



COVID-19 Guidance for Domestic, Sexual, Gender-Based Violence (DSGBV) Refuge Settings

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Version	Date	Changes from previous version
1.1	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

This guidance document gives general advice about preventing the spread of COVID-19 and dealing with cases of COVID-19 for DSGBV refuges. It is part of the overall HPSC Guidance for vulnerable groups

Click on the below links for:

[COVID-19 Guidance for Roma Communities](#)

[COVID-19 Guidance for Travellers](#)

[COVID-19 Guidance for International Protection Applicants](#)

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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.

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
- Loss or change to your sense of taste or smell
- Difficulty breathing

People with COVID_19 may also be asymptomatic (have no symptoms).

The most up to date case definition of COVID-19 can be found [here](#).

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 in Homeless and Vulnerable group settings include:

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

More information regarding high risk groups is available [here](#)

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

GENERAL MEASURES TO REDUCE THE SPREAD OF INFECTION IN SETTINGS FOR VULNERABLE GROUPS

Current information suggests that 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 the medically vulnerable and 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 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 service users to let staff know if they develop any of the symptoms described above, to self-isolate and not attend crowded areas if they are ill.
- Advise service users of current government guidance regarding the wearing of [face masks or face coverings](#), [travelling](#) and gatherings (e.g. [funerals](#), [visiting in hospitals](#))
- Staff should be aware that older people >60 years and people with [underlying conditions](#) are most at risk of their condition getting worse suddenly. They should watch out for signs of COVID-19.
 - Promote good hand and respiratory hygiene as described below and display posters and information leaflets in service users' own language throughout the facility.

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. 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 wash hands regularly, wear a face covering when

appropriate, e.g. on public transport and while shopping, and avoid crowded places (**Activity**).

- Advise staff and service users to avoid making close contact with people (e.g. do not shake hands), and to reduce the amount of **time** they spend with a person or a group.
- Advise staff and service users to avoid poorly ventilated indoor space (**Environment**).
- 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 of accommodations except where it is impractical (e.g. eating a meal) or a person is medically exempt.
- Provide advice on how to keep well during this time and encourage service users to link in with usual health, mental health and immunisation services.
- Specific resources are available at:
<https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/domestic-violence/>

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:
 - o Cleaning and disinfecting regularly touched objects and surfaces using a household cleaning product/bleach e.g. 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.
 - o Wear rubber gloves when cleaning surfaces, wash the gloves while still wearing them, then wash your hands after you take them off.

4. PLAN

- All DSGBV refuges should have a plan for what to do if someone becomes ill or starts displaying symptoms of COVID-19.
- There should be a designated staff member responsible for the management of a suspected COVID-19 case in the refuge.
- This plan should include having an appropriate isolation room on site, and up to date contact details of local GP/Safetynet Primary Care (1800 90 17 90), Emergency Department or Public Health Department. The plan should include for what to do when someone has been a close contact of a confirmed case of COVID-19.
- The plan should include 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.
- The refuge should work in conjunction with the Local Authority and HSE Public Health Department if there is an outbreak and ensure correct facilities are in place.
- 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 DSGBV refuges.

HOW TO MANAGE A SYMPTOMATIC SERVICE USER

If they **feel unwell with symptoms of COVID-19** (e.g. cough, shortness of breath, difficulty breathing, high temperature, [loss or change to your sense 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 not in a single occupancy room they should be moved to the designated isolation area, maintaining a physical distance of at least 2 metres from others at all times. Where this is not possible a distance of at least 1 metre is recommended.
- A face-mask should be provided for the suspected case if one is available. The suspected case should wear the face-mask until they reach the destination where they can self-isolate.
- If they are at the facility they should contact the centre manager or nurse and tell them their symptoms. If another person(s) is responsible for the management of a COVID-19 suspected case in the refuge should be made aware of the person.
- Assessment and testing should be arranged for them by contacting their GP, or through Safetynet Primary Care on **1800 90 17 90** for testing.
- 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.
- After the GP/Safetynet completes the referral, the symptomatic person will get a text message with an appointment date and time for a COVID-19 swab at a specified COVID-19 community test centre. They will also get a reference number which they need to bring with them to the appointment.
- 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 anyone including 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 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 face mask for transport and should engage in regular hand washing and appropriate respiratory etiquette.
- The symptomatic individual should maintain a physical distance of at least 2 metres from others at all times. Where this is not possible a distance of at least 1 metre is recommended.
- For transport, both the driver and suspected case should wear a 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

- 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 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 days from symptom onset, with at least the last 5 days fever free.

