Guidelines on returning to work Infection Prevention and Control

During a pandemic

Covid-19



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1. Abbreviations that have been commonly used in Government documentations and other relevant documentation.

ABHR Alcohol Based Hand Rub

AGP Aerosol Generating Procedure

CDC Centres for Disease Control and Prevention

CAM Complementary and Alternative Medicine.

DBEI Department of Business, Enterprise & Innovation

ECDC European Centre for Disease Prevention

FRSM Fluid-Resistant (Type IIR) Surgical Mask

FFP3 Filtering Face Piece (Class 3)

FICTA Federation of Irish Complementary Therapy Associations.

GOV Government of Ireland

HSE Health Service Executive

HSA Health & Safety Authority

HPSC Health Protection Surveillance centre

IPC Infection Prevention and Control

IPCT Infection Prevention and Control team

LEO Local Enterprise Office.

NDA National Disability Authority

NQF National Qualification Framework

NSAI National Standards Authority Ireland

PHA (NI) Public Health Agency (Northern Ireland)

PHE Public Health England

PHW Public Health Wales

PPE Personal Protective Equipment

RPE Respiratory Protective Equipment

SICPs Standard Infection Control Precautions

TBPs Transmission Based Precautions

WHO World Health Organization

2. FICTA

Established in 1999, **FICTA** (Federation of Irish Complementary Therapy Associations) champions the common interests of complementary therapists and alternative medicine practitioners. Subject to its Constitution, the Federation provides a neutral platform in which its members meet to discuss issues of common interest or concern to the Complementary and Alternative Medicine (CAM) sector in Ireland.

FICTA's purpose is:

- > To represent its members at National and European levels, especially in the political decision-making processes, in co-operation with relevant stakeholder organisations.
- To function as a think tank for developing education programmes and suitable quality assurance processes and assessment systems.
- > To function as a communication platform for sharing and disseminating information among its membership, and relevant stakeholders.

Its mission is to contribute significantly to the maintenance of *'best practice'* standards; the enhancement of the quality of complementary therapy education and training programmes at all levels; and to act as the driving force for the inclusion of complementary therapies and alternative/traditional medicines (CAM) in healthcare service provision in Ireland.

Associations that are registered with FICTA all adhere to their associations and FICTA's constitution, code of ethics and practice. Many of the association's qualifications are aligned and or mapped to NQF standards and to other Internationally recognised associations. At present 12 association have membership of FICTA.

FICTA members are mainly Sole Traders.

Membership list. Appendix 1

Disclaimer

The information in this document is for guidance only. It is vital that all final decisions are taken from official government guidelines. This is a "living document" and information is constantly changing. The information has no legal standing nor does it imply or incur any liability to the authors and or association. Its information is a guidance "Road map"

3. Forward

At this time, we are confronted with a situation that was unimaginable a few months ago. The Covid-19 pandemic has impacted on everyone's lives. This is the biggest challenge that our industry has ever had to confront, and the complementary and alternative medicine (CAM) associations / organisations need to put guidelines in place for all their members. It has required new standards of protocols to be addressed both for workers and employers. This document is intended to consolidate practical guidance that is available at time of writing on how to review the 'Risk' management procedures clinic facilities will need to take for continuity during and after Covid-19 pandemic. It aims to upgrade the 'Standard' clinic procedures in Infection Prevention and Control (IPC) and advice for clinicians /practitioners /therapists following the Covid-19.

The IPC advice in this document is considered good practice in response to this COVID-19 pandemic and to improve standard hygiene in your practice. Whether or not you choose to return to work is a personal decision, you will need to consider many factors including your own vulnerability. The decision will have to be discussed with your insurance company and your Health and Safety Officer and your Human Resource Departments and or advisors. Managing the health and safety of your facility and your staff is best practice.

The documentation further aims to provide guidance when addressing the changes, you will need to make to your facility to ensure safety and minimise the 'Risk' of infection between yourself, patient, and colleagues.

These return-to-practice guidelines are non-specific to any one therapy association within FICTA. The information is based on guidelines from documentation by HSE / HSA / HPSC / WHO / NSAI /DBEI and other National and International agencies

FICTA recognises the need to balance the 'Risk' of spreading / contracting Covid-19 and will require members to analyse if a face to face consultation is appropriate. The Clinicians/Practitioner/ Therapist will always need to be able to have the necessary PPE equipment in place and ensure their ability to meet and undertake a complete pre-screening assessment while referring to HSE/ HSPC/ HAS/ WHO/ NSAI guidelines. The information is not definitive or prescriptive but is intended for guidance. Many of the therapies within FICTA address the mental health and wellbeing of many people in our society.

Everyone is required to update on Infection Prevention and Control (IPC) in relation to Covid-19. The WHO has courses on their website that are free, and FICTA would encourage everyone to complete same. https://dbei.gov.ie/en/Publications/Supports-for-businesses-COVID-19.html.

4. Transmission characteristics of COVID-19 / IPC

https://www.hpsc.ie/notifiablediseases/

4.1 Routes of transmission

Infection control advice is based on the reasonable assumption that the transmission characteristics of COVID-19 are like those of the 2003 SARS-CoV outbreak. The transmission of COVID-19 is <u>thought</u> to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. **Appendix 2 and 3** https://www2.hse.ie/conditions/coronavirus/symptoms.html

Contact precautions: Used to prevent and control infection transmission via direct contact or indirectly from the immediate clinic environment (including care equipment). This is the most common route of infection transmission.

Droplet precautions: Used to prevent and control infection transmission over short distances via droplets from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual.

Droplets penetrate the respiratory system to above the alveolar level. The maximum distance for cross transmission from droplets has not been definitively determined.

Airborne precautions:

To control infection spread without necessarily having close contact via aerosols (≤5μm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level.

Interrupting transmission of COVID-19 requires both droplet and contact precautions; if an aerosol generating procedure (AGP) is being undertaken then airborne precautions are required in addition to contact precaution.

4.2 Incubation and infectious period

Assessment of the clinical and epidemiological characteristics of SARS-CoV-2 cases suggests that, like SARS-CoV, patients will not be infectious until the onset of symptoms, but research is ongoing. As clinicians/therapists/practitioners it is your responsibility to keep up to date with official government information in your jurisdiction. Individuals are considered infectious while they have symptoms. Please review HSE guidelines on all areas on Covid-19. https://www2.hse.ie/coronavirus/?source=banner-www

5. Clinic preparedness for preventing and controlling COVID-19 transmission.

5.1 Limiting transmission of COVID-19 in the healthcare/clinic setting requires a range of IPC measures.

The control of exposure at source, including adequate ventilation systems and effective environmental decontamination will physically reduce exposure to infection.

5.2 Assessment of clinic facilities and therapy requirements in current climate.

Healthcare /clinic services will not be able to operate under '<u>business as usual'</u> during a COVID-19 pandemic. An assessment of the practical ability to deliver care and implement control measures must be assessed ensuring facilities are able to make the necessary changes to 'Clinic Policies and Procedures'.

Working in a multidisciplinary team requires '**Risk**' assessments to be carried out at each area in the Clinic facility and with the complete team.



6. Risk assessments (IPC)

6.1 Standard IPC

Standard infection control precautions are the normal IPC measures necessary to reduce the 'Risk' of transmission of infectious agents from both recognised and unrecognised sources. Sources include blood and other body fluids, secretions, and excretions (excluding sweat), non-intact skin or mucous membranes, and any equipment or items in the treatment environment. IPC measures should be used by all Clinicians /Practitioner/Therapist in all therapy /clinic settings keeping in mind Covid-19.

6.2 Risk Management in IPC

This information is aimed to revise Standard procedures for Clinicians /Practitioner/Therapist and highlight 'gaps' in clinic procedures and give guidance to update clinic facilities, policies and procedure in relation to IPC during Covid-19. Management in relation to a 'Risk' is a practical approach to reduce the 'Risk' and address the "Gap". 'Risk' is the chance of encountering hardship, damage and or an infection. We need to review our clinic and home policies and procedures in IPC. These can be reviewed under:

- Risk Identification
- Risk Analysis.
- Risk Control
- Risk Monitoring

6.2.1 Risk Identification: These are activities that put you, your clients / patients / visitors / and or any member of your staff and or your household at 'Risk'. The procedure of recognising the agent that is causing the 'Risk' is important. As clinicians it is our responsibility to identify practices that may cause infection or cross-infections to any person in our clinic. When a problem / 'Risk' is identified in a clinic, the information must be recorded by the IPC officer responsible for IPC in the clinic. It is the responsibility of the IPC officer to link with the responsible person in the HSE responsible for IPC procedures. If the organism is not known advice can be obtained from the HSE control of infection section re how to proceed.

6.2.2 Risk Analysis:

- ➤ Once the 'Risk' has been identified, the IPC officer shall review the 'Risk' of cross-infection.
- ➤ Why infections are occurring and the type of organism: Bacteria, Virus, Fungus etc needs to be assessed. The IPC officer may require further training if not qualified to complete same.

- The IPC officer should track the frequency of the infection and be able to give this to the HSE or relevant Gov. agency when requested. How to do same should be in the clinic QA document on IPC
- ➤ It is important that the IPC officer can identify and analyse failure of compliance with the QA policy.
- ➤ The IPC officer shall complete a full report on all issues.

These 'Risks' may be:

- Failure to comply with professional standards of accepted requirements in IPC
- Lack of the understanding of the different microbes in infections.
- Methods to prevent cross infection and or cross-contamination.
- A more worrying failure would be a lack of commitment by the practitioner to follow the Clinics QA policies and procedures on IPC.

