



Coronavirus (COVID-19) guidance for homeless and other vulnerable group settings

Version	Date	Changes from previous version
3	15/04/2020	<ul style="list-style-type: none">Added section on physical distancingAdded section on transport of symptomatic individualsAdded section on managing symptomatic cases with no SARS-Co-V2 detectedAdded section on managing outbreaks in facilityAdded section close contact and self -isolation definitionAdded section on specific settings

This guidance document gives general advice about preventing the spread of COVID-19 and dealing with cases of COVID-19 in Homeless settings and for Travellers, Roma, International protection applicants (IPAS), refugees and other vulnerable groups. These can be applied in hostels, hubs or residential settings such as Direct provision and those without clinic or in- house nursing, medical or healthcare support.



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BACKGROUND

COVID-19 is a new viral infection caused by the SARS-CoV-2 virus spread mainly through droplets produced by coughing or sneezing. You could get the virus if you:

- come into contact with someone who has the virus and is coughing or sneezing
- Touch surfaces or objects that someone who has the virus has coughed or sneezed on, and then touch your mouth, nose or eyes.

It can be a mild or severe illness with symptoms that include:

- Fever (High temperature >38C)
- Cough
- Shortness of breath
- Difficulty breathing

COVID-19 can also result in more severe illness including pneumonia, Severe Acute Respiratory Syndrome and kidney failure.

People at higher risk of severe COVID-19 illness in Homeless and Vulnerable group settings include:

- People aged 60 years and older
- People with long-term medical conditions – for example, heart disease, lung disease, cancer, diabetes or liver disease

Further information on COVID-19 is available on the HSE website at:
<https://www2.hse.ie/conditions/coronavirus/coronavirus.html>

Government measures in force until 5th May 2020

Stay at home in all circumstances, except in the following situations:

- to travel to and from work where the work is considered an essential service. [The full list of essential services is available here](#)
- working in an essential shop, bank or post office. [The full list of essential shops, post offices and banks is available here](#)
- to buy food, medicines and other health products for yourself, your family or someone who is [vulnerable or 'cocooning'](#)
- to attend medical appointments
- for vital family reasons including caring for children, elderly or vulnerable people but excluding social family visits
- to exercise within 2 kilometres of your house. You cannot exercise with people from outside your household.



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 (less than 20 persons indoors in communal areas and only if physical distancing can be maintained) 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:

1. RAISE AWARENESS:

- Ensure staff who are ill know 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 as described below and display posters and information leaflets in residents' own language throughout the facility.

Hand hygiene:

Wash your hands regularly. **This is the most important thing you can do.** Wash your hands with soap and hot running water when hands are visibly dirty. If your hands are not visibly dirty, wash them with soap and hot 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.

2. PHYSICAL DISTANCING MEASURES:

- Advise staff and service users to keep a distance of at least one meter, where possible 2 metres (6.5 feet) from others.
- Advise staff and service users to avoid making close contact with people (i.e. do not shake hands).
- Implement a queue management system with correct distance marking using brightly coloured tape.
- Restrict or stagger the use of canteen or other communal facilities (bringing food/drinks to people).
- Remove tables/chairs from the canteen or other communal facilities to limit number of people per table and preserve physical distancing.
- Restrict visitors to the facility.

3. HYGIENE MEASURES AND CLEANING REGIMES:

- Supply tissues and hand sanitisers / hand gel outside dining rooms/communal bathrooms/ at entrances to the building/ at main reception area/ in communal areas or other areas where people gather.
- Ensure hand-washing facilities, including soap and disposable towels, are well maintained.
- Provide bins for disposal of tissues (preferably covered, lined with a bin bag; dispose of when three-quarters full).
- Increase the frequency and extent of cleaning regimes and ensure that they include:
 - clean and disinfect regularly touched objects and surfaces using a household cleaning product/bleach
 - especially all hard surfaces in high-contact areas such as door handles, grab rails/ hand rails in corridors/stairwells, plastic-coated or laminated worktops, access touchpads, telephones/keyboards in offices, and toilets/taps/sanitary fittings.
 - wear rubber gloves when cleaning surfaces, wash the gloves while still wearing them, then wash your hands after you take them off



