



Coronavirus
COVID-19
Public Health
Advice

COVID-19 RESPONSE PLAN

Higher Education Sector

28/09/2020

This document provides guidance on the steps and processes to be in place across higher education institutes to effectively and efficiently respond to COVID-19 in these settings, including prevention measures, and procedures for responding to suspected and confirmed cases of COVID-19 on campus.

Please note, HPSC case definitions and guidance in relation to COVID-19 are subject to change. Please see [HPSC website](#) for up to date information.

Introduction

The government's [Roadmap for Reopening Society and Business and Resilience and Recovery 2020-2021, Plan for Living with COVID-19](#), combined with the HSA [Return to Work Protocols](#) and ongoing Public Health advice, provide the over-arching framework for all sectors of society to reopen facilities and premises.

Specific to further and higher education, the government has also published [Guidance for Further and Higher Education for returning to on-site activity in 2020: Roadmap and COVID-19 Adaptation Framework for returning to on-site activity in autumn 2020](#) accompanied by "[Implementation Guidelines for Public Health Measures in Higher Education Institutions \(HEIs\)](#)".

The above guidance provides robust advice to higher and further educational facilities on COVID-19 prevention measures, implementation of which will minimise the risk of infection for all students and staff. Further and Higher Education Institutes should adapt and customise these recommendations for their own particular settings, adhering at all times to the overarching Public Health principles on which the guidance is predicated.

This document clearly outlines the steps to be taken should there be a suspected case of COVID-19 on campus and subsequent procedures to facilitate HSE Public Health management of confirmed cases or outbreaks as required.

The objectives of this guidance are:

- To put in place protocols and structures to facilitate timely assistance of HSE Public Health in case and outbreak management, where required. **NB:** A Public Health Risk Assessment is not required for all confirmed cases of COVID-19 with links to a higher educational setting. **If information gathered by the HSE during case investigation suggests a need for HSE Public Health input, then HSE Public Health will contact the higher/further education institution directly to discuss further action, include Public Health Risk Assessment.**
- To be sector led, in close consultation with key stakeholders in the HSE, so that the complexity of institutions on the ground is reflected in the approach.
- To ensure consistency of approaches across institutions.
- To ensure that the systems developed by institutions with capacity are shared with smaller institutions.
- To provide a coherent national approach, based on overarching Public Health principles, that can facilitate further action by institutions where appropriate.
- All communications, including protocols, must be used as an opportunity to reinforce core Public Health advice regarding prevention e.g. through making practices such as physical distancing, hand hygiene, respiratory hygiene, environmental hygiene and mask wearing where appropriate the norm on campus. Communications must continually reinforce the message that students/ staff should not attend campus if symptomatic for COVID-19. Students/staff should be empowered to rapidly disclose if they develop symptoms of COVID-19 on campus (there is a need to address stigma in this regard) and there should be procedures/protocols in place for immediate isolation of such individuals, and pathways to timely testing.

This COVID-19 Response Plan has been finalised in consultation with the HSE's Health Protection Surveillance Centre (HPSC) and in liaison with the Department of Further, Higher Education,

Research, Innovation & Science and the Department of Health. Public health experts within the HEI sector inputted to the development of the plan.

The priority for HEIs is to ensure the health and safety of staff and students in so far as possible, while offering students a rich and meaningful learning experience and sustaining research, scholarship and engagement. Access to higher education is a critical opportunity in the life of the citizen; a transformational and empowering experience. It is a national priority that, while living with COVID-19, education at all levels can continue. It is recognised that face-to-face engagement is an essential component of effective higher learning, especially for those students with no prior experience of higher education, and students who require particular support, who risk being marginalised or disadvantaged without the support of the campus community. It is a fundamental principle that HEIs will operate in accordance with Public Health guidance. The specific features and context of HEI campuses require that operationalisation of the overarching Public Health guidance is facilitated through context-specific guidance and measures that acknowledge and address the unique features of the sector.

Considerable work has already been completed across HEIs in preparation for the return to campus. All students and members of staff will be requested to follow current Government and HEI sector-wide guidelines at all times.

There are approximately 250,000 students in the publicly and privately¹ funded higher education sector, across almost 40 higher education institutions (HEIs), in which close to 27,000 WTE staff are employed. The importance of ensuring educational facilities safely open, and remain safely open, for students and staff, is acknowledged across society and supported within the Public Health medical community and the health services at large. Educational facilities are communities providing not only for the educational needs of students, but also many of their holistic, health and pastoral needs.

