers. A third dose of COVID-19 vaccine is recommended for those who are immunocompromised. 12-15 year old are recommended to get Covid-19 more information here [Info on vaccine 12-15 year olds](#). National Immunisation Advisory Committee (NIAC) have now recommended vaccination for 5-11 year olds more information here [vaccine for 5-11 year olds](#).

Please see [here](#) for further information. Information on vaccines available here [Flu vaccine](#) and [Covid-19 vaccine](#)

## SYMPTOMS OF COVID-19

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

The most common symptoms of COVID-19 are

- Fever (Above 38°C/100.4°F) or feeling feverish or have chills
- Dry cough
- Fatigue

Other symptoms that are less common and may affect some patients include:

- Loss of taste or smell,
- Nasal congestion,
- Conjunctivitis (also known as red eyes)
- Sore throat,
- Headache,
- Muscle or joint pain,
- Different types of skin rash,
- Nausea or vomiting,
- Diarrhoea,
- Chills or dizziness.

Symptoms of severe COVID-19 disease may include shortness of breath, loss of appetite, confusion, persistent pain or pressure in the chest, high temperature (above 38 °C).

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. If you have any new symptoms, even if mild, self-isolate and arrange a COVID-19 test by either phoning your GP, booking online.

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. Please see [here](#) for further information

**If you have any new symptoms, even if mild, self-isolate and arrange a COVID-19 test by either booking online** or by phoning your GP or letting manager of your hostel or housing know. Further information on COVID-19 is available on the HSE website [here](#).

## 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 it is advised that greater attention to cleaning and general hygiene, adequate ventilation and space in shared bedrooms, 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 [very high risk](#) and [high risk](#), including older people. The following are some general recommendations to reduce the spread of infection in a facility:

### 1. RAISE AWARENESS

- Ensure staff who are ill, even if vaccinated, know not to attend work and to follow HSE guidance.
- The [Return to work protocols](#) should be used by all workplaces to adapt their workplace procedures and practices to comply fully with the COVID-19 related public health protection measures identified as necessary by the HSE.
- Advise residents to let staff know if they develop any of the symptoms described above, to self-isolate in their own room if they are ill, even if vaccinated
- Staff should be aware that older people and people with [underlying conditions](#) are most at risk of their condition getting worse suddenly. And they should watch out for signs of confusion coming on quickly as this can be a sign of COVID-19.
- Promote good hand and respiratory hygiene and good cough etiquette as described below and distribute and display relevant posters and information leaflets (including for homes, if needed).
- Advise everyone, to *stringently practice* hand hygiene, respiratory etiquette, physical distancing measures and wearing a face mask or face covering according to the [guidance](#).
- Advise on the [symptoms of COVID-19](#) infection and ensure people 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, including other residents e.g. avoid shaking hands; avoid making close contact if possible, especially with those who are coughing and sneezing.

- Advice should be issued in line with government guidelines at the time. This includes advising what coronavirus means for [travelling](#) and for gatherings (e.g. funerals, visiting in hospital, visiting others or having celebrations including, children parties).

Promote good hand and respiratory hygiene as described below and display poster and information leaflets in each service user’s own language throughout the facility.

## 2. VACCINATION

Everyone should avail of vaccination when offered. One of the most effective ways to protect yourself and others is to get fully vaccinated. Vaccinations are very effective at preventing severe illness, reducing hospitalisations and preventing death. Avail of a booster vaccine when offered.

Flu vaccine is also recommended for specific groups of people. It is important to note that the flu vaccine does not protect against COVID-19 and the COVID-19 vaccines does not protect against flu as they are caused by different viruses. Therefore, if you have received COVID-19 vaccination this year, it is important to go and get the flu vaccine if you are in a group that this vaccine is recommended for. The flu vaccine is recommended for everyone from 2 years upwards and is free for high risk groups, healthcare workers and children.

## 3. HAND and RESPIRATORY HYGIENE and COUGH ETIQUETTE:

### Hand Hygiene

Hot running water, soap and hand sanitiser should be accessible and available to all service users at all times. Service users should be encouraged to wash their hands regularly. **This is the most important thing they can do.** Wash hands with soap and hot running water when hands are visibly dirty. If hands are not visibly dirty, wash them with soap and hot water OR use a hand sanitiser. Individuals should wash their hands:

- 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. Then sanitise your hands immediately. 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

#### 4. PHYSICAL DISTANCING MEASURES

- Physical distance measures should be determined based on vaccination status of both staff and clients. If there is mixing of vaccinated and unvaccinated staff or clients then staff and service users should 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). The service is advised to carry out under occupational health, a fitness for work assessment based on the staff member's vulnerability, specialist information, vaccination status and other available clinical evidence.
- 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 mask in communal areas of homeless accommodations except where it is impractical (e.g. eating a meal) or a person is medically exempt. Service users and staff in shielding units need to be especially vigilant.

