



Opening doors for  
homeless people

# **Peter McVerry Trust**

## **COVID-19 materials**

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**12th March 2020**

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# Washing your hands

## Hand washing is important:

- ◆ If hands are not clean they can spread germs.
- ◆ **You should wash your hands thoroughly and often** with soap and warm water and **especially**:
  - \* When hands look dirty
  - \* Before and after preparing, serving or eating food
  - \* Before and after dealing with sick people
  - \* Before and after changing the baby's nappy
  - \* Before and after treating a cut or a wound
  - \* After handling raw meat
  - \* After going to the toilet or bringing someone to the toilet
  - \* After blowing your nose, coughing or sneezing
  - \* After handling rubbish or bins
  - \* After handling an animal or animal litter/droppings
  - \* After contact with flood water
- ◆ A quick rinse will not work – your hands will still have germs. To wash hands properly:
  - ~ Rub all parts of the hands and wrists with soap and water for **at least** 15 seconds (or as long as it takes to sing the *"Happy Birthday to you"* song two times!)
  - ~ Don't miss out on washing your finger tips, between your fingers, the back of your hands and the bottom of your thumbs – the pictures here will help.

## Getting ready to wash your hands:



- ◆ Remove hand & wrist jewellery - rings, watch, bracelets



- ◆ Wet hands thoroughly under warm running water



- ◆ Apply a squirt of liquid soap to cupped hand

## Washing your hands - take at least 15 seconds/the time it takes to sing the "Happy birthday to you" song twice!



- ◆ Rub palm to palm 5 times making a lather/suds



- ◆ Rub your right palm over the back of your left hand and up to your wrist 5 times
- ◆ Repeat on the other hand



- ◆ With right hand over the back of left hand, rub fingers 5 times
- ◆ Repeat on the other hand



- ◆ Rub palm to palm with fingers interlaced

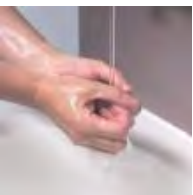


- ◆ Wash both thumbs using rotating movement



- ◆ Wash nail beds—rub the tips of your fingers against the opposite palm

## Rinsing and drying your hands:



- ◆ Rinse hands well making sure all the soap is gone



- ◆ Dry hands fully using a clean hand towel or a fresh paper towel
- ◆ Bin paper towel after use

**Remember -  
Clean hands save lives &  
stop the spread of many infections**

 Feilthmeannacht na Seirbhíse Sláinte  
Health Service Executive

Compiled by Dept of Public Health, Midlands.  
January 2016

**13th March 2020**

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## HELP US TO PREVENT THE SPREAD OF CORONAVIRUS COVID-19

We are asking you to please **not** present in person to your Local Authority or to Parkgate Hall. Instead, please contact us by phone, post or email - all listed below. Our staff are available, as always to help you.

If you need to drop in any additional documentation, or completed applications there will be a post box available in the waiting room in Parkgate Hall, 6-9 Conyngham Road, Dublin 8 and Dublin City Council Allocations Section, Ground Floor, Block 2 Civic Offices to avoid you queueing unnecessarily.

Alternatively, documents can be submitted by post or email as set out below.



### Dublin City Council Area

**Central Placement Service for singles and couples;** Tel: 01 - 222 6944 Monday to Friday: 10.00am – 4.00pm.  
Email: [homelesscps@dublincity.ie](mailto:homelesscps@dublincity.ie)

**Central Placement Service for families;** Tel: 01 – 222 6977 Monday to Friday: 10.00am – 4.00pm. Email: [family.support@dublincity.ie](mailto:family.support@dublincity.ie)

**Homeless FREEPHONE 1800 707 707;** for access to emergency accommodation out of hours for the Dublin Region, extended hours - 10.00am to 2.00am 7 days a week;

**Housing Support Officers;** providing housing advice and move on options to families in emergency accommodation. Tel: 01 222 7414 Monday to Friday: 10.00am – 4.00pm. Email: [housingsupport@dublincity.ie](mailto:housingsupport@dublincity.ie)

**Homeless HAP;** Tel: 01 – 222 6955 Monday to Friday: 10.00am – 4.00pm. Email: [homelesshap@dublincity.ie](mailto:homelesshap@dublincity.ie)

**Fingal County Council - Homeless Section;** Tel: 01 - 890 5090 Monday to Friday: 9.00am – 4.30pm.

Email: [homeless@fingal.ie](mailto:homeless@fingal.ie)

County Hall, Main Street, Swords, Co Dublin K67 X8Y2 or Grove Road, Blanchardstown, Dublin 15 D15 W638

**South Dublin County Council - Homeless Section;** Tel: 01 - 414 9364 Monday to Friday: 9.00am – 5.00pm.

Email: [sdchomeless@sdblincoco.ie](mailto:sdchomeless@sdblincoco.ie);

County Hall, Tallaght, Dublin 24 D24 A3XC

**Dún Laoghaire-Rathdown County Council - Homeless Section;** Tel: 01 - 205 4804 Monday to Friday: 9.00am – 5.00pm.

Email: [homeless@dlrcoco.ie](mailto:homeless@dlrcoco.ie)

County Hall, Marine Road, Dun Laoghaire, County Dublin A96 K6C9

Briefing Note  
 COVID- 19 Homeless Services  
 12<sup>th</sup> March 2020

The DRHE is working closely with the four Dublin Local Authorities and Homeless Service Providers in coordinating the response to COVID-19 related public health concerns among users of emergency accommodation and rough sleepers.

In addition we have been consulting with our service provider partners regarding contingency plans across Homeless Services and have introduced a range of precautions aimed at minimising the risk of infection among service users and staff, including hygiene arrangements and limiting the need for travel and movement between services.

We are closely monitoring the evolving situation and will activate contingency plans, including contingency beds and suitable accommodation as and when required. Along with the NGOs, we will continue to work with the HSE to ensure that the arrangements in place for those experiencing homelessness are adequate and consistent with the medical and health and safety advice that is being provided on a daily basis.

The following is an overview of the key actions that are being taken by us for the provision of services to vulnerable groups and individuals.

Our response will be led by the Director and Deputies and each team manager has updated contact groups for their own teams and other agencies with whom they will need to remain in touch.

<p>1. Communication</p>	<ul style="list-style-type: none"> <li>• A homeless services specific HSE guidance note has been issued to all service providers (see attached). COVID-19 guidance issued for Homeless and vulnerable groups, dated 4<sup>th</sup> March 2020 will be updated as required.</li> <li>• The DRHE has a communication plan in place which is operational and complies with GDPR.</li> <li>• Signage and guidance for service users and staff has been circulated to service providers. The DRHE is utilising the guidance issued by HSE/NPHET</li> <li>• Media – The HSE is taking the lead on media queries.</li> </ul>
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	<ul style="list-style-type: none"> <li>• DRHE’s Crisis Monitoring Team are meeting daily</li> <li>• NGOs, through the Homeless Network, have updated us on their plans to provide for self-isolation and staffing. Organisations have also been reviewing their staffing requirements. Organisations will seek to use consistent staff and will support each other where possible, if another organisation experiences staffing shortages.</li> <li>• The DRHE is liaising with PEA providers to identify somewhere possible and back-up options where this is not feasible.</li> </ul>
2. Accommodation	<ul style="list-style-type: none"> <li>• Planning for an accommodation service being quarantined and accommodation is being put in place to provide capacity to self-isolate, if necessary for clients in PEAs, hotels and self-accommodation.</li> <li>• The DRHE’s Facilities Team are examining utilising cold weather facilities and contingency beds, if required, along with obtaining own door units on a short term basis.</li> <li>• Dublin Simon Outreach and PMVT Intake team are working assertively on the streets offering beds and accommodation to all rough sleepers.</li> </ul>
3. Business Continuity	<ul style="list-style-type: none"> <li>• Plans are being put in place that in the event of closing frontline services the provision of critical services via telephony, email, accessing systems remotely, etc., will continue</li> <li>• At a meeting held last Friday with the four Dublin authorities, it was agreed that each Local Authority will provide assistance to the DRHE should staff numbers or office locations be unavailable. The robust systems in place within the four Local Authorities and within the DRHE itself, will allow business to continue with critical functions such as accommodation and placements continuing during any crisis that may arise. Equally, the finance function of the DRHE will continue which will ensure payments are processed for all service providers which is critical to the continued provision of services.</li> </ul>

	<ul style="list-style-type: none"> <li>• The essential teams in Parkgate Hall are being split so that we have a small number of back-up staff available to run a phone service in the event of a staff quarantine.</li> <li>• The DRHE is asking each Section 10 funded service to confirm its Business Continuity Plan for Staff and Service Users.</li> <li>• Most NGOs have put in place self-isolation accommodation and others are in the process.</li> <li>• Central Placement Service is working to limit movement between services and will not be accommodating requests for transfers or moves unless absolutely necessary, so as to reduce exposure risks. Where feasible, we will continue to ensure as many bookings as possible are rolling, however some nightly placements are required to maintain full usage of all available capacity</li> <li>• DRHE is asking all service providers to encourage clients to contact their Local Authority (FCC/SDCC/DLRCC) or Central Placement Service (DCC) <i>by phone or email in the first instance</i>. Posters have been issued to each service asking existing clients not to present in person to their local authority or Central Placement Service (CPS), but to contact the appropriate service by phone or email and all relevant contact details are included on the poster. The DRHE are reassigning staff to email and phone duties to cater for the increase in demand, in addition the FREEPHONE will operate from the earlier time of 10am until further notice starting Wednesday 11<sup>th</sup> March 2020. There will be a drop box located in Parkgate Hall, so that people can deposit forms and documentation rather than queue unnecessarily.</li> <li>• DRHE has discussed risk assessments with new/repeat presenters with Public Health and on their advice the guidance will be updated and implemented accordingly.</li> </ul>
<p>4. Health &amp; HSE</p>	<ul style="list-style-type: none"> <li>• Director of the DRHE is a member of COVID Working Groups for Vulnerable Persons</li> <li>• Coronavirus (COVID- 19) guidance for Homeless and Vulnerable Groups issued 4<sup>th</sup> March 2020. <i>Public Health (HSE) will update guidance as needed</i>. DRHE will ensure it is sent everywhere.</li> </ul>



	<ul style="list-style-type: none"><li>• Public Health are considering options for rapid and/or in-reach testing of indicated cases to free up isolation beds after negative result.</li><li>• Practical issues for HSE include planning for prescribing to hold alcohol and/or substance dependant clients.</li><li>• The HSE is also preparing accommodation/treatment options for the needs of all social inclusion groups that may be affected and the DRHE is liaising daily with our partners.</li></ul>
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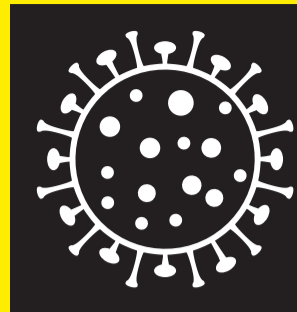
For further information please contact Lisa Harpur, Dublin Region Homeless Executive

[lisa.harpur@dublincity.ie](mailto:lisa.harpur@dublincity.ie) or 222 6283

**14th March 2020**

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# Coronavirus COVID-19



Coronavirus  
**COVID-19**  
Public Health  
Advice

**If you have fever and/or cough you should stay at home regardless of your travel or contact history.**

If you have returned from an area that is subject to travel restrictions due to COVID-19 you should restrict your movement for 14 days. Check the list of affected areas on [www.dfa.ie](http://www.dfa.ie)

## All people are advised to:

- > **Reduce** social interactions
- > **Keep a distance** of 2m between you and other people
- > **Do not** shake hands or make close contact where possible

If you have symptoms visit [hse.ie](http://hse.ie) OR phone HSE Live **1850 24 1850**

## How to Prevent



### Stop

shaking hands or hugging when saying hello or greeting other people



### Distance

yourself at least 2 metres (6 feet) away from other people, especially those who might be unwell



### Wash

your hands well and often to avoid contamination



### Cover

your mouth and nose with a tissue or sleeve when coughing or sneezing and discard used tissue



### Avoid

touching eyes, nose, or mouth with unwashed hands



### Clean

and disinfect frequently touched objects and surfaces

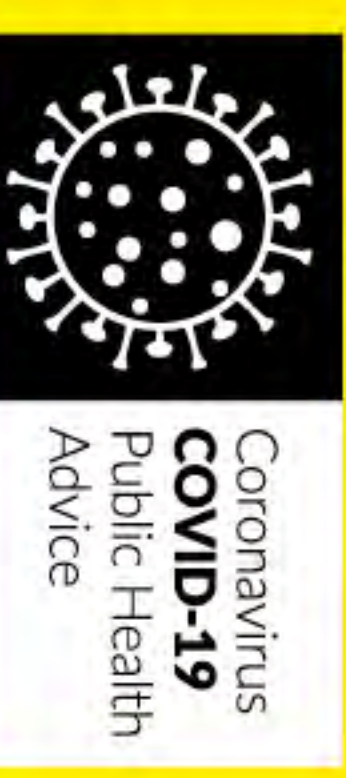
## Symptoms

- > Fever (High Temperature)
- > A Cough
- > Shortness of Breath
- > Breathing Difficulties

## For Daily Updates Visit

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)

# Coronavirus COVID-19









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## How to Prevent

 <b>Wash</b>	 <b>Cover</b>	 <b>Avoid</b>	 <b>Clean</b>	 <b>Stop</b>	 <b>Distance</b>
Your hands well and often to avoid contamination	Your mouth and nose with a tissue or sleeve when coughing or sneezing and discard used tissue	touching eyes, nose, or mouth with unwashed hands	and disinfect frequently touched objects and surfaces	shaking hands or hugging when saying hello or greeting other people	yourself at least 2 metres (6 feet) away from other people, especially those who might be unwell

## Symptoms

- > Fever (High Temperature) > A Cough > Shortness of Breath > Breathing Difficulties

## For daily updates visit

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)

Ireland is operating a containment strategy in line with WHO and ECDC advice



Rialtas na hÉireann  
Government of Ireland

# Coronavirus COVID-19



## Help prevent coronavirus



Wash your hands



Cover mouth if coughing or sneezing



Avoid touching your face



Keep surfaces clean



Stop shaking hands and hugging



Keep a safe distance

The virus spreads in sneeze and cough droplets, so regularly taking the above measures helps reduce the chance of it spreading.

**Visit [HSE.ie](https://www.hse.ie)**

For updated factual information and advice

Or call 1850 24 1850

Protection from coronavirus.  
It's in our hands.



Rialtas na hÉireann  
Government of Ireland

**15th March 2020**

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**Peter  
McVerry  
Trust**

Opening doors for  
homeless people

**Peter McVerry Trust**

**Frontline Staff Guidance for the Practical  
Management and Containment of COVID-19**

**Updated 15th March 2020**

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## Purpose of PMVT Frontline Staff Guidance Document

Peter McVerry Trust is committed to ensuring that a comprehensive, concise document is readily available to staff, to allow staff to perform their duties in line with best practice. Peter McVerry Trust is committed to supporting staff to be competent and confident in delivery of such measures related to the management and containment of COVID-19.

The purpose of this guidance document is centred on delivering actions that will ensure that service delivery is maintained and the wellbeing of staff and participants is safeguarded during the unfolding COVID-19 situation.

The document provides clear guidance to frontline staff in order to ensure that all health and safety measures are upheld and adhered to in line with best practice, in line with the recommendations set out by the HSE and the Health Protection Surveillance Centre (HSPC).

These measures are designed to complement existing policies and procedures in place across PMVT services in relation to staff and participant safety, wellbeing and harm reduction.

The guidance should be read in conjunction with information already disseminated by PMVT to staff via direct email correspondence from the office of the CEO, email correspondence from the PMVT COVID-19 Task Force via [COVID-19Updates@pmvtrust.ie](mailto:COVID-19Updates@pmvtrust.ie) and through the line management structure of PMVT.

## What is COVID-19

COVID-19 is a new illness that can affect the lungs and airways. It is caused by a virus called coronavirus.

## Symptoms of Coronavirus

It can take up to 14 days for symptoms of coronavirus to appear. The main symptoms to look out for are:

- [a cough](#)- this can be any kind of cough, not just dry
- shortness of breath
- breathing difficulties
- [fever \(high temperature\)](#) or chills

Other symptoms are fatigue, headaches, sore throat, aches and pains.

COVID-19 can also result in more severe illness including:

- Pneumonia
- Severe Acute Respiratory Syndrome
- Kidney Failure

## Compare symptoms of coronavirus and flu

Symptoms	Coronavirus Symptoms range from mild to severe	Flu Abrupt onset of symptoms	Cold Gradual onset of symptoms
Fever or chills	Common	Common	Rare
Cough	Common (usually dry)	Common (usually dry)	Mild
Fatigue	Sometimes	Common	Sometimes
Aches and pains	Sometimes	Common	Common
Sore throat	Sometimes	Sometimes	Common
Headaches	Sometimes	Common	Rare
Shortness of breath	Sometimes	No	No
Runny or Stuffy Nose	Rare	Sometimes	Common
Diarrhoea	Rare	Sometimes in children	No
Sneezing	No	No	Common

## Screening Questions

This screening process must be adhered to and implemented with all participants and staff whom have travelled/returned the countries listed below?

No.	Screening Questions	Countries Visited
Q 1.	Have you travelled from one of the affected countries in the past 14 days?	As of the 15 <sup>th</sup> of March 2020, affected countries are: <ul style="list-style-type: none"> <li>• China</li> <li>• Italy</li> <li>• Spain</li> <li>• South Korea (Daegu, Cheongdo or Gyeongsan)</li> <li>• Iran</li> </ul>
Q 2.	Have you been in contact with someone with a confirmed case of COVID-19?	

# Coronavirus COVID-19

Coronavirus COVID-19 Public Health Advice

**If you have fever and/or cough you should stay at home regardless of your travel or contact history.**

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### How to Prevent

- Wash**: your hands well and often to avoid contamination
- Cover**: your mouth and nose with a tissue or sleeve when coughing or sneezing and discard used tissue
- Avoid**: touching eyes, nose, or mouth with unwashed hands
- Clean**: and disinfect frequently touched objects and surfaces
- Stop**: shaking hands or hugging when saying hello or greeting other people
- Distance**: yourself at least 2 metres (6 feet) away from other people, especially those who might be unwell

### All people are advised to:

- > **Reduce** social interactions
- > **Keep a distance** of 2m between you and other people
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### Symptoms

> Fever (High Temperature) > A Cough > Shortness of Breath > Breathing Difficulties

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HSE Rialtas na hÉireann Government of Ireland

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## Guiding Principles of PMVT COVID-19 Strategy

### Maintaining service provision to PMVT participants

In line with its vision, mission and values Peter McVerry Trust is committed to ensuring the inclusion of its participant group in the life of Irish society and ensuring that the provision of services to this very vulnerable group is prioritised. Accordingly, the organisation will exercise all measures to ensure that there is continuity in service provision for its participant group throughout the period when COVID-19 presents a risk in Ireland.

### Maintaining a calm, measured and professional response at all times

PMVT recognises that its response to COVID-19 needs to be calm, measured and professional at all times. Accordingly, the execution of its COVID-19 strategy will ensure that all appropriate steps are taken to respond to the current environment in a comprehensive manner while taking care to support staff and participants to treat the situation as serious.

- To this end, interventions will be professional and assertive and communication across the organisation will be clear and measured.

### Ongoing Communication in relation to COVID-19 across the organisation

The situation in relation to COVID-19 is rapidly evolving and PMVT's strategy for the management and containment of COVID-19 will be kept under continued review by a PMVT COVID-19 Task Force that has been established in the organisation and is chaired by the CEO. The PMVT COVID-19 Task Force will oversee and direct organisational communication, internal and external, in respect of COVID-19. Initial meetings of the task force and team briefings from the CEO have been increasingly replaced by telephone calls, teleconferencing, videoconferencing, texts, emails etc. and email communication from the office of the CEO will be used to instruct and direct PMVT directors, heads of services, managers and team leaders as required. In addition to the above, the PMVT COVID-19 Task Force has created a dedicated email account (*PMVT COVID-19 Updates*) from which it is sending regular updates to staff.

- All staff are to take responsibility to read emails sent out by the CEO and the PMVT COVID-19 Task Force and implement guidance, training and procedures accordingly;
- All staff are to limit face-to-face contact to cases where it is essential and cannot be substituted with other means of communication such as phone-calls, video conferencing, texts emails etc.

Direct communication along line management structures will also form a feature of communication in respect of this issue in line with established PMVT practice.

## Preparation, Education and Training of Staff and Participants

### Educating and Training in Infection Prevention

COVID-19 is a new development within the health services and in turn new information is coming to light on a daily basis in respects symptoms, susceptibility and in turn vulnerabilities. Peter McVerry Trust aims to ensure that both staff and participants are fully informed and educated to a high standard in regards to any developments within the health sector based on recommendations from the HSE and the HSPC are made available to inform practice in frontline services on a day to day basis. Handwashing, respiratory etiquette, appropriate use of personal protective equipment, and staff and participant restrictions in respect of travel, social distancing and limited movement.

### Education and Training of Staff

All managers and team leaders have received 'Train the Trainer' training in regards to appropriate hand hygiene and the safe removal of personal protective equipment. This measure was implemented at an early stage to proactively respond to the needs of both staff and participants in ensuring a collective effort is made to contain the spread of COVID-19.

#### ***Training and Resources***

Each manager and team leader who attended the training holds the responsibility of ensuring that all colleagues in their clusters are in turn trained appropriately in hand hygiene and the safe removal of personal protective equipment. In tandem with the practical training carried out, PMVT developed a training resource which can be used

by all staff as a point of reference and an opportunity for refreshing information to maintain best practice. This resource is available on the PMVT Intranet and has also been circulated to all PMVT staff via email accompanied with further guidance poster on appropriate handwashing techniques as set out by the HSE. The videos are also being shown regularly on loops on TVs in public areas across PMVT services.



### ***Communication and Resources***

Daily communication is maintained with PMVT staff through PMVTs COVID-19 Task Force. This includes daily updates based on developments within the health service in regards to recommendations, updates and necessary precautions advised within the health sector and in turn to be appropriately rolled out within homeless services.

A comprehensive range of information posters and leaflets have been circulated across the organisation staff cohort that allows for up to date and accurate information. In recognition that PMVT has a diverse staff/participant population an array of multi-lingual posters and leaflets have been circulated. These posters are available in Albanian, Arabic, English, French, Georgian, Italian, Polish, Romanian, Spanish, Urdu and Yoruba.

### **Education and Training of Participants**

PMVT has implemented a comprehensive strategy to ensure that all participants receive up to date and accurate education and training in line with HSE guidelines on measures to take to ensure infection containment.

#### ***Participant Awareness and Education***

A comprehensive range of information posters and leaflets have been circulated across the organisation for distribution to all participants. These posters are available in the following languages:

- Albanian,
- Arabic,
- English,
- French,
- Georgian,
- Italian,
- Polish,
- Romanian,
- Spanish,
- Urdu and
- Yoruba.

PMVT communication strategy to all frontline staff has allowed staff to keep participants up to date with any changes or recommendations set out by the HSE, WHO and HSPC.

### ***Participant Training***

As mentioned above, all PMVT managers and team leaders attended training sessions in regards to Handwashing Techniques and this training has since been delivered to all participants within PMVT services with the intention of ensuring best practice and limiting the spread of COVID-19.

Although participant movement across PMVT services is being minimised, we still expect that new referrals will continued to be directed to homeless services for those who are vulnerable and rough sleeping. For this reason, as part of induction of new participants into PMVT services, the current induction process has been expanded to include education and training on hand washing and universal precautions, as above.

PMVT has also brought together a suite of HSE and World Health Organisation (WHO) education and training videos containing information on:

- How COVID-19 is spread, explanation of “close contact”;
- How to wash your hands;
- Most times to wash hands;
- Prevention of illness to include colds, flus, COVID-19 and the **Do’s** and **Don’ts** in respect of Respiratory Etiquette



Links to this information was also distributed to all PMVT keyworkers to forward on to all participants with this being followed up with a phone call to ensure all participants had watched, understood, and were clear in regards to the content of the video. This offered an opportunity for participants to raise any personal concerns as well allay fears through having an opportunity to ask questions.

Furthermore, all videos were uploaded onto memory sticks and made available to all residential and day services to ensure that footage was running on public TV screens across services on rotation every 15 minutes for participants.

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## Ensuring adequate stock of PPE and other related equipment and materials

Monitoring the unfolding situation in China and across Europe and forecasting the reporting of confirmed cases of COVID-19 in Ireland, PMVT took steps to secure PPE equipment and hygiene/cleaning products from multiple suppliers from early February. Pre-empting confirmed cases within Ireland allowed PMVT to assess, plan and implement the appropriate measures to cater for our participant group and the susceptibility of our more vulnerable participant group who may contract the virus.

### Stock and Provision to PMVT Services

Peter McVerry Trust has a designated logistics team who are focused on the procurement, maintenance and replenishment of stock on a daily basis. All stock procured is centralised within the organisation to ensure all services are appropriately supplied and provisions available in light of stock balances needing to be adequately sustained.

A stock inventory is maintained on a daily basis for distribution to PMVT frontline services. Daily stock inventories are carried out with an emphasis on health and safety and that sufficient PPE equipment is available to frontline staff and participants to prevent restriction in service delivery.

Special efforts are being made to secure regular supplies of gloves, disposable aprons, masks, hand soap, anti-bacterial sprays, hand sanitiser and single use paper towels.

Given the challenges associated with securing stock on an ongoing basis, each PMVT service has also been asked to secure local stock supplies through staff members so as to maximise the organisation's capacity to maintain stocks from both central bulk suppliers and local suppliers.

This measure has also been rolled out throughout the housing services.



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## Implementation of Measures

### Relationship - one of our best assets in supporting our participant group

One of our best assets in supporting our participants to protect themselves and others against COVID-19 and to adhere to self-isolation protocols is the established relationships we have developed with them over time. Staff should ensure that these relationships are sustained and developed throughout this rapidly developing situation so that we can work together in partnership with our participant group to achieve the outcomes that will benefit those most.

Staff should engage in professional and measured conversations with all participants to prepare them in advance for the need to be flexible and open to changing their practices and routines if required.

Where participants are finding it difficult to follow the required protocols regarding hand hygiene, respiratory etiquette, self-isolation etc., every professional measure should be exhausted to persuade, encourage and cajole them to do so. Where this is unsuccessful, direction should be sought from one's line manager in relation to next steps. Persistent non-compliance that puts others at risk may result in more robust interventions to protect others in the environment and may include the involvement of the Gardai in the interest of public safety.

## Continued Supports and Awareness to Participants

All staff are to maintain vigilance and consistency in supporting participants to follow procedures put in place on hand washing and universal precautions

- Participants and Staff to wash hands on entry to service;
- To dry hands and dispose of paper towels in bins placed at the entry to each service;
- Avoid close contact i.e. shaking hands, hugging etc.
- Staff to maintain an ongoing awareness of symptoms and update management with any development / onset of symptoms within the participant group

Information Posters are on display across all PMVT services, such posters include multi-lingual posters. Educational video links have been circulated for all participants and videos are running on loop on communal TV monitors in all residential services.

- Staff to continue to signpost participants to relevant and reputable information sites for their own awareness
- To ensure posters and leaflets in services are visible and replace where damaged or removed
- To ensure all participants have watched video's whether on participant personal mobile or on service monitor
- To ensure participants are inducted and trained in
  - Awareness and education on COVID-19
  - Training on correct Hand Washing techniques
  - Training on respiratory etiquette
  - Social Distancing
  - Recognising Symptoms
  - Assessing necessary health services
  - Supporting participants to self-isolate where required

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## Ensuring that all physical environments are regularly and frequently disinfected

### Ventilation

Where there is no mechanical ventilation system in place, services are to ensure good ventilation regularly throughout each day by opening windows and allowing free flowing air into the building;

### Rostered Cleaning Duties

All PMVT services have implemented a frequent and regular cleaning roster to ensure that environments are disinfected on an ongoing basis. A template for ensuring these cleaning duties are properly conducted and recorded has been distributed to all services.

When an area within a service is to be decontaminated; wait for at least one hour before entering and carrying out cleaning.

