**COVID-19: GUIDANCE FOR HOMELESS SERVICE PROVIDERS IN NORTHERN IRELAND**Version 9

March 2022

**COVID-19: Key messages for providers of homeless hostels, refuges, day centres and shelters in Northern Ireland**

* **Co-ordination** between providers, NIHE, Trusts and the PHA/HSC is critical to the success of the strategy for saving lives by minimising COVID-19 transmission in the community in Northern Ireland
* **Workforce:** providers must work in **partnership** with others to make the best use of all available assets to ensure continuous and effective support for people who are homeless, with up-to-date training and/or guidance provided as appropriate.
* **“Hands. Face. Space”: wash your hands, cover your face, keep your distance.** Wash hands thoroughly with soap and water before and after entering hostel premises/rooms or use hand sanitiser– it is strongly recommended that you display guidance on hand washing <https://www.nidirect.gov.uk/articles/hand-hygiene>
* **Keeping indoor places well ventilated.** Evidence suggests that the virus is less likely to be passed on in well-ventilated buildings and outdoors.
* **Get Vaccinated**: Getting the COVID-19 vaccination is the best way to reduce your chances of becoming seriously unwell with COVID-19. Please see the following link for more information on how to get vaccinated: [Get a COVID-19 vaccination and booster in Northern Ireland | nidirect](https://www.nidirect.gov.uk/articles/get-covid-19-vaccination-and-booster-northern-ireland)
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# Introduction

This guidance sets out key messages to support planning and preparation as we continue to respond to COVID-19. This guidance may be updated in line with the changing situation. As this situation is rapidly changing the most up-to-date guidance can be found on the Public Health Agency and NI Direct websites:

<https://www.publichealth.hscni.net/covid-19-coronavirus>

<https://www.nidirect.gov.uk/campaigns/coronavirus-covid-19>

It is aimed at Homeless service providers, including hostels, refuges and shelters and there are important messages for hostel staff and residents. Homeless services provide a vital service to many of our most vulnerable citizens.

This guidance is in **parallel to the Northern Ireland Housing Executive (NIHE)** Contingency planning and **individual provider** contingency plans (<https://www.nihe.gov.uk/Housing-Help/Homelessness>) and Guidance for Supported Living Providers (<https://www.health-ni.gov.uk/publications/guidance-supported-living-providers>.) Providers should continue to review their continuity plans utilising PHA guidance to ensure compliance with the guidance and that core services are maintained as far as possible.

# What you need to know

A summary

* Hostels do not need to close under current restrictions, but early identification and management of cases and outbreaks of COVID-19 are vital to minimise spread and ensure service continuity
* The homeless population is likely to be at higher risk of severe outcomes from COVID-19 and less able to manage the risk of transmission of infection.
* Managers and staff should adhere strictly to these guidelines and follow appropriate measures wherever possible, and assess how to apply these to their service
* The most common symptoms of COVID-19 are:
	+ new continuous cough
	+ fever/high temperature (37.8 or above)
	+ loss or changed sense of normal smell or taste.
* Staff and service users with symptoms should be supported to isolate and [book a PCR test](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-testing).
* Positive cases and potential clusters/outbreaks should be notified to PHA Duty Room 0300 555 0119
* Staff, service users and visitors should be reminded to frequently wash their hands for 20 seconds using soap and hot water, or hand sanitiser where hand washing facilities are unavailable, and catch coughs and sneezes in tissues which should be immediately disposed of.
* Frequently clean and disinfect objects and surfaces that are touched regularly, using your standard cleaning products.
* Keep indoor places well ventilated. Evidence suggests that the virus is less likely to be passed on in well-ventilated buildings and outdoors.
* In instances where Service Users will not agree to self-isolate in accordance with the guidance, the provider organisation are advised to contact the NIHE & PHA/HSCB for advice and try to keep them isolated from others.
* Staffwill be eligible for statutory sick pay (SSP) when staying at home.
* Further details on these points are discussed in the rest of this document

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# Information on COVID-19

COVID-19 is an infectious disease caused by a coronavirus called SARS-CoV-2.

For most people, COVID-19 will be a mild illness however in some people it can lead to severe pneumonia, breathing difficulties, severe illness, ICU admission and death.

The homeless population is likely to be at higher risk of severe outcomes from COVID-19 and less able to manage the risk of transmission of infection. Managers and staff should follow appropriate measures wherever possible, including those on working safely during COVID-19 and the guidance for hotels and other guest accommodation.

Vaccinations continue to provide high levels of protection against symptomatic disease and hospitalisation and persons should be encouraged and supported to book: [Get a COVID-19 vaccination and booster in Northern Ireland | nidirect](https://www.nidirect.gov.uk/articles/get-covid-19-vaccination-and-booster-northern-ireland)

The government’s advice on social distancing and self-isolation during the COVID-19 pandemic may be challenging for people experiencing homelessness and rough sleeping.

Commissioners and providers should make an assessment on how their accommodation is able to meet current guidelines on social distancing, people who are vulnerable or clinically extremely vulnerable, and self-isolation and plan their response.

They should ensure that they have understood how they can apply guidance on case management and isolation to the hostel setting.

Hostel providers should ensure all residents and members of staff are familiar with social distancing, people who are clinically extremely vulnerable and self-isolation guidance and are supported to adhere to these guidelines.