#### 5. VENTILATION

The spread of the virus is most likely when infected people are in close contact so the risk of getting COVID-19 is higher in crowded and poorly ventilated spaces where infected people spend long periods of time together in close proximity. It is important to maximise ventilation in areas where people are in close contact. This applies whether the location is a workplace, a residence or other community setting

- Ensure adequate ventilation of any indoor spaces, either through natural ventilation (i.e. opening windows and external doors) or by mechanical means (e.g. central air-conditioning unit).
- Service users should avoid being in overcrowded poorly ventilated spaces as much as possible. If you are in a crowded space, ensure the place is well ventilated and that there is plenty of fresh air circulating from the outdoors (opening windows) and wear a face mask.

## 6. HYGIENE MEASURES AND CLEANING REGIMENS

For up to date guidance on hygiene measures and clearing regimes, please see [HPSC Guidance cleaning of non-healthcare setting](#)

- Supply tissues and hand sanitisers / hand gel outside dining/rooms/communal bathrooms/ at entrances to the building / at main reception area/hallways/ in communal areas or other areas where people gather.
- Ensure hand-washing facilities, including hot water, soap and disposable towels, are accessible and well maintained.
- Provide bins for disposal of tissues (preferably covered, lined with a bin bag, dispose of when three-quarters full).

Increase the frequency and extent of cleaning regimens and ensure that they include:

Cleaning and disinfecting regularly touched objects and surfaces using a household cleaning product/bleach.

All hard surfaces, especially in high-contact areas such as door handles, grab rails/ hand rail 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.

## 7. PLAN

Have a plan for what to do if someone becomes ill or starts displaying symptoms of COVID-19. This plan should include having an appropriate isolation room on site, and up to date contact details of local GP/Safetynet/Emergency Department. For support on developing a plan, contact the your local HSE Social Inclusion Office or National Social Inclusion office on [Socialinclusion@hse.ie](mailto:Socialinclusion@hse.ie)

- Have a plan for what to do when someone has been a close contact of a confirmed case of COVID-19.
- Have a plan for how services will be managed (e.g. accommodation, food, meals, laundry, cleaning, showers, toilets) in the event of someone becoming ill with COVID-19.
- Ensure that all staff members understand the plan, and their role in implementing the plan.
- See the [Return to Work Safely Protocol](#) for guidance on how to put these plans, and making lists

of close contacts, into place. This guidance can be adapted for service users in homeless settings.

## HOW TO MANAGE A SYMPTOMATIC SERVICE USER

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** (i.e. stay indoors and completely avoid contact with other people in a single occupancy room with own bathroom).
- **If they are at the facility they should contact the centre manager or nurse and tell them their symptoms.** A translator should be arranged if required. **This is an important action to protect others.**
- Paracetamol or ibuprofen may help with symptoms such as pain or fever.
- All clients of Dublin single or family homeless accommodations who are symptomatic should be notified by staff to the Homeless Covid Response team who will arrange triage from a medical doctor. Once triage is completed, the doctor may recommend testing and isolation until the results of the test return.
- If they are not based in a service that is covered by the Homeless Covid Response Team they can contact their own GP. If they do not have a GP, they can [book a test online or go to a test centre.](#)
- Otherwise any GP can be contacted to refer the person for testing. Both the COVID-19 phone consultation and the test are free of charge.
- If there is difficulty obtaining a timely test, contact the Dublin Covid Homeless Response Team.
- **If it is an emergency** please call 112 or 999 and tell the ambulance the person has symptoms of COVID-19.
- They should remain in [self-isolation](#) until the test results are back.
- They should not be visited by outside persons while they are in self-isolation.
- If a service user is symptomatic but refuses to take a test, they should self- isolate, and the Homeless Covid Response Team and Public Health should be informed.
- Further advice including easy read and translated resources on self-isolation can be found [here.](#)

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

- If the symptomatic individual needs to be transferred this should be arranged so as to minimise exposure to others as much as possible.
- The symptomatic individual should wear a surgical mask for transport and should engage in

regular hand washing and appropriate respiratory etiquette.