### Stock and Supplies

In addition to a comprehensive cleaning roster each service is to maintain a daily stock inventory of the following supplies:

- Hand Soap and Hand Sanitizer – Soaps, Hand Gels;
- Cleaning Products – Sprays Kitchen/Bathroom etc., Sterilising Fluid, Wipes, Disinfectant products;
- Personal Protective Equipment – Gloves, Aprons, Overshoes, Goggles, Hazard Suits, Face masks;
- Cleaning Equipment – Laundry Bags, Refuse Sacks, Single Use Paper Towels, Blue Roll;
- Keep emptied Cleaning Spray Bottles for reuse.
- PMVT services to review twice daily service stock and place orders for supplies in a timely manner so that supplies do not run out, especially throughout the evening and weekend periods.
- Supplies are to be co-ordinated through PMVT COVID-19 Task Force
- Each staff member has been asked to contribute towards replenishing stock by purchasing items to complement stock within service in which they are placed. Staff can do this by purchasing hygiene products when on route to work. All items purchased this way should be handed over to the line manager for storage in central stocks. Staff will need to provide receipts to be reimbursed through petty cash within the service.

## Social distancing

Social distancing is important to help slow the spread of coronavirus. It does this by minimising contact between potentially infected individuals and healthy individuals. Social distancing is keeping a space of 2 metres (6.5 feet) between you and other people. Do not shake hands or make close contact if possible.

## Identification of more vulnerable participants

PMVT are identifying participants who may be more vulnerable to COVID-19 due to underlying physical health conditions, or due to being immuno-compromised.

The following information continues to be both monitored and reviewed based on developments and / or changes to participants' physical health status or deterioration in same:

- A review of all participants with chronic or immuno-compromised health conditions;
- Ensuring that medical information is maintained and accurate accounts of GP's details, medication regimes, prescribing clinics and contact details are readily available;
- Ensuring all next of Kin information is accurate and maintained;
- Ensuring telephone numbers for all participants are accurate and updated.

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## Minimising the physical movement of participants across and within services to reduce the spread of infection

A number of measures have been put into effect to reduce the risk of the spread of infection resulting from the movement of participants across and within services:

- Suspension of internal participant transfers unless such transfer is necessary in response to COVID-19;
- To limit social gatherings in communal areas or communal spaces so as to encourage social distancing, in order to achieve this the following measures must be practiced within services:
- To stagger meal times and practice social distancing within services.
- Where possible, individually packed pre-prepared meals will be delivered to larger PMVT services which participants who are self-isolating will receive in their bedrooms along with disposable cutlery. Meal packaging and cutlery will be easily disposed of in general waste. Bins will be located at convenient points to avoid unnecessary travel through services to dispose containers/utensils.
- Participants are to access laundry facilities on an individual basis, gloves to be made available at entry point to laundry facilities to ensure full adherence to health, safety and containment measures. Gloves to be disposed of upon exit from laundry facilities.

## Minimising the physical movement of staff across services to reduce the spread of infection

A number of measures have been put into effect to reduce the risk of the spread of infection resulting from the movement of staff across and within services.

- Where required, relief and agency staff to be used repeatedly in the same services;
- Communicate with all staff through email, intranet, and telephone communications etc.– not to bring staffing together in groups.
- Ensure that where face-to-face interactions are essential, that these are time bound to 15 minutes.
- All housing services are to limit face to face contact, except for high need participants where such contact should be limited to what is essential. Key-working sessions should be brief and are to be carried out through the use of video calls where staff have the opportunity to engage meaningfully with a participants to ensure appropriate check-in and to carry out observations regarding any potential display of symptoms suggestive of COVID-19.
- A number of staff within the organisation carry out functions that require them to visit multiple services and locations across the organisation these include staff in our IT department, our logistics team, heads of services and managers who have responsibilities across multiple services, referrals & assessments service, accommodation finders and nursing staff, etc. These staff members are at greater risk of spreading infection and support visits to services should be minimised to what is absolutely essential. Where necessary these visits are to be planned in advance to minimize the length of time on-site and in contact with local staff / participants. The use of sanitizing hand gel and wipes etc will be mandatory both prior to and following any essential visits.
- The spread of infection is also a risk in relation to external contractors who provide services across multiple PMVT sites, such as maintenance contractors, food suppliers, cleaning staff, laundry staff, bio-hazard disposal, SafetyNet etc. many of whom provide services not only to PMVT but also to other providers in the sector. PMVT has put in place measures to minimise unnecessary presentation in services so that only essential external agencies access services and only when necessary.

## If a PMVT staff member develops symptoms of COVID-19

If a PMVT staff member develops any symptoms of COVID-19 it is the staff member's responsibility to maintain and direct communication with their line manager. If they are feeling unwell they should contact their line manager by telephone in advance of physically presenting to work.

Staff who work in homeless services are considered to fall under the heading of health care workers. As of 14<sup>th</sup> March 2020, we have been advised that in order to ensure that any of these vital staff who require COVID19 testing to be in a position to return to work are being prioritised over other candidates for testing. A negative test will allow them to return to work quickly.

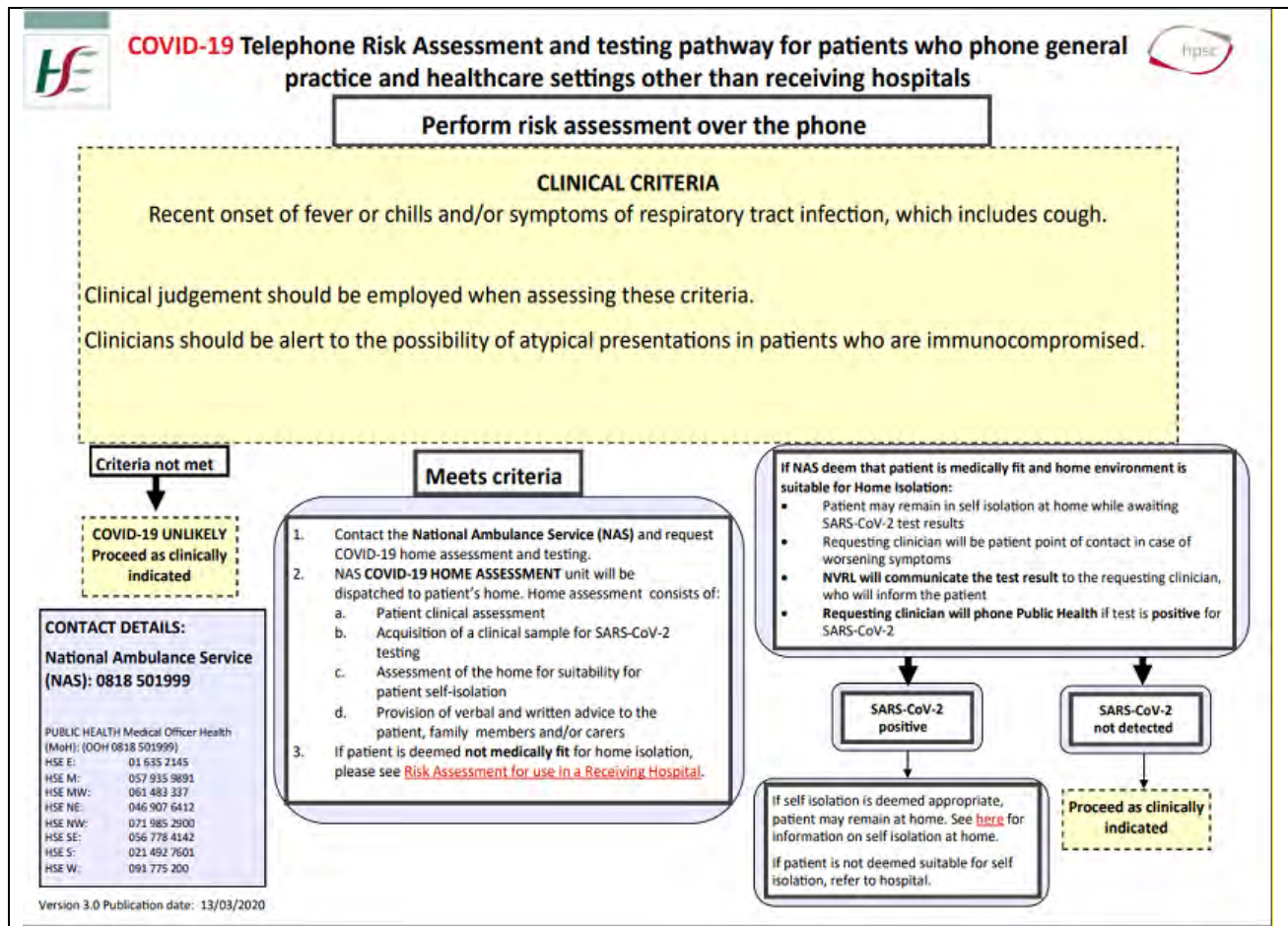
The following procedure describes how this will be done:

1. All HCW priority referrals must be authorised and referred by a Public Health Specialist.
2. The Public Health Specialist should email the request to [neoc.covid19@hse.ie](mailto:neoc.covid19@hse.ie) with "PH- URGENT HCW REFERRAL" in the subject line of the email.
3. The email should include • HCW name address and mobile phone number
  - a. Requesting doctor name and mobile number – the test result will go to this doctor from NVRL
4. The National Ambulance Service COVID19 desk will prioritise these tests- the quickest way to do so is to have the HCW attend a static testing point rather than wait for a home visit. HCWs should be told that they will likely have to travel to one of these points.

Any PMVT staff member who suspects they may have COVID-19 (see algorithm below), should consult with their line manager for direction on making contact with a Public Health Specialist.

## What to do if there is a Suspected Case of COVID-19

Follow the algorithm below:





## Self-isolation

Self-isolation means staying indoors and completely avoiding contact with other people. You will need to do this if you have symptoms of coronavirus. This is to stop other people from getting it.

You will need to self-isolate:

- if you have symptoms of coronavirus
- before you get tested for coronavirus
- while you wait for test results
- if you have had a positive test result for coronavirus

## How to self-isolate

- If you develop symptoms you will need to self-isolate and phone your GP. Do not go to a GP surgery, pharmacy or hospital. The GP will assess you over the phone. If they think you need to be tested for coronavirus, they will arrange a test.
- You will need to self-isolate if you have coronavirus or have symptoms of coronavirus. This could be before you get tested for coronavirus, while you wait for test results or when a positive result is confirmed.
- Most people with coronavirus will only have mild symptoms and will get well within weeks. Even though the symptoms are mild, you can still spread the virus to others.
- If you have to self-isolate, stay indoors and avoid contact with other people.
- Only stop self-isolation when both of these apply to you:
  - you have had no fever for 5 days
  - it has been 14 days since you first developed symptoms

## Do

- Stay at home, in a room with the window open.
- Keep away from others in your home as much as you can.
- Check your symptoms - call a doctor if they get worse.
- Phone your doctor if you need to - do not visit them.
- Cover your coughs and sneezes using a tissue - clean your hands properly afterwards.
- Wash your hands properly and often.
- Use your own towel - do not share a towel with others.
- Clean your room every day with a household cleaner or disinfectant.

### ***Don't***

- Do not go to work, school, religious services or public areas.
- Do not share your things.
- Do not use public transport or taxis.
- Do not invite visitors to your home.
- Keep away from older people, anyone with long-term medical conditions and pregnant women.
- PMVT staff will make necessary arrangements to drop off food or supplies to participants who are in self-isolation. Make sure you're not in the same room as them, when they do.

### ***Laundry***

Put your laundry in a plastic bag. Have someone collect it from your bedroom door. If possible, they should wear rubber gloves.

They should:

- wash the laundry at the highest temperature for the material, with a laundry detergent
- clean all surfaces and the area around the washing machine
- wash the rubber gloves while still wearing them
- wash their hands thoroughly with soap and water after removing the gloves
- If possible tumble dry and iron using a hot setting or steam iron.
- Do not take laundry to a launderette.

### ***Managing rubbish***

- Put all the waste that you have used, including tissues and masks, in a plastic rubbish bag.
- Tie the bag when it is about three-quarters full.
- Place the plastic bag in a second bin bag and tie the bag.
- Treat all cleaning waste in the same way.
- Do not put the rubbish bags out for collection for 72 hours.
- After that, the bags can be put out for collection in regular domestic waste.

### ***Caring for someone else in self-isolation***

You may be caring for someone who needs support while they are in self-isolation. If you are, follow the advice above.

You should also:

- stay away from them as much as possible (at least 1 metre) and avoid touching them - use your phone to communicate
- wash your hands properly every time you have contact with the person
- if you have face masks, wear one and have them on when you have to be in the same room
- if you have to clean phlegm or spit from their face use a clean tissue, put it into a waste bag and wash your hands
- put them in a well-ventilated room alone
- limit their movement in the house
- get them to use a different toilet if possible
- limit the number of caregivers
- keep them away from older people, people with long-term conditions or pregnant women

If possible, only one person should look after the person self-isolating. Ideally, this would be someone who is in good health.

### ***If you live with other people***

- Stay in a room with a window you can open.
- If you can, use a toilet and bathroom that no one else in the house uses.
- If you have to share a bathroom with others, use the bathroom last and then clean it thoroughly.
- Do not share any items you've used with other people.

These include:

- dishes
- drinking glasses
- cups
- eating utensils
- towels
- bedding

### **Meals**

Food and drink will be brought to the isolation areas and reasons to leave those areas will identified and addressed to ensure that any such needs are met so as to avoid unnecessary movement within the environment.

- If possible, have someone leave your food on a tray at your bedroom door.
- When you have finished, leave everything on the tray at the door.
- This should be collected and put in a dishwasher and hands washed properly afterwards.
- If you don't have a dishwasher:
  - wash in hot soapy water, wearing rubber gloves
  - leave to air dry
  - wash the rubber gloves while you are still wearing them
  - remove gloves and wash your hands

### **Making provision for self-isolation, where necessary, in respect of participants across PMVT services**

There are clearly challenges associated with self-isolation in congregated settings. Approximately 66% of all rooms in PMVT emergency accommodation services are either single or twin rooms and this will provide options for isolation. A full assessment has been carried out of all PMVT services and appropriate identification has been made of an area suitable for isolation. These designated areas include rooms, corridors, floors, and other areas within services.

Any room or area or indeed facility that is designated as an isolation area will be subject to rigorous, frequent and regular disinfection practices by PMVT staff and participants will also be required to take responsibility for following universal precautions and cleanliness and hygiene practices associated with minimising the risk of the spread of infection.

## Ensuring those required to self-isolate have access to showering and toileting facilities

Showering facilities will be identified for those who are required to self-isolate and where possible these facilities should be accessible only to those who are required to self-isolate and kept locked at all other times. Where this is not possible, specific showers and toilets should be identified for the exclusive use of those in self-isolation and clearly designated as such. These should be ring-fenced for use at a specific time each day (preferably late afternoon or evening).

- Designated showers / toilets will be rigorously dis-infected at the end of this time period.
- All showering areas should be maintained without any hygiene products left in the shower that may subsequently be used by others.
- Showering areas should be well ventilated and the disinfecting process shall be undertaken approximately 30 minutes after its last use by those in self-isolation.
- The shower should remain locked during this time.
- Staff attending to those who are required to self-isolate should take additional precautions when delivering food and collecting used plates etc. by way of ensuring that they wear disposable gloves and disposable aprons.

## Maintaining a register of those required to self-isolate

PMVT is maintaining a register of all participants who are required to self-isolate that will include their name, DOB, PASS ID, reason why they were required to self-isolate, the date that the period of self-isolation began and the date it is scheduled to end. The register will also include Next of Kin details, medical issues, medication etc. as set out on PMVT contact form.

In light of any participant or staff member receiving a confirmed diagnosis of COVID-19 or awaiting results, they will be contacted by their service manager and PMVT Head of Nursing and Addiction on a daily basis for both support and update regarding presentations.

## The difference between self-quarantine and self-isolation

Self-quarantine means avoiding contact with other people and social situations as much as possible.

You will need to do this if you are a close contact of a confirmed case of coronavirus and you are still well.

Self-quarantine is to stop other people from getting coronavirus.

### *How to self-quarantine*

- If you are well, but you have been in close contact with a case of coronavirus you will need to self-quarantine. You will also need to self-quarantine if you have returned from certain countries. This is to stop other people from getting coronavirus.
- Self-quarantine means avoiding contact with other people as much as possible by staying at home or in your hotel.
- You can still go outside for walks, runs or cycles on your own. But you should not spend time in close contact with other people.
- Other household members do not need to restrict their activities unless they are told to.

### *Don't*

- Do not go to school, college or work.
- Do not use public transport.
- Do not go to meetings, social gatherings, group events or crowded places.
- Do not have visitors at your home.
- Do not go shopping - where possible, order your groceries online or have some family or friends drop them off.
- Do not contact older people, people with chronic health problems and pregnant women.
- Do not travel outside or within Ireland.

## Contact Tracing

Each service is to ensure that a clear record is kept of who accesses services and when, so that any contact tracing carried out by the HSE on the diagnosis of coronavirus is accessible to the HSE.

- All staff to be made aware and ensure that service sign in and sign out books are updated at each entry and departure.
- All staff returning from or planning on travelling to risk zones to inform line manager immediately.

## Sustainment and Review

Systems and process in relation to PMVT's response to COVID-19 remain under continued review by the PMVT COVID-19 Task Force in consultation with the relevant public health authorities, the DRHE and the management, team leaders, staff and participants of PMVT.

The following practices as set out above will be sustained and reviewed until further notice:

- Rigorous monitoring of participant group for symptoms related to COVID-19
- Continued use of Screening Algorithm
- Keeping up-to-date with daily updates as set out by the HSE and HPSC
- Continued disinfection of PMVT environments
- Ensuring ongoing supply of Stock
- Ensuring continued training to all PMVT staff and participants
- Ongoing communication to all PMVT staff

## Data Protection and COVID-19

Governments, as well as public, private, and voluntary organisations such as Peter McVerry Trust are taking necessary steps to contain the spread and mitigate the effects of COVID-19. Many of these steps involve the processing of personal data (such as name, address, workplace, travel details) of individuals, including in many cases sensitive, 'special category' personal data (such as data relating to health).

Data protection law does not stand in the way of the provision of healthcare and the management of public health issues;

Measures taken by PMVT in response to COVID-19 involving the use of personal data, including health data, are necessary and proportionate so as to ensure that the risk to life of PMVT participants and staff is minimised. Decisions in this regard are informed by the guidance and/or directions of public health authorities, or other relevant authorities and with regards to the following obligations.

### **Lawfulness**

There are a number of legal bases for the processing of personal data under Article 6 GDPR, and conditions permitting the processing of Special Categories of personal data, such as health data, under Article 9 that are applicable in this context.

PMVT is acting on the guidance or directions of public health authorities, or other relevant authorities, Article 9(2)(i) GDPR and Section 53 of the Data Protection Act 2018 permit the processing of personal data, including health data, with suitable safeguards in place. Such safeguards include limitation on access to the data, strict time limits for erasure, and staff training to protect the data protection rights of individuals.

As employers PMVT have a legal obligation to protect its employees under the Safety, Health and Welfare at Work Act 2005 (as amended). This obligation together with Article 9(2)(b) GDPR provides a legal basis to process personal data, including health data, where it is deemed necessary and proportionate to do so. Any data that is processed is treated in a confidential manner i.e. any communications to staff about the possible presence of COVID-19 in the workplace will not generally identify any individual employees.

### **Vital Interest**

It is permissible to process personal data to protect the vital interests of an individual data subject or other persons where necessary. A person's health data may be processed in this regard where they are physically or legally incapable of giving their consent. This will typically apply only in emergency situations, where no other legal basis can be identified.

***All data processing activities remain underpinned PMVT Data Protection Policies and Procedures.***



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## Key Online Information Sources

### ***Coronavirus posters***

[COVID-19 poster \(PDF, 760KB, 1 page\)](#)

[Hand hygiene poster \(PDF, 129KB, 1 page\)](#)

### ***Health Protection Surveillance Centre (HPSC) guidance***

[Educational settings COVID-19 guidance](#)

[Employer guidance on COVID-19](#)

[COVID-19 guidance for other settings](#)

### ***Department of Health***

[Department of Health - Coronavirus COVID-19](#)

### ***Department of Foreign Affairs***

[Department of Foreign Affairs - Updated travel advice on Coronavirus \(COVID-19\)](#)

### ***World Health Organisation***

[WHO - Coronavirus Disease COVID-19 outbreak](#)

### ***European Centre for Disease Prevention and Control (ECDC)***

[ECDC - Coronavirus \(COVID-19\)](#)

**16th March 2020**

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## Coronavirus (COVID-19) guidance for settings for vulnerable groups

V2

Last reviewed: 14.03.2020

**This guidance document gives general advice about preventing the spread of COVID-19 in settings for vulnerable groups, such as Homeless, Travellers, refugees/asylum seekers and others. The measures outlined are mainly focused on congregate settings or facilities managed by staff and can be applied in direct provision centres, hostels, hubs or residential settings including those without clinic or in-house nursing, medical or healthcare support.**

### Background

Coronavirus (COVID-19) is a new illness that can affect your lungs and airways. It is caused by the SARS-CoV-2 coronavirus, which is spread mainly through sneeze or cough droplets. You could get the virus if you:

- Come into close contact (<2metres) with someone who has the virus and is coughing or sneezing
- Touch - with your hands - surfaces or objects that someone who has the virus has coughed or sneezed on, and then touch your mouth, nose or eyes without having washed your hands thoroughly.

COVID-19 can be a mild or severe illness with symptoms that include:

- Fever (high temperature)
- Cough
- Shortness of breath
- Difficulty breathing

COVID-19 can also result in more severe illness including pneumonia, Severe Acute Respiratory Syndrome and kidney failure. It is likely you are more at risk if you catch COVID-19 and you are:

- 60 years of age and older
- have a long-term medical condition – for example, heart disease, lung disease, high blood pressure, 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 generally and especially indoors in communal areas, (at least less than 50 persons) as well as greater support to those with chronic illness/ disability.

The following are some general recommendations to reduce the spread of infection in a facility:

- Advise staff who are ill not to attend work and to follow HSE guidance
- Advise residents to let staff know if they develop any of the symptoms described above and not to attend crowded areas if they are ill.
- Promote good hand and respiratory hygiene for staff and service users as described below and display posters throughout the facility especially toilets and washrooms, kitchens and communal areas.
- Supply tissues and hand sanitisers / hand gel outside dining rooms/ gatherings, toilets and kitchens.
- Ensure hand-washing facilities, including soap and disposable towels, are well maintained.
- Provide bins for disposal of tissues
- Increase your cleaning regime or ask your building manager / cleaning supervisor to do so.
- Ensure all hard surfaces that are frequently touched (high-contact areas), such as door handles, keyboards, telephones, hand rails/grab rails in corridors & stairwells, taps and toilets/sanitary fittings are cleaned regularly with a household detergent such as cream cleanser, washing up liquid or dilute bleach.
- For desks / reception desk: box of tissues are recommended for each row of desks in your office, detergent wipes, hand sanitizer on each row of desks, on your reception desk and small bottles for staff out and about in the community.
- Have a plan for dealing with persons who become ill with symptoms of COVID-19 including immediately isolating them from other people and seeking medical advice (e.g. phone a GP/ Emergency Department/ Public health)
- Have a plan for how the setting will manage core services (e.g. accommodation, food, meals, laundry, cleaning, showers, and toilets) in the event of someone becoming ill with COVID-19.



### **Hand hygiene:**

Wash your hands regularly. Wash your hands with soap and running water when hands are visibly dirty. If your hands are not visibly dirty, wash them with soap and water or use a hand sanitizer. Services to support these measures will be needed.

You should wash your hands:

- after coughing or sneezing
- before, during and after you prepare food
- before eating
- after using the toilet
- before and after caring for sick individuals
- when hands are dirty
- after handling animals or animal waste

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

### **Respiratory hygiene:**

Cover your mouth and nose with a clean tissue when you cough and sneeze and then promptly dispose of the tissue in a bin and wash your 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.

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### **How to manage a symptomatic resident/service user**

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

- **Isolate themselves** (i.e. stay indoors and completely avoiding contact with other people or at least **1- 2 metres distance away from them**)
- **If they are at the facility they should contact the centre manager or nurse without delay** and tell them their symptoms. A translator should be arranged if required.
- Testing should be arranged for them by contacting their GP. IF they do not have a GP the ambulance service should be contacted on 112 or 999 to arrange testing. *(The HSE is currently working on a streamlined care pathway to prioritise testing of patients in vulnerable groups)*
- They should remain in isolation until the test results are back.
- They should not be visited by outside persons while they are in self-isolation.



## **How to manage a resident/service user diagnosed COVID-19 who is well enough to be cared for outside of the hospital setting.**

When a resident/service user has been diagnosed with COVID-19 and their symptoms are mild, their doctor may agree to manage them in the community. 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 confirmed COVID-19 can be cohorted into the same room or unit of accommodation. Contact your local Community Health Social Inclusion or Public Health Link for advice. Communication links to be given to services locally where possible.
- 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 14 days since they first developed symptoms.
- Their symptoms should be checked regularly. If they become more unwell their GP should be contacted by phone. If it is an emergency, contact an ambulance and tell them there is a confirmed case of COVID-19.
- If they have to go into the same room as other people they should try to be in the space for as short a time as possible, and keep a distance of at least one metre (3 ft) away from others and be encouraged to clean their hands regularly.
- 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 kept clean.
- They should be advised to clean their hand regularly especially before eating and after using the toilet and to follow respiratory hygiene practices as outlined in the boxes above.
- They should be advised not to share food, dishes, drinking glasses, cups, knives, forks and spoons, towels, bedding or other items that they have used with other people in the facility.
- Ideally crockery and cutlery should be washed in a dishwasher (if one is available) or if a dishwasher is not available then wash with washing up liquid. Rubber gloves should be worn to wash the items.

### **Environmental cleaning/disinfection of self-isolation facilities whilst the resident is in their room**

All surfaces, such as counters, table-tops, doorknobs, bathroom fixtures, toilets and toilet handles, phones, keyboards, tablets, and bedside tables, should be cleaned every day with your usual cleaning product.

Follow the instructions on the manufacturers label and check they can be used on the surface you are cleaning.



### Environmental cleaning/disinfection of self-isolation facilities when person leaves facility

Once a case of COVID-19 leaves the facility the room where they were isolated the room should not be cleaned or used for one hour and during this time the door to the room should remain closed.

- Ensure all surfaces that the service user came in contact with are cleaned.
- The person assigned to clean the room should wear gloves (if available), either disposable latex free gloves or household gloves, 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, bed frames or any surfaces that the affected person has touched.
- Once this process has been completed and all surfaces are dry the room can be put back into use.

### Cleaning of communal areas

If a service user spent time in a communal such as dining room, reception area, play area, or used the toilet or bathroom 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 used 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. The bags should be left for three days before collection by the waste company.

---

### **How to manage a close contact of a confirmed case of COVID-19**

If a service user/resident or staff member has been identified as a close contact of a confirmed case of COVID-19, a Public Health doctor will advise them to **self-quarantine for 14 days** and will actively monitor them for symptoms.

This means:

- They should limit their social interactions in so far as possible. This means staying in the facility as much as possible.
- They should not have visitors.
- They should avoid social gatherings, group events and crowded settings.
- They can go outside on their own for walks, runs or cycles.
- 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) 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.
- Masks should only be worn if you are likely to spend more than a few minutes within 1 meter distance from a confirmed case of COVID-19.





**Further sources of information**

[Guidance for mildly ill persons outside health settings](#)

[Guidance for infection prevention and control](#)

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

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

And the HPSC website at:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>

# Protect yourself and others from getting sick

## Wash your hands

- after coughing or sneezing
- when caring for the sick
- before and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after touching cuts, blisters or any open sores
- you can use alcohol hand rub, if hands are not visibly dirty



[www.hse.ie/handhygiene](http://www.hse.ie/handhygiene)



# Washing your hands

## Hand washing is important:

- ◆ If hands are not clean they can spread germs.
- ◆ **You should wash your hands thoroughly and often** with soap and warm water and **especially**:
  - \* When hands look dirty
  - \* Before and after preparing, serving or eating food
  - \* Before and after dealing with sick people
  - \* Before and after changing the baby's nappy
  - \* Before and after treating a cut or a wound
  - \* After handling raw meat
  - \* After going to the toilet or bringing someone to the toilet
  - \* After blowing your nose, coughing or sneezing
  - \* After handling rubbish or bins
  - \* After handling an animal or animal litter/droppings
  - \* After contact with flood water
- ◆ A quick rinse will not work – your hands will still have germs. To wash hands properly:
  - ~ Rub all parts of the hands and wrists with soap and water for **at least** 15 seconds (or as long as it takes to sing the *"Happy Birthday to you"* song two times!)
  - ~ Don't miss out on washing your finger tips, between your fingers, the back of your hands and the bottom of your thumbs – the pictures here will help.