4. PLAN

- Have a plan for dealing with persons who become ill with symptoms of COVID-19 including a space for isolating them from other people and seeking medical advice (e.g. phone a GP/ Emergency Department for clinical advice and Public Health Department for public health advice).
- Have a plan for dealing with persons who are close contacts of a confirmed case of COVID-19.
- Have a plan for how the setting will manage core services (e.g. accommodation, food, meals, laundry, cleaning, showers, toilets) in the event of someone becoming ill with COVID-19.

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 **2 metres distance away from them**) – preferably in a single occupancy room with own bathroom
- **If they are at the facility they should contact the centre manager or nurse** and tell them their symptoms. A translator should be arranged if required.
- Testing should be arranged for them by contacting their GP. If they do not have a GP, any GP can be contacted and they will arrange testing. *(There are care pathways for homeless and Direct provision and another for ROMA in pipeline)*
- If it is an emergency please call 112 or 999 and tell the ambulance the person has symptoms of COVID-19
- They should remain in isolation until the test results are back.
- They should not be visited by outside persons while they are in self-isolation.

TRANSPORT OF A SYMPTOMATIC RESIDENT/SERVICE USER FOR TESTING, CLINICAL CARE OR TO A SELF-ISOLATION FACILITY

- If the symptomatic individual needs to be transferred this should be arranged so as to minimise exposure to others as much as possible.
- The symptomatic individual should wear a face mask for transport if tolerated and should engage in regular hand washing and appropriate respiratory etiquette.



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- The symptomatic individual should maintain a distance of at least 1 meter and where possible 2 meters throughout transport.
- If the resident is unable to tolerate a face mask, the driver should wear one if available.
- If possible use a vehicle where the drivers compartment is separated from the symptomatic individual e.g. by perspex sheet
- If possible, windows should be kept open to ensure adequate ventilation of the vehicle.
- If it is an emergency, and the resident is acutely unwell, an ambulance should be arranged.

DECONTAMINATION OF TRANSPORT VEHICLE

- Gloves and plastic apron should be worn for cleaning and decontamination, if available.
- Clean and disinfect the environment and furniture after use with a household detergent containing bleach.
- Products with these specifications are available in different formats including wipes.
- Pay special attention to frequently touched sites e.g. door handles and to horizontal surfaces.
- Remove gloves and plastic aprons and place in a waste bag. Wash hands thoroughly after removal.
- Waste should be disposed with double plastic bags and bag sealed for disposal.
- Maintain open window if possible.

HOW TO MANAGE A SYMPTOMATIC RESIDENT/SERVICE USER WHO IS TESTED AND COVID-19 IS NOT DETECTED.

- Symptomatic residents who are tested for COVID-19 but where the virus is not detected should continue self-isolation for 48 hours after their symptoms resolve. This is to reduce the spread of infection because they may have another viral illness.
- Their close contacts can stop restricting their movements, and follow current government advice, straight away.

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. This means they should self-isolate for 14 days from symptom onset. [Self-isolation](#) means avoiding contact with other people, including those in the same accommodation. There are a number of important instructions to follow in this case to limit the

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spread of infection to others:

- In general, if single occupancy rooms are available they should be used. If this is not feasible, multiple patients with laboratory confirmed COVID-19 can be cohorted or grouped into the same room or unit of accommodation. Contact your local Community Health Office Social Inclusion or Department of Public Health Link for advice.
- 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 by telephone. If they become more unwell their GP should be contacted by phone. If it is an emergency, an ambulance should be called and told of their COVID-19 diagnosis.
- If they have to go into the same room with other people they should try to be in the space for as short a time as possible, keep at least a metre (3 ft) away from them and should 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 cleaned with bleach-containing household detergent after each time they use it (focusing on door handles, sanitary ware etc).
- They should clean their hands before entering, before they leave the room and after using the toilet.
- All the surfaces they have touched should be cleaned.
- They should be advised to clean their hands regularly and follow respiratory hygiene practices as outlined in the boxes above.
- They should not share food, dishes, drinking glasses, cups, knives, forks and spoons, towels, bedding or other items with other people in the facility until they have been washed.
- The items should be washed in a dishwasher if one is available or with washing up liquid and hot water. Rubber gloves should be worn to wash the items.
- They should not share mobile phones, tablets, computers, games consoles or remote controls with others without them being first cleaned/wiped down with a disinfectant wipe.