6.2.3 Risk Control

- > Prevention of Cross-infection in your clinic room is important and a good QA procedure is required.
- ➤ When an infection occurs, it is vital to review all possible solutions and try to ascertain where it started.
- After each treatment, the clinic room utilised should have a procedure for decontamination,
- Equipment used during the treatment should be cleaned as per the equipment guidelines.
- All linen used during the treatment shall be changed after each treatment.
- ➤ Daily, weekly routines, general and deep cleaning of the therapy rooms should be recorded. This should make up part of the Clinic Room QA policy.
- After spillage or contamination, the clinic room shall be cleaned immediately.
- There should be clinic room 'dress protocols' for therapists when working.
- The HSE has outlined three levels of decontamination which shall be adhered to in all health care environments.
- Cleaning physical removal of contamination.
- ➤ Cleaning followed by disinfection the process by which the number of viable micro-organisms are removed but not inactivate all the micro-organisms.
- ➤ Cleaning followed by sterilisation. This process removed all viable organisms.

The above procedures are standard practice.

But how do we act or react when we leave the clinic and head to our home. This is especially relevant when an infection that can be transmitted via our clothes etc needs to be contained.

- > Do not wear the clinic uniform home or outside the clinic.
- ➤ Where possible have a shower before you leave the clinic.
- Always have different footwear for the clinic and for going home.
- ➤ When you get to your home, change your footwear into your home footwear, this prevents bringing into your home any unwanted infectious organisms.
- Leave your coats on the coat hall stand before entering your home or in a designated area in the house.
- ➤ If you have not had a shower before you leave your clinic, have one immediately and change all your clothes.
- Wash all clinic room or outside clothes immediately, only you should handle your clothes until they have been placed in the washing machine.

6.2.4 Risk Monitoring:

Once procedures are in place to reduce risks it is important to monitor their effectiveness. For those of us who work with teams and work at different venues as Clinicians / Practitioner / Therapist we need to review the Risk of Infection. If you have more than one clinic the Prevention and Control procedures need to be carried out at all these venues.

The aim of infection control policies is to identify any gaps in the clinic practice in IPC that may need to be addressed and updated. The Key to this review is that all persons in the practice need to give feedback if they see any issues that need addressing. The main issue may be the lack of training in IPC.

https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf



7. Clinic Environment

7.1 Facility

- Step 1. **Review your reception area, treatment room, toilets, storage facilities,** drawing up a list of all items in your room. Remove those that are not required for the treatment.
- Step 2. Considering the document attached, review the 'Risk' and the necessity of each item you have in your room. Use the sample templates at the end of this document to review the individual items.
- Step 3. Remove any items that cannot be cleaned and do not have a specific job in the clinic room and or facility.
- Step 4. Remove items that cannot be cleaned for alternatives that can be cleaned.
- Step 5. Drawing from your list of remaining items, write out Standard Operating Procedures (SOP) to document how each item is to be cleaned and maintained considering normal activities and current COVID 19 situations. It is not enough to clean and maintain each of these items to be compliant with HSA and government guidelines everything must be documented.
- Step 6. Keep records of your cleaning schedule as per Appendix 4

Specification

1. Overall appearance ·

- All areas should be clean, tidy, and well-maintained, be free of rust, with no dust, dirt, debris, and spillages and be uncluttered with only appropriate, cleanable, well-maintained furniture, fixtures and fittings used.
- Fire exit and entrance doors are clear and unhindered, with correct signage in place
- No inappropriate storage of goods or equipment in rooms and corridors

2. Odour control

- > The environment and equipment should be clean and free from offensive odours
- Areas should be adequately ventilated with ventilation units cleaned and serviced accordingly
- Any deodorisers (wall mounted) should be clean, functional, and regularly checked, the use of deodorisers and aerosols should be avoided where possible.

3. Patient / Client equipment (Direct contact)

(*Examples* - Plinth, weighing scales, Medical equipment U/S, Cuppers, Scrapers, B/P, / Faradic, Hot stones, Waxes, Stools, ETC)

> Direct contact patient equipment, including all component parts, should be clean and well-maintained with no rust, dust, dirt, debris, and spillages.

4. Patient / Clients Handbasins

- ➤ Direct contact patient equipment, including all component parts, should be clean and well-maintained with no rust, dust, dirt, debris, and spillages.
- All areas that Patients/ Clients touch, or use shall be decontaminated appropriately between patients and should be stored clean, dry, and inverted.
- Any damaged items shall be replaced; stainless steel is preferable in the acute setting.

5. Clinic fans

➤ If used during treatment all component parts should be cleaned

6. Alcohol Hand Gel/ Soap Containers/Dispensers /Brackets

- Dispensers / hand-wash containers / brackets including all component parts should be clean and well-maintained with no, dust, dirt, debris, and spillages, and available at appropriate locations.
- ➤ Hand-wash dispensers should be free of product build-up around the nozzle.
- Containers should be replaced when empty, containers that facilitate topping-up should not be used.
- To avoid splashes on surfaces splashbacks should be fitted behind sinks and washbasins.

7. Chart trolley / Equipment trolley

Close contact patient equipment, including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris, and spillages.

8. Buildings - External and internal features

- All entrance/exit areas (including fire exits) including all component parts should be clean and well-maintained with no rust, dust, dirt, debris, and or spillages.
- Entrance matting and mat well if present, should be clean and in good repair.
- Internal signage should be clean, updated, well maintained, and laminated to enable cleaning.
- ➤ NO Smoking in or near the facility.

9. Stairs (internal and external)

- Stairs, steps, and lifts, internal and external, including all component parts, should be clean and well-maintained with no rust, dust, dirt, debris, and spillages.
- External stairs and steps where appropriate should be salted during frost, snow etc.

10. External areas

- ➤ All external areas including grounds, gardens, footpaths, ramps, and car parks should be clean and well-maintained.
- Waste bins where available should be clean, in good repair and covered as appropriate.
- > Cigarette bins should be available in appropriate areas.

➤ All signage should be clean, updated, well maintained, and laminated to enable cleaning and should be secured accordingly with due regard for surfaces.

11. Fixed Assets: Switches, sockets, and data points

All wall fixtures such as switches, sockets or data points should be clean and well-maintained with no rust, dust, dirt, debris, and spillages.

12. Walls

All wall surfaces (including skirting) should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris, and spillages.

13. Ceiling

All ceiling surfaces/tiles should be clean and well-maintained with no blood or body substances, dust, dirt, debris, and spillages.

14. All doors

Doors including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris, and spillages.

15. All internal glass and glazing, including Partitions/Mirrors

All internal glass, windows, mirrors should be clean and well-maintained with no dust, dirt, debris, and spillages.

16. Radiators

Radiators including all component parts should be clean and well-maintained with no rust, dust, dirt, debris, and spillages.

17. Ventilation grilles extract and inlets

➤ Ventilation units, including all component parts, should be clean and well maintained with no rust, dust, dirt, debris, and spillages.

18. Floors - Hard Floors - polished

The complete floor should be clean and well-maintained with no dust, dirt, debris, and spillages

Floor - non slip

> The complete floor should be clean and well-maintained with no dust, dirt, debris, and spillages

Soft Floor (carpet)

➤ Not Recommended for a clinic setting but monitor this advice.

19. Electrical fixtures and appliances

- > Pest control devices should not be handled or visible. Service contracts to include standards required.
- Pest control devices should be clean and well-maintained with no rust, dust, dirt, debris, and spillages.

Electrical items e.g. overhead lights

➤ Electrical items, including all component parts should be clean and well-maintained with no rust, dust, dirt, debris, and spillages. Have electrical contractor address all electrical items.

20. Cleaning equipment

➤ Cleaning equipment including all component parts should be clean and well-maintained with no dust, dirt, debris, and spillages. In risk assessment HEPA filters should be used in high risk areas, in accordance with manufacturers' instruction and local infection control recommendations.

21. Furnishings, fixtures, and fittings

All surfaces should be clean and well-maintained with no rust, dust, dirt, debris, and spillages

22. High surfaces

All surfaces should be clean and well-maintained with no rust, dust, dirt, debris, and spillages

23. Low surfaces

All surfaces should be clean and well-maintained with no substances, rust, dust, dirt, debris, and spillages.

24. Chairs/Stools

➤ All surfaces should be clean and well-maintained with no rust, dust, dirt, debris, and spillages.

25. Plinth

All surfaces should be clean and well-maintained with no rust, dust, dirt, debris, and spillages.

26. Waste receptacles

- The waste receptacle including all component parts should be clean and well-maintained with no rust, dust, dirt, debris, and spillages. Pedal bins only.
- ➤ Pedal Bins should be emptied as appropriate, with fresh liners fitted in accordance with Local and National policy. Bags should be removed and labelled/tagged when no more than ¾ full and stored appropriately in a secure location.
- There should be an agreed schedule in operation for replacement of all waste bins in place.

27. Curtains (window and cubicle) and blinds

- Curtains, blinds, and associated fittings and attachments should be clean and well-maintained, with no rust, dust, dirt, debris, and spillages.
- A curtain and blinds cleaning schedule should be in place with records maintained accordingly.
- ➤ When curtains are changed after infected cases records should be kept.

28. Dishwasher/ microwave (kitchen use only)

➤ Dishwashers & all other appliances, including all component parts should be clean, and well-maintained, with no body substances, rust, dust, dirt, debris, stains, spillages, and food debris.

- > Dishwashers should be emptied after each use.
- ➤ The minimum temperature for the disinfecting cycle should be greater than or equal to 82 degrees Celsius with temperature monitored accordingly.

29. Fridge and/or freezer

- The fridge and/or freezer should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris, and spillages, with no build-up of ice.
- Fridge temperatures should be less than or equal to +5 degrees Celsius, with at least daily monitoring accordingly.

30. Ice machine/ Paraffin Wax

- ➤ Ice Machines / Paraffin Wax including all component parts should be clean and well-maintained with no rust, dust, dirt, debris, and spillages. Review manufacturers guidelines for detailed information.
- ➤ If ice machines are in use, they should be self-dispensing.