- The symptomatic individual should maintain a physical **distance** of 2 metres.  
Where this is not possible, a distance of at least 1 metre is recommended.
- The driver should wear a [face covering, or a surgical mask](#) rather than a cloth face-covering.
- 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.
- If it is an emergency, and the resident is acutely unwell, an ambulance should be arranged.

## DECONTAMINATION OF TRANSPORT VEHICLE

For up to date guidance on decontamination of transport vehicle see [HPSC Guidance cleaning of non-healthcare setting](#)

- 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.
- 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
- 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:
- Staying in isolation for 10 days from the onset of symptoms (or from the date of test if no symptoms)

- Asking the person about people they have been in contact with since, and immediately before they became unwell.
- 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.
- Contact tracing guidelines will vary for individuals depending on their level of vaccine protection.
- Close contacts may be asked to [restrict their movements \(depending on their level of vaccine protection\)](#) until their test results are known – in case they also have COVID-19. Please refer to [here](#) for the latest National Guidance on contact tracing.
- 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.
- Residents can self-identify their ethnicity when contacted by the HSE Contact Tracing Team.
- 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 SERVICE USER WHO IS TESTED AND COVID-19 IS NOT DETECTED

- Symptomatic service users 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 A SERVICE USER DIAGNOSED WITH COVID-19 WHO IS WELL ENOUGH TO BE CARED FOR OUTSIDE OF THE HOSPITAL SETTING.

When a service user 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. Most clients who are Covid Positive will be isolated in the Homeless Covid Isolation Units. This will be arranged by the Homeless Covid Response Team.

[Self-isolation](#) means avoiding contact with other people, including those in the same accommodation. 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. This will be advised by the local Community Health Office Social Inclusion or Department of Public Health.
- They 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, the last 5 days of which have been fever free. This also applies to cases who have been vaccinated.
- 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 mask must be worn when leaving the room as surgical masks are recommended to be worn (rather than cloth face-coverings) by positive individuals, to limit the potential emission of infectious particles.
- 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 mask. Where a physical distance of 2 metre is not possible, a distance of at least 1 metre is recommended.

- Anyone coming in close contact of a confirmed case of COVID-19 should wear an appropriate level of PPE depending on the level of contact. For guidance on the appropriate level of PPE please refer to HPSC National Guidance on Infection, Prevention and Control: [here](#)
- 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 a bleach containing household detergent after each time they use it (focusing on door handles, sanitary ware etc).
- They should clean their hands before entering, before they leave the room and after using the toilet.
- All the surfaces they have touched should be cleaned and their room cleaned every day with a household cleaner/bleach.
- They should be advised to clean their hands regularly and follow respiratory hygiene practices as outlined in the previous section detailed above.
- 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.
- Cutlery and crockery 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.

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

For up to date guidance on hygiene measures and clearing regimes, please see [HPSC Guidance cleaning of non-healthcare setting](#)

- 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 outside should be open where possible.

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

For up to date guidance on hygiene measures and clearing regimes, please see [HPSC Guidance cleaning of non-healthcare setting](#)

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 WASTE**

- 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 AN OUTBREAK OF COVID-19 IN A CONGREGATE, RESIDENTIAL SETTING SUCH AS OVERCROWDED HOUSING OR HOMELESS HOSTEL**

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

All outbreaks of COVID-19 in a Homeless Setting must be reported to the regional Medical Officer of Health (MOH) at the Department of Public Health at the earliest opportunity.

See guidance on [Outbreak Management in a Residential Care Facility](#)

For further guidance see [The HSE/IPAS response to testing and outbreak management in IPAS facilities](#)

An outbreak of COVID-19 in a vulnerable group (Social Inclusion) congregate setting (e.g. homeless setting) can be declared over when there have been no new cases of infection (resident or staff) which meet the case definition for a period of 28 days (two incubation periods).

## 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. Advice for close contacts vary depending on a number of factors such as: previous infection and vaccination status. Please see National Interim Guidelines for Public Health management of contacts of cases of COVID-19 section 5 [here](#) for further information.