ENVIRONMENTAL CLEANING/DISINFECTION OF SELF-ISOLATION FACILITIES

- All surfaces that the person has come into contact with must be cleaned.
- The person assigned to clean the room should wear gloves (disposable single use nitrile or household gloves) and a disposable apron (if one is available) then physically clean the environment and furniture using a household detergent solution followed by a disinfectant or combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution)



- Products with these specifications are available in different formats including wipes.
- No special cleaning of walls or floors is required
- Pay special attention to frequently touched flat surfaces, backs of chairs, couches, door handles or any surfaces that the affected person has touched.
- Discard waste including used tissues and disposable cleaning cloths into a healthcare waste bag. If one is not available, a normal waste bag can be used and placed into a second bag and tied.
- Remove the disposable plastic apron (if worn) and gloves and discard into a waste bag. Wash hands thoroughly after removal of gloves.
- Once this process has been completed and all surfaces are dry the room can be put back into use.

If a person with COVID-19 leaves the facility the room where they were isolated should not be used for one hour and the door to the room should remain shut

CLEANING OF COMMUNAL AREAS

If a person with COVID-19 spent time in a communal area such as a waiting area, play area or used the toilet facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible. Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use. No special cleaning of walls or floors is required.

LAUNDRY

- Laundry should be washed at the highest temperature that the material can stand.
- Items can be tumble dried and ironed using a hot setting/ steam iron if required.
- Household/rubber gloves can be worn when handling dirty laundry and items should be held away from your clothing. The gloves can be washed prior to removal and dried for reuse. Hands should be washed thoroughly with soap and water after removing the gloves
- If gloves are not available, hands should be washed thoroughly after handling laundry.
- If laundry facilities are not available, close the laundry in a plastic bag for 72 hours after use prior to sending to laundrette for washing.

MANAGING RUBBISH

- All personal waste including used tissues and all cleaning waste should be placed in a plastic rubbish bag.
- The bag should be tied when it is almost full and then place it into a second bin bag and tied.



- Once the bag has been tied securely it should be left somewhere safe for three days before collection by the waste company.

HOW TO MANAGE AN OUTBREAK OF COVID-19 IN A CONGREGATE, RESIDENTIAL SETTING SUCH AS OVERCROWDED HOUSING/ DIRECT PROVISION/ HOMELESS HOSTEL OR ON A HALTING SITE

An outbreak of COVID-19 is defined as two or more cases of confirmed COVID-19 acquired within the same residential facility.

All outbreaks of COVID-19 in RCF must be reported to the regional Medical Officer of Health (MOH) at the Department of Public Health at the earliest opportunity.

Given the potential consequences of an outbreak in a residential facility it is advised to contact Regional Public Health when two or more suspect cases occur within a facility, and institute appropriate public health action while test results are awaited.

For further guidance on how to manage an outbreak please see [Preliminary Coronavirus Disease \(COVID-19\) Infection Prevention and Control Guidance including Outbreak Control in Residential Care Facilities \(RCF\) and Similar Units.](#)

An outbreak of COVID-19 in a vulnerable groups congregate setting (e.g. IPAS accommodation, homeless setting) can be declared over when there have been no new cases of infection (resident or staff) which meet the case definition for a period of 28 days (two incubation periods).