31. Kitchen cupboards

➤ Kitchen cupboards and shelving, including all component parts should be clean and well-maintained, with no rust, dust, dirt, debris, and spillages.

31. Cleaning equipment catering

All cleaning equipment, including all component parts should be clean and well-maintained with no dust, dirt, debris, and pillages and comply with colour coding policy

32. Sinks, hand-wash basins

- Sinks and Wash Hand Basins should be clean and well- maintained with no rust, dust, dirt, debris, and spillages.
- All bathroom fittings including component parts, and all associated fittings, e.g. tiles, taps, showerheads, dispensers, toilet brushes etc. should be clean and well-maintained with no rust, dust, dirt, debris, and spillages, and polished accordingly
- ➤ Only designated storerooms or press should be used for storage purposes.

33. Toilets and Urinals.

Flushing frequencies to be agreed, all water outlets should be flushed appropriately and at a temperature of greater than or equal to 50 degrees Celsius, as per National Legionella guidelines – site specific requirement.

https://www.hpsc.ie/a-

z/respiratory/legionellosis/guidance/nationalguidelinesforthecontroloflegionellosisinireland/

- Toilets and urinals etc. should be clean and well maintained with no rust, dust, dirt, debris, or spillages.
- Clear of Human waste.

34. Replenishment of Consumables

- Adequate and approved consumables such as liquid soap, paper towels and toilet paper should be readily available and stored appropriately in a separate press
- Appropriate dispensers should be available and all component parts clean and well-maintained accordingly.

35. Computers / Telephones / Office Equipment

> Telephones, computers, fax machines and associated office equipment, including all component parts should be clean and well-maintained with no rust, dust, dirt, debris, and spillages.

36. Cleaning Store

- All cleaning equipment including component parts should be clean and well-maintained with no rust, dust, dirt, debris, and spillages.
- ➤ All cleaning equipment should be cleaned daily in accordance with cleaning specification and used in accordance with the cleaning manual and stored inverted and dry as appropriate.
- Equipment with water reservoirs should be stored empty and dry.
- All cleaning equipment and products should be of adequate supply and be approved for use by Infection Control Personnel
- Storage facilities should be provided in each work area with adequate ventilation, a hot and cold-water supply, and sluice and hand-wash facilities.
- > Storage facilities should be adequate, clean, and well maintained.
- All cleaning products and consumables should be stored on shelves in locked cupboards and all cleaning products and equipment should comply with colour coding policy.

37. Management of linen (laundry)

- No special procedures are required; linen is categorised as 'used' or 'infectious'. All linen used in the direct care of patients with suspected and confirmed COVID-19 should be managed as 'infectious' linen. Linen must be handled, transported, and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment.
- Disposable gloves and an apron should be worn when handling infectious linen.
- All linen should be handled inside the patient room/cohort area. A laundry receptacle should be available as close as possible to the point of use for immediate linen deposit.

38. Staff uniforms

- The appropriate use of Personal Protective Equipment (PPE) will protect staff uniform from contamination in most circumstances. Clinic facilities should provide changing rooms where staff can change into uniforms on arrival at work.
- Organisations may consider the use of theatre scrubs for staff who do not usually wear a uniform but who are likely to come into close contact with patients/clients.
- ➤ Clinic laundry services should be used to launder clinicians /staff uniforms. If there is no laundry facility available, then uniforms should be transported home in a disposable plastic bag. This bag should be disposed of into the household washing machine using the highest temperature.

Uniforms should be laundered:

- Separately from household linen.
- In a load not more than half the machine capacity.
- At the maximum temperature, the fabric can tolerate, ironed and or tumbled-dried.
- Uniforms for work should not be worn home from or when travelling to work.

Sample Document Risk Classification Audited by (Signatures) IPC Officer.

Date	Room	Problem	Reported to	Action	Date of Action	Further action needed	Rechecked Date
		Identified		Taken		report written	
	Clinic	Large rug	Clinic	Rug	16/05/2020	Flood Hygiene,	20/05/2020 – are new
	Room 1	under plinth	Manager	removed		cleaning procedures	cleaning procedures
						written up and	written and being
						followed	followed?

Appendix. 4 Sample Clinic Cleaning template.

A full report must be completed and recorded by the IPC officer.

8. Clinicians / Therapist/ Practitioner/ Staff Guidelines

- 1. If a patient/ client presents with any of the Covid-19 symptoms they will be directed to the notice board signage that state, the symptoms of Covid-19. The person will be asked to leave, self-isolate and contact their GP and or contact the HSE live line on 1850241850
- 2. It is recommended that the therapists produce a disclaimer that they are free from any symptoms re Covid-19 according to the HSE guidelines. It is advisable that the therapist takes their own temperature in the morning before work. https://www2.hse.ie/conditions/coronavirus/symptoms-causes.html
- 3. Always dress in clinic tunic that opens down the front where possible. One needs to decide on changing the tunic / scrubs after each patient if required.
- 4. Your footwear should be for the clinic only and never worn outdoors.
- 5. Those who have long hair (below the shoulders) should ensure that it is tied up away from the face.
- 6. Nails should be short.
- 7. NO broken skin on the hands.
- 8. Self-hygiene and PPE equipment:
 - ➤ Hand washing and up to the elbows is recommended for therapists that use their forearms in treatment.

 30 seconds required when washing the forearms.
 - Do not use or answer phones during treatment and or touch the phone screens. If you do you will need to wash your hands again as guided by the HSE guidelines.

 https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/section-3-2-hand-hygiene.pdf
- 9. It is important that therapists agree to comply with all government guidelines as they are the only ones that have been authenticated.
- 10. The Practitioner needs to ensure that all hygiene parameters are followed and that they record the exact treatments that they carry out.
- 11. They need to record the time spent in proximity of the patient/client.
- 12. It is the responsibility of the clinic IPC officer to ensure that the waste from the clinic is double bagged and dated and only disposed of in domestic refuse after 72 hours in keeping with government guidelines
- 13. Therapists should have the consent and pre-screening form signed before treatment and if any changes to prescreening that precludes treatment at this time should be noted
- 14. Meet the Patient / client at the reception door and ask them to sanitise their hands after they enter. They may do this by washing their hands or using an alcohol-based gel or spray that must be hospital grade 70⁺% Alcohol.

- 15. Ask Patient / Client to wear a mask and the clinic shall provide same, do not allow anyone to use a mask that they have worn outside and in another facility.
- 16. If treatment on the back is required at present if might be wise to lie the patient/ client in the semi-prone position or in the seated position where the affected area can be treated.
- 17. Have the appropriate PPE equipment in place to wear and follow HSE guidelines to putting on and taking off. Have a look at the videos and have the posters in clinic room.
- 18. All laundry shall be washed at the highest temperature cycle for the specific fabric you are using.
- 19. All laundry, clinicians and staff members clothing need to be stored in the clinic. Under NO circumstances should the clinician/ staff member wear their clinic clothes away from the clinic facility or from their home to the clinic.
- 20. It is advisable that after a day's work that where possible that the therapist changes into the outside clothing after a shower at the clinic. Where this is not possible, they should on arriving home change their outdoor clothing immediately and have a shower before joining family members, and or other householders or relaxing in the comfort of their own home.



9. Hand hygiene

Hand hygiene is essential to reduce the transmission of infection in a clinic room setting. Before performing hand hygiene: expose forearms (bare below the elbows), remove all jewellery, a single, plain metal finger ring is permitted **but should be removed** during hand hygiene procedure, ensure fingernails are clean, short and that artificial nails or nail products are not worn. If you have any cover cuts or abrasions, you will need to cover same after the hand cleansing process.

https://www.hpsc.ie/a-

z/microbiologyantimicrobialresistance/infectioncontrolandhai/handhygiene/publications/File,15060,en.pdf

https://www.hse.ie/eng/services/publications/healthprotection/guidelines-for-hand-hygiene-in-irish-health-care-settings.html

https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html

Appendix 5 and 6



10. Respiratory—Cough Etiquette 'Catch it, bin it, kill it'

All clinics should provide a supply of tissues, as well as access to Alcohol-Based Hand Rub (ABHR) at the entrance and or within the treatment room. The patient/client will be required to wash hands in the clinic room before and after treatment. HSE Respiratory Hygiene and Cough Etiquette is applied.

Respiratory hygiene is vital to prevent the spread of respiratory infections such as influenza, colds etc.

- ➤ The IPC officer should ensure the availability of materials for adhering to respiratory hygiene for patients/clients. Covering nose/mouth using disposable tissues when coughing, or sneezing
- > Disposing of tissue in the pedal bin after use
- > Performing hand hygiene with soap and water or alcohol-based hand rub after contact with respiratory secretions and contaminated objects/materials
- ➤ Keeping hands away from mucous membranes of the eyes and nose.
- Pedal bins should be used to dispose of tissues and paper towels.
- ➤ Post signs at the entrances to the clinic on Respiratory Hygiene and Cough Etiquette should be visible for patients/ clients

https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/section-3-4-rhce.pdf

https://www.hpsc.ie/a-z/respiratory/coronavirusinfections/guidance/File,14101,en.pdf

Appendix 7.

https://www.hpsc.ie/a-

z/respiratory/influenza/seasonalinfluenza/infectioncontroladvice/respiratoryhygieneposters/Primary%20English.



11. Personal Protective Equipment (PPE)

PPE is worn that provides adequate protection against the 'Risk' associated with certain treatments. Staff may need to be trained in the proper use of all PPE that they may be required to wear.

All PPE should be compliant with the relevant BS/EN standards (European technical standards as adopted in the UK). The equipment should be located close to the point of use stored to prevent contamination in a clean/dry press or store. Single-use only equipment, shall be changed immediately after each patient/client and/or following completion of a specific task and disposed of after use into the correct waste pedal bin.

PPE Equipment: https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/section-3-2-ppe.pdf

- Gloves.
- Face masks.
- Protective Glasses.
- > Aprons.

HSE guidelines for putting on PPE equipment.

