



Interim guidance for healthcare professionals in relation to the management of individuals with suspected COVID-19 infection 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

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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 or 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

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 risk assessment algorithm for patients who physically present to 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 IPC guidance can be used as a framework to guide local preparations.

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 on www.hpsc.ie) should be displayed prominently at the first point of contact to the service such as reception areas, waiting rooms.
- Patients with respiratory symptoms and a relevant travel history may also be identified when they book in at reception for example by direct questioning or incorporating a question on symptoms of cold or flu like illness and travel in registration paperwork.

If an individual telephones to make an appointment or has concerns about COVID-19 in advance of attending for an appointment they should be asked if;

In the last 14 days

They have been in an affected area where COVID19 is circulating

OR

They have been in contact with a person diagnosed with novel coronavirus

OR

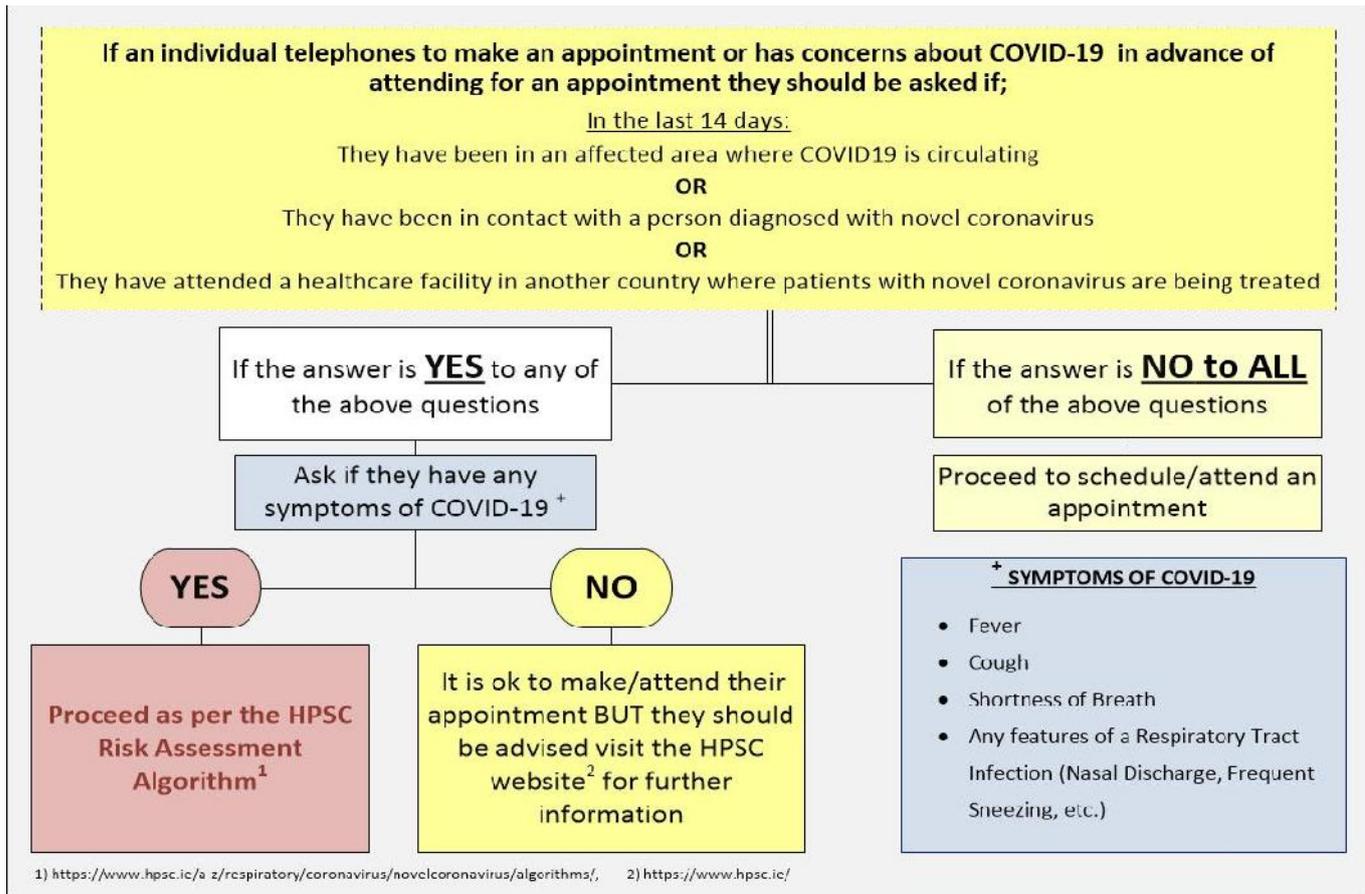
They have attended a healthcare facility in another country where patients with novel coronavirus are being treated

If the answer is NO to all of the above questions they can proceed to make/attend an appointment.

If the answer is YES to any of the above questions the individual should be asked if they have any of the following symptoms - fever, cough, shortness of breath or any other features or an upper respiratory tract infection such as nasal discharge or frequent sneezing.

- If the individual has any of the above symptoms then consult the HPSC risk assessment algorithm.
- If the individual does not have any of the above symptoms it is ok for them to make an appointment or to attend their appointment BUT they should be advised to visit www.hpsc.ie and to phone the HSE helpline (Call save 1850 24 1850, Phone 041 6850300) if they require any further information.