Further guidance on ‘clinically extremely vulnerable’ persons can be found in the below section and here: [Coronavirus (COVID-19):  guidance for ‘clinically extremely vulnerable’ and ‘vulnerable’ people | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-guidance-clinically-extremely-vulnerable-and-vulnerable-people)

Everyone should follow these general principles to help prevent the spread of infections caused by COVID-19 and other respiratory viruses, including:

* Washing your hands frequently with soap and water for at least 20 seconds, or using hand sanitiser. This is especially important after blowing your nose, sneezing or coughing and, before you eat or handle food.
* Avoiding touching your eyes, nose, and mouth with unwashed hands.
* Covering your cough or sneeze with a tissue and then throw the tissue in a bin and then wash your hands or use hand sanitiser. If you do not have a tissue, cough or sneeze into the crook of your elbow, not onto your hands.
* Regularly cleaning and disinfecting frequently touched objects and surfaces in the hostel, such as door handles, handrails, table tops, and electronic devices (such as phones).
* The use of face coverings by residents and staff when in communal indoor spaces is advised, unless exempt for health, disability or other reasons.
* Providers should keep indoor places well ventilated. Evidence suggests that the virus is less likely to be passed on in well-ventilated buildings and outdoors. More information on ventilation and COVID-19 can be found here: <https://www.hseni.gov.uk/articles/ventilation-covid-19> and <https://www.gov.uk/government/publications/covid-19-ventilation-of-indoor-spaces-to-stop-the-spread-of-coronavirus>
* Commissioners and providers should work together to ensure that staff and residents are able to follow best practices and the most up-to-date guidance.

Hostels should implement daily monitoring of COVID-19 symptoms among residents and staff. Each resident should be assessed daily for:

* a high temperature
* a new, continuous cough
* a loss of, or change in, their normal sense of taste or smell (anosmia)

If any residents or staff have symptoms of COVID-19, they should immediately self-isolate and [book a PCR test](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-testing) (see COVID-19 testing).

If any residents or staff receive a positive PCR or lateral flow test, they should self-isolate and follow the relevant guidance contained here: [Coronavirus (COVID-19): self-isolating and close contacts | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts)

Anyone who is identified as a close contact of a positive case should follow the self-isolation and testing guidance, which, can be found here: [Coronavirus (COVID-19): self-isolating | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating)

**Vulnerable and Clinically Vulnerable Individuals**

For current guidance for those who are clinically vulnerable or clinically extremely vulnerable see definitions at: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-definitions-clinically-extremely-vulnerable-and-vulnerable> and guidance at <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-guidance-clinically-extremely-vulnerable-and-vulnerable-people>

# Important Definitions

**Household:** To use this guidance in local settings, homeless service providers will need to interpret the meaning of ‘household’ based on the set-up of their service. This will depend on the layout of the accommodation and how it is organised. It is important to determine the household structure of the hostel as part of prevention planning, before anyone in the hostel begins to display any symptoms of COVID-19.

In deciding what constitutes a household, the key factor is whether residents share living spaces, in particular: bathrooms, toilets, kitchens and sleeping space. Residents who share any of these should be considered as a ‘household’ for this guidance. In complex situations, hostels can seek advice from PHA duty room at 0300 555 0119.

**Possible case:** a service user or staff member who has at least one symptom of COVID-19 (for further details see link - [Coronavirus (COVID-19): testing | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-testing)):

* **A fever/high temperature –** this can mean the individual feels hot to touch on their chest or back, or a has a temperature of 37.8oC and above
* **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if the person usually has a cough, it may be worse than usual)
* **a loss or change to sense of smell or taste** – the person may be unable to smell or taste anything, or things smell or taste different to normal

**Confirmed case:** residents who have received a positive PCR or lateral flow test result for COVID-19.

**Close contact** (see link - [Coronavirus (COVID-19): self-isolating | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating))**:** a person who has been close to someone who has tested positive for COVID-19. You can be a close contact any time from 2 days before the person tested positive (i.e. the day they were swabbed) **or** from when the person developed their symptoms, and up to 10 days after. This is known as the person’s ‘infectious period’ i.e. when they are more likely to pass the infection on to others. A risk assessment may be undertaken to determine this, but a close contact can be:

* anyone who lives in the same household (see definition above) as another person who has COVID-19 symptoms or has tested positive for COVID-19
* anyone who has had any of the following types of contact with someone who has tested positive for COVID-19, even if face coverings were worn:
	+ face-to-face contact including being coughed on or having a face-to-face conversation within one metre
	+ been within one metre for one minute or longer without face-to-face contact
	+ skin-to-skin physical contact for any length of time
	+ sexual contacts
	+ been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
	+ travelled in the same vehicle or a plane

If an individual is identified as a close contact, they should be supported in following the appropriate self-isolation and testing guidance –which can be found here: [Coronavirus (COVID-19): self-isolating | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating)

**If you have a single confirmed case or multiple cases in service users and/or staff, or other urgent enquiries, the person in charge of the facility should contact the Public Health Agency (PHA) duty room at - 0300 555 0119 Mon – Fri 9am – 5pm, or first on call public health doctor via ambulance control 028 90 404045 out of hours - to complete a risk assessment, with input from the homeless nursing team, where available.**

* The PHA will provide advice and infection prevention & control guidance to the hostel. Once reported the Duty Room / hostel should contact NIHE SP and Homelessness to agree an approach/necessary action.
* The Public Health Agency has provided a point of contact for hostel providers: Deirdre Webb, Assistant Director of Public Health Nursing (**deirdre.webb@hscni.net**, phone: 07920186497).
* Advice from the PHA Contact Tracing service should also be followed with regard to isolation and testing of cases and contacts.

# COVID-19 Vaccination Programme

The COVID-19 vaccination & booster programme is currently being delivered via Trust vaccination sites, GP Practices and community pharmacies in Northern Ireland. The programme is based on the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI), an independent expert group. JCVI have recommended which groups should be prioritised to receive the vaccine.