HOW TO MANAGE A CLOSE CONTACT OF A CONFIRMED CASE OF COVID-19

A close contact of a case of COVID-19 is someone who has had direct contact with them for >15 min and < 2 meters away from them. Examples of this are household contacts or people who share same sleeping space.

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

This means:

- They should restrict their movements and stay in the facility as much as possible.
- They should not have visitors.
- They should avoid social gatherings, group events and crowded settings.



- They should not go to work.
- They should not use public transport.
- They should avoid contact with the elderly, those with chronic health problems and pregnant women.

HOW CAN STAFF PROTECT THEMSELVES

- Avoid touching your eyes, nose and mouth; respiratory viruses need access to these body sites in order to cause infection.
- Clean your hands regularly using an alcohol-based hand rub (if hands are not visibly soiled) or by washing with soap and water.
- Keep your distance when possible from those who are coughing, sneezing and/or have a fever by leaving a distance of at least 1 metre (3 feet), preferably 2 meters where possible, between yourself and others.
- Observe respiratory hygiene and cough etiquette; for example, when coughing and sneezing, cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.
- If you do not have a tissue cough into your upper arm or the crook of your elbow -do not cough into your hand.
- 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.

HOMELESS SETTINGS

Homeless settings in Dublin and other urban areas are operated in conjunction with HSE, Local Government, City or County Councils and Dublin Region Homeless Executive (DRHE) with HSE and NGO supports. In Dublin, homeless services mainly cater for those who are registered as homeless and on PASS system. HSE Social inclusion supports the COVID response to the Homeless nationally through the National Homeless Advisory group (HAGG). In Dublin HSE has set up the COVID-19 Dublin Homeless Coordination Group due to the high numbers (> 3000) at risk and the complexity and variety of settings. The Group includes Clinicians, Public Health as well as Social Inclusion managers.

The main areas of work are:

- **Prevention:**
 - Infection Prevention Control Measures as above.
 - Focus on Cocooning for extremely medically vulnerable. Guidance can be found [here](#).
- **Triage and Testing (Case finding)**
 - Priority groups agreed for testing and adapted clinical criteria for testing for this setting



- Testing supported by the Safetynet Mobile Health Screening Unit (MHSU) in Dublin; testing supported by the nurse and GP in Galway Simon services in Galway
- **Self-isolation/Quarantine**
 - Through designated beds working with Social Inclusion COVID managers for 3 CHO areas in Dublin, Wicklow and Kildare region.
 - Galway: through dedicated beds working with Galway City Council, Galway SIMON and COPE Galway, and HSE CHO2 Social Inclusion; dedicated self-isolation space in Galway City
 - Similar arrangements are in place in Limerick and Cork.
- **Clinical case management** – as per HSE guidelines for suspect, confirmed and clinically mild cases.
- **Communications**
 - Through a National Homeless resource page and link to microsite
- **Outbreak response**
 - With Regional Public Health for clusters where more than 2-3 cases identified

[Homeless COVID 19 sharing resources](#)

ADDICTION SETTINGS

There is a high prevalence of chronic medical conditions among an aging population of People Who use Drugs (PWUD) on Opioid Substitution Treatment (OST), and many will be at particular risk for serious respiratory illness if they get infected with COVID-19. E.g. respiratory and cardiovascular conditions, compromised immune function, co-existing viral illnesses such as HIV or Hepatitis and high proportion of individuals who smoke. There is also an increased risk of drug overdose in PWUD if infected by Covid-19 and sharing drug using equipment may increase the risk of infection.