Visual Flow Chart - What to do if someone telephones to make an appointment



If an individual presents to the service with a relevant travel or contact history AND they have no symptoms

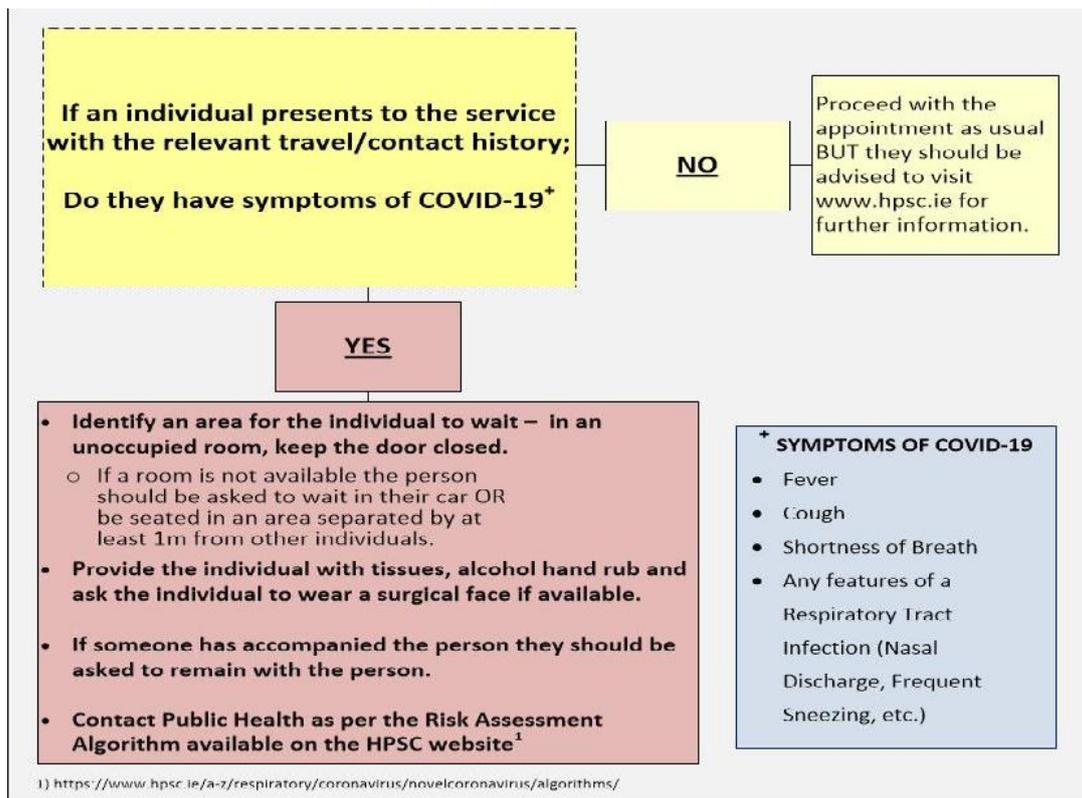
Proceed with the appointment as usual BUT they should be advised to visit <http://www.hpsc.ie> and to phone the HSE helpline (Call save 1850 24 1850, Phone 041 6850300) if they require any further information

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 with a relevant travel or contact history AND they have fever or cough, or shortness of breath or any other features or an upper respiratory tract infection such as nasal discharge or frequent sneezing as per algorithm for patients who physically present to general practice and healthcare settings other than receiving hospitals which is available on the HPSC website

- 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 the local Department of Public Health, the numbers are provided on the risk assessment algorithm.

*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.



If concerns about possible COVID-19 are identified in the course of a consultation/procedure

If it is safe to do so, stop the procedure. If not continue until a safe point is reached for example in the case of a dental procedure.

If you are wearing gloves, remove them and clean your hands. If you are wearing a mask (for example dentistry) continue to wear the mask.

Stand at least 1m away from the individual and establish the following details;

- travel within the past 14 days
- Symptoms of cough, fever, difficulty breathing or any other features or an upper respiratory tract infection such as nasal discharge or frequent sneezing

Ask the affected person for their telephone number and check if they have their mobile with them as the rest of the communication can follow by phone.

- Reassure the individual and inform them that you will be contacting Public Health.
- Ask them to remain inside the room with the door closed.
- Step outside the room, clean your hands using an alcohol hand rub or soap/water
- If wearing a mask, remove the mask and dispose of it as healthcare risk waste and clean your hands

- Check an up to date HPSC risk assessment algorithm for “patients who physically present to general practice and healthcare settings other than receiving hospitals¹ which is available on the HPSC website
- If the person meets the criteria for a possible case Public Health should be contacted at the number provided on the risk assessment algorithm. Public health may complete the risk assessment with the person by phone and will advise the individual what further actions are required.

Public health will also advise you of what actions you need to take.

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

- Public health will advise on the actions for follow up of contacts if a 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 is outlined on the HPSC risk assessment algorithm.
- No further action is required unless the case is confirmed
- If the suspected case is confirmed, the local Department of Public Health will contact the community health care facility regarding follow-up of contacts.

Residential Visits

If you arrive at the home of a client and that person has respiratory symptoms such as cough, fever, sore throat, breathing difficulties or other features of respiratory tract infection;

- Maintain a distance of 1m between yourself and the individual/ members of the household
- Ask whether in the last 14 days
 - They have been in [any of the affected areas](#)OR
 - They have been in contact with a person diagnosed with novel coronavirusOR
 - They have attended a healthcare facility in another country where patients with novel coronavirus are being treated
- If you identify the individual is at risk of possible COVID-19 as per HPSC assessment algorithm (check www.hpsc.ie for the most up to date version) contact public health for further advice.

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
- In line with current WHO guidance, the HSE does not 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