### 1. Vaccinated Service Users or Staff:

Persons who are fully vaccinated include those who are:

- a) 7 days after receipt of the second Pfizer-BioNTech (Comirnaty®) dose (two dose vaccination course)
- b) 14 days after receipt of the second Spikevax® (Covid-19 vaccine Moderna®) dose (two dose vaccination course)
- c) 15 days after receipt of the second AstraZeneca (Vaxzevria® or Covishield) dose (two dose vaccination course)
- d) 14 days after receipt of the Janssen (Janssen®) dose (one dose vaccination course)
- e) 14 days after receipt of an extended primary dose of vaccination (three dose vaccination course<sup>1</sup>).

Please note this does not apply to those who have received:

- i. Solid organ transplants including, heart, kidney, lung, liver or pancreas
- ii. Bone marrow transplant or stem cell transplant in the past 12 months

For up to date information on antigen testing for close contacts, see [here](#)

### 2. Unvaccinated Service Users or Staff

If an unvaccinated service user or staff member 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. For close contacts that are unvaccinated, the Public Health

Doctor will advise them 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 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 CAN STAFF PROTECT THEMSELVES**

- 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 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 between yourself and others. Where this is not possible, a distance of at least 1 metre is recommended.
- 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.

- Staff should work in one homeless site or residential service. It is not advised that staff work in multiple residential and other homeless services sites as this increases the risk of transmission of COVID-19 from site to site. Residential providers are advised to review such risks amongst their staff.

## HOMELESS SETTINGS

More detailed information around Homelessness and COVID-19 can be found on the [National Social Inclusion webpage](#).

## DUBLIN & OTHER URBAN AREAS

Homeless settings in Dublin and other urban areas are operated in conjunction with HSE, Local Government, City or County Councils and Dublin Region Homeless Executive (DRHE) with HSE and NGO supports. In Dublin, homeless services mainly cater for those who are registered as homeless and on PASS system. HSE Social Inclusion supports the COVID-19 response to the Homeless nationally through the National Homeless Advisory group (HAGG). In Dublin, the HSE has set up the COVID-19 Dublin Homeless Coordination Group due to the high numbers (> 3000) at risk and the complexity and variety of settings. The Group includes Clinicians, Public Health as well as Social Inclusion managers. The main areas of work are:

### ***Prevention:***

- Infection Prevention Control Measures as above.
- Focus on cocooning for very high risk individuals.
- People with addiction and other problems are supported **for Shielding in Residential settings** through the homeless service.

### ***Triage and Testing (Case finding)***

- Priority groups agreed for testing and adapted clinical criteria for testing for this setting.
- Testing supported by the Safetynet Mobile Health Screening Unit (MHSU) in Dublin; testing supported by the nurse and GP in Galway Simon services in Galway.

- Serial COVID-19 testing may be performed in congregate settings starting with direct provision; other settings such as homeless hostels / hotels considered later. The decision to do so will be based on current public health and NPHET advice.

### ***Self-isolation/Quarantine***

- Through designated beds working with Social Inclusion COVID-19 managers for 3 CHO areas in Dublin, Wicklow and Kildare region.
- Galway: through dedicated beds working with Galway City Council, Galway SIMON and COPE Galway, and HSE CHO2 Social Inclusion; dedicated self- isolation space in Galway City.
- Similar arrangements are in place in Limerick and Cork.

### **ADDITIONAL MEASURES FOR STAFF/PROVIDERS IN HOMELESS SETTINGS**

- Occupancy in each room needs to ensure the 2 metre rule. Use of bunk beds if possible to be avoided but bearing in mind pressures then best for vaccination people. Numbers of people sharing bedrooms must be kept to a minimum.
- Staff should only work at one site. Working in more than one site represents an increased risk of COVID-19 transmission between sites. If services, require staff to work in one than one setting, it should be limited to two settings in total and needs to be monitored.
- All staff moving from one site to another should complete a triage questionnaire to assess symptoms.
- If a staff member needs to work in multiple sites, a derogation should be sought.
- Continue to monitor staff daily to ensure they report if they have symptoms prior to coming to work or immediately if they develop symptoms while working so that they can be advised if they need to go home and get tested.
- Offices spaces need to be reviewed to ensure they are well ventilated, social distancing advice can be adhered to, marking of distance/Perspex screens should be used to help facilitate social distancing

- Reinforce with clients and staff the rules about social distancing of 2 metres both in hostel accommodation and when outside and the importance of frequent handwashing.
- Continue to check all service users daily for symptoms and refer to Safetynet for triage/testing if anyone has symptoms suggestive of COVID-19. Symptoms described in Background section.
- If new service users enter homeless accommodation, use a triage questionnaire provided to assess symptoms. If they answer yes to any questions about the symptoms of COVID-19, they must be placed in a single room, advised to self-isolate immediately and a test must be arranged. If new resident does not have evidence of COVID-19 vaccination/immunity or a PCR test, resident will be asked for a Day 5 PCR before entering a congregated setting, or stay in isolation within the setting.
- If a resident has travelled from outside Ireland prior to returning to their accommodation they must follow [government guidelines on travel](#).