Details of the programme, can be found at:

* <https://www.nidirect.gov.uk/articles/covid-19-vaccination-programme-northern-ireland>

For those who are eligible, the link to book a COVID-19 vaccine can be found at:

* [Get Vaccinated - COVID-19 (Coronavirus) Northern Ireland (hscni.net)](https://covid-19.hscni.net/get-vaccinated/)

Commonly asked questions regarding the vaccine can be found at:

* [COVID-19 Vaccination Programme questions and answers | HSC Public Health Agency (hscni.net)](https://www.publichealth.hscni.net/covid-19-coronavirus/northern-ireland-covid-19-vaccination-programme/covid-19-vaccination-programme)

**Service Users**

PHA have worked with partners in HSC Trusts and NIHE to develop a deliver a vaccination programme for all Service Users, any further vaccinations will be administered via outreach clinics

 More information on getting the COVID-19 vaccine in Northern Ireland is available at:

* <https://www.nidirect.gov.uk/articles/get-covid-19-vaccination-northern-ireland>

# COVID-19 Testing

**Testing for individuals with symptoms of COVID-19**

* Everyone in Northern Ireland with symptoms of coronavirus should self-isolate and book a PCR test. See following link for more information: [Coronavirus (COVID-19): testing | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-testing)

Anyone who tests positive on PCR or lateral flow test should follow the relevant NI Direct guidance below:

[Coronavirus (COVID-19): self-isolating and close contacts | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts)

Persons who are identified as close contacts of a positive case should follow the appropriate self-isolation and testing guidance which can be found here: [Coronavirus (COVID-19): self-isolating | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating)

See annex A for details of how to arrange COVID testing for service users.

**Routine asymptomatic staff testing**

Staff testing within supported living environments will help protect residents and staff, and is an important part of the national effort to tackle coronavirus. This information is for regular staff testing through the National Testing Programme where staff have no symptoms present.

Staff are requested to complete a once per week PCR test.

Anyone with new symptoms should self-isolate and book a test in via: <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/testing-covid-19>

See guidance on Coronavirus testing for staff in supported living settings for more information.

Testing of asymptomatic staff will be undertaken through the National Testing Programme managed by the Department of Health and Social Care (DHSC), England. DHSC will provide all supported living providers in Northern Ireland with a unique organisational identity code by email to enable providers to order test kits.

The aim is to identify cases of COVID-19 early to allow intervention to reduce the spread to other staff and service users.

Any positive cases should be reported to the Health Protection Duty Room at the PHA on 0300 555 0119 for a risk assessment to determine further action, including consideration of whole facility testing.

Staff who test positive for COVID-19 should not take part in the weekly routine asymptomatic PCR testing for 90 days. They should only be tested within 90 days if they develop new symptoms of COVID-19, as tests may be positive up to 90 days post infection due to remaining inactive viral material and does not necessarily indicate that they are infective.

Persons who test positive for COVID-19 should not use routine lateral flow tests for 21 days after testing positive. After this point they can begin using lateral flow tests again.

# COVID-19 and Travel

The latest NI Direct advice on and legal requirements for travellers should be followed – see link below for the most up-to-date guidance:

* [Travel advice and guidance | nidirect](https://www.nidirect.gov.uk/information-and-services/coronavirus-covid-19/travel-advice-and-guidance)

**N****IHE Referrals to Temporary Accommodation Services**

Temporary Accommodation Services should be aware that all service users who call the NIHE seeking homeless assistance are asked the following questions:

* + Have you (or anyone you live with) tested positive for COVID-19 on PCR or lateral flow test within the last 10 days? If so, when?
	+ Are you or any member of your household displaying any symptoms of COVID-19 (fever or high temperature, new continuous cough or loss of sense of taste or smell?)
	+ Have you been identified as close contact within the last 10 days and required to self-isolate?

Guidance for any confirmed cases and/or close contacts can be found here: [Coronavirus (COVID-19): self-isolating and close contacts | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts)

Where an individual is not displaying any symptoms or required to self-isolate then referrals to temporary accommodation are made in the normal way.  Each hostel facility will follow the normal guidelines and referral procedures as laid out by their individual organisations.

If the customer states that they are displaying symptoms of COVID-19 or are required to self-isolate, they are advised to follow Public Health Guidance on self-isolating and PCR testing should be arranged as soon as possible. This can be found here: [Coronavirus (COVID-19): self-isolating and close contacts | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts). Where it is identified that the customer cannot do this safely in their current accommodation and there is a need for temporary accommodation NIHE staff must contact the COVID-19 response team within the Housing Executive via the mailbox (**covid19homeless@nihe.gov.uk**) for advice on a suitable placement. NIHE staff are advised to contact this team on every occasion where an individual has reported displaying symptoms and requires temporary accommodation.

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# Management of suspected or confirmed COVID-19 cases in a hostel

***Staff***

If a member of staff becomes unwell with a new, continuous cough or a fever/high temperature or a loss or changed sense of normal smell and taste, they should be sent home to self-isolate and book a COVID-19 PCR test and follow the guidance contained at:

[Coronavirus (COVID-19): self-isolating and close contacts | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts).

Testing is recommended for all staff with any of the above symptoms. Staff should not go to work if they have any of the above symptoms. They should self-isolate at home and arrange for a COVID-19 PCR test.

If a member of staff tests positive on PCR or LFD test, even if they do not have any COVID-19 symptoms, they should enter self-isolation and follow the guidance contained on: [Coronavirus (COVID-19): self-isolating and close contacts | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts)

Persons should be 48 hours free of a fever before leaving isolation. Medical advice should be sought as appropriate although it should be noted that some mild symptoms such as cough and anosmia, can last several weeks after the initial infection.

