



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Current public health guidance for community settings and infection prevention and control measures in healthcare settings for COVID-19: a rapid review

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About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth,, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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List of abbreviations used in this report

CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus disease 2019
ECDC	European Centre for Disease Prevention and Control
HIQA	Health Information and Quality Authority
HPSC	Health Protection Surveillance Centre
HSE	Health Service Executive
HVAC	Heating, ventilation and air conditioning
NPHE	National Public Health Emergency Team
PPE	Personal protective equipment
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
UK	United Kingdom
US	United States
WHO	World Health Organization

Key points

- On 14 December 2020, a SARS-CoV-2 variant of concern was reported in the UK and on 18 December, another new variant of concern was reported by national authorities in South Africa.
- As a result of these new, highly transmittable variants, the World Health Organization (WHO) advised that prevention advice for the public should be further strengthened and infection prevention and control guidance measures reinforced.
- Guidance from 20 countries and three agencies was reviewed and compared with current Irish guidance for community settings and infection prevention and control measures in healthcare settings, relevant to COVID-19.
- In general, the current Irish guidance is at least as stringent, if not more stringent than that specified by the countries and agencies reviewed. However, a small number of measures were identified that were considered to be more stringent than the current Irish guidance.
- In general, in community settings:
 - Masks should be worn in indoor work communities in Finland if more than one person is residing in that space, while Irish guidance recommends face coverings are used in crowded workplaces.
 - Masks are required when anyone aged two years of age or older leaves their home, that is, indoor and outdoor settings regardless of crowding in Singapore. Whereas, in Ireland, masks are required for anyone aged 13 years or older in crowded outdoor spaces or where social distancing cannot be maintained indoors.
 - Face masks are compulsory for children aged six years and older in France.
 - There are minor differences in the recommended humidity level indoors (between 30-50% [Canada] versus 20-60% in Ireland) and the frequency and or duration of intermittent ventilation of indoor settings (rooms should be ventilated for 10 minutes three times daily [France]), intermittent ventilation should be between 10 to 30 minutes depending on the season (Germany).
- In general, in healthcare settings:
 - N95 and or FFP2 or FFP3 respirators are recommended as standard PPE to be used by healthcare workers when caring for suspected or confirmed cases of COVID-19 in guidance from Canada, Finland, Germany, the ECDC and CDC, compared to surgical masks in Ireland.
- With respect to transport:

- In New Zealand, all international arrivals must wear medical grade face masks (as opposed to fabric face coverings in Ireland), and depart to a managed isolation or quarantine facility
- In Spain, facemasks must be worn by those aged six years and older on school transport.
- In Germany, FFP2 masks are to be worn on all public transport.
- In educational settings:
 - A lower minimum age at which face coverings are required in school, that is, six years (France, Spain) and 10 years (Canada, Austria) as opposed to 13 years in Ireland.
 - Use of twice daily temperature checks and symptoms screening for staff and students in Singapore.
- With respect to vulnerable groups:
 - FFP2 masks are provided to adults aged 65 years and older in Austria and to those aged 60 years and older with certain medical conditions in Germany.
- Some recent guidance updates may have been prompted by concerns in relation to the new variants. For example, guidance from Australia in relation to a minimum 14-day hotel-quarantine, including a negative SARS-CoV-2 test to exit quarantine, specifically reference the UK variant of COVID-19 (SARS-CoV-2 VOC B.1.1.7). While the new variants are noted to be highly transmissible, it is unclear if their mode of transmission differs from other strains of the virus in circulation.
- Previous evidence summaries conducted by HIQA examined the relative importance of droplet versus contact transmission to the spread of SARS-CoV-2, as well as the potential for airborne transmission of SARS-CoV-2 via aerosols. These evidence summaries concluded that there was insufficient evidence to determine the relative importance of droplet versus contact transmission to the spread of SARS-CoV-2, and that there was low certainty evidence that SARS-CoV-2 may transmit via aerosols.
- Evidence identified from scoping work does not appear to have any significant impact on the overall conclusions in the original evidence summaries, though there is some evidence to suggest that contact transmission may not be as important as droplet transmission for the spread of SARS-CoV-2. Scoping did not identify any relevant scientific literature referring to differences in the mode of transmission of the new variants of concern.

Background

The Health Information and Quality Authority (HIQA) has developed a series of evidence syntheses to support the National Public Health Emergency Team (NPHE) in its response to COVID-19. On 11 March 2020, the World Health Organization (WHO) declared the coronavirus (COVID-19) outbreak a global pandemic. As of 11 January 2021, there have been in excess of 89 million cases and almost 2 million deaths from laboratory-confirmed cases of COVID-19 worldwide.⁽¹⁾ On 14 December 2020, authorities from the UK reported the emergence of a variant of SARS-CoV-2 (B.1.1.7). Preliminary findings suggest that this variant has increased transmissibility.⁽²⁾ On 18 December, national authorities in South Africa also announced the detection of a new variant of SARS-CoV-2 (B.1.351) that is rapidly spreading in three provinces of South Africa. As a result of these new, highly transmissible variants, it has been suggested that advice for the public should be further strengthened — that is, additional measures may be required with respect to physical distancing, ventilation, use of face coverings and or other personal protective equipment (PPE), for example. Moreover, existing infection prevention and control guidance and measures should be reinforced.⁽²⁾ As such, NPHE outlined the following policy question:

“In light of increased transmission of COVID-19 and the identification of new variants of concern, is the current Irish guidance in relation to public health measures in community settings and infection prevention and control measures in healthcare settings appropriate?”

The following research question was formulated to inform this policy question:

“Have international agencies introduced any additional or more stringent public health measures in community settings or infection prevention and control measures in healthcare settings, in response to increased transmission of COVID-19 or the identification of new variants of concern?”

Methods

For this rapid review, a detailed summary of the methods used is provided in the protocol: *Rapid review of current public health guidance for community settings and infection prevention and control measures in healthcare settings for COVID-19*, available [here](#).

The findings from this rapid review were accurate as of 13 January 2021; however, it is important to note that the measures identified may change as the situation and response to COVID-19 evolves.

Results

The findings of the review are summarised below under the following headings:

- general community settings
- general healthcare settings
- residential care facilities
- community pharmacy
- public transport
- education
- vulnerable groups
- workplaces where it is difficult to maintain social distancing.

This review compares current guidance in Ireland with international guidance. The purpose of this approach is to capture any innovative or enhanced protective measures which may be in use internationally, but which are not currently featured in Irish guidance.

General community settings

Ireland

As of midnight on 24 December 2020, and in line with the government's *Resilience and Recovery 2020-2021: Plan for Living with COVID-19*, Ireland was placed on Level 5 restrictions nationally with a number of specific adjustments.⁽³⁾ In accordance with this, protective public health measures include hand hygiene, social distancing, respiratory etiquette and use of face coverings.⁽⁴⁾ In relation to social distancing, the guidance recommends a space of two metres between people. Individuals are also advised to avoid communal sleeping areas, crowded places, shaking hands and close contact with other people if possible. Where it is not possible to maintain two metres social distancing between people, a face covering is recommended.⁽⁴⁾

For those who are living alone, or parenting alone, it is permissible to form a support bubble with another household. Those in the same support bubble can visit one another in their homes and other places outside of the home. However, you should not meet with other people if you have symptoms of COVID-19 or have been identified as a close contact.⁽⁴⁾ In relation to other activities such as travel and work, it is advisable to avoid public transport and vehicle sharing when possible; if this is not possible a face covering should be worn. People should work from home, but if

this is not possible, social distancing measures should also be followed in the workplace.⁽⁴⁾

In Ireland, face coverings are now mandatory in retail outlets, in taxis, in bus and rail stations, on public transport and for workers in customer facing roles in cafés, bars and restaurants;⁽⁵⁾ a full list of where face coverings must be worn is available in Appendix 1. Face coverings are also recommended for use by people visiting the homes of those who are over 70 years of age or who are medically vulnerable, and vice versa. They are also recommended when travelling in a vehicle with someone who is not a household member, in crowded workplaces, places of worship, busy or crowded outdoor spaces where there is significant congregation and in circumstances where two metres distance cannot be maintained.⁽⁵⁾ See Appendix 1 for further guidance on how to wear a face covering and when to replace a face covering. Medical masks (surgical and respirator) are not intended for use by the public in the community; recommendations in relation to their use is limited to healthcare workers and some workers in specific jobs, so as not to exhaust limited supply.⁽⁵⁾

Guidance on ventilation within non-healthcare settings states that there is currently no strong evidence to suggest that SARS-CoV-2 is spread through aerosol transmission via heating, ventilation and air conditioning (HVAC) systems. Low relative humidity (<20%) is known to increase an individual's susceptibility to infection. Therefore, where such HVAC systems are in use, the advice is to maintain a relative air humidity of 20-60%, if feasible.⁽⁶⁾ In classrooms that rely on natural ventilation, it is recommended that windows are opened for 15 minutes before the classroom is occupied and after the classroom is emptied;⁽⁶⁾ see Appendix 1 for more detail.

Other countries

Guidance from Finland, Singapore, Australia, France, Germany, Spain and Canada include a number of measures with respect to face coverings and or ventilation that are more stringent to those advised by Ireland.

In Finland, masks are advised to be worn in indoor work communities, if more than one person works or resides in the same space.⁽⁷⁾ In Singapore, individuals must wear face masks when they leave their homes.⁽⁸⁾ Mask-wearing is not recommended for young children below the age of two for safety reasons. However, for those aged over two, they are recommended to protect young children and to reduce the risk of transmission, especially if they are in a group setting or when interacting with others.⁽⁸⁾ In France, masks are compulsory from the age of six⁽⁹⁾ and surgical masks should be worn in shared offices.⁽¹⁰⁾ As of 18 January 2021, it will be mandatory for

staff and customers to wear an FFP2 mask in retail settings in Germany.⁽¹¹⁾ In Austria, adults aged 65 years and older are provided with FFP2 face masks.⁽¹²⁾ The German government also provide FFP2 masks to people aged 60 years and older. Three masks per person were made available through pharmacies in December with more planned in January.⁽¹³⁾ In Australia, New South Wales, individuals may be fined AU\$200 on the spot for not wearing a face mask.⁽¹⁴⁾

In France, rooms must be ventilated for 10 minutes, three times a day.⁽⁹⁾ In Germany, intermittent ventilation is recommended for 20 to 30 minutes in summer and five minutes in winter.⁽¹¹⁾ Similarly, Spanish guidance states that communal spaces must be ventilated frequently.⁽¹⁵⁾ Guidance from the Canadian government provides a number of specific additional recommendations in relation to humidity and ventilation. The guidance highlights that the effectiveness of portable air filtration devices in reducing the transmission of the SARS-CoV-2 virus has not yet been demonstrated.⁽¹⁶⁾ However, it notes that while humidifiers do not remove SARS-CoV-2 virus from the indoor air environment, they could impact the duration that particles that contain virus are suspended in the air. As such, there is a recommendation to maintain an optimal humidity level of between 30-50% in indoor settings. It is also recommended that if room occupants are going to be indoors for longer periods, for example in schools, occupants should have regular outdoor breaks, to allow for ventilation of the room.⁽¹⁶⁾

In Australia, hotel quarantine (referred to as self-isolation in Ireland) is required for those who test positive with the COVID-19 UK variant; cases must stay in isolation for 14 days and have a negative test on exit.⁽¹⁷⁾

General healthcare settings

Ireland

The mainstay of guidance on infection prevention and control of COVID-19 in healthcare settings is hand hygiene, respiratory hygiene, physical distancing and personal protective equipment (PPE).⁽¹⁸⁾ PPE is important and the last line of defense. Guidance on the use of PPE for possible or confirmed COVID-19 applies to all healthcare settings including primary, secondary, tertiary care and ambulance service. The requirement for PPE is based on the tasks that a healthcare worker is likely to perform. It is important to avoid inappropriate use of PPE (that is, in situations where it is unnecessary), so as to prevent depletion of stocks and ensure that essential PPE is available to healthcare workers when needed.⁽¹⁹⁾ When providing care to people (within two metres them), healthcare workers should wear surgical masks regardless of the COVID-19 status of the person. They should also

wear surgical masks for all encounters of 15 minutes or more with other healthcare workers in the workplace, where a distance of two metres cannot be maintained.⁽¹⁹⁾

Other countries

In Canada, staff working within two metres of patients should use eye protection (that is, a face shield) for the full duration of their shift, based on local epidemiology.⁽²⁰⁾ Regarding dental care settings in Finland, standard protective equipment includes goggles, natural rubber or nitrile gloves and hair protection.⁽²¹⁾ In Germany, FFP2 masks must be worn when caring for suspected or confirmed cases.^(22, 23) Guidance from the European Centre for Disease Prevention and Control (ECDC) and Centers for Disease Control and Prevention recommend respirators as standard components of PPE for healthcare workers;⁽²⁴⁻²⁶⁾ see Appendix 2 for more detail.

