

COVID-19 Guidance for International Protection Accommodation Service (IPAS) Settings

V7.4. 03/08/2021

Version	Date	Changes from previous version
7.4	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
7.3	22/06/2021	Updated the groups where surgical face masks are now recommended Updated to reflect the contact tracing guidance for individuals who have significant vaccine protection 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
7.2	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.
7.1	23/02/2021	Added in sentence that local public health advice may apply in certain situations with regards to timing of testing
7	18/02/2021	Management of close contacts changed to Day 0 & Day 10 testing
6	03/12/2020	Added that individuals with COVID 19 can be asymptomatic Clarified that confusion can be a sign of COVID 19 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
5	01/10/2020	Updated guideline re. period of self-solation for Covid positive cases
4	25/08/2020	Sections on Roma and Travellers has been removed. Removed references to older Government roadmap restrictions Changes made to general measures to reduce the spread of infection in settings Links to Return to Work Safely Protocol added Some additions on how to manage symptomatic residents Removed any mention of suspect cases Removed reference to Homeless, Addiction and other vulnerable groups (Separate document).

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 international protection applicants (IPAS) and refugees. These can be applied in residential settings such as Direct Provision and those without clinic or in-house nursing, medical or healthcare support.

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, Homeless setting, Sexual Gender-based Violence Refuge setting).

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BACKGROUND

COVID-19 is a new viral infection caused by the SARS-CoV-2 virus 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 or high temperature (Above 38C/100.4F) or feeling feverish or have chills
- Cough, shortness of breath or difficulty breathing
- 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](#).
HSE Health Protection Surveillance Centre. www.hpsc.ie

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

(and 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.

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 Safely Protocol](#) 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 as described below and display posters and information leaflets in each resident's own language throughout the facilities.
- Surgical masks rather than cloth face coverings are recommended to be worn by people who are in [high-risk](#), [very-high risk](#) and older age groups when they are in crowded outdoor spaces or confined indoor community spaces. This is an additional form of protection for the wearer against inhalation of or contact with, infectious particles.

Hand Hygiene

Hot Running Water, Soap and Hand Sanitiser should be accessible and available to all residents at all times. Residents 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. 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 residents 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 residents to avoid making close contact with people (i.e. 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.

3. HYGIENE MEASURES AND CLEANING REGIMENS:

- 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 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.

4. 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/Emergency Department or Public Health Department.
- 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 residents in IPAS settings.

HOW TO MANAGE A SYMPTOMATIC RESIDENT

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 avoiding 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.
- Book a COVID-19 test by either phoning your GP, [booking online or going to a test centre](#).
- Testing should be arranged for them by contacting their GP. This applies to both vaccinated and unvaccinated individuals. IF they do not have a GP, you can [book a test online or go to a test centre](#), or any GP can be contacted and they will arrange testing. If there is difficulty obtaining a timely test, contact Safety Net Primary Care on 1800 90 17 90.
- 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.
- Further advice including easy read and translated resources regarding self-isolation can be found [here](#).

TRANSPORT OF A SYMPTOMATIC RESIDENT 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 [face 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 throughout transport. Where this is not possible, a distance of at least 1 metre is recommended.

- The symptomatic individual should wear a [surgical mask](#). Surgical masks are recommended to be worn by symptomatic individuals to limit the potential emission of infectious particles.
- The driver should wear a [face covering \(or a surgical mask\)](#) rather than cloth face-covering if they belong in a [high-risk](#), [very-high risk](#) and/or older age group, and are in a confined indoor space. This acts as a form of protection against inhalation of infectious particles.
- 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

- 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.

HOW TO MANAGE A RESIDENT DIAGNOSED COVID-19 WHO IS WELL ENOUGH TO BE CARED FOR OUTSIDE OF THE HOSPITAL SETTING.

When a resident 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.

[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 AND the last 5 days of which they 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 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 also wear a surgical mask, rather than cloth face-covering as a form of protection for the wearer against inhalation of, or contact with, infectious particles.
- 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.

HOW TO MANAGE A SYMPTOMATIC RESIDENT WHO IS TESTED & COVID-19 IS NOT DETECTED.

- Symptomatic residents 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.

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 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 AN OUTBREAK OF COVID-19 IN A CONGREGATE, RESIDENTIAL SETTING SUCH AS OVERCROWDED HOUSING OR DIRECT PROVISION

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

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

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

An outbreak of COVID-19 in a vulnerable group (Social Inclusion) congregate setting (e.g. IPAS accommodation) 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 will vary depending on a number of factors including; whether the close contact has had a previous COVID-19 infection, their vaccination status, and whether they have been exposed to an individual who is a confirmed case of COVID-19 that has travelled from a designated state. For close contacts who are vaccinated, please see HPSC Guidance on the Impact of Vaccinations ([here](#)) for further information.