Advice on self-isolation, including making self-isolation manageable and looking after mental health, is available at:

* <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating>

***Service Users***

Where a service user develops symptoms in a hostel at any point during their stay the hostel must arrange PCR testing for the individual and the individual should remain in isolation until the result is returned.

Any person who receives a positive PCR or LFD result should enter isolation and follow the relevant guidance contained at: [Coronavirus (COVID-19): self-isolating and close contacts | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts).

Persons should be 48 hours free of a fever before leaving isolation. Medical advice should be sought as appropriate although it should be noted that some mild symptoms such as cough and anosmia, can last several weeks after the initial infection.

Individuals identified as close contacts are now also eligible for testing & should follow the appropriate guidance found at: [Coronavirus (COVID-19): self-isolating | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating).

Hostels/refuges should use the reconfigured dedicated spaces for service users to self-isolate. If the hostel/refuge does not have a dedicated space available they should contact the NIHE.

In an emergency, call 999 if a service user is seriously ill or injured or their life is at risk **and ensure the emergency services are made aware the person has symptoms of/or has tested positive for COVID-19.**

If a member of staff has helped someone who was taken unwell with a new, continuous cough or a high temperature or a loss or changed sense of normal smell or taste, where social distancing could not be maintained, the member of staff may not be identified as a close contact if they have been wearing appropriate PPE with no breaches and adequate training in its use (See Appendix B). This decision is however subject to a risk assessment and further guidance can be found at: [Coronavirus (COVID-19): self-isolating and close contacts | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts). The PHA can also be contacted for further advice on this risk assessment. If isolation of close contacts is advised by the initial risk assessment or the PHA contact tracing service, this should be followed and facilitated.

Testing for the service user should be arranged as soon as possible. Close contacts should be identified by the above discussed risk assessment in line with the close contact definitions contained on the NI Direct page. The service user may also identify close contacts using the Contact Tracing self-reporting form. Any confirmed close contacts should follow appropriate guidance, which, can be found at: [Coronavirus (COVID-19): self-isolating | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating).

Testing close contacts helps to find asymptomatic cases, detect clusters and allows appropriate isolation advice to be given to reduce spread.

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# Use of shared spaces when individuals who live with others in hostels are required to self-isolate

If someone is in isolation with suspected COVID-19, they must not visit shared spaces such as kitchens, and sitting areas. It is recommended that a service user with a positive COVID-19 result has access to single person accommodation with a bathroom.

If there is not a bathroom for single use the bathroom should be cleaned and disinfected using your regular cleaning products before being used by anyone else. If a separate bathroom is not available, consideration should be given to drawing up a rota for washing or bathing, with the person who is unwell using the facilities last, before thoroughly cleaning the bathroom themselves (if they are able or it is appropriate, otherwise the provider will have to arrange appropriate cleaning).

If a service user has tested positive and is leaving the hostel the room should be thoroughly cleaned using a hypochlorite solution and should be checked afterwards to ensure cleaning was carried out to a an acceptable standard. There is no need to leave the room for 72 hours before use again.

A person who is in isolation should use separate body and hand towels from other people.

Meals should be served and delivered to the Service User and ensure appropriate cleaning thereafter. The Service User should avoid shared living, dining and kitchen spaces when other users are present.

Support the mental health of those who are self-isolating, for further information see link - [Coronavirus (COVID-19): taking care of your mental health and wellbeing | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-taking-care-your-mental-health-and-wellbeing). The latest Covid-19 graphic on self-isolation and Take 5 Covid-19 leaflet which promotes the importance of looking after mental health and wellbeing at this time is available here:

* <https://www.publichealth.hscni.net/publications/take-5-steps-wellbeing-looking-after-your-mental-health-during-coronavirus-covid-19>

# Individuals reluctant or refusing to self-isolate

There may be instances where asymptomatic service users will not follow guidance and advice and not self-isolate, presenting an ongoing risk of transmission to others. In this situation it is vital to try and ascertain their concerns and, where possible, to reassure and make appropriate arrangements to overcome these barriers. These concerns may include lack of access to food, washing and toileting facilities or medications, lack of understanding or support, or a lack of comprehension as to the implications. Every effort should be made to alleviate these concerns and provide support. If the service user refuses to self-isolate staff should report this to PSNI and seek their support and guidance, the PHA and NIHE can also provide advice. If consideration has to be given to the possibility of closing their placement this should be discussed firstly with senior management within your own organisation and with the NIHE.

For people who are sleeping rough and unwell with relevant symptoms, advice should be provided, and the offer of suitable accommodation sought. The Homeless Nursing Team will arrange to test the individual. If the result is positive the nurse will work with person who is sleeping outside and encourage him/her to seek appropriate accommodation.

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# Provision of Food

The Department for Communities will continue to work with Councils, Health Trusts and the Voluntary and Community sector to inform approaches in supporting those facing food insecurity. These groups include vulnerable children and families who are entitled to free school meals and the wider group of vulnerable people in society who may struggle to get access to food supplies. Our work with FareShare, a national network of charitable food redistributors, will help to deliver an increased supply of food to community food providers. For those who need help they should contact the COVID 19 Community Helpline where an advisor will match them with local help and support that meets their needs going forward. COVID 19 Community Helpline 0808 802 0020, text ACTION to 81025, or email covid19@adviceni.net or visit [www.adviceni.net/coronavirus](http://www.adviceni.net/coronavirus)

# Dispensing of medication and supply of essential medical supplies and provision of alcohol

There are particular issues for consideration in relation to COVID-19 for people who are currently:

* + Experiencing homelessness (living in a hostel environment or experiencing rough sleeping and accessing outreach services) or;
	+ Experiencing homelessness **and** drug and alcohol use.

