

ICGP National Meetings/Webinars COVID-19

Update 15

- ▶ 3rd June 2020
- ▶ 8:00 pm



Covid-19 & Marginalised Groups

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MICGP



Figures for marginalised groups

- ▶ May 20th 2020
- ▶ Travelling Community - 46 cases, 2 hospitalised
- ▶ Direct Provision - 171 cases, 14 hospitalised
- ▶ Homeless - 20 cases, 5 hospitalised
- ▶ Roma - 22 cases, 7 hospitalised, 4 deaths



Four main points

- ▶ Public health messaging
- ▶ Isolation
- ▶ Testing
- ▶ Assessment hubs



Public health messaging

**冠状病毒
COVID-19**

Coronavirus
COVID-19
Public Health
Advice

可预防冠状病毒

- 洗手
- 咳嗽或打喷嚏时掩盖嘴部
- 避免触碰面部
- 保持表面清洁
- 停止握手和拥抱
- 保持安全距离

病毒经喷嚏和咳嗽产生的飞沫传播,因此经常采用上述方法,可降低病毒的传播机会。

浏览 **HSE.ie**
获取最新的信息和建议
或致电 1850 24 1850

预防冠状病毒。
关键在双手,预防非难事。

Covid 19 World Service English FOR FAVOR ASSISTA شاهد رجاءا - Watch later Share

PLEASE WATCH

COVID 19 WORLD SERVICE

Covid19@nascireland.org Covid 19 World Service



Public health messaging

Coronavirus COVID-19

Coronavirus COVID-19 Public Health Advice

Drug overdose and Coronavirus (COVID-19)

It's an extra risky time. It's safer not to use drugs at all.

There are new risks during the COVID-19 pandemic. Changes to the drug market could increase your overdose risk.

-  You are at greater risk of drug overdose if you have COVID-19.
-  **Avoid using more than one drug at a time:** this includes using with alcohol and prescription medication like methadone or benzodiazepines.
-  You can't be sure of the contents of drugs or how you will react: tablets not prescribed to you are also a risk.
-  **Tolerance:** not taking drugs for a space of time and starting again could lead to overdose.
-  Changing the type of drugs you use or using new drugs increases your risk of overdose.
-  **Think about Opioid Substitution Treatment.** This could help you manage your use and reduce overdose. Call your local HSE Drug and Alcohol service for further information.
-  **Using alone or in isolation is dangerous:** let someone know.
-  **Start very low and go very slow** and leave at least two hours before using more.
-  **Get Naloxone** for you or a friend. This could save your life.

Don't be afraid to get help if you or a friend becomes unwell after using drugs. It's important you get medical support as soon as possible by calling 999 or 112

The HSE Drug and Alcohol Helpline is available Monday-Friday 9:30 am-5:30 pm on 1800 459 459 for information and support

DRUGS.ie
Drug and Alcohol Information and Support

  **Riádas na hÉireann**
Government of Ireland

Coronavirus COVID-19

Coronavirus COVID-19 Public Health Advice

Harm reduction advice for people who use drugs

It's always safer not to use drugs, but if you do, reduce the harm

-  You are at risk of serious illness from the coronavirus.
-  Be mindful of your mental health during this worrying time.
-  Wash your hands and clean surfaces and equipment before and after drug use to protect yourself.
-  Stay indoors as much as possible and limit your contact with other people.
-  Don't share drugs or equipment as this can spread infection.
-  Keep in touch with family, friends and healthcare workers.
-  Make arrangements to get your regular supply of opioid treatment or contact your GP to begin treatment.
-  If you have a high temperature, breathing difficulties, shortness of breath or a cough, phone your GP and self-isolate by avoiding all contact with other people.
-  Reduce the risk of overdose by limiting your drug use, not mixing drugs and carrying a supply of Naloxone.

Visit [hse.ie](https://www.hse.ie) and [drugs.ie](https://www.drugs.ie) for updated factual information and advice or call 1850 24 1850.

Protection from coronavirus.
It's in our hands.

   **Riádas na hÉireann**
Government of Ireland



Isolation

- ▶ May be:
 - ▶ Asymptomatic contacts
 - ▶ Symptomatic and waiting on swab or swab result
 - ▶ COVID-19 positive with/without symptoms but not requiring hospital
- ▶ Supported isolation may be needed if:
 - ▶ No capacity for isolation in current accommodation
 - ▶ COVID-19 positive, but no longer requires hospital or are unable to return to their original accommodation
 - ▶ Nowhere else to go



Isolation

Appendix 1- Isolation Facility Referral Form

HSE Mid West Community Healthcare	HSE Mid-West COVID 19 Isolation Facility Referral Form All correspondence should be sent to isolationmidwest@hse.ie Tel: 061 483594
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Following Receipt for Referral and Request from Designated Contact Person this referral will be triaged by Isolation Facility Project Team and Designated Contact Person (Please Complete in Block Capitals)