HEIs are a core component of local communities; therefore, it is a community endeavour to keep HEIs open and students, staff and communities safe. It is crucial that all staff and students follow national Public Health advice, within and outside the HEI setting, and carefully consider their activities in order to minimise opportunities for COVID-19 transmission. Lower rates of COVID-19 in the community reduce the likelihood of significant number of cases and outbreaks in the HEI setting.

¹ Privately funded higher education sector refers to HECA <https://heca.ie/>

Background - Managing the Risk of COVID-19 on campus

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus first detected in December 2019 in Wuhan, China. Infection is understood to be mainly transmitted via respiratory droplets generated by breathing, sneezing and coughing, as well as via direct contact with an infected person, or indirect contact, through hand-mediated transfer of the virus from contaminated surface/objects (fomites) to the mouth, nose, or eyes.

The virus cannot multiply outside of a living host but can survive on various surfaces for a period of hours or days (depending on the conditions) if these surfaces are not appropriately cleaned. It is not yet clear how long such viral residue is capable of infecting someone.

Important prevention measures to mitigate risk of COVID-19 transmission include:

- People with symptoms of COVID-19 should immediately self-isolate and phone for medical review.
- Close contacts of confirmed cases should follow Public Health advice as directed (e.g. restriction of movements for 14 days from last contact with the confirmed case, testing at day 0 and day 7 etc.)
- Physical distancing
- Hand hygiene
- Respiratory hygiene
- Wearing face coverings where appropriate
- Avoiding congregation

Morbidity and mortality for COVID-19 is highest among those aged over 70 years and in people with underlying medical conditions. However, emerging evidence suggests that COVID-19 can result in prolonged illness and long-term sequelae, even among young adults with no underlying medical conditions. A US survey found that one in five adults aged 18-34 years with symptomatic COVID-19 had not returned to their usual state of health 2-3 weeks after testing. In contrast over 90% of outpatients with influenza recover within 2 weeks of a positive test². COVID-19 related myocarditis has also been reported among high performance athletes in US universities³. Each HEI's COVID-19 Response Plan needs to be supported by effective Public Health messaging, including messaging around the potential for severe illness and long-term sequelae in younger adults. Preventive measures, including physical distancing, frequent handwashing, good respiratory hygiene and correct use of face coverings where appropriate, should be facilitated and strongly encouraged to prevent the spread of COVID-19 in HEIs.

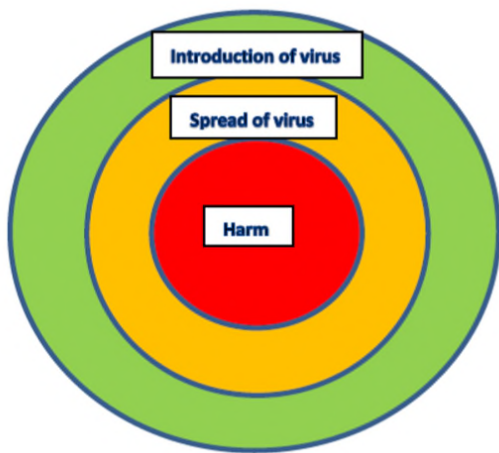
Managing the risk of spread of COVID-19 on a campus has been described in the "[Implementation Guidelines for Public Health Measures in Higher Education Institutions \(HEIs\)](#)" as three concentric circles:

1. Minimising the risk of introduction of infection onto campus

² [Tenforde MW, Kim SS, Lindsell CJ, et al. Symptom Duration and Risk Factors for Delayed Return to Usual Health Among Outpatients with COVID-19 in a Multistate Health Care Systems Network — United States, March–June 2020. MMWR Morb Mortal Wkly Rep 2020;69:993-998.](#)

³ [Rajpal S, Tong MS, Borchers J, et al. Cardiovascular Magnetic Resonance Findings in Competitive Athletes Recovering From COVID-19 Infection. JAMA Cardiol. Published online September 11, 2020.](#)

2. Minimising the risk of spread of the virus on-campus if it is introduced
3. Minimising the associated harm if introduction and spread on-campus does occur



COVID-19 Response Plan

With COVID-19 circulating in the community, it is inevitable that cases will occur amongst students and staff attending, or working within, higher education institutes (HEIs).

