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**TRAVELLER HEALTH UNIT – PLAN FOR COVID-19 CORONAVIRUS**

**Context**

A number of social determinants of health impact on Travellers’ ability to be compliant with health information and these will need to be factored into responses to support the Traveller Community with the Coronavirus as follows:

1. Many Travellers in Rathkeale have low levels of literacy and as a result, also have low health literacy and their ability to comply with health plans is limited. Therefore, additional health promotion will be required to ensure that people understand the health advice and can comply accordingly.
2. Many Travellers live in confined spaces and so their ability to self-isolate (should this be required) would be limited. While many have houses in the town, there tends to be higher numbers of people living in their accommodation, with many others living in trailers.
3. Many Travellers do not store food – they tend shop for food supplies on a daily basis. This would need to be factored into responses.
4. The Traveller Community are a community that are already excluded from mainstream society and so it will be important that any responses that are put in place are culturally competent and do not further exclude the Community.

**Underlying Principles**

All work should embrace the following underlying principles:

1. Support the promotion and protection of Traveller health, recognising the poorer underlying health status of the Traveller Community.
2. Include Travellers in the overall universal health approaches and provide some additional supports that enable them to understand, comprehend and comply with the advice being provided.
3. Work in partnership with the Traveller PHCP and include the Traveller voice in helping to shape responses to both the worries and concerns Travellers have on the ground and the urgent need to ensure that the Traveller Community can be compliant with health promotion guidance.
4. Ensure that responses (including images used in health promotion )do not increase stigma and discrimination against the Traveller Community – the virus is the problem, not the Traveller Community.

**Options for Testing**

This document outlines three possible options available for those requiring testing, if numbers increase dramatically as follows:

1. Supporting Travellers to attend Drive-Thru testing
2. Providing a mobile testing facility
3. Providing a Testing Facility in Rathkeale health centre

**Option 1: Supporting Travellers to attend Drive-Thru testing**

This option involves setting up a Drive-Thru facility, similar to those being operated in Adelaide, South Korea and Antrim which would provide opportunities for people to be tested by a nurse. It would also require a dedicated phone line that takes self-referrals and this would require an additional staffing resource. Some of the key points in relation to its operation are:

* It is primarily aimed at people who self-refer, once they ring ahead.
* A minimum of two nurses could staff the facility, with each being able to see a patient every 20 minutes, giving them time to do the requisite paperwork and labelling of the tests.
* The Drive-thru would need to be on a health service facility with space for cars to drive in and out safely and so staff have access to facilities to do their paperwork and store the swabs until collected.
* People will be able to drive to the facility, wind their windows down and have test swabs taken, thus minimising the contact time they have with the Nurse and with other service users
* Health promotion packs would be provided to each person attending

**Advantages:**

* It is quick and easy to administer and organise and is cost effective
* It keeps people in their cars with just a minute of contact time by the attending nurse, so reduces the level of risk/ exposure to the nurse and to others using the facility.
* Written information/ advice can be handed to each patient on self-isolation and when and how they will be contacted and also on broader health promotion e.g. proper hand-washing, cough/sneeze etiquette and social distancing. All materials need to be literacy-proofed.
* It provides re-assurance to service users that they will not be waiting in a waiting room with other people who may have the virus and so encourages people to come forward.
* Travellers do not want people to know their business and so this approach offers a level of privacy as it is quick to access.
* It takes the pressure off the local GP

**Challenges:**

* Sourcing sufficient nursing staff for the Drive-Thru
* Sourcing sufficient PPE for staff

**Option 2: Provide a mobile testing facility**

This proposal is to utilise a mobile van/ unit that would be staffed by a minimum of two nurses who would provide a mobile testing service based in certain locations or targeted to particular vulnerable communities. It could operate on a similar premise to the Drive-Thru option, whereby people would contact the facility in advance, remain in their cars to be swabbed/ tested, with the nurses using the mobile unit to do their paperwork/ store swabs for collection.

**Advantages:**

* It makes the testing available to a number of communities, not just one defined location/ Community and so reduces the fear that a particular community is being singled out
* It could be promoted with local GPs and local media in advance. Information could also be cascaded out via funded organisations.
* Similar advantages to Option 1

**Challenges:**

* Similar to Option 1 above
* Need to be flexible to respond to emerging needs in different locations

**Option 3: Providing a Testing Facility in Rathkeale Health Centre**

This option would involve providing testing and swabbing to people who are suspected of having the coronavirus in the Rathkeale area. People would self-refer.