Residential care facilities

Ireland

Typically, those living in residential care facilities are older and have multiple chronic conditions which puts them at highest risk of severe disease from COVID-19. To mitigate against this risk, visitors to these facilities should not visit if they have any COVID-19 symptoms or if they have been notified that they are a close contact of a COVID-19 positive case.⁽²⁷⁾ Visitors are asked to use hand sanitiser or wash their hands with soap and water on arrival and departure. They must wear a face covering and keep a safe distance from everyone in the facility. Visitors are not required to wear disposable gloves unless they have been advised to by a member of staff.⁽²⁷⁾

As in other healthcare settings, residential care facility staff should wear surgical masks when providing care to residents (within two metres of the resident) regardless of the COVID-19 status of the resident. Surgical masks should also be worn for all encounters with other healthcare workers in the facility where a distance of two metres cannot be maintained and the encounter is expected to last longer than 15 minutes. They are also required to wear a surgical mask when in busy public areas of facilities even if they do not expect to be within a two metres of another person for 15 minutes or more.⁽²⁸⁾

Other countries

In Scotland, visitors should be provided with appropriate PPE upon entry into the care home (this includes disposable gloves, disposable plastic apron and a surgical, fluid resistant facemask). They must continue to wear the same PPE for the duration of their visit unless it is contaminated.⁽²⁹⁾ In Sweden, PPE should have short sleeves

and be changed at least once daily.⁽³⁰⁾ In France, surgical masks should be worn by residents during medical visits.⁽³¹⁾ Similar to guidance for general healthcare settings above, Germany, the ECDC and WHO recommend use of respirators as standard components of PPE for staff in residential care settings;^(25, 32-34) see Appendix 2 for more detail. Following identification of the UK variant in Queensland, regulations on residential aged care facilities have become more stringent. Briefly, there are no visitors allowed unless it is for an essential purpose, residents cannot leave the facility and staff should not work across multiple facilities.⁽³⁵⁾

Community pharmacy

Ireland

As in other healthcare settings, PPE is only one component of infection prevention and control guidance in community pharmacies. It is vital that PPE is used in combination with hand hygiene, social distancing, respiratory hygiene and environmental cleaning.⁽³⁶⁾ The recommendation by NPHET for healthcare workers to wear surgical masks should when they providing care to people (within two metres) regardless of the COVID-19 status of the person also applies to community pharmacies; as does the recommendation for healthcare workers to wear surgical masks for all encounters, of 15 minutes or more, with other healthcare workers where a distance of two metres cannot be maintained.⁽³⁶⁾ The guidance notes that while pharmacies have been provided with gowns, masks, eye protection, gloves and hand hygiene products, it is very unlikely that all of these items will be required in the community pharmacy setting. The content of these packs should be reserved for very exceptional circumstances that may arise in which a pharmacist is required to have significant close physical contact with a person where COVID-19 has been detected or is suspected. If possible, it would be preferable to advise the person to leave the pharmacy to access appropriate services and then perform hand hygiene, rather than to have the person wait in the pharmacy while the pharmacist dons unfamiliar equipment.⁽³⁶⁾

Other countries

The ECDC recommend installation of glass or plastic panels at the counters to protect the staff from respiratory droplets from customers, while also maintaining physical distance.⁽²⁴⁾ The US CDC recommends drive-through pick-up or home delivery, where feasible.⁽³⁷⁾

Public transport and travel

Ireland

On 13 July 2020, it became mandatory with legal effect, for members of the public who are aged 13 years or older to wear a face covering on public transport in Ireland.⁽³⁸⁾ Authorised staff, that is drivers and ticket inspectors, may refuse entry to those who refuse to wear a face covering; or they may ask them to leave the vehicle. The regulations state that there are some exceptions to these rules, provided there is a reasonable excuse. This includes:

- those who cannot wear a face covering due to physical or mental illness, impairment, or disability, or those who cannot wear a face covering without it causing severe distress
- those who need to communicate with a person who has difficulties communicating (that is speech, language or otherwise)
- the provision of emergency assistance, care or assistance to a vulnerable person
- to avoid harm or injury, or risk of the same
- to take medication.⁽³⁸⁾

The guidance also includes information on how to use a face covering properly and states that face coverings should be used in addition to hand washing, respiratory hygiene and social distancing;⁽³⁸⁾ see Appendix 1.

In terms of air travel, passengers are asked to practice physical distancing in line with government guidance, adhere to respiratory etiquette, hand hygiene, and avoid touching your face, nose, eyes and mouth. Passengers must also wear a face covering throughout their journey. This includes in the airport and on the aircraft.⁽³⁹⁾

Other countries

All international travellers arriving in New Zealand must wear face masks from the time they disembark the aircraft until they arrive at their hotel. Medical grade masks (that is, not cloth masks) are made available to all passengers on inbound international flights.⁽⁴⁰⁾ Moreover, travellers must undergo a health screen at the border for COVID-19 related symptoms before they can depart to a managed isolation or quarantine facility and N95/P2 particulate respirators are provided for health staff conducting these health screenings.⁽⁴¹⁾ As of 18 January 2021, it will be mandatory to wear an FFP2 mask on local public transport in Germany.⁽¹¹⁾

Education

Ireland

Guidance on face-to-face education during the COVID-19 pandemic states that classrooms and other teaching spaces should be configured to allow for the recommended social distancing (two metres); this includes upon entry, occupation and exit of the space. Where necessary, floor marking may need to be considered.⁽⁴²⁾ Appropriate hand hygiene facilities should be in place for facilitators and pupils. Additional PPE, including gloves and aprons, are generally not required in training sessions, except where it is normally required as part of the training session for example, when teaching a skill. Face coverings are recommended where individuals are in a shared space for more than 15 minutes and social distancing cannot be maintained;⁽⁴²⁾ see Appendix 1.

Guidance for special needs assistants (SNAs) who support children and young people with additional care needs states that when within two metres of a pupil to whom they are delivering personal care or attention, a surgical mask should be worn. If surgical masks are not available, a cloth face covering should be used. If neither are suitable, a visor of a quality suitable for use in a healthcare setting should be used as an alternative.⁽⁴³⁾ As with all children, pupils with additional care needs are not required to wear a face covering if they are under 13 years of age; but they may choose to do so. Pupils with additional care needs who are 13 years or older should not be required to wear a face covering if this causes distress or is a barrier to their education and care needs.⁽⁴³⁾ Disposable gloves and aprons should not be used routinely in the educational setting. However, their use is appropriate in providing care that involves risk of exposure to blood or body fluids (that is, oral fluids, faeces or urine). Following use they should be disposed of in domestic waste. Hand hygiene should be performed before and after donning PPE;⁽⁴³⁾ see Appendix 1.

Similarly, guidance for early learning and school age childcare settings outlines measures relating to hand hygiene, respiratory hygiene, physical distancing and face coverings;⁽⁴⁴⁾ see Appendix 1. However, the guidance highlights that physical distancing from a child that is being cared for is not practical, nor is it practical to enforce physical distancing between children who are cared for as a group. In the context of childcare, the two metre physical distancing recommendation by NPHET relates to distancing between adults when they are not engaged in childcare activity (for example, when on breaks or arriving for work). Face coverings should be used as per NPHET guidance should a childcare facility be likely to have a high throughput of visitors to a specific contact point, for example, an office.⁽⁴⁴⁾

Other countries

In Austria, face coverings are required by everyone inside secondary school buildings.⁽⁴⁵⁾ In Canada, face coverings are recommended for children aged 10 years or older; they may also be considered for those under the age of 10 depending on

risk assessment.⁽⁴⁶⁾ In Finland, parents of children and children themselves may be advised to wear masks in early childhood and school settings.⁽⁴⁷⁾ In Singapore, twice-daily temperature-taking and visual screening for all students and staff is undertaken.⁽⁴⁸⁾ In Spain, use of facemasks is mandatory from six years of age regardless of social distancing. Use of facemasks is also mandatory for those aged six years and older on school transport, and is recommended for those aged between three and five years as well.⁽⁴⁹⁾

Vulnerable groups

Ireland

For older people and others at risk of severe disease, the guidance recommends that individuals be vigilant about who they allow into their house. For those who live alone, they should be careful to limit the number of people they allow into their house. For those who live with others, it highlights the need for other household members to be careful when they are outside the home, in order to protect vulnerable people.⁽⁵⁰⁾ Those at increased risk of severe disease should check that anyone who comes into their home to visit or to do essential work is well before they come in, and that they have no symptoms of COVID-19. Visitors should also be asked to wash their hands when they arrive, wear a face covering and to keep a safe distance (two metres) from you whenever possible.⁽⁵¹⁾

Other countries

Guidance in France states that masks should be worn by vulnerable persons (and visitors) when they have visitors to their homes and that rooms should be ventilated when visitors have left.⁽⁵²⁾

The German government provides FFP2 masks to those with certain pre-existing conditions. As previously noted, FFP2 masks are also provided to people aged 60 years and older. Three masks per person were made available through pharmacies in December with more planned in January.⁽¹³⁾ Also, as previously noted, adults aged 65 years and older in Austria are provided with FFP2 face masks.⁽¹²⁾

Workplaces where it is difficult to maintain social distancing

Ireland

The Health Protection Surveillance Centre (HPSC) has produced interim guidance on COVID-19 outbreaks in meat factories in Ireland. This states that all employees must be screened on entry to the workplace; this includes a questionnaire to ascertain the presence of symptoms and a temperature check. If any staff report symptoms or a temperature above 37.5°C, they must be sent home.⁽⁵³⁾ Hand-washing facilities or

alcohol-based hand gel must be available at the point of entry and throughout the facility. Social distancing of two metres should be maintained while awaiting entry screening and on the production belt. If the production belt is less than two metres wide, face-to-face working should be avoided. Social distancing should be observed throughout the facility, including in the canteen, locker rooms, toilets and offices.⁽⁵³⁾ The need for PPE should be determined by appropriately qualified personnel. Where there is a problem with social distancing, staff should wear both a mask and a visor (or a mask and goggles where goggles are available). It is important to ensure that these items do not compromise the standard or safety of the work. If both cannot be worn, surgical masks are recommended above other types of masks on their own. If a visor is worn, it should be a full-face visor.⁽⁵³⁾

Other countries

In relation to work settings where it is difficult to maintain social distancing, no guidance that is more stringent than that already in Ireland was identified.

Discussion

Of the 20 countries and three agencies included in this rapid review, individual elements that are more stringent than the current Irish guidance with respect to community settings and infection prevention and control measures in healthcare settings were identified in the COVID-19 guidance from 11 countries and all three agencies. In general, the main differences in community settings are in respect of the:

- age from which children should wear masks
- wearing of masks outside the home regardless of crowding or the ability to physically distance
- supply of higher grade masks (for example, FFP2) to older individuals in the community at higher risk of serious disease
- minor differences in the level of humidity or frequency of intermittent ventilation in selected indoor environments.

While a minimum of two metres is currently the most stringent guidance with respect to social distancing, following a meeting of the Scientific Advisory Group for Emergencies-Environmental Modelling Group (SAGE-EMG), the Scientific Pandemic Insights Group on Behaviours (SPI-B) and the Transmission Group, the UK

government has stated that the current two metre social distancing regulation may need to be increased.⁽⁵⁴⁾

Specifically with respect to the new variants of SARS-CoV-2, at least one country (Australia) has adapted their guidance to include a requirement for hotel quarantine for cases that test positive with the COVID-19 UK variant, with isolation ending subject to a minimum duration of 14 days and a negative test.⁽¹⁷⁾ In Ireland, self-isolation occurs in the individual's home⁽⁵⁵⁾ or in facilities provided for vulnerable groups, for example cases who are homeless.^(56, 57)

In general healthcare settings, the main difference between Irish guidance and that issued by a number of other international agencies is the:

- use of higher grade masks (N95 and or FFP2 or FFP3 respirators) as standard PPE by healthcare workers
- additional requirements for visitors to residual aged care facilities with respect to the grade of mask and wearing of extra PPE (disposable gloves and aprons)
- restriction of visitors to residential aged care facilities
- limits on the number of facilities healthcare workers in residential aged care facilities work.

More stringent guidance introduced with respect to travel includes hotel quarantine following international arrival into the country. With respect to transport children are required to wear facemasks on public transport from the age of six. Also, there are higher specifications regarding the grade of mask used in some other countries by:

- staff undertaking health assessments of international arrivals
- those using public transport.

With respect to educational settings, differences were primarily limited to the minimum age at which the use of masks is required (ranging from three years and older to 10 years and older) in the school setting. The additional requirement for temperature checks and symptom screening for both staff and students was also specified by Singapore.

A number of the international guidance documents that recommend more stringent measures than those recommended for Ireland predate the identification of the new variants of the SARS-CoV-2 virus in the UK (B.1.1.7) and South Africa (B.1.351). More recent guidance updates, such as the proposed more widespread use of FFP2

masks in Germany which take effect from 18 January 2020 may have been prompted by increasing incidence and or concerns in relation to the new variants. Guidance from Australia in relation to a minimum 14-day hotel quarantine, including the need for a negative SARS-CoV-2 test to exit quarantine, specifically reference the UK variant (B.1.1.7). While the new variants are noted to be highly transmissible, it is unclear if their mode of transmission differs from other strains of the virus in circulation, specifically, if there is evidence of a difference in the relative importance of droplet versus contact transmission or of increased airborne transmission via aerosols.

An evidence summary on the relative importance of droplet versus contact transmission to the spread of SARS-CoV-2 was published by HIQA on 21 August 2020.⁽⁵⁸⁾ This review concentrated on the relative importance of droplet versus contact transmission to the spread of SARS-CoV-2 and other similar enveloped respiratory viruses. This evidence summary, which was conducted on 12 June 2020, concluded that there was insufficient evidence to determine the relative importance of droplet versus contact transmission to the spread of SARS-CoV-2. However, it was found that the relative importance of these modes of transmission is likely context-specific. A rapid scoping update was conducted on 11 January 2021 by HIQA,⁽⁵⁹⁾ and three relevant studies were found.⁽⁶⁰⁻⁶²⁾ A review of the literature conducted by Meyerowitz et al. on 7 September 2020 concluded that:

“strong evidence from case and cluster reports indicates that respiratory transmission is dominant, with proximity and ventilation being key determinants of transmission risk. In the few cases where direct contact or fomite transmission is presumed, respiratory transmission has not been completely excluded.”⁽⁶¹⁾

A cross-sectional study published by Xie et al. on 5 August 2020, where COVID-19 positive patients and their close contacts were monitored and traced within one residential building, found evidence of contact transmission via a contaminated elevator button.⁽⁶²⁾ However, the authors could not exclude the possibility that transmission occurred by unknown, potentially asymptomatic carriers. Finally, a mathematical modelling study published by Meiksin on 23 October 2020, based on UK epidemiological data estimated that “fomites, through enhancing the overall transmission rate, may have contributed to as much as 25% of the deaths following lockdown.”⁽⁶⁰⁾ However, the assumptions used to populate the key model parameters were unclear in this study.

An evidence summary on the airborne transmission of SARS-CoV-2 via aerosols was published by HIQA on 21 August 2020.⁽⁶³⁾ The report concluded that there is low certainty evidence that SARS-CoV-2 may transmit via aerosols, it is not known if this

is restricted to specific contexts, such as in low temperature, enclosed or poorly ventilated environments. It is also uncertain what contribution aerosol transmission makes to the COVID-19 pandemic relative to other transmission modes (that is, contact and droplet).⁽⁶³⁾ HIQA conducted a rapid scoping update on 11 January 2021 by HIQA.⁽⁶⁴⁾ This rapid scoping exercise found that there have not been any significant changes in the evidence base. A number of air sampling and epidemiological studies have been published; however, given the type of study designs they are unlikely to add anything beyond the August report. Additional studies have attempted to culture from air samples, but none were successful.