In such circumstances, the COVID-19 Response Plan must ensure:

- Full compliance with all action requested by HSE Public Health, who undertake case and outbreak investigation and management under current Infectious Disease legislation. E.g. HEIs can support the Public Health risk assessment undertaken by HSE Public Health which will guide outbreak control measures.
- Development of systems and procedures for recording and retaining attendance and contact information for students/staff on campus as appropriate (e.g. names and up to date, accurate contact details for students sharing accommodation on campus or interacting in small group settings, e.g. tutorials/laboratory practicals etc.).
- Development of communications and instructions to encourage students and staff to download the COVID-19 Tracker App and record their close contacts on a daily basis.
- Provision of a dedicated space for isolation of suspected cases of COVID-19 and facilities to support students or staff members in self-isolation.
- Preparedness to facilitate Public Health communications.
- Preparedness for facilitation of testing of suspected cases, including on site testing if appropriate and in close consultation with HSE Public Health – on site testing may comprise pop-up testing centres operated by the HSE/National Ambulance Service (NAS) if required to test large numbers of contacts.

The COVID-19 Response Plan described below elaborates on the [Implementation Guidelines](#). Specifically, it focuses on:

1. Prevention of COVID-19
2. HEI COVID-19 Outbreak Response Team
3. Management of suspected cases of COVID-19 on campus
4. Confirmation of Cases and Contact Tracing
5. Public Health Risk Assessment (PHRA)
6. Public Health Principles and Outbreak Control

1. Prevention of COVID-19

Guidance for the re-opening of HEIs has been provided across a range of forums offering robust advice on COVID-19 prevention and awareness measures to protect students and staff. The need for a clear communication plan for staff and students is of paramount importance.

Clear Communication Plan for Staff and Students

The HEI should have a comprehensive and ongoing communication plan that covers the following:

1. Raising and maintaining awareness amongst all members of the HEI's community in relation to the symptoms of COVID-19, how the disease spreads and how spread can be prevented on-campus and off-campus.
2. Clearly communicating with all staff and students what they should do if they develop symptoms of COVID-19 on-campus, in residences or elsewhere, i.e. immediately self-isolate and seek medical review (contact GP or Student Health Unit **by telephone**). Staff/students should be registered with a GP; access to testing is currently free of charge through a GP. Where someone is not yet registered with a GP, they can contact any GP by phone to arrange a test.

3. Clearly communicating with all staff and students that they should not attend campus if they have symptoms of COVID-19 and re-affirm this messaging on an ongoing basis.
4. Guidance for staff and students on how to access testing, including arranging transport where appropriate. Confirmed cases of COVID-19 are notified to HSE Public Health under current Infectious Disease legislation. If a student/staff member tests positive for COVID-19 they will be contacted by HSE Public Health and advised regarding further action. Patient confidentiality is the cornerstone of all clinical interactions. Contact tracing will be undertaken and if there is a risk of transmission then those at risk will be contacted by the HSE. If an [outbreak of COVID-19](#)⁴ in a HEI is suspected, Public Health will undertake a risk assessment and act appropriately to protect the health of students and staff.

Note: The distinction between [self-isolation](#) and [restricted movements](#) should be clearly understood.

2. HEI COVID-19 Outbreak Response Team

- **24-hour Rapid Response System**

Features of the Structures

The governance structures for responding to outbreaks of COVID-19 on campus should have the following features:

1. It is imperative that all stakeholders understand that the investigation and management of all cases/outbreaks of notifiable infectious diseases, including COVID-19, are the legislative responsibility of the Medical Officer of Health (HSE Public Health) (Appendix 1). If necessary, HSE Public Health may convene an Outbreak Control Team (different from HEI internal Outbreak Response Team as described below).
2. A HSE National Outbreaks Oversight Group for outbreaks in HEIs, if deemed necessary.
3. A HEI COVID Outbreak Coordinator to lead HEI Outbreak Response Team on campus.
4. A HEI COVID Outbreak Response Team of named individuals.
5. A dedicated HEI institutional contact (individual or group on a rotating basis) who is available to HSE Public Health, and HEI colleagues as appropriate, 24/7.

A sample table of roles & responsibilities in responding to a confirmed case of COVID-19 on campus is provided in Appendix 2. This should be adapted as appropriate at the local level.

National Outbreaks in HEIs Oversight Group – responsibilities

- A national oversight group may be constituted if a large number of cases/outbreaks with links to HEIs occur.