## Getting ready to wash your hands:



- ◆ Remove hand & wrist jewellery - rings, watch, bracelets



- ◆ Wet hands thoroughly under warm running water



- ◆ Apply a squirt of liquid soap to cupped hand

## Washing your hands - take at least 15 seconds/the time it takes to sing the "Happy birthday to you" song twice!



- ◆ Rub palm to palm 5 times making a lather/suds



- ◆ Rub your right palm over the back of your left hand and up to your wrist 5 times
- ◆ Repeat on the other hand



- ◆ With right hand over the back of left hand, rub fingers 5 times
- ◆ Repeat on the other hand



- ◆ Rub palm to palm with fingers interlaced

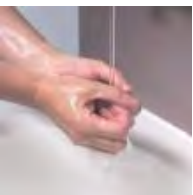


- ◆ Wash both thumbs using rotating movement



- ◆ Wash nail beds—rub the tips of your fingers against the opposite palm

## Rinsing and drying your hands:



- ◆ Rinse hands well making sure all the soap is gone



- ◆ Dry hands fully using a clean hand towel or a fresh paper towel
- ◆ Bin paper towel after use

**Remember -  
Clean hands save lives &  
stop the spread of many infections**

 Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Compiled by Dept of Public Health, Midlands.  
January 2016



**Peter  
McVerry  
Trust**

Opening doors for  
homeless people

**Peter McVerry Trust**

**Orientación del Personal de Primera Línea para la  
Práctica Gestión y la Contención de COVID-19**

**Actualizado el 15 de Marzo de 2020**

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## Propósito del documento de orientación del personal de primera línea de PMVT

Peter McVerry Trust se compromete a garantizar que un documento completo y conciso esté fácilmente disponible para el personal, para permitirle desempeñar sus funciones de acuerdo con las mejores prácticas. Peter McVerry Trust se compromete a apoyar al personal para que sea competente y confiado en la implementación de tales medidas relacionadas con la gestión y contención de COVID-19.

El propósito de este documento de orientación se centra en la implementación de acciones que garanticen que se mantenga la prestación de servicios y se proteja el bienestar del personal y los participantes durante la situación de desarrollo de COVID-19.

El documento proporciona una guía clara al personal de primera línea para garantizar que todas las medidas de salud y seguridad se cumplan y cumplan con las mejores prácticas, de acuerdo con las recomendaciones establecidas por el HSE y el Centro de Vigilancia de Protección de la Salud (HSPC).

Estas medidas están diseñadas para complementar las políticas y procedimientos existentes en todos los servicios de PMVT en relación con la seguridad, el bienestar y la reducción de daños del personal y los participantes.

La guía debe leerse junto con la información ya difundida por PMVT al personal a través de correspondencia directa por correo electrónico de la oficina del CEO, correspondencia por correo electrónico del Grupo de trabajo PMVT COVID-19 a través de [COVID-19Updates@pmvtrust.ie](mailto:COVID-19Updates@pmvtrust.ie) a través de la estructura de gestión de línea de PMVT.

## Qué es COVID-19

COVID-19 es una nueva enfermedad que puede afectar los pulmones y las vías respiratorias. Es causada por un virus llamado coronavirus.

### Síntomas del coronavirus

Pueden pasar hasta 14 días para que aparezcan los síntomas del coronavirus. Los principales síntomas a tener en cuenta son:

- [tos](#): puede ser cualquier tipo de tos, no solo tos seca
- falta de aire
- dificultades para respirar
- [fiebre \(temperatura alta\)](#) o escalofríos

Otros síntomas son fatiga, dolores de cabeza, dolor de garganta, dolores y molestias.

COVID-19 también puede resultar en una enfermedad más grave, incluyendo:

- Neumonía
- Síndrome Respiratorio Agudo Severo
- Insuficiencia renal

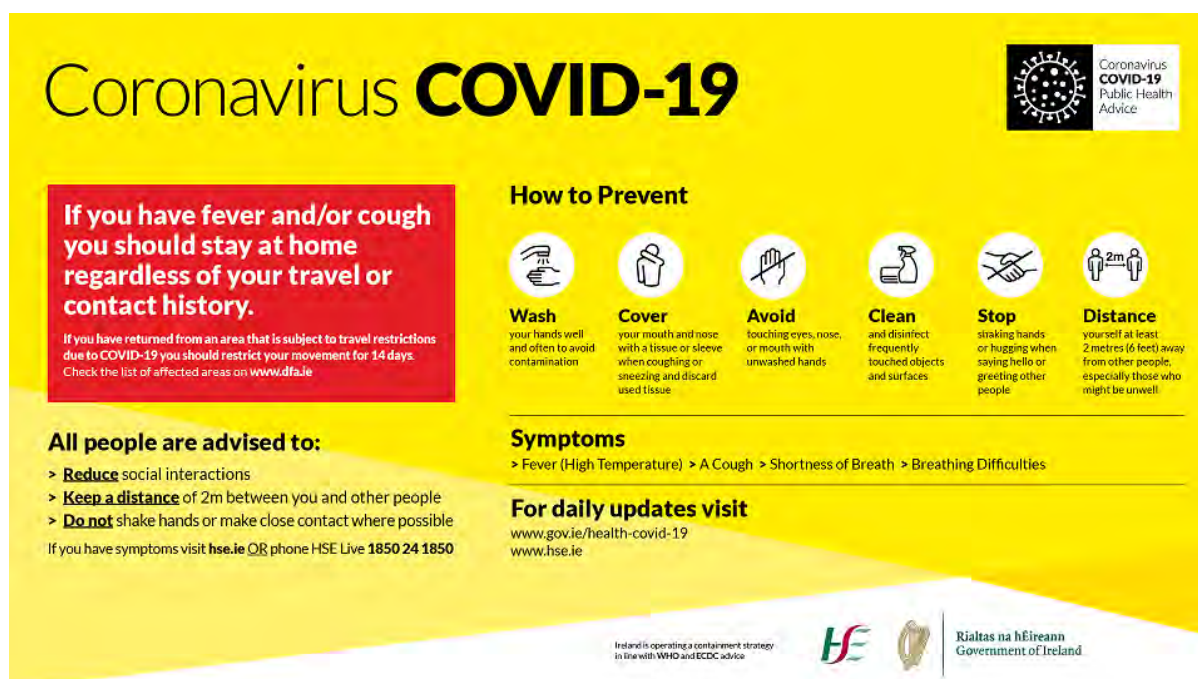
### Comparar los síntomas de coronavirus y de la gripe

Los síntomas	Coronavirus Los síntomas varían de leves a severos	Gripe Aparición abrupta de los síntomas	Resfrío Aparición gradual de los síntomas
Fiebre o escalofríos	Común	Común	Poco común
Tos	Común (normalmente	Común (normalmente	Leve
Fatiga	A veces	Común	A veces
Dolores y molestias	A veces	Común	Común
Dolor de garganta	Algunas veces	A veces	Común
Dolores de cabeza	Algunas veces	Frecuentes	Poco común
Dificultad para respirar	Algunas veces	No	No
Goteo o congestión nasal	Poco común	A veces	Común
Diarrea	Poco común	A veces en niños	No
Estornudos	No	No	Común

## Preguntas de cribado

Este proceso de cribado debe cumplirse e implementarse con todos los participantes y el personal que han viajado / regresado a los países enumerados a continuación.

No.	Preguntas de cribado	Países visitados
P 1.	¿Ha viajado desde uno de los países afectados en los últimos 14 días?	<p>A partir del 15<sup>o</sup> marzo de 2020, los países afectados son:</p> <ul style="list-style-type: none"> <li>• China</li> <li>• Italia</li> <li>• España</li> <li>• Corea del Sur (Daegu, Cheongdo o Gyeongsan)</li> <li>• Irán</li> </ul>
P 2.	¿Ha estado en contacto con alguien con un caso confirmado de COVID-19?	



**Coronavirus COVID-19**

Coronavirus COVID-19 Public Health Advice

**If you have fever and/or cough you should stay at home regardless of your travel or contact history.**

If you have returned from an area that is subject to travel restrictions due to COVID-19 you should restrict your movement for 14 days. Check the list of affected areas on [www.dfa.ie](http://www.dfa.ie)

**How to Prevent**

- Wash** your hands well and often to avoid contamination
- Cover** your mouth and nose with a tissue or sleeve when coughing or sneezing and discard used tissue
- Avoid** touching eyes, nose, or mouth with unwashed hands
- Clean** and disinfect frequently touched objects and surfaces
- Stop** strikng hands or hugging when saying hello or greeting other people
- Distance** yourself at least 2 metres (6 feet) away from other people, especially those who might be unwell

**All people are advised to:**

- > **Reduce** social interactions
- > **Keep a distance** of 2m between you and other people
- > **Do not** shake hands or make close contact where possible

If you have symptoms visit [hse.ie](http://hse.ie) QR phone HSE Live **1850 24 1850**

**Symptoms**

> Fever (High Temperature) > A Cough > Shortness of Breath > Breathing Difficulties

**For daily updates visit**

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)

Ireland is operating a combined strategy in line with WHO and ECDC advice

HSE | Rialtas na hÉireann Government of Ireland



## Principios rectores de la estrategia PMVT COVID-19

### Mantener la prestación de servicios a los participantes PMVT

De acuerdo con su visión, misión y valores, Peter McVerry Trust se compromete a garantizar la inclusión de su grupo de participantes en la vida de la sociedad irlandesa y garantizar que la prestación de servicios a este grupo muy vulnerable tiene prioridad. En consecuencia, la organización ejercerá todas las medidas para garantizar que haya continuidad en la provisión de servicios para su grupo participante durante todo el período en que COVID-19 presenta un riesgo en Irlanda.

### Mantener una respuesta calmada, medida y profesional en todo momento

PMVT reconoce que su respuesta al COVID-19 debe ser calmada, medida y profesional en todo momento. En consecuencia, la ejecución de su estrategia COVID-19 garantizará que se tomen todas las medidas apropiadas para responder al entorno actual de manera integral, mientras se encarga de apoyar al personal y a los participantes para tratar la situación como grave.

Con este fin, las intervenciones serán profesionales y asertivas y la comunicación en toda la organización será clara y medida.

### Comunicación continua en relación con COVID-19 en toda la organización

La situación en relación con COVID-19 está evolucionando rápidamente y la estrategia de PMVT para la gestión y contención de COVID-19 se mantendrá bajo revisión continua por un Grupo de trabajo de PMVT COVID-19 que ha establecido en la organización y presidido por el CEO. El Grupo de trabajo PMVT COVID-19 supervisará y dirigirá la comunicación organizacional, interna y externa, con respecto a COVID-19. Las reuniones iniciales del grupo de trabajo y las sesiones informativas del equipo del CEO se han reemplazado cada vez más por llamadas telefónicas, teleconferencias, videoconferencias, mensajes de texto, correos electrónicos, etc. y la comunicación por correo electrónico desde la oficina del CEO se utilizará para instruir y dirigir a los directores de PMVT, jefes de servicios, gerentes y líderes de equipo según sea necesario. Además de lo anterior, la Fuerza de Tarea PMVT COVID-19 ha creado una cuenta de correo electrónico dedicada (*Actualizaciones PMVT COVID-19*) desde la cual envía actualizaciones periódicas al personal.

Todo el personal debe asumir la responsabilidad de leer los correos electrónicos enviados por el CEO y el Grupo de trabajo PMVT COVID-19 e implementar orientación, capacitación y procedimientos en consecuencia;

Todo el personal debe limitar el contacto cara a cara a los casos en que es esencial y no puede ser sustituido por otros medios de comunicación como llamadas telefónicas, videoconferencias, mensajes de correo electrónico, etc.

La comunicación directa a lo largo de las estructuras de gestión de línea también formará una característica de comunicación con respecto a este tema en línea con la práctica de PMVT establecida.

## Preparación, educación y capacitación del personal y los participantes

### Educación y capacitación en prevención de infecciones

COVID-19 es un nuevo desarrollo dentro de los servicios de salud y, a su vez, cada día sale a la luz nueva información sobre los síntomas, la susceptibilidad y las vulnerabilidades. Peter McVerry Trust tiene como objetivo garantizar que tanto el personal como los participantes estén plenamente informados y educados con un alto estándar en lo que respecta a cualquier desarrollo dentro del sector de la salud basado en las recomendaciones de HSE y HSPC que estén disponibles para informar la práctica en los servicios de primera línea en un día a diario. Lavado de manos, etiqueta respiratoria, uso apropiado de equipo de protección personal y restricciones del personal y de los participantes con respecto a los viajes, distanciamiento social y movimiento limitado.

### Educación y capacitación del personal

Todos los gerentes y líderes de equipo han recibido capacitación de 'Capacitar al capacitador' en lo que respecta a la higiene adecuada de las manos y la extracción segura de equipos de protección personal. Esta medida se implementó en una etapa temprana para responder de manera proactiva a las necesidades tanto del personal como de los participantes para garantizar que se haga un esfuerzo colectivo para contener la propagación de COVID-19.

#### **Capacitación y recursos**

Cada gerente y líder de equipo que asistió a la capacitación tiene la responsabilidad de garantizar que todos los colegas en sus grupos estén capacitados a su vez adecuadamente en higiene de manos y la extracción segura de equipos de protección personal. Junto con la capacitación práctica realizada, PMVT desarrolló un recurso de capacitación que puede ser utilizado por todo el personal como punto de referencia y una oportunidad para

actualizar la información para mantener las mejores prácticas. Este recurso está disponible en la Intranet de PMVT y también se ha distribuido a todo el personal de PMVT por correo electrónico acompañado de un póster de orientación adicional sobre las técnicas apropiadas de lavado de manos según lo establecido por HSE. Los videos también se muestran regularmente en bucles de televisores en áreas públicas a través de los servicios de PMVT.



### ***Comunicación y recursos***

La comunicación diaria se mantiene con el personal de PMVT a través del Grupo de trabajo COVID-19 de PMVT. Esto incluye actualizaciones diarias basadas en los desarrollos dentro del servicio de salud con respecto a las recomendaciones, actualizaciones y precauciones necesarias recomendadas dentro del sector de la salud y, a su vez, se implementarán adecuadamente dentro de los servicios para personas sin hogar.

Se ha distribuido una amplia gama de carteles y folletos informativos entre la cohorte del personal de la organización que permite obtener información actualizada y precisa. En reconocimiento de que PMVT tiene una población diversa de personal / participantes, se ha distribuido una variedad de carteles y folletos multilingües. Estos carteles están disponibles en albanés, árabe, inglés, francés, georgiano, italiano, polaco, rumano, español, urdu y yoruba.

### **Educación y capacitación de los participantes**

PMVT ha implementado una estrategia integral para garantizar que todos los participantes reciban educación y capacitación actualizadas y precisas de acuerdo con las pautas de HSE sobre las medidas que deben tomarse para garantizar la contención de la infección.

### ***Conciencia y educación de los participantes***

Se ha distribuido una amplia gama de carteles y folletos informativos en toda la organización para su distribución a todos los participantes. Estos carteles están disponibles en los siguientes idiomas:

- Albanés,
- Árabe,
- Inglés,
- Francés,
- Georgiano,
- Italiano,
- Polaco,
- Rumano,
- Español,
- Urdu y
- Yoruba

La estrategia de comunicación de PMVT a todo el personal de primera línea ha permitido al personal mantener a los participantes actualizados con cualquier cambio o recomendación establecida por HSE, OMS y HSPC.

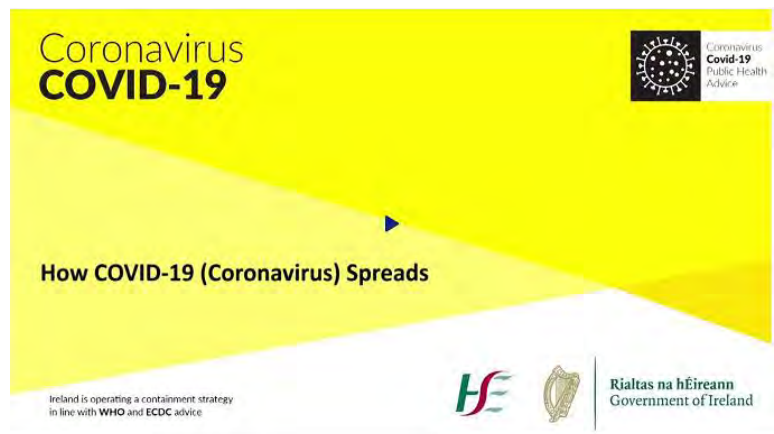
### **Capacitación de los participantes**

Como se mencionó anteriormente, todos los gerentes de PMVT y líderes de equipo asistieron a sesiones de capacitación sobre Técnicas de lavado de manos y esta capacitación se ha impartido a todos los participantes dentro de los servicios de PMVT con la intención de garantizar las mejores prácticas y limitar la propagación de COVID-19.

Aunque el movimiento de los participantes a través de los servicios de PMVT se está minimizando, todavía esperamos que las nuevas derivaciones continúen dirigidas a servicios para personas sin hogar para aquellos que son vulnerables y duermen mal. Por esta razón, como parte de la inducción de nuevos participantes en los servicios de PMVT, el proceso de inducción actual se ha ampliado para incluir educación y capacitación sobre el lavado de manos y las precauciones universales, como se indicó anteriormente.

PMVT también ha reunido un conjunto de videos de educación y capacitación de HSE y la Organización Mundial de la Salud (OMS) que contienen información sobre:

- Cómo se propaga COVID-19, explicación del "contacto cercano";
- Cómo lavarse las manos
- La mayoría de las veces para lavarse las manos;
- Prevención de enfermedades para incluir resfriados, gripes, COVID-19 y lo que **se debe y no se debe hacer** con respecto a la etiqueta respiratoria



Los enlaces a esta información también se distribuyeron a todos los trabajadores clave de PMVT para enviarlos a todos los participantes con un seguimiento de esto con una llamada telefónica para asegurarse de que todos los participantes hayan visto, entendido y estén claros con respecto al contenido del video. Esto ofreció una oportunidad para que los participantes planteen sus inquietudes personales y aliviaron los temores al tener la oportunidad de hacer preguntas.

Además, todos los videos se cargaron en tarjetas de memoria y se pusieron a disposición de todos los servicios residenciales y diurnos para garantizar que las imágenes se reprodujeran en pantallas de TV públicas en todos los servicios en rotación cada 15 minutos para los participantes.

## Asegurando un stock adecuado de EPP y otros equipos y materiales relacionados.

Supervisando la situación que se desarrolla en China y en toda Europa y pronosticando la notificación de casos confirmados de COVID-19 en Irlanda, PMVT tomó medidas para asegurar el equipo de EPP y los productos de higiene / limpieza de múltiples proveedores de principios de febrero. La prevención de casos confirmados en Irlanda permitió a PMVT evaluar, planificar e implementar las medidas apropiadas para atender a nuestro grupo participante y la susceptibilidad de nuestro grupo participante más vulnerable que puede contraer el virus.

### Stock y provisión para servicios PMVT

Peter McVerry Trust tiene un equipo de logística designado que se enfoca en la adquisición, mantenimiento y reposición de stock diariamente. Todo el stock adquirido está centralizado dentro de la organización para garantizar que todos los servicios se suministren adecuadamente y que las provisiones estén disponibles a la luz de los saldos de stock que deben mantenerse adecuadamente.

Se mantiene un inventario de existencias diariamente para su distribución a los servicios de primera línea de PMVT. Los inventarios diarios de existencias se llevan a cabo con énfasis en la salud y la seguridad y en que haya suficiente equipo de EPP disponible para el personal de primera línea y los participantes para evitar restricciones en la prestación de servicios.

Se están haciendo esfuerzos especiales para asegurar el suministro regular de guantes, delantales desechables, máscaras, jabón de manos, aerosoles antibacterianos, desinfectante de manos y toallas de papel de un solo uso.

Dados los desafíos asociados con la seguridad de las existencias de manera continua, a cada servicio PMVT también se le ha pedido que asegure los suministros de existencias locales a través de los miembros del personal para maximizar la capacidad de la organización para mantener las existencias tanto de los proveedores a granel centrales como de los proveedores locales.

Esta medida también se ha implementado en todos los servicios de vivienda.

## Implementación de medidas

### Relación: uno de nuestros mejores activos para apoyar a nuestro grupo de participantes

Uno de nuestros mejores activos para ayudar a nuestros participantes a protegerse a sí mismos y a otros contra COVID-19 y adherirse a los protocolos de autoaislamiento son las relaciones establecidas que hemos desarrollado con ellos. tiempo extraordinario. El personal debe asegurarse de que estas relaciones se mantengan y desarrollen a lo largo de esta situación de rápido desarrollo para que podamos trabajar juntos en asociación con nuestro grupo participante para lograr los resultados que más beneficiarán a aquellos.

El personal debe entablar conversaciones profesionales y medidas con todos los participantes para prepararlos de antemano ante la necesidad de ser flexibles y abiertos a cambiar sus prácticas y rutinas si es necesario.

Cuando los participantes tengan dificultades para seguir los protocolos requeridos con respecto a la higiene de las manos, la etiqueta respiratoria, el autoaislamiento, etc., se deben agotar todas las medidas profesionales para persuadirlos, alentarlos y convencerlos de que lo hagan. Cuando esto no tiene éxito, se debe buscar la dirección del gerente de línea en relación con los próximos pasos. El incumplimiento persistente que pone a otros en riesgo puede dar lugar a intervenciones más sólidas para proteger a otros en el medio ambiente y puede incluir la participación de Gardai en interés de la seguridad pública.

## Apoyos continuos y sensibilización a los participantes

Todo el personal debe mantener la vigilancia y la coherencia para ayudar a los participantes a seguir los procedimientos establecidos para el lavado de manos y las precauciones universales

- Participantes y personal para lavarse las manos al ingresar al servicio;
- Para secarse las manos y disponer de toallas de papel en contenedores colocados a la entrada de cada servicio;
- Evitar el contacto cercano es decir, dar la mano, abrazos, etc.
- El personal para mantener una conciencia constante de los síntomas y actualizar la gestión con cualquier desarrollo / desarreglo de síntomas dentro del grupo de participantes

Los carteles de información se exhiben en todos los servicios de PMVT, tales carteles incluyen carteles multilingües. Se han distribuido enlaces de videos educativos para todos los participantes y se están ejecutando videos en bucle en monitores de TV comunales en todos los servicios residenciales.

- El personal continuará señalando a los participantes a sitios de información relevantes y de buena reputación para su propia conciencia.
- Para garantizar que los carteles y folletos en los servicios sean visibles y reemplace donde estén dañados o retirados
- Para garantizar que todos los participantes hayan visto videos, ya sea en el móvil personal del participante o en el monitor de servicio
- Para asegurar que los participantes sean inducidos y entrenados en
  - Conciencia y educación sobre COVID-19
  - Capacitación sobre técnicas correctas de lavado de manos
  - Entrenamiento en etiqueta respiratoria
  - Distanciamiento social
  - Reconociendo síntomas
  - Evaluar los servicios de salud necesarios
  - Apoyar a los participantes a auto-aislarse cuando sea necesario

## Asegurarse de que todos los entornos físicos se desinfecten regularmente y con frecuencia.

### Ventilación

Cuando no exista un sistema de ventilación mecánica, los servicios deben garantizar una buena ventilación regularmente durante todo el día abriendo ventanas y permitiendo que el aire fluya libremente al edificio.

### Deberes de limpieza en la lista

Todos los servicios de PMVT han implementado una lista de limpieza frecuente y regular para garantizar que los entornos se desinfecten de manera continua. Se distribuyó a todos los servicios una plantilla para garantizar que estas tareas de limpieza se realicen y registren correctamente.

Cuando se debe descontaminar un área dentro de un servicio; espere al menos una hora antes de entrar y realizar la limpieza.

### Existencias y suministros

Además de una limpieza exhaustiva lista de cada servicio es mantener un inventario de existencias diaria de las siguientes fuentes:

- Jabón de manos y desinfectante de manos: jabones, geles de manos;
- Productos de limpieza: aerosoles para cocina / baño, etc., líquido esterilizante, toallitas, productos desinfectantes;
- Equipo de protección personal: guantes, delantales, cubrebotas, gafas protectoras, suites de peligro, máscaras faciales;
- Equipo de limpieza: bolsas de lavandería, bolsas de basura, toallas de papel de un solo uso, rollo azul;
- Mantenga vacías las botellas de spray de limpieza para su reutilización.
- Los servicios de PMVT revisan las existencias de servicios dos veces al día y hacen pedidos de suministros de manera oportuna para que los suministros no se agoten, especialmente durante los períodos de la noche y el fin de semana.
- Los suministros se coordinarán a través del Grupo de trabajo PMVT COVID-19
- Se le ha pedido a cada miembro del personal que contribuya a reponer las existencias comprando artículos para complementar las existencias dentro del servicio en el que están ubicados. El personal puede hacer esto comprando productos de higiene cuando se dirigen al trabajo. Todos los artículos comprados de esta manera



deben entregarse al gerente de línea para su almacenamiento en existencias centrales. El personal deberá proporcionar recibos para ser reembolsados a través de efectivo en efectivo dentro del servicio.

## Distanciamiento social

El distanciamiento social es importante para ayudar a frenar la propagación del coronavirus. Lo hace minimizando el contacto entre individuos potencialmente infectados y personas sanas. El distanciamiento social es mantener un espacio de 2 metros (6.5 pies) entre usted y otras personas. No se dé la mano ni haga contacto cercano si es posible.

## Identificación de los participantes más vulnerables

Las PMVT están identificando a los participantes que pueden ser más vulnerables a COVID-19 debido a condiciones de salud física subyacentes o debido a que están inmunocomprometidos.

La siguiente información se sigue tanto supervisado y revisado basado en los desarrollos y / o cambios en el estado de salud física de los participantes o deterioro en el mismo:

- Una revisión de todos los participantes con condiciones de salud crónicas o inmunocomprometidas;
- Asegurar que la información médica se mantenga y que las cuentas precisas de los detalles de GP, los regímenes de medicamentos, las clínicas de prescripción y los datos de contacto estén disponibles;
- Asegurar que toda la siguiente información de Kin sea precisa y se mantenga;
- Asegurar que los números de teléfono de todos los participantes sean precisos y actualizados.

## Minimizar el movimiento físico de los participantes a través y dentro de los servicios para reducir la propagación de la infección.

Una serie de medidas se han puesto en marcha para reducir el riesgo de la propagación de la infección resultante del movimiento de los participantes a través y dentro de los servicios:

- Suspensión de transferencias de participantes internos a menos que dicha transferencia sea necesaria en respuesta a COVID-19;
- Para limitar las reuniones sociales en áreas comunales o espacios comunales para alentar el distanciamiento social, para lograr esto se deben practicar las siguientes medidas dentro de los servicios:
- Para escalonar las horas de comida y practicar el distanciamiento social dentro de los servicios.
- Siempre que sea posible, las comidas preparadas individualmente se entregarán a servicios PMVT más grandes que los participantes que se auto-aislar recibirán en sus habitaciones junto con cubiertos desechables. Los envases de comida y los cubiertos se eliminarán fácilmente en la basura general. Los contenedores estarán ubicados en puntos convenientes para evitar desplazamientos innecesarios a través de servicios para desechar contenedores / utensilios.
- Los participantes deben acceder a las instalaciones de lavandería de manera individual, los guantes deben estar disponibles en el punto de entrada a las instalaciones de lavandería para garantizar el pleno cumplimiento de las medidas de salud, seguridad y contención. Guantes para desechar a la salida de las instalaciones de lavandería.

## Minimizar el movimiento físico del personal entre los servicios para reducir la propagación de la infección.

Se han puesto en práctica una serie de medidas para reducir el riesgo de propagación de la infección resultante del movimiento del personal a través y dentro de los servicios.