This information and guidance should only be applied in the event of a service user being required to self-isolate or in the event of service restrictions / closures resulting from COVID-19.

Such measures may require ongoing workforce planning and the direction of resources from non-essential services in order to facilitate ongoing continuity of essential services.

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# Continuity of OST Supervised Consumption Services

As of 30 April 2020, higher risk patients identified by addiction teams, will be provided with a supervision service where it is possible to do so safely. There may be issues with the choice of pharmacy as not all pharmacies can provide the service due to the challenges in respect of social distancing. Addiction services have been asked to identify high risk patients. The expectation would be that the pharmacy would contact the local Community Addiction team to discuss the arrangements for individual service users.

When new prescriptions are being issued by treatment services they will risk assess each individual and where possible will reduce frequency of supply in order to maximise social distancing, e.g. moving from daily to weekly or twice-weekly dispensing. Consideration should be given to mitigations that reduce risk of misuse, overdose or diversion, such as hostel staff holding medicines, pharmacy delivery of medicines if available, use of lockable safe storage boxes.

HSCB has agreed with CPNI the inclusion of oromucosal buprenorphine (Espranor®) on the list of Substitute Prescribing medications that may be prescribed by addiction services and dispensed via community pharmacy. Patient Information Leaflets were sent out to Trust Addictions services, GP substitute prescribers and community pharmacies. Further information on Espranor® is available on the BSO website:

<http://www.hscbusiness.hscni.net/services/3143.htm>

A number of clients are also being offered depot buprenorphine injection. Treatment is intended for use in adults and adolescents aged 16 years or over. Use is restricted to patients in whom methadone is not suitable and for whom the use of buprenorphine is considered appropriate. In Northern Ireland Buvidal® is accepted for use by specialist addiction services only. It will be vital to ensure that regular contact is maintained with all service users to provide relevant support and to check on physical and mental health and wellbeing regardless of treatment regime.

# Where alcohol and/or drug service users are considered possible cases and required to self-isolate

All service users should be informed that, in the event they are identified as a possible or confirmed case and required to self-isolate, they should inform their key worker/prescribing service as soon as possible.

Upon notification that an OST service user has been required to self-isolate, the

Community Addiction Team should aim to undertake an immediate review and risk assessment of the individual’s clinical need in line with clinical guidelines and governance processes. The four bullet points below are what is expected of the treatment service and for information only to homeless providers:

* If relevant, formal planning arrangements need to be in place in advance

of delivery of prescription.

* A daily telephone contact needs to be established with the individual.

Where possible, video-observed consumption via smartphone apps, e.g.

Facetime, WhatsApp, etc. should be undertaken daily and consumption

recorded by the service.

* Where this option is not available, self-reported

consumption via a daily telephone call must be documented.

* The individual should be supplied/re-supplied with Take Home Naloxone

(THN) kits by treatment providers or Low Threshold Services. Individuals

should be encouraged to store THN kits in a visible and accessible

location for others to find in the event of an emergency, but this must be

out of reach of children.

In the event that more than one service user is required to self–isolate at the same time within homeless accommodation, arrangements will be made by the HSCT Community Addiction Team to ensure medication is provided to the service user in their place of residence.

HSCT Community Addiction Teams will inform homeless providers of local contingency arrangements for the provision of medication during out of hours, weekend and public holiday periods.

# In the event of service restrictions or closures

In the event of restrictions or closures of any service providing pharmacological interventions via supervised consumption (e.g. a community pharmacy), that service is required to inform the HSCB with immediate effect. At that point alternative arrangements should be made in line with local service continuity mechanisms to ensure service is resumed as soon as possible. Notice of nearby alternative services should be indicated clearly on the door of closed services. All services should now have contingency and emergency plans in place for continuity of key services.

All services users affected by service restrictions or closures to a community pharmacy should be provided with sufficient notice of alternative dispensing arrangements. Such notices should take into consideration any potential issues in relation to literacy and communication needs.

# Where service users become symptomatic and are required to self-isolate

Upon notification that a service user has been required to self-isolate, homeless services should make the Community Addiction Team and the service user’s usual community pharmacy aware of this.

Where possible arrangements will be agreed between Community Addiction Teams and the community pharmacy for home delivery of prescribed medication in line with the individual’s risk assessment and clinical need. In such an event, mechanisms should be established for telephone contact between the community pharmacy and self-isolated individuals during the morning of the day of delivery.

Substance misuse services should ensure all individuals provided with take-home / non-supervised medication are issued with information and guidance on safe storage, and supplied with THN kits. Individuals should be encouraged to store THN kits in a visible and accessible location for others to find in the event of an emergency. The storage of the THN kits must be out of reach of children.

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# In the event of Service Restrictions or Closures

In the event of restrictions or closures of any community pharmacy dispensing service providing non-supervised pharmacological interventions, the service is required to inform HSCB with immediate effect. Upon which alternative arrangements should be made in line with local service continuity mechanisms to ensure service is resumed as soon as possible.

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# Maintaining Continuity of Harm Reduction interventions including Needle and Syringe Exchange Services (NSES) and Take-Home Naloxone (THN) provision

The following section aims to provide information and guidance to substance misuse services and community pharmacies to ensure continuity of harm reduction interventions including Needle and Syringe Exchange Services (NSES) and Take-Home Naloxone (THN). The guidance should only be applied in the event of a service user being required to self-isolate, or in the event of service restrictions / closures resulting from COVID-19.

Such measures may require ongoing workforce planning and the direction of resources from non-essential services in order to facilitate ongoing continuity of essential services.