HEI COVID Outbreak Coordinator – responsibilities

- Designated contact person for regional HSE Department of Public Health to facilitate timely communications and Public Health actions as required.
- Provide high-level oversight of implementation of Public Health measures on campus, including prevention measures and maintenance of appropriate attendance records/ records of students and staff interacting in congregate settings (e.g. on-site student accommodation/ halls of residence/ small group tutorials etc.)

⁴ COVID-19 outbreak case definition:

- A cluster/outbreak, with two or more cases of laboratory confirmed COVID-19 infection regardless of symptom status. This includes cases with symptoms and cases who are asymptomatic.
- OR**
- A cluster/outbreak, with one laboratory confirmed case of COVID-19, and at least one additional case of illness with symptoms consistent with COVID-19 infection (as per the COVID-19 case definition)

HEI Internal COVID-19 Outbreak Response Team responsibilities –

- Act as on-going liaison with the HSE, as appropriate.
- Assist HSE Public Health in outbreak management / control as required, e.g. provide information to facilitate contact tracing (e.g. attendance records for lectures; lists of students living in on campus accommodation etc.); assisting with communications; implementation of additional / enhanced preventive measures etc.

Dedicated HEI institutional contact – responsibilities

- HEI nominated individual (or group on a rotating basis) who is available to HSE Public Health, and HEI colleagues as appropriate, 24/7.
- Note: Health queries should be directed via HSELive as per usual protocols.

3. Management of suspected cases of COVID-19 on campus

If a student/staff member develops symptoms of COVID-19 clear protocols should be in place in line with national [HSPC Guidance](#):

They should immediately self-isolate and arrange medical review by contacting their GP or Student Health Unit **by telephone**. If possible and appropriate (e.g. if their symptoms are mild, they are systemically well and they have their own vehicle and do not need to use public transport), they should go home⁵ to self-isolate and telephone their GP. However, pre-identified COVID-19 isolation spaces should be available on campus, with good ventilation and preferably a window that opens to the outside.

Students and staff members who develop symptoms suggestive of COVID-19, e.g. fever OR a new cough, OR shortness of breath, deterioration of existing respiratory condition OR loss of or change in sense of taste or smell *should not ignore those symptoms, or delay seeking medical advice, and must take the following action:*

- if they are at home, stay at home, self-isolate, and contact their GP or Student Health Unit by phone.
- if they are off campus, return home by the safest means possible (avoid public transport if possible), self-isolate and contact their GP or Student Health Unit by phone.
- if they are on campus they should immediately go home, self-isolate, and contact their GP or Student Health Unit by phone.
- if unable to travel home promptly, or resident on campus, they should follow the institutional protocol to access the pre-identified COVID-19 isolation spaces on campus, self-isolate there, and seek medical advice by phone. For example, a number of HEIs are requesting students to call a hotline to be collected and guided to the isolation room in as safe a manner as possible to minimise risk of onward transmission.

Institutions will ensure that

- appropriate isolation spaces are available and accessible, with good ventilation, preferably an open window to the outside;
- the protocol to access and use the isolation spaces is widely disseminated and understood by all members of the campus community;
- the isolation space is appropriately supported, with medical and safety advice readily available.

⁵ For students, “home” refers to their current accommodation

The GP or medical adviser will assess and advise as per normal clinical practice and refer for testing if required and as outlined in HSE adult assessment and testing guidance. Testing is advised for any adult who meets the [case definition for COVID-19](#), or other testing criteria (e.g. close contact of a confirmed case of COVID-19), unless there is a strong clinical reason to do otherwise.

COVID-19 test results are confidential as per doctor/patient confidentiality. However, students and staff members should be advised that current legislation empowers Public Health doctors to use data as required for the purposes of protecting public health, e.g. to protect people from infection under defined circumstances. Therefore, a positive COVID-19 test result for a named individual (student/staff member) may need to be disclosed to the HEI for the purposes of contact tracing/outbreak management. Only the minimum details necessary for the purposes of contact tracing/outbreak management are shared with an agreed senior person in the HEI, such that appropriate Public Health action can be undertaken.

Information should be widely available on the location and contact details of general practitioners/medical advisors, student health centres, isolation facilities, test centres, and how to access transportation to these locations, as appropriate.

Clear messages on associated costs for students should be provided (GP review and testing via the HSE is free of charge at point of care).