- https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/Interi m%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017 03 20.pdf/
- https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/section-3-app-3-6.pdf
- https://healthservice.hse.ie/staff/coronavirus/policies-procedures-guidelines/prevent-the-spread-of-coronavirus-in-the-workplace.html Videos on PPE guidance for all clinic staff.
- https://www.hsa.ie/eng/Topics/Personal_Protective_Equipment_ PPE/.

Gloves: Hands need to be washed and dried before you put your gloves on. Gloves reduce the risk of contamination but do not eliminate it, therefore gloves are not a substitute for performing hand hygiene. Disposable gloves must be worn when providing direct patient care and when exposure to blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination. Gloves must be changed immediately on completion of the task or treatment.

Gloves should be worn for the all activities that have been assessed as carrying a risk of exposure to secretions (except sweat) and excretions and for direct contact with non-intact skin or mucous membranes.

Gloves must be:

- > Single use and well fitting.
- > Put on immediately before an episode of care or treatment.
- Removed as soon as the episode of care or treatment is completed.
- > Discarded as per waste segregation policy.
- ➤ Changed between caring for different residents/patients.
- > Gloves need to be changed between patients and clients.
- If wearing a disposable plastic apron, remove and discard gloves first.
- Perform hand hygiene before donning gloves for a clean or an aseptic procedure.
- > Perform hand hygiene after removing gloves.
- Wear sterile gloves if contact with sterile body sites is anticipated.

Types of Gloves

- ➤ Gloves that conform to European Community Standards must be available.
- Nitrile or powder free latex gloves must be available for healthcare delivery.
- Where a latex allergy is documented, for staff or residents/patients, an alternative must be available.
- For further details see Policy on the Prevention and Management of Latex Allergy (HSE, 2013).
- Vinyl gloves are not recommended for healthcare as they do not offer adequate protection against blood and body fluids.
- Powdered and polythene gloves are not recommended for healthcare delivery.
- Disposable gloves should be used for cleaning of spillages of body fluids, in the event of an outbreak or on the advice of infection prevention and contamination
 Appendix 8

Masks: Are to avoid contaminating others not the wearer. Ideally, masks should be changed after each patient/client. Provide a mask for patient/client on arrival. Please review all HSE videos and information on the use of masks. Appendix 9

https://www.hpsc.ie/a-

 $\label{lem:constraint} $z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/COVID19-PPE-Safe-Mask-Wear-Poster.pdf$

Protective glasses: As per HSE/HSA/ HPSC/WHO guidelines see links above. Eye/face protection should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory

secretions), blood, body fluids or excretions. An individual risk assessment should be carried out prior to/at the time of providing care. Disposable, single-use, eye/face protection is recommended.

Eye/face protection can be achieved using any one of the following:

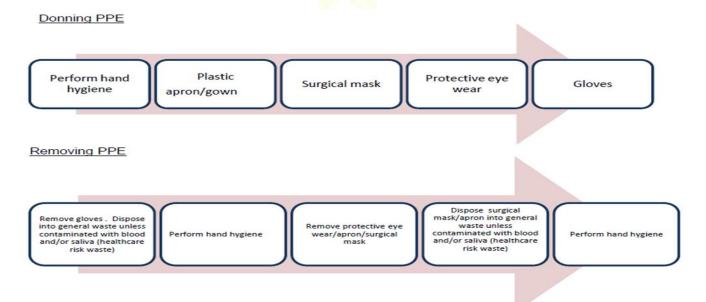
- > Surgical mask with integrated visor.
- > Full face shield/visor.
- Polycarbonate safety spectacles or equivalent.

Regular corrective spectacles are not considered adequate eye protection. Health Protection Surveillance Centre (HPSC) guidelines to use face masks / shields etc.

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/

Aprons: As per HSE/HSA/ HPSC/ WHO guidelines see links above.

Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing direct patient care and during environmental and equipment decontamination. Fluid-resistant gowns must be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure/task being performed and when there is a risk of extensive splashing of blood and/or other body fluids e.g. during aerosol generating procedures (AGPs). If non fluid-resistant gowns are used, a disposable plastic apron should be worn underneath. Disposable aprons and gowns must be changed between patients and immediately after completion of a procedure/task.



Appendix 10 & 11

12. Patient/Client 'Risk' assessment prior to attending clinic.

Patients shall be assessed for infection 'risk' prior to their arrival at your clinic.

Initial Screening/ 'Risk' assessment. Use Zoom/ Facetime/ WhatsApp consultation where possible

All "new" referrals are triaged via an initial phone/ zoom/ WhatsApp consultation form as per usual medical history and present medical history and the present complaint.

Patients/ Clients prioritised into 4 groups.

In the consultation phone call Covid-19 symptoms shall be discussed in detailed and answers recorded correctly.

- 1 **Urgent Unable to treat from the information received,** refer for immediate medical consultation by GP.
- 2 Urgent needs physical review/ treatment/ unable to be treated over phone / following online consultation.
- **Phone consultation** may be able to alleviate **immediate** problem with advice over the phone. Follow up call 24- 48 hours.
- **Phone consultation** helps to alleviate the issue currently. Arrange a time to review in 7 days as would be normal in your clinic. Set up Review in 7 days

Process for reviewing people who need immediate treatment.

- 1. Patients / Client to be contacted by phone or when they phone for an appointment conduct a "risk assessment"
 - Conduct patient COVID Risk Assessment any suggested risk of COVID infection will lead to the postponement of the appointment. Use HSE guidelines on Covid-19 as a guideline. Review your therapy / treatment procedures that will be required for this person and ascertain the 'Risk' if any. https://www2.hse.ie/conditions/coronavirus/symptoms.html
- 2. Complete subjective examination including History of present condition as per your 'Standard' intake and consultation form. Review past and present medical history, medications, social history, investigations if any have been carried out, pain; aggravates / eases, type of pain. etc
- 3. Red flag includes: Very High-Risk or High-Risk parameters as per HSE/WHO guidelines.

The person must be aware of the risk, and consent to the intervention.

Following a full Pre -Screening consultation, the person is given an appointment time, if deemed necessary.

- ➤ The treatment will take place with strict instructions to phone when they arrive at the clinic but not to enter the premises until instructed to enter or beckoned to enter.
- They will be sent the updated Clinic Policy and Procedures.
- ➤ During the Pre-Screening consultation, the person will be informed re the wearing of PPE equipment they may be required to wear and the PPE you will be wearing.
- Inform them if they will be required to wear a mask which you will supply.
- Advise them not to bring in handbag or unnecessary clothes, equipment etc with them.
- Advise them to wait in their car when you are ready you phone them and chaperone them from the entrance door to the treatment room.
- > IPC precautions (including use of surgical mask for patient / therapist/ Clinician) are to be followed, hand washing with soap and hot water and drying with paper towels prior to and after contact.
- Minimum treatment times shall apply.

Before treatment, the person will be required to sign the pre-screening consultation form and a treatment consent form.

Appendix 12 and 13

Before next treatment, a pre- and post-consultation review will be carried out. Covid-19 infection control measures will apply.

https://www.gov.ie/en/publication/dfeb8f-list-of-essential-service-providers-under-new-public-health-guidelin/

Telehealth screening procedures will be adopted where possible to reduce the contact time in order you can treat patients/ clients. The normal questions asked during an initial consultation will be addressed to reduce the actual contact time at the clinic.

13. Sample Clinic Facility Policy and Procedures.

Orthopaedic Remedial Clinic.

Standard Clinic Policy / Procedure Document

That has been updated to include Covid-19

Business Continuity Risk Identification and Mitigation,

Revised June 2020

- 1. Patients must contact the clinic by phone, message, or email to make an appointment. They will then be contacted via a phone call by the clinic "IPC officer/specialist" who will conduct a pre-appointment screening. All pre-appointment screening questions will be asked as per **new pre-screening intake** form. Patients who answer "Yes" to any of these questions will not receive an appointment at this time and may not cold call/ or drop into the clinic. Appointments are strictly by appointment. For all new patients/clients the normal intake form will also be completed.
- 2. The patient/client will receive a call/text the evening before their appointment to check whether anything has changed since "pre-assessment screening".
- 3. NO drop-in appointments or unannounced visits will be entertained and there will be no exceptions to this.
- 4. Patient will receive the Treatment Consent Form and Clinic Policy/ Procedure Documents by email where possible prior to their appointment time. There are three statements on Treatment Consent Form. If the patient is not able to circle 'Yes' to each of these three statements, we regret that we cannot provide them with Treatments at this time. There are no exceptions to this position as the health and wellbeing of all is important.
- 5. Patients who receive an appointment time shall wait in their car at the clinic. They must wait outside in their car and phone the clinic where possible on arrival. We will beckon/ invite them to enter clinic at their appointment time. Under no circumstance can we allow entrance to clinic by any person or persons without this process having been completed.
- 6. Patients will be required to wear a face mask from entry to exit. We will provide same on entry to the clinic. If a patient wishes to wear their own it must meet EN14683 standard.
- 7. On entering the building, if patient is wearing a coat or has an umbrella, they will be shown the designated area inside of doorway for them. It will be signposted.

- 8. <u>Do not</u> wear gloves into clinic. If patient requests to wear gloves, we will provide them after hand washing/disinfecting has been completed.
- 9. A poster explaining how to wash your hands is directly over the sink. We request that you thoroughly wash your hands, forearms, and elbows. Then dry them using the tissue paper provided, then place tissue paper in foot-pedal bin. Do not place this tissue paper in toilet.
- 10. A hand sanitiser station is in reception/ waiting area. Patient must sanitise their hands here before they proceed to enter treatment room. This is an alcohol Gel sanitiser and a poster is in place to explain the process. We will be there to guide you through the process.
- 11. Do not wear jewellery, watches, rings, bracelets etc.
- 12. Keep fingernails short. Do not wear false nails or nail enhancements. Do not wear nail varnish. Cover cuts and abrasions with a waterproof dressing.
- 13. Please leave your mobile phone in your pocket and turned off during treatment. If you answer or check your mobile phone you will be asked to sanitize your hands.
- 14. Strictly no food or drinks allowed in clinic. We will provide water in disposable cups from bottled water.

