

## **International Protection Accommodation COVID-19 Response; cohesive HSE/IPAS response to testing and outbreak management**

**Social Inclusion Public Health/IPAS, 20<sup>th</sup> May 2020**

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This document has been prepared to outline the joint approach being adopted by the HSE and International Protection Accommodation Service (IPAS) of the Department of Justice and Equality in relation to the management of testing and outbreak control within IPAS accommodation. Currently IPAS is accommodating 8,000 people in direct provision including protection applicants (those seeking asylum) and programme refugees across 85 centres/emergency units.

The HSE and IPAS have been active in using its experience and previous learning to prepare and mitigate against more serious consequences of Covid-19 in direct provision. Testing has an important role to play in the COVID response for Vulnerable Groups. However, it is one of many tools in the response. During preparation the emphasis was on informing centre managers and residents, supporting prevention and hygiene measure especially hand washing and social distance. Centres have had resident numbers reduced, vulnerable residents were cocooned and medical supports were provided to those at risk.

Control depends on what people do both to protect themselves and others. This includes proper hand hygiene, cough etiquette, restricting movements, maintaining social distance and complying with government measures. Early action and response to a single case remains a very important tool in the fight as outlined in the [HSPC Covid Guidance for Vulnerable Group Settings](#).

### **Key areas re Covid-19 testing in IPAS accommodation and responding to outbreaks**

#### **1. A Centre becomes aware of Covid-19 detected case/s**

If a resident or staff member in an IPAS accommodation setting is suspect or COVID-19 detected case, it is important to adhere to public health advice regarding self-isolation and contact tracing (as outlined in the [HPSC Guidance for Vulnerable Groups](#)). Local or national HSE Public Health/Social Inclusion will inform IPAS if there is a newly notified case in a centre where possible (the person's address may not be apparent to the clinician as a direct provision centre). It is more likely that Centres/ IPAS will know of a case first as the patient is contacted directly first and told of the diagnosis.

The pathway to a Covid test is in a number of different ways, such as:

- i. If people feel unwell - through their GP or any GP who can order a COVID test;
- ii. If a person is deemed a close contact from investigation by Public Health and a test is deemed necessary;
- iii. Through a resident's employment site (e.g. nursing homes, meat processing factories);
- iv. From a public health decision to carry out enhanced testing in accommodation centres.

It is important that residents feel able to communicate with centre managers and to ask questions about concerns they may have. It is also important that in order to ensure open communication they understand that they will be supported during this anxious period for themselves and their family.

## 2. Covid-19 detected cases referrals to self-isolation

Once a person is detected as COVID positive the clinical care is the responsibility of the referring Doctor. Depending on the situation (80% of cases show mild or few symptoms) a person may, in certain circumstances, be able to stay in the centre. However, in most cases of Covid-19 the person may be moved off-site unless a decision is made by Public Health in discussion with Centre/DOJE to do otherwise. The decision to stay on site will be based on capacity and supports for self-isolation. The immediate close contacts of a positive case may also be considered to be in need of self-isolation off site. The very close contacts will have to adhere to restricted movements and to monitor their health as per [HPSC Guidance for Vulnerable Groups](#). There is a HSE facility in City West and in addition IPAS and HSE Social Inclusion/Public health have set up self-isolation units in 4 areas (Dublin, Limerick, Cork and Dundalk). Rules apply in self-isolation facilities and patients are only permitted to leave their rooms for exercise etc. with permission of staff. The referral form administration details can be filled in part by IPAS/ Centre management (name, DOB, address, next of kin, etc.) with relevant current and past medical history filled in by the referring doctor.

Once a patient is accepted to the self-isolation facility, transportation will be organised by IPAS/HSE/NGO, to be agreed locally.

## 3. Management of close contacts

The management of close contacts is detailed in the [HPSC Guidelines for Public Health management of contacts of cases of COVID-19](#). A close contact is any individual who has had greater than 15 minutes face-to-face including household contacts defined as living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners. IPAS accommodation is a congregated setting and Local Public Health may consider all residents and staff as close contacts. Close contacts should not leave their IPAS accommodation centre unless absolutely necessary.

As per NPHET recommendation of 14/05/2020, all close contacts of a confirmed case should have a COVID test at DAY 0 and DAY 7 after last exposure to a confirmed case. Irrespective of the outcome of Day 0 and Day 7 test, all contacts must restrict movement for the full 14 days.

It is extremely important that close contacts of cases of COVID-19 continue to strictly adhere to advice regarding restriction of movements. Even in the event that recommendations for physical distancing for the general public are relaxed, it will remain extremely important for contacts of cases of COVID-19 strictly adhere to advice regarding restriction of movements.