Systems to facilitate testing, including on site testing if appropriate and in close consultation with HSE Public Health, should be considered. On site testing may comprise pop-up testing centres operated by the HSE/National Ambulance Service (NAS) if required to test large numbers of close contacts. This may require the provision of appropriate space at short notice and institutions should have appropriate plans in place to facilitate this.

Mass testing of students or staff is not recommended under the current national testing strategy. HEIs should not implement mass testing of students/staff unless advised to do so by the HSE. While some HEIs may have laboratory capacity to test for COVID-19, any confirmed cases identified must be notified to, and managed by, Departments of Public Health. Hence, any testing undertaken by HEIs, outside of that deemed necessary under the HSE national testing strategy, has the potential to significantly impact capacity for case and outbreak management in regional Departments of Public Health. Additionally, heterogeneity in testing practices and protocols at laboratory level may impact the interpretability of test results.

Test Results - COVID-19 “not detected” result

Person with symptoms of COVID-19

If a symptomatic individual (who is NOT a close contact of a confirmed case of COVID-19) has a COVID-19 ‘not detected’ result, they should restrict their movements (including not attending HEIs) until they are symptom free for 48 hours. They may have a different illness, with similar symptoms to COVID-19, and they should follow their doctor’s advice on further investigation or treatment as required.

Person with no symptoms of COVID-19 who was tested because they are a close contact of a confirmed case

Close contacts of confirmed cases of COVID-19 should follow Public Health advice, which currently advises restricted movements (including not attending HEIs) for 14 days after most recent contact with a confirmed case. Close contacts of confirmed cases will be offered COVID-

19 testing under current national guidelines. Even if their test result is reported as COVID-19 'not detected', they must still continue to restrict their movements (including not attending the HEI) for 14 days after their most recent contact with a confirmed case. This is because it can take up to 14 days for COVID-19 to develop, and a 'not detected' test result does not guarantee that a close contact will not develop COVID-19 at some stage over the 14-day period.

4. Confirmation of Cases and Contact Tracing

NB: As there will be a large number of suspected cases with links to HEIs (i.e. staff/students), **it is very important that HEIs await contact/direction from HSE Public Health before taking further action**, e.g. activating the HEIs COVID-19 Response team. This is necessary to prevent any misunderstanding or unnecessary/inappropriate action.

In the event that a student or staff member of a HEI tests positive for COVID-19, the HSE will contact the individual directly, as per usual protocols, to inform them of the positive result and advise regarding further action. The majority of the higher education community are adults and will be tested and treated for COVID-19 according to adult protocols. **NB:** A Public Health Risk Assessment is not required for all confirmed cases of COVID-19 with links to a higher educational setting. **If information gathered by the HSE during case investigation suggests a need for HSE Public Health input, then HSE Public Health will contact the higher/further education institution directly to discuss further action, include Public Health Risk Assessment.**

There is no obligation on a student/staff member who tests positive for COVID-19 to inform the HEI of a positive COVID-19 test result, as medical test results are confidential and there may be no risk of transmission in the HEI setting (e.g. if the confirmed case of COVID-19 became infected off campus and did not attend campus during the infectious period.) However, students and staff members should be advised that current legislation empowers Public Health doctors to use data as required for the purposes of protecting public health, e.g. to protect people from infection under defined circumstances. Therefore, a positive COVID-19 test result for a named individual (student/staff member) may need to be disclosed to the HEI for the purposes of contact tracing/outbreak management. Only the minimum details necessary for the purposes of contact tracing/outbreak management are shared with an agreed senior person in the HEI, such that appropriate Public Health action can be undertaken. Agreement of the student / staff member would normally be sought for this disclosure. Please note that this protocol does not abrogate employee responsibility to notify their employer under standard sick leave procedures.

HSE Public Health and/or HSE contact tracing teams follow up with confirmed cases of COVID-19 to identify their close contacts. Confirmed cases will be contacted directly by the HSE and contact identification will be initiated. As outlined above, **if information gathered by the HSE during case investigation suggests a need for HSE Public Health input, then HSE Public Health will contact the higher education institution directly to discuss further action, include Public Health Risk Assessment.**

If a further Public Health action is required, HSE Public Health may contact HEIs to request assistance in this regard. HEIs have a crucial role in collecting and maintaining attendance records and information on potential household and close contacts among students residing in on-campus student accommodation or engaging in small group/congregate activities, e.g. tutorials, sports training etc. This information will assist Public Health in undertaking Public Health risk assessment.