 This cup you will be required to dispose of in the designated pedal bin.
- 15. All linen used is removed after each patient and we disinfect the plinth before each treatment. A couch roll will be used over the plinth cover and this will be disposed of according to infected waste, doubled bagged for 72 hours
- 16. It is requested that the patient attends on their own. Exceptions are where patient requires assistance or has a child and there is one adult carer/parent/guardian permitted to accompany them. This will be discussed at the time of the pre-assessment.
- 17. Patient does not have to touch door handles entering or leaving the building.
- 18. On entering the building, the toilet will be signposted.
- 19. Patients are requested to sign both Pre-Appointment Screening Form and Treatment Consent Form which has clinic policy / procedure document attached. These documents give patient consent to treatment and any future treatments. In the present medical climate, the patient will have to be rescreened before all appointments.

- 20. Attending the clinic, the patient should wear clean, comfortable clothing. Tracksuit, shorts, leggings, T-shirt, vest tops are recommended. If coming from work or where clothing is at risk of contamination, patient should carry a pre-packed bag with clothing that they will wear for treatment. This bag is left at designated area in treatment room. Patient can change in the treatment room and leave clothing in the bag in a pre-designated area of treatment room, returning to wash and disinfect their hands.
- 21. Patient is assessed and treated where we are mindful always of the necessary health and safety procedures to follow, including the most appropriate treatment techniques.
- 22. Prior to leaving clinic room, the patient disinfects their hands in treatment room.
- 23. Prior to entering the clinic each patient can be assured that the IPC Officer has supervised the cleaning staff who are trained for management of their jobs in the current climate:
 - Removed fittings and furniture including waiting room chairs, skeletal models, cards, brochures, magazines, and all unnecessary items.
 - ➤ Has opened window to ventilate the room for 15 mins between patients.
 - Has supervised the cleaning and disinfection of toilet seat, handbasin, towel dispenser, door handles, wall sign and floor.
 - Has disinfected entrance area floor, designated area, hand sanitizer and any areas that previous patient has touched.
 - ➤ Has disinfected all external and internal door handles.
 - disinfected treatment room door handles, treatment plinth, wipeable pillows, seats, table surface, card machine, hand sanitizer, pens, floor, any instruments used and any areas where deemed that previous patient may have touched.
 - ➤ Has thoroughly washed their hands, forearms and elbows following the recommended guidelines.
 - ➤ Has disinfected their hands.
 - ➤ Has disinfected the reusable PPE
 - ➤ Has ensured that 'one use only' PPE equipment is disposed of according to guidelines
 - > PPE as recommended to wear are in adequate supply. Head covers and shoe covers are not required

and are not recommended. Practitioners with long hair, will keep their hair tied up and off their face when working in clinical settings.

- ➤ All Hand sanitizer contain 70% + alcohol with a humectant is used. (Hospital Grade)
- 24. The storage and disposal of all waste is carried out according to HSE / HSA/ HPSE guidelines.
- 25. The clinic is familiar with correct techniques for putting on and taking off PPE, hand washing and disinfecting to prevent the spread of infection.
- 26. The IPC office and staff members have completed one of the following courses: HSE 'COVID-19 Infection Control and Prevention Guidance' or WHO Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19).
- 27. All sanitizers, PPE and clinic equipment are stored in a press that is safely and securely managed.
- 28. Patients are scheduled at least 20-30 minutes apart to allow time for cleaning and to prevent crossover with other patients, to aerate treatment room and to clean all areas as listed previously.
- 29. Patients who do not attend a treatment will be contacted to ascertain reason for cancellation and to record their nonattendance in keeping with Covid-19 policy of tracing.
- 30. Only Card Payments will operate during this time, these payments can be taken at time of pre-consultation booking.
- 31. External contractors including deliveries of supplies will be accommodated in a safe manner with minimal risk to the contractors, staff and or patients.
- 32. Procedures for delivery of goods needs to be in place. Time of delivery and person responsible for the delivery needs to be recorded in the clinic record diary or contact logging book.
- 33. All external contractors should be required to perform hand hygiene on entering and leaving the facility. Appropriate PPE and instruction on use will be provided to external contractors where it is necessary to facilitate the service provision. Areas will be disinfected as outlined for patient in previous wording.
- 34. We plan for the safe changing and storage of clothing worn by the Clinicians/Practitioners/Therapists.
- 35. We have facilities where staff can change into uniforms on arrival and when leaving work. All clothing worn during treatments will be handled inside this room. A laundry pedal bin box will be available to place clothing in.

- 36. All clothing worn during Treatments that may have come in the direct contact of patients will be handled as infected linen and will be transported and washed in a manner that minimises the risk of exposure to others. This will be in line with HSE/ HAS / HPSC/WHO
- 37. Thereafter hands are washed and disinfected.
- 38. We operate a 24-hr cancellation policy. This includes patients who fail to turn up for appointment.
- 39. During Covid-19 a register of all patients who attend and who cancel appointments will be made available to all relevant official agencies during any requirements for traceability of community infections. <u>Under GDPR</u> no information re your treatments will be discussed.
- 40. Samples of both Pre-screening and Consent forms in appendix 12 and 13.
- 41. The IPC Officer will retain all documentation in relation to Covid-19 and will make reports to Government Agencies on request.
- 42. All Officials wishing to inspect clinic protocols will have to follow the pre-screening format to gain entry.
- 43. All Clinicians /Practitioners/Therapists will be required to participate the WHO/ HSE/ HSA training Programmes and be certified for having competed these courses.

https://openwho.org/courses/COVID-19-IPC-EN

- 1. Course on: Standard precautions: Environmental cleaning and disinfection
- 2. COVID-19: How to put on and remove personal protective equipment (PPE)
- 3. Infection Prevention and Control (IPC) for COVID-19 Virus
- 44. HSA have a free website for assessing the 'Risk' for your therapy and or industry. https://www.besmart.ie/



14. Mental Health and Wellbeing.

Support may need to be put in place for clinicians/practitioners/therapists who may be suffering from anxiety and or stress. Many of FICTA members are Stress Management practitioners and have been conducting webinars for their patients/ clients during lockdown. While these have given some relief to our patients / clients, they (patients / clients) are now constantly requesting to have face to face consultations with a human being.

Our Patients / clients have reported some of the following issues (not inclusive):

- > Stress
- > Anxiety
- > Bereavement
- Bullying / Abuse
- Depression
- > Loneliness
- Sleeping disturbances
- Poor eating
- > Suicide tendencies.

Face to face consultations can be conducted safely once the advice guidelines of HSE/ HSA/ WHO /NSAI are strictly adhered to for both clinic facilities and the use of PPE.

Appendix 14.

https://www.hsa.ie/eng/Topics/Workplace_Stress/

www.workpositive.ie

https://www.gov.ie/en/campaigns/together/?referrer=/together/

15. Appendix 1

FICTA Membership List 2020

Accredited Bowen Therapists Association (ABTI)

Association of Systematic Kinesiology (ASK)

Bio-Energy Therapists Association (BETA)

The Irish Association of Craniosacral Therapists. (IACST)

Institute of Complex Homeopathy (ICH)

Irish International School of Sports Massage (IISSM)

Irish Massage Therapists Association (IMTA)

Irish Register of Herbalists (IRH)

Irish Reflexology Institute Ltd (IRIL)

Kinesiology Association of Ireland (KAI)

Oisin School of Bio-Energy

Reiki Federation Ireland (RFI)



Coronavirus

COVID-19



Know the signs



High Temperature



Shortness of Breath



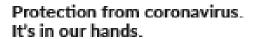
Breathing Difficulties



Cough

For 8 out of 10 people, rest and over the counter medication can help you feel better.







Wash



Cove



Awois



Clean



Stop



Distance





Rialtas na hÉireann Government of Ireland

Coronavirus

COVID-19



Help prevent coronavirus



Wash your hands



Cover mouth if coughing or sneezing



Avoid touching your face



Keep surfaces clean



Stop shaking hands and hugging



Keep a safe distance

The virus spreads in sneeze and cough droplets, so regularly taking the above measures helps reduce the chance of it spreading.

Visit HSE.ie

For updated factual information and advice Or call 1850 24 1850

Protection from coronavirus.