Client Name			
Address:			
		DOB(DD/MM/YYYY) / /	
		Gender	
Tel/Mobile #		Consent sharing information and referral to isolation facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOK/ Designated Representative		GP Name	
		Medical Card Number	
Notified of Transfer		Address	
Tel / Mobile #		Tel #	
Referral Source		Assessment Hub	
Acute <input type="checkbox"/> Yes		Public Health <input type="checkbox"/> Yes	
GP <input type="checkbox"/> Yes		Other <input type="checkbox"/> Yes	
If Other referral source please specify			
If facilitating hospital discharge, date of discharge		(DD/MM/YYYY) / /	

Covid 19 Status Please be specific - Requested to Self Isolate- no test - Requested to Self- Isolate while waiting for testing - Awaiting Test Results - Test Results	How many days is isolation required?
Reason for Referral Please be specific and advise of any cultural or other considerations required	

Relevant History e.g. Primary diagnosis, Medical History, Cognitive Function,	
Other medical conditions +/- Infection Control Issues	If Known, please circle HCAI, MDRO, BBV2 STATUS, Influenza, Norovirus, Hep B, Hep C, HIV, C Diff, MRSA, CPE, VRE, KPC
Medications Including O2 requirements	
Allergies	
Social Circumstances	Live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No With whom Language
Mobility Issues	Please outline: Independent ;Supervision Assistance x 1; Assistance x 2;Immobile/Wheelchair Standing Hoist; Full Hoist; Mechanical Aids, Walking frame
Other professionals involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know (if "yes" provide name & contact details)	
Advanced Health Care Plan/Directive yes/no End of Life Care Plan dated and signed Active safeguarding concerns yes/no. If yes attach safe guarding supporting document/brief outline	

Referred by	Name / Title	Date	/ /
	Signature	Tel#	
Email Address:			



Testing

- ▶ Flexibility of testing
- ▶ Remember, finding suitable place to isolate is key first step
- ▶ If in residential setting or supported isolation unit - can arrange testing there via mobile test unit, or can contact local HSE SI or Safetynet (Dublin) to see if testing available
- ▶ Results via mobile phone
- ▶ Contact tracing via mobile phone



Covid-19 Testing Form



Patient Name: mary test **Hospital:** Covid 19 Testing Service
Date of Birth: 01/01/2001 (Age: 19 years) **Clinic:** Covid-19 Testing Service
Gender: Female
Pregnancy Status: Not pregnant
Patient's Mobile:* **Patient's own number?*** Yes No

Please note: 'Patient's GP' details are required when you, the referrer, are not the patient's GP. Follow-up reports will be returned to the selected GP. Otherwise, results will be returned to you.

Patient's GP:

GP Telephone:* (preferably mobile)

Referral Category:*

- General Covid-19 Test
- Healthcare Worker
- Close Contact of Confirmed Case
- At Risk Group

Covid-19 Symptomatic:* Yes No

Date of Last Test: (where applicable)

Transport:*

- Transport available
- No transport available
- Unable to travel for medical reasons
- Unable to travel for personal reasons

Print

NATIONAL GENERAL REFERRAL FORM

Patient Details

Patient Name: **Sex:**
Date of Birth:

Hospital Type:* Public Private

Hospital:
Hospital Unit:

HealthLink Patients

First Name: **Family Name:**
Date of Birth: **MRN:**

Drag a column header here to group by that column.

First Name	Last Name	DOB	Sex	Add. 1	Add. 2	Add. 3	Add. 4	MRN

Reason For Referral

Previous Hospital Attendance:
Referral Priority:*

Preferred Consultant: Surname: Firstname:
Reason For Referral / Anticipated outcome: *

Assessment Hub



HF
Inchamrach to Teirfae Sliam
Health Service Executive

NATIONAL GENERAL REFERRAL FORM

Patient Details

Patient Name:

Date of Birth: Sex:

Hospital Type*: Public Private

Hospital*:

Hospital Unit*:

HealthLink Patients

First Name: Family Name:

Date of Birth: MRN:

Drag a column header here to group by that column.

First Name	Last Name	DOB	Sex	Add. 1	Add. 2	Add. 3	Add. 4	MRN

Reason For Referral

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Referral Priority:*

Preferred Consultant: Surname: Firstname:

Reason For Referral / Anticipated outcome: *



Resources

- ▶ www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-translated-resources/
- ▶ www.nascireland.org/know-your-rights/covid-19-world-service
- ▶ www.drugs.ie/resources/covid/
- ▶ www.primarycaresafetynet.ie
- ▶ www.hse.ie/eng/about/who/primarycare/socialinclusion/