Public health agencies such as the World Health Organization (WHO), European Centre for Disease Prevention and Control (ECDC) and the Centers for Disease Prevention and Control (CDC) have reviewed the evidence regarding the modes of transmission of SARS-CoV-2.^(24, 65, 66) The WHO concluded on 9 July 2020 that “SARS-CoV-2 transmission appears to mainly be spread via droplets and close contact with infected symptomatic cases.” The WHO further stated that:

“despite consistent evidence as to SARS-CoV-2 contamination of surfaces and the survival of the virus on certain surfaces, there are no specific reports which have directly demonstrated fomite transmission. People who come into contact with potentially infectious surfaces often also have close contact with the infectious person, making the distinction between respiratory droplet and fomite transmission difficult to discern. However, fomite transmission is considered a likely mode of transmission for SARS-CoV-2, given consistent findings about environmental contamination in the vicinity of infected cases and the fact that other coronaviruses and respiratory viruses can transmit this way.”⁽⁶⁵⁾

Similarly, the ECDC concluded on 19 October 2020 that:

“in most instances, coronaviruses are believed to be transmitted from person-to-person via respiratory droplets, either being inhaled or deposited on mucosal surfaces, including aerosols produced when coughing and speaking. Transmission through contact with contaminated fomites is considered possible, although it has not yet been documented for SARS-CoV-2, and cultivable SARS-CoV-2 has not been detected from fomites in environmental investigations in clinical settings.”⁽²⁴⁾

Finally, the CDC concluded on 5 October 2020 that “the principal mode by which people are infected with SARS-CoV-2 is through exposure to respiratory droplets carrying infectious virus.”⁽⁶⁶⁾ The CDC further stated that “the epidemiology of SARS-CoV-2 indicates that most infections are spread through close contact (that is,

contact or droplet transmission), not airborne transmission.”⁽⁶⁶⁾ These technical reports and scientific briefs from health authorities are relatively consistent with an acknowledgment that aerosol transmission can occur; however, it is likely restricted to enclosed, poorly ventilated and or crowded environments, or during aerosol generating procedures.⁽⁶⁵⁻⁶⁷⁾

Evidence identified from the scoping updates does not appear to have any significant impact on the overall conclusions in the original evidence summaries, though there is some evidence to suggest that contact transmission may not be as important as droplet transmission. However, it must be noted that such scoping is not systematic or exhaustive, so relevant articles may have been overlooked. Additionally, scoping did not identify any relevant scientific literature referring to the different modes of transmission of the new variants of recent concern (B.1.1.7 and B.1.351).

Conclusion

In conclusion, this rapid review identified that, in general, the current Irish guidance on public health measures for community settings and infection prevention and control in healthcare settings in respect of COVID-19 is at least as stringent, if not more stringent than those specified in the countries and agencies included in the review. However, a small number of additional measures were identified across the guidance documents reviewed. The most consistent finding was the recommendation for increased use of face masks in outdoor and indoor settings regardless of the ability to socially distance, the use of higher grade masks under certain circumstances in the community setting, as well as the use of respirators as standard PPE by healthcare workers when caring for suspected or confirmed cases of COVID-19. Ongoing scoping updates to HIQA published evidence summaries regarding the modes of transmission of SARS CoV-2 did not identify any relevant scientific literature referring to the different modes of transmission of the new variants of recent concern (B.1.1.7 and B.1.351), or that significantly impact the overall conclusions of the original reports.

The findings from this rapid review were accurate as of 13 January 2021; however, it is important to note that the measures identified may change as the situation and response to COVID-19 evolves.

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Appendix 1: Data extraction table for Irish public health guidance

Setting/group Guidance title URL Published/updated	Relevant guidance details
<p>General community settings</p> <p>Symptoms of COVID-19 and how to protect yourself</p> <p>https://www.gov.ie/en/publication/472f64-covid-19-coronavirus-guidance-and-advice/#protect-yourself-and-others</p> <p>10 January 2021</p>	<p><i>Protect yourself and others</i> COVID-19 (Coronavirus) is spread in sneeze or cough droplets. To infect you, the virus has to get from an infected person's nose or mouth into your eyes, nose or mouth. This can happen if someone who has the virus coughs or sneezes near you. Or if you touch something they have been in contact with, such as an object or a surface.</p> <p>It is important that you:</p> <ul style="list-style-type: none"> ▪ wash your hands properly and often ▪ practise social distancing ▪ cover coughs and sneezes ▪ follow the current public health restrictions <p>Follow this advice as strictly as possible and encourage others to do this too.</p> <p><i>Wash your hands</i> Washing your hands properly and often will help to stop the spread of COVID-19.</p> <p>Use soap and water or alcohol hand sanitiser to clean your hands:</p> <ul style="list-style-type: none"> ▪ after coughing or sneezing ▪ if you were in contact with someone who has a fever or respiratory symptoms (cough, shortness of breath, difficulty breathing) ▪ before and after being on public transport, if you must use it ▪ before and after being in a crowd (especially an indoor crowd) ▪ when you arrive and leave buildings including your home or anyone else's home ▪ before having a cigarette or vaping ▪ even if your hands are not visibly dirty ▪ after toilet use <p>Keep your hands in good condition. Moisturise them often. Any basic product that is not perfumed or coloured is OK.</p> <p><i>Sneezing and coughs</i> When you cough or sneeze, cover your mouth and nose with a tissue or your sleeve. Put used tissues into a bin</p>

Setting/group Guidance title URL Published/updated	Relevant guidance details
	<p>and wash your hands. Do not touch your eyes, nose or mouth if your hands are not clean.</p> <p><i>Sharing things</i> Do not share objects that touch your mouth, for example, bottles or cups. Clean and disinfect frequently touched objects and surfaces.</p> <p><i>Social distancing</i> Social distancing is important to help slow the spread of COVID-19. It does this by minimising contact between people. You should:</p> <ul style="list-style-type: none"> ▪ keep a space of 2 metres (6.5 feet) between you and other people ▪ avoid communal sleeping areas ▪ avoid any crowded places ▪ not shake hands or make close contact with other people, if possible <p>There is very little risk if you are just passing someone. But try to keep a distance of 2 metres as much as possible.</p> <p><i>When you cannot keep 2 metres apart</i> Try to avoid places where you cannot keep 2 metres apart from other people. If you are in a public place where it is difficult to keep 2 metres away from others, wear a face covering.</p> <p><i>Meeting other people</i> People who are living alone or parenting alone can pair with one other household for support. This is called a 'support bubble'. You can visit the home of those in your support bubble and they can visit your home. You can also meet outdoors and in places other than the home.</p> <p>If you have visitors to your home, ask them to clean their hands when they arrive. After they leave, clean surfaces they have been in contact with. Use your usual household cleaning agents and detergents.</p> <p>Do not wear disposable gloves instead of washing your hands. The virus gets on them in the same way it gets on your hands. Also, your hands can get contaminated when you take them off.</p> <p>Wear a face covering when visiting people aged 70 or over, or other people at higher risk from COVID-19.</p> <p>You should not meet someone else if you:</p> <ul style="list-style-type: none"> ▪ have any symptoms of COVID-19

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	<ul style="list-style-type: none"> ▪ have been told by contact tracers that you are a close contact <p>Check with people before you meet them to make sure they are symptom-free and feeling well.</p> <p>Travel Walk or cycle instead of using public transport, if you can. Avoid sharing vehicles with people outside your household. Wear a face covering if you do.</p> <p>Work Work from home wherever possible. Face coverings are recommended in crowded workplaces.</p> <p>Social distancing at work Follow social distancing advice everywhere outside the home. This includes your workplace.</p>
<p>General community settings</p> <p>When to wear face coverings and how to make them</p> <p>https://www.gov.ie/en/publication/aac74c-guidance-on-safe-use-of-face-coverings/</p> <p>11 January 2021</p>	<p>Face coverings are mandatory in retail outlets, in taxis, in bus and rail stations, on public transport and for workers in customer facing roles in cafés, bars and restaurants. Wearing of cloth face coverings not only help protect you, but also prevent people who do not know they have COVID-19 (Coronavirus) from spreading it to others.</p> <p>If you wear one, you should still do the important things necessary to prevent the spread of the virus. These include:</p> <ul style="list-style-type: none"> ▪ washing your hands properly and often ▪ covering your mouth and nose with a tissue or your sleeve when you cough and sneeze ▪ not touching your eyes, nose or mouth if your hands are not clean ▪ physical distancing (keeping at least 2 metres away from other people) <p>Face coverings A face covering is a covering of any type which covers your nose and mouth with no visible gaps. Face shields and visors are generally not an appropriate type of face covering but people who might have difficulties breathing or a disability or another specific reasonable excuse may wear a face shield or visor instead of a face covering.</p> <p>Wearing a cloth face covering in public may reduce the spread of COVID-19 in the community. It may help to reduce the spread of respiratory droplets from people infected with COVID-19. Cloth face coverings may help to stop people who are not aware they have the virus from spreading it. If you have COVID-19 or have</p>

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	<p>symptoms of the virus, you must self-isolate. Do this even if you wear a face covering.</p> <p><i>When to wear one</i></p> <p>Face coverings must be worn in the following locations:</p> <ul style="list-style-type: none"> ▪ shops, including pharmacies ▪ supermarkets ▪ shopping centres ▪ libraries ▪ cinemas and cinema complexes ▪ theatres ▪ concert halls ▪ bingo halls ▪ museums ▪ nail salons ▪ hair salons and barbers ▪ tattoo and piercing parlours ▪ travel agents and tour operators ▪ laundries and dry cleaners ▪ betting shops and bookmakers ▪ on public transport ▪ staff in customer facing roles in bars, restaurants and cafés ▪ in taxis (drivers and passengers) ▪ bus stations and rail stations <p>Wearing of face coverings is also recommended in the following circumstances:</p> <ul style="list-style-type: none"> ▪ by people visiting the homes of those who are over 70 years of age or who are medically vulnerable ▪ by people who are being visited in their homes by those who are over 70 years of age or who are medically vulnerable ▪ if you are travelling in a vehicle with someone you don't live with ▪ crowded workplaces ▪ places of worship ▪ busy or crowded outdoor spaces where there is significant congregation ▪ in circumstances where 2 metres distance can't be maintained <p>The vast majority of people are already wearing face coverings in shops. Shop owners and managers of premises should engage with people entering or in their premises to inform them that they need to wear face coverings and should promote compliance.</p>

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	<p>To date the Gardaí have adopted an approach of engaging with the public to educate and encourage people to abide by the measures in place and to only use enforcement as a last resort. It is an offence for a person not to wear a face covering without reasonable excuse in respect of which a Garda may issue a fixed penalty notice of €80.</p> <p>The vast majority of the public are complying and the expectation is that they will continue to do so and that penalties would only arise in very rare cases.</p> <p><i>What they are made from</i> Face coverings are made from cloth materials such as cotton, silk, or linen. You can buy them or make them at home using items such as scarfs, t-shirts, sweatshirts, or towels.</p> <p><i>Who should not wear one</i> Face coverings are not recommended for anyone who:</p> <ul style="list-style-type: none"> ▪ has trouble breathing ▪ is unconscious or incapacitated ▪ is unable to remove it without help ▪ has special needs and who may feel upset or very uncomfortable wearing them ▪ needs to communicate with someone who has learning difficulties, is hard of hearing or deaf <p>In these cases, if the person can wear a visor, it will give them some protection. But these are the only times when you should wear a visor. Cloth face coverings are a better way to protect yourself from COVID-19.</p> <p><i>When to throw it out</i> You should throw out a cloth face covering when it:</p> <ul style="list-style-type: none"> ▪ no longer covers the nose and mouth ▪ has stretched out or has damaged ties or straps ▪ cannot stay on the face ▪ has holes or tears in the fabric <p><i>How to use a cloth face covering properly</i> Do:</p> <ul style="list-style-type: none"> ▪ clean your hands properly before you put it on ▪ practise using it so you are comfortable putting it on and taking it off ▪ make sure it is made from a fabric you are comfortable wearing ▪ cover your mouth and nose with it and make sure there are no gaps between your cloth face covering ▪ tie it securely

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	<ul style="list-style-type: none"> ▪ carry unused masks in a sealable clean waterproof bag (for example, a ziplock bag) ▪ carry a second similar type bag to put used masks in <p>Don't:</p> <ul style="list-style-type: none"> ▪ touch a mask or face covering while wearing it - if you do, clean your hands properly ▪ use a damp or wet medical mask or reuse a medical mask ▪ share masks ▪ lower your mask to speak, eat and smoke or vape - if you need to uncover your nose or mouth, take the mask off and put it in the bag for used masks ▪ discard masks in public places <p><i>Taking off a cloth face covering</i> To take it off properly:</p> <ul style="list-style-type: none"> ▪ remove it from behind - do not touch the front of the mask ▪ do not touch your eyes, nose, and mouth ▪ clean your hands properly ▪ put disposable masks in a bin straight away <p><i>Medical face masks</i> Medical masks (surgical and respirator) are for healthcare workers. Some workers in specific jobs also use them. They are vital supplies and are not intended for use by the public in the community. We want to try and make sure that medical face masks are kept for health care workers.</p>
<p>General community settings</p> <p>Guidance on Non-Healthcare Building Ventilation during COVID-19</p> <p>https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/buildingsandfacilitiesguidance/Guidance%20on%20non%20HCbuilding%20ventilation%20during%20COVID-19.pdf</p> <p>15 October 2020</p>	<p><i>Risk</i> There is currently no strong evidence to suggest that SARS-CoV-2 is spread through aerosol transmission via HVAC systems.</p> <p><i>Filtration</i> If it is not possible to disable the air recirculation system, then HEPA filtration or the highest efficiency filter possible according to the HVAC manufacturer's specifications should be considered (MERV 13 to 16; ISO 16890 ePM1 rating 60-90%).</p> <p><i>Humidity</i> While there is evidence in experimental settings that coronaviruses like the SARS-CoV-2 virus deteriorate faster in high temperatures and humidity, the levels that need to be achieved are not attainable or acceptable in buildings. In addition, indoor humidification is not a common feature in most HVAC systems, and would incur additional maintenance and equipment costs. However,</p>

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	<p>low relative humidity (<20%) is known to increase an individual's susceptibility to infection. Where such systems do exist, the advice is to maintain a relative air humidity of 20-60% if feasible.</p> <p><i>Adequate ventilation</i> In addition to the general recommendations above, the following guidance can be applied in schools:</p> <ul style="list-style-type: none"> ▪ Ensure that windows and air vents can be accessed and opened when needed ▪ In classrooms that rely on natural ventilation, consider opening the windows 15 minutes before the classroom is occupied to ventilate the room. Similarly, leave windows open for 15 minutes after the classroom is emptied. ▪ Consider installing an indoor air quality (IAQ) meter in each classroom that relies on natural ventilation. IAQ meters monitor the level of CO2 in an area, alerting the user to when the level rises above a set parameter, indicating that there is poor ventilation. They should be mounted in a visible location, away from fresh air inlets. The Federation of European Heating, Ventilation and Air Conditioning Associations (REHVA) recommend setting the lower limit to 800ppm of CO2. When this limit is reached, the necessary steps need to be taken to increase classroom ventilation (e.g. opening a window). ▪ Provide teachers with instructions on how to manage classroom ventilation: <ul style="list-style-type: none"> ○ Open windows and air vents as much as possible during school time to facilitate ventilation. ○ Opening windows just below the ceiling will reduce the risk of cross-draughts. ○ Ensure regular airing with windows during break time by opening windows fully. ○ Make sure the ventilation system openings are not blocked by furniture or curtains. ○ Observe IAQ CO2 monitor levels during the school day and respond appropriately when the threshold is reached (800ppm CO2 recommended as threshold).
General healthcare settings Interim Guidance on Infection Prevention and Control for the Health Service Executive 2020	<p><i>Hand hygiene</i> It is recommended that routine hand hygiene is performed according to the WHO technique:</p> <ul style="list-style-type: none"> ▪ Before touching a patient ▪ Before a clean or aseptic procedure

