



Interim guidance for healthcare professionals in relation to the management of individuals with suspected COVID-19 infection phoning/presenting to community health care settings other than general practice.

This guidance is suitable for use in all community care settings including a Health Care Centre, dental practice, podiatry service or optometrist

V2

07.04.20

This interim guidance is based on what is currently known about COVID-19. It is intended for use during a high containment phase, when no cases, or a limited number of cases, have been identified in Ireland. It may change if it becomes necessary to move to a mitigation phase. During the containment phase the goal is to prevent the virus becoming established in Ireland whereas during the mitigation phase the goal is to reduce the harm caused by the spread of the virus in Ireland

Version	Date	Changes from previous version
2.0	06/04/2020	Guidance amended to reflect change in case definition Hyperlinks to relevant resources added

Key principles for preventing the spread of COVID-19 in community health care settings include;

- Adherence to standard precautions with all individuals at all times
- Early identification of potential cases
- Promotion of respiratory hygiene and cough etiquette
- Provision of up to date information about the virus (available from www.hpsc.ie)
- Avoiding unnecessary direct physical contact (such as undertaking a physical examination) with individuals who may be infected
- Avoiding exposures to respiratory secretions
- Liaison with local public health specialists

The **COVID-19 Telephone assessment and testing pathway for patients who phone general practice and healthcare settings other than receiving hospitals** is available on the HPSC website at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/algorithms/>

These guidelines are not intended to cover every situation or event. However, the general principles contained within this document, coupled with the national interim Infection Prevention and Control (IPC) guidance, can be used as a framework to guide local action.

Early identification of potential cases

- Each facility should review and amend the information on their websites, online booking pages, and appointment reminders/texts, voice mail/telephone appointment protocols.
- Posters (available at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/>) should be displayed prominently at the first point of contact to the service such as reception areas, waiting rooms.
- Patients with respiratory symptoms should be identified when they phone/book in at reception, for example by direct questioning or by incorporating a question on symptoms of cold or flu like illness into registration paperwork. **Any patient with symptoms of respiratory tract infection should be advised not to attend the service and to phone their GP without delay for further assessment and advice. If the patient does not have any symptoms of respiratory tract infection they can proceed to book/ attend for an appointment if the service is still being provided under current circumstances.**

Dentists and other health care staff who routinely wear facemasks, due to the nature of their work and the likelihood of exposure to secretions should continue to wear their usual personal protective equipment. Outside of these scenarios there is no need to wear a surgical mask if the person has no symptoms.

If an individual presents to the service and they have symptoms of respiratory tract infection they should be asked to return home and phone their GP without delay for further assessment and advice. Exposure to others should be minimised – i.e. if the patient drove themselves to the appointment they should drive home if possible rather than take public transport.

If they cannot return home, then follow the process described below:

- Identify an area for the individual to wait – ideally this should be an unoccupied room. Keep the door closed. If a room is not available the person should be asked to wait in their car or be seated in an area separated by at least 1m from other individuals.
- Provide the individual with tissues, alcohol hand rub and ask the individual to wear a surgical face mask if available* If a surgical mask is not available the person should

also be asked to cover their nose and mouth with a tissue particularly if coughing or sneezing

- If someone has accompanied the person they should be asked to remain with the person.
- Contact their GP or in an emergency call 112 or 999.

*A surgical mask may not be available in all settings. It is generally accepted that the distance for dispersal of droplets in most international guidance is 1 m (3 feet) therefore even if a surgical mask is not available, if the person is physically separated by this distance transmission to others is unlikely.

Environmental Cleaning/Disinfection

If a suspected or confirmed case of COVID-19 leaves the facility. All surfaces that the person has come into contact with must be cleaned.

- The room where they were placed/isolated should not be cleaned or used for one hour and the door to the room should remain shut
- The person assigned to clean the room should wear gloves (disposable single use nitrile or household gloves) and a disposable apron (if one is available) then physically clean the environment and furniture using a household detergent solution followed by a disinfectant or combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution)
- Products with these specifications are available in different formats including wipes.
- No special cleaning of walls or floors is required
- Pay special attention to frequently touched flat surfaces, backs of chairs, couches, door handles or any surfaces that the affected person has touched.
- Discard waste including used tissues, disposable cleaning cloths) into a healthcare risk waste bag or if one is not available place
- Remove the disposable plastic apron (if worn) and gloves and discard into a healthcare risk waste bag.
- If a healthcare risk waste bag (yellow) is not available, place the waste in a small household waste bag and tie securely. Do not overfill. Then place the bag in a second household waste bag and tie securely. Store in a safe location. If the case is not confirmed the waste can be disposed of as per usual. If a case is confirmed public health will then advise you what to do with the waste.
- 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 suspected case spent time in a communal such as a waiting area, play area or used the toilet facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) or combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution) 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.

Follow up of contacts

- The Contact Management Programme/ Public Health will follow up contacts if a suspected case is referred for testing or case is confirmed.
- They may ask you to make a list of all individuals who may have had potential exposure to a possible case–It may be easier to do this as soon as the patient has left so that an accurate list of contacts (including clients, staff members, visitors etc) can be prepared. The definition of a close contact is outlined on the [HPSC website](#).
- The Contact Management Programme/ Public Health will then follow up the close contacts and advise them on what measures they should take.

General precautions that can be taken in community health care settings to prevent the spread of respiratory viruses including Influenza and Coronavirus infection include:

- 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
- The HSE does not currently recommend that surgical facemasks are worn for performing routine work in community settings
- Masks should only be worn in the following circumstances:

- Worn by people who have respiratory symptoms of viral infection (for example cough, sneeze, nasal discharge)
- Worn by relatives/household members or caregivers of people in close contact with those who have suspected or confirmed COVID-19 infection
- Worn by healthcare workers who are likely to spend more than a few minutes within a 1 m of distance of people with suspected or confirmed respiratory virus infection (including infection with COVID-19)
- Worn by HCW who due to the nature of their work and the likelihood of exposure to secretions routinely wear surgical face masks for example Dentists.
- Personnel other than those outlined above do not need to wear surgical face masks.
- Wearing surgical masks when they are not indicated
 - Can create a false sense of security and distract from other essential preventive measures such as hand hygiene respiratory hygiene and cough etiquette