Definition of Close Contact

It is a matter of expert judgement by a Public Health doctor as to whether a given contact constitutes 'close contact'. The *Health Protection Surveillance Centre* (HPSC) defines [close](#)

[contacts](#) as follows:

- Greater than 15 minutes face-to-face (<2 metres) contact with a confirmed case of COVID-19 in any setting
- Household contact of a confirmed case of COVID-19 (i.e. living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners.)
- Sharing a closed space, including a workspace, with a person infected with COVID-19 for longer than two hours – in this situation you MAY be considered a close contact. A risk assessment will be undertaken by HSE (Public Health) to determine whether you are a close contact – the risk assessment will consider multiple factors, including the occupancy of the room, size of the room, ventilation and the distance of each individual from the confirmed case. If you are considered to be a close contact after risk assessment, you will be contacted by HSE and advised of appropriate action (i.e. restricted movements, COVID-19 testing).

If you have had close contact with an infected person when they are deemed to be infectious you will be contacted by the HSE and advised re appropriate action., i.e. restricted movements and COVID testing.

5. Public Health Risk Assessment (PHRA)

Management of cases and outbreaks of notifiable infectious diseases is the legislative responsibility of the Medical Officer of Health (MOH), HSE Public Health. As outlined above, **if information gathered by the HSE during case investigation suggests a need for HSE Public Health input, then HSE Public Health will contact the higher education institution directly to discuss further action, include Public Health Risk Assessment.**

If a further Public Health action is required, HSE Public Health may contact HEIs to request assistance in this regard

• ACTION FOR HEIs

To facilitate/assist Public Health action when requested by HSE Public Health, HEIs should undertake the following:

- Prepare and maintain a brief description of the HEI (type of HEI, numbers of staff and students, layout, flow, implementation of and adherence to PH prevention measures, etc.)
- Prepare and maintain a list of staff with up to date, accurate contact details (telephone numbers).
- Prepare a broad description of classrooms/settings involved in an outbreak situation, e.g. capacity, how many people were in the class/setting, configuration/layout and prevention measures implemented e.g. physical distancing, wearing of masks etc.
- The HEI, to the greatest extent possible, should record attendance by students and staff at all scheduled classes/lectures/practicals/libraries and retain records for 28 days (2 incubation periods for SARS-CoV-2 infection) in case required for contact tracing purposes.
- HEIs should consider encouraging staff and students to maintain an individual COVID-19 Contact Diary to record details of their movements and activities when on campus, including what locations they accessed, who they had contact with and for how long in each case. Students attending lectures should be requested to record their seat number if applicable. These contact diaries, and similar records maintained by staff and students, should then be made available to the HSE for contact tracing and risk assessment purposes as required.

- HEIs should consider requesting staff to log their attendance and location on campus on a daily basis.
- HEIs should encourage students and staff to download and use the Government's COVID-19 Tracker App.
- HEIs should consider optimal processes for the gathering of the above information which may include technological solutions (e.g. QR codes, etc.).

6. Public Health Principles and Outbreak Control

- Management of all outbreaks of notifiable infectious diseases, including COVID-19, is led by HSE Public Health in line with current legislation. Public Health will liaise with HEIs as required for the purposes of risk assessment/outbreak management/contact tracing.
- Core to the PHRA is assessment of the likelihood of onward transmission of COVID-19 from the confirmed case. This, and many other factors, inform further Public Health actions.
- In the context of a confirmed case with links to a HEI, HSE Public Health will assess whether the case was on campus during the infectious period. If they were not on campus during the infectious period there may be no further implications for the HEI and no need for further testing of students/staff in the HEI setting – this decision will be made by HSE Public Health.
- Further testing requirements/strategy will be determined by the Public Health risk assessment, with due consideration of factors including the likely source of infection and potential for onward transmission within or beyond the HEI setting.
- The risk assessment will be dynamic, changing as new information becomes available.
- Close contacts will be identified following PHRA and contact tracing may require engagement with the HEI. Close contacts will be tested as per national guidelines (under current guidelines, Day 0 and 7 testing is offered to close contacts) and will be advised to restrict their movements, access testing as advised, and remain alert for symptoms of COVID-19, as per national guidelines.
- The testing strategy may evolve as information accumulates.
- There may be other community close contacts who will be excluded from the HEI as a result of community exposure outside of the HEI setting e.g. household exposure/exposure in a social setting.
- Following PHRA, the HSE Medical Officer of Health (MOH) may recommend more widespread testing within a class group or a facility if indicated.
- An Outbreak Control Team may be convened by HSE Public Health if deemed appropriate.
- A general outbreak plan for COVID-19 outbreaks can be found [here](#)