Rialtas na hÉireann Government of Ireland

Appendix.4

SAMPLE

DAILY CLEANING ENTRANCE HALL

Clinic Name Infection Prevention and Control Office (IPC)

110	Tick (→) when completed Red Flag box highlights immediate issues for immediate IPC X						4.6	
Date	01/06/2020	02/6/2020	03/06/2020	04/06/2020	05/06/2020	06/06/2020	07/06/2020	Red flag
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			. 69 1					
A STATE OF THE STA	1	. 9 /		1	3	20		
Sweep, mop and disinfect hard wood floor	100) - 1	or co			95	4 4	
Disinfect door handles	20	1	atte.	-		9		
Disinfect handrails	- 48	8 9	74	-	1			
Empty pedal bin and replace liner			0		- 2	9		
Disinfect Sanitary Station					- 12			
10	3				163	4		
	17		Sec. also		3.			
		- 8						
				8 3				
	gentin. I	00	-		1			
Signed off by IDC Officer					Date			
	Date Initial Dust skirting boards and window ledges Vacuum stairs Sweep, mop and disinfect hard wood floor Disinfect door handles Disinfect handrails Empty pedal bin and replace liner Disinfect Sanitary Station	Dust skirting boards and window ledges Vacuum stairs Sweep, mop and disinfect hard wood floor Disinfect door handles Disinfect handrails Empty pedal bin and replace liner Disinfect Sanitary Station	Date 01.06/2020 02.6/2020 1.06/2020	Dust skirting boards and window ledges Vacuum stairs Sweep, mop and disinfect hard wood floor Disinfect door handles Disinfect handrails Empty pedal bin and replace liner Disinfect Sanitary Station	Dust skirting boards and window ledges Vacuum stairs Sweep, mop and disinfect hard wood floor Disinfect door handles Disinfect handrails Empty pedal bin and replace liner Disinfect Sanitary Station	Dust skirting boards and window ledges Vacuum stairs Sweep, mop and disinfect hard wood floor Disinfect door handles Disinfect handrails Empty pedal bin and replace liner Disinfect Sanitary Station	Dust skirting boards and window ledges Vacuum stairs Sweep, mop and disinfect hard wood floor Disinfect door handles Disinfect Sanitary Station	Dust skirting boards and window ledges Vacuum stairs Sweep, mop and disinfect hard wood floor Disinfect door handles Disinfect Sanitary Station Oxionation of the control of the cont

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3.0		11 1	

DAILY CLEANING

Clinic Name

Infection Prevention and Control Office (IPC) _

:	Tick (✔) when completed Red Flag box highlights immediate issues for immediate IPC X								
-	Date	01/06/2020	02/6/2020	03/06/2020	04/06/2020	05/06/2020	06/06/2020	07/06/2020	Red Flag
	Initial	- On	-	1	107	-97			-
	AM <u>LPM</u>		2 - 7		F 400				
1	Dust and disinfect reception desk, computer, and phones	00	10	A 65	10				
2	Dust & disinfectant all ledges and skirting boards		0 40	-	1	8			
×	Disinfectant filing cabinet and photocopier			100		0 6			e e
4	Disinfect fire extinguishers	100					3		
5	Clean & decontaminate the glass doors of units	- A	1	201			5		
6	Disinfect light switches and radiator		10	18	-	- 32			
7	Vacuum floor, mop with disinfectant and dry with a cloth		70			127			
8	Disinfect all door handles				100				:-
9		1	89	1	- 3	100			6
10	3	3	- 3			3	()		
11		81				35			
12	V2	- 6				V-			e
13			· Agent		on Store	D			
14									
S.	Signed off by IPC officer					Date	8	8. 8	22

SAMPLE

DAILY CLEANING

122			

Infection Prevention and Control Office (IPC)

		Tick () wh	en complets	ed	Red Flag box highlights immediate issues for immediate IPC (
3	Date	01/06/2020	02/6/2020	03/06/2020	04/06/2020	05/06/2020	06/06/2020	07/06/2020	Red Flag
	Inidal	-	-	1	100	1.0			
	AM_/PM		1	0	100	95			
1	Disinfect toilet seat, lid, handle, and cistern top	W ARE	1.0	A 600	0.00				
2	Disinfect sink and taps	-	- 4	9 6	-		-		1
3	Dust & disinfectant all ledges and skirting boards		10 MG	- 46	17	1	10	5	
4	Sweep floor, mop with disinfectant and dry with a cloth	-			-	1	5	ev :	
5	Empty bins, place in second bag and place in storeroom	-0	1	1	0	1.5	2.	5	
б	Disinfect outside of bin		100			100			
7	Clean & decontaminate the mirror.					201		-	
8	Replace disposable toilet paperif necessary							K	
9	Replace disposable hand towel paper <u>if</u> necessary	×	1	1	100				
10	Replace soap in soap dispenser - if necessary		- 5					K	
11	24								
12				-					
13									
14									
15						10			
	Signed off by IPC Officer		-	_ 1		Date			

This is a sample guidance template to help you create templates specific to your clinic. ©

SAMPLE

DAILY CLEANING

7 DAY CYCLE

Clinic Name

Infection Prevention and Control Office (IPC) _

CLINIC ROOM NO:

Tick (if when completed Red Flag box highlights immediate issues for immediate IPC X

	Date	01/06/2020	02/6/2020	03/06/2020	04/06/2020	05/06/2020	06:06/2020	07/06/2020	Red flag
	Initials	BR	100	1000	-	F	60		92
1	Dust & disinfect shelves and window ledges	-		-		-	4		8
2	Dust vertical blinds and disinfect windows and frames	_	7			_	7		х
3	Dust & disinfect desk, chair and trolley	-	D. 2		0 0	-/			3
4	Disinfect sink, taps and dispensers		100		P . W	100	X		20
5	Dust & disinfectant ledges and skirting boards		0	10	10		55		
6	Disinfect light switches and radiator	5		D.A			124		72
7	Sweep, mop and disinfect hard wood floor	30		1		- 2	3		
8	Empty bin and place in second bag and place in storeroom	100				190			72
9	Disinfect outside of bin	- 77		67					
10	Disinfect equipment: bottles, cups, scrapper & hot stones								72
11	Disinfect plinth and face cradle		- 60						
12	Replace towels & sheets in closed press	-	TO S	-		-			
13	Clean & decontaminate door handles			Ì					(5)
14									22
	Signed off by IPC Officer:	- 1	9.1			Date:			

This is a sample guidance template to help you create templates specific to your clinic.

SAMPLE

CLEANING BETWEEN CLIENTS

Clinic Name

Infection Prevention and Control Office (IPC) _

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Red Flag box highlights immediate issues for immediate IPC X

	Date	01/06/2020	02/6/2020	03/06/2020	04/06/2020	05/06/2020	06/06/2020	07/06/2020	Red flag
	Initials	BR	-	-	0 - 1	9	7	20	20
	Time			-	4	No.	*14	3	8
1	Dust & disinfect shelves and window ledges	4) A	-0		9	-		
2	Dust vertical blinds and disinfect windows and frames	-	100		4 6	7	- 50		Х
3	Dust & disinfect desk, chair and trolley		-	-	1	San	- (%)	22	20
4	Disinfect sink, taps and dispensers	-	-	100	0	84	65	\$	8
5	Dust & disinfectant ledges and skirting boards	5	-	David .	1	-	12.		
6	Disinfect light switches and radiator	10		100	3		37	3	3
7	Sweep, mop and disinfect hard wood floor	700			200	- 400		166	100
8	Empty bin and place in second bag and place in storeroom	15				2		0	-50
9	Disinfect outside of bin				,			100	100
10	Disinfect equipment: bottles, cups, scrapper & hot stones		di					3	9
11	Disinfect plinth and face cradle	-	THE REAL PROPERTY.		-			26	V8
12	Replace towels & sheets in closed press		100					60	20
13	Clean & decontaminate door handles							Ü	
	Signed off by IPC Officer				Date			300	30

This is a sample guidance template to help you create templates specific to your clinic.

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DEEP WEEKLY CLEANING

CLINIC ROOM NO

Clinic Name Infection

Infection Prevention and Con□roll Office (IPC)

		Tiok (✔) w	hen complete		Red Flag box highlights immediate issues for immediate IPC X				
	Date	01/06/2020	08/6/2020	15/06/2020	22/06/2020	29 /06/2020	Red flag		_
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1	Dust & disinfect shelves and window ledges			h -	4	-000	- 2		_
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3	Dust & disinfect desk, chair and trolley	- 1	100		4 6		1965		
4	Disinfect sink, taps and dispensers					-	- X3	XI.	
5	Dust & disinfectant ledges and skirting boards	. 4		10	10		55		
6	Disinfect light switches and radiator						200		
7	Sweep, mop and disinfect hard wood floor	00					3		
8	Empty bin and place in second bag and place in storeroom	100		9		100			
9	Disinfect outside of bin	- 1		1					
10	Disinfect equipment: bottles, cups, scrapper & hot stones			8	9				
11	Disinfect plinth and face cradle		- 450	8	1 32				
12	Replace towels & sheets in closed press	-	10 C			The real Property lies			
13	Clean & decontaminate door handles								
Г	Signed off by IPC Officer:	-						42	

This is a sample guidance template to help you create templates specific to your clinic. $\mathbb C$

Washing your hands

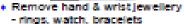
Hand washing is important:

- If hands are not clean they can spread germs.
- You should wash your hands thoroughly and offen with soap and warm water and especially:
 - When hands look dirty
 - Before and after preparing, serving or eating food
 - Before and after dealing with sick people
 - Before and after changing the baby's nappy
 - Before and after treating a cut or a wound
- After handling raw meat
- After going to the toilet or bringing someone to the toilet
- After blowing your nose, coughing or sneezing
- After handling rubbish or bins
- After handling an animal or animal litter/droppings
- After contact with flood water
- A quick rinse will not work your hands will still have germs. To wash hands properly:
 - Rub all parts of the hands and wrists with soap and water for at least 15 seconds (or as long as it takes to sing the "Happy Birthday to you" song two times!)
 - Don't miss out on washing your finger tips, between your fingers, the back of your hands and the bottom
 of your thumbs the pictures here will help.

Getting ready to wash your hands:











 Wet hands thoroughly under warm running water





 Apply a squirt of liquid soap to cupped hand

Washing your hands - take at least 15 seconds/the time it takes to sing the "Happy birthday to you" song twice!





 Rub paim to paim 5 times making a lather/suds





- Rub your right paim over the back of your left hand and up to your wrist 5 times
- · Repeat on the other hand





- With right hand over the back of left hand, rub fingers 5 times
- · Repeat on the other hand





 Rub paim to paim with fingers interlaced





Wash both thumbs using rotating movement





 Wash nall beds—rub the tips of your fingers against the opposite paim

Ringing and drying your hands:





 Rinse hands well making sure all the soap is gone





 Dry hands fully using a clean hand towel or a fresh paper towel

Bin paper towel after use

Remember -Clean hands save lives & the spread of many infection

Felhneumscht zu Striftlie füllne Health Service Eurosien

Compiled by Dept of Public Health, Midlands. January 2016

Adapted from Handesphins technique poster HSE States for Antimicrobial Resistance in Indeed additional Image: <u>Description corn.</u> Putting some scap on hands © Adamptagor



COUGHING AND SNEEZING



 Use a tissue to cover your nose and mouth



No tissues? Use your sleeve

 Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds





These steps will help prevent the spread of colds, flu and other respiratory infections

GLOVE USAGE PYRAMID

Hand hygiene must be performed when appropriate regardless of these indications for glove use

> Sterile Gloves indicated for Aseptic Procedures

Clean Examination Gloves indicated in

Clinical Situations

Where there is patential for touching blood, body fluids, excretions, secretions and items visibly solled by body fluids.