[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:

- 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 days since they first developed symptoms AND the last 5 days of which they have been free from fever.
- 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.

- 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 wash 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.
- Ideally, food should be delivered outside the door of the room in which they are in self isolation.
- 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 (after the self isolation period is over)

- 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.
- All surfaces that the case came into contact with need to be cleaned and disinfected. 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 be thoroughly cleaned, should not be used for one hour afterwards, 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 AN OUTBREAK OF COVID-19 IN A CONGREGATE, RESIDENTIAL SETTING SUCH AS A HOSTEL

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

All outbreaks of COVID-19 in a Refuge Setting must be reported to the regional Medical Officer of Health (MOH) at the Department of Public Health at the earliest opportunity. Public Health may convene an outbreak control team (OCT) to support the investigation and to agree control measures as decided by the team.

The members of the OCT are decided by Public Health and will depend on available expertise. Membership may include:

- Specialist (Consultant) in Public Health Medicine/Director of Public Health (OCT lead)

- Community Infection Prevention and Control Nurse (CIPCN) if available
- HSE Public Health / Social Inclusion staff
- TUSLA

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 congregate setting (e.g. refuge 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). Declaring an outbreak over in a facility will be done in conjunction with the OCT and Department of Public Health.

Enhanced (mass) Testing

In an outbreak within a congregate setting, public health will undertake a Public Health Risk Assessment and may recommend mass testing (i.e. testing of all people in that setting, not just those identified close contacts of the case(s)).

Communication

Close communication between the relevant Department of Public Health, TUSLA, DSGBV Refuges and Social Inclusion personnel is vital in supporting a cohesive response to testing and outbreak management.

Risk Assessment of DSGBV Refuges

It is important to prepare for outbreaks in DSGBV Refuges which may be difficult to manage. Identification of priority settings through local networks for on-site visits and assessments are encouraged.

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

A close contact of a case of COVID-19 can include someone who has had direct contact with them for >15 min and <2 meters away from them. Examples of this are household contacts or people who share same sleeping space.

If a service user or staff member has been identified as a close contact of a confirmed case of COVID-19 they will be advised to restrict their movements for 14 days from the last contact with the case. Testing for COVID-19 will be arranged for them.

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 AND SERVICE USERS 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.
- Wear face coverings when appropriate.
- Where possible keep a 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 residential service. It is not advised that staff work in multiple residential and other 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.

ADDITIONAL MEASURES FOR STAFF/PROVIDERS IN DSGBV REFUGES

- Everything possible should be done to ensure timely access to refuge. Priority access to refuge is important.
- Reinforce with clients and staff the rules about social distancing of 2 metres both in the accommodation and when outside and the importance of frequent handwashing. Where this is not possible a distance of at least 1 metre is recommended.
- Continue to check all clients daily for symptoms and refer to GP or Safetynet Primary Care on 1800 90 17 90 for testing if anyone has symptoms suggestive of COVID-19. Symptoms described in Background section.
- 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.
- If new clients enter refuge accommodation, use a triage questionnaire provided to assess symptoms. If they answer yes to any of the questions obtain advice from Safetynet Primary Care on 1800 90 17 90 or their GP as to whether they need testing for COVID-19 and /or recommendation for quarantining for up to 14 days. If possible (but not a requirement) new service users could be placed in single rooms for up to 14 days.

- If a resident has travelled from outside Ireland prior to returning to their accommodation they must observe current government guidelines regarding [restricting their movements](#).

VISITORS – POLICIES FOR MANAGING VISITORS TO REFUGE

- 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.
- Visitors must wear face coverings to comply with [government guidelines](#).
- 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:
 - Cover your mouth and nose with a disposable tissue when coughing and sneezing to contain respiratory secretions.
 - Discard used tissues after use and clean your hands.
 - 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.

Cocooning:

- Service users that are 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 cocoon. In addition, they should keep at least 2 metres away from clients, wash their hands with soap and water for at least 20 seconds on arrival and should wear a face covering.
- Visitors must not visit clients if they are unwell.
- Only essential healthcare/cleaning/cooking professionals should be permitted to enter the facility.
- The visiting of essential contractors e.g. maintenance workers should be kept to a minimum.
- Non-essential services including volunteers should be suspended.

FURTHER SOURCES OF INFORMATION:

- [DSGBV 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>
- <http://www.drugs.ie/resources/covid/>
- [Migrant Health COVID-19 Sharing Resources](#)