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<p>https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/Interim%20HSE%20Guidance%20on%20IPC.pdf</p> <p>22 September 2020</p>	<ul style="list-style-type: none"> ▪ After body fluid exposure ▪ After touching a patient ▪ After touching a patient’s surroundings <p><i>The use of appropriate personal protective equipment (PPE)</i></p> <p>It is recommended that PPE including use of gloves, respiratory protection, face protection, aprons or gowns should be used as required by the task being performed and in line with Standard or Transmission-based Precautions.</p> <ul style="list-style-type: none"> ▪ Be used only when required by the task being undertaken (avoid “ritual” use of PPE). ▪ Be appropriate to the task being undertaken. ▪ Be worn for a single procedure or episode of patient care where contamination with body substances is likely. ▪ The used PPE should be removed in the area where the episode of patient care takes place (with the exception of masks which should be removed promptly after leaving the area within with the protection of a mask is required). ▪ Exceptions to the requirement to change all items of PPE between individual patients may be justified by risk assessment in contexts such as a major outbreak or pandemic. <p>In the context of a pandemic or other exceptional event, continued use of certain items of PPE when seeing a number of patients with the same infectious disease in direct succession in one clinical area may be acceptable. This may apply to mask, face protection and gowns if the task performed by the healthcare worker does not bring the item of PPE into physical contact with a patient and the item of PPE remains visibly clean and intact. Gloves must not be used for multiple patients.</p> <p><i>Respiratory hygiene and cough etiquette</i></p> <p>Respiratory hygiene and cough etiquette must be applied as a standard infection control precautions at all times. Covering sneezes and coughs prevents infected persons from dispersing respiratory secretions into the air. Hands must be cleaned after coughing, sneezing, using tissues, after contact with respiratory secretions or objects contaminated by these secretions. Wearing of a surgical mask (if tolerated) assists in reducing dissemination of respiratory virus in symptomatic patients and should be offered to all patients with symptoms of viral respiratory tract infection presenting in a healthcare setting. Use of a mask is in addition to and not instead of the</p>

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	<p>requirement to maintain distance from others. In the context of a public health emergency or pandemic more general use of surgical masks by patients in the healthcare setting may be advised to manage risk of virus shedding by pre-symptomatic, minimally symptomatic or asymptomatic viral shedding.</p> <p>Anyone with signs or symptoms of a respiratory infection, regardless of the cause, should follow or be instructed to follow respiratory hygiene and cough etiquette as follows:</p> <ul style="list-style-type: none"> ▪ Cover the nose with disposable single use tissues when coughing, sneezing, wiping and blowing noses. ▪ Use tissues to contain respiratory secretions. ▪ Dispose of tissues in the nearest waste receptacle or bin after use. ▪ If no tissues are available, cough or sneeze into the inner elbow rather than the hand. ▪ Clean hands after contact with respiratory secretions and contaminated objects or materials. ▪ Keep contaminated hands away from the membranes of the mouth, eyes and nose. ▪ In health care facilities, patients with symptoms of respiratory infections should sit as far away from others as possible and wear a surgical mask if they can tolerate this. If available and compatible with patient care, health care facilities should place these patients in a separate area while waiting for care. <p>Health care workers should also assist patients (for example elderly, children) who need assistance with containment of respiratory secretions. Those who are immobile will need a receptacle, for example plastic bag, readily at hand for the immediate disposal of used tissues and will need to be offered hand hygiene facilities.</p> <p>Health care workers with viral respiratory tract infections should not attend for work and should remain at home at least until such time as their symptoms have resolved. In the context of a public health emergency or pandemic or in the context of specific infectious diseases there may be a requirement for longer periods of absence from work.</p> <p>Annual influenza vaccination of healthcare workers and at-risk patients has an important role to play in protecting patients from exposure to Influenza A and B</p>

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<p>Healthcare settings</p> <p>Current recommendations for the use of Personal Protective Equipment (PPE) for Possible or Confirmed COVID-19 in a pandemic setting</p> <p>https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/Current%20recommendations%20for%20use%20of%20Personal%20Protective%20Equipment.pdf</p> <p>22 September 2020</p>	<p>virus. Respiratory hygiene and cough etiquette are particularly important patients on droplet precautions.</p> <p><i>Minimising exposure risk</i> <i>Actions for Healthcare workers</i></p> <ul style="list-style-type: none"> ▪ Implement Standard Precautions for infection prevention and control with all patients at all times. ▪ Maintain a physical distance of at least 2m from individuals with respiratory symptoms (where possible). ▪ Clean your hands regularly as per WHO 5 moments. ▪ Avoid touching your face. ▪ Promote respiratory hygiene and cough etiquette which involves covering mouth and nose with a tissue when coughing and sneezing or coughing into the crook of an elbow, discarding used tissue into a waste bin and cleaning hands. <p><i>Actions for the healthcare facility</i></p> <ul style="list-style-type: none"> ▪ Post visual alerts including signs, posters at the entrance to the facility and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and HCWs with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. <ul style="list-style-type: none"> ○ Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste bins, and how and when to perform hand hygiene. ▪ Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR), tissues, and hands free waste bins for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins. ▪ Use physical barriers (e.g., glass or plastic windows) at reception areas, registration desks, pharmacy windows to limit close contact between staff and potentially infectious patients. <p><i>Personal protective equipment while important is the last line of defence</i></p> <ul style="list-style-type: none"> ▪ This guidance applies to all healthcare settings including primary, secondary, tertiary care and ambulance service. ▪ The requirement for PPE is based on the tasks that a HCW is likely to perform. ▪ Unnecessary and inappropriate use of PPE will deplete stocks and increases the risk that essential PPE will not be available to HCW when needed most.

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	<ul style="list-style-type: none"> ▪ On April 21 2020, the NPHE made a decision to extend the use of surgical masks in healthcare settings to the following: <ul style="list-style-type: none"> ○ Surgical masks should be worn by healthcare workers when they are providing care to people and are within 2m of a person, regardless of the COVID-19 status of the person. ○ Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2m cannot be maintained. ▪ For the purpose of this guidance healthcare workers should don a mask if they anticipate being within 2 m of one or more other healthcare workers for a continuous period of 15 minutes or longer. It is not intended that healthcare workers should attempt to estimate in the morning the total duration of a sequence of very brief encounters that may occur during the day. ▪ Wearing of masks when providing care for certain categories of patient, for example patients who may need to lip-read, can present practical difficulties for patient care. In such circumstances it is appropriate to perform an institutional risk assessment and to consider alternatives to mask use that manage the risk of transmission of COVID-19. ▪ PPE must be worn by ALL staff entering a room or cohort area where a patient with suspected or confirmed COVID-19 is being cared for. ▪ PPE should be readily available outside the patient's room or cohort area. ▪ Have a colleague observe donning and doffing of PPE where practical.
<p>Residential care facilities visitations</p> <p>Information leaflet for visiting nursing homes and residential care facilities</p> <p>https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/visiting%20nursing%20homes%20and%20residential%20care%20facilities%20during%20COVID-19..pdf</p> <p>03 December 2020</p>	<p><i>Reducing the risk of COVID-19 in Nursing Homes</i></p> <p>Older people and people who already have health problems are at the highest risk of getting very seriously ill if they catch COVID-19 infection. Since COVID-19 started we have seen how quickly this infection can spread and how much harm it can do if it gets into a nursing home. Everyone knows that visiting is very important but the nursing homes need to follow Government Recommendations on visiting and need to keep all the residents safe from COVID-19 as best they can.</p> <p>Do not visit a nursing home if:</p>

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	<ul style="list-style-type: none"> ▪ You have any symptoms of COVID-19 infection or of any other infection. ▪ You have been told you are COVID-19 contact. <p>During your visit:</p> <ul style="list-style-type: none"> ▪ You will be asked to sign in. ▪ You will be asked about symptoms of COVID-19. ▪ You should clean your hands with hand sanitiser or wash with soap and water when you arrive (and again when you leave). ▪ Try not to touch your eyes, nose or mouth. ▪ You will be asked to wear a face covering (please bring one with you). You can get more information on wearing a face covering on www.hse.ie ▪ Keep a safe distance (social distancing) from everyone you meet. If the visit is in a place where you can keep 2 metres away from the person you are visiting (and from everyone else) and the mask is causing problems with communicating with the resident you may be able to take off the face covering during the visit. Check with staff. ▪ If you cough or sneeze at any time when you don't have mask on cover your nose and mouth with use a tissue or your sleeve (not your hand). ▪ Do not wear disposable gloves unless you are asked to do so by staff. ▪ It is OK to bring a gift or other things the person needs when you visit. <p>Framework Levels 3, 4 and 5 and Outbreaks During Framework Levels 3, 4 and 5 and during outbreaks of infection there is very little visiting but visiting in critical and compassionate circumstances is always allowed by the Government Policy. Critical and compassionate circumstances includes if someone is close to the end of their life but there are lots of other critical and compassionate circumstances too. If you want to see other examples of what this means click on the link to the full document at the top of this leaflet.</p> <p>At framework levels 3 and 4 up to one visit per week by one person should be facilitated on compassionate grounds. At framework level 5 up to one visit every two weeks by one person should be facilitated on compassionate grounds and at level 5 up to one visit every week by one person may be appropriate in certain disability services based on risk assessment.</p>
Residential care facilities staff	<p>Hand hygiene</p> <ul style="list-style-type: none"> ▪ Hand hygiene is the single most important action to reduce the spread of infection in health and other

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<p>Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities</p> <p>https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/IPC%20and%20PH%20Outbreak%20Guidance%20RCF.pdf</p> <p>03 November 2020</p>	<p>social care settings and is a critical element of standard precautions.</p> <ul style="list-style-type: none"> ▪ Facilities must provide ready access for staff, residents and visitors to hand hygiene facilities and alcohol-based hand rub (ABHR). ▪ Staff should adhere to the WHO 5 moments for hand hygiene. <ul style="list-style-type: none"> ○ Hand hygiene must be performed immediately before every episode of direct resident care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of PPE, equipment decontamination, handling of waste and laundry. ▪ Residents should be encouraged and facilitated to clean their hands after toileting, after blowing their nose, before and after eating and when leaving their room. If the resident's cognitive state is impaired, staff must help with this activity should not be used in routine care of residents to whom Standard Precautions apply unless contact with blood or body fluids (other than sweat), non- intact skin or mucous membranes is anticipated. When gloves are required they are not a substitute for hand hygiene. Hand hygiene is required before putting on gloves and immediately after they have been removed. ▪ HSE hand hygiene training is available online and staff should be encouraged to do refresher training at www.hseland.ie ▪ Refer to hand hygiene information posters on respiratory hygiene and cough etiquette. ▪ Respiratory hygiene and cough etiquette refer to measures taken to reduce the spread of viruses via respiratory droplets produced when a person coughs or sneezes. ▪ Disposable single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. ▪ Used tissue should be disposed of promptly in the nearest foot operated waste bin. ▪ Some residents may need assistance with containment of respiratory secretions. Those who are immobile will need a waste bag at hand for immediate disposal of the tissue. Hands should be cleaned with either soap and water or ABHR after coughing sneezing, using tissues or after contact with respiratory secretions and contaminated objects.

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	<ul style="list-style-type: none"> ▪ Staff and residents should be advised to try to avoid touching their eyes, mouth and nose PPE. ▪ As part of Standard Precautions, it is the responsibility of every HCW to undertake a risk assessment PRIOR to performing a clinical care task, as this will inform the level of IPC precautions needed, including the choice of appropriate PPE for those who need to be present. ▪ Full guidelines on the appropriate selection and use of PPE https://www.hpsc.ie/az/respiratory/coronavirus/novel-coronavirus/guidance/infectionpreventionandcontrolguidance/ppe/ ▪ Current guidance in the context of COVID-19 for the use of surgical masks by HCW states that: <ul style="list-style-type: none"> ○ HCW’s should wear surgical masks when providing care to residents within 2m of a resident, regardless of the COVID-19 status of the resident. ○ HCW’s should wear surgical masks for all encounters with other HCWs in the workplace where a distance of 2m cannot be maintained and the encounter is expected to last longer than 15 minutes. ○ As of September 2020 healthcare workers are also required to wear a surgical mask when in busy public areas of healthcare facilities even if they do not expect to be within a distance of 2m of another person for 15 minutes or more. ▪ Surgical face masks that are worn by HCW’s in the circumstances outlined above (points 1 2 and 3) may be disposed of in the domestic waste stream. ▪ Educational videos are also available on www.hpsc.ie at https://www.hpsc.ie/az/respiratory/coronavirus/novel-coronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/ ▪ All staff must be trained in the proper use of all PPE that they may be required to wear. ▪ The Health and Safety Authority indicates that where a risk assessment indicates that workers need to use a close-fitting respirator mask for their protection, every effort should be made to comply with the requirement for fit testing of the workers, as far as is reasonably practicable. When fit testing of all staff is not immediately possible, then fit testing should be prioritised for those at greatest risk.