- Cuando sea necesario, el personal de ayuda y de la agencia se utilizará repetidamente en los mismos servicios;
- Comuníquese con todo el personal a través de correo electrónico, intranet y comunicaciones telefónicas, etc., para no reunir al personal en grupos.
- Asegúrese de que donde las interacciones cara a cara sean esenciales, que estos tengan un límite de tiempo de 15 minutos.
- Todos los servicios de vivienda deben limitar el contacto cara a cara, a excepción de los participantes de alta necesidad donde dicho contacto debe limitarse a lo esencial. Las sesiones de trabajo clave deben ser breves y deben llevarse a cabo mediante el uso de video-llamadas en las que el personal tiene la oportunidad de interactuar de manera significativa con los participantes para garantizar un registro adecuado y realizar observaciones sobre cualquier posible despliegue de síntomas sugestivos de COVID -19.
- Varios miembros del personal dentro de la organización llevan a cabo funciones que requieren que visiten múltiples servicios y ubicaciones en toda la organización, entre ellos, el personal de nuestro departamento de TI, nuestro equipo de logística, jefes de servicios y gerentes que tienen responsabilidades en múltiples servicios, servicios de referencias y evaluaciones. , buscadores de alojamiento y personal de enfermería, etc. Estos miembros del personal corren un mayor riesgo de propagar infecciones y las visitas de apoyo a los servicios deben reducirse al mínimo a lo que es absolutamente esencial. Cuando sea necesario, estas visitas deben planificarse con anticipación para minimizar el tiempo en el sitio y en contacto con el personal / participantes locales. El uso de gel y toallitas desinfectantes para manos, etc. será obligatorio tanto antes como después de cualquier visita esencial.
- La propagación de la infección también es un riesgo en relación con los contratistas externos que brindan servicios en múltiples sitios de PMVT, como contratistas de mantenimiento, proveedores de alimentos, personal de limpieza, personal de lavandería, eliminación de riesgos biológicos, SafetyNet, etc., muchos de los cuales brindan servicios no solo a PMVT pero también a otros proveedores del sector. PMVT ha implementado medidas para minimizar la presentación innecesaria en los servicios, de modo que solo las agencias externas esenciales accedan a los servicios y solo cuando sea necesario.

## Si un miembro del personal de PMVT desarrolla síntomas de COVID-19

Si un miembro del personal de PMVT desarrolla algún síntoma de COVID-19, es responsabilidad del miembro del personal mantener y comunicarse directamente con su gerente de línea. Si no se sienten bien, deben comunicarse con su gerente de línea por teléfono antes de presentarse físicamente al trabajo.

Se considera que el personal que trabaja en servicios para personas sin hogar pertenece al rubro de trabajadores de la salud. A partir del 14<sup>de</sup> marzo de 2020, se nos ha aconsejado asegurar que cualquier personal vital que requiera realizar una prueba de COVID-19 obtenga prioridad sobre otros candidatos con el fin de verificar si esta en condiciones de volver al trabajo. Una prueba negativa les permitirá volver a trabajar rápidamente.

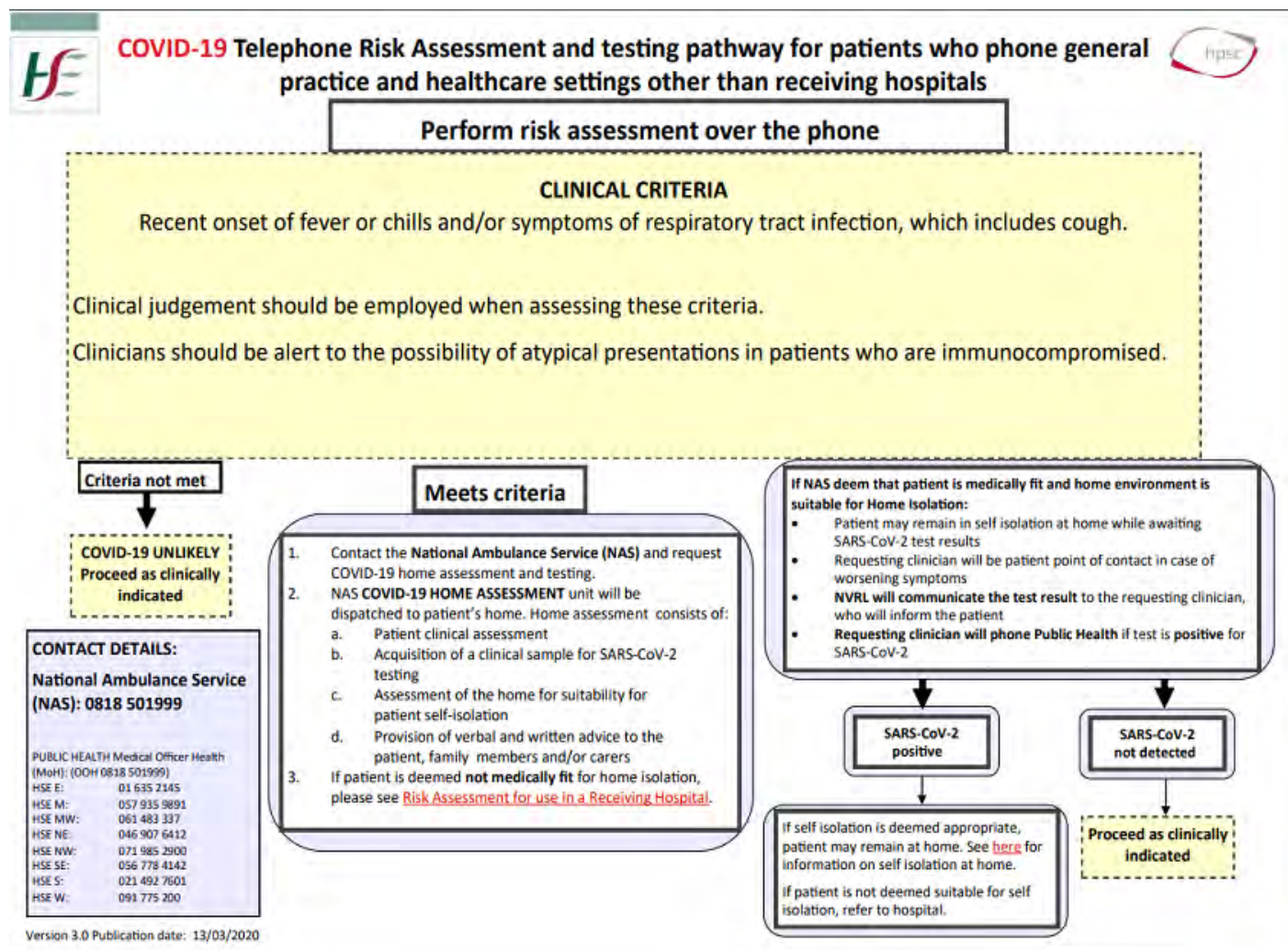
El siguiente procedimiento describe cómo se hará esto:

1. Todas las derivaciones prioritarias de HCW deben ser autorizadas y derivadas por un especialista en salud pública.
2. El especialista en salud pública debe enviar la solicitud por correo electrónico a [neoc.covid19@hse.ie](mailto:neoc.covid19@hse.ie) con "REFERENCIA URGENTE DE HCW" en la línea de asunto del correo electrónico.
3. El correo electrónico debe incluir:
4. Dirección del nombre de HCW y número de teléfono móvil
5. Solicitar el nombre del médico y el número de teléfono móvil: el resultado de la prueba irá a este médico de NVRL
6. El escritorio del Servicio Nacional de Ambulancia COVID19 dará prioridad a estas pruebas, la forma más rápida de hacerlo es hacer que el PS asista a un punto de prueba estático en lugar de esperar una visita a su hogar. Los trabajadores sanitarios deben saber que probablemente tendrán que viajar a uno de estos puntos.

Cualquier miembro del personal de PMVT que sospeche que puede tener COVID-19 (consulte el algoritmo a continuación), debe consultar con su gerente de línea para obtener instrucciones sobre cómo ponerse en contacto con un Especialista en Salud Pública.

## Qué hacer si hay un caso sospechoso de COVID-19

Siga el algoritmo a continuación:



## Auto-aislamiento

El autoaislamiento significa permanecer en el interior y evitar por completo el contacto con otras personas. Tendrá que hacer esto si tiene síntomas de coronavirus. Esto es para evitar que otras personas lo entiendan.

Tendrá que autoaislarse:

- si usted tiene síntomas de coronavirus
- antes de hacerse la prueba de coronavirus
- mientras espera los resultados de la prueba
- si ha tenido un resultado positivo en la prueba de coronavirus
- 

## Cómo auto-aislarse

- Si desarrolla síntomas, deberá aislarse por sí mismo y llamar a su médico de cabecera. No vaya a una cirugía GP, farmacia u hospital. El médico de cabecera lo evaluará por teléfono. Si piensan que necesita hacerse una prueba de coronavirus, organizarán una prueba.
- Tendrá que aislarse si tiene coronavirus o tiene síntomas de coronavirus. Esto podría ser antes de hacerse la prueba del coronavirus, mientras espera los resultados de la prueba o cuando se confirma un resultado positivo.
- La mayoría de las personas con coronavirus solo tendrán síntomas leves y mejorarán en unas semanas. Aunque los síntomas son leves, aún puede transmitir el virus a otras personas.
- Si tiene que aislarse, quédese adentro y evite el contacto con otras personas.
- Solo detenga el autoaislamiento cuando ambos se apliquen a usted:
  - No ha tenido fiebre durante 5 días
  - Han transcurrido 14 días desde la primera vez síntomas desarrollados

## *Si*

- Quédese en casa, en una habitación con la ventana abierta.
- Manténgase alejado de los demás en su hogar tanto como pueda.
- Verifique sus síntomas: llame a un médico si empeoran.
- Llame a su médico si lo necesita, no lo visite.
- Cubra sus toses y estornudos con un pañuelo de papel; luego, limpie sus manos adecuadamente.
- Lávese las manos adecuadamente y con frecuencia.
- Use su propia toalla; no comparta una toalla con otros.
- Limpie su habitación todos los días con un limpiador o desinfectante doméstico.

## **No**

- No vaya al trabajo, la escuela, los servicios religiosos o las áreas públicas.
- No compartas tus cosas.
- No use transporte público ni taxis.
- No invite a visitantes a su hogar.
- Manténgase alejado de las personas mayores, cualquier persona con afecciones médicas a largo plazo y mujeres embarazadas.
- El personal de PMVT hará los arreglos necesarios para entregar alimentos o suministros a los participantes que se encuentren en aislamiento. Asegúrate de no estar en la misma habitación que ellos, cuando lo hacen.

## **Lavandería**

Ponga su ropa en una bolsa de plástico. Haz que alguien lo recoja de la puerta de tu habitación. Si es posible, deben usar guantes de goma.

Deben:

- lavar la ropa a la temperatura más alta para el material, con un detergente para ropa
- limpie todas las superficies y el área alrededor de la lavadora
- lave los guantes de goma mientras los usa
- lavarse bien las manos con agua y jabón después de quitarse los guantes
- Si es posible, secar en secadora y planchar usando una configuración caliente o plancha de vapor.
- No lleve la ropa a una lavandería automática.

## **Manejo de basura**

- Ponga todos los desechos que ha usado, incluidos pañuelos y máscaras, en una bolsa de basura de plástico.
- Ate la bolsa cuando esté aproximadamente tres cuartos llena.
- Coloque la bolsa de plástico en una segunda bolsa de basura y ate la bolsa.
- Trate todos los desechos de limpieza de la misma manera.
- No saque las bolsas de basura para su recolección durante 72 horas.
- Después de eso, las bolsas se pueden sacar para su recolección en la basura doméstica regular.



### ***Cuidar a otra persona en el autoaislamiento***

Usted puede estar cuidando a alguien que necesita apoyo mientras está en autoaislamiento. Si es así, siga los consejos anteriores.

También deberías:

- manténgase alejado de ellos tanto como sea posible (al menos 1 metro) y evite tocarlos; use su teléfono para comunicarse
- lávese las manos adecuadamente cada vez que tenga contacto con la persona
- Si tiene mascarillas, use una y póngala cuando tenga que estar en la misma habitación
- Si tiene que limpiar la flema o escupir de la cara, use un pañuelo de papel limpio, póngalo en una bolsa de basura y lávese las manos
- póngalos en una habitación bien ventilada solo
- limitar su movimiento en la casa
- haz que usen un baño diferente si es posible
- limitar el número de cuidadores
- manténgalos alejados de las personas mayores, las personas con afecciones a largo plazo o las mujeres embarazadas.

Si es posible, solo una persona debe cuidar a la persona que se aísla por sí misma. Idealmente, sería alguien con buena salud.

### ***Si vives con otras personas***

- Quédese en una habitación con una ventana que pueda abrir.
- Si puede, use un inodoro y un baño que nadie más en la casa use.
- Si tiene que compartir un baño con otras personas, use el baño al final y luego límpielo a fondo.
- No comparta ningún artículo que haya usado con otras personas.

Estos incluyen:

- platos
- vasos para beber
- tazas
- utensilios para comer
- toallas
- lecho

### **Comidas**

Se llevarán alimentos y bebidas a las áreas de aislamiento y se identificarán y abordarán las razones para abandonar esas áreas a fin de garantizar que se satisfagan dichas necesidades a fin de evitar movimientos innecesarios dentro del medio ambiente.

- Si es posible, haga que alguien deje su comida en una bandeja en la puerta de su habitación.
- Cuando haya terminado, deje todo en la bandeja en la puerta.
- Esto debe recogerse y ponerse en un lavavajillas y luego lavarse las manos adecuadamente.
- Si no tiene lavavajillas:
  - lavar con agua jabonosa caliente, usar guantes de goma
  - dejar secar al aire
  - lave los guantes de goma mientras todavía los usa
  - quítese los guantes y lávese las manos

### **Provisión para el autoaislamiento, cuando sea necesario, con respecto a los participantes en los servicios de PMVT**

Existen claramente desafíos asociados con el autoaislamiento en entornos congregados. Aproximadamente el 66% de todas las habitaciones en los servicios de alojamiento de emergencia PMVT son habitaciones individuales o gemelas y esto proporcionará opciones de aislamiento. Se realizó una evaluación completa de todos los servicios de PMVT y se realizó una identificación apropiada de un área adecuada para el aislamiento. Estas áreas designadas incluyen habitaciones, pasillos, pisos y otras áreas dentro de los servicios.

Cualquier sala o área o instalación designada como área de aislamiento estará sujeta a prácticas de desinfección rigurosas, frecuentes y regulares por parte del personal de PMVT y los participantes también deberán asumir la responsabilidad de seguir las precauciones universales y las prácticas de limpieza e higiene asociadas con la minimización de riesgo de propagación de la infección.

Asegurarse de que las personas que necesitan aislarse a sí mismas tengan acceso a las instalaciones para ducharse e ir al baño

Las instalaciones de ducha se identificarán para aquellos que deben aislarse a sí mismos y, cuando sea posible, estas instalaciones deben ser accesibles solo para aquellos que deben aislarse y mantenerse cerrados todos los otros tiempos. Cuando esto no sea posible, se deben identificar duchas e inodoros específicos para el uso exclusivo de los que se encuentran en autoaislamiento y designarlos claramente como tales. Estos deben estar cercados para su uso a una hora específica cada día (preferiblemente al final de la tarde o noche).

- Las duchas / inodoros designados se desinfectarán rigurosamente al final de este período de tiempo.
- Todas las áreas de ducha deben mantenerse sin dejar productos de higiene en la ducha que puedan ser utilizados posteriormente por otros.
- Las áreas de ducha deben estar bien ventiladas y el proceso de desinfección debe llevarse a cabo aproximadamente 30 minutos después de su último uso por parte de las personas en autoaislamiento.
- La ducha debe permanecer cerrada durante este tiempo.
- El personal que atiende a aquellos que deben aislarse a sí mismos debe tomar precauciones adicionales al entregar alimentos y recoger platos usados, etc., para asegurarse de que usen guantes y delantales desechables.

### Mantener un registro de los requeridos para auto-aislar

PMVT es mantener un registro de todos los participantes que deben auto-aislar que incluirá su nombre, fecha de nacimiento, ID de paso, razón por la cual se les exigió auto-aislar, la fecha en que comenzó el período de autoaislamiento y la fecha en que está programado que finalice. El registro también incluirá detalles de **Next of Kin**, problemas médicos, medicamentos, etc., tal como se establece en el formulario de contacto de PMVT.

A la luz de cualquier participante o miembro del personal que reciba un diagnóstico confirmado de COVID-19 o que esté a la espera de resultados, su gerente de servicio y el Jefe de Enfermería y Adicción de PMVT se comunicarán con usted diariamente para brindarle apoyo y actualizaciones sobre las presentaciones.

## La diferencia entre auto-cuarentena y auto-aislamiento

La auto-cuarentena significa evitar el contacto con otras personas y situaciones sociales tanto como sea posible.

Tendrá que hacer esto si es un contacto cercano de un caso confirmado de coronavirus y aún se encuentra bien.

La auto-cuarentena es evitar que otras personas contraigan coronavirus.

### ***Cómo auto-cuarentena***

- Si está bien, pero ha estado en contacto cercano con un caso de coronavirus, necesitará ponerse en cuarentena. También tendrá que ponerse en cuarentena si ha regresado de ciertos países. Esto es para evitar que otras personas contraigan coronavirus.
- La cuarentena automática significa evitar el contacto con otras personas tanto como sea posible al quedarse en casa o en su hotel.
- Todavía puede salir a caminar, correr o andar en bicicleta por su cuenta. Pero no debe pasar tiempo en contacto cercano con otras personas.
- Otros miembros del hogar no necesitan restringir sus actividades a menos que se les indique.

### **No**

- No vayas a la escuela, la universidad o el trabajo.
- No utilizar el transporte público.
- No vaya a reuniones, reuniones sociales, eventos grupales o lugares concurridos.
- No tenga visitantes en su casa.
- No vaya de compras: cuando sea posible, ordene sus compras en línea o haga que algunos familiares o amigos los dejen.
- No contacte a personas mayores, personas con problemas de salud crónicos y mujeres embarazadas.
- No viaje fuera o dentro de Irlanda.

## Rastreo de contactos

Cada servicio debe garantizar que se mantenga un registro claro de quién accede a los servicios y cuándo, de modo que cualquier rastreo de contactos realizado por el HSE sobre el diagnóstico de coronavirus sea accesible para el HSE.

- Se debe informar a todo el personal y garantizar que los libros de inicio y cierre de sesión de servicio se actualicen en cada entrada y salida.
- Todo el personal que regresa o planea viajar a zonas de riesgo para informar al gerente de línea de inmediato.

## Sostenibilidad y revisión

Los sistemas y procesos en relación con la respuesta de PMVT a COVID-19 permanecen bajo revisión continua por el Equipo de Trabajo de PMVT COVID-19 en consulta con las autoridades de salud pública relevantes, el DRHE y la gerencia, líderes de equipo, personal y participantes de PMVT.

Las siguientes prácticas según lo establecido anteriormente se mantendrán y revisarán hasta nuevo aviso:

Monitoreo riguroso del grupo de participantes para detectar síntomas relacionados con COVID-19

- Uso continuo del algoritmo de detección
- Mantenerse actualizado con actualizaciones diarias según lo establecido por HSE y HPSC
- Desinfección continua de entornos PMVT
- Garantizar el suministro continuo de existencias
- Asegurar la capacitación continua para todo el personal y participantes de PMVT
- Comunicación continua a todo el personal de PMVT

## Protección de datos y COVID-19

Los gobiernos, así como organizaciones públicas, privadas y voluntarias como Peter McVerry Trust están tomando las medidas necesarias para contener la propagación y mitigar los efectos de COVID-19. Muchos de estos pasos implican el procesamiento de datos personales (como el nombre, la dirección, el lugar de trabajo, los detalles de viaje) de las personas, incluidos en muchos casos datos personales sensibles de 'categoría especial' (como los datos relacionados con la salud).

La ley de protección de datos no obstaculiza la prestación de asistencia sanitaria y la gestión de los problemas de salud pública.

Las medidas tomadas por PMVT en respuesta a COVID-19 que implican el uso de datos personales, incluidos los datos de salud, son necesarias y proporcionadas para garantizar que se minimice el riesgo para la vida de los participantes y el personal de PMVT. Las decisiones a este respecto se basan en la orientación y / o instrucciones de las autoridades de salud pública u otras autoridades relevantes y con respecto a las siguientes obligaciones.

### Legalidad

Existen varias bases legales para el procesamiento de datos personales según el Artículo 6 GDPR, y condiciones que permiten el procesamiento de Categorías especiales de datos personales, como datos de salud, según el Artículo 9 que son aplicables en este contexto.

PMVT está actuando bajo la guía o instrucciones de las autoridades de salud pública u otras autoridades relevantes, el Artículo 9 (2) (i) GDPR y la Sección 53 de la Ley de Protección de Datos de 2018 permiten el procesamiento de datos personales, incluidos los datos de salud, con las garantías adecuadas. en su lugar. Dichas garantías incluyen la limitación del acceso a los datos, los plazos estrictos para el borrado y la capacitación del personal para proteger los derechos de protección de datos de las personas.

Como empleadores, PMVT tiene la obligación legal de proteger a sus empleados en virtud de la Ley de Seguridad, Salud y Bienestar en el Trabajo de 2005 (enmendada). Esta obligación junto con el Artículo 9 (2) (b) GDPR proporciona una base legal para procesar datos personales, incluidos datos de salud, cuando se considere necesario y proporcionado para hacerlo. Cualquier información procesada se trata de manera confidencial, es decir, cualquier

comunicación al personal sobre la posible presencia de COVID-19 en el lugar de trabajo generalmente no identificará a ningún empleado individual.

### Interés vital

Se permite procesar datos personales para proteger los intereses vitales de un sujeto de datos individual u otras personas cuando sea necesario. Los datos de salud de una persona pueden procesarse a este respecto cuando son física o legalmente incapaces de dar su consentimiento. Esto generalmente se aplicará solo en situaciones de emergencia, donde no se puede identificar otra base legal.

***Todas las actividades de procesamiento de datos siguen respaldadas por las Políticas y procedimientos de protección de datos de PMVT.***

## Fuentes clave de información en línea

### ***Carteles de coronavirus***

[Cartel COVID-19 \(PDF, 760 KB, 1 página\)](#)

[Cartel de higiene de manos \(PDF, 129 KB, 1 página\)](#)

### ***Orientación del Centro de Vigilancia de Protección de la Salud (HPSC) Entornos Orientación***

[educativosCOVID-19 Orientación del](#)

[empleador sobre COVID-19](#)

[Orientación COVID-19 para otros entornos](#)

### ***Departamento de Salud***

[Departamento de Salud - Coronavirus COVID-19](#)

### ***Departamento de Asuntos Exteriores***

[Departamento de Asuntos Exteriores - Consejos de viaje actualizados sobre Coronavirus \(COVID-19\)](#)

### ***Organización Mundial de la Salud***

[OMS - Brote de la enfermedad por coronavirus COVID-19](#)

### ***Centro Europeo para la Prevención y el Control de Enfermedades (ECDC)***

[ECDC - Coronavirus \(COVID-19\)](#)



**18th March 2020**

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**Peter  
McVerry  
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Opening doors for  
homeless people

**Peter McVerry Trust**

**Frontline Staff Guidance for the Practical  
Management and Containment of COVID-19**

**Updated 15th March 2020**

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## Purpose of PMVT Frontline Staff Guidance Document

Peter McVerry Trust is committed to ensuring that a comprehensive, concise document is readily available to staff, to allow staff to perform their duties in line with best practice. Peter McVerry Trust is committed to supporting staff to be competent and confident in delivery of such measures related to the management and containment of COVID-19.

The purpose of this guidance document is centred on delivering actions that will ensure that service delivery is maintained and the wellbeing of staff and participants is safeguarded during the unfolding COVID-19 situation.

The document provides clear guidance to frontline staff in order to ensure that all health and safety measures are upheld and adhered to in line with best practice, in line with the recommendations set out by the HSE and the Health Protection Surveillance Centre (HSPC).

These measures are designed to complement existing policies and procedures in place across PMVT services in relation to staff and participant safety, wellbeing and harm reduction.

The guidance should be read in conjunction with information already disseminated by PMVT to staff via direct email correspondence from the office of the CEO, email correspondence from the PMVT COVID-19 Task Force via [COVID-19Updates@pmvtrust.ie](mailto:COVID-19Updates@pmvtrust.ie) and through the line management structure of PMVT.

## What is COVID-19

COVID-19 is a new illness that can affect the lungs and airways. It is caused by a virus called coronavirus.

## Symptoms of Coronavirus

It can take up to 14 days for symptoms of coronavirus to appear. The main symptoms to look out for are:

- [a cough](#)- this can be any kind of cough, not just dry
- shortness of breath
- breathing difficulties
- [fever \(high temperature\)](#) or chills

Other symptoms are fatigue, headaches, sore throat, aches and pains.

COVID-19 can also result in more severe illness including:

- Pneumonia
- Severe Acute Respiratory Syndrome
- Kidney Failure

## Compare symptoms of coronavirus and flu

Symptoms	Coronavirus Symptoms range from mild to severe	Flu Abrupt onset of symptoms	Cold Gradual onset of symptoms
Fever or chills	Common	Common	Rare
Cough	Common (usually dry)	Common (usually dry)	Mild
Fatigue	Sometimes	Common	Sometimes
Aches and pains	Sometimes	Common	Common
Sore throat	Sometimes	Sometimes	Common
Headaches	Sometimes	Common	Rare
Shortness of breath	Sometimes	No	No
Runny or Stuffy Nose	Rare	Sometimes	Common
Diarrhoea	Rare	Sometimes in children	No
Sneezing	No	No	Common

## Screening Questions

This screening process must be adhered to and implemented with all participants and staff whom have travelled/returned the countries listed below?

No.	Screening Questions	Countries Visited
Q 1.	Have you travelled from one of the affected countries in the past 14 days?	As of the 15 <sup>th</sup> of March 2020, affected countries are: <ul style="list-style-type: none"> <li>• China</li> <li>• Italy</li> <li>• Spain</li> <li>• South Korea (Daegu, Cheongdo or Gyeongsan)</li> <li>• Iran</li> </ul>
Q 2.	Have you been in contact with someone with a confirmed case of COVID-19?	

# Coronavirus COVID-19

Coronavirus COVID-19 Public Health Advice

**If you have fever and/or cough you should stay at home regardless of your travel or contact history.**

If you have returned from an area that is subject to travel restrictions due to COVID-19 you should restrict your movement for 14 days. Check the list of affected areas on [www.dfa.ie](http://www.dfa.ie)

### How to Prevent

- Wash**: your hands well and often to avoid contamination
- Cover**: your mouth and nose with a tissue or sleeve when coughing or sneezing and discard used tissue
- Avoid**: touching eyes, nose, or mouth with unwashed hands
- Clean**: and disinfect frequently touched objects and surfaces
- Stop**: shaking hands or hugging when saying hello or greeting other people
- Distance**: yourself at least 2 metres (6 feet) away from other people, especially those who might be unwell

### Symptoms

> Fever (High Temperature) > A Cough > Shortness of Breath > Breathing Difficulties

### For daily updates visit

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)

In Ireland is operating a containment strategy in line with WHO and ECDC advice

Rialtas na hÉireann  
 Government of Ireland

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## Guiding Principles of PMVT COVID-19 Strategy

### Maintaining service provision to PMVT participants

In line with its vision, mission and values Peter McVerry Trust is committed to ensuring the inclusion of its participant group in the life of Irish society and ensuring that the provision of services to this very vulnerable group is prioritised. Accordingly, the organisation will exercise all measures to ensure that there is continuity in service provision for its participant group throughout the period when COVID-19 presents a risk in Ireland.

### Maintaining a calm, measured and professional response at all times

PMVT recognises that its response to COVID-19 needs to be calm, measured and professional at all times. Accordingly, the execution of its COVID-19 strategy will ensure that all appropriate steps are taken to respond to the current environment in a comprehensive manner while taking care to support staff and participants to treat the situation as serious.

- To this end, interventions will be professional and assertive and communication across the organisation will be clear and measured.

### Ongoing Communication in relation to COVID-19 across the organisation

The situation in relation to COVID-19 is rapidly evolving and PMVT's strategy for the management and containment of COVID-19 will be kept under continued review by a PMVT COVID-19 Task Force that has been established in the organisation and is chaired by the CEO. The PMVT COVID-19 Task Force will oversee and direct organisational communication, internal and external, in respect of COVID-19. Initial meetings of the task force and team briefings from the CEO have been increasingly replaced by telephone calls, teleconferencing, videoconferencing, texts, emails etc. and email communication from the office of the CEO will be used to instruct and direct PMVT directors, heads of services, managers and team leaders as required. In addition to the above, the PMVT COVID-19 Task Force has created a dedicated email account (*PMVT COVID-19 Updates*) from which it is sending regular updates to staff.