- Some people who require admission to a self-isolation hub may be on OST or in active addiction, including benzodiazepine or alcohol dependence, it is important to follow the advice outlined in the Guidance on contingency planning for PWUD <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/health-inequalities/contingency-planning-for-people-who-use-drugs.pdf>
- It is also important to provide relevant harm reduction advice to reduce the risk of overdose http://www.drugs.ie/resources/covid/harm_reduction_advice_for_people_who_use_drugs_during_covid_19_pandemic/



[Addiction COVID 19 sharing resources](#)

DIRECT PROVISION SETTINGS

There are 74 direct provision settings in Ireland operated by Department of Justice and Equality (DOJE) International Protection Applicant Accommodation Service (IPAS) in conjunction with private contractors and with NGO support. HSE and DOJE support protection applicants through health screening, provision of essential primary health care and COVID-19 Response. A total of 7,700 persons are accommodated in direct provision and emergency relocations centres around the country. Most are in designated direct provision centres 100-600 persons with managers on site. New arrivals are placed in temporary accommodation which are mainly hotels. Approximately one third of IPA are single males and one third are children in families. HSE Social Inclusion and Public Health Teams in cooperation with Justice are undertaking a series of measures both to prevent and control COVID issues in DP centres.

- **Prevention**

- Enhanced Infection prevention and control measures across all 74 centres.
 - Education posters, leaflets and multimedia with translations are in place. Local support from Directors of Public Health, 9 CHOs Social Inclusion managers. HSE and DOJE work with NGO partners to enhance information and awareness about infection control measures,
 - Dissemination of the Government measures on social distance, restricted movements plus the requirement for restricted movements for 14 days for new entrants.
 - Reduction of overcrowding in some centres by transfer to new sites. Transfer out is balanced against the need to ensure continuity of healthcare and other essential services for vulnerable.
- Cocooning for extreme medically at risk and **additional support for those deemed** to be moderately medically at risk.
 - Cocooning is for the personal protection of individuals and if the person / IPA is unsure whether or not he or she falls into one of the categories of extremely medically vulnerable people listed [here](#), concerns should be discussed with the person's GP/ hospital clinician or IPAS HSE Liaison through centre manager.
 - Visits from people who provide essential support to extremely medically vulnerable such as healthcare, personal support with daily needs or social care should continue, but carers and care workers must stay away if they have any of the symptoms of COVID-19.



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- All other people should stringently follow public health guidance on physical distancing and need guidance direction and support from centre manager or NGO to understand this.
- Medically at Risk and need Support in Centre.
 - A number of IPAS may come under the list of at-risk groups who may be more severely affected by COVID. These include: > 60 years, have a long-term medical condition – heart, lung disease, diabetes, cancer, cerebrovascular, renal, liver disease or high blood pressure, have a weak immune system (immunosuppressed) e.g. HIV (if not on treatment). Note that initial data suggests that pregnant women with COVID-19 have a similar clinical trajectory to non-pregnant adults.
 - Those medically at risk should pay extra attention to the measures to reduce their risk especially in relation to hygiene precautions, restricted movements and self-isolation if symptomatic.
 - IPAS should only leave DP centre for very limited reasons as outlined in Government measures above e.g. to:
 - shop for essential food and household goods
 - attend medical appointments, collect medicine or other health products
 - care for children, older people or other vulnerable people - this excludes social family visits
 - exercise outdoors – very limited 2 km and with people from your own household - keeping 2 metres between you and other people

DOJE / centre managers should have supports for those medically at risk in case they become ill or are affected by COVID.

- **Triage and Testing**

- Priority agreed for testing given to those in DP centres.

- **Control measures**

- Self-Isolation through designated beds working with SI COVID managers for 4 CHO areas starting in Dublin region. Everyone who has symptoms of coronavirus infection should self-isolate and this includes those who are waiting to be tested.
- HPSC issued guidance on self-isolation for symptomatic individuals as well as guidance on restricted movements for close contacts and carers. DOJE will provide self-isolation facilities for patients discharged from hospital or those unable to self-isolate in DP centre.



- If admitted to hospital, patients cannot return to these settings until their clinical team advises they are no longer infectious. If they are well enough to leave hospital before the infectious period has passed, then alternative accommodation must be found where they can finish their self-isolation period, according to the self-isolation guidance. This also applies if they are well enough to be managed in the community from the beginning of their diagnosis / illness.
 - **Clinical case management** – as per HSE
 - **Communications:** Through DOJE and HSE DOHC
 - **Outbreak response**
 - Regional Public Health. An outbreak control team meeting should be convened where the number of cases exceed 2 or more.
 - Further testing of residents after an outbreak has been identified will be guided by Public Health advice depending on the evolving situation.
 - Guidance on outbreak management in Residential care facilities can be found [here](#).
- [Migrant Health COVID 19 sharing resources](#)

ROMA MEASURES

The Roma population are especially vulnerable to COVID for a number of reasons. They are often undocumented, live in overcrowded settings and in large family groups. They are also vulnerable to hardship from the restriction on movements.