The PHRA will consider information, including the following, to inform control measures:

- unique information and factors relevant to each HEI, including infrastructure, and how these factors impact risk of COVID-19 transmission;
- interactions of students and staff, both within the HEI and in the wider community;
- patterns of infection within the wider community;
- infection rates in the regions served by the HEI.

This information will inform decisions regarding control measures, up to and including the need for full or partial closure of a HEI. A range of issues (e.g. multiple cases in different Departments/Schools in a HEI) may inform a decision by the Medical Officer of Health to advise closure/partial closure of a HEI, if the MOH considers that maintaining an open facility presents an ongoing risk to students, staff and the wider community. Additionally, keeping a HEI open may not allow for adequate control of the spread of infection or removal of conditions favourable to infection.

Consideration of the need for full, or partial, closure of a HEI

If there is a need for full or partial closure of a HEI, this will be discussed with the HEI by the MOH/regional Department of Public Health.

Decisions in relation to closure of HEIs will be made by HSE Public Health following risk assessment. Risk assessment enables HSE Public Health to appraise the likely health impacts of a range of possible interventions, including implementation of enhanced infection prevention and control measures, exclusion and testing of a small group of students/staff, or closure of an entire affected discipline or facility. The actual criteria used by the MOH in undertaking a risk assessment may be modified in light of local conditions or specific local information. Risk assessment facilitates Public Health doctors in making sensible, safe, proportionate decisions to protect the health of students and staff. These decisions may include closure of a HEI, with defined criteria for reopening when appropriate.

Criteria for closure (Full or partial)

Decisions regarding the need for full or partial closure of a HEI are made by the Medical Officer of Health, informed by Public Health risk assessment. Criteria typically considered in the risk assessment include, but are not limited to:

1. Evidence or clear concern that spread within the HEI is the primary driver of confirmed and suspected cases. This is as opposed to spread of infection externally within the community setting (e.g. within households where students / staff members live etc).
2. The numbers of, or rate of increase of, COVID-19 cases detected among students/staff is concerning.
3. Physical structure or layout of a HEI which limits the range or adequacy of implementation of recommended preventive measures e.g. social distancing, specific recommendations relating to infection prevention and control, e.g. environmental cleaning measures.
4. Any evidence that significant spread in the wider local community is significantly linked to the HEI setting.
5. Results from testing and contact tracing identify a large number/high proportion of

asymptomatic cases, particularly among individuals not previously considered to be close contacts/at higher risk of infection transmission.

COVID-19 outbreaks in HEIs will be assessed on an individual basis and a unique decision made as to whether it is safe for the facility to remain fully or partially open, or whether closure is necessary. In all instances in which closure of a HEI is being considered, the criteria guiding closure will broadly provide the criteria for reopening. However, outbreaks are dynamic, and in the course of the Public Health investigation new risks may be identified and therefore new parameters required to be included among criteria for re-opening. A list of the agreed criteria for closure (including, for example, high rates of disease, the requirement for decontamination to a level that meets with the approval of the MOH, compliance among management and staff in relation to control measures requested by the MOH, etc), will form the basis for the criteria to guide reopening. Only when all these criteria, and any additional criteria identified in the process of Public Health outbreak investigation, have been met, will a decision be taken by the MOH in relation to reopening, or full return of students /staff to the facility.

Appendix 1

Legislative role of the Medical Officer of Health

Infectious Disease regulations

The Infectious Diseases Regulations (S.I. No. 390 of 1981) confer a general power on the Medical Officer for Health (MOH) to *“take steps...for preventing the spread of [an]infection”* where the MOH is aware of a suspected case of infection or a probable source of infection. The 1981 Regulations were amended by S.I. No 53 of 2020, to include COVID-19. Article 11 of S.I. No. 390 provides that:

“On becoming aware, whether from a notification or intimation under these Regulations or otherwise, of a case or a suspected case of an infectious disease or of a probable source of infection with such disease, a medical officer of health, or a health officer on the advice of a medical officer of health, shall make such enquiries and take such steps as are necessary or desirable for investigating the nature and source of such infection, for preventing the spread of such infection and for removing conditions favourable to such infection.”

