



COVID-19 Guidance for Travellers

V3 29/12/2020

Version	Date	Changes from previous version
3	29/12/2020	Added that individuals with COVID-19 can be asymptomatic Updated guidance on physical distancing should be 2 metres and when not possible 1 metre Added to guidance re cleaning of isolation facility after a case has left room Updated that rubbish bin should be closed when three quarters full Added protocol for close contacts of a symptomatic individual with a COVID-19 not detected test
2	01/10/2020	Added links to vulnerable group guidance for Roma/International Protection Applicants/Homeless Updated background Removed Government measures Updated general measures to reduce the spread of infection in settings for vulnerable groups Updated hand hygiene Updated How to manage a symptomatic person who is tested and Covid-19 is not detected Updated Formatting Amended length of time for COVID-19 positive case to self-isolate.
1	28/07/2020	Updated re Government restrictions on travel

This guidance document gives general advice about preventing the spread of COVID-19 and dealing with cases of COVID-19 for Travellers. 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 Homeless settings](#)

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BACKGROUND

The total number of Travellers in Ireland is estimated at over 30,000 (<1% population). Travellers in Ireland are particularly disadvantaged in terms of health status and access to health services, with poor baseline health and disproportionate burden of chronic health conditions compared to the majority population. The particular influence of social determinants of health (SDH) on the poor health of Travellers is reflected in their living conditions. Travellers live in standard housing and Traveller-specific Group Housing Schemes and Halting sites, but many Travellers live in substandard accommodation with inadequate or minimum services, or live in overcrowded conditions, doubling up on sites. Others live on the roadside with minimum services. This creates challenges for the basic public health preventative measures for COVID-19 such as hand-washing (due to lack of access to safe clean hot running water), physical distancing (due to overcrowding), and cocooning (due to shared/communal facilities); and for managing symptoms and self-isolating if they become unwell. As well as being particularly vulnerable to COVID-19 because of their living conditions, Travellers are also more vulnerable to the health impact of COVID-19 if they catch it, because of their poor baseline health.

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).

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

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

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

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:

- Promote good hand and respiratory hygiene as described below and distribute and display relevant posters and information leaflets (including for homes, if needed).
- Advise everyone who is [at high or very high risk](#) of severe illness from COVID-19 infection including those over 60 years, to *stringently practice* hand hygiene, respiratory etiquette, physical distancing measures and wearing a face mask or face covering according to the [guidance](#).
- 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 Travellers e.g. avoid shaking hands; avoid making close contact if possible, especially with those who are coughing and sneezing; reduce cash handling.
- Advice should be issues in line with government guidelines at the time. This includes advising what coronavirus means for [travelling](#) and for gatherings (e.g. [funerals](#), [visiting in hospitals](#), visiting others or having visitors at home and weddings.)

Hand Hygiene:

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

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

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

Respiratory hygiene:

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

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

2. PHYSICAL DISTANCING MEASURES:

- Distance: Always try to stay 2 metres apart from anyone you do not live with. Where this is not possible, a distance of at least 1 metre is recommended.
- Activity: Wash your hands regularly, wear a face covering on public transport, while shopping or in a crowded space (both indoors and outdoors).
- Time: The amount of time you spend with a person or group increases your risk of contracting the virus.

- Environment: Always bear in mind that a closed, poorly ventilated indoor space is much riskier than being outdoors.
- Link in with usual health, mental health and immunization services.
- Specific resources are available at [Traveller COVID 19 sharing resources](#).
- National Traveller COVID-19 [Phone Line](#) supported by HSE THU Midlands.

3. HYGIENE MEASURES AND CLEANING REGIMENS:

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

4. PLAN

- Each regional Traveller Health Unit should have a COVID-19 Mitigation Plan, which should inform and support the development of Mitigation Plans for local Traveller Projects. Elements to consider in the plan include:
 - Consider how to support persons who become ill with symptoms of cold or flu as this might be COVID-19. Support a space for isolating them from other people when seeking medical advice (e.g. phone a GP/ Emergency Department). THU can also phone the local Public Health department if concerned about an outbreak.
 - On the Side of the Road, Halting Sites and Group Housing Schemes, the THU should

work in conjunction with local Authority and HSE Public Health Dept if there is an outbreak and ensure correct facilities are in place.

- For those in private rented accommodation but the accommodation is unsuitable, a plan will be made in conjunction with the HSE and Local Authority to move individuals to an isolation facility with support from Traveller Health Units (THUs) /Primary Healthcare projects (PHCPs).
- Have a plan to assist older Travellers and those who are extremely medical vulnerable to cocoon including appropriate facilities and ongoing support. A list of those considered very high risk (also known as extremely medically vulnerable) can be found [here](#).
- Have a plan for dealing with persons who are close contacts of a confirmed case of COVID-19.

