



COVID-19 Guidance for Homeless Settings and other vulnerable group settings

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Version	Date	Changes from previous version
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
4	28/08/2020	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 Direct Provision/IPAS – Separate Document
4.1	07/09/2020	Added reference to use of face coverings Added reference to staff working in multiple homeless settings
4.2	01/10/2020	Added reference to service users that refuse to be tested Updated guidance re. period of self isolation if covid positive Updated guidance on staff working in homeless sites

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. These can be applied in hostels or hubs and those without clinic or in-house nursing, medical or healthcare support.

Click on the below links for:

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

[COVID-19 Guidance for Travellers](#)

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

Contents

BACKGROUND	3
GENERAL MEASURES TO REDUCE THE SPREAD OF INFECTION IN SETTINGS FOR VULNERABLE GROUPS.....	4
1. RAISE AWARENESS:.....	4
2. PHYSICAL DISTANCING MEASURES:.....	5
3. HYGIENE MEASURES AND CLEANING REGIMES:	6
4. PLAN	6
HOW TO MANAGE A SYMPTOMATIC SERVICE USER.....	7
TRANSPORT OF A SYMPTOMATIC SERVICE USER FOR TESTING, CLINICAL CARE OR TO A SELF-ISOLATION FACILITY..	8
DECONTAMINATION OF TRANSPORT VEHICLE.....	8
HOW TO MANAGE A SYMPTOMATIC SERVICE USER WHO IS TESTED AND COVID-19 IS NOT DETECTED.....	9
HOW TO MANAGE A SERVICE USER DIAGNOSED WITH COVID-19 WHO IS WELL ENOUGH TO BE CARED FOR OUTSIDE OF THE HOSPITAL SETTING.	9
ENVIRONMENTAL CLEANING/DISINFECTION OF SELF-ISOLATION FACILITIES.....	11
CLEANING OF COMMUNAL AREAS.....	11
LAUNDRY.....	12
MANAGING RUBBISH.....	12
HOW TO MANAGE AN OUTBREAK OF COVID-19 IN A CONGREGATE, RESIDENTIAL SETTING SUCH AS OVERCROWDED HOUSING OR HOMELESS HOSTEL	12
HOW TO MANAGE A CLOSE CONTACT OF A CONFIRMED CASE OF COVID-19	13
HOW CAN STAFF PROTECT THEMSELVES.....	14
HOMELESS SETTINGS.....	14
DUBLIN & OTHER URBAN AREAS.....	15
ADDITIONAL MEASURES FOR STAFF/PROVIDERS IN HOMELESS SETTINGS.....	16
VISITORS – POLICIES FOR MANAGING VISITORS TO HOMELESS ACCOMMODATION	17
ADDICTION SETTINGS	18
FURTHER SOURCES OF INFORMATION	19

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

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

Further information on COVID-19 is available on the HSE website at:

<https://www2.hse.ie/conditions/coronavirus/coronavirus.html>

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.
- Staff should be aware that older people and people with [underlying conditions](#) are most at risk of their condition getting worse suddenly. They should watch out for signs of confusion coming on quickly as this can be a sign of their condition getting worse.
- 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 distance of at least one metre, where possible 2 metres (6.5 feet) from others.
- Advise staff and service users to avoid making close contact with people (eg do not shake hands).
- Implement a queue management system with correct distance marking using brightly coloured tape.
- Restrict or stagger the use of canteen or other communal facilities (bringing food/drinks to people).
- Reduce tables/chairs from the canteen or other communal facilities to limit the number of people per table and preserve physical distancing.
- Restrict visitors to the facility.

- Staff and service users should wear a face covering in communal areas 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.

3. HYGIENE MEASURES AND CLEANING REGIMES:

- 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 regimes and ensure that they include:
 - o cleaning and disinfecting regularly touched objects and surfaces using a household cleaning product/bleach
 - o 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.
 - 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

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 or Public Health 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

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.
- Testing should be arranged for them by contacting their GP. IF they do not have a GP, any GP can be contacted and they will arrange testing. If there is difficulty obtaining a timely test, contact SafetyNet 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.

- If a service user is symptomatic but refuses to take a test, they should self-isolate, and Public Health should be informed.
- 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 distance of at least 1 metre and where possible 2 metres throughout transport.
- 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.
- 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](#)
- Close contacts need to follow current Government guidance which includes restricting their movements for 14 days and being tested regardless of their symptoms

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.

[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 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.
- If they have to go into the same room with other people they should try to be in the space for as short a time as possible, keep at least one metre away from them and they should clean their hands regularly and wear a face covering.
- 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

- 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 and the door to the room should remain shut.

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, close the laundry in a plastic bag 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 almost 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 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 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 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, 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 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 distance of at least 1 metre (3 feet), preferably 2 meters where possible, between yourself and others.
- 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 risks 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 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 extremely medically vulnerable. Guidance can be found [here](#).
- 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.
- Testing in Mater Hospital Campus Community Assessment Hub (CAH) for vulnerable groups (operated by Safetynet)
- Serial COVID-19 testing may be performed in congregated 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 NPHEAT 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

- Staff should only work at one site. Working in more than one site represents a real risk of Covid 19 transmission.
- There should be a gap of 14 days between working at one site & another. 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 including fever, cough, shortness of breath, change in taste or smell etc.

- If new service users enter homeless accommodation, use a triage questionnaire provided to assess symptoms. If they answer yes to any of the questions obtain advice 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 please obtain immediate Public Health advice as to whether they need testing / quarantine.

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:
 - 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.
- 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. 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 face coverings.
- 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
<https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/health-inequalities/contingency-planning-for-people-who-use-drugs.pdf>
- Pre Test COVID-19 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
http://www.drugs.ie/resources/covid/harm_reduction_advice_for_people_who_use_drugs_during_covid_19_pandemic/
- [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>
- [DSGBV COVID-19 Sharing Resources](#) <http://www.drugs.ie/resources/covid/>