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	<ul style="list-style-type: none"> ▪ Note that in outbreak situations or other exceptional circumstances where extended use of some items of PPE (other than gloves) when moving between people care for with a confirmed diagnosis of COVID-19 might be considered, it is important to make every effort to avoid generalised use of PPE throughout the facility without considering the level of risk. ▪ In the event of extended use of PPE being necessary, define clean and contaminated zones. PPE should be donned before entering the contaminated zone and doffed and hand hygiene performed before entering clean zones. Where staff members are having meals on a unit to minimise staff interaction, it is essential that the staff refreshment area is a clean zone. Corridors between units should be designated clean zones. Clinical stations should normally be clean zones. ▪ Transiting through the hallway of a contaminated zone without providing resident care does not require use of PPE, if the residents are in their rooms and there is no physical contact with other staff wearing PPE.
<p>Community pharmacy</p> <p>Interim guidance to minimise the risk of transmission of COVID-19 infection in Community Pharmacies</p> <p>https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/pharmacyguidance/Interim%20guidance%20to%20minimise%20the%20risk%20of%20transmission%20of%20COVID-19%20infection%20in%20pharmacies.pdf</p> <p>11 December 2020</p>	<p><i>Appropriate use of personal protective equipment in pharmacies</i></p> <ul style="list-style-type: none"> ▪ It is important to emphasise that PPE is only ONE part of the process. It is all of the infection prevention and control measures as a WHOLE that is vital in interrupting transmission, i.e. hand hygiene, social distancing, respiratory hygiene & cough etiquette and environmental cleaning. ▪ Gloves should not be used unless as a requirement for a specific task or handling hazardous substances in the normal course of work or for contact with blood or body fluids (other than sweat). <ul style="list-style-type: none"> ○ Wearing gloves when 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. <p><i>NPHET recommendation 22nd April 2020 Use of surgical masks in healthcare settings</i></p> <ul style="list-style-type: none"> ▪ Surgical masks should be worn by healthcare workers when they are providing care to people and are within 2m of a person, regardless of the COVID-19 status of the person

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	<ul style="list-style-type: none"> ▪ Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2m cannot be maintained ▪ Safe mask use poster available at: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/ ▪ Bear in mind the impact of PPE for some people on effective communication. ▪ Pharmacies have been provided with packs containing gowns, mask, eye protection, gloves and hand hygiene products. ▪ It is very unlikely that these items of PPE should be required in the community pharmacy setting. Note that it takes some time to don this equipment particularly if one is not very familiar with it. The content of these packs should be reserved for very exceptional circumstances that may arise in which a pharmacist is required to have significant close physical contact with a person where COVID-19 has been detected or is suspected. In all circumstances that are foreseeable it will be preferable to advise the person to leave the pharmacy to access appropriate services and to then perform hand hygiene than to have the person wait in the pharmacy while the pharmacist dons unfamiliar equipment. ▪ For guidance on use of PPE see https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/ <p>Face coverings <i>NPHET recommendation 9th July 2020 Face coverings in healthcare settings</i></p> <ul style="list-style-type: none"> ▪ People using pharmacy services should wear a form of face covering to reduce the likelihood of the spread of infection from the wearer <p>NPHET recommendation 14th July 2020 Mandatory use of face coverings in indoor retail environments (mandatory by legislation from 10th August 2020)</p> <ul style="list-style-type: none"> ▪ The wearing of face coverings should now become mandatory in indoor retail environments ▪ How to use face coverings poster available at: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/ <p>Social distancing</p>

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	<ul style="list-style-type: none"> ▪ Refer to most recent NPHET recommendation on social distancing at www.gov.ie ▪ Ask people to adhere to social distancing from each other and from staff. ▪ Adjust workflow and layout if needed to facilitate social distancing and consider the use of perspex screens at counters or between workstations. ▪ Deal with one person at/near the counter at a time. Consider putting tape or markings to highlight appropriate social distance. ▪ Where closer contact is necessary, e.g. to pick up the prescription and pay at the counter, ensure the person is close to the staff member for the shortest possible period of time. The prescription can be left on the counter for the person to pick up rather than handed to the person. ▪ For private consultation and discussions with people on prescriptions, medicines or other confidential information, consider how staff can facilitate these interactions whilst maintaining recommended social distancing and/or minimising face to face contact time including make best use of telephone or telemedicine interactions. ▪ Ask people to phone ahead, so that their prescription can be collected rapidly when they arrive. Consider an appointment system for pick up to minimise the number of people waiting in the pharmacy. ▪ If there will be a delay, e.g. for prescription dispensing, ask people to return at an appropriate time or to wait in their car. ▪ Consider any services which may involve prolonged or close contact and consider alternatives and ways to minimise the contact time required, e.g. confidential consultations with a person can be offered by phone/telemedicine for some or all of the consultation as appropriate. For example in some cases the person could return to their car and the consultation be done by phone. ▪ Assess the pharmacy shop floor area to see if space can be cleared to maximise distance between people, and consider a one-way system if feasible. ▪ Allow for social distancing in staff facilities e.g. canteen, changing facilities or consider staggered breaks or start times.
Public transport Face covering on public transport update	It is mandatory to wear a face covering on public transport, this rule has had legal effect since 13 July 2020. The new Regulation (S.I. No. 244 of 2020) applies to all bus and rail services provided under contract with

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<p>https://www.transportforireland.ie/covid-19-updates-face-coverings/</p> <p>30 December 2020</p>	<p>the National Transport Authority (NTA), Luas services and commercial bus services licensed by the NTA. Authorised staff, including drivers and ticket inspectors may refuse entry to a person who is not wearing a face covering. Authorised persons may also ask a passenger who refuses to wear a face covering, to leave the vehicle.</p> <p>These Regulations provide that members of the public who are 13 years old or older shall wear a face covering on public transport unless they have a reasonable excuse not to. Details of what constitutes a reasonable excuse are specified in the Regulation. These are where:</p> <ol style="list-style-type: none"> a) The person cannot put on, wear or remove a face covering, (i) because of any physical or mental illness, impairment, or disability, or (ii) without severe distress. b) The person needs to communicate with a person who has difficulties communicating (in relation to speech, language or otherwise). c) The person removes the face covering to provide emergency assistance or to provide care or assistance to a vulnerable person. d) The person removes the face covering to avoid harm or injury, or the risk of harm or injury. e) The person removes the face covering in order to, and only for the time required to, take medication. <p>Wearing of cloth face coverings may help prevent people who do not know they have the virus from spreading it to others. For further information visit www.gov.ie Guidance on safe use of face coverings.</p> <p>People wearing face coverings are still advised to do the important things necessary to prevent the spread of the virus, including:</p> <ul style="list-style-type: none"> ▪ Washing your hands properly and often. ▪ Covering your mouth and nose with a tissue or your sleeve when you cough and sneeze. ▪ Not touching your eyes, nose or mouth if your hands are not clean. ▪ Social distancing (keeping at least 2 metres away from other people) where possible. <p>Please do not criticise or judge people who are not able to wear a face covering.</p> <p><i>How to use a cloth face covering properly?</i></p> <ul style="list-style-type: none"> ▪ Clean your hands properly before you put it on.

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	<ul style="list-style-type: none"> ▪ Practise using it so you are comfortable putting it on and taking it off. ▪ Make sure it is made from a fabric you are comfortable wearing. ▪ Cover your mouth and nose with it and make sure there are no gaps between your cloth face covering. ▪ Tie it securely. ▪ Carry unused masks in a sealable clean waterproof bag (for example, a ziplock bag). ▪ Carry a second similar type bag to put used masks in. <p>Do not:</p> <ul style="list-style-type: none"> ▪ Touch a mask or face covering while wearing it – if you do, clean your hands properly. ▪ Use a damp or wet medical mask or reuse a medical mask. ▪ Share masks. ▪ Do not lower your mask to speak, eat and smoke or vape – if you need to uncover your nose or mouth take the mask off and put it in the bag for used masks. ▪ Do not discard masks in public places.
<p>International travel</p> <p>Protocol for the Management of Air Passengers in light of COVID-19</p> <p>https://www.gov.ie/en/publication/ab625-protocols-for-international-travel/</p> <p>21 December 2020</p>	<ul style="list-style-type: none"> ▪ Passenger’s cooperation is required to ensure public health safety measures are applied in air travel. ▪ Follow the airport operator and air carrier advice concerning the expected duration of time required to be at the Airport before your flight. ▪ Do not go to the Airport if you have COVID-19 symptoms: Fever, Cough, Shortness of breath, ▪ Loss of Taste or Smell, or if you have been in close contact with a confirmed or suspect case of COVID-19, including family members, have tested positive in the last 14 days; or have been advised by doctors to restrict your movements. ▪ Be aware that only passengers, i.e. persons with documentary evidence of a flight are to enter the Airport terminal buildings. Exceptions will be allowed for persons accompanying persons with reduced mobility, unaccompanied minors, etc. ▪ Follow the instruction of Airport Staff and Air Crew, when in the Airport and on the Aircraft. ▪ Where possible use On-Line Check-In, and use Self Bag- Bag Drop where possible if you have luggage, and electronic Boarding Pass. ▪ Practice physical distancing in line with National Guidance where possible.

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	<ul style="list-style-type: none"> ▪ At all times, adhere to respiratory etiquette, hand hygiene, and avoid touching your face, nose, eyes and mouth. ▪ Wear a face covering throughout your journey, in the Airport and on the Aircraft, to protect yourself and your fellow passengers and make sure to practice physical distancing where possible. ▪ Watch the on board safety demonstration; be aware of new procedures in place for in-flight services – such as lavatories; and disembarkation. ▪ Be aware that there will be limited movement permitted in the cabin during flight, and that face covering can be removed temporarily for specific reasons, e.g. eating or drinking. ▪ Upon arrival, collect your bags (if applicable) and leave the terminal building as soon as possible. ▪ Reduce the risk of virus transmission by minimising interaction with people in the arrival terminal. ▪ Be patient and considerate of staff, crew and other passengers.
<p>Education</p> <p>Guidance Document on Infection Prevention and Control Practices in Relation to Delivering Face to Face Education during the Global COVID-19 Pandemic</p> <p>https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/IPC%20Guidance%20for%20delivering%20face%20to%20face%20education.pdf</p> <p>30 July 2020</p>	<p><i>Education facilities and venues</i></p> <ul style="list-style-type: none"> ▪ A risk assessment of the venue is recommended in line with the type of education session running to determine if the venue supports measure to limit the spread of infection and to identify additional measures that can be implemented. ▪ Erect appropriate signage that promotes social distancing/respiratory etiquette/hand hygiene. These should be clearly displayed in all areas. ▪ Ensure appropriate hand hygiene facilities are in place to accommodate facilitators and learners to adhere to hand hygiene practices. ▪ Ensure tissues, alcohol gel, and pedal bins are in place to accommodate facilitators and learners to adhere to respiratory hygiene and cough etiquette. ▪ All classrooms/teaching spaces should allow for the recommended social distancing both on entry to, and occupation of, as per HSE/HPSC guidelines. Where necessary, floor marking may be considered. ▪ Promote good ventilation where possible. ▪ All frequently touched surfaces should be cleaned at the end of the day or end of each session (e.g. prior to and immediately after each session if more than one session with different learners is taking place in one day). <p><i>Equipment</i></p>

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	<ul style="list-style-type: none"> ▪ Single use items for simulation training should be used where possible. ▪ All reusable teaching equipment including mannequins and any medical devices should be cleaned before and after each training session/training day as per manufacturers' guidelines. ▪ Any type of training involving contact between the mouth and other types of equipment are not encouraged. ▪ Additional PPE including gloves and aprons are generally not required in training sessions in line with standard precautions. ▪ Where Personal Protective Equipment (PPE) is required normally as part of the training for example, teaching a skill, this practice is to be continued, no additional PPE is required. ▪ Where people must be in shared space for more than 15 minutes and social distancing cannot be maintained face covering are recommended.
<p>Education</p> <p>Guidance for Schools Regarding Special Needs Assistants (SNAs) Supporting Children and Young People with Additional Care Needs in the Context of COVID-19</p> <p>https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/COVID-19%20Education%20SNA.pdf</p> <p>07 January 2021</p>	<p>Personal Protective Equipment (PPE)</p> <ol style="list-style-type: none"> 1. Personal protective equipment in the setting of COVID refers to items that are used to reduce the risk of infection in particular settings. 2. PPE can be of value as an addition to all the other measures outlined here to reduce the risk of infection for SNAs. 3. As with all children, pupils with additional care needs should not be required to wear a face covering if they are under 13 years of age. Those who choose to wear a face covering may do so. 4. Pupils with additional care needs who are 13 years or older should not be required to wear a face covering if the face covering causes distress or is a barrier to their education and care needs. 5. In this context and in association with other measures specified the use of a face covering should be routine for SNAs in accordance with Government guidance. 6. When SNAs are within 2m of a pupil and to whom they are delivering personal care or attention for a period of time the face covering should normally be a surgical mask. If surgical mask are not available a cloth face covering should be used. If or any reason use of a surgical mask or cloth face covering is not practical for any reason, they should use a visor of a quality suitable for use in a healthcare setting

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	<p>however HPSC advice is that a visor does not provide protection equivalent to a mask.</p> <ol style="list-style-type: none"> 7. Mask and visors should be donned and doffed and disposed of as demonstrated in videos available at https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/ Masks should be removed and disposed of if they are wet or damaged. Masks should be removed and disposed of if going on a break or visiting the toilet. 8. Gloves and aprons should not be used routinely in the educational setting. 9. If providing care that involves specific risk of exposure to blood or body fluids (oral fluids, faeces, urine) use of gloves and a disposable plastic apron is appropriate. These must be removed and disposed of safely and hand hygiene performed after caring for each individual. Note with respect to faeces and urine the risk of infection is related to other infectious organisms rather than COVID-19. 10. Hand hygiene should be performed before donning and after removing gloves. 11. If providing care that involves a risk of splashing of body fluids a visor is required to protect the eyes from splashing even if already wearing a surgical mask. 12. Used PPE is generally discarded directly into domestic waste. 13. PPE used when attending to a person with suspected COVID-19 while waiting for collection can be placed in a separate plastic bag, which is then placed in domestic waste.
<p>Education</p> <p>Infection Prevention and Control guidance for Early Learning and Care and School Age Childcare settings during the COVID-19 Pandemic</p> <p>https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/Guidance%20for%20services%20providing%20childcare%20services.pdf</p> <p>31 July 2020</p>	<p>Hand hygiene</p> <p>Wash your hands regularly. Wash your hands with soap and running water when hands are visibly dirty. If your hands are not visibly dirty, wash them with soap and water or use hand sanitizer. Services to support these measures will be needed.</p> <p>You should wash your hands:</p> <ul style="list-style-type: none"> ▪ Before and after you prepare food. ▪ Before eating. ▪ Before and after caring for sick individuals. ▪ After coughing or sneezing. ▪ When hands are dirty. ▪ After using the toilet. ▪ After changing a nappy. ▪ After handling animals or animal waste.