## **VISITORS – POLICIES FOR MANAGING VISITORS TO HOMELESS ACCOMMODATION**

- Visitor Policy will be managed by the Provider and permission must be agreed in advance to ensure social distancing is maintained. There should be no more than 1 visitor per person who can stay to a maximum of 2 hours per day. Visitors should be symptom checked prior to visiting. If they have symptoms they should not visit. The accommodation provider must manage number of visitors on premises at one time so may have to stagger visits to each client.
- Service users should be kept informed of the measures being taken and the reason for these measures during this time. This is particularly important where visiting has been restricted or discontinued.
- Service users/visitors should be encouraged to wash their hands.
- Key messages around cough etiquette (where appropriate) include:
  - o Cover your mouth and nose with a disposable tissue when coughing and sneezing to contain respiratory secretions.
  - o Discard used tissues after use and clean your hands.

- o If you don't have a tissue, cough into your forearm or the crook of your elbow and clean your hands.
- In line with Public Health guidance, the importance of maintaining a physical distance of 2m where possible should be observed.
- Homeless people may have the opportunity to stay with family and friends on occasion and pre-COVID-19 could avail of this up to a maximum of 3 nights in any calendar month without losing their emergency accommodation placement. It is recommended to reintroduce this. Visits will also be dependent on current government guidelines [here](#).

On return clients must be screened for symptoms and have their temperature checked. If they have symptoms or a fever Safetynet should be contacted to triage the client.

- Children who are resident in homeless accommodations, who are covered by Shared Custody Arrangements, should avail of such arrangements. In such arrangements, staff need to check with parents that if they or the child develop symptoms they need to inform the staff. As with other visitors, parents need to respect hygiene controls and social distancing advice.
- **Shielding:** Service users in cocooning can have one visitor per day for a maximum of one hour. The client should consult with accommodation staff as to the best timing of the visit as many accommodations have a maximum number of visitors at any one time. Visitors should ideally be from a core group of family or friends who are aware of their circumstances and willing to adhere to protective measures while clients shield. In addition, visitors must not visit clients if they are unwell, should keep at least 2 metres away from clients, wash their hands with soap and water for at least 20 seconds on arrival to their house and should wear a surgical mask. (it is recommended that [high risk](#) and [very high risk](#), and older people, wear a surgical mask rather than a cloth face-covering in crowded outdoor spaces and confined indoor spaces).
- The visiting of essential contractors, e.g. maintenance workers, should be kept to a minimum.
- Only essential healthcare/cleaning/cooking professionals should be permitted to enter

the facility.

- Non-essential services including volunteers should be suspended.

## **ADDICTION SETTINGS**

There is a high prevalence of chronic medical conditions among an aging population of People Who use Drugs (PWUD) on Opioid Substitution Treatment (OST). Many will be at particular risk for serious respiratory illness if they get infected with COVID-19 e.g. respiratory and cardiovascular conditions, compromised immune function, co-existing viral illnesses such as HIV or hepatitis and high proportion of individuals who smoke. There is also an increased risk of drug overdose in PWUD if infected by COVID-19 and sharing drug using equipment may increase the risk of infection.

- Some people who require admission to a self-isolation hub may be on OST or in active addiction, including benzodiazepine or alcohol dependence, it is important to follow the advice outlined in the Guidance on contingency planning for PWUD.
- COVID-19 testing prior to admission to residential detox or rehabilitation is not advised routinely. However, the situation is kept under review and it may be necessary to seek local Public Health Department advice.
- It is also important to provide relevant harm reduction advice to reduce the risk of overdose.
- [Addiction COVID-19 sharing resources](#)

## FURTHER SOURCES OF INFORMATION

- [Migrant Health COVID-19 Sharing Resources](#)
- <https://www2.hse.ie/conditions/coronavirus/coronavirus.html>
- <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- <https://www2.hse.ie/conditions/coronavirus-and-pregnancy.html>
- [Drugs and COVID-19 Sharing Resources http://www.drugs.ie/resources/covid/](http://www.drugs.ie/resources/covid/)