# Preparation for NSES Stock Shortages and Delivery Disruptions

Service delivery should continue to be in line with local and national clinical guidance. The quantity of injecting equipment should be sufficient to meet individual service user needs i.e. to achieve at least 100% coverage (clean equipment for each injecting event allowing for missed hits) and not subject to any restrictions or arbitrary limits. Community pharmacies and other NSES providers have the ability to increase the volume of NSES equipment distributed to service users as required. They may wish to consider:

* + More outreach and peer-to-peer supply with appropriate social distancing;
	+ Allowing others to collect equipment for someone or for general peer-to-peer distribution; and
	+ Exploring other options such as posting supplies.

Service providing NSES are encouraged to routinely monitor and maintain stock levels to account for unexpected surges in distribution and interruptions in delivery schedules.

Where possible, individuals attending NSES should be encouraged to plan in the event of self-isolation and ensure they maintain sufficient paraphernalia to last 10 days in line with their injecting needs.

The HSCB Pharmacy and Medicines Management Team is monitoring the pharmacies and will update the Public Health Agency (PHA), as the commissioners of the service, if there are any issues in relation to NSES.

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# Where service users are considered possible cases and required to self-isolate

Where known injecting service users have been required to self-isolate, arrangements should be made alongside local outreach services for home delivery of injecting paraphernalia (including sharps disposal bins). A list of these services can be found at: <http://services.drugsandalcoholni.info/treatment-support?f%5B0%5D=field_treatment_and_support_serv%3A112&page=2>

Services should ensure all individuals are issued with drug poisoning prevention advice, and where required supplied with additional THN kits by treatment providers or Low Threshold Services. Individuals should be encouraged to store take home naloxone in a visible and accessible location for others to find in the event of an emergency.

It is essential that self-isolating individuals should be encouraged to place any needles and syringes in a sharps container and store in a safe location until it is possible to return to pharmacy for safe disposal – taking account of risk.

In respect of THN, service users isolating will have less contact with services. It may therefore be advisable to increase the number of packs that can be provided to service users where the service provider considers this might be more appropriate. If a service users is isolating , staff should ensure that the service users has meals and access to essential medications .They should check on their wellbeing several times a day by phone. They should only enter the service user’s room with appropriate PPE (mask, apron and gloves. A Visor is only required if there is a risk of splashing).

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# Individuals collecting NSES paraphernalia items on behalf of those self-isolating

Individuals collecting NSES paraphernalia items on behalf of those who have been advised to self-isolate should not be discouraged or limited from supply. Individuals should be reminded and discouraged from face-to-face contact with the isolated individual when delivering NSES items. They should also keep a safe distance, avoid touching potentially contaminated surfaces e.g. doorbells – instead posting the items through the letterbox or leaving in a bag on the doorstep if it is safe and not accessible by children, pets etc.

Individuals collecting paraphernalia for others should be discouraged from collecting and returning used NSES paraphernalia / sharps containers on behalf of those required to self-isolate. Instead self-isolating individuals should be encouraged to place any needles and syringes in a sharps container and store in a safe location until it is possible to return to a pharmacy for safe disposal.

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# In the event of Service Restrictions or Closures

In the event of restrictions or closures on any provider of NSES or THN programme, the service is required to inform the HSCB and the PHA with immediate effect. Upon which alternative arrangements should be made in line with local service continuity mechanisms to ensure service is resumed as soon as possible.

All services users affected by service restrictions or closures should be provided with sufficient notice of alternative arrangements. Such notices should take into consideration any potential issues in relation to literacy and communication needs. Homelessness service providers should be proactive in identifying the prescribing and dispensing services, making them aware of the need the homelessness service has of being promptly informed of any such alternative arrangements.

Extern is delivering the community-based needle exchange as an outreach service in Belfast, and the Belfast Social Inclusion Hub is another alternative provider. Low Threshold Services, particularly in other localities outside of Belfast, may need to be more proactive in relation to outreach delivery of needle exchange. These services are available in each of the 5 Trust areas from: <http://services.drugsandalcoholni.info/treatment-support/>

# Specialist Harm Reduction Advice to provide to Service Users

Services working with individuals actively using substances should ensure effective communication of advice in order to prevent COVID-19 infection, and continue to minimise substance related harms. Such advice should include and not be limited to:

* + Hygiene practices e.g. hand and site washing, cleaning surfaces before and after preparing drugs;
	+ Avoiding sharing alcohol and drug consumption equipment, including drinking vessels, pipes, bongs, vapes, joints, snorting tubes, and injecting equipment etc.;
	+ Ensuring Take-Home Naloxone is available and stored in an accessible location;
	+ Advice on not injecting alone due to risk of overdose – inject in the presence of others but not close contact – remain at least 2 metres away; and
	+ Identifying treatment, care and other ways to manage withdrawal symptoms if required to self-isolate.

Individuals who are in contact with substance misuse services or homeless services and who are sex-working should be advised that COVID-19 can be transmitted by close contact including kissing, coughing, etc. Close and direct contact should be avoided with anyone with respiratory symptoms.

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# Collection of Prescription from pharmacy

Collection of medicines from the pharmacy is the preferred option at this time, given the massive increase in demand for pharmacy delivery services and the need to ensure deliveries are made only to those patients who do not have anyone available to visit the pharmacy to collect their medicines.

In general, the service user should collect the controlled drug in person. If he or she is unable to collect the medication personally and there is no delivery service available, the service user is permitted to arrange for a representative to collect it. The representative should bring a suitable note on each occasion to ensure they have authority to collect. The pharmacist should be convinced beyond reasonable doubt that the note is valid and may wish to perform further due diligence checks to ensure validity.

Someone who is transferring, with permission, a controlled drug to another person who is lawfully allowed to have it in his or her possession is permitted to be in possession of that controlled drug. This permission may be granted by the person authorised to possess and should be in writing.