HOW CAN PERSONS PROTECT THEMSELVES

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

- Avoid touching your eyes, nose and mouth; respiratory viruses need access to these body sites in order to cause infection.
- Clean your hands regularly using an alcohol-based (at least 60%) hand rub (if hands are not visibly soiled) or by washing with soap and water.
- Keep your distance when possible from those who are coughing, sneezing and/or have a fever by leaving a physical distance of 2 metres (6 feet) between yourself and others. Where this is not possible, a distance of at least 1 metre is recommended.
-
- Avoid making close contact with people (i.e. do not shake hands).
- Observe respiratory hygiene and cough etiquette; for example, when coughing and sneezing, cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.
- If you do not have a tissue cough into your upper arm or the crook of your elbow -do not cough into your hand.
- Restrict visitors to all homes/halting sites.

- Masks should be worn either when staying 2 metres apart from people is difficult or as per the government guidelines in specific areas such as shops, shopping centres or public transport.

SAFE USE OF FACE COVERINGS

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

It is therefore recommended that:

- Where possible, when visiting persons on halting sites or in houses, meet or socialise outdoors, where it is easier to maintain 2 metres distance from each other.
- Those entering or visiting Traveller homes should wear a cloth face mask if they are going to be in close contact (less than 2 metres) for more than 15 minutes in an enclosed indoor space. Those visiting the homes of Travellers who are cocooning or are at more risk from COVID-19 because they are over 60 or medically vulnerable should wear a cloth face mask during the visit.
- If wearing a cloth face covering, you should still do the other important things necessary to prevent the spread of the virus, such as frequent hand-washing, good cough hygiene etc.

HOW TO MANAGE A SYMPTOMATIC INDIVIDUAL

If they **feel unwell with symptoms of COVID-19** (e.g. cough, shortness of breath, difficulty breathing, high temperature, loss of smell or taste) then they should:

Isolate themselves from others straight away (i.e. stay indoors and **completely avoid contact** with other people or stay at least **2 metres distance away from them**) – preferably in a single occupancy room with own bathroom.

- If unable to self-isolate safely and effectively at home, there are options for self-isolation available nationally through the HSE and in many areas also local options via the Local Authority.
- Phone the GP for an over-the-phone assessment – the GP can organise a test for COVID-19. If they do not have a GP, any GP can be contacted to refer the person for testing. Both the COVID-19 phone consultation and the test are free of charge. The GP will need the name, DOB, address and a mobile phone number for the symptomatic person for the referral.
- Do not go to your GP surgery in person – unless the GP asks you to.
- After the GP 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.
- While waiting to have the test and after the test while waiting for the result, the person will need to continue to act as if they have the virus - and **remain in [self-isolation](#)** until the test results are back – this is to protect other people from getting the virus.
- They should not be visited by people outside the household while they are in self-isolation.
- If the person’s symptoms worsen while waiting, they should call their GP again. If difficulty breathing or feeling very unwell, they should call 112 or 999 and tell the ambulance the person has symptoms of COVID-19. .
- Further advice including easy read and translated resources regarding self-isolation can be found [here](#).

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

- If it is an EMERGENCY, and the person is acutely unwell, please call 112 or 999 to arrange an ambulance for transport to hospital for clinical assessment and care – tell the call operator that the person has symptoms of COVID-19 so the ambulance team can be prepared.

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

DECONTAMINATION OF TRANSPORT VEHICLE

- Gloves and plastic apron should be worn for cleaning and decontamination.
- Clean and disinfect the environment after use with a household detergent containing bleach.
- Products with these specifications are available in different formats including wipes.
- Pay special attention to frequently touched sites e.g. door handles, seat belt buckles, horizontal surfaces.
- Remove gloves and plastic aprons and place in a waste bag. Wash hands thoroughly after removal.
- Waste should be disposed with double plastic bags and bag sealed for disposal.
- Maintain open windows if possible.

AFTER THE TEST

- If the [test result](#) is NOT DETECTED, the person will get a text message to say so. 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:
 - 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.
 - Close contacts will be asked to [restrict their movements](#) until their test results are known – in case they also have coronavirus.
 - 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.
 - Travellers 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 10 days**, from onset of symptoms (or 10 days from date of test if asymptomatic), the last 5 of which should be without fever.

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

- Symptomatic individuals who are tested for COVID-19 but where the virus is not detected should continue self-isolation for 48 hours after their symptoms resolve. This is to reduce the spread of infection because they may have another viral illness.
- See the HSE webpage for information on [what test results mean](#).
- Their close contacts can stop restricting their movements, and follow current government advice, straight away.

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

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

- In general, if single occupancy rooms are available they should be used. If this is not feasible, multiple patients with laboratory confirmed COVID-19 can be cohorted or grouped into the same room or unit of accommodation (i.e. trailer). Contact your Local Authority Community Health Office Social Inclusion or Department of Public Health Link for advice.
- The person with COVID-19 should be advised to stay in their room as much as possible and avoid contact with others until they have had no temperature for five days AND it's been 10 days since they first developed symptoms.
- 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 face covering must be worn when leaving the room.
- If they have to go into the same room with other people (e.g. to use bathroom facilities) they should try to 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 face covering. Where a physical distance of 2 metres is not possible, a distance of at least 1 metre is recommended.
- If they can, they should use a toilet and bathroom that no one else uses. If this is not possible, the toilet and bathroom should be cleaned with bleach-containing household detergent after each time they use it (focusing on door handles, sanitary ware etc).
- They should clean or use hand sanitiser on their hands before entering, before they leave the room and after using the toilet.
- All the surfaces they have touched should be cleaned and disinfected.