Direct Resident Exposure; contact with blood, body fluids, mucous membranes and non intact skin; IV insertion and removal, taking blood, glucometre usage; changing and emptying of urinary catheter bags, suctioning.

Indirect Resident Exposure: emptyling emesis basins, handling waste; handling soiled equipment; handling soiled linen; cleaning up spills of body fluids.

Gloves are not indicated (except for CONTACT Precautions) where there is no potential for touching blood, body fluids, excretions, secretions or items visibly soiled by body fluids.

Direct Resident Exposure: taking blood pressure, temperature and pulse; performing SC or IM injections (following risk assessment); bathing and dressing residents; caring for eyes or ears without secretions.

Indirect Resident Exposure: using the telephone; writing on a residents chart; giving oral medication; distributing or collecting meal trays; removing or replacing linen on a residents bed; placing non-invasive ventilation equipment or oxygen masks or cannula on a resident.

Adapted from WHO 2009 WHO Guidelines on Hand Hygiene in Healthcare. First Global Patient Safety Challenge Clean Care is Safer Care; Switzerland 140-143.

KEY MESSAGES FOR GLOVE USE:

- A. Gloves are effective in preventing contamination of hands and helping reduce transmission of harmful micro-organisms.
- B. However, gloves do not provide complete protection against hands becoming contaminated and if gloves are not removed immediately after a care episode in which they were indicated, may contribute to transmission of micro-organisms.
- The unnecessary use of gloves in situations where their use is not appropriate should be avoided.

RECOMMENDATIONS ON GLOVE USE:

- A. In no way does wearing gloves replace the need for hand hygiene either by handwashing or using an alcohol hand rub.
- Wear gloves when it can be reasonably anticipated that contact with blood or body fluids, mucous membranes, non-intact skin or potentially infectious material will occur.
- Remove gloves after caring for a resident and clean immediately.
- D. When wearing gloves change or remove gloves in the following situations:
 - during care of a resident if moving from a contaminated body site to a clean body site (including contact with mucous membranes, non-intact skin or a medical device)
 - after touching a contaminated site and
 - before touching a clean site for the same resident or environment.



(EZ South (Cart. & Borry) August 2015 Community and Daublitty, believing Provinces and Control Services.

COVID-19

HAND HYGIENE BEFORE AND AFTER USING A MASK



Safe use of Masks

THE MASK YOU NEED

DO: REMEMBER TO WEAR THE CORRECT MASK FOR THE TASK:

Wear Surgical mask: for droplet precautions, or when providing care within 2 meters or any patient,

when working within 2 meters or another healthcare worker for more than 15 minutes.

Only wear FFP2 (Fit Checked) or FFP3 mask (Fit Tested) for aerosol generating procedures

WEARING THE MASK

DO: Wear your mask so It comes all the way up, close to the bridge of your nose, and all the way down under your chin.

DO: Press the metal band so that it conforms to the bridge of your nose.

DO: Tighten the loops or ties so It's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit.



DO NOT:

Wear the mask below your nose.



DO NOT:

DO NOT:

Wear your mask loosely with gaps on It covers just the tip the sides.

DO NOT:

Wear your mask so of your nose.

DO NOT:

Push your mask under your chin to rest on your neck.



ONCE YOU HAVE ADJUSTED YOUR MASK TO THE CORRECT POSITION, FOLLOW THESE TIPS TO STAY SAFE:

- the telephone or you take a drink/break.
- ALWAYS worth your hands before and after handling a mask.
- AUWAYS change your mask when you answer . AUWAYS change mask when leaving a cohort. . NEVER flidget with your mask when it's on. area or exiting a single patient isolation room . NEVER store your mask in your pocket.
 - AUWAYS change mask if it is dirty, wet or damaged

REMOVING THE MASK



Use the fles or ear loops to take the mask off.

Do not touch the front of the mask when you take It

DISPOSING OF THE MASK



Dispose of mask in a healthcare risk waste bin.

IF HEALTHCARE RISK WASTE SERVICE IS NOT AVAILABLE:

The mask, along with any other PPE used, needs to be double-bagged and stored for 72hrs In a secure iocation, then put in the domestic wasto.











Personal Protective Equipment (PPE)



Adapted for Influenza

Correct sequence for putting on and removing PPE to prevent contamination of the face, mucous membranes and clothing.

Putting on PPE

- Decontaminate hands
- Put on disposable apron/gown
- Put on mask (Surgical or FFP2 or FFP3)

For FFP2 or FFP3 masks:

- A. Place mask over nose, mouth and chin
- B. Fit flexible nose piece over nose bridge
- Secure on head with elastic
- D. Adjust to fit
 - E. Inhale mask should collapse
 - F. Exhale check for leakage around face



Fit Check

- Put on goggles if required
- Put on gloves

Removing PPE

In patients' room

- Remove gloves (avoid touching the outside of the gloves)
- 2. Decontaminate hands
- Remove goggles
- Remove gown or apron (avoid touching the front of the gown/apron)



Remove mask by breaking the ties.
 If ties are elastic grasp and lift ties from behind your head and pull off mask away from your face. Avoid touching the front of the mask & use ties to discard



- Discard all masks (& gloves/aprons/gowns/goggles contaminated with blood or body fluids) as healthcare risk waste
- Decontaminate your hands

Appendix 11 Overview of PPE Equipment

Use Only	(up to 4 hrs)	
	✓	
, —	-	
0		
		✓
✓ ————————————————————————————————————)	
	Only	Only

Appendix 12. Sample pre assessment consultation questions. Clinic: Patients/ Clients Name: Date and time contacted of pre-screening phone call. Therapists Name: Questions 1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, or flu like symptoms now or in the past 14 days? Yes/No Have you been diagnosed with or suspected of having COVID-19 virus in the last 14 days? 2. Yes/No 3. Have you had any close contact with a person who was diagnosed with or a suspected case of COVID-19 in the past 14 Yes/No Has anyone in your home or household been diagnosed with Covid-19 and advised to self-isolate or admitted to hospital 4. in the last 14 in relation to Covid-19. Yes/No 5. Have you been advised by a doctor to self-isolate at any time in the last 14days? Yes/No If Yes, why? 6. Have you been advised by a doctor to cocoon at this time? Yes / No If Yes, why? 7. Review all the "Very High Risk" and "High Risk" groups. HSE guidelines. Yes/No. If Yes, why? I wish to declare that my answers to the above questions are correct and that to my knowledge I have not been in contact with any person who has a possible or confirmed diagnosis with Covid-19 in the last 14 days nor have I been symptomatic in the last 14 days. I have no issues in relation to any of the above 7 questions. I consent to the above information been available for contact tracing and I agree to contact the clinic should I develop symptoms in the next 14 days. Therapist's Signature Patient's signature Yes _____ No ____ Signature. ___ I consider the treatment essential.

Patient and Clinician to sign the form when they attend the appointment.

Date and time of appointment.

I have been recording my temperature for the last 14 days and it has and is normal. Therapist question.

Appendix. 13. Sample Consent For	'm	
Clinic Name:	Therapist:	
Date of appointment:	Pre-screening via phone carried out YES / NO	
The clinic has undertaken IPC upd	ated in relation to COVID-19 as recommendations by HSE	
The current advice from the HSE (attps://www2.hse.ie/coronavirus is that COVID-19 is spread in sneeze	01
cough droplets. Transmission is there	efore possible by:	
Coming into close contact with	h someone who has the virus and is coughing or sneezing	
• Touching surfaces that someo	ne who has the virus has coughed or sneezed on and bringing your unwash	ıed
hands to your face (eyes, nose	, or mouth).	
Since your Pre-assessment phone ca	all have any of your answers changed to the questions posed. YES/N	10
However, current information suggest	sts that it can take up to 14 days for symptoms to appear and so we/I ha	ıve
put a number of procedures in place a	at our/my clinic to limit, as much as possible, the risk of transmission of	the
virus during your appointment.		
➤ I understand that there is a risk of fault of the clinic or the therapis Yes, I understand	f contracting COVID-19 as a result of attending [Clinic Name], through t.	nc
No		
 I agree that [Clinic Name] cannot I become infected. Yes, I agree 	ot accept responsibility or liability for the transmission of COVID-19, show	uld
No		
➤ I have read, understood, and acc	ept the terms of [Clinic Name] COVID-19 Clinic Policy and Procedures	s.
Yes, I accept these termsNo: Please outline what		
Patient's / Client's Signature:	Date:	
Theranist's Signature		

Appendix 14 Contact details



NUMBERS WHEN YOU NEED THEM -Help at your fingertips during COVID-19

If you are experiencing distress or worried about someone else please contact your GP, your Emergency Department or call the Samaritans for support on Freephone: 116 123 or email: jo@samaritans.ie

The YourMentalHealth.ie website provides information and signposting on all mental health supports and services that are available nationally & locally provided by the HSE and its funded partners. You can also call the freephone YourMentalHealth Information Line to find supports and services 1800 111 888 (any time, day or night). TO GET MORE INFORMATION ON GETTING THROUGH COVID-19 TOGETHER PLEASE VISIT: https://www.gov.ie/en/campaigns/together