If a resident 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. Close contacts that are unvaccinated will be advised to **restrict their movements** and will be actively monitored 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 STAFF CAN 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.

DIRECT PROVISION SETTINGS

There are approximately 80 direct provision settings in Ireland operated by Department of Justice and Equality (DOJE) International Protection Applicant Accommodation Service (IPAS) in conjunction with private contractors and with NGO support. HSE and DOJE support protection applicants through health screening, provision of essential primary health care and COVID-19 response. A total of approximately 7,100 persons are accommodated in direct provision, emergency accommodation and EU refugee relocations centres around the country. Most are in designated direct provision centres 100-600 persons with managers on site. New arrivals into Ireland are currently placed in Baleskin Reception Centre or an adjacent hotel where active COVID-19 testing, 14 day restricted movement and general health assessments are arranged. Approximately one third of IPA are single males and one third are children (under 18 years) in families. HSE Social Inclusion and Public Health Teams in cooperation with Justice are undertaking a series of measures both to prevent and control COVID-19 issues in Direct Provision centres, for example, carrying out risk assessment, education awareness raising and serial testing.

Prevention

- Enhanced infection prevention and control measures across all 80 centres.
- Education posters, leaflets and multimedia with translations are in place. Local support from Directors of Public Health, 9 CHOs Social Inclusion managers. HSE and Department of Justice and Equality work with NGO

partners to enhance information and awareness about infection control measures.

- Dissemination of the Government measures on social distance, restricted movements plus the requirement for restricted movements for 14 days for new entrants.
- Public Health advise that residents of Direct Provision centres move off site and live in HSE supported accommodation if working in Nursing Homes or Residential Care Facilities.
- Reduction of overcrowding in some centres by transfer to new sites. Transfer out is balanced against the need to ensure continuity of healthcare and other essential services for those who are vulnerable (Social Inclusion).
- Cocooning / shielding for [very high risk](#) and **additional support for those deemed** to be [high risk](#) .
- Cocooning is for the personal protection of individuals and if the person / IPA is unsure whether or not he or she falls into one of the categories of very high risk people listed here, concerns should be discussed with the person's GP/ hospital clinician or IPAS HSE Liaison through centre manager.
- Visits from people who provide essential support to very high risk individuals such as healthcare, personal support with daily needs or social care should continue, but carers and care workers must stay away if they have any of the symptoms of COVID-19.
- All other people should stringently follow public health guidance on physical distancing and need guidance, direction and support from centre manager or NGO to understand this.
- Medically at Risk and need Support in Centre.
- A number of IPAs may come under the list of at-risk groups (classified as either high risk or very high risk) who may be more severely affected by COVID-19. These include: >60 years, have a long-term medical condition – heart, lung disease, diabetes, cancer, cerebrovascular, renal, liver disease or high blood pressure, have a weak immune system (immunosuppressed) e.g. HIV (if not on treatment). Note that initial data suggests that pregnant women with COVID-19 have a similar clinical trajectory to non-pregnant adults.
 - Those medically at risk should pay extra attention to the measures to

reduce their risk especially in relation to hygiene precautions, restricted movements and self-isolation if symptomatic (even if vaccinated).

- DOJE / centre managers should have supports for those who are high risk or very high risk in case they become ill or are affected by COVID-19.

Triage and Testing

- Priority has been agreed nationally for testing given to those in DP centres.
- If a resident requires COVID test or feels they have symptoms they should contact their GP and alert their centre manager. This applies to both vaccinated and unvaccinated individuals.

Control measures

- Self-isolation through designated beds working with Social Inclusion COVID managers for CHO areas, mostly City West Hotel. Everyone, including those who are vaccinated, who has symptoms of coronavirus infection should self-isolate and this includes those who are waiting to be tested.
- HPSC issued guidance on self-isolation for symptomatic individuals, as well as guidance on restricted movements for close contacts and carers. DOJE will provide self-isolation facilities for patients discharged from hospital or those unable to self-isolate in DP centre.
- If admitted to hospital, patients cannot return to these settings until their clinical team advises they are no longer infectious. If they are well enough to leave hospital before the infectious period has passed, then alternative accommodation must be found where they can finish their self-isolation period, according to the self-isolation guidance. This also applies if they are well enough to be managed in the community from the beginning of their diagnosis / illness.

Clinical case management

- As per HSE guidelines.

Communications:

- Through DOJE and HSE DOHC.

Outbreak response

- Regional Public Health. An outbreak control team meeting should be convened where the number of cases exceed 2 or more.
- Further testing of residents after an outbreak has been identified will be guided by Public Health advice depending on the evolving situation.

FURTHER SOURCES OF INFORMATION:

- [Migrant Health COVID 19 Sharing Resources](#)
- Further information on COVID-19 on the HSE website at:
 - <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>
- [DSGBV COVID 19 Sharing Resources http://www.drugs.ie/resources/covid](http://www.drugs.ie/resources/covid)