This power may be enforceable by the risk of criminal liability under Article 19: *“19. A person who refuses to comply with a requirement or direction given or a request for information made in pursuance of any of the provisions of these Regulations shall be guilty of a contravention of these Regulations.”*

After investigating the outbreak, and having put in place the necessary prevention measures, the MOH may determine that there is an ongoing risk to staff, pupils or the wider community. In this instance, a recommendation to close, or partially close, an educational facility may be made based on criteria and powers in S.I. No. 390 of 1981. The reasons for closure, and criteria for reopening, should be clearly communicated.

Appendix 2

Sample Table of roles & responsibilities in responding to a confirmed case of COVID-19 on campus, to be adapted as appropriate at the local level

Persons / Role	Responsibilities	Note
Student	<ol style="list-style-type: none"> 1. Student has a responsibility to keep a record of their “close contacts” 2. Download and have active the COVID-19 Tracker App 3. Keep a record of on campus classes attended 4. Keep a record of what seat was used for each class 5. Keep a record of social contacts and activities 	Failure by a student to use the App or to keep proper records of the classes they attended and where they sat may result in poor quality data being passed to the HSE Public Health and/or Contact Tracing Centre, thereby compromising the HSE response to cases/outbreaks.
Staff Members	<ol style="list-style-type: none"> 1. Download and have active the COVID-19 Tracker App 2. Ensure that they know their ‘work pod’ if applicable 3. Keep a record of on campus activities, e.g. meetings attended, social activities, etc. 	Failure by a staff member to use the App or to keep proper records of their movements/contacts may result in poor quality data being passed to the HSE Public Health and/or Contact Tracing Centre, thereby compromising the HSE response to cases/outbreaks.
Duty Manager Office or equivalent	<ol style="list-style-type: none"> 1. Act as a central coordination point for the HEI’s response to a suspected/confirmed COVID-19 case on campus. 2. Coordinate the collection of data in the early stages of the university’s response for forwarding on to the Contact Tracing Centre (CTC) and the HEI Contact Tracing Coordinators, as appropriate/as advised by HSE Public Health. 3. Ensure that key persons are kept informed as to the progression / status of any response where appropriate. 4. Act as the HEI central point of contact for the HSE / Public Health 5. Liaise with Campus Services in relation to classroom mapping, collation of information about ventilation, room layout, etc. 	The role of the office of the Duty Manager is key. If they fail to collect adequate information initially then the response to any positive case on campus may be compromised.
Persons / Role	Responsibilities	Note
Contact Tracing Coordinators	<ol style="list-style-type: none"> 1. Liaise with the Duty Manager regarding information flow to the CTC/HSE Public 	The role of the Contact Tracing Coordinator is key to the efficient response to COVID-19

	<p>Health, communications to affected students / staff, etc.</p> <ol style="list-style-type: none"> 2. Liaise with Module Coordinators, Faculty, Registry, Unit Heads, etc. regarding class lists and messaging to students / staff as required 3. Liaise with the CTC/HSE Public Health regarding information flow / contact details for potential close contacts of a confirmed case 	<p>on campus. They will engage in the collation and management of information and communications to affected persons as advised by HSE Public Health. They will also liaise and provide information to the CTC/HSE Public Health.</p>
Head Of Units	<ol style="list-style-type: none"> 1. Ensure that where necessary staff / researchers have been assigned to work pods so as to limit their close contacts amongst their colleagues. 	
Module Coordinator	<ol style="list-style-type: none"> 1. Ensure accurate records are maintained for classes and any teaching groups and these are kept up to date 2. Ensure the lists are provided to the Contact Tracing Coordinators/HSE when requested 	<p>This is a critical point of management to ensure that relevant cohorts of students can be identified and alerted appropriately.</p> <p>Lack of accurate information may compromise the HSE response to cases/outbreaks of COVID-19 on campus.</p>
Campus Services	<ol style="list-style-type: none"> 1. Arrange rapid decontamination of affected rooms following a suspected/confirmed case on campus (based on HSE advice) 2. Provide room seat mapping to identify potential seats associated with the case. 3. Provide information on ventilation and other area variables as required 	
Safety Office	<ol style="list-style-type: none"> 1. Oversee the work of the Contact Tracing Coordinators 	