Availability of services during COVID-19 circumstances

Dated: 20.04.20

Subject to change

EMERGENCY SERVICES Ambulance Service, Fire Service, Garda Siochana	Emergency Support	112 OR 999
EMERGENCY DEPARTMENT	Emergency Support	Naas: (045) 849 500 Portlaoise: (057) 862 1364 Tallaght: (01) 414 2000
GP - OUT OF HOURS SERVICES	Urgent out of hours GP Care	North Kildare Doc (Celbridge, Maynooth): 01 453 9333 KDoc (rest of Kildare and West Wicklow): 1890 599 362 Caredoc (South Wicklow): 0818 300 365
SAMARITANS	Emotional Support Service	Freephone: 116 123 (24/7) or email: jo@samaritans.ie
CRISIS TEXT LINE	Free, Confidential text line for anyone in crisis	Text TALK to 086 1800 280 (24/7)
PIETA HOUSE	Free therapeutic support for those in suicidal distress or those who engage in self harm	Helpline: 1800 804 848 Free (24/7) / Text HELP to 51444 (24 hrs) Ballyfermot: 01 6235606 / Lucan: 01 6010000 Dublin South: 01 4624792 / www.pietahouse.ie
CHILDLINE	Confidential line for children and young people	1800 666 666 Free (24/7) Text Talk to 50101 (Free) 10am-4am / www.childline.ie
WOMENS AID	Support for victims of domestic violence	Freephone Helpline: 1800 341 900 (24/7) / www.womensaid.ie
AWARE HELPLINE	Listening service for people with depression or those concerned about family or friends	1800 804 848 (10am-10pm) www.aware.ie
HSE - DRUG AND ALCOHOL LINE	Drug and Alcohol information and support	1800 459 459 (9.30am - 5.30pm)
MABS	Money Advice and Budgeting Service	Kilcock: 0761 07 2590 Email: kilcock@mabs.ie Newbridge: 0761 07 2600 Email: newbridge@mabs.ie / www.mabs.ie
GROW	Peer support groups for over 18s who may struggle with any aspect of their mental health	1890 474 474 www.grow.ie

An interactive online community where young people (16-25) are empowered with the information that they need to live active, happy, and healthy lives.

Peer support online, online support

live chats, supportive content. For parents and guardians: Live webinars, Peer to Peer content, online courses.

For an updated list of Mental Health Services during COVID-19 please visit www.hse.ie/coronavirus



16. Glossary

Aerosol-Generating Procedures (AGPs): Certain medical and patient care activities that can result in the release of airborne particles (aerosols). AGPs can create a risk of airborne transmission of infections that are usually only spread by droplet transmission.

Airborne Transmission: The spread of infection from one person to another by airborne particles (aerosols) containing infectious agents.

Airborne particles: Very small particles that may contain infectious agents. They can remain in the air for long periods of time and can be carried over long distances by air currents. Airborne particles can be released when a person coughs or sneezes, and during aerosol generating procedures (AGPs). "Droplet nuclei" are aerosols formed from the evaporation of larger droplet particles (see Droplet Transmission). Aerosols formed from droplet particles in this way behave as other aerosols.

Airborne precautions: Measures used to prevent, and control infections spread without necessarily having close patient contact via aerosols (less than or equal to $5\mu m$) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols can penetrate the respiratory system to the alveolar level.

BS/EN standards: Mandatory technical specifications created by either the British Standards Institute (BS) or European Standardisation Organisations (EN) in collaboration with government bodies, industry experts and trade associations. They aim to ensure the quality and safety of products, services, and systems.

Cohort area: An area (room, bay, ward) in which two or more patients (a cohort) with the same confirmed infection are placed. A cohort area should be physically separate from other patients.

Contact precautions: Measures used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of infection transmission.

Contact transmission: Contact transmission is the most common route of transmission and consists of two distinct types: direct contact and indirect contact. Direct transmission occurs when microorganisms are transmitted directly from an infectious individual to another individual without the involvement of another contaminated person or object (fomite). Indirect transmission occurs when microorganisms are transmitted from an infectious individual to another individual through a contaminated object or person (fomite) or person.

COVID-19: COVID-19 is a highly infectious respiratory disease caused by a novel coronavirus. The disease was discovered in China in December 2019 and has since spread around the world.

Droplet precautions: Measures used to prevent and control infections spread over short distances (at least 1 metre (3 feet) via droplets (greater than 5μm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

Droplet transmission: The spread of infection from one person to another by droplets containing infectious agents.

Eye/Face protection: Worn when there is a risk from splashing of secretion (including respiratory secretions), eye/face protection can be achieved by the use of any one of the following: a surgical mask with integrated visor; a full face visor/shield; or polycarbonate safety spectacles or equivalent;

FFP3: Respiratory protection that is worn over the nose and mouth designed to protect the wearer from inhaling hazardous substances, including airborne particles (aerosols). FFP stands for filtering face piece. There are three categories of FFP respirator: FFP1, FFP2 and FFP3. An FFP3 respirator provides the highest level of protection and is the only category of respirator legislated for use in UK healthcare settings.

Fluid-Resistant (Type IIR) Surgical Face Mask (FRSM): A disposable fluid-resistant mask worn over the nose and mouth to protect the mucous membranes of the wearer's nose and mouth from splashes and infectious droplets. FRSMs can also be used to protect patients. When recommended for infection control purposes a 'surgical face mask' typically denotes a fluid-resistant (Type IIR) surgical mask.

Fluid-resistant: A term applied to fabrics that resist liquid penetration, often used interchangeably with 'fluid-repellent' when describing the properties of protective clothing or equipment.

Frequently touched surfaces: Surfaces of the environment which are commonly touched/come into contact with human hands.

High Consequence Infectious Disease (HCID): In the UK, a high consequence infectious disease (HCID) is defined according to the following criteria: Acute infectious disease typically have a high case-fatality rate, may not have effective prophylaxis or treatment, often difficult to recognise and detect rapidly, ability to spread in the community and within healthcare settings, and requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely.

Healthcare/clinical waste: Waste produced as a result of healthcare activities for example soiled dressings, sharp items.

High risk units: Intensive care units, intensive therapy units and high dependency units.

Incubation period: The period between the infection of an individual by a pathogen and the manifestation of the illness or disease it causes.

Induction of sputum: Induction of sputum typically involves the administration of nebulised saline to moisten and loosen respiratory secretions, (this may be accompanied by chest physiotherapy (percussion and vibration)) to induce forceful coughing.

Infectious linen: Linen that has been used by a patient who is known or suspected to be infectious and/or linen that is contaminated with blood and/or other body fluids e.g. faeces.

Risk Groups

Very High risk includes:

The list of people in "Very High Risk" groups include people who:

- Are over 70 years of age even if you are fit and well.
- > Have had an organ transplant.
- Are undergoing active chemotherapy for cancer.
- Are having radical radiotherapy for lung cancer
- Have cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment.
- > Are having immunotherapy or other continuing antibody treatments for cancer.
- Are having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- Have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- > Severe respiratory conditions including cystic fibrosis, severe asthma, pulmonary fibrosis, lung fibrosis, interstitial lung disease and severe COPD
- ➤ Have a condition that means you have a very high risk of getting infections (such as SCID, homozygous sickle cell)

- Are taking medicine that makes you much more likely to get infections (such as high doses of steroids or immunosuppression therapies)
- ➤ Have a serious heart condition and you are pregnant?

High Risk:

- People over 60 years of age.
- ➤ Have a learning disability.
- Have a lung condition that is not severe (such as asthma, COPD, emphysema, or bronchitis).
- ➤ Have heart disease (such as heart failure).
- ➤ Have high blood pressure (hypertension).
- > Have diabetes.
- ➤ Have chronic kidney disease.
- ➤ Have liver disease (such as hepatitis).
- ➤ Have a medical condition that can affect your breathing.
- ➤ Have cancer.
- ➤ Have a weak immune system (immunosuppressed).
- ➤ Have cerebrovascular disease.
- Have a condition affecting your brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis, or cerebral palsy)
- Have a problem with your spleen or have had your spleen removed
- Have a condition that means you have a high risk of getting infections (such as HIV, lupus, or scleroderma)
- Are taking medicine that can affect your immune system (such as low doses of steroids)
- Are obese
- Are residents of nursing homes and other long-stay settings
- > Are in specialist disability care and are over 50 years of age or have an underlying health problem

https://www2.hse.ie/conditions/coronavirus/at-risk-groups.html

New and emerging viruses (including respiratory viruses): Centres for Disease Control and Prevention (CDC) defines emerging infectious diseases as:

- New infections resulting from changes in or evolution of existing organisms.
- ➤ Known infections spreading to new geographical areas or populations.
- Previously unrecognised infections appearing in areas undergoing ecological transformation.

➤ Old infections re-emerging as a result of antibiotic resistance in known agents or breakdown in public health measures.

Personal Protective Equipment (PPE): Equipment a person wears to protect themselves from risks to their health or safety, including exposure to infection agents.

The level of PPE required depends on: Suspected/known infectious agent; severity of the illness caused; transmission route of the infectious agent; and the procedure/task being undertaken.

Respiratory droplets: A small droplet, such as a particle of moisture released from the mouth during coughing, sneezing, or speaking.

Respiratory symptoms: 'Respiratory symptoms' include rhinorrhoea (runny nose); sore throat; cough; difficulty breathing or shortness of breath.

Segregation: Physically separating or isolating from other people.

SARS-CoV: Severe acute respiratory syndrome coronavirus, the virus responsible for the 2003 outbreak of human coronavirus disease.

SARS-CoV-2: Severe acute respiratory syndrome coronavirus 2, the virus responsible for the 2019 outbreak of COVID-19 disease.

Standard infection control precautions (SICPs): SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of an infectious agent from both recognised and unrecognised sources of infection. (The infection is not specified to a specific infectious agent)

Transmission based precautions: Additional precautions to be used in addition to SICPs when caring for patients with a known or suspected infection or colonisation. (The infection is not specified to a specific infectious agent

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