# Cleaning and waste

Wash your hands thoroughly with soap and water before and after entering hostel premises/rooms or use hand gel – it is strongly recommended that you display guidance on hand washing techniques (<https://www.nidirect.gov.uk/articles/hand-hygiene>) in areas where there are wash basins, if this has not already been done, and that the “[Catch it, Bin it, Kill it](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf)” advice is displayed prominently in the hostel.

If workers undertake cleaning duties, they should use usual household products, for example detergents and bleach, as these will be very effective at getting rid of the virus on surfaces.

Clean frequently touched surfaces (e.g. door handles, light switches, phones, computers, kettles). Personal waste and cleaning cloths should be disposed of in the usual household waste bin.

Personal waste from symptomatic and confirmed cases should be put in a plastic rubbish bag, tied when full, then placed in a second bin bag and tied. This should be put in a suitable and secure place and marked for storage until the individual test results are known (if symptomatic) or for at least 72 hours (if confirmed). With a negative test result, this waste can be disposed of immediately with normal waste but in confirmed COVID-19 waste should only be disposed with normal waste after 72 hours. Waste should NOT be left unsupervised awaiting collection.

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will place your bags in orange infectious healthcare waste bags for appropriate treatment. This waste should be kept separate from other waste.

If a Service User has tested positive and is leaving the hostel the room should be thoroughly cleaned using a hypochlorite solution and should be checked following that it is undertaken to a good standard. There is no need to leave the room for 72 hours before use again.

Above guidance taken from: [COVID-19: cleaning in non-healthcare settings outside the home - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings)

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# Laundry

If hostel workers assist the individual with laundry, then they should not shake dirty laundry. This minimises the possibility of dispersing virus through the air.

Wash items as appropriate, in accordance with the manufacturer’s instructions. Use the warmest water setting and dry items completely. If providers do not provide support with laundry, they should provide laundry advice to residents, in line with this guidance.

Dirty laundry that has been in contact with an ill person can be washed with other people’s items. If the provider does not provide support with laundry or there is no access to a washing machine, wait a further 72 hours after the 10-day isolation period before washing the laundry. The laundry can then be taken to a public laundry facility.

Items heavily soiled with body fluids, for example vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner’s consent.

Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

# Maintaining other supplies

Hostel providers should already have contingency plans in place, having worked with their usual suppliers, to secure, in so far as it is possible to do so, long-term supplies of food, bed linen and other essential supplies.

# Staff Training

It is strongly recommended that all staff, including volunteers and temporary staff, at hostels receive training and/or guidance on infection prevention and control (IPC) and use of personal protective equipment (PPE).

The Northern Ireland Social Care Council has published a [free resource](https://learningzone.niscc.info/learning-resources/96/supporting-good-infection-control) on its learning zone on infection control and hand hygiene: <https://learningzone.niscc.info/learning-resources/96/supporting-good-infection-control/>

Hostel accommodation providers should ensure that all domestic and catering staff have received up-to-date training and/or guidance on infection control in the context of food preparation and service and cleaning.

**Visits to hostels**

There may be periods when visiting may be restricted to hostels, ie in the events of an outbreak. Recognising that visitors can be important for the well-being of residents, regional guidance on visiting should be followed, and appropriate measures followed including good hand and respiratory hygiene and face coverings/masks should be encouraged.

A hostel/refuge may not have the space to allow additional guests, to allow sufficient social distancing Hostels/refuges will need to do a risk assessment and estimate the numbers of visitors that can be on the premises at any one time.

Relevant Health and Social Care professionals must continue to have access to residents where they need to in order to carry out any necessary assessments or deliver care.

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# Personal Protective Equipment

UK wide Personal Protective Equipment (PPE) guidance for health and social care workers was, and has been endorsed by the Department of Health in Northern Ireland. The guidance is available at: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

The best protection for prevention and control of spread of any illness is regular hand washing and social distancing. PPE is only required in settings where direct contact with persons with confirmed or suspected COVID-19 can be not be avoided.

Details on appropriate use of PPE and disposal at **Annex B.**

The NIHE has commenced delivery of PPE for those SP or Homelessness services, which are solely funded by Supporting People or NIHE Homelessness, (i.e. those services which are not in receipt of Health and Social Care funding). This process will apply to non HSC funded services only and Providers will be asked to confirm that PPE is sought on that basis. Providers of services were asked to complete Supply Agreements depending on their funding stream (SP or Homelessness) which specify conditions of the arrangements to be adhered to. PPE order forms and three month rolling forecast forms were shared with Providers on Wednesday 17th June (SP Services) and Friday 23rd October (Homelessness Funded Services).

Providers are asked to submit PPE orders and 3 month rolling forecasts at the start of each month, with delivery to the Provider taking place within 2 weeks. SP are monitoring the stock levels of PPE items and will use the 3 month rolling forecast information to enable additional orders to be placed with PPE suppliers in advance of anticipated need.

**Annex A - COVID-19 Testing Procedures**

Everyone in Northern Ireland with symptoms of coronavirus is now eligible for testing.

Everyone can now get tested if you have:

* a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature); OR
* a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual); OR
* a loss of or change in sense of smell or taste.
* been advised to get tested as a close contact of a COVID-19 case

See <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-overview-and-advice> and <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts> for further details.