- Close contacts of a case should be asked to practice restricted movement. This means to limit their movements and interactions with others and not to leave their home unless it is absolutely necessary to do so.
- In particular, all close contacts should be advised to avoid contact with immunocompromised, elderly, pregnant or other vulnerable individuals.
- They should not attend work or school
- They should also be advised to avoid attendance at any social gatherings, crowded closed settings, healthcare, childcare or school settings during the period of active monitoring. This will include rescheduling any non-urgent medical appointments.
- Close contacts should be advised to avoid travel within and outside of Ireland.

#### **4. Outbreak Control Team**

In a situation with two or more notified cases the local Director of Public Health may convene an Outbreak Control Team (OCT) depending on the situation. The operations of the OCT are detailed in [Covid-19 Interim Public Health guidance for management of COVID-19 outbreaks](#).

The OCT undertakes a rapid information gathering exercise on the epidemiology (time, person, place), the environment (physical setting/ context) and the microbiology. This builds a picture of who is ill, who is at risk and what control measures are required to interrupt transmission.

Control measures may include a variety of measures: moving people to self-isolation facilities, increased infection prevention and control measures (targeting specific risk areas within the centre e.g. bathrooms, communal areas, kitchen, recreation and dining rooms). Those working outside the centre, especially healthcare workers, will be advised to cease working if continuing to live in the centre.

##### **4.1 Supporting residents and staff to adhere to public health direction:**

Where there is reluctance on the part of any individual to adhere with guidance, the individual(s) should be spoken with to encourage compliance. Where lack of compliance continues, IPAS, HSE and the centre manager will agree an approach to best manage the public health risks.

##### **4.2 The use of testing to control viral spread in IPAS accommodation:**

Where there is more than one case in a congregated setting and where there is considerable intermingling and likelihood of rapid viral spread, there may be a case for enhanced testing of residents and staff.

The judgment to test all residents and all staff ultimately is a decision to be made in conjunction with the Local Public Health Department and medical officer of health (MOH). This will identify anyone living or working in the centre that has not identified that they have symptoms or who are asymptomatic but who are positive for the virus.

Testing in a DP centre must only be undertaken with the agreement of the local public health department.

##### **4.3 Supporting testing in IPAS accommodation:**

If there is a plan to conduct enhanced testing in a centre, there should be effective communication within HSE and IPAS plus residents, centre management and staff:

- Preparatory work by HSE Public Health and Social inclusion with IPAS, residents and staff explaining context of testing, precaution measures and what the testing involves (see resource page for English and translated version of '[what happens during a test](#)' for residents and staff);
- Communication on what will happen if people are tested positive; that if people need to move facility arising from the test result, that they will be able to return to that centre post isolation (unless advised otherwise by Public Health). Translation facilities may be required;
- Confirmation of where the testing will take place (i.e. through GP, National Ambulance Service, [Safetynet Primary Care](#), Regional CHO/primary care or a static community assessment or test centre). If in a test centre, off site transport arrangements will be required;
- Notification from Public Health and HSE/IPAS to send to residents and staff (including contract/agency/part-time staff) re testing;
- The centre manager will be asked to collect residents' and staff phone number and GP contact details;

- If a person refuses a test a Public Health or Social Inclusion staff member will provide additional counselling / support;
- Notification of test results: Test results can take up to 3-4 days and results for all residents may not be ready at the same time. Residents who are Covid-19 detected will be contacted and informed directly by the HSE. Residents who are Covid-19 non-detected, will receive a letter or text message informing them of this.

On the day of the test, residents should be supported by centre staff, and public health to have the test completed. Any staff member or resident who chooses not to take the test should be spoken to and supported to understand the personal and generic benefits for the centre. The test is not compulsory but strongly advised to protect people's health. As well as providing evidence that the person has COVID 19, the test provides important information for clinical purposes and it supports population surveillance. Thus, testing is very important in the current public health response to tackling the COVID 19 pandemic.

Residents should be provided with support from the centre staff, and public health while awaiting the results. Centre managers can avail of the IPAS public health phone line during this period.

## **5. Communication**

Close communication between the relevant Department of Public Health, IPAS/Centre management and Social Inclusion personnel is vital in supporting a cohesive response to testing and outbreak management.

Residents should understand the importance of their communicating with centre management in order for us to best respond to their needs. Equally, they should understand the need to manage any public health implications for the centre. In achieving this balance, residents need to be assured that they will be supported throughout this anxious period and that there will be no negative consequences for their disclosing a test result.