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	<p>Note some children may develop obsessional behaviour related to hand hygiene and may damage their skin through excessive washing. See HSE hand hygiene guidance at https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html</p> <p><i>Respiratory hygiene</i> 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 do not 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.</p> <p><i>Physical distancing measures</i></p> <ul style="list-style-type: none"> ▪ In an Early Learning and Care or School Age Childcare setting, it is not possible to observe physical distancing from a child you are caring for and it is not practical to enforce physical distancing between children who are cared for as a group. ▪ Sleeping cots should be arranged so that there is physical distance between groups of cots for children from different pods. Physical distance between cots from children in the same pod is not likely to be important if the children interact with each other when playing. ▪ A distance of 2 metres is recommended for physical distancing by the National Public Health Emergency Team. In the context of childcare this is relevant to distancing between adults when they are not engaged in childcare activity (for example when on breaks and arriving for work). ▪ Stagger the use of canteen or other communal facilities to try to avoid crowding and in particular try to manage entry and exiting to avoid close contact in doors and hallways between children and adults from different pods. ▪ Encourage outdoor activities as much as possible as the risk of spread of infection between people is much lower when they are outdoors. <p>If a child develops any symptoms of acute respiratory infection including cough, fever, or shortness of breath while in the care facility, a staff member will need to take them to the place that is planned for isolation. This should be a room if possible but if that is not possible it should be place 2m away from others in the room.</p>

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	<p>If a staff member develops symptoms of acute respiratory infection including cough, fever or shortness of breath while in the care facility ask them to go home without delay and contact their GP by telephone.</p> <ul style="list-style-type: none"> ▪ They should remain 2m away from others if possible. ▪ They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in the bin. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow. ▪ If they can tolerate doing so, they should wear a surgical mask. ▪ If they must wait, then they should do so in an office or other area away from others. ▪ If they need to use toilet facilities they should wipe contact surfaces clean and clean their hands after attending the toilet. <p><i>Hygiene measures and cleaning regimes</i></p> <ul style="list-style-type: none"> ▪ Where possible teach children how to clean their hands and about respiratory hygiene. ▪ Supply tissues and hand sanitisers/hand gel outside canteen, playrooms, and toilets and encourage children to use them. Hand sanitiser dispensers should be positioned safely to avoid risk of ingestion by young children. ▪ Ensure hand-washing facilities, including soap and clean towels/disposable towels, are well maintained. ▪ Hand sanitised dispensers should be readily available in every room and hand wash sinks should be within easy walking distance. ▪ Soap should be neutral and non-perfumed to minimise risk of skin damage. ▪ The National Public Health Emergency Team recommends the use of cloth face coverings by people aged 13 years or older in certain indoor settings. This guidance is applicable in childcare settings where it does not pose a barrier to care. This includes situations where there is interaction between adults when not caring for children. Guidance is available at the following link: https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useoffacemasksbythegeneralpublic/ ▪ In some cases, childcare workers who wish to use a face covering but who find that a cloth face covering is an impediment to childcare may consider use of a

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	<p>visor. If a visor is used it should extend from above the eyes to below the chin and from ear to ear.</p> <ul style="list-style-type: none"> ▪ Provide bins for disposal of tissues and make sure they do not overflow. ▪ Increase the frequency and extent of cleaning regimes and ensure that they include: <ul style="list-style-type: none"> ○ Clean regularly touched objects and surfaces using a household cleaning product. ○ Pay particular attention to high-contact areas such as door handles, grab rails/ hand rails in corridors/stairwells, plastic-coated or laminated worktops, desks, 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. ○ Use of newer technologies e.g. fogger machines, air purifiers, etc. marketed for disinfection of surfaces or decontamination of air are not recommended. They have not been shown to make children less likely to get sick than good cleaning and the application of standard disinfectants in situations where this is specifically required. Some novel approaches to disinfection may require specific precautions in their application to avoid risk of toxicity. <p>Facemasks</p> <p>If a childcare facility is likely to have a high throughput of visitors to a specific contact point for example an office consider the use of physical barriers such as a screen when adequate distance cannot be reliably maintained or use of cloth face coverings as per NPHET guidance.</p> <p>The NPHET recommends the use of cloth face coverings by people aged 13 years or older on public transport. This guidance is applicable in vehicles dedicated to transport of children to and from childcare settings where it does not pose a barrier to care. If the transport personnel are protected by a screen a face covering is not required. If no screen is available and a cloth face covering is not practical, a visor can be expected to provide substantial protection from droplets.</p>
<p>Vulnerable groups</p> <p>How to avoid COVID-19 for people at most risk of severe COVID-19 disease</p>	<p>Reducing your risk</p> <p>The COVID-19 virus spreads from person to person. There is almost no chance of you becoming infected at home if people with COVID-19 do not come to your</p>

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<p>https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/Older%20person%20and%20medically%20vulnerable%20information%20leaflet%20(1).pdf</p> <p>28 October 2020</p>	<p>home. You are at increased risk if you are in a place where there are people from outside of your household, whether for work or for social or personal reasons.</p> <p><i>Living with other people</i> We usually don't want to and can't avoid the people who live in our household for a long time. Trying to do that can make everyone unhappy and stressed.</p> <p>You can feel safer at home and you can relax there if:</p> <ul style="list-style-type: none"> ▪ Everyone in the house is careful when they go out. ▪ Anyone in the house gets symptoms of COVID-19 or is told they are a COVID-19 contact keeps away from everyone else in the house straightaway. <p>Safety for the household depends on everyone who lives in the house following these steps.</p> <p><i>Visitors to your home</i> It is important to keep the number of people who visit your home in line with the Framework Level that is in place at the time.</p> <ul style="list-style-type: none"> ▪ Try to keep the number of people who come into your house to a small circle of trusted family or friends. ▪ Check that anyone who comes to the house to visit or to do essential work is well before they come in (no symptoms of COVID-19). ▪ Ask visitors to clean their hands when they arrive, to wear a mask and to keep a safe distance from you whenever possible. <p><i>Mind your health</i> If you need healthcare workers to come in to your home to help you care for yourself or someone else in the house it is better for you to let them in than it is to keep them out. If you become unwell call your GP. If you have an appointment with your GP or at a hospital or clinic is it important to keep the appointment.</p> <p><i>Keep well</i> The risk of contracting COVID-19 is generally much lower outdoors than indoors. The risk of leaving home for a walk or drive is very low if you keep away from other people. You can lower the risk by going out at quiet times, keeping your distance from other people, not touching things if you do not need to touch them, cleaning your hands and wearing a face covering. Try to keep active and look after your general health. A healthy way of life improves your chance of recovery if you get COVID-19.</p>

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	<ul style="list-style-type: none"> ▪ Keep in touch with family and friends over the phone or online if you have access. Staying in touch with other people is important for our mental health. ▪ Keep yourself active by getting up and moving as much as possible in your house or garden where you can spend some time in the fresh air. ▪ Try to eat healthily; preparing meals at home and trying new recipes can be a way of learning new skills. ▪ Make sure you have access to books, craft materials, DVDs, puzzles etc. to stimulate you during the day. ▪ Clean surfaces that you touch daily with your usual cleaning product. Surfaces we touch often include; counter tops, door handles, toilet handle and flush, bedside table, phones, keypads etc.
<p>Vulnerable groups</p> <p>COVID-19 Guidance for Older People and Others at Risk of Severe Disease on Reducing Risk of COVID-19 Infection</p> <p>https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/Guidance%20For%20Older%20People%20and%20Others-Reducing%20COVID-19%20Exposure%20Risk.pdf</p> <p>11 October 2020</p>	<p>Key Points</p> <ol style="list-style-type: none"> 1. People at high risk for COVID-19 have the right to make their own decisions and the responsibility to look after their own health and the health of others. 2. There is almost no chance of you catching COVID-19 at home if people who are infectious with COVID-19 do not come to your home. 3. It is usually not desirable and not practical for people in a family household to avoid contact with each other at home. If everyone in the household is careful when out of the house that helps to keep everyone safe. 4. If everyone in the house is careful and if you can keep the number of people who come into your house to visit or to do work to the smallest possible number of trustworthy people then you can feel safe at home and you can relax there. 5. If you need healthcare workers to come to your home to help you care for yourself or someone else in the house it is better for you to let them in than it is to keep them out. 6. Check that anyone who comes to the house to visit or to do work is well when they arrive (no symptoms of COVID-19). Ask them to clean their hands when they arrive, to wear a mask and to keep a safe distance from you whenever possible. 7. If anyone in the house gets symptoms of COVID-19 or is told they are a COVID-19 Contact they should avoid all contact with others in the house immediately. 8. The risk of leaving home for a walk or drive is very low if you can keep away from other people.

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	<ol style="list-style-type: none"> 9. If you become unwell call your GP and if you have an appointment with your GP or at a hospital or clinic is it important to keep the appointment. 10. You are at increased risk if you need to be or choose to be in a place where there are people from outside of your household, whether for work or for social or personal reasons. 11. The higher the current level of the Framework for Restrictive Public Health Measures nationally or in your area at the time the greater the risk of being out and about and of having anyone visit or do work in your home. 12. The risk of contracting COVID-19 is generally much lower outdoors than indoors. 13. You can lower the risk when going to places by going at quiet times, keeping your distance, not touching things if you do not need to touch them, cleaning your hands and wearing a face covering. 14. If you want to tell people who provide services that you need to be extra careful to avoid COVID-19 they will usually try to fit you in at a quiet time and be extra careful when providing you with the service. 15. Try to keep active and look after your general health. A healthy way of life improves your chance of recovery if you get COVID-19. 16. Talking on the phone or by video link is safe and is a good way to keep in touch and to get help if you need it.
<p>Ports</p> <p>Interim advice for preparedness and response to cases of COVID-19 on board ferries after lifting restrictive measures in response to the COVID-19 pandemic</p> <p>https://www.healthygateways.eu/Portals/0/plcdocs/Advice_Passenger_Ferry.pdf?ver=2020-06-25-091223-253</p> <p>24 June 2020</p>	<p><i>Physical distancing</i></p> <ul style="list-style-type: none"> ▪ It is advised that physical distancing in accordance with national policy (e.g. 1.5 meters) should be applied at waiting areas and during boarding by adopting special marking and controlled entry measures. Dedicated lanes or separating different passenger flows should be considered. ▪ Crew members could oversee the process and compliance with the physical distancing measures. ▪ The transport of persons with disabilities and reduced mobility as well as elderly should be given priority. Crew members who, in line with the EU rules on passenger rights, provide assistance to persons with disabilities and reduced mobility as well as elderly, should be provided with the necessary PPE. <p><i>Hand hygiene and respiratory etiquette</i></p> <p>Hand hygiene should be applied by passengers and crew members with soap and water. If hands are not visibly soiled, an alternative alcohol-based hand-rub solution</p>

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	<p>may be used. The use of gloves does not replace hand hygiene.</p> <p>Stations with alcohol-based hand-rub solutions (containing at least 60% ethanol or 70% isopropanol) should be available at all entrances of the conveyances and other areas such as toilets, check-in areas, bars and restaurants.</p> <p>Ferry companies should provide information to passengers and crew members on hand hygiene related issues and where necessary the appropriate facilities and equipment:</p> <ul style="list-style-type: none"> ▪ Hand washing techniques (use of soap and water, rubbing hands for at least 20 seconds etc.). The use of gloves does not replace hand hygiene and could in certain circumstances lead to an increased risk of contamination. ▪ When hand washing is essential (e.g. before boarding and after disembarkation from conveyances, after assisting an ill traveller or after contact with environmental surfaces they may have contaminated (e.g. handrails), before putting on or removing the face mask, before putting on or removing gloves, after using the toilet, before touching our face etc.) ▪ When the use of antiseptic is advised and how this can be done ▪ Respiratory etiquette during coughing and sneezing with disposable tissues or clothing ▪ Avoid touching the eyes, nose or mouth. ▪ Avoiding close contact with people suffering from acute respiratory infections ▪ Appropriate waste disposal ▪ Use of PPE (non-medical face masks medical face masks and gloves) ▪ Respiratory etiquette should be implemented: the nose and mouth should be covered with paper tissue when sneezing or coughing and then the tissue should be disposed of immediately in a no touch bin and meticulous hand hygiene should be performed by using water and soap or an alcohol-based hand rub solution. If paper tissues are not available, coughing or sneezing into the elbow is recommended. For this reason, it is important to have available in different areas around the ferry relevant supplies (e.g. tissues or paper towels and disposable gloves, no touch bins etc.). Information about the respiratory etiquette and hand hygiene should be provided to passengers via recorded

Setting/group Guidance title URL Published/updated	Relevant guidance details
	<p>communications, leaflets, infographics, electronic posters etc.</p> <p><i>Preventing droplet transmission by the use of face masks</i></p> <p>Competent authorities should consider advising passengers and crew on board ferries operating nationally or internationally, who are not ill or showing symptoms compatible with COVID-19 to wear a face mask, taking into consideration their national epidemiological aspects and the international spread of disease. Ferry operators should follow national advice. It is advised to be considered by competent authorities in EUMS to make mandatory the use of a face mask when entering indoor areas of transport hubs for passengers and staff. For countries that have chosen to implement such a policy, this should be communicated in advance of travel.</p> <p>Information about the correct use of face masks should be provided to passengers via audio messages, leaflets, infographics, electronic posters etc. When using face masks, the following should be also applied: physical distancing of 1.5m (or otherwise in accordance with national policy), hand hygiene, respiratory etiquette and limiting direct contact with surfaces and avoiding touching the face and the mask.</p> <p>There is advice available for using face masks in the community by ECDC here: https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission and by EU HEALTHY GATEWAYS joint action here: https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_PPE_Travellers_17_04_2020_F.pdf?ver=2020-04-23-140238-597 and by WHO here: https://apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf?sequence=1&isAllowed=y</p> <p>Crew members may be excluded from the mandatory use of a mask in certain circumstances and in specific areas in which there is no risk of droplet transmission from person to person (between crew members and between crew members and passengers) and from contamination of the environment with respiratory droplets from asymptomatic persons. This will have to be decided after conducting a risk assessment by the company (an example would be the engine room when the physical distancing is maintained). In this case a written risk assessment will be available assessing the risk and listing the areas and instances where the use of a face mask</p>

Setting/group Guidance title URL Published/updated	Relevant guidance details
	<p>might not be necessary. The company should make the updated risk assessment available to competent authorities at ports.</p> <p>Adequate personal protective equipment should be provided and distributed to all crew members along with instructions for their proper use and appropriate disposal. Information on personal protective equipment for crew members depending on their duties on board and their proper use is available from EU HEALTHY GATEWAYS available here: https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_PPE_Overview_24_04_2020_F.pdf?ver=2020-04-27-141221-467</p>
<p>Workplace settings where it is difficult to maintain social distancing</p> <p>Interim Guidance on COVID-19 Outbreaks in Meat Factories in Ireland</p> <p>https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/meatfactoriesguidance/COVID-19%20Outbreaks%20in%20Meat%20Factories%20in%20Ireland%20Outbreak%20Control%20Team.pdf</p> <p>14 October 2020</p>	<p>Entry Site</p> <ol style="list-style-type: none"> 1. A permanent screening station at the point of entry into the workplace must be in place to screen every employee. This should include a screening questionnaire for symptoms, completed by a manager, and a staff temperature check. Staff should be sent home if they fail either the screening questionnaire or screening temperature check i.e. if they have symptoms or a temperature higher than 37.5C. You may need professional occupational health assistance with this. 2. Hand washing facilities or alcohol-based hand gel must be available at the entry site. 3. Ensure social distancing of 2 metres while awaiting entry screening. 4. Starting times should be staggered, for example at 15-minute intervals, to ensure social distancing while waiting for screening. In some facilities with multiple operations (e.g. slaughtering / cutting / cooking) different business units can be started at different times. 5. Screening, hand hygiene and social distancing also applies to all hauliers and contractors. 6. Ensure hauliers and contractors do not mix with staff on site. Preferably they should have separate entrances and gates. 7. All unnecessary visits to site should be cancelled. 8. Screening at entry site should be supervised by Occupational Health or by a suitable dedicated trained individual. <p>Throughout the facility</p> <ol style="list-style-type: none"> 1. Hand washing facilities with hot and cold running water, soap and hand drying facilities must be provided. Disposable paper towels should be used