Those who are identified as a close contact of a positive case should follow the relevant guidance found at the following link: [Coronavirus (COVID-19): self-isolating and close contacts | nidirect](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts)

Service User Testing is available 7 days, points of contact are:

**Belfast Area** Homeless Inclusion Hub - 02895043535

**Western Area** Michelle Doyle - 07786197628

**Southern Area** Deirdre Webb - 07920186497

**Northern Area** Deirdre Webb - 07920186497

**South Eastern Area** Deirdre Webb-07920186497

**Key Worker Testing**

Testing for all symptomatic individuals, in Northern Ireland can be booked at <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/testing-covid-19> or through <https://www.gov.uk/get-coronavirus-test> for suspected cases occurring outside of working hours for area points of contacts.

Testing under the UK programme in Northern Ireland is currently conducted in drive-through sites, mobile testing units and walk through sites operating as below. Home test kits can also be ordered. The testing sites are subject to change (particularly mobile testing units) so check: <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/testing-covid-19> for the most up-to-date information.

**Clusters or Outbreaks**

Confirmed cases and suspected clusters/outbreaks in staff or service users should be notified to PHA on 0300 555 0119 Mon – Friday 9am – 5pm or the on-call Public Health doctor via ambulance control on 028 90 40 40 45. The PHA risk assessment will determine the need for isolation and whole facility testing, and IPC and isolation advice will be provided.

**Annex B - Personal Protective Equipment**

Please see: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

**Using personal protective equipment (PPE) appropriately**

PPE is only needed in a very small number of cases. These are:

* if you have to work with a person with possible/confirmed COVID-19
* if you have to work with a person within 2m who has a fever/high temperature and/or new continuous cough and/or loss of taste/smell
* if you have to work with a person within 2m who is awaiting testing for COVID-19

Reference to PPE in the following situations means:

* **fluid-resistant** surgical face masks
* **single use** disposable gloves
* **single use** disposable plastic aprons
* eye protection (for example a face visor or goggles) based on risk assessment

Where PPE is recommended, this means that:

* a facemask should be worn if a distance of 2m cannot be maintained from someone with symptoms of COVID-19
* if contact is necessary, gloves, an apron and a facemask should be worn
* if a risk assessment determines that there is a risk of fluids entering the eye (e.g. from coughing, spitting or vomiting), eye protection should also be worn.

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on [donning (putting on) and doffing (taking off) PPE safely](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures) to reduce the risk of contamination. All staff should be formally trained in the donning and doffing of PPE.

**Face masks**:

* MUST cover both nose and mouth
* MUST be changed when they become moist or damaged
* MUST be worn once and then discarded - hands must be cleaned after disposal
* MUST NOT be allowed to dangle around the neck
* MUST NOT be touched once put on, except when carefully removed before disposal

Watch the following clips:

* Click [**here**](https://www.youtube.com/watch?v=2QJc4BqoL1g) to see video from the Chief Nursing Officer on PPE
* Click [**here**](https://www.youtube.com/watch?v=axxKOEF_ehs) to see PPE for Domiciliary Care video
* Click [**here**](https://www.youtube.com/watch?v=NO-rlTZDb60) to see video on donning and doffing

For further details please see:

<https://www.gov.uk/government/publications/personal-protective-equipment-ppe-illustrated-guide-for-community-and-social-care-settings>

**How should PPE and face coverings be disposed of?**

PPE should be removed in a specific order that minimises the potential for cross-contamination. The order of removal of PPE should be:

1. Peel off gloves and dispose of in clinical waste
2. Perform hand hygiene, by handwashing with soap and water, or using alcohol gel
3. Remove apron by folding in on itself and place in a clinical waste bin
4. Remove goggles or visor only by the headband or sides and dispose of in clinical waste
5. Remove fluid repellent surgical face mask from behind and dispose in clinical waste
6. Perform hand hygiene

All used PPE must be disposed of as waste. Scrupulous hand hygiene is essential to reduce cross-contamination. Coronaviruses can be killed by alcohol hand gel and most disinfectants. For further information on donning and doffing see clip below:

Click [**here**](https://www.youtube.com/watch?v=NO-rlTZDb60) to see video on donning and doffing

Used PPE and any disposable face coverings should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of COVID-19.

For further information please see: <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

**Any homemade non-disposable face coverings that staff or children or service user are wearing when they arrive at their setting must be removed by the wearer and placed into a plastic bag that the wearer has brought with them in order to take the face covering home. Masks must be removed carefully to avoid contact with the front of the mask.**

**HAND HYGIENE IS ESSENTIAL IMMEDIATELY**

**FOLLOWING REMOVAL OF THE MASK**

# Annex C - Useful Resources

NI Direct:

* Main COVID-19 homepage: <https://www.nidirect.gov.uk/campaigns/coronavirus-covid-19>
* COVID-19 vaccine programme: <https://www.nidirect.gov.uk/articles/get-covid-19-vaccination-northern-ireland>
* Staying safe: <https://www.nidirect.gov.uk/information-and-services/coronavirus-covid-19/staying-safe>
* Information videos: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-information-videos>
* Travel advice: <https://www.nidirect.gov.uk/information-and-services/coronavirus-covid-19/travel-advice-and-guidance>

Advice on How to Stay Safe and Prevent the Spread: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-how-stay-safe-and-help-prevent-spread>

**Public Health Agency NI**

* Main COVID-19 home page: <https://www.publichealth.hscni.net/covid-19-coronavirus>
* COVID-19 publications and resources: <https://www.publichealth.hscni.net/publications?keys=covid>
* COVID-19 vaccine including resources and FAQs: <https://www.publichealth.hscni.net/covid-19-coronavirus/northern-ireland-covid-19-vaccination-programme> - FAQs at <https://www.publichealth.hscni.net/covid-19-coronavirus/northern-ireland-covid-19-vaccination-programme/covid-19-vaccination-programme>
* Advice on car sharing: <https://www.publichealth.hscni.net/publications/advice-car-sharing-english-and-translations>