- They should be advised to clean their hands regularly with soap and water or with an alcohol-based (at least 60%) hand sanitiser and follow respiratory hygiene practices as outlined previously.
- They should not share food, dishes, drinking glasses, cups, knives, forks and spoons, towels, bedding or other items with other people in the facility until they have been washed.
- The items should be washed in a dishwasher if one is available or with washing up liquid and hot water. Rubber gloves should be worn to wash the items.
- They should not share mobile phones, tablets, computers, games consoles or remote controls with others without them being first cleaned/wiped down with a disinfectant wipe.
- Try to identify a primary/ main carer within the family for the person who is ill, so that other family/household members can reduce their physical contact with that person.

ENVIRONMENTAL CLEANING/DISINFECTION OF SELF-ISOLATION FACILITIES

- All surfaces that the person has come into contact with must be cleaned.
- The person assigned to clean the room should wear gloves (disposable single use nitrile or household gloves) and a disposable apron (if one is available) then physically clean the environment and furniture using a household detergent solution followed by a disinfectant or combined household detergent and disinfectant, for example one that contains a hypochlorite (bleach solution).
- Products with these specifications are available in different formats including wipes.
- No special cleaning of walls or floors is required.
- Pay special attention to frequently touched flat surfaces, backs of chairs, couches, door handles or any surfaces that the affected person has touched.
- Discard waste including used tissues and disposable cleaning cloths into a healthcare waste bag. If one is not available, a normal waste bag can be used and placed into a second bag and tied.
- Remove the disposable plastic apron (if worn) and gloves and discard into a waste bag. Wash hands thoroughly after removal of gloves.
- Once this process has been completed and all surfaces are dry the room can be put back

into use.

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

CLEANING OF COMMUNAL AREAS

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

LAUNDRY

- Laundry should be washed at the highest temperature that the material can stand.
- Items can be tumble dried and ironed using a hot setting/ steam iron if required.
- Household/rubber gloves can be worn when handling dirty laundry and items should be held away from your clothing. The gloves can be washed prior to removal and dried for reuse. Hands should be washed thoroughly with soap and water after removing the gloves
- If gloves are not available, hands should be washed thoroughly after handling laundry.
- If laundry facilities are not available, place the laundry in a plastic bag, tie and leave for 72 hours after use, prior to sending to laundrette for washing.

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 place it into a second bin bag

and tied.

- Once the bag has been tied securely it should be left somewhere safe for three days before collection by the waste company.

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

A close contact of a case of COVID-19 can include 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 an individual has been identified as a close contact of a confirmed case of COVID-19, a Public Health doctor or HSE Social Inclusion Public Health Specialist will advise them to **restrict their movements for 14 days** and will actively monitor them for symptoms for 14 days. They will be sent for testing even though they may not have symptoms.

This means:

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

HOW TO MANAGE AN OUTBREAK OF COVID-19 IN A CONGREGATE, RESIDENTIAL SETTING SUCH AS OVERCROWDED HOUSING OR HALTING SITE

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

Close communication between the relevant local Department of Public Health, Community Health Organisation, THU, Traveller representative organisations and Social Inclusion personnel is vital in supporting a cohesive response to testing and outbreak management.

HSE Public Health and HSE Social Inclusion, in conjunction with the Traveller Health Units, have been working closely with the Local Authorities in prevention and response to outbreaks.

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

Under the Infectious Diseases legislation, all cases and outbreaks of COVID-19 must be reported to the Medical Officer of Health (MOH) at the regional Department of Public Health at the earliest opportunity. As part of MOH responsibilities, Public Health may convene an outbreak control team (OCT) to support the investigation and to agree control measures as decided by the team. National Social inclusion-Public Health support Departments of Public health in the outbreak response.

The members of the OCT should be decided at local level and will depend on available expertise.

Membership may include (depending on available expertise):

- Specialist (Consultant) in Public Health Medicine/Director of Public Health (OCT lead)
- Traveller Nurse Specialist or Public Health Nurse from CHO (where available)
- THU Regional Coordinator
- THU member /Primary Healthcare Project worker (local Traveller Support Group)
- Community Infection Prevention and Control Nurse (CIPCN) where available
- HSE Public Health / Social Inclusion staff
- Local Authority

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

ENHANCED TESTING

In an outbreak within a congregate setting, where there is evidence of spread of disease or uncontrolled transmission, a Public Health Risk Assessment may recommend pro-active testing of all people in that setting, e.g. on a halting site. This will give a clear indication of the percentage of asymptomatic (well) cases.

The rationale for mass or bulk testing includes the:

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

FURTHER SOURCES OF INFORMATION:

- <https://www2.hse.ie/conditions/coronavirus/coronavirus.html>
- <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/)
- [Traveller COVID 19 sharing resources](#)
- [Migrant Health COVID-19 Sharing Resources](#)