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	<p>for hand drying. Hand Hygiene should take place on entry to the facility, on breaks and before moving through the plant. Supervision may be required and audits performed to ensure compliance. Queues should be avoided. Additional units may need to be installed.</p> <ol style="list-style-type: none"> 2. Alcohol-based hand gel (minimum 60% ethanol) must be available throughout factory. They should be placed at frequent intervals throughout the plant and be sufficient in number to avoid queues. These should be checked regularly to ensure that they do not become empty. 3. Social distancing of 2 metres between workers must be facilitated, both alongside each other and face-to-face. If belts are narrower than 2 meters, face-to-face working should be avoided. Avoid shoulder to shoulder working. This includes: <ol style="list-style-type: none"> a) In smoking areas and corridors. b) On the production line – including Food Business operator staff, DAFM employees and contractors. c) In the canteen (or during other breaks). d) In the locker room and toilets e) On entering and exiting the factory. f) In offices. 4. A health and safety risk assessment should be carried out to determine appropriate PPE by appropriately qualified personnel, e.g. health and safety manager or equivalent. Ensure that all staff (including DAFM staff and contractors) wear both a mask and a visor (or a mask and goggles where goggles are available) in scenarios where there is a particular problem with physical distancing, provided both can be worn without compromising the ability of the individual to carry out their work in a competent and safe manner. If both cannot be worn, surgical masks are recommended above other types of masks on their own, which are preferable to visors on their own. If a visor is worn, it should be a full-face visor. Additional PPE requirements may be required depending on situation / risk assessment. Ensure that staff/contractors know and use the correct technique for putting them on and taking them off and that they know how to clean and / or dispose of them. Each plant should develop a training module so that staff are trained how to correctly put on and take off this personal protective equipment (PPE), as this is the time when

Setting/group Guidance title URL Published/updated	Relevant guidance details
	<p>contamination is most likely. There must be appropriate cleaning and disposal of this equipment.</p> <ol style="list-style-type: none"> 5. A policy of respiratory etiquette must apply at all times – coughing into a tissue and binning it immediately or coughing into the elbow. Infographics or posters in appropriate languages should be displayed throughout the factory. Anyone coughing or with other possible COVID19 symptoms should be immediately excluded from work. 6. Notice boards and television units should display information on COVID-19, particularly on hand-hygiene, physical distancing and respiratory etiquette. Infographics should be used where possible. If infographics are not used, communication material should be made widely available in all of the languages of the workforce. 7. TV screen guidance on the following should be developed (HSE can help): <ol style="list-style-type: none"> a) People who have a positive test for COVID-19 must isolate for 10 days, the last 5 days of which should be fever free. If isolation is insufficient, contacts of that case may have to restrict movements for significantly longer. b) Contacts of case will be excluded from work for 14 days*. c) Information on City West Hotel as an isolation facility. d) Avoiding car-pooling outside of household members. <p>*Please note exclusion from work can be up to 17 days for family and housemates, for example if a case does not fully isolate in the home for 10 days as advised.</p> <p>Canteen</p> <ol style="list-style-type: none"> 1. Hand washing facilities should be available at the entrance to the canteen and should be supervised. Failing that, alcohol gel dispensers must be available, and used before entry into the canteen area. 2. Break times should be staggered to ensure no overcrowding so that social distancing can be implemented. 3. Social distancing must be enforced by management. If a corridor is too narrow to permit adequate physical distancing, consideration must be given to setting up a one-way system to minimise unnecessary close contact. 4. Queue points on the floor should be clearly marked to ensure physical distancing.

Setting/group Guidance title URL Published/updated	Relevant guidance details
	<ol style="list-style-type: none"> 5. Consider erecting a marquee as extra canteen space to ensure physical distancing. 6. Consider small standing only tables to reduce time spent and the numbers of people at any one table and to avoid chairs becoming vehicles of transmission. Alternatively, provide tables with just one chair or tables with a perspex screen (which would allow two people per table - one at each side of the screen). 7. There should be no sharing of food and drink such as drink bottles or bags of crisps. 8. The frequency of cleaning and sanitising in all common areas, most especially hand touch surfaces (such as tables tops, drinks levers, keypads, grab-rails, elevator buttons, light switches, door handles, chair backs, delph and cutlery), and any surface or item which is designed to be, or has a high likelihood of being touched by hands, should be increased. The chemicals used must be verified as being effective against viruses and the correct contact times must be adhered to. Cleaning should take place using a detergent followed by a disinfectant solution with anti-viral properties, such as a chlorine-based disinfectant to a concentration of 1:1000 free chlorine, or equivalent. 9. A system to reduce the use of cash for food or the exclusive use of credit/debit cards should be considered. 10. In so far as possible food should be individually wrapped to further avoid any contamination 11. Where possible, pods of workers should be matched to zoned canteen areas (see below for description of pod working). 12. Canteen Food workers should have separate changing rooms and toilets. 13. All doors and windows (subject to appropriate fly screening) in the canteen should remain open to allow greater air exchange and prevent touching of window handles. 14. The Environmental Health Service of the HSE is available to review canteen and food operations. <p>Production</p> <ol style="list-style-type: none"> 1. Production levels should be set at a level that allows physical distancing to be put in place. 2. If 2 metres of space between work stations cannot be attained, Perspex screens should be installed between each person. They should be cleaned at the

Setting/group Guidance title URL Published/updated	Relevant guidance details
	<p>end of every shift. Staff in the production area should wear PPE as outlined above.</p> <ol style="list-style-type: none"> 3. Start times should be staggered to allow for social distancing. 4. The number of workers per shift should be reduced as much as possible. 5. There should be a break in the time between the end of one shift and the start of another to ensure physical distancing and effecting cleaning of working area and hand-touch surfaces (i.e. Perspex screens etc.). 6. The frequency of sanitising and fogging should be reviewed and increased where possible. <p>Office</p> <ol style="list-style-type: none"> 1. Office staff should work from home where possible. 2. Meetings should take place by teleconference or online. 3. COVID-19- specific management meetings should be put in place and occur regularly. 4. All PC screens, keyboards, mouse etc. throughout the plant should be cleaned regularly. <p>A pod approach</p> <ol style="list-style-type: none"> 1. Workers should be organised into pods or groups, where possible. Pod members work together, take their breaks together, change together and as far as possible even travel to work together, etc. If one person then becomes a suspected or confirmed case only members of their pod are contacts and the pod can be excluded together. This will allow the appropriate skill mix to always be available and facilitate the smoother running of the facility preventing key workers being excluded together. 2. Workers travelling in pods should wear face masks and wash their hands before and after travelling together. Where possible, the canteen should be split into zones and specific zones then assigned to specific pods in the production area. Break times and subsequent cleaning should be staggered along zone/pod lines. <p>Locker room and toilets</p> <ol style="list-style-type: none"> 1. Systematic, frequent and effective cleaning of locker rooms and toilets should be documented, implemented and verified. Again, most emphasis should be on hand touch surfaces. Transmission is as

Setting/group Guidance title URL Published/updated	Relevant guidance details
	<p>likely to occur here as anywhere else in the factory with a higher risk at the start and end of each shift.</p> <ol style="list-style-type: none"> 2. If physical distancing is not possible in the locker room, consider more space e.g. erecting temporary or marquee or prefabricated additional space. 3. Consider providing a portable WC outside so that staff do not need to go through a locker room, queue for toilets or stand side by side at a urinal. Such a portable WC should be included in a cleaning programme with frequent cleaning. 4. Set a maximum number of people in locker rooms and toilets at any time to facilitate physical distancing 5. Assign staff to ensure employees stay no longer than 15 minutes in locker room or toilets and to monitor locker rooms to ensure physical distancing. 6. Standard Operating Procedures for cleaning locker rooms and toilets should be in place. <p>Further cleaning</p> <ol style="list-style-type: none"> 1. The frequency and effectiveness of standard fogging in the production rooms, toilets, locker rooms, and PPE stores should be reviewed and increased if necessary. 2. All touch points should be cleaned at least once per hour. 3. All employed or contracted cleaning staff should be trained in the correct use of the cleaning materials, and abide by rules of where protective clothing is worn and where it is not worn. Additional staff or replacement staff should also be properly trained in cleaning techniques and know the cleaning SOPs thoroughly.

Appendix 2: Data extraction table for international public health guidance

Setting/group	Country/Organisation Guidance title URL Published/updated	Relevant guidance that is more stringent than current Irish guidance
General community settings	<p>Australia Coronavirus (COVID-19) health alert https://www.health.gov.au/new/s/health-alerts/novel-coronavirus-2019-ncov-health-alert 12 January 2021</p> <p>Australia Common questions about face mask rules https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules/common-questions-face-masks 12 January 2021</p>	<ul style="list-style-type: none"> In response to concerns about the UK variant, new national protocols were introduced that require hotel quarantine cases who test positive with the UK variant and recover to stay in isolation for 14 days and complete an exit test. Public health guidance varies by state. In New South Wales you may be fined \$200 on the spot for not wearing a face mask.
	<p>Austria FAQ: Mask shipping 65+ https://www.sozialministerium.at/Informationen-zum-Coronavirus/Coronavirus---Haeufig-gestellte-Fragen/FAQ--Maskenversand-65plus.html 30 December 2020</p>	<ul style="list-style-type: none"> People aged 65 years and older are provided with FFP2 masks in Austria.
	<p>Canada* COVID-19: Guidance on indoor ventilation during the pandemic https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html 11 January 2021</p>	<p>Risk</p> <ul style="list-style-type: none"> The risk from recirculating the virus through a space serviced by a single HVAC unit is unknown. <p>Filtration</p> <ul style="list-style-type: none"> When properly used, portable air filtration devices with high-efficiency particulate air (HEPA) filters have been shown to reduce the concentration of some viruses from the air. It's important to note that the effectiveness of portable air filtration devices in reducing the transmission of the SARS-CoV-2 virus hasn't yet been demonstrated. As such, they should not be used alone or as replacement for adequate ventilation, physical distancing and hygienic measures. Whenever possible, consider the

		<p>use of an alternative space, or preferably gathering outdoors rather than indoors, when interacting with people from outside your household.</p> <p>Humidity</p> <ul style="list-style-type: none"> While humidifiers do not remove SARS-CoV-2 virus from the indoor air environment, they could impact the duration that particles that contain virus are suspended in the air. It is therefore important to maintain an optimal humidity level, between 30% and 50% in indoor settings. <p>Adequate ventilation</p> <ul style="list-style-type: none"> If occupants will be indoors for longer periods, for example at schools, occupants should have regular outdoor breaks, to allow for ventilation of the room.
	<p>Finland</p> <p>More cases of the disease caused by the modified coronavirus have been reported in Finland</p> <p>https://thl.fi/fi/-/muuntuneen-koronaviruksen-aiheuttamia-tautitapauksia-todettu-suomessa-lisaa?redirect=%2Ffi%2Fweb%2Finfektioaudit-ja-rokotukset%2Faudit-ja-torjunta%2Faudit-ja-taudinaiheuttajat-a-o%2Fkoronavirus-covid-19</p> <p>11 January 2021</p> <p>Finland</p> <p>Recommendation to citizens on the use of face masks</p> <p>https://thl.fi/en/web/infectious-diseases-and-vaccinations/whats-new/coronavirus-covid-19-latest-updates/transmission-and-protection-coronavirus/recommendation-on-the-use-of-face-masks-for-citizens</p> <p>12 January 2021</p>	<ul style="list-style-type: none"> During the acceleration phase of an epidemic masks are advised to be worn in indoor work communities, if more than one person works or resides in the same space.
	<p>France</p>	<p>Ventilation</p>

	<p>Together against COVID-19</p> <p>https://www.gouvernement.fr/info-coronavirus</p> <p>10 January 2021</p> <p>France</p> <p>National protocol to ensure the health and safety of company employees in the face of the COVID-19 epidemic.</p> <p>https://travail-emploi.gouv.fr/IMG/pdf/protocol_e-national-sante-securite-en-entreprise.pdf</p> <p>6 January 2021</p>	<ul style="list-style-type: none"> ▪ Air rooms for 10 minutes, three times a day. <p>Masks</p> <ul style="list-style-type: none"> ▪ Compulsory from the age of 6 years. ▪ For children under 6 years, wearing a mask is not recommended in accordance with WHO recommendations. <p>Masks</p> <ul style="list-style-type: none"> ▪ Masks should be worn in shared offices. ▪ Masks should meet current specifications and must have satisfied the tests guaranteeing performance
	<p>Germany</p> <p>Ventilate regularly</p> <p>https://www.infektionsschutz.de/coronavirus/alltag-in-zeiten-von-corona/regelmaessig-lueften.html</p> <p>12 October 2020</p>	<ul style="list-style-type: none"> ▪ The Federal Environment Agency recommends intermittent ventilation for an average of at least 10 to 15 minutes, although 20 to 30 minutes should be aired in summer, while five minutes can be sufficient in winter with large temperature differences.
	<p>Singapore</p> <p>Guidance for use on masks and face shields</p> <p>https://www.moh.gov.sg/news-highlights/details/guidance-for-use-of-masks-and-face-shields</p> <p>01 June 2020</p>	<ul style="list-style-type: none"> ▪ Use of masks will continue to be mandatory when people go outside their homes. The use of masks that closely and completely cover the nose and mouth will be required as a default. With effect from 2 June, face shields will be treated differently from masks, and will be allowed only for specific exempt groups or settings. ▪ In certain settings, face shields may be worn on top of a mask to provide additional protection. For example, wearing a shield can help to protect one's eyes from droplets that may contain virus particles, and can also prevent the mask from getting wet. It may also help to stop people from adjusting their masks or touching their faces. Mask-wearing is not recommended for young children below the age of two for safety reasons. ▪ To protect young children and to reduce the risk of transmission, MOH continues to strongly encourage young children to wear a mask or face shield, especially if they are

	<p>Spain</p> <p>Four keys to protect yourself from COVID-19.</p> <p>https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/img/COVID19_4_claves.jpg</p> <p>04 December 2020</p>	<p>in a group setting or when interacting with others.</p> <p>Ventilation</p> <ul style="list-style-type: none"> ▪ Ventilate closed spaces frequently.
General healthcare settings	<p>Canada*</p> <p>Infection prevention and control for COVID-19: Interim guidance for acute healthcare settings</p> <p>https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html#a8</p> <p>08 January 2021</p>	<ul style="list-style-type: none"> ▪ Suspected or infected patients should wear a medical mask while awake, as tolerated, unless alone in a private room. ▪ When treating suspected or confirmed cases, or where there is significant community transmission, N95 or equivalent respirators should be worn. ▪ Use of eye protection (e.g., a face shield) for the full duration of HCW shifts is also recommended in all acute healthcare settings, based on local epidemiology. This applies to all staff working within 2 metres of patients.
	<p>CDC</p> <p>Interim infection prevention and control recommendations for the healthcare personnel during the coronavirus disease 2019 (COVID19) Pandemic</p> <p>https://www.cdc.gov/coronaviruses/2019-ncov/hcp/infection-control-recommendations.html</p> <p>14 December 2020</p>	<ul style="list-style-type: none"> ▪ HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. They should also: Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. Wear an N95 or equivalent or higher-level respirator, instead of a facemask ▪ The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following: Respirator or Facemask, eye protection (i.e., goggles or a face shield that covers the front and sides of the face).

