

## PLANNING

1. Senior Manager (Site/Service Manager) to identify a COVID-19 Response Manager/Response Team with responsibility for responding to suspect cases
2. Senior Manager in conjunction with COVID-19 Response Manager to identify a designated isolation room(s) with a door(s) capable of closing
3. Designated isolation room must:
  - Be easily accessible (in terms of route and access)
  - Have adequate ventilation\*
  - Have a chair for the unwell individual
  - Have an appropriate supply of tissues, hand sanitiser, disinfectant, PPE, gloves and surgical masks
  - Have waste receptacles with bin liners
4. Restrict the number of personnel entering isolation room(s)\*\*
5. Develop a local cleaning procedure in line with [HPSC/ HSE \(April, 2020\) Interim Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting](#)



### Note: Enhanced cleaning and disinfection:

Rooms occupied by residents who had COVID-19 require extra cleaning and disinfection after they are discharged from the facility. If possible keep the room closed off and secure for 72hrs. After this time the amount of the virus contamination will have decreased substantially and the room can be cleaned as normal with the usual products. If this is not feasible, a period of 24hrs should be allowed before commencing room cleaning. The room should be kept locked in the interim. Waste, towels and bed linen not already bagged should be bagged and removed. See: [https://www.hpsc.ie/-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/self-isolationfacilities/Preliminary-IPC-Guidance-Self-Isolation-Facilities-31-03-2020-MC-Agreed\\_v1.0.pdf](https://www.hpsc.ie/-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/self-isolationfacilities/Preliminary-IPC-Guidance-Self-Isolation-Facilities-31-03-2020-MC-Agreed_v1.0.pdf)

6. Develop and maintain a contact log to enable contact tracing (see: [www.hse.ie/safetyandwellbeing](http://www.hse.ie/safetyandwellbeing))
7. Communicate the arrangements to all relevant personnel including the Lead Worker Representative(s), Safety Representatives (if applicable), staff, contractors and visitors.

\* Ideally the room would have an opening outside window to allow natural ventilation. It should not be an internal unventilated space

\*\*There should only be one person in isolation in the room at any one time. Should there be a likelihood of more than one person developing symptoms at any one time (e.g. on larger hospital sites) it may be necessary to identify more than one room.

## DEALING WITH SUSPECT CASE OF COVID-19

1. If someone becomes unwell with symptoms such as:
  - Fever, chills, sweating, malaise, aches
  - Shortness of breath or new/worsening cough (dry or productive)
  - Sore throat, loss of taste or smell
  - Vomiting/Diarrhoea



They should notify their manager / colleague or site contact and proceed to the designated isolation room, keeping at least a two meter distance from others at all times and covering their mouth and nose with a tissue

**Note: Prior to engaging with the unwell person, the COVID-19 Response Manager/Response Team should don surgical masks.**

2. On entering the isolation room, the person should don a surgical mask
3. The door to the room should be closed where possible
4. The COVID-19 Manager/Response Team should initially assess whether the unwell person can immediately be directed to go home, contact their local Occupational Health Department or their GP for COVID-19 assessment (as appropriate) and continue self-isolation at home
5. Facilitate the person presenting with symptoms remaining in isolation if they cannot immediately go home and facilitate them calling their Occupational Health Department or their GP for COVID-19 assessment (as appropriate)
6. If necessary arrange transport home or to hospital for medical assessment. Note: Public transport of any kind should not be used.

**Note: Should Occupational First Aid be necessary, this should be administered by a qualified Occupational First-aider in accordance with the latest Public Health, HPSC, HSE and PHECC guidelines. Further information is available at: [https://www.phecit.ie/PHECC/Publications\\_and\\_Resources/Newsletters/\\_Newsletter\\_Items/2020/\\_PHECC\\_COVID\\_19\\_Advisory\\_v1.aspx](https://www.phecit.ie/PHECC/Publications_and_Resources/Newsletters/_Newsletter_Items/2020/_PHECC_COVID_19_Advisory_v1.aspx) and, <https://hse.drsteevenslibrary.ie/c.php?g=679077&p=4846207>**

## CLEANING

Once vacated, arrange for appropriate cleaning of the isolation room and work areas in line with local procedure (see Planning).

For up to date information on the latest cleaning advice, please refer to: <https://www.hpsc.ie/> and <https://www.ecdc.europa.eu/en/publications-data/disinfection-environments-covid-19>.



## WASTE

Where clinical waste facilities are not available, all waste that has been in contact with the person, including used tissues, and masks if used, should be put in a normal waste bag, double bagging and kept for 72 hours, and disposed of through the normal waste stream.



## POST INCIDENT FOLLOW UP

All incidents must be reported and managed in line with [HPSC/HSE Interim Guidance for Coronavirus-Healthcare Worker Management by Occupational Health](#) and the HSE Incident Management Framework 2018.