- All staff are to take responsibility to read emails sent out by the CEO and the PMVT COVID-19 Task Force and implement guidance, training and procedures accordingly;
- All staff are to limit face-to-face contact to cases where it is essential and cannot be substituted with other means of communication such as phone-calls, video conferencing, texts emails etc.

Direct communication along line management structures will also form a feature of communication in respect of this issue in line with established PMVT practice.

## Preparation, Education and Training of Staff and Participants

### Educating and Training in Infection Prevention

COVID-19 is a new development within the health services and in turn new information is coming to light on a daily basis in respects symptoms, susceptibility and in turn vulnerabilities. Peter McVerry Trust aims to ensure that both staff and participants are fully informed and educated to a high standard in regards to any developments within the health sector based on recommendations from the HSE and the HSPC are made available to inform practice in frontline services on a day to day basis. Handwashing, respiratory etiquette, appropriate use of personal protective equipment, and staff and participant restrictions in respect of travel, social distancing and limited movement.

### Education and Training of Staff

All managers and team leaders have received 'Train the Trainer' training in regards to appropriate hand hygiene and the safe removal of personal protective equipment. This measure was implemented at an early stage to proactively respond to the needs of both staff and participants in ensuring a collective effort is made to contain the spread of COVID-19.

#### ***Training and Resources***

Each manager and team leader who attended the training holds the responsibility of ensuring that all colleagues in their clusters are in turn trained appropriately in hand hygiene and the safe removal of personal protective equipment. In tandem with the practical training carried out, PMVT developed a training resource which can be used

by all staff as a point of reference and an opportunity for refreshing information to maintain best practice. This resource is available on the PMVT Intranet and has also been circulated to all PMVT staff via email accompanied with further guidance poster on appropriate handwashing techniques as set out by the HSE. The videos are also being shown regularly on loops on TVs in public areas across PMVT services.





### ***Communication and Resources***

Daily communication is maintained with PMVT staff through PMVTs COVID-19 Task Force. This includes daily updates based on developments within the health service in regards to recommendations, updates and necessary precautions advised within the health sector and in turn to be appropriately rolled out within homeless services.

A comprehensive range of information posters and leaflets have been circulated across the organisation staff cohort that allows for up to date and accurate information. In recognition that PMVT has a diverse staff/participant population an array of multi-lingual posters and leaflets have been circulated. These posters are available in Albanian, Arabic, English, French, Georgian, Italian, Polish, Romanian, Spanish, Urdu and Yoruba.

### **Education and Training of Participants**

PMVT has implemented a comprehensive strategy to ensure that all participants receive up to date and accurate education and training in line with HSE guidelines on measures to take to ensure infection containment.

#### ***Participant Awareness and Education***

A comprehensive range of information posters and leaflets have been circulated across the organisation for distribution to all participants. These posters are available in the following languages:

- Albanian,
- Arabic,
- English,
- French,
- Georgian,
- Italian,
- Polish,
- Romanian,
- Spanish,
- Urdu and
- Yoruba.

PMVT communication strategy to all frontline staff has allowed staff to keep participants up to date with any changes or recommendations set out by the HSE, WHO and HSPC.

## **Participant Training**

As mentioned above, all PMVT managers and team leaders attended training sessions in regards to Handwashing Techniques and this training has since been delivered to all participants within PMVT services with the intention of ensuring best practice and limiting the spread of COVID-19.

Although participant movement across PMVT services is being minimised, we still expect that new referrals will continued to be directed to homeless services for those who are vulnerable and rough sleeping. For this reason, as part of induction of new participants into PMVT services, the current induction process has been expanded to include education and training on hand washing and universal precautions, as above.

PMVT has also brought together a suite of HSE and World Health Organisation (WHO) education and training videos containing information on:

- How COVID-19 is spread, explanation of “close contact”;
- How to wash your hands;
- Most times to wash hands;
- Prevention of illness to include colds, flus, COVID-19 and the **Do’s** and **Don’ts** in respect of Respiratory Etiquette



Links to this information was also distributed to all PMVT keyworkers to forward on to all participants with this being followed up with a phone call to ensure all participants had watched, understood, and were clear in regards to the content of the video. This offered an opportunity for participants to raise any personal concerns as well allay fears through having an opportunity to ask questions.

Furthermore, all videos were uploaded onto memory sticks and made available to all residential and day services to ensure that footage was running on public TV screens across services on rotation every 15 minutes for participants.

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## Ensuring adequate stock of PPE and other related equipment and materials

Monitoring the unfolding situation in China and across Europe and forecasting the reporting of confirmed cases of COVID-19 in Ireland, PMVT took steps to secure PPE equipment and hygiene/cleaning products from multiple suppliers from early February. Pre-empting confirmed cases within Ireland allowed PMVT to assess, plan and implement the appropriate measures to cater for our participant group and the susceptibility of our more vulnerable participant group who may contract the virus.

### Stock and Provision to PMVT Services

Peter McVerry Trust has a designated logistics team who are focused on the procurement, maintenance and replenishment of stock on a daily basis. All stock procured is centralised within the organisation to ensure all services are appropriately supplied and provisions available in light of stock balances needing to be adequately sustained.

A stock inventory is maintained on a daily basis for distribution to PMVT frontline services. Daily stock inventories are carried out with an emphasis on health and safety and that sufficient PPE equipment is available to frontline staff and participants to prevent restriction in service delivery.

Special efforts are being made to secure regular supplies of gloves, disposable aprons, masks, hand soap, anti-bacterial sprays, hand sanitiser and single use paper towels.

Given the challenges associated with securing stock on an ongoing basis, each PMVT service has also been asked to secure local stock supplies through staff members so as to maximise the organisation's capacity to maintain stocks from both central bulk suppliers and local suppliers.

This measure has also been rolled out throughout the housing services.

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## Implementation of Measures

### Relationship - one of our best assets in supporting our participant group

One of our best assets in supporting our participants to protect themselves and others against COVID-19 and to adhere to self-isolation protocols is the established relationships we have developed with them over time. Staff should ensure that these relationships are sustained and developed throughout this rapidly developing situation so that we can work together in partnership with our participant group to achieve the outcomes that will benefit those most.

Staff should engage in professional and measured conversations with all participants to prepare them in advance for the need to be flexible and open to changing their practices and routines if required.

Where participants are finding it difficult to follow the required protocols regarding hand hygiene, respiratory etiquette, self-isolation etc., every professional measure should be exhausted to persuade, encourage and cajole them to do so. Where this is unsuccessful, direction should be sought from one's line manager in relation to next steps. Persistent non-compliance that puts others at risk may result in more robust interventions to protect others in the environment and may include the involvement of the Gardai in the interest of public safety.

## Continued Supports and Awareness to Participants

All staff are to maintain vigilance and consistency in supporting participants to follow procedures put in place on hand washing and universal precautions

- Participants and Staff to wash hands on entry to service;
- To dry hands and dispose of paper towels in bins placed at the entry to each service;
- Avoid close contact i.e. shaking hands, hugging etc.
- Staff to maintain an ongoing awareness of symptoms and update management with any development / onset of symptoms within the participant group

Information Posters are on display across all PMVT services, such posters include multi-lingual posters. Educational video links have been circulated for all participants and videos are running on loop on communal TV monitors in all residential services.

- Staff to continue to signpost participants to relevant and reputable information sites for their own awareness
- To ensure posters and leaflets in services are visible and replace where damaged or removed
- To ensure all participants have watched video's whether on participant personal mobile or on service monitor
- To ensure participants are inducted and trained in
  - Awareness and education on COVID-19
  - Training on correct Hand Washing techniques
  - Training on respiratory etiquette
  - Social Distancing
  - Recognising Symptoms
  - Assessing necessary health services
  - Supporting participants to self-isolate where required

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## Ensuring that all physical environments are regularly and frequently disinfected

### Ventilation

Where there is no mechanical ventilation system in place, services are to ensure good ventilation regularly throughout each day by opening windows and allowing free flowing air into the building;

### Rostered Cleaning Duties

All PMVT services have implemented a frequent and regular cleaning roster to ensure that environments are disinfected on an ongoing basis. A template for ensuring these cleaning duties are properly conducted and recorded has been distributed to all services.

When an area within a service is to be decontaminated; wait for at least one hour before entering and carrying out cleaning.

### Stock and Supplies

In addition to a comprehensive cleaning roster each service is to maintain a daily stock inventory of the following supplies:

- Hand Soap and Hand Sanitizer – Soaps, Hand Gels;
- Cleaning Products – Sprays Kitchen/Bathroom etc., Sterilising Fluid, Wipes, Disinfectant products;
- Personal Protective Equipment – Gloves, Aprons, Overshoes, Goggles, Hazard Suits, Face masks;
- Cleaning Equipment – Laundry Bags, Refuse Sacks, Single Use Paper Towels, Blue Roll;
- Keep emptied Cleaning Spray Bottles for reuse.
- PMVT services to review twice daily service stock and place orders for supplies in a timely manner so that supplies do not run out, especially throughout the evening and weekend periods.
- Supplies are to be co-ordinated through PMVT COVID-19 Task Force
- Each staff member has been asked to contribute towards replenishing stock by purchasing items to complement stock within service in which they are placed. Staff can do this by purchasing hygiene products when on route to work. All items purchased this way should be handed over to the line manager for storage in central stocks. Staff will need to provide receipts to be reimbursed through petty cash within the service.

## Social distancing

Social distancing is important to help slow the spread of coronavirus. It does this by minimising contact between potentially infected individuals and healthy individuals. Social distancing is keeping a space of 2 metres (6.5 feet) between you and other people. Do not shake hands or make close contact if possible.

## Identification of more vulnerable participants

PMVT are identifying participants who may be more vulnerable to COVID-19 due to underlying physical health conditions, or due to being immuno-compromised.

The following information continues to be both monitored and reviewed based on developments and / or changes to participants' physical health status or deterioration in same:

- A review of all participants with chronic or immuno-compromised health conditions;
- Ensuring that medical information is maintained and accurate accounts of GP's details, medication regimes, prescribing clinics and contact details are readily available;
- Ensuring all next of Kin information is accurate and maintained;
- Ensuring telephone numbers for all participants are accurate and updated.

## Minimising the physical movement of participants across and within services to reduce the spread of infection

A number of measures have been put into effect to reduce the risk of the spread of infection resulting from the movement of participants across and within services:

- Suspension of internal participant transfers unless such transfer is necessary in response to COVID-19;
- To limit social gatherings in communal areas or communal spaces so as to encourage social distancing, in order to achieve this the following measures must be practiced within services:
- To stagger meal times and practice social distancing within services.
- Where possible, individually packed pre-prepared meals will be delivered to larger PMVT services which participants who are self-isolating will receive in their bedrooms along with disposable cutlery. Meal packaging and cutlery will be easily disposed of in general waste. Bins will be located at convenient points to avoid unnecessary travel through services to dispose containers/utensils.
- Participants are to access laundry facilities on an individual basis, gloves to be made available at entry point to laundry facilities to ensure full adherence to health, safety and containment measures. Gloves to be disposed of upon exit from laundry facilities.



## Minimising the physical movement of staff across services to reduce the spread of infection

A number of measures have been put into effect to reduce the risk of the spread of infection resulting from the movement of staff across and within services.

- Where required, relief and agency staff to be used repeatedly in the same services;
- Communicate with all staff through email, intranet, and telephone communications etc.– not to bring staffing together in groups.
- Ensure that where face-to-face interactions are essential, that these are time bound to 15 minutes.
- All housing services are to limit face to face contact, except for high need participants where such contact should be limited to what is essential. Key-working sessions should be brief and are to be carried out through the use of video calls where staff have the opportunity to engage meaningfully with a participants to ensure appropriate check-in and to carry out observations regarding any potential display of symptoms suggestive of COVID-19.
- A number of staff within the organisation carry out functions that require them to visit multiple services and locations across the organisation these include staff in our IT department, our logistics team, heads of services and managers who have responsibilities across multiple services, referrals & assessments service, accommodation finders and nursing staff, etc. These staff members are at greater risk of spreading infection and support visits to services should be minimised to what is absolutely essential. Where necessary these visits are to be planned in advance to minimize the length of time on-site and in contact with local staff / participants. The use of sanitizing hand gel and wipes etc will be mandatory both prior to and following any essential visits.
- The spread of infection is also a risk in relation to external contractors who provide services across multiple PMVT sites, such as maintenance contractors, food suppliers, cleaning staff, laundry staff, bio-hazard disposal, SafetyNet etc. many of whom provide services not only to PMVT but also to other providers in the sector. PMVT has put in place measures to minimise unnecessary presentation in services so that only essential external agencies access services and only when necessary.

## If a PMVT staff member develops symptoms of COVID-19

If a PMVT staff member develops any symptoms of COVID-19 it is the staff member's responsibility to maintain and direct communication with their line manager. If they are feeling unwell they should contact their line manager by telephone in advance of physically presenting to work.

Staff who work in homeless services are considered to fall under the heading of health care workers. As of 14<sup>th</sup> March 2020, we have been advised that in order to ensure that any of these vital staff who require COVID19 testing to be in a position to return to work are being prioritised over other candidates for testing. A negative test will allow them to return to work quickly.

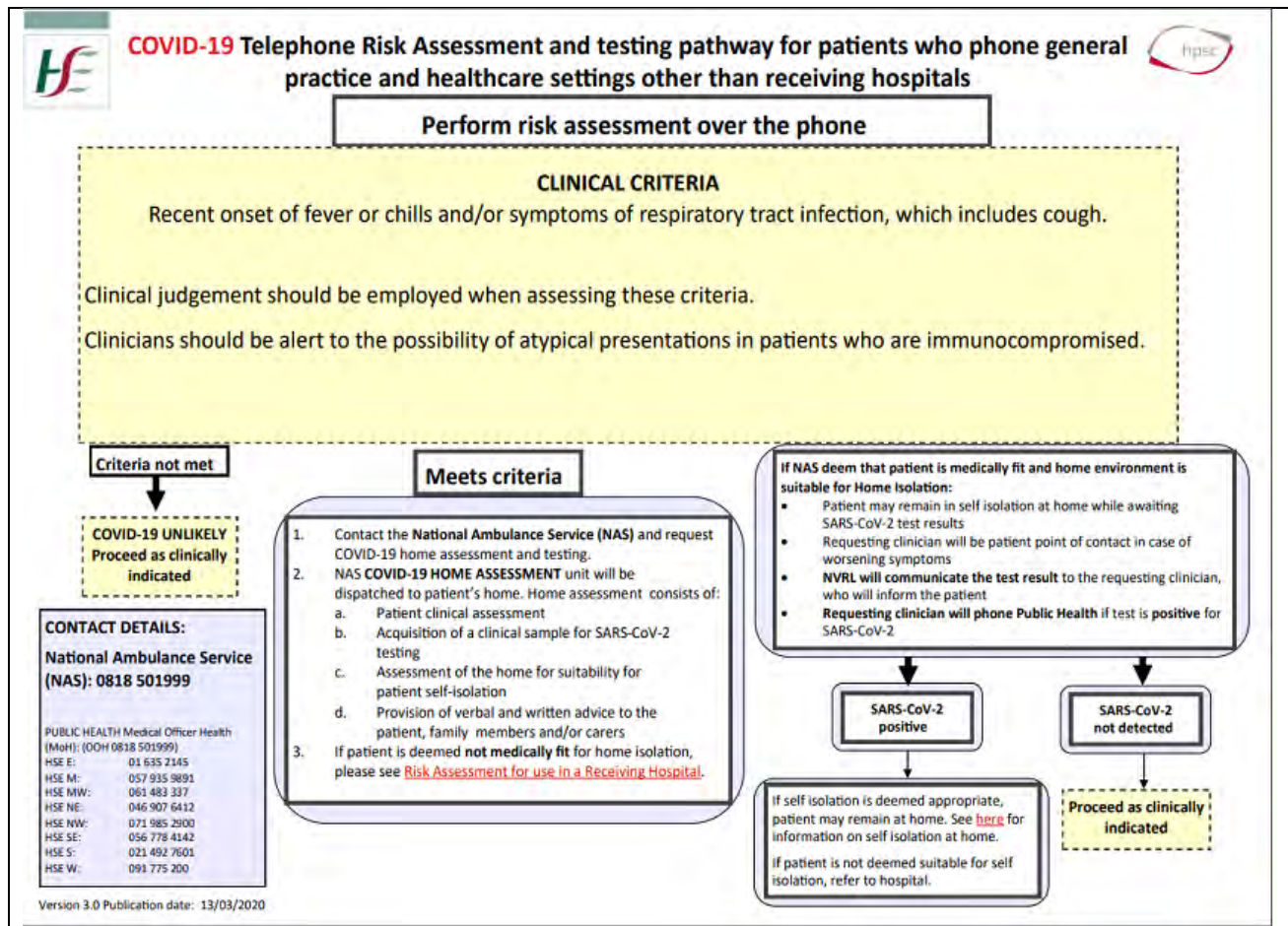
The following procedure describes how this will be done:

1. All HCW priority referrals must be authorised and referred by a Public Health Specialist.
2. The Public Health Specialist should email the request to [neoc.covid19@hse.ie](mailto:neoc.covid19@hse.ie) with "PH- URGENT HCW REFERRAL" in the subject line of the email.
3. The email should include • HCW name address and mobile phone number
  - a. Requesting doctor name and mobile number – the test result will go to this doctor from NVRL
4. The National Ambulance Service COVID19 desk will prioritise these tests- the quickest way to do so is to have the HCW attend a static testing point rather than wait for a home visit. HCWs should be told that they will likely have to travel to one of these points.

Any PMVT staff member who suspects they may have COVID-19 (see algorithm below), should consult with their line manager for direction on making contact with a Public Health Specialist.

## What to do if there is a Suspected Case of COVID-19

Follow the algorithm below:



## Self-isolation

Self-isolation means staying indoors and completely avoiding contact with other people. You will need to do this if you have symptoms of coronavirus. This is to stop other people from getting it.

You will need to self-isolate:

- if you have symptoms of coronavirus
- before you get tested for coronavirus
- while you wait for test results
- if you have had a positive test result for coronavirus

## How to self-isolate

- If you develop symptoms you will need to self-isolate and phone your GP. Do not go to a GP surgery, pharmacy or hospital. The GP will assess you over the phone. If they think you need to be tested for coronavirus, they will arrange a test.
- You will need to self-isolate if you have coronavirus or have symptoms of coronavirus. This could be before you get tested for coronavirus, while you wait for test results or when a positive result is confirmed.
- Most people with coronavirus will only have mild symptoms and will get well within weeks. Even though the symptoms are mild, you can still spread the virus to others.
- If you have to self-isolate, stay indoors and avoid contact with other people.
- Only stop self-isolation when both of these apply to you:
  - you have had no fever for 5 days
  - it has been 14 days since you first developed symptoms

## Do

- Stay at home, in a room with the window open.
- Keep away from others in your home as much as you can.
- Check your symptoms - call a doctor if they get worse.
- Phone your doctor if you need to - do not visit them.
- Cover your coughs and sneezes using a tissue - clean your hands properly afterwards.
- Wash your hands properly and often.
- Use your own towel - do not share a towel with others.
- Clean your room every day with a household cleaner or disinfectant.

### ***Don't***

- Do not go to work, school, religious services or public areas.
- Do not share your things.
- Do not use public transport or taxis.
- Do not invite visitors to your home.
- Keep away from older people, anyone with long-term medical conditions and pregnant women.
- PMVT staff will make necessary arrangements to drop off food or supplies to participants who are in self-isolation. Make sure you're not in the same room as them, when they do.

### ***Laundry***

Put your laundry in a plastic bag. Have someone collect it from your bedroom door. If possible, they should wear rubber gloves.

They should:

- wash the laundry at the highest temperature for the material, with a laundry detergent
- clean all surfaces and the area around the washing machine
- wash the rubber gloves while still wearing them
- wash their hands thoroughly with soap and water after removing the gloves
- If possible tumble dry and iron using a hot setting or steam iron.
- Do not take laundry to a launderette.

### ***Managing rubbish***

- Put all the waste that you have used, including tissues and masks, in a plastic rubbish bag.
- Tie the bag when it is about three-quarters full.
- Place the plastic bag in a second bin bag and tie the bag.
- Treat all cleaning waste in the same way.
- Do not put the rubbish bags out for collection for 72 hours.
- After that, the bags can be put out for collection in regular domestic waste.

### ***Caring for someone else in self-isolation***

You may be caring for someone who needs support while they are in self-isolation. If you are, follow the advice above.

You should also:

- stay away from them as much as possible (at least 1 metre) and avoid touching them - use your phone to communicate
- wash your hands properly every time you have contact with the person
- if you have face masks, wear one and have them on when you have to be in the same room
- if you have to clean phlegm or spit from their face use a clean tissue, put it into a waste bag and wash your hands
- put them in a well-ventilated room alone
- limit their movement in the house
- get them to use a different toilet if possible
- limit the number of caregivers
- keep them away from older people, people with long-term conditions or pregnant women

If possible, only one person should look after the person self-isolating. Ideally, this would be someone who is in good health.

### ***If you live with other people***

- Stay in a room with a window you can open.
- If you can, use a toilet and bathroom that no one else in the house uses.
- If you have to share a bathroom with others, use the bathroom last and then clean it thoroughly.
- Do not share any items you've used with other people.

These include:

- dishes
- drinking glasses
- cups
- eating utensils
- towels
- bedding

### **Meals**

Food and drink will be brought to the isolation areas and reasons to leave those areas will identified and addressed to ensure that any such needs are met so as to avoid unnecessary movement within the environment.

- If possible, have someone leave your food on a tray at your bedroom door.
- When you have finished, leave everything on the tray at the door.
- This should be collected and put in a dishwasher and hands washed properly afterwards.
- If you don't have a dishwasher:
  - wash in hot soapy water, wearing rubber gloves
  - leave to air dry
  - wash the rubber gloves while you are still wearing them
  - remove gloves and wash your hands

### **Making provision for self-isolation, where necessary, in respect of participants across PMVT services**

There are clearly challenges associated with self-isolation in congregated settings. Approximately 66% of all rooms in PMVT emergency accommodation services are either single or twin rooms and this will provide options for isolation. A full assessment has been carried out of all PMVT services and appropriate identification has been made of an area suitable for isolation. These designated areas include rooms, corridors, floors, and other areas within services.

Any room or area or indeed facility that is designated as an isolation area will be subject to rigorous, frequent and regular disinfection practices by PMVT staff and participants will also be required to take responsibility for following universal precautions and cleanliness and hygiene practices associated with minimising the risk of the spread of infection.

## Ensuring those required to self-isolate have access to showering and toileting facilities

Showering facilities will be identified for those who are required to self-isolate and where possible these facilities should be accessible only to those who are required to self-isolate and kept locked at all other times. Where this is not possible, specific showers and toilets should be identified for the exclusive use of those in self-isolation and clearly designated as such. These should be ring-fenced for use at a specific time each day (preferably late afternoon or evening).

- Designated showers / toilets will be rigorously dis-infected at the end of this time period.
- All showering areas should be maintained without any hygiene products left in the shower that may subsequently be used by others.
- Showering areas should be well ventilated and the disinfecting process shall be undertaken approximately 30 minutes after its last use by those in self-isolation.
- The shower should remain locked during this time.
- Staff attending to those who are required to self-isolate should take additional precautions when delivering food and collecting used plates etc. by way of ensuring that they wear disposable gloves and disposable aprons.

## Maintaining a register of those required to self-isolate

PMVT is maintaining a register of all participants who are required to self-isolate that will include their name, DOB, PASS ID, reason why they were required to self-isolate, the date that the period of self-isolation began and the date it is scheduled to end. The register will also include Next of Kin details, medical issues, medication etc. as set out on PMVT contact form.

In light of any participant or staff member receiving a confirmed diagnosis of COVID-19 or awaiting results, they will be contacted by their service manager and PMVT Head of Nursing and Addiction on a daily basis for both support and update regarding presentations.



## The difference between self-quarantine and self-isolation

Self-quarantine means avoiding contact with other people and social situations as much as possible.

You will need to do this if you are a close contact of a confirmed case of coronavirus and you are still well.

Self-quarantine is to stop other people from getting coronavirus.

### *How to self-quarantine*

- If you are well, but you have been in close contact with a case of coronavirus you will need to self-quarantine. You will also need to self-quarantine if you have returned from certain countries. This is to stop other people from getting coronavirus.
- Self-quarantine means avoiding contact with other people as much as possible by staying at home or in your hotel.
- You can still go outside for walks, runs or cycles on your own. But you should not spend time in close contact with other people.
- Other household members do not need to restrict their activities unless they are told to.

### *Don't*

- Do not go to school, college or work.
- Do not use public transport.
- Do not go to meetings, social gatherings, group events or crowded places.
- Do not have visitors at your home.
- Do not go shopping - where possible, order your groceries online or have some family or friends drop them off.
- Do not contact older people, people with chronic health problems and pregnant women.
- Do not travel outside or within Ireland.

## Contact Tracing

Each service is to ensure that a clear record is kept of who accesses services and when, so that any contact tracing carried out by the HSE on the diagnosis of coronavirus is accessible to the HSE.

- All staff to be made aware and ensure that service sign in and sign out books are updated at each entry and departure.
- All staff returning from or planning on travelling to risk zones to inform line manager immediately.

## Sustainment and Review

Systems and process in relation to PMVT's response to COVID-19 remain under continued review by the PMVT COVID-19 Task Force in consultation with the relevant public health authorities, the DRHE and the management, team leaders, staff and participants of PMVT.

The following practices as set out above will be sustained and reviewed until further notice:

- Rigorous monitoring of participant group for symptoms related to COVID-19
- Continued use of Screening Algorithm
- Keeping up-to-date with daily updates as set out by the HSE and HPSC
- Continued disinfection of PMVT environments
- Ensuring ongoing supply of Stock
- Ensuring continued training to all PMVT staff and participants
- Ongoing communication to all PMVT staff

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## Data Protection and COVID-19

Governments, as well as public, private, and voluntary organisations such as Peter McVerry Trust are taking necessary steps to contain the spread and mitigate the effects of COVID-19. Many of these steps involve the processing of personal data (such as name, address, workplace, travel details) of individuals, including in many cases sensitive, 'special category' personal data (such as data relating to health).

Data protection law does not stand in the way of the provision of healthcare and the management of public health issues;

Measures taken by PMVT in response to COVID-19 involving the use of personal data, including health data, are necessary and proportionate so as to ensure that the risk to life of PMVT participants and staff is minimised. Decisions in this regard are informed by the guidance and/or directions of public health authorities, or other relevant authorities and with regards to the following obligations.

### ***Lawfulness***

There are a number of legal bases for the processing of personal data under Article 6 GDPR, and conditions permitting the processing of Special Categories of personal data, such as health data, under Article 9 that are applicable in this context.

PMVT is acting on the guidance or directions of public health authorities, or other relevant authorities, Article 9(2)(i) GDPR and Section 53 of the Data Protection Act 2018 permit the processing of personal data, including health data, with suitable safeguards in place. Such safeguards include limitation on access to the data, strict time limits for erasure, and staff training to protect the data protection rights of individuals.

As employers PMVT have a legal obligation to protect its employees under the Safety, Health and Welfare at Work Act 2005 (as amended). This obligation together with Article 9(2)(b) GDPR provides a legal basis to process personal data, including health data, where it is deemed necessary and proportionate to do so. Any data that is processed is treated in a confidential manner i.e. any communications to staff about the possible presence of COVID-19 in the workplace will not generally identify any individual employees.

### ***Vital Interest***

It is permissible to process personal data to protect the vital interests of an individual data subject or other persons where necessary. A person's health data may be processed in this regard where they are physically or legally incapable of giving their consent. This will typically apply only in emergency situations, where no other legal basis can be identified.

***All data processing activities remain underpinned PMVT Data Protection Policies and Procedures.***

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## Key Online Information Sources

### ***Coronavirus posters***

[COVID-19 poster \(PDF, 760KB, 1 page\)](#)

[Hand hygiene poster \(PDF, 129KB, 1 page\)](#)

### ***Health Protection Surveillance Centre (HPSC) guidance***

[Educational settings COVID-19 guidance](#)

[Employer guidance on COVID-19](#)

[COVID-19 guidance for other settings](#)

### ***Department of Health***

[Department of Health - Coronavirus COVID-19](#)

### ***Department of Foreign Affairs***

[Department of Foreign Affairs - Updated travel advice on Coronavirus \(COVID-19\)](#)

### ***World Health Organisation***

[WHO - Coronavirus Disease COVID-19 outbreak](#)

### ***European Centre for Disease Prevention and Control (ECDC)***

[ECDC - Coronavirus \(COVID-19\)](#)



**Peter  
McVerry  
Trust**

Opening doors for  
homeless people

**Peter McVerry Trust**

**Interim Guidance on Use of PPE for Management of  
Suspected or Confirmed Cases of COVID-19**

**Updated 18th March 2020**

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## Contents

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## Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19

Infection Prevention and Control practice supported by appropriate use of PPE is important to minimise risk to patients of healthcare associated COVID-19. These measures are equally important in controlling exposure to occupational infections for healthcare workers (HCWs). Traditionally, a hierarchy of controls has been used. The hierarchy ranks controls according to their reliability and effectiveness and includes engineering controls, administrative controls, and ends with personal protective equipment (PPE). In the context of risk of respiratory infection PPE adds an extra layer of protection in the context of scrupulous attention to hand hygiene, respiratory hygiene and cough etiquette and environmental hygiene.

### Minimizing exposure risk

#### Actions for Healthcare workers

- Implement Standard Precautions for infection prevention and control with all patients at all times
- Maintain a physical distance of at least 1 metre (3 feet) but ideally 2 from individuals with respiratory symptoms (where possible)
- Clean your hands regularly as per WHO 5 moments
- Avoid touching your face
- Promote respiratory hygiene and cough etiquette which involves covering mouth and nose with a tissue when coughing and sneezing or coughing into the crook of an elbow, discarding used tissue into a waste bin and cleaning hands

#### Actions for the healthcare facility

- Post visual alerts including signs, posters at the entrance to the facility and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and HCWs with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.
  - Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste bins, and how and when to perform hand hygiene.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR), tissues, and hands free waste bins for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.

- Use physical barriers (e.g., glass or plastic windows) at reception areas, registration desks, pharmacy windows to limit close contact between staff and potentially infectious patients

## Personal protective equipment while important is the last line of defence

- This guidance applies to all healthcare settings including primary, secondary, tertiary care and ambulance service.
- The requirement for PPE is based on the anticipated activities that are likely to be required.
- The unnecessary use of PPE will deplete stocks and increases the risk that essential PPE will not be available for you and your colleagues when needed. This guidance **DOES NOT RECOMMEND** use of surgical facemasks in situations other than for contact with patients with droplet transmitted infection including COVID-19.

<b>1.0</b>	<b>Non clinical areas such as administrative areas, medical records, staff restaurant and any other area where tasks do not involve contact with COVID -19 patients</b>	
1.1	All Activities	<b>NO PPE REQUIRED</b>
<b>2.0</b>	<b>Receptions Areas</b>	
2.1	Administrative activities in reception areas where staff are separated by at least one metre from a case of suspected/confirmed COVID 19 infection	<b>NO PPE REQUIRED</b> but steps for minimising chance for exposure should be implemented
<b>3.0</b>	<b>Patient transit areas for example corridors, elevators, stairwells, escalators, waiting areas</b>	
3.1	Transfer of patients through public areas	Those physically transferring the patient should wear appropriate PPE as per section 5.0 For others <b>NO PPE REQUIRED</b>
3.2	All other activities e.g. providing security, moving equipment etc.	<b>NO PPE REQUIRED</b>
<b>4.0</b>	<b>Pathology/Laboratory Areas</b>	
4.1	All activities	PPE as per <a href="#">guidance</a>



<b>5.0</b>	<b>Clinical Areas</b>	
<b>5.1</b>	<b>Providing Care</b>	
5.1.1	<p>Patients with respiratory symptoms/suspected/confirmed COVID-19 who require an <b>aerosol generating procedure*</b></p> <p><b>Note:</b> • In situations where staff are in the room with a patient and there is a significant risk that an unplanned aerosol generating procedure may need to be performed urgently for example accidental extubation it may be appropriate to wear an FFP2 mask while in the room</p>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Long sleeved disposable gown</li> <li>• FFP2 respirator mask</li> <li>• Eye Protection</li> </ul>
5.1.2	<p>Patients with respiratory symptoms/suspected/confirmed COVID-19 who do not require an aerosol generating procedure but <b>do require high contact patient care activities that provide increased risk for transfer of virus and other pathogens to the hands and clothing</b> of healthcare workers including (but not limited to)</p> <ul style="list-style-type: none"> <li>• Close contact for physical examination /physiotherapy</li> <li>• Changing incontinence wear</li> <li>• Assisting with toileting</li> <li>• Device Care or Use</li> <li>• Wound Care</li> <li>• Providing personal hygiene</li> <li>• Bathing/showering</li> <li>• Transferring a patient</li> <li>• Care activities where splashes/sprays are anticipated</li> </ul>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Long sleeved disposable gown</li> <li>• Surgical facemask</li> <li>• Eye Protection*</li> </ul> <p>*Eye protection is recommended as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes.</p> <p>Individual risk assessment must be carried out before providing care. This assessment will need to include</p> <ul style="list-style-type: none"> <li>○ Whether patients with possible COVID-19 are coughing.</li> <li>○ The task you are about to perform</li> </ul>

5.1.3	<p>Patients with respiratory symptoms/suspected/confirmed COVID-19 where the tasks being performed are unlikely to provide opportunities for the transfer of virus/other pathogens to the hands and clothing. Low contact activities for example</p> <ul style="list-style-type: none"> <li>• Initial Clinical Assessments</li> <li>• Taking a respiratory swab</li> <li>• Recording temperature</li> <li>• Checking Urinary Drainage Bag</li> <li>• Inserting a peripheral IV cannula</li> <li>• Administering IV fluids</li> <li>• Helping to feed a patient</li> </ul>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Disposable Plastic Apron</li> <li>• Surgical facemask</li> <li>• Eye Protection*</li> </ul> <p>*Eye protection is required to be worn as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes.</p> <p>Individual risk assessment must be carried out before providing care. This assessment will need to include</p> <ul style="list-style-type: none"> <li>• Whether patients with possible COVID-19 are coughing.</li> <li>• The task you are about to perform</li> </ul>
<b>5.2</b>	<b>Cleaning</b>	
5.2.1	Cleaning where patient is present	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Plastic Apron</li> <li>• Surgical Facemask</li> <li>• Household or Disposable Single use Nitrile Gloves</li> </ul>
5.2.2	<p>Cleaning when patient is not present for example after the patient has been discharged, or the procedure is complete. Ensure adequate time has been left before cleaning as per guidelines.</p>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Plastic Apron</li> <li>• Gloves Household or Disposable Single use Nitrile Gloves</li> </ul>

<b>6.0</b>	<b>Internal transfer of patients with suspected or confirmed COVID-19 infection</b>	
<b>6.1</b>	Accompanying a patient between areas within the same facility e.g. when moving a patient from a ward to radiology / theatre, GP waiting area to assessment room.	<p>Hand Hygiene</p> <p>If patient is walking and a distance of at least 1m can be maintained – the patient should wear a surgical face mask ^ but <b>NO PPE REQUIRED</b> for staff accompanying the patient</p> <p>If staff accompanying patient and within 1m then as in section 5.0</p> <p>Surgical facemask not available, cover mouth with a tissue if coughing</p>
<b>7.0</b>	<b>External transfer for example between home and dialysis unit, inter hospital transfer, hospital to LTCF</b>	
<b>7.1</b>	Accompanying a patient but able to maintain a physical distance of at least 1m and no direct contact is anticipated	<p>Hand Hygiene</p> <p>If a physical distance of at least 1m and contact is unlikely– the patient should be asked to wear a surgical face mask if tolerated* but <b>NO PPE REQUIRED</b> for staff accompanying the patient</p>
<b>7.2</b>	Accompanying a patient within a 1m distance and likely to have direct contact	<p>Hand Hygiene</p> <p>PPE as per section 5.0</p>

<b>8.0</b>	<b>Involved only in driving a patient not loading or unloading from transport vehicle</b>	
<b>8.1</b>	No direct contact with patient and no separation between driver and the patient compartments	<p>Hand Hygiene</p> <p>Patient to wear a Surgical Face Mask if tolerated, if not driver to wear a Surgical Face Mask</p>
<b>8.2</b>	No direct contact with patient and the drivers compartment is separated from the patient	<p>Hand Hygiene</p> <p>Maintain a physical distance of at least 1m</p> <p><b>NO PPE REQUIRED</b></p>
<b>9.0</b>	<b>Individuals who may be accompanying the patient e.g. close family members</b>	
<b>9.1</b>	<p>Visiting should be restricted</p> <ul style="list-style-type: none"> <li>• If visitors are permitted they should be instructed how to correctly perform hand hygiene and supervised in donning/doffing PPE</li> <li>• Note that sensitivity to patient and visitor needs is required in the application of this recommendation for example with children and in end of life situations. Visitors should be informed of the risks but it must be accepted that in some situations people may not prioritise their own protection over their assessment of the needs of a loved one.</li> </ul>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Plastic Apron</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Surgical Face Mask</li> </ul>

## Types of PPE

- **Disposable plastic aprons:** are recommended to protect staff uniform and clothes from contamination when providing direct patient care and when carrying out environmental and equipment decontamination.
- **Fluid resistant gowns:** are recommended when there is a risk of extensive splashing of blood and or other body fluids and a disposable plastic apron does not provide adequate cover to protect HCWs uniform or clothing.
- If non- fluid resistant gowns are used and there is a risk of splashing with blood or other body fluids a disposable plastic apron should be worn underneath.
- **Eye protection/Face visor:** should be worn when there is a risk of contamination to the eyes from splashing of blood, body fluids, excretions or secretions (including respiratory secretions) o Surgical mask with integrated visor o Full face shield or visor o Goggles / safety spectacles □ **Surgical Face Masks**
- Surgical Face Masks (Fluid Resistant Type 11R) **Tips when wearing a surgical face mask**
  - Must cover the nose and mouth of the wearer
  - Must not be allowed to dangle around the HCWs neck after or between each use
  - Must not be touched once in place
  - Must be changed when wet or torn
  - Must be worn once and then discarded as health care risk waste (as referred to as clinical waste)

## Theatre caps/hoods and shoe covers

There is no evidence that contamination of hair is a significant route of transmission for COVID-19 infection. Head covers are not required and are not recommended. HCWs with long hair should keep their hair tied up and off their face when working in clinical settings. Theatre shoe covers are not recommended.

## Decontamination of eye/face protection for example goggles where there is a shortage of equipment

In situations where there is a shortage of disposable eye protection **AND** the activity being undertaken involves a high risk of splash or spray to the eyes, HCWs may reuse goggles/safety spectacles.

Where reuse of eye protection is being considered

- Ensure there is no obvious signs of damage – Discard if signs of damage
- Ensure there are no cloth elements - items with cloth elements cannot be effectively decontaminated
- Check they are visibly clean before attempting to decontaminate – Discard if visibly soiled with blood/body fluids including respiratory secretions as heavily soiled items cannot be effectively decontaminated. □ The item should then be carefully decontaminated using a disinfectant wipe.

The risk of reusing Eye protection should be balanced against the risk to the user of a risk of splash or spray to the eyes.

Where practical to do so, decontamination of goggles should be centralized in a facility which normally reprocesses items may add additional margin of safety

## Wearing PPE on a Cohort Ward/Unit

Surgical face masks do not need to be changed when moving between patients in a cohort area/ ward however the mask should be changed when wet and removed when leaving the cohort area for example going to break.

- Surgical face masks should not be reused once removed e.g. when going to answer the telephone
- Eye protection where used does not need to be changed in between patients on a cohort ward but should be removed when leaving the cohort area
- Gloves should be changed between patients and changed as appropriate when completing different tasks on the same patient
- Plastic aprons & gowns should be changed between patients

**19th March 2020**

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# COVER YOUR COUGHING AND SNEEZING



- Turn your head away from others
- Use a tissue to cover your nose and mouth



- Drop your tissue into a waste bin



- No tissues? Use your sleeve



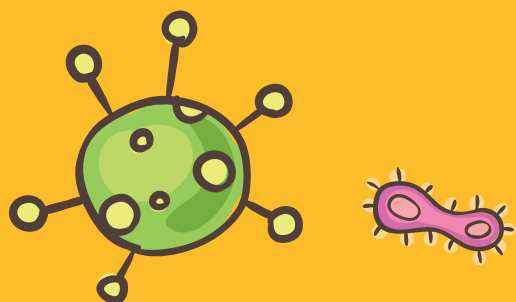
- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds



# COVER YOUR COUGH AND SNEEZE



Stop the spread of germs that make people sick



When you cough or sneeze  
cover your nose and mouth  
with a tissue



or

Cough or sneeze into your  
elbow, not your hands.



Throw away your tissue!

Clean your hands after  
coughing or sneezing.



# Thanks!

# COVER YOUR COUGH AND SNEEZE AND SNEEZE

STOP THE SPREAD OF GERMS THAT MAKE PEOPLE SICK



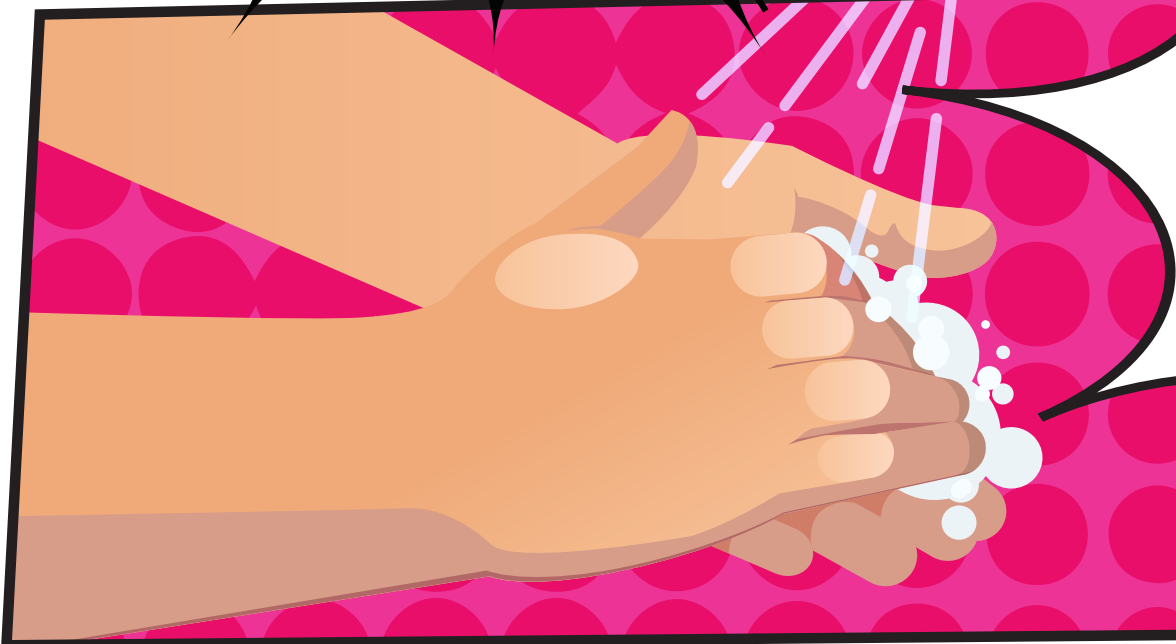
When you cough or sneeze **cover your nose and mouth** with a tissue

**OR** Cough or sneeze into your elbow, not your hands.

Throw away your tissue!



Clean your hands after coughing or sneezing.



# THANKS!



Building a Better Health Service

Seirbhís Sláinte Níos Fearr á Forbairt



# COVER YOUR COUGH AND SNEEZE THE RIGHT WAY



**DO**

**Use a tissue and place it immediately in the bin.  
Wash your hands or use a hand sanitiser.**



**DO**

**Cough or sneeze into your upper sleeve.  
Germs won't spread through your clothing.**



**DON'T**

**Cough or sneeze into your hands. You'll end up  
spreading germs to everything you touch.**

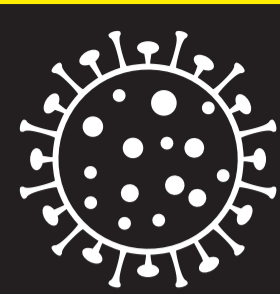


Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt



# 冠状病毒病 COVID-19



Coronavirus  
**COVID-19**  
Public Health  
Advice

若出现发烧及/或咳嗽，  
不论任何出行或接触史，  
都应当待在家里。

**建议所有人士：**

**与他人保持2米距离**

**在可行的情况下，不要握手及近距离接触**

## 如何防护



### 停止

用握手或拥抱来  
与他人问好



### 远离

他人至少2米的距离，  
尤其与可能患病的人  
士保持距离



### 洗手

要彻底，  
并经常保持双手清洁，  
避免污染



### 掩盖

口鼻，在咳嗽或打  
喷嚏时用纸巾或袖  
口遮住口鼻，  
并将用过的纸巾扔掉



### 避免

未经洗手便触碰  
双眼和口鼻



### 对频繁

接触的物体和表面，  
进行清洁和消毒处理。

## 受感染地区

受感染地区的列表，参见  
[www.dfa.ie](http://www.dfa.ie)

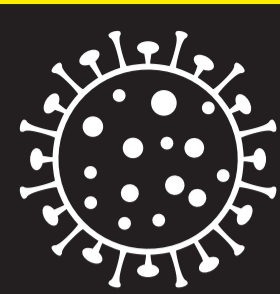
## 症状

- > 咳嗽
- > 呼吸短促
- > 呼吸困难
- > 发烧（体温过高）

## 每日信息更新，参见

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)  
HSE热线 1850 24 1850

# Coronavirus COVID-19



Coronavirus  
**COVID-19**  
Public Health  
Advice

**Se avete febbre e/o tosse dovete restare a casa, anche se non avete viaggiato o non avete avuto contatti con persone che hanno contratto il virus.**

## Si raccomanda a tutti di:

- > **Ridurre** le interazioni sociali
- > **Tenere una distanza** di 2 metri tra persona e persona
- > **Evitare** strette di mano e contatti ravvicinati ove possibile

## Come proteggersi



### Smettere

di salutare una persona con una stretta di mano o un abbraccio



### Distanziarsi

di almeno 2 metri dalle altre persone, soprattutto da soggetti che possono essere ammalati



### Lavarsi

Le mani spesso e bene per evitare il contagio



### Coprire

naso e bocca con un fazzoletto o con la manica quando si tossisce o starnutisce, e gettare il fazzoletto usato



### Evitare

di toccare occhi, naso e bocca con le mani non lavate



### Pulire

e disinfettare oggetti e superfici toccate con frequenza

## Regioni colpite

Controllare l'elenco delle regioni colpite sul sito [www.dfa.ie](http://www.dfa.ie)

## Sintomi

- > Tosse
- > Respiro affannoso
- > Difficoltà respiratoria
- > Febbre

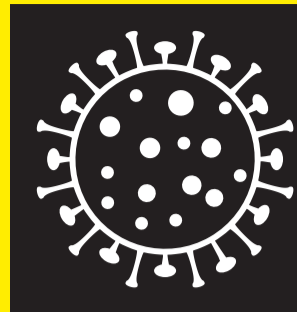
## Per aggiornamenti giornalieri visitare i seguenti siti:

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)

Numero verde:

HSELive 1850 24 1850

# Koronavīruss COVID-19



Coronavirus  
**COVID-19**  
Public Health  
Advice

**Ja jums ir drudzis un/vai klepus, palieciet mājās neatkarīgi no iepriekšējās ceļošanas vai saskarsmes vēstures**

## Visiem ir ieteicams:

- > Leroberžot sociālo saskarsmi
- > Leturēt vismaz 2 metru distance no citiem cilvēkiem.
- > Nesarokoties vai nesaskarties ar citiem cilvēkiem, ja iespējams

## Kā aizsargāties



### Pārstājiet

sarokoties vai apskauties, sasveicinoties ar citiem cilvēkiem



### Levērojiet

vismaz 2 metru (6 pēdu) distanci no citiem cilvēkiem, jo īpaši neveseliem cilvēkiem



### Mazgājiet

rokas rūpīgi un bieži, lai izvairītos no inficēšanās



### Aisedziet

muti un degunu ar salveti vai piedurkni, kad klepojat vai šķaudāt, un izmetiet izmantoto salveti



### Nepieskarieties

acīm, degunam vai mutei ar nemazgātām rokām



### Regulāri

tīriet un dezinficējiet saskarē nonākušos priekšmetus un virsmas

## Skartie reģioni

Informāciju par skartajiem reģioniem var uzzināt vietnē [www.dfa.ie](http://www.dfa.ie)

## Simptomi

- > Klepus
- > Aizdusa
- > Apgrūtināta elpošana
- > Drudzis (paaugstināta ķermeņa temperatūra)

## Lai uzzinātu dienas aktualitātes, apmeklējiet

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)  
HSELive 1850 24 1850

# Koronavirusas COVID-19



## Padėkite išvengti koronaviruso



**Plaukite  
rankas**



**Užsidenkite burną, kai  
kosite ar čiaudite**



**Venkite liesti  
veidą rankomis**



**Palaikykite  
paviršių švarą**



**Nustokite spausti  
rankas ar apsikabinti**



**Laikykites  
saugaus atstumo**

Virusas plinta kartu su seilių dalelėmis kosint ir čiaudint, todėl reguliariai laikantis minėtųjų priemonių sumažinama viruso plitimo rizika.

Atnaujintos faktinės  
informacijos ir patarimų  
ieškokite **HSE.ie** ar paskambinę  
telefonu **1850 24 1850**

**Apsisaugojimas nuo koronaviruso.  
Viskas jūsų rankose.**



**Rialtas na hÉireann  
Government of Ireland**

# Koronawirus COVID-19



## Pomóż zapobiegać koronawirusowi



Myj ręce



Zakryj usta jeśli  
kaszlesz lub kichasz



Unikaj dotykania  
twarzy



Utrzymuj  
powierzchnie  
w czystości



Przestań podawać  
ręce i przytulać się



Zachowaj  
bezpieczny  
dystans

Wirus rozprzestrzenia się poprzez kropelki przy kichaniu i kaszlu, więc regularne stosowanie powyższych środków zmniejsza ryzyko jego rozprzestrzeniania się.

### Odwiedź stronę [HSE.ie](https://www.hse.ie)

aby uzyskać aktualne informacje i porady  
lub zadzwoń pod 1850 24 1850

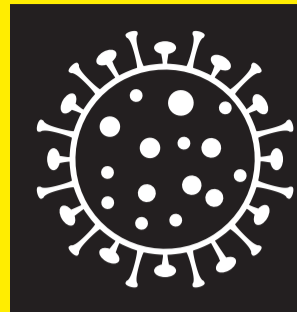
Ochrona przed koronawirusem.  
Ochrona jest w naszych rękach.



Riátas na hÉireann  
Government of Ireland



# Coronavirus COVID-19



Coronavirus  
**COVID-19**  
Public Health  
Advice

**Si tiene fiebre y/o tos, debería quedarse en su domicilio independientemente de su historial de viajes o contactos.**

## Recomendaciones generales:

- > **Reducir** las interacciones sociales
- > **Mantener una distancia** de 2 metros con otras personas
- > **No** dar la mano o entrar en contacto directo si es posible

## Cómo Protegerse



### Deje

de dar la mano o abrazar al saludar a otras personas



### Distánciese

al menos 2 metros de otras personas, especialmente de las que no se encuentren bien



### Lávese

las manos bien y a menudo para evitar la infección



### Cúbrase

la boca y la nariz con un pañuelo de papel o la manga al toser o estornudar y tire el pañuelo usado



### Evite

tocarse los ojos, la nariz o la boca con las manos sin lavar



### Limpie

y desinfecte los objetos y superficies que toque a menudo

## Regiones afectadas

Consulte la lista de regiones afectadas en [www.dfa.ie](http://www.dfa.ie)

## Síntomas

- > Tos
- > Sensación de falta de aire
- > Dificultad respiratoria
- > Fiebre (temperatura elevada)

## Para actualizaciones diarias, visite

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)

[www.hse.ie](http://www.hse.ie)

HSELive 1850 24 1850

# Coronavirus COVID-19



## Aiutaci a prevenire il coronavirus



Lavati le  
mani



Copriti la bocca quando  
tossisci o starnutisci



Evita di toccarti  
la faccia



Tieni pulite le  
superfici



Evita le strette di  
mano e gli abbracci



Tieni una distanza  
di sicurezza

Il virus si trasmette con le goccioline di saliva presenti in tosse e starnuti, pertanto le suddette misure aiutano a ridurre la possibilità di contagio.

**Consulta il sito [HSE.ie](https://www.hse.ie)**

Per avere aggiornamenti e consigli sicuri,  
o chiama lo 1850 24 1850

La protezione dal coronavirus è  
nelle nostre mani!



Rialtas na hÉireann  
Government of Ireland

# Koronavīruss COVID-19



## Novērsiet koronavīrusa infekciju



Mazgājiet  
rokas



Aizsedziet muti, kad  
klepojat vai šķaudāt



Nepieskarities  
sejai



Tīriet priekšmetu  
virsmas



Nesarokojieties un  
neapskaujieties



Ieturiet drošu  
distanci no citiem

Vīruss izplatās sīku pilienu veidā, kad slimnieks šķauda vai klepo – tāpēc regulāri veiciet minētos pasākumus, lai samazinātu vīrusa izplatīšanās iespējas.

### Apmeklējiet vietni [HSE.ie](https://www.hse.ie)

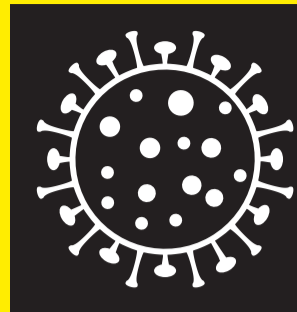
Lai uzzinātu jaunāko informāciju un  
ieteikumus, vai zvaniet 1850 24 1850

Aizsardzība pret koronavīrusu.  
Tā ir mūsu rokās.



Rialtas na hÉireann  
Government of Ireland

# Koronavirusas COVID-19



Coronavirus  
**COVID-19**  
Public Health  
Advice

**Jei karščiuojate ir (ar) kosėjate, prašome jūsų likti namuose nepriklausomai nuo to, ar keliavote ir turėjote kontaktą su rizikos veiksniais.**

## Visiems žmonėms patariama:

- > **Mažinti** susitikimus su žmonėmis
- > **Laikytis** bent 2 m atstumo nuo kitų žmonių
- > Jei įmanoma, **nespausti** rankų ar **vengti** artimo kontakto

## Kaip apsisaugoti nuo koronaviruso



### Nustokite

spauti rankas ar apsikabinti norėdami pasisveikinti su žmonėmis



### Laikykitės

bent 2 metrų (6 pėdų) atstumo nuo kitų žmonių, ypač tų, kurie gali būti sergantys



### Plaukite

rankas dažnai ir kruopščiai, kad išvengtumėte užkrato



### Prisidenkite

nosį ir burną nosinaite ar rankove, kai kosėjate ar čiaudėjate. Išmeskite panaudotą nosinaitę



### Venkite

liesti akis, nosį ar burną neplautomis rankomis



### Valykite

ir dezinfekuokite dažnai liečiamus daiktus ir paviršius

## Paveikti regionai

Paveiktų regionų sąrašą rasite adresu [www.dfa.ie](http://www.dfa.ie)

## Simptomai

- > Kosulys
- > Dusulys
- > Pasunkėjęs kvėpavimas
- > Karščiavimas (aukšta temperatūra)

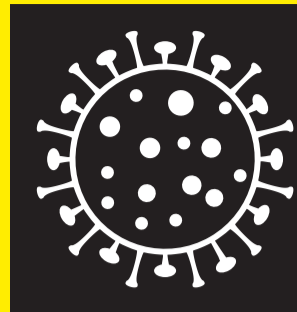
## Kasdieną atnaujinamos informacijos ieškokite

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)

[www.hse.ie](http://www.hse.ie)

HSELive 1850 24 1850

# Koronawirus COVID-19



Coronavirus  
**COVID-19**  
Public Health  
Advice

**Jeśli masz gorączkę i / lub kaszel,  
powinieneś zostać w domu bez względu  
na to czy podróżowałeś lub czy miałeś  
kontakt z kimś chorym.**

## Wszystkim osobom zaleca się:

- > **Ogranicz** interakcje społeczne
- > **Zachowaj odległość** 2 m między tobą a innymi ludźmi
- > **Nie** podawaj dłoni ani nie zbliżaj się, do nikogo jeśli to możliwe

## Jak zachować ostrożność



### Przestać

podawać ręce lub przytulać się podczas witania się z innymi ludźmi



### Zachować dystans

co najmniej 2 metry od innych ludzi, szczególnie tych, którzy mogą źle się czuć



### Myć

ręce dobrze i często, aby uniknąć skażenia



### Zakrywać

usta i nos chusteczką lub rękawem podczas kaszlu lub kichania i wyrzucać zużytą chusteczkę



### Unikać

dotykania oczu, nosa lub ust nieumytymi rękami



### Czyścić

i dezynfekuj często dotykane przedmioty i powierzchnie

## Obszary dotknięte wirusem

Sprawdź listę obszarów dotkniętych wirusem na [www.dfa.ie](http://www.dfa.ie)

## Objawy

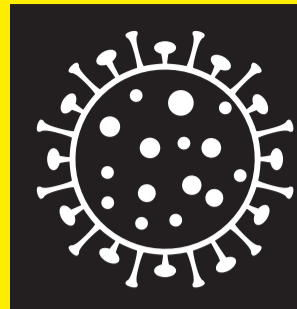
- > Kaszel
- > Duszności
- > Trudności w oddychaniu
- > Gorączka (wysoka temperatura)

## Codziennie aktualizacje na stronach

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)

Infolinia HSELive 1850 24 1850

# Coronavirus COVID-19



Coronavirus  
**COVID-19**  
Public Health  
Advice

**Dacă aveți febră și/sau tușiți, trebuie să stați în casă, indiferent dacă ați călătorit sau ați avut contact cu alte persoane**

## Toate persoanele sunt sfătuite să:

- > **Reducă** interacțiunile sociale
- > **Păstreze o distanță** de 2 m față de alte persoane
- > **Nu** dea mâna sau să aibă contact apropiat cu alte persoane

## Măsuri de protecție



### Nu

mai dați mâna și nu vă mai îmbrățișați atunci când salutați sau vă întâlniți cu alte persoane



### Păstrați

o distanță de cel puțin 2 metri (6 feet) față de alte persoane, în special față de cei care s-ar putea simți rău



### Spălați-vă

bine și des pe mâini pentru a evita contaminarea



### Acoperiți-vă

gura și nasul cu un șervețel sau cu mâneca atunci când tușiți sau strănutăți și aruncați la gunoi șervețelul folosit



### Evitați

Să vă atingeți ochii, nasul sau gura cu mâinile nespălate



### Curățați

și dezinfecțați obiectele și suprafețele atinse frecvent

## Regiuni afectate

Consultați lista regiunilor afectate pe site-ul [www.dfa.ie](http://www.dfa.ie)

## Simptome

- > Tuse
- > Respirație îngreunată
- > Dificultăți de respirație
- > Febră (temperatură crescută)

## Pentru actualizări zilnice, vizitați pagina

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)

[www.hse.ie](http://www.hse.ie)

HSELive 1850 24 1850



**Peter  
McVerry  
Trust**

Opening doors for  
homeless people

**Peter McVerry Trust**

**Interim Guidance on Self-Isolation of Participants in  
Congregated Settings**

**Updated 19th March 2020**

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## Self-isolation for Participants Accessing PMVT Residential Services

The information in document is for procedures to follow by staff to support those participants within PMVT services who are required to self-isolate when they:

- Are waiting to be tested for COVID-19 infection
- Are waiting for the results of testing for COVID-19 infection
- Have been diagnosed with COVID-19 infection and their doctor has agreed that they can stay at home to recover.

### What is self-isolation?

**Self-isolation means when a participant who is has been advised to self-isolate by a GP/Clinical Team. Participants may be waiting to be tested and as such have not yet had a confirmation of COVID-19. Participant's isolation is to be in a room on their own with access to designated toilet/shower facilities.**

Even though the symptoms may be mild, or there may not yet be symptoms the COVID-19 virus can be spread to others. This will help to protect fellow participants, staff and the wider community and will help control the spread of the virus.

The instructions in this document are to help you as a staff member to try and limit the spread of infection to others within the services as much as possible.

## Keeping participants safe and well

It is very easy to become anxious and lonely when you have to spend time on your own but remember, you can always pick up the phone and call a friend - the virus does not travel through phones lines

Although you have been asked to self-isolate it is important participants keep mobile by getting up and moving around as much as possible. Where there is a garden or backyard within the service, encourage participant to use these to get some fresh air but to please keep away from other people including fellow participants. Keeping a distance of more than 1 metre (or 3 feet) from other people is recommended.

- Eat well and drink plenty of fluids to keep you hydrated.
- Try and avoid alcohol if you are feeling unwell.
- Do not smoke or vape – if you do have a virus infection it is best not to do anything that might harm your lungs.

## When is a Participant to stop Self-Isolation?

Decisions to stop a period of self-isolation is made by a GP/clinical team. You can stop self-isolating, if you have had no temperature for five days **and** it's been 14 days since you first developed any symptoms

## GP/Nurse Phone-line for Homeless Services:

In all incidents where there is a concern about a participant of COVID-19, staff are to contact as per details below.

- Participants are not go to a GP surgery, pharmacy or hospital. The GP will carry out an assessment over the phone. If they think a test for coronavirus is needed, they will arrange a test.
- If the GP (Health link) or HSE is not contactable, PMVT senior management team to be contacted directly.
- They may direct for the participant to self-isolate whilst awaiting to be tested
- If tested and confirmed to have COVID-19, self-isolation will continue for 2 weeks

PMVT Management and PMVT On-call to be informed in all cases where there is a suspected case of COVID-9 and / or a concern for a participants well-being in relation to COVID-19

### Clinical helpline for homeless services:

A clinical helpline for homeless services in relation to suspected Covid-19 cases and is answered 9am-9pm Monday - Sunday for queries, Nurse/GP triage and referral for testing if required.

This phone number is: **1800 901 790**

This number will be in operation from: **9-9pm Monday to Sunday**

***\*Outside of this services should utilise normal routes to primary care***

Please contact SafetyNet directly for updates on access to in-reach GP's and/or Nurse's 087 176 2246 / 087 652 0225.

### Testing:

In coordination with the National Ambulance Service, SafetyNet Mobile Health & Screening Unit (MHSU) staff will test for suspected cases within the homeless sector. They will follow NAS protocols and conduct testing for homeless patients who are unlikely to wait for the ambulance service.

The majority of people with coronavirus will only have mild symptoms and will get well within weeks. Even though the symptoms are mild, it can still spread the virus to others.

## Making provision for self-isolation, where necessary, in respect of participants across PMVT services

There are clearly challenges associated with self-isolation in congregated settings. Approximately 66% of all rooms in PMVT emergency accommodation services are either single or twin rooms and this will provide options for isolation. A full assessment has been carried out of all PMVT services and appropriate identification has been made of an area suitable for isolation. These designated areas include rooms, corridors, floors, and other areas within services.

Any room or area or indeed facility that is designated as an isolation area will be subject to rigorous, frequent and regular disinfection practices by PMVT staff and participants will also be required to take responsibility for following universal precautions and cleanliness and hygiene practices associated with minimising the risk of the spread of infection.

### Participants will need to self-isolate:

Participants will be required to self-isolate:

- If directed to do so by the HSE / GP
- If they have symptoms of coronavirus
- Before they get tested for coronavirus
- While they wait for test results
- If they have had a positive test result for coronavirus

## Caring for someone else in self-isolation

You may be caring for someone who needs support while they are in self-isolation. If you are, follow the advice outlined within this document.

### ***You should also:***

- stay away from them as much as possible (at least 1 metre) and avoid touching them - use your phone to communicate
- wash your hands properly every time you have contact with the person
- if you have face masks, wear one and have them on when you have to be in the same room
- if you have to clean phlegm or spit from their face use a clean tissue, put it into a waste bag and wash your hands
- put them in a well-ventilated room alone
- limit their movement within the service
- have them use the designated toilet/shower, if possible
- limit the number of caregivers
- keep them away from older people, people with long-term conditions or pregnant women

If possible, only one person should look after the person self-isolating. Ideally, this would be someone who is in good health.

## If you live with other people

- Stay in a room with a window you can open, where there are mechanical ventilation systems the air is being circulated through these and keeps the service / rooms well ventilated.
- Use a toilet and bathroom that no one else in the services uses. (*Staff to follow procedures on cleaning of bathrooms /showers – below*).
- If participant uses a bathroom used by others, close for 1 hour and then clean it thoroughly.
- Do not share any items they have used with other people.

### *These include:*

- Dishes, drinking glasses, cups, eating utensils, towels, bedding

## Self-Isolation of Participants – Staff Measures to be implemented

Self-isolation means that a participant is assigned to a designated room which is for that participants single occupancy, during the period of self-isolation and up until test results for COVID-19.

- Direct participant to room for self-isolation
- Maintain Social Distancing – 2 metres
- Minimise contact to less than 10 minutes
- When engaging with participants where PPE - Disposable Apron, gloves
- Put poster up, close toilet / shower that is dedicated for participant use

## Self-Isolation of Participants – Participants Procedures

- Participants to be shown to room for self-isolation
- Advise participant they are to remain in this room
- Meals to be brought to participant in room
  - Single packed meals, in disposable packages
- Support participant – check if they have a mobile (if not provide a mobile) and credit in order to communicate with staff
- Speak to GP/Clinical team re: medical and addiction support needs during period of isolation
  - Arrange methadone delivery
  - Arrange methadone prescription
  - Arrange prescribed medication delivery / pick up
  - Arrange benzodiazepine prescription where history or concern of seizure from withdrawal

PMVT Nursing team to visit to participant in self-isolation and offer supports

## Keeping everyone else safe and well

### Dedicated Self-Isolation Room / Area

PMVT service managers have carried out an assessment across all PMVT services to identify appropriate rooms areas to be used for self-isolation.

These rooms are located in an area of the service which as lowest levels of footfall / traffic and where access to a dedicated toilet and shower facility is available.

Both the room and toilet / shower is to be closed for use by other participants and staff with

- Clear signage on display outside each room / area designated
- A record is to be kept of any and all persons (staff/participant) who enter any area used for self-isolation.

### Maintaining Self-Isolation within a Service

#### **1. *Stay at within Designated Self-Isolation Area***

- Do not go to work, school, religious services or public areas, and do not use public transport or taxis until you have been told that is safe to do so.
- PMVT Staff to arrange provision of meals, medications and other provisions.

#### **2. *Keep away from other people in your home as much as you can***

- You should stay away from other people in your home most of the time in a well-ventilated room with a window to the outside that you can open.
- If you have to go into the same room with other people at home you should try to keep at least a metre (3 ft) away from them and you should clean your hands regularly and practice good respiratory etiquette.
- If you can, you should use a toilet and bathroom that no one else in the house uses.
- If you cannot have your own toilet and bathroom, the toilet and bathroom you use needs to be kept clean (see advice below).

### **3. *Clean your hands***

- Participants are to clean hands regularly following HSE Hand Washing techniques - This is one of the most important things they can do.
- Try not to touch anyone else's face.
- Use moisturizer on hands after washing

### **4. *Respiratory Etiquette (Figure 1)***

Staff are to continue to support participants to continuously remind and keep aware to follow respiratory etiquette

- Cover your mouth and nose with a paper tissue when you cough or sneeze
- Place used tissues into a plastic waste bag (see note below for managing rubbish), and immediately clean your hands with alcohol hand rub or wash your hands with soap and water for at least 20 seconds.

### **5. *Do not share belongings***

Staff are to instruct participants on the importance of not sharing items, belongings etc., this includes:

- Food, dishes, drinking glasses, cups, knives, forks and spoons, towels, bedding or other items with other people in the service when you have used them (or after your child or the person you are caring for has used them) until they have been washed.
- After using these items, wash them in a dishwasher if one is available or with washing up liquid and hot water. If you are not well enough, someone else in the house can do this for you. The person should use household/rubber gloves if available. The gloves can be washed and dried after use. Wash hands thoroughly with soap and water after removing the gloves
- If you use games consoles or remote controls clean them before someone else in the house uses them.
- If a participant coughs or sneezes on a screen e.g. phone, or game console, ask that they wipe the screen clean immediately.



## 6. Do not have visitors

PMVT policy on participants not entering each other's rooms remain in place. Participants to be instructed not to enter into room or other designated area being used for the purpose of isolation

- Do not invite or allow unnecessary visitors to come into the house.
- If someone urgently needs to come to the house, keep at least a meter (3ft) away from them and advise them that you are not well.

## 7. Meals

Food and drink is to be brought to the person in the area of isolation. Reasons to leave those areas will be identified and addressed to ensure that any such needs are met so as to avoid unnecessary movement within the environment.

Staff attending to those who are required to self-isolate should take additional precautions when delivering food and collecting used plates etc. by way of ensuring that they wear disposable gloves and disposable aprons.

- If possible, have someone leave food on a tray at the bedroom door.
- When finished, participant to leave everything on the tray at the door.
- This should be collected and
  - Placed directly into a refuse bag (follow managing rubbish guidelines below), where
  - Put in a dishwasher and hands washed properly afterwards.
- If you don't have a dishwasher:
  - wash in hot soapy water, wearing rubber gloves
  - leave to air dry
  - wash the rubber gloves while you are still wearing them
  - remove gloves and wash your hands

## 8. *Toileting and showering*

Showering facilities will be identified for those who are required to self-isolate and where possible these facilities should be accessible only to those who are required to self-isolate and kept locked at all other times. Where this is not possible, specific showers and toilets should be identified for the exclusive use of those in self-isolation and clearly designated as such. Participants in self-isolation are to use only designated toilet and shower facilities which have been identified within the service for isolation purposes.

- Participants to be encouraged to clean any surfaces they have touched afterwards.
- Towels / clothing to be placed in laundry bag and removed for laundering by staff wearing PPE

### Cleaning and Hygiene of showering and toileting facilities

Designated showers / toilets used for self-isolation should be ring-fenced for use at a specific time each day (preferably late afternoon or evening).

- Wait a minimum of **1 Hour** after last use of toilet / showering facility to commence cleaning – this allows for droplets in air to settle on surfaces.
- Ask participants to open windows where possible, after showering to allow for ventilation.
- Designated showers / toilets will be rigorously dis-infected at the end of this time period.
- All showering areas should be maintained without any hygiene products left in the shower that may subsequently be used by others.
- Showering areas should be well ventilated and the disinfecting process shall be undertaken approximately **1 Hour** after its last use by those in self-isolation.
- The shower should remain locked during this time.

## 9. Household cleaning

- Disposable gloves are to be worn when carrying out all cleaning and handling duties within a service, isolation-area
- Clean all surfaces, such as counters, table-tops, doorknobs, bathroom fixtures, toilets and toilet handles, phones, keyboards, tablets, and bedside tables, every day with a cleaning product
- When cleaning you should use usual household products, like detergents and bleach as these will be very effective at getting rid of the virus. Follow the instructions on the manufacturers label and check they can be used on the surface you are cleaning.

### Re-useable Cleaning Cloths

Participants in PMVT housing may use, within their day to day lives, re-useable cloths and gloves, they are to be advised to

- Wear gloves when cleaning surfaces or handling dirty laundry. If you use household/rubber gloves they can be washed and dried after use. Always wash your hands after you take off the gloves.
- If you are using re-useable cleaning cloths, these can be washed in a hot wash cycle of a washing machine after use.
- Disposable gloves and cleaning cloths to be placed in a plastic waste bag after using them. (See advice about managing rubbish below.)

## 10. Laundry

Have laundry placed in a plastic bag provided by staff. Staff (wearing gloves and apron) to collect it from bedroom door.

- Wash the laundry at the highest temperature for the material, with a laundry detergent
- Clean all surfaces and the area around the washing machine
- If using rubber gloves, wash while still wearing them
- Wash their hands thoroughly with soap and water after removing the gloves
- If possible tumble dry and iron using a hot setting or steam iron
- Do not take laundry to a launderette

### ***11. Managing rubbish***

- Put all your personal waste including used tissues, masks and all cleaning waste in a plastic rubbish bag.
- Tie the bag when it is almost full and then place it into a second bin bag and tie.
- Once the bag has been tied securely leave it somewhere safe.
- Do not put the rubbish bags out for collection for 72 hours.
- Other household waste can be disposed of as normal without any time delay.

### ***12. Where there are children in a service?***

+Do your best to follow this advice however we understand it may not always be possible

- Children can get COVID-19 infection but in most cases the illness is not very severe.
- If your child does develop symptoms, they need to stay at home for 14 days from the onset of their symptoms.



**If someone is in Self-Isolation whilst awaiting testing, waiting for the results of testing or has been diagnosed with COVID-19 infection.**

If possible, only one person should look after the patient. Ideally this would be someone who is not in a risk group for complications of infection.

- If you are caring for someone who is sick with COVID-19 try and keep your distance if possible – stay at least a meter (3 ft) away and avoid touching them.
- If this not possible remember to clean your hands afterwards.
- Clean your own hands regularly and if necessary help the person you are caring for to clean their hands also.
- Do not touch your face while caring for someone else.
- If you have to clean phlegm or spit from their face use a clean tissue, put it into a waste bag and wash your hands.
- Read all the advice above and encourage and support the person to follow that advice
- If the person becomes very unwell but it is not an emergency, call your regular doctor to ask for advice (clinical helpline **1800 901 790**).
- If it is an emergency, call the emergency services at 112 or 999 and remember to tell them that the person has been diagnosed with COVID-19.

**Only stop self-isolation when both of these apply:**

- There has been no fever for 5 days
- it has been 14 days since first symptoms  
*and*
- After consultation and confirmation, they have been cleared to stop isolation by HSE

## **Maintaining a register of those required to self-isolate**

PMVT is maintaining a register of all participants who are required to self-isolate that will include their name, DOB, PASS ID, reason why they were required to self-isolate, the date that the period of self-isolation began and the date it is scheduled to end. The register will also include Next of Kin details, medical issues, medication etc. as set out on PMVT contact form.

In light of any participant or staff member receiving a confirmed diagnosis of COVID-19 or awaiting results, they will be contacted by their service manager and PMVT Head of Nursing and Addiction on a daily basis for both support and update regarding presentations.

## Decontamination and Deep Cleaning

The following video link is available on PMVT Intranet and has been sent to all staff from PMVT COVID-19 Task Force.

All staff are to watch this video to familiarise with content and implement into practice.

<https://www.youtube.com/watch?v=PwTHtWa-vdU#action=share>

### What you need to know

Cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people if an area can be kept closed and secure for 72 hours, wait until this time has passed for cleaning as the amount of virus living on surfaces will have reduced significantly by 72 hours, wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles if an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), consider using protection for the eyes, mouth and nose, as well as wearing gloves and an apron wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning:

*The risk of infection depends on many factors, including:*

- the type of surfaces contaminated
- the amount of virus shed from the individual
- the time the individual spent in the setting
- the time since the individual was last in the setting

The infection risk from coronavirus (COVID-19) following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses in the same family suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours.



## Principles of cleaning after a participant has left the setting or area of self-isolation

### Personal protective equipment (PPE)

The minimum PPE to be worn for cleaning an area where a person with possible or confirmed coronavirus (COVID-19) is disposable gloves and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.

If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. The local Public Health England (PHE) Health Protection Team (HPT) can advise on this.

### Cleaning and disinfection

Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

- use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine

*or*

- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

*or*

- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses

- Avoid creating splashes and spray when cleaning.
- Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
- When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.
- Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.
- If possible keep an area closed off and secure for 72 hours. After this time the amount of virus contamination will have decreased substantially and you can clean as normal with your usual products.

## Waste

- Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):
  - Should be put in a plastic rubbish bag and tied when full.
  - The plastic bag should then be placed in a second bin bag and tied.
  - It should be put in a suitable and secure place and marked for storage until the individual's test results are known.
- Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.
- if the individual tests negative, this can be put in with the normal waste
- if the individual tests positive, then store it for at least 72 hours and put in with the normal waste

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

## Laundry

- Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items.
- Do not shake dirty laundry, this minimizes the possibility of dispersing virus through the air.
- Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

## The difference between self-quarantine and self-isolation

Self-quarantine means avoiding contact with other people and social situations as much as possible.

You will need to do this if you are a close contact of a confirmed case of coronavirus and you are still well.

Self-quarantine is to stop other people from getting coronavirus.

### How to self-quarantine

- If you are well, but you have been in close contact with a case of coronavirus you will need to self-quarantine. You will also need to self-quarantine if you have returned from certain countries. This is to stop other people from getting coronavirus.
- Self-quarantine means avoiding contact with other people as much as possible by staying at home or in your hotel.
- You can still go outside for walks, runs or cycles on your own. But you should not spend time in close contact with other people.
- Other household members do not need to restrict their activities unless they are told to.

### *Don't*

- Do not go to school, college or work.
- Do not use public transport.
- Do not go to meetings, social gatherings, group events or crowded places.
- Do not have visitors at your home.
- Do not go shopping - where possible, order your groceries online or have some family or friends drop them off.
- Do not contact older people, people with chronic health problems and pregnant women.
- Do not travel outside or within Ireland.

## Contact Tracing

Each service is to ensure that a clear record is kept of who accesses services and when, so that any contact tracing carried out by the HSE on the diagnosis of coronavirus is accessible to the HSE.

- All staff to be made aware and ensure that service sign in and sign out books are updated at each entry and departure.
- All staff returning from or planning on travelling to risk zones to inform line manager immediately.

## What is COVID-19

COVID-19 is a new illness that can affect the lungs and airways. It is caused by a virus called coronavirus.

### Symptoms of Coronavirus

It can take up to 14 days for symptoms of coronavirus to appear. The main symptoms to look out for are:

- [a cough](#)- this can be any kind of cough, not just dry
- shortness of breath
- breathing difficulties
- [fever \(high temperature\)](#) or chills

Other symptoms are fatigue, headaches, sore throat, aches and pains.

COVID-19 can also result in more severe illness including:

- Pneumonia
- Severe Acute Respiratory Syndrome
- Kidney Failure

### Compare symptoms of coronavirus and flu


Symptoms	Coronavirus Symptoms range from mild to severe	Flu Abrupt onset of symptoms	Cold Gradual onset of symptoms
Fever or chills	Common	Common	Rare
Cough	Common (usually dry)	Common (usually dry)	Mild
Fatigue	Sometimes	Common	Sometimes
Aches and pains	Sometimes	Common	Common
Sore throat	Sometimes	Sometimes	Common
Headaches	Sometimes	Common	Rare
Shortness of breath	Sometimes	No	No
Runny or Stuffy Nose	Rare	Sometimes	Common
Diarrhoea	Rare	Sometimes in children	No
Sneezing	No	No	Common

## Screening Questions

This screening process must be adhered to and implemented with all participants and staff whom have travelled/returned the countries listed below?

No.	Screening Questions	Countries Visited
Q 1.	Have you travelled from one of the affected countries in the past 14 days?	As of the 15 <sup>th</sup> of March 2020, affected countries are: <ul style="list-style-type: none"> <li>• China</li> <li>• Italy</li> <li>• Spain</li> <li>• South Korea (Daegu, Cheongdo or Gyeongsan)</li> <li>• Iran</li> </ul>
Q 2.	Have you been in contact with someone with a confirmed case of COVID-19?	

# Coronavirus COVID-19




Coronavirus  
**COVID-19**  
Public Health  
Advice


**If you have fever and/or cough you should stay at home regardless of your travel or contact history.**

If you have returned from an area that is subject to travel restrictions due to COVID-19 you should restrict your movement for 14 days. Check the list of affected areas on [www.dfa.ie](http://www.dfa.ie)


### How to Prevent




**Wash**  
your hands well and often to avoid contamination




**Cover**  
your mouth and nose with a tissue or sleeve when coughing or sneezing and discard used tissue




**Avoid**  
touching eyes, nose, or mouth with unwashed hands



**Clean**  
and disinfect frequently touched objects and surfaces



**Stop**  
shaking hands or hugging when saying hello or greeting other people



**Distance**  
yourself at least 2 metres (6 feet) away from other people, especially those who might be unwell

### All people are advised to:

- > **Reduce** social interactions
- > **Keep a distance** of 2m between you and other people
- > **Do not** shake hands or make close contact where possible

If you have symptoms visit [hse.ie](http://hse.ie) QR phone HSE Live 1850 24 1850



### Symptoms

> Fever (High Temperature) > A Cough > Shortness of Breath > Breathing Difficulties

### For daily updates visit

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)

Ireland is operating a containment strategy in line with WHO and ECDC advice

Rialtas na hÉireann  
Government of Ireland

Figure 1 Respiratory etiquette




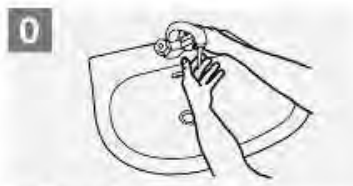


Figure 2. How to wash your hands

# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



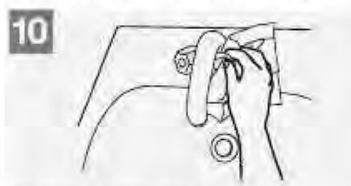
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety  
A World Alliance for Safer Health Care

SAVE LIVES  
Clean Your Hands

## Key Online Information Sources

### ***Coronavirus posters***

[COVID-19 poster \(PDF, 760KB, 1 page\)](#)

[Hand hygiene poster \(PDF, 129KB, 1 page\)](#)

### ***Health Protection Surveillance Centre (HPSC) guidance***

[Educational settings COVID-19 guidance](#)

[Employer guidance on COVID-19](#)

[COVID-19 guidance for other settings](#)

### ***Department of Health***

[Department of Health - Coronavirus COVID-19](#)

### ***Department of Foreign Affairs***

[Department of Foreign Affairs - Updated travel advice on Coronavirus \(COVID-19\)](#)

### ***World Health Organisation***

[WHO - Coronavirus Disease COVID-19 outbreak](#)

### ***European Centre for Disease Prevention and Control (ECDC)***

[ECDC - Coronavirus \(COVID-19\)](#)

**20th March 2020**

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# Coronavirus COVID-19



Coronavirus  
**COVID-19**  
Public Health  
Advice

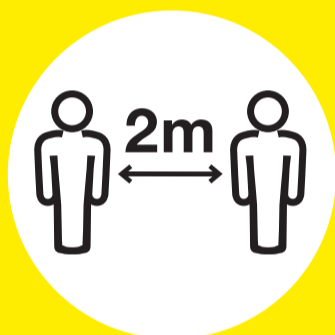
## Social Distancing Outside

Spending time outdoors is good for our health.  
**But social responsibility is essential for  
ALL our health.**



### **Avoid**

close contact  
with others



### **Distance**

yourself at least  
2 metres (6 feet) away  
from other people



### **Small group**

sizes should be kept  
to a minimum



### **Don't arrange**

to meet up with other  
groups



### **Avoid**

an area if it looks  
very busy and go  
somewhere else  
for your walk

**For Daily Updates Visit**

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)

Ireland is operating a delay strategy  
in line with **WHO** and **ECDC** advice



**Rialtas na hÉireann**  
Government of Ireland

# Coronavirus COVID-19



## Who is most at risk?



People over 60



People with long term medical conditions like heart disease, lung disease, diabetes and cancer

Please take extra care if this affects you or someone you know.

If you have symptoms, self-isolate to protect others and phone your GP. Visit [hse.ie](https://www.hse.ie) for updated factual information and advice or call 1850 24 1850.



Wash



Cover



Avoid



Clean



Stop



Distance

Protection from coronavirus.  
It's in our hands.



Rialtas na hÉireann  
Government of Ireland

# Coronavirus COVID-19



## Help prevent coronavirus



Wash your  
hands



Cover mouth if  
coughing or sneezing



Avoid touching  
your face



Keep surfaces  
clean



Stop shaking  
hands and hugging



Keep a safe  
distance

The virus spreads in sneeze and cough droplets, so regularly taking the above measures helps reduce the chance of it spreading.

**Visit HSE.ie**

For updated factual information and advice

Or call 1850 24 1850

Protection from coronavirus.  
It's in our hands.



Rialtas na hÉireann  
Government of Ireland

**24th March 2020**

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**Peter  
McVerry  
Trust**

Opening doors for  
homeless people

**Peter McVerry Trust**

**Interim Guidance on Use of PPE for Management of  
Suspected or Confirmed Cases of COVID-19**

**Updated 18th March 2020**



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## Contents

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## Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19

Infection Prevention and Control practice supported by appropriate use of PPE is important to minimise risk to patients of healthcare associated COVID-19. These measures are equally important in controlling exposure to occupational infections for healthcare workers (HCWs). Traditionally, a hierarchy of controls has been used. The hierarchy ranks controls according to their reliability and effectiveness and includes engineering controls, administrative controls, and ends with personal protective equipment (PPE). In the context of risk of respiratory infection PPE adds an extra layer of protection in the context of scrupulous attention to hand hygiene, respiratory hygiene and cough etiquette and environmental hygiene.

### Minimizing exposure risk

#### Actions for Healthcare workers

- Implement Standard Precautions for infection prevention and control with all patients at all times
- Maintain a physical distance of at least 1 metre (3 feet) but ideally 2 from individuals with respiratory symptoms (where possible)
- Clean your hands regularly as per WHO 5 moments
- Avoid touching your face
- Promote respiratory hygiene and cough etiquette which involves covering mouth and nose with a tissue when coughing and sneezing or coughing into the crook of an elbow, discarding used tissue into a waste bin and cleaning hands

#### Actions for the healthcare facility

- Post visual alerts including signs, posters at the entrance to the facility and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and HCWs with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.
  - Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste bins, and how and when to perform hand hygiene.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR), tissues, and hands free waste bins for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.

- Use physical barriers (e.g., glass or plastic windows) at reception areas, registration desks, pharmacy windows to limit close contact between staff and potentially infectious patients

## Personal protective equipment while important is the last line of defence

- This guidance applies to all healthcare settings including primary, secondary, tertiary care and ambulance service.
- The requirement for PPE is based on the anticipated activities that are likely to be required.
- The unnecessary use of PPE will deplete stocks and increases the risk that essential PPE will not be available for you and your colleagues when needed. This guidance **DOES NOT RECOMMEND** use of surgical facemasks in situations other than for contact with patients with droplet transmitted infection including COVID-19.

<b>1.0</b>	<b>Non clinical areas such as administrative areas, medical records, staff restaurant and any other area where tasks do not involve contact with COVID -19 patients</b>	
1.1	All Activities	<b>NO PPE REQUIRED</b>
<b>2.0</b>	<b>Receptions Areas</b>	
2.1	Administrative activities in reception areas where staff are separated by at least one metre from a case of suspected/confirmed COVID 19 infection	<b>NO PPE REQUIRED</b> but steps for minimising chance for exposure should be implemented
<b>3.0</b>	<b>Patient transit areas for example corridors, elevators, stairwells, escalators, waiting areas</b>	
3.1	Transfer of patients through public areas	Those physically transferring the patient should wear appropriate PPE as per section 5.0 For others <b>NO PPE REQUIRED</b>
3.2	All other activities e.g. providing security, moving equipment etc.	<b>NO PPE REQUIRED</b>
<b>4.0</b>	<b>Pathology/Laboratory Areas</b>	
4.1	All activities	PPE as per <a href="#">guidance</a>

<b>5.0</b>	<b>Clinical Areas</b>	
<b>5.1</b>	<b>Providing Care</b>	
5.1.1	<p>Patients with respiratory symptoms/suspected/confirmed COVID-19 who require an <b>aerosol generating procedure*</b></p> <p><b>Note:</b> • In situations where staff are in the room with a patient and there is a significant risk that an unplanned aerosol generating procedure may need to be performed urgently for example accidental extubation it may be appropriate to wear an FFP2 mask while in the room</p>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Long sleeved disposable gown</li> <li>• FFP2 respirator mask</li> <li>• Eye Protection</li> </ul>
5.1.2	<p>Patients with respiratory symptoms/suspected/confirmed COVID-19 who do not require an aerosol generating procedure but <b>do require high contact patient care activities that provide increased risk for transfer of virus and other pathogens to the hands and clothing</b> of healthcare workers including (but not limited to)</p> <ul style="list-style-type: none"> <li>• Close contact for physical examination /physiotherapy</li> <li>• Changing incontinence wear</li> <li>• Assisting with toileting</li> <li>• Device Care or Use</li> <li>• Wound Care</li> <li>• Providing personal hygiene</li> <li>• Bathing/showering</li> <li>• Transferring a patient</li> <li>• Care activities where splashes/sprays are anticipated</li> </ul>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Long sleeved disposable gown</li> <li>• Surgical facemask</li> <li>• Eye Protection*</li> </ul> <p>*Eye protection is recommended as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes.</p> <p>Individual risk assessment must be carried out before providing care. This assessment will need to include</p> <ul style="list-style-type: none"> <li>○ Whether patients with possible COVID-19 are coughing.</li> <li>○ The task you are about to perform</li> </ul>

5.1.3	<p>Patients with respiratory symptoms/suspected/confirmed COVID-19 where the tasks being performed are unlikely to provide opportunities for the transfer of virus/other pathogens to the hands and clothing. Low contact activities for example</p> <ul style="list-style-type: none"> <li>• Initial Clinical Assessments</li> <li>• Taking a respiratory swab</li> <li>• Recording temperature</li> <li>• Checking Urinary Drainage Bag</li> <li>• Inserting a peripheral IV cannula</li> <li>• Administering IV fluids</li> <li>• Helping to feed a patient</li> </ul>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Disposable Plastic Apron</li> <li>• Surgical facemask</li> <li>• Eye Protection*</li> </ul> <p>*Eye protection is required to be worn as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes.</p> <p>Individual risk assessment must be carried out before providing care. This assessment will need to include</p> <ul style="list-style-type: none"> <li>• Whether patients with possible COVID-19 are coughing.</li> <li>• The task you are about to perform</li> </ul>
<b>5.2</b>	<b>Cleaning</b>	
5.2.1	Cleaning where patient is present	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Plastic Apron</li> <li>• Surgical Facemask</li> <li>• Household or Disposable Single use Nitrile Gloves</li> </ul>
5.2.2	<p>Cleaning when patient is not present for example after the patient has been discharged, or the procedure is complete. Ensure adequate time has been left before cleaning as per guidelines.</p>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Plastic Apron</li> <li>• Gloves Household or Disposable Single use Nitrile Gloves</li> </ul>

<b>6.0</b>	<b>Internal transfer of patients with suspected or confirmed COVID-19 infection</b>	
<b>6.1</b>	Accompanying a patient between areas within the same facility e.g. when moving a patient from a ward to radiology / theatre, GP waiting area to assessment room.	<p>Hand Hygiene</p> <p>If patient is walking and a distance of at least 1m can be maintained – the patient should wear a surgical face mask ^ but <b>NO PPE REQUIRED</b> for staff accompanying the patient</p> <p>If staff accompanying patient and within 1m then as in section 5.0</p> <p>Surgical facemask not available, cover mouth with a tissue if coughing</p>
<b>7.0</b>	<b>External transfer for example between home and dialysis unit, inter hospital transfer, hospital to LTCF</b>	
<b>7.1</b>	Accompanying a patient but able to maintain a physical distance of at least 1m and no direct contact is anticipated	<p>Hand Hygiene</p> <p>If a physical distance of at least 1m and contact is unlikely– the patient should be asked to wear a surgical face mask if tolerated* but <b>NO PPE REQUIRED</b> for staff accompanying the patient</p>
<b>7.2</b>	Accompanying a patient within a 1m distance and likely to have direct contact	<p>Hand Hygiene</p> <p>PPE as per section 5.0</p>

<b>8.0</b>	<b>Involved only in driving a patient not loading or unloading from transport vehicle</b>	
<b>8.1</b>	No direct contact with patient and no separation between driver and the patient compartments	<p>Hand Hygiene</p> <p>Patient to wear a Surgical Face Mask if tolerated, if not driver to wear a Surgical Face Mask</p>
<b>8.2</b>	No direct contact with patient and the drivers compartment is separated from the patient	<p>Hand Hygiene</p> <p>Maintain a physical distance of at least 1m</p> <p><b>NO PPE REQUIRED</b></p>
<b>9.0</b>	<b>Individuals who may be accompanying the patient e.g. close family members</b>	
<b>9.1</b>	<p>Visiting should be restricted</p> <ul style="list-style-type: none"> <li>• If visitors are permitted they should be instructed how to correctly perform hand hygiene and supervised in donning/doffing PPE</li> <li>• Note that sensitivity to patient and visitor needs is required in the application of this recommendation for example with children and in end of life situations. Visitors should be informed of the risks but it must be accepted that in some situations people may not prioritise their own protection over their assessment of the needs of a loved one.</li> </ul>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Plastic Apron</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Surgical Face Mask</li> </ul>

## Types of PPE

- **Disposable plastic aprons:** are recommended to protect staff uniform and clothes from contamination when providing direct patient care and when carrying out environmental and equipment decontamination.
- **Fluid resistant gowns:** are recommended when there is a risk of extensive splashing of blood and other body fluids and a disposable plastic apron does not provide adequate cover to protect HCWs uniform or clothing.
- If non- fluid resistant gowns are used and there is a risk of splashing with blood or other body fluids a disposable plastic apron should be worn underneath.
- **Eye protection/Face visor:** should be worn when there is a risk of contamination to the eyes from splashing of blood, body fluids, excretions or secretions (including respiratory secretions) ◦ Surgical mask with integrated visor ◦ Full face shield or visor ◦ Goggles / safety spectacles ◻ **Surgical Face Masks**
- Surgical Face Masks (Fluid Resistant Type 11R) **Tips when wearing a surgical face mask**
  - Must cover the nose and mouth of the wearer
  - Must not be allowed to dangle around the HCWs neck after or between each use
  - Must not be touched once in place
  - Must be changed when wet or torn
  - Must be worn once and then discarded as health care risk waste (as referred to as clinical waste)

## Theatre caps/hoods and shoe covers

There is no evidence that contamination of hair is a significant route of transmission for COVID-19 infection. Head covers are not required and are not recommended. HCWs with long hair should keep their hair tied up and off their face when working in clinical settings. Theatre shoe covers are not recommended.



## Decontamination of eye/face protection for example goggles where there is a shortage of equipment

In situations where there is a shortage of disposable eye protection **AND** the activity being undertaken involves a high risk of splash or spray to the eyes, HCWs may reuse goggles/safety spectacles.

Where reuse of eye protection is being considered

- Ensure there is no obvious signs of damage – Discard if signs of damage
- Ensure there are no cloth elements - items with cloth elements cannot be effectively decontaminated
- Check they are visibly clean before attempting to decontaminate – Discard if visibly soiled with blood/body fluids including respiratory secretions as heavily soiled items cannot be effectively decontaminated. □ The item should then be carefully decontaminated using a disinfectant wipe.

The risk of reusing Eye protection should be balanced against the risk to the user of a risk of splash or spray to the eyes.

Where practical to do so, decontamination of goggles should be centralized in a facility which normally reprocesses items may add additional margin of safety

## Wearing PPE on a Cohort Ward/Unit

Surgical face masks do not need to be changed when moving between patients in a cohort area/ ward however the mask should be changed when wet and removed when leaving the cohort area for example going to break.

- Surgical face masks should not be reused once removed e.g. when going to answer the telephone
- Eye protection where used does not need to be changed in between patients on a cohort ward but should be removed when leaving the cohort area
- Gloves should be changed between patients and changed as appropriate when completing different tasks on the same patient
- Plastic aprons & gowns should be changed between patients

# **COVID-19 Guidance for Administration of First Aid**

- If you do need to provide first aid to an individual who is symptomatic and identified as a possible case, wherever possible, place the person in a position away from others.
- If there is no physically separate room, ask others who are not involved in providing first aid to stay at least 2 metres away from the individual.
- In performing first aid to an individual who is a suspected case of COVID-19 gloves, disposable plastic aprons, a surgical face mask and if required an eye shield (suspected and confirmed cases) should be used. **Wash your hands thoroughly** with soap and water before putting on PPE.
- Use and dispose of all PPE according to training. All used PPE **must be disposed of** in yellow clinical waste bag.
- After contact with the individual **wash your hands thoroughly** with soap and water at your earliest opportunity. Alcohol hand gel is recommended if soap and water is not available. Avoid touching your mouth, eyes and nose unless you have recently cleaned your hands after having contact with the individual

# COVID-19

## Guidance for Administering CPR and/or Naloxone

### CPR

If you are required to perform cardiopulmonary resuscitation (CPR), it is recommended that you do not perform rescue breathes or mouth to mouth ventilation; perform chest compressions only. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support states that studies have shown that compression only CPR may be as effective as combined ventilation and compression in the first few minutes after non asphyxia arrest (cardiac arrest due to lack of oxygen).

- In regards to assessing for adequate breathing, **do not** listen or feel for breathing by placing your ear and cheek close to the participant's mouth. Assess for breathing by **watching for chest rise and fall** (NHS, 2020).
- It is worth noting that the majority of people who are still alive but suffering an overdose, **are still breathing normally** and therefore **do not require CPR**. These casualties should be put into the recovery position rather than given CPR, with naloxone administered at 2 minute intervals as per guidelines.
- The wearing of disposable gloves and other PPE **is a must while providing assistance** to those who are suspected of having COVID-19 related symptoms.
- After contact with the participant, **wash your hands thoroughly** with soap and water at your earliest opportunity. Alcohol hand gel is recommended if soap and water is not available. Avoid touching your mouth, eyes and nose unless you have recently cleaned your hands after having contact with the individual.

### Naloxone

**Naloxone must be administered by IM (intramuscular injection) only during this period.** To administer naloxone using the IN (intranasal) could be considered an at risk intervention due to the creation of the generation of aerosols. **Under no circumstances** is intra nasal naloxone to be used in response to a participant experiencing an overdose who requires naloxone to be administered.

Should you have any queries related to any of the above measures, please do not hesitate to contact your line manager.

**27th March 2020**

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**Peter  
McVerry  
Trust**

Opening doors for  
homeless people

**Peter McVerry Trust**

**Interim Guidance Document for  
Levels of Observation to be Maintained in Cocooned,  
Suspected or Confirmed Cases**

**Updated 24<sup>th</sup> March 2020**

## Contents

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### Observation Levels Contact Record – Category 1, 2 & 3

## COVID-19 Levels of Observation and Intervention

### Cocooning: Level 1 Observation

Level 1 observation for participants who are in category 1 of 'cocooning'

- Four daily periods of observation via phone and provision. Contact will be made via phone call to advise of arrival of provision.

Interventions:

The following information must be recorded and documented:

- Symptoms observed i.e. shortness of breath, breathing difficulty, cough, etc.
- Symptoms reported by the resident i.e. shortness of breath, breathing difficulty, cough, sore throat, fatigue, headache, etc
- Temperature reading recorded by the participant. Temperatures above 38C indicate an infection.
- Oxygen level reading recorded by the participant. Readings of 96% and above indicates a normal reading for those with no underlying respiratory conditions. **Note readings of 94% and above can be indicative of a baseline reading for those with underlying respiratory issues i.e. COPD.**
- Changes in presentation i.e. increased shortness of breath/cough, escalation of temperature, de-escalation in oxygen levels.
- Concerns in regard to presentation must be reported to GP, if the individual has no GP, please contact Safety Net for further advice 1800 901 790

### Suspected Case: Level 2 Observation

Level 2 observation for participants who are in category 2 of 'suspected cases'

- 2 hourly periods of observation via phone and provision. Contact will be made via phone call to advise of arrival of provision.

Interventions:

The following information must be recorded and documented:

- Symptoms observed i.e. shortness of breath, breathing difficulty, cough, etc.
- Symptoms reported by the resident i.e. shortness of breath, breathing difficulty, cough, sore throat, fatigue, headache, etc
- Temperature reading recorded by the participant. Temperatures above 38C indicate an infection.

- Oxygen level reading recorded by the participant. Readings of 96% and above indicates a normal reading for those with no underlying respiratory conditions. **Note readings of 94% and above can be indicative of a baseline reading for those with underlying respiratory issues i.e. COPD.**
- Changes in presentation i.e. increased shortness of breath/cough, escalation of temperature, de-escalation in oxygen levels.
- Concerns in regard to presentation must be reported to GP, if the individual has no GP, please contact Safety Net for further advice 1800 901 790
- Testing: If testing is required the resident should be cared for as a suspected COVID-19 until a test is available ([www.hpse.ie](http://www.hpse.ie))

## Confirmed Case: Level 3 Observation

### 2 hourly periods of observation. Interventions to include:

Interventions:

The following information must be recorded and documented:

- Symptoms observed i.e. shortness of breath, breathing difficulty, cough, etc.
- Symptoms reported by the resident i.e. shortness of breath, breathing difficulty, cough, sore throat, fatigue, headache, etc
- Temperature reading recorded by the participant. Temperatures above 38C indicate an infection.
- Oxygen level reading recorded by the participant. Readings of 96% and above indicates a normal reading for those with no underlying respiratory conditions. **Note readings of 94% and above can be indicative of a baseline reading for those with underlying respiratory issues i.e. COPD.**
- Changes in presentation i.e. increased shortness of breath/cough, escalation of temperature, de-escalation in oxygen levels.
- Concerns in regard to presentation must be reported to GP, if the individual has no GP, please contact Safety Net for further advice 1800 901 790
- Testing: If testing is required the resident should be cared for as a suspected COVID-19 until a test is available ([www.hpse.ie](http://www.hpse.ie))

## Cocooning:

Cocooning in the context of COVID-19 is a systematic intervention to mitigate risk of infection to those assessed to be highly vulnerable to infection and within the category of population most at risk of becoming critically ill. Those assessed within this category will be prioritised for cocooning to prevent any direct risk which would implicate their current health status. Cocooning is the transfer from congregated and /or inconsistent accommodation settings to



individual self-contained units, with on-site staff support. Priority for cocooning is established through assessment based on age and underlying health conditions.

## Self-Isolation in Suspected and / or Confirmed Cases

Suspected Case in the context of COVID-19 is where an individual is presenting with symptoms suggestive of COVID-19 i.e. cough, temperature, shortness of breath, breathing difficulties, fatigue, headaches, sore throat and general aches and pains. A suspected can also include casual or associated contact with a confirmed COVID-19 case. A participant will be advised to self-isolate pending testing and results of testing. A Confirmed Case is where a test for COVID-19 has come back as a positive result.

Self-isolation means you stay at home while you have coronavirus (COVID-19). Even though the symptoms are mild you can still spread the virus to others. This will help to protect your friends, colleagues and the wider community and will help control the spread of the virus.

## When to Stop Self-Isolation

If the virus for Covid-19 is **not detected** a participant is to continue to self-isolate until 48 hours after they last had symptoms. This is because, while the virus for COVID-19 was not detected, they have symptoms of an infectious respiratory illness which should not be passed on to others.

When a participant has **tested positive** for COVID-19, they continue to self-isolate until they are 14 days without symptoms and have had no high temperature for the last 5 days of the 14 days.

Date: \_\_\_\_\_ Date Self-Isolation Commenced: \_\_\_\_\_ Location of Self-Isolation: \_\_\_\_\_

Participant Name: \_\_\_\_\_ PASS ID: \_\_\_\_\_ DOB: \_\_\_\_\_ **Category 1. Observation: Cocooning**

Date	Time 24hr clock Maximum of 4hr between Obs	Symptoms Observed (Shortness of breath, Breathing difficulty, Cough)	Symptoms Reported (Shortness of breath, Breathing difficulty, Cough)	Temperature above 38c indicates infection (taken by participant with thermometer provided)	Oxygen Levels above 96c Indicates (taken by participant with thermometer provided)	Provision of Meals (Provided/ Refused/ Eaten)	Participant Notes / Comments (Presentation/Sleeping/Alert)	Staff Signed
	09:00							
	13:00							

Date	Time 24hr clock Maximum of 4hr between Obs	Symptoms Observed (Shortness of breath, Breathing difficulty, Cough)	Symptoms Reported (Shortness of breath, Breathing difficulty, Cough)	Temperature above 38c indicates infection (taken by participant with thermometer provided)	Oxygen Levels above 96c Indicates (taken by participant with thermometer provided)	Provision of Meals (Provided/ Refused/ Eaten)	Participant Notes / Comments (Presentation/Sleeping/Alert)	Staff Signed
	18:00							
	22:00							
Additional Obs / Notes								

Date: \_\_\_\_\_ Date Self-Isolation Commenced: \_\_\_\_\_ Location of Self-Isolation: \_\_\_\_\_

Participant Name: \_\_\_\_\_ PASS ID: \_\_\_\_\_ DOB: \_\_\_\_\_ **Category 2. Observation: Suspected**

Date	Time 24hr clock Maximum of 2hr between Obs	Symptoms Observed (Shortness of breath, Breathing difficulty, Cough)	Symptoms Reported (Shortness of breath, Breathing difficulty, Cough)	Temperature above 38c indicates infection (taken by participant with thermometer provided)	Oxygen Levels above 96c Indicates (taken by participant with thermometer provided)	Provision of Meals# (Provided/ Refused/ Eaten)	Participant Notes / Comments (Presentation/Sleeping/	Staff Signed
	08:00							
	10:00							
	12:00							
	14:00							
	16:00							
	18:00							
	20:00							
	22:00							

Date: \_\_\_\_\_ Date Self-Isolation Commenced: \_\_\_\_\_ Location of Self-Isolation: \_\_\_\_\_

Participant Name: \_\_\_\_\_ PASS ID: \_\_\_\_\_ DOB: \_\_\_\_\_ **Category 3. Observation: Confirmed**

Date	Time 24hr clock Maximum of 2hr between Obs	Symptoms Observed (Shortness of breath, Breathing difficulty, Cough)	Symptoms Reported (Shortness of breath, Breathing difficulty, Cough)	Temperature above 38c indicates infection (taken by participant with thermometer provided)	Oxygen Levels above 96c Indicates (taken by participant with thermometer provided)	Provision of Meals# (Provided/ Refused/ Eaten)	Participant Notes / Comments (Presentation/Sleeping/	Staff Signed
	08:00							
	10:00							
	12:00							
	14:00							
	16:00							
	18:00							
	20:00							
	22:00							

**30th March 2020**

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# Washing your hands

## Hand washing is important:

- ◆ If hands are not clean they can spread germs.
- ◆ **You should wash your hands thoroughly and often** with soap and warm water and **especially**:
  - \* When hands look dirty
  - \* Before and after preparing, serving or eating food
  - \* Before and after dealing with sick people
  - \* Before and after changing the baby's nappy
  - \* Before and after treating a cut or a wound
  - \* After handling raw meat
  - \* After going to the toilet or bringing someone to the toilet
  - \* After blowing your nose, coughing or sneezing
  - \* After handling rubbish or bins
  - \* After handling an animal or animal litter/droppings
  - \* After contact with flood water
- ◆ A quick rinse will not work – your hands will still have germs. To wash hands properly:
  - ~ Rub all parts of the hands and wrists with soap and water for **at least** 15 seconds (or as long as it takes to sing the *"Happy Birthday to you"* song two times!)
  - ~ Don't miss out on washing your finger tips, between your fingers, the back of your hands and the bottom of your thumbs – the pictures here will help.

## Getting ready to wash your hands:



- ◆ Remove hand & wrist jewellery - rings, watch, bracelets



- ◆ Wet hands thoroughly under warm running water



- ◆ Apply a squirt of liquid soap to cupped hand

## Washing your hands - take at least 15 seconds/the time it takes to sing the "Happy birthday to you" song twice!



- ◆ Rub palm to palm 5 times making a lather/suds



- ◆ Rub your right palm over the back of your left hand and up to your wrist 5 times
- ◆ Repeat on the other hand



- ◆ With right hand over the back of left hand, rub fingers 5 times
- ◆ Repeat on the other hand



- ◆ Rub palm to palm with fingers interlaced

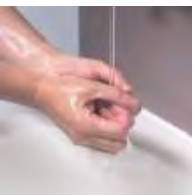


- ◆ Wash both thumbs using rotating movement



- ◆ Wash nail beds—rub the tips of your fingers against the opposite palm

## Rinsing and drying your hands:



- ◆ Rinse hands well making sure all the soap is gone



- ◆ Dry hands fully using a clean hand towel or a fresh paper towel
- ◆ Bin paper towel after use

**Remember -  
Clean hands save lives &  
stop the spread of many infections**

 Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Compiled by Dept of Public Health, Midlands.  
January 2016

**6th April 2020**

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# COVER YOUR COUGHING AND SNEEZING



- Turn your head away from others
- Use a tissue to cover your nose and mouth



- Drop your tissue into a waste bin



- No tissues? Use your sleeve

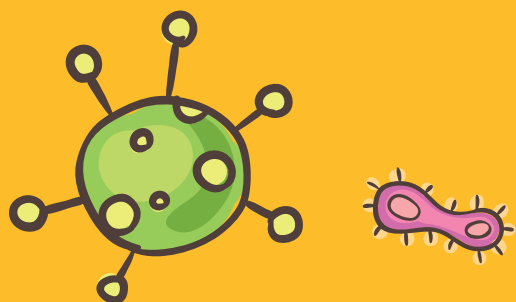


- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds

# COVER YOUR COUGH AND SNEEZE



Stop the spread of germs that make people sick



When you cough or sneeze  
cover your nose and mouth  
with a tissue



or

Cough or sneeze into your  
elbow, not your hands.



Throw away your tissue!

Clean your hands after  
coughing or sneezing.



# Thanks!



Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt



# COVER YOUR COUGH AND SNEEZE

STOP THE SPREAD OF GERMS THAT MAKE PEOPLE SICK



When you cough or sneeze **cover your nose and mouth** with a tissue

**OR** Cough or sneeze into your elbow, not your hands.

**Throw away your tissue!**



**Clean your hands after coughing or sneezing.**



# THANKS!



Building a Better Health Service

Seirbhís Sláinte Níos Fearr á Forbairt



# COVER YOUR COUGH AND SNEEZE THE RIGHT WAY



## DO

**Use a tissue and place it immediately in the bin.  
Wash your hands or use a hand sanitiser.**



## DO

**Cough or sneeze into your upper sleeve.  
Germs won't spread through your clothing.**



## DON'T

**Cough or sneeze into your hands. You'll end up  
spreading germs to everything you touch.**



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Service

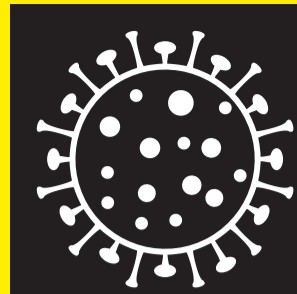
Seirbhís Sláinte  
Níos Fearr  
á Forbairt



**15th April 2020**

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# Coronavirus COVID-19



Coronavirus  
**COVID-19**  
Public Health  
Advice

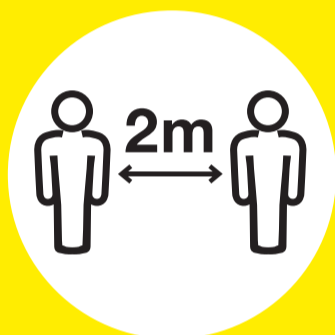
## Social Distancing Outside

Spending time outdoors is good for our health.  
**But social responsibility is essential for  
ALL our health.**



### **Avoid**

close contact  
with others



### **Distance**

yourself at least  
2 metres (6 feet) away  
from other people



### **Small group**

sizes should be kept  
to a minimum



### **Don't arrange**

to meet up with other  
groups



### **Avoid**

an area if it looks  
very busy and go  
somewhere else  
for your walk

**For Daily Updates Visit**

[www.gov.ie/health-covid-19](http://www.gov.ie/health-covid-19)  
[www.hse.ie](http://www.hse.ie)

Ireland is operating a delay strategy  
in line with **WHO** and **ECDC** advice



**Rialtas na hÉireann**  
Government of Ireland

# Coronavirus COVID-19



## Who is most at risk?



People over 60



People with long term medical conditions like heart disease, lung disease, diabetes and cancer

Please take extra care if this affects you or someone you know.

If you have symptoms, self-isolate to protect others and phone your GP. Visit [hse.ie](https://www.hse.ie) for updated factual information and advice or call 1850 24 1850.



Wash



Cover



Avoid



Clean



Stop



Distance

Protection from coronavirus.  
It's in our hands.



Rialtas na hÉireann  
Government of Ireland

# Coronavirus COVID-19



## Help prevent coronavirus



Wash your  
hands



Cover mouth if  
coughing or sneezing



Avoid touching  
your face



Keep surfaces  
clean



Stop shaking  
hands and hugging



Keep a safe  
distance

The virus spreads in sneeze and cough droplets, so regularly taking the above measures helps reduce the chance of it spreading.

**Visit HSE.ie**

For updated factual information and advice

Or call 1850 24 1850

Protection from coronavirus.  
It's in our hands.



Rialtas na hÉireann  
Government of Ireland