	<p>ECDC</p> <p>COVID-19 infection prevention and control measures for primary care, including general practitioner practices, dental clinics and pharmacy settings: first update</p> <p>https://www.ecdc.europa.eu/en/publications-data/covid-19-infection-prevention-and-control-primary-care</p> <p>19 October 2020</p>	<ul style="list-style-type: none"> ▪ The suggested set of PPE includes: FFP2/3 respirators (or medical face mask if there is a shortage of FFP2/3 respirators), and goggles or face shield. In addition, consider the use of gloves and a long-sleeved gown, especially if there is a risk of exposure to body fluids. ▪ If wearing gloves, these must be changed between patients, and meticulous hand hygiene must be performed before putting on and after removing PPE. If changing gloves between patients cannot be guaranteed, meticulous hand hygiene without using gloves is preferred over the prolonged use of gloves. ▪ Staff engaged in environmental cleaning in healthcare settings should wear PPE. The minimal PPE set listed below is suggested when cleaning healthcare facilities that are likely to be contaminated by SARSCoV-2: – medical face mask – disposable long-sleeved water-resistant gown – eye protection (goggles or face shield) – gloves. ▪ During dental care the suggested set of PPE for staff when caring for all patients includes: a FFP2/3 respirator (or a medical face mask if there is a shortage of respirators), goggles or a face shield, gloves and a long-sleeve, water-resistant gown. ▪ FFP2/3 respirators should be prioritised for: aerosol-generating procedures (AGPs) when caring for patients showing COVID-19-compatible symptoms for whom treatment cannot be deferred – when caring for patients living in the same household with a possible or confirmed COVID-19 case. ▪ The choice between a FFP2/3 respirator rather than a medical face mask should be aided by an on-site risk assessment that takes into account the local prevalence of COVID-19 and the likelihood that the consultation will include an AGP. ▪ AGPs (e.g. high-speed dental drilling) should be avoided as much as possible (e.g. by using alternative non-aerosol-producing techniques if available).
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	<p>Finland</p> <p>Guidance for oral health services during the COVID-19 epidemic</p> <p>https://thl.fi/fi/web/infektioaudit-ja-rokotukset/taudit-ja-torjunta/taudit-ja-taudinaiheuttajat-a-o/koronavirus-covid-19/ohje-suun-terveydenhuollon-yksikoille-covid-19-epidemian-aikana</p> <p>13 October 2020</p>	<ul style="list-style-type: none"> ▪ Standard protective equipment includes a Class II surgical mouthpiece and full face visor or a Class II R surgical mouthpiece and goggles, in addition to natural rubber or nitrile gloves. In addition, hair protection is always used in surgical procedures and equipment maintenance. ▪ If treating a confirmed or suspected COVID-19 case, a FFP2 or FFP3 respirator, long-sleeved disposable liquid-impervious jacket, hair protector, goggles or visor that completely covers the face, and protective gloves made of natural rubber or nitrile rubber should be worn.
	<p>Germany</p> <p>Recommendations of the RKI on hygiene measures in the context of the treatment and care of patients with an infection by SARS-CoV-2</p> <p>https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Hygiene.html</p> <p>08 December 2020</p>	<ul style="list-style-type: none"> ▪ FFP2 masks must be worn for caring for suspected or confirmed cases.
<p>Residential care facilities</p>	<p>Australia</p> <p>COVID-19 update</p> <p>https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/urgent-covid-19-update</p> <p>12 January 2021</p>	<ul style="list-style-type: none"> ▪ Following confirmation of the UK variant in Queensland, visitors are being restricted to aged care, hospitals, disability services and corrections facilities. The restrictions apply to the Metro North, Metro South and West Moreton Hospital and Health Service regions. These restrictions, which are in place from 7 Jan, include: <p>Visitors</p>

		<ul style="list-style-type: none"> ○ No personal visitors, including care and support visitors are allowed to enter ○ Only people providing an essential purpose will be allowed to enter ○ End of life visits will still be allowed ○ Anyone entering a facility must wear a single use surgical face mask <p>Residents</p> <ul style="list-style-type: none"> ○ Cannot leave the residential aged care facility unless they are receiving health care, attending a funeral or for an emergency or for compassionate reasons ○ The residential aged care facility or the Chief Health Officer can provide an exemption for leave on compassionate reasons <p>Staff</p> <ul style="list-style-type: none"> ○ Residential aged care facility operators must make sure staff do not work across multiple facilities as much as possible ○ Anyone providing medical care (including staff, students, volunteers or family members) must wear appropriate PPE as outlined in Queensland Health's Residential Aged Care facility and Disability Accommodation PPE Guidance
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	<p>ECDC</p> <p>Increase in fatal cases of COVID-19 among long-term care facility residents in the EU/EEA and the UK</p> <p>https://www.ecdc.europa.eu/sites/default/files/documents/Increase-fatal-cases-of-COVID-19-among-long-term-care-facility-residents.pdf</p> <p>19 November 2020</p> <p>ECDC</p> <p>Infection prevention and control and preparedness for COVID-19 in healthcare settings</p> <p>https://www.ecdc.europa.eu/sites/default/files/documents/Infection-prevention-and-control-in-healthcare-settings-COVID-19_5th_update.pdf</p> <p>6 October 2020</p>	<ul style="list-style-type: none"> ▪ For external visitors, e.g. social visits, the use of medical face masks should be strongly considered ▪ External visitors and social visits. The use of medical face masks for visitors and visited residents should be strongly considered. Healthcare workers and LTCF staff coming into contact with residents who have symptoms compatible with COVID-19 should wear a medical face mask or an FFP2 respirator if available, as well as eye protection (i.e. visor or goggles). Gloves and a gown or apron should be considered when there is a risk for contact with body fluids.
	<p>France</p> <p>People in EHPAD (residential care facilities): answers to your questions.</p> <p>https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/tout-savoir-sur-la-covid-19/article/personnes-en-ehpad-reponses-a-vos-questions</p> <p>22 May 2020</p>	<p>Masks</p> <ul style="list-style-type: none"> ▪ General public masks should be worn by residents as they move around the facility; surgical masks should be worn by residents during medical visits.
	<p>Germany</p> <p>Prevention and management of COVID-19 in retirement and care facilities and facilities for people with impairments and disabilities</p> <p>https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus</p>	<ul style="list-style-type: none"> ▪ When possible, medical masks should be worn by residents and care staff when they come into contact with other people. ▪ In the direct care of patients with confirmed or probable SARS-CoV-2 infection, at least FFP2 masks must be worn. ▪ PPE should be put on before entering the resident's room and left there before leaving the room.

	<p>/Alten-Pflegeeinrichtung-Empfehlung.html</p> <p>7 January 2021</p>	
	<p>Scotland</p> <p>Coronavirus (COVID-19): adult care home visitor testing guidance</p> <p>https://www.gov.scot/publications/coronavirus-covid-19-adult-care-home-visitor-testing-guidance/</p> <p>11 January 2021</p>	<ul style="list-style-type: none"> Visitors need appropriate PPE upon entry into the care home and during the visit, including: disposable gloves, disposable plastic apron, Surgical, fluid resistant facemask. Visitors should not take off their PPE. They can continue to wear the same PPE for the duration of their visit unless it is contaminated, in which case they should change their PPE. Visitors are provided with PPE.
	<p>Sweden</p> <p>Information to home care staff about coronavirus COVID-19</p> <p>https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/dokument-webb/ovrigt/affisch-hemtjanst-engelska-covid19.pdf</p> <p>24 April 2020</p>	<ul style="list-style-type: none"> Personal protective clothing should have short sleeves and be changed at least once daily.
	<p>WHO</p> <p>Intervention prevention and control guidance for long-term care facilities in the context of COVID-19- interim guidance</p> <p>https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-long-term-care-2021.1</p> <p>8 January 2021</p>	<ul style="list-style-type: none"> When caring for any resident with suspected or confirmed SARS-CoV-2 infection who is undergoing any aerosol-generating procedures, contact and airborne precautions should be used: the medical mask should be replaced with an N95, FFP2 or FFP3 respirator or equivalent level of mask. Note: proper use of N95 respirators requires a programme to regularly fit-test employees for their use. HWs should put on PPE just before entering a COVID-19 case room, remove it just after leaving and dispose of it appropriately Cleaners and those handling soiled bedding, laundry and similar should wear adequate PPE, including masks, gloves, long-sleeved gowns, goggles or face shields and boots or closed-toe shoes. They should perform hand hygiene before putting on and after removing PPE, and according to the WHO five moments for hand hygiene.
Community pharmacy	<p>CDC</p> <p>Guidance for Pharmacies</p>	<ul style="list-style-type: none"> Promote social distancing by diverting as many patients as possible to drive-through windows, curbside pick-up, or home delivery, where feasible. Large, outdoor signage asking pharmacy patients

	<p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html</p> <p>13 November 2020</p> <p>ECDC</p> <p>COVID-19 infection prevention and control measures for primary care, including general practitioner practices, dental clinics and pharmacy settings: first update</p> <p>https://www.ecdc.europa.eu/en/publications-data/covid-19-infection-prevention-and-control-primary-care</p> <p>19 October 2020</p>	<p>to use the drive-through window or call for curbside pick-up can be useful.</p> <ul style="list-style-type: none"> ▪ Pharmacies should consider installing glass or plastic panels at the counters to protect the staff from respiratory droplets from customers. Installation of glass/plastic panels does not remove the need for staff and customers to respect physical distance.
<p>Public transport/travel</p>	<p>Germany</p> <p>Ventilate regularly</p> <p>https://www.infektionsschutz.de/coronavirus/alltag-in-zeiten-von-corona/regelmaessig-lueften.html</p> <p>12 October 2020</p>	<p>From 18 January it is mandatory to wear an FFP2 mask in local public transport and in retail.</p>
	<p>New Zealand</p> <p>COVID-19: Advice for travelers</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-advice-travellers</p> <p>09 January 2021</p> <p>New Zealand</p> <p>COVID-19 Infection Prevention Control at the Air Border Interim Guidance Document</p> <p>https://www.health.govt.nz/system/files/documents/pages/guidance-on-use-n95-p2-particulate-respirators-for-secondary-health-screening-at-border-29dec20.pdf</p>	<ul style="list-style-type: none"> ▪ All travellers arriving in New Zealand must wear face masks from the time they disembark the aircraft until they arrive at their hotel. The Ministry of Health requests that medical grade masks (that is, not cloth masks) are made available to all passengers on inbound international flights. ▪ All passengers who enter New Zealand undergo a health screen at the border for COVID-19 related symptoms before they can depart to a managed isolation or quarantine facility (MIQF). In addition to existing IPC measures at the border, the use of N95/P2 particulate respirators will be introduced for health staff conducting health screening at the border under specific circumstances.

	29 December 2020	
Education	<p>Austria Measures to reduce the number of COVID-19 infections Lessons open from December 7, 2020 https://www.bmbwf.gv.at/Themen/schule/beratung/corona/schulbetrieb_20201207.html 07 December 2020</p>	<ul style="list-style-type: none"> ▪ From lower secondary level, all persons who are in the school building are required to wear mouth and nose protection (MNS). This does not apply to persons who cannot be expected to wear an MNS due to their disability or impairment can be. In elementary and special schools, the MNS obligation only applies outside of the class and group rooms. The school management or the school authority can, however, occur in areas with a high infection rate temporarily order the wearing of an MNS. Teachers and administration staff are provided with FFP2 masks. ▪ It is recommended that an MNS or an FFP2 should be work in conference rooms.
	<p>Canada* Risk mitigation tool for child and youth settings operating during the COVID-19 pandemic https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/covid-19-risk-mitigation-tool-child-youth-settings-operating-during-pandemic.html 28 September 2020</p>	<ul style="list-style-type: none"> ▪ Non-medical mask are recommended in children/youth over 10 years. ▪ For children/youth under 10, non-medical masks may be considered based on a risk assessment and considerations including the ability of a child/youth to complete tasks and follow direction will be dependent on a variety of factors (for example, age, maturity, physical ability, comprehension, local transmission levels).
	<p>Finland Guidelines for early childhood education, pre-school education and basic education for the prevention of covid-19 infections</p>	<ul style="list-style-type: none"> ▪ Parents of children and students may be advised to wear masks in early childhood and school settings.

	<p>https://hyvatyo.ttl.fi/koronavirus/ohje-varhaiskasvatus-perusopetus</p> <p>12 January 2021</p>	
	<p>France</p> <p>Adapt your daily life https://www.gouvernement.fr/in-fo-coronavirus</p> <p>10 January 2021</p>	<p>Masks</p> <ul style="list-style-type: none"> Compulsory from the age of 6 years in education. For children under 6 years, wearing a mask is not recommended in accordance with WHO recommendations.
	<p>Singapore</p> <p>With school reopening in 2021, what are the safe management measures put in place in schools? [UPDATED]</p> <p>https://www.moe.gov.sg/faqs-covid-19-infection</p> <p>04 January 2021</p>	<ul style="list-style-type: none"> Safe management measures in schools will continue to include the following: <ul style="list-style-type: none"> Twice-daily temperature-taking and visual screening for all students and staff. Students and staff who are unwell, or who have household members on Home Quarantine Order/Stay Home Notice or have adult household members with flu-like symptoms such as fever and cough, are required to stay away from school.
	<p>Spain</p> <p>Measures of prevention, hygiene and promotion of health against COVID-19 for educational centres in the course 2020-2021</p> <p>http://www.educacionyfp.gob.es/dam/jcr:cc80d408-986c-4f59-bb54-86030bd5fdc3/20-09-17-medidas-centros-educativos-curso-2020-2021.pdf</p> <p>17 September 2020</p>	<ul style="list-style-type: none"> The use of facemasks is mandatory from six years of age regardless of social distancing. The mask indicated for the healthy population will be the hygienic type. The use of facemasks is also mandatory on school transport for those aged 6 years and older, and is recommended for those aged 3-5 years also.
Vulnerable groups	<p>France</p> <p>People at risk: answers to your questions.</p> <p>https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/tout-savoir-sur-la-covid-19/article/personnes-a-risques-reponses-a-vos-questions</p> <p>22 December 2020</p>	<p>Masks</p> <ul style="list-style-type: none"> Masks should be worn by vulnerable persons (and visitors) when they have visitors to their homes. <p>Ventilation</p> <ul style="list-style-type: none"> Rooms should be ventilated when visitors have left.
	<p>Germany</p>	<ul style="list-style-type: none"> FFP2 masks are provided by the Government for people over 60 and those

	<p>Coronavirus Protective Mask Ordinance (SchutzmV)</p> <p>https://www.bundesgesundheitsministerium.de/service/gesetze-und-verordnungen/guv-19-lp/schutzmv.html</p> <p>15 December 2020</p>	<p>with certain pre-existing conditions. Three masks per person were made available through pharmacies in December with more planned in January.</p> <ul style="list-style-type: none">▪ For asylum centres and other and communal accommodation settings, it is strongly recommended by RKI that people with a higher risk of severe COVID-19 disease, if necessary also with their close relatives, be accommodated separately as a preventive measure for the duration of the entire pandemic or at least offered to them in order to reduce their risk of infection.
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