Preliminary Guideline on Infection Prevention Control Related to Community Based Centres Collecting Samples for Testing for COVID-19

Community sampling for detection of COVID-19 has been implemented as an emergency measure often in improvised settings. This guidance outlines an approach to achieve a basic level of infection prevention and control in these settings acknowledging that implementation may be difficult given the improvised nature of the facilities.

1. The Environment
To the greatest extent possible, the facility should be such as to allow all surfaces, particularly all contact surfaces to be readily cleaned and disinfected.

The space should be large enough to ensure that anyone waiting for testing can remain at least 1 m away ideally 2m from other patients and from staff except when collecting the sample for testing.

The facility should be secure so that healthcare risk waste can be protected until disposed of safely.

The facility should be free of any unnecessary objects.

Alcohol hand rub should be provided at the entrance and exit and patients required to perform hand hygiene on entry and before exit.

If toilet facilities are provided, they must be cleaned at least twice a day and checked for cleanliness at least 4 times per day.
2. The Operation

There should be effective supervision at all times to ensure that guidance is implemented.

Staff should not eat drink or smoke/vape and should minimise social interaction.

Dining/break facilities should be separate from the testing area and social distancing maintained.

Staff should follow good infection prevention and control practice in particular careful attention to hand hygiene, respiratory hygiene and cough etiquette and should use appropriate PPE as per national guidelines (please see link below).


Note there is no evidence that sample collection is an aerosol generating procedure associated with increased risk of pathogen transmission and the duration of face to face contact with the person being tested is brief therefore a surgical mask is appropriate.

Where possible people attending for testing should be by appointment to avoid people congregating while waiting for testing.

Where possible people who drive to the centre by private car should remain in their car until called for testing or be tested in the care if that is practical.

Signage should indicate that people waiting for testing should not eat, drink or smoke/vape and should not have contact with or speak with others awaiting testing and should leave promptly after testing.

Where possible patient flow should avoid patients overlap between patients arriving for testing and those leaving (to avoid social interaction).
Staff must not perform testing on people who have not been referred by the appropriate pathway.

3. **Environmental Cleaning**

The facility should be cleaned and disinfected at least daily and whenever visibly dirty.

All contact surfaces should be cleaned and disinfected at a minimum of twice per day and more frequently if there is high throughput or any incident that is likely to have contaminated surfaces (for example a patient with violent coughing or sneezing). PPE should be worn for cleaning and decontamination (plastic apron and gloves).

If patient has to go into a room for testing ensure room door remains closed for the duration of the test. Carry out an environmental decontamination concentrating on horizontal surfaces.

Pay special attention to frequently touched sites e.g. door handles and to horizontal surfaces.

Waste should be disposed of as healthcare risk waste and bag sealed for disposal.

4. **Training of staff**

Training of staff should at a minimum require familiarising themselves with good infection prevention and control practice for example by reading relevant guidance at www.hpsc.ie and watching relevant videos at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/

Ideally, face-to-face hand Hygiene training should be performed by a hand Hygiene trainer who has already completed the National Hand Hygiene Train the Trainer programme. If not available training in performing hand hygiene should be completed and assessed on www.hseland.ie. Donning and doffing PPE should be assessed by a Test Centre lead and documented as satisfactory. Refer to https://www.hpsc.ie/a-
Training in sample collection and packaging should at a minimum include familiarity with the content of the National Ambulance Service training video on sample collection. For those without previous experience taking such samples observation of at least 5 sample collections is appropriate. For those with previous experience this may not be required.

Competency on sample collection and packaging should be assessed. Competency may be assessed by performing swabbing on a staff member volunteer. The first two samples performed on a patient must be under direct supervision. Competency should be assessed by a supervisor and documented as satisfactory.

Staff should be trained in their obligation to respect confidentiality as per HSE Confidentiality Policy and should sign a declaration of their commitment to respect that obligation.

5. **Staff Uniforms/Personal Clothes**

There is no conclusive evidence that uniforms/personal clothing pose a significant hazard in terms of spreading infection and normal household laundry practices can be expected to inactive the COVID-19 virus and most other common pathogens. A ten-minute wash at 60°C is sufficient to remove most micro-organisms. Using detergents means that many organisms can be removed from fabrics at lower temperatures however; it is recommended that uniforms are washed at the hottest temperature suitable for the fabric.

It is important that healthcare workers are bear below the elbows providing patient care.
Change immediately if uniform or clothes become visibly soiled or contaminated. Wash personal clothes/uniforms at the hottest temperature suitable for the fabric.