**Advantages:**

* It may take the pressure off the local GP

**Challenges:**

* Is this Clinic available to all in Rathkeale or just those with medical card/ NHS/ EHIC eligibility? (This is the requirement for the Christmas Triage Clinic).
* In this option, clients come into the health facility, rather than remaining in their car and being tested outside the facility – therefore, there is a likely higher risk to staff and other service users
* There is also a need for a higher level of cleaning, given that some clients are likely going to test positive. Would this involve shut-down and deep-clean? Impact this has on further people coming forward.
* Major impact on the current services and staff operating from the Health Centre

**For option 3, the following preparation would be required:**

**Health Centre Preparation and Set-up**

* Undertake a deep-clean of the Centre before commencement
* Prepare the Health Centre to safely triage and manage patients with suspected COVID-19.
* Ensure all staff are familiar with [infection prevention and control guidance](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html) for managing COVID-19 patients, have completed required training and that personal protective equipment is available for their use.
* Put up visual alerts in the Centre (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette. If possible, have a TV available that plays video clips on correct approaches to these issues.
* Ensure supplies are available (tissues, waste bins, alcohol-based hand sanitizer)
* Ensure PPE is available and that staff are fully trained on their use and discardment
* Have facemasks available at triage for patients with respiratory symptoms
* Have a specially designated area for COVID-19 cases only.
* Symptomatic patients who need to be seen in a clinical setting should be asked to call before they leave home, so staff are ready to receive them using appropriate infection control practices and personal protective equipment.
* Have an isolation room available in the Clinic where a person can wait if required.

**Clinic Staffing**

* The Clinic will be staffed by a GP, Nurse and Receptionist. Query need for a GP?
* The GP will be sourced from Primary Care or Shannondoc.
* The nurses will be sourced from the Traveller health Service and Shannondoc as required.
* The Receptionist would be sourced from the HSE.

**Focus of work for Nursing and Reception Staff**

The Nurses will triage patients that arrive using the following two algorithms:

1. Telephone risk assessment and testing pathway for mildly symptomatic patients who phone GP and healthcare settings other than receiving hospitals
2. Risk Assessment for patients who physically present to General practice and healthcare settings other than receiving hospitals
* Patients will be encouraged to ring the Health Centre on the dedicated number before presenting.
* Only one person will be allowed to accompany the patient and background information on both people will be looked for from the Triage Nurse. However, if patients just arrive, this will be very difficult to manage (3-4 Travellers tend to accompany one patient).

**The Receptionist will:**

* Staff the telephone line and book in patients that ring ahead
* Record patient check in details
* Ensure that sufficient health promotion materials and leaflets are available for the Nurse
* Manage the Waiting Room and parking

**The GP will:**

* Unsure what they will do in this Clinic as it is for swabbing?

**Impact on other services in the Health Centre**

* Other services in the Health Centre would need to be discontinued/ re-located to other premises
* Health Centre staff with underlying health conditions would need to be re-located to other centres.
* Cleaning and Infection control would need to be put in place daily
* Could an alternative venue be sourced?

**Broader issues leading to risk for the Traveller Community: COVID-19**

1. Panic, worry and concern – if one person is tested, it is likely to lead to a demand by lots of others to be tested
2. In Rathkeale, many may not disclose where they have travelled to and from
3. Over-crowding and doubling up - Making it difficult to identify a space to self-isolate
4. Transience is an issue – some have returned for St. Patrick’s Day and often many leave soon after this event
5. Traveller men tend to be non-compliant with health advice. When they panic, they then go to ED
6. Trailers and halting sites – no space for self-isolation. No access to toilet facilities if isolated.

**Risks in Relation to Travellers who need to self-isolate**

1. Over-crowding and lack of space to self-isolate
2. Halting site and road side accommodation – unsuitability for self isolation
3. Families who have no access/ shared access to water, sanitation, electricity
4. Poor base line health / prevalence of respiratory problems/ CVD/ Diabetes/Asthma/ poor mental health
5. Low levels of literacy and as a result low health literacy and ability to fully comprehend what is involved in self isolation
6. Poor self-care / organisation skills to maintain self-isolation over 14 days
7. Lack of family support in relation to self-isolation – extended family may not understand importance of self isolation
8. Impact of self-isolation on Travellers:
	1. Shame & stigma (already a big issue in relation to some aspects of general health) – they won’t want people to know
	2. Impact on mental health
	3. General health and underlying health issues
	4. Sleep patterns
	5. Ability to comply with self-isolation

**Explore alternatives to reducing unnecessary healthcare visits:**

* 1. Set up a Traveller Health helpline number and assign THU Designated PHNs to this phone line. Provide them with training on the focus of work to undertake.
	2. Inform the Traveller Community to ring to speak to someone in Traveller health if they become ill with symptoms such as fever, cough, or shortness of breath.
	3. Identify THU staff to conduct tele-health interactions with patients. Utilise HSE algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for testing.
	4. Instruct patients that if they have respiratory symptoms they should not attend their GP, health centre or hospital – they will be advised by staff on the helpline of what they need to do.

**Protocols to prevent the spread of COVID-19 in the Traveller Community**

1. Health promotion information & education to each household via the PHCPs and THU staff.
	1. Pack of information resources(Posters, links, videos) to be compiled by the THU and placed on each PHCP Facebook page (currently on West Limerick PHCP Facebook page)
2. Designated PHNs to have telephone contact with vulnerable clients with underlying health conditions to ensure they have accurate information on the virus and how to protect themselves - on-going
3. THU has developed a number of Traveller-specific information leaflets that re-affirm previous messages provided by the HSE - on-going
4. Encourage all Travellers to know their phone number and have it to hand if medical people ask for it – message is being provided on an on-going basis.
5. THU staff will link with PHCPs to ensure all information is up to date and accurate - on-going