- **Prevention:**
 - National Roma helpline up and running since 27/3/20 by Cairde, Capuchins and Pavee Point supported by HSE SI
 - Translated materials in both Romanian and Slovak available <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-translated-resources/>
 - All Emergency Departments contacted with detail of translated materials and details of interpreters.
 - HSE call centres sent Interpreter list and script changed to reflect same.



- Capuchin via the helpline assisting families with essential needs such as food, medicine, baby supplies.
- **Triage and testing**
 - GP available in Dublin for Roma 7 days, 8am-8pm via Capuchin Clinic and Safetynet supported by HSE SI
 - Roma added as priority group for COVID testing criteria within Safetynet MHSU
- **Communications**
 - HSE Social Inclusion website resource page for Roma created [Roma COVID 19 resource sharing page](#).
- **Outbreak response**
 - HSE Public Health / Soc. Inclusion to track outbreaks and clusters
 - Public Health local Outbreak Control Team to be set up where clusters detected

TRAVELLER MEASURES

The day-to-day challenges faced by Travellers need to be taken into account in preventing and responding to COVID-19 in Traveller communities e.g.

1. Challenges in protecting Travellers against COVID-19:
 - 1.1. understanding the public health message/how to prevent the spread of COVID-19 (poor literacy and poor health literacy)
 - 1.2. many Traveller community members are living in substandard accommodation with inadequate services – with challenges for (a) social distancing, (b) self-isolation, and (c) cocooning
 2. Challenges in detecting COVID-19: awareness of symptoms, access to testing etc.
 3. Vulnerability to the health impact of COVID-19, because of poor baseline health/ disproportionate burden of chronic health conditions compared to the majority population
 4. Vulnerability to the mental health impact of COVID-19 and the impact of the need to reduce physical contact with other people (Social Distancing), and to stop gatherings and travelling
 5. Vulnerability to the educational impact of COVID-19.
- **Prevention**
 - Linkage LAs and LCDCs to support hygiene and management of halting sites
 - Information education and communication support Pavee Point, HSE and other Traveller Health Units (THUs) including Videos, podcasts and posters



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- Each THU has a COVID-19 Mitigation Plan (this should be done with support of HSE Public Health Departments where they have representation on the THU), which should identify local policies and actions that can be implemented in order to strengthen efforts to reduce the risk and lessen the impact of COVID-19 on Traveller communities
- THUs should work with Local Authorities in their area on risk assessments to identify those most vulnerable. to assess capacity for self-isolation and cocooning, and for other basic preventive measures on LA sites (e.g. access to clean safe hot running water for hand-washing and cleaning)
- THU/ Primary HealthCare Traveller Projects (PHCTPs): health promotion activities
- National Traveller COVID-19 helpline established
- **Triage and testing**
 - Travellers are a priority group for testing; in most situations this will be done via their GP
- **Communications**
 - HSE Social Inclusion website resource page for Travellers created [Traveller COVID 19 sharing resources](#); this includes links to the COVID-19 Mitigation Plans for each THU
 - [Pavee Point COVID-19 information resources](#)
 - [Yellow COVID-19 information booklet sent to every household](#)
- **Outbreak response**
 - HSE regional Departments of Public Health
 - Public Health local Outbreak Control Team to be set up where clusters detected

FURTHER SOURCES OF INFORMATION:

Further information on COVID-19 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/>

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

[DSGBV COVID 19 Sharing Resources http://www.drugs.ie/resources/covid/](http://www.